

Exploratory Focus Groups on Marijuana and Prescription Drug Abuse

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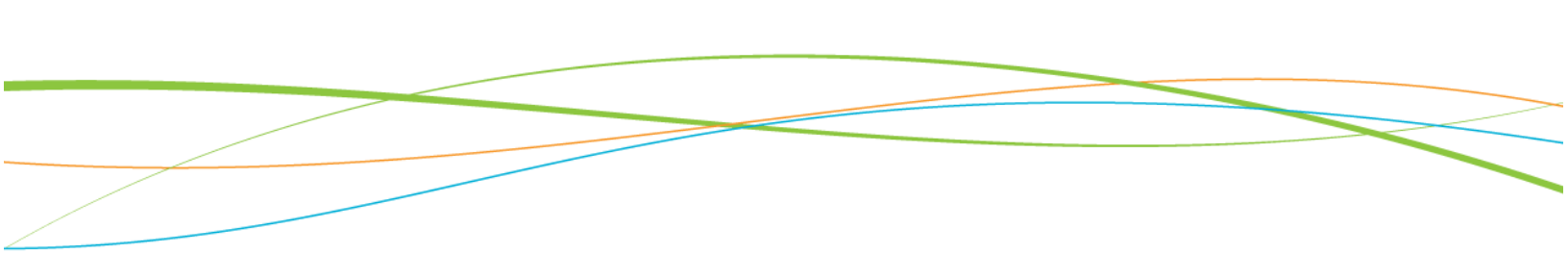


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Executive Summary

Harris/Decima is pleased to present this report to Health Canada highlighting the findings from the Exploratory Focus Groups on Marijuana and Prescription Drug Abuse (PDA).

In 2014-15, Health Canada will be launching the Preventing Illicit Drug Use mass media campaign with the goal of increasing awareness about the harmful health effects of marijuana use and prescription drug abuse, as well as how to properly and securely store, monitor and dispose of prescription drugs. In order to develop effective campaigns, exploratory research with parents of youth 13-15 years of age, as well as with youth (ages 13-15) was needed to better understand the views of the target audiences on these topics. The results will provide a solid foundation to help shape campaign messages, resources and tactics that resonate with both target audiences. The total cost to conduct this research was \$94,613.17, including HST.

To meet these objectives, a series of qualitative in-person focus groups were conducted in seven cities across Canada: Calgary, AB (June 5); Kelowna, BC (June 7); North Vancouver, BC (June 9); Quebec City, QC (June 11); Halifax, NS (June 12); Mississauga, ON (June 14); and Kitchener, ON (June 16). In Calgary, North Vancouver, Quebec City and Kitchener, one session was held with parents of youth 13-15 years of age and the other was with youth (ages 13-15). In Kelowna, Halifax and Mississauga, both sessions were held with parents of youth 13-15 years of age.

The research included discussion regarding participants' views on marijuana and PDA, message testing on both topics, and a review of previous advertisements for marijuana and PDA to determine if they resonated with these target audiences. Youth groups were also asked to provide feedback on a web tool entitled "Brain and Body".

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

The key findings based on the survey results are presented below.

Marijuana

Exploratory Discussion

- **Marijuana was consistently regarded as something that should not be encouraged.** Parents were generally uninformed regarding marijuana health risks and therefore, not as concerned about marijuana as other risks to which their children may be exposed. Because awareness of the risks associated with marijuana were low, participants tended to fall into one of two groups:
 - Those who had negative views of marijuana, tended to see it as a gateway drug (opens the door to more dangerous drugs/problems), and had a sense that there may be potential health risks associated with its use.
 - Those who held neutral to positive views of marijuana, tended to see it as a less harmful substance and may have personally experimented with it, and see the consequences more in terms of a lack of ambition/drive than a real health risk.
- **When asked to discuss their concerns or the negative consequences/health risks associated with marijuana use, responses tended to be limited, particularly among those who tend to see marijuana as a less harmful substance.** The concerns raised included:
 - Impacts on health including respiratory issues, mental health, and disease (i.e. cancer);
 - Uncontrolled/not knowing what's in it;
 - Impacts on ambition, future/life pursuits (i.e. school, work, etc.);
 - Social consequences (i.e. friend and/or family separation);
 - Addiction; and,
 - Cost (expensive).
- **Most participants (among both youth and parents) attributed marijuana use to the following influences: peer pressure; curiosity; availability; pop culture/media; and, stress (school/work pressure).**
- **There was a sense that marijuana use is more common today than when parents were teens.** Not only is it perceived to be more readily available to youth, the legality of marijuana in other jurisdictions, and the use of marijuana for medicinal purposes, contributed to a sense that marijuana has become more culturally acceptable.
- **In terms of communications, most have had a conversation with their teen or parent about drugs (and marijuana).** These conversations tended to

occur in response to something the teen learned in school, because a friend/acquaintance was caught with or tried marijuana, or someone in their family had had personal experience (i.e. older sibling, relative, etc.).

- **When talking about marijuana, the conversation revolved around the lack of ambition or drive in school, health risks generally, and getting a “reputation”.**

Message Testing

- **Virtually all parents found at least one message that was compelling and stimulated greater concern and/or an intention to speak with their teen.**
- **While some felt that the information presented was new, others said it confirmed what they suspected; particularly the messages about potential health risks.**
- **Messaging about the impacts of marijuana on mental health and brain development stood out for a number of participants** (both youth and parents, but particularly among parents). The information about the “harmful effects on mental functioning, and psychosis and schizophrenia” was surprising and scary, especially coupled with information that the effects of marijuana can linger.
- **Messaging about the increased strength of today’s marijuana also stood out.** The percentage increase in THC concentration (300% to 400%) stood out, particularly for youth and those who have negative views towards marijuana. For those who tended to see marijuana as less harmful, there was some uncertainty about how a natural (plant) substance can be stronger.
- **The message that 40% of teens reported having been a passenger with someone under the influence of marijuana stood out, particularly for youth.**
- **Reaction to messaging about addiction was mixed.** The point that marijuana can harm one’s social, scholastic, professional and financial future makes a strong impact. However, the statistic that 1 in 9 marijuana users will develop an addiction did not feel powerful enough (particularly for youth) and those who saw marijuana as less harmful questioned the use of the term “addiction”.

Television Advertisements

- **Reaction to *Fast Forward* was generally positive; it often topped participants' lists of the most compelling ads (by both parents and youth).** The ad effectively:
 - Demonstrated the potential consequences of using marijuana on family, life, school, etc.
 - Conveyed the message that youth have a choice and that you can say no to drugs.
 - Implied that marijuana use/possession is illegal.
- **A number of participants, particularly some parents, reacted positively to *Couch*.** The approach was felt to be different in that it does not try to scare youth (pique their curiosity) or convince them of things that challenged their existing views. However, others felt that the message about the risks and consequences associated with marijuana were not strong enough and worried that the ad may actually have the opposite effect (communicate that nothing really happens to people who use marijuana).
- **Of all of the approaches, *Wires* was seen as the most hard-hitting.** The main point of the ad touches on the messaging that stands out for participants (mental health risks).
- **Reaction to *We Need to Talk* was mixed.** The implications that the Mom knows what's going on makes an impact on some youth, although most felt the ad was forgettable and would not likely capture their attention.
- **Parents' reaction to *Park* was somewhat negative.** The approach of using cute kids to talk to parents was felt to be a little condescending. When positioned with older kids speaking, it appeared to have some traction, but not to the degree of the others tested. The key advantages were the variety of messages conveyed about the risks of using marijuana and the directive to parents to talk to their children about marijuana.

Brain and Body

The Brain and Body web tool was tested in the youth groups. Reactions were mixed. While it appears to be informative and thorough, few felt they would use a web tool like this unless they were asked to do so for a project in school. Although the quality of the tool was not great (for testing purposes), there was a sense that the tool was text-heavy and not terribly eye-catching or appealing. Preference is for clean, bulleted, to the point information with more interactivity (i.e. more audio and video content).

Prescription Drug Abuse (PDA) **Exploratory Discussion**

- **Initially, few participants identified PDA as a problem. As the discussion continued, it was evident that parents were becoming more concerned.** Parents were unaware that youth abuse of prescription drugs was a significant issue. Generally speaking, it was not something that ever crossed parents' minds as something they needed to talk to their kids about. In families with older kids (i.e. late teens, early 20s) in the household, or with younger kids on medications, the kids were the ones informing the parents about the "street" use of prescription drugs. Some parents thought that kids probably assume prescription drugs are okay because they are legal when prescribed by a doctor.

The reason PDA was not regarded as a current threat was largely because there is little to no awareness that prescription drug abuse is going on – especially among youth.

- **Parents immediately recognized the concerns and potential consequences of prescription drug abuse. Health risks were easily identified for prescription drug abuse. Serious long-term effects cited include organ failure, OD, drug interactions, and addiction.**
- **Very few parents have spoken to their kids about PDA.** Among the small number who had, the main message was that prescription drugs are meant for those to whom they were prescribed.

Message Testing

- **For the most part, all of the messages stood out for participants.** These messages provided new information that was impactful and persuasive. Parents were motivated by these messages to strike up a conversation with their teens and implied they would more than likely do so at home later that day. Messaging about safe storage was less impactful for parents and youth.
- **Messaging about the unpredictable effects, that prescription drugs are dangerous (more dangerous than heroin), and the potential consequences of PDA including addiction, overdose, and death made a strong impact.**
- **The information about the severity of the problem among Canadian youth was surprising and shocking to parents.** Generally speaking, a number of parents claimed that they would talk about prescription drugs with their kids as a result of reading the messages tested.
- **Messaging about properly locking and disposing of prescription pills was important, for parents, but more as a reminder about important safety precautions.**

Television Advertisements

- **In group after group, most participants (both youth and parents) felt *Testimonial* was the most compelling of the ads tested.** *Testimonial* evoked strong emotional reactions and very effectively conveyed the potential consequences of PDA.
- **Reaction to *This is the Pill* was generally positive.** The chain of events that started with a doctor's prescription to a teen's death was very compelling. The ad made a number of points about the potential consequences of prescription drugs including: overdose/death; unpredictable effects; and, safe storage of prescription drugs.
- **The hard-hitting approach in *Morgue* worked for some but was not nearly as compelling as *Testimonial*.** A number of parents liked the somber/scary tone and the comparison of prescription drugs to illegal drugs. Others felt that death as an eventuality for teens was less impactful in that they see themselves as invincible.
- ***Mom's Reflection* was the least compelling.** Few felt that it would open the door for a discussion, particularly when positioned against the other the ads. The message about the proper storage and disposal of prescription drugs is important but not the most impactful nor the approach that would best stimulate a discussion between parent and teen.

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Stephanie Constable, Senior Vice President
Harris/Decima Inc.

Sommaire

Harris/Décima a le plaisir de remettre à Santé Canada le présent rapport qui résume les résultats des groupes de discussion exploratoires sur la marijuana et l'abus de médicaments d'ordonnance (AMO).

En 2014-2015, Santé Canada lancera la campagne *Prévention de la consommation de drogues illicites* dans les médias de masse afin de sensibiliser davantage la population, tant au sujet des effets néfastes sur la santé associés à la consommation de marijuana et à l'abus de médicaments d'ordonnance qu'au sujet des façons d'entreposer, de surveiller et de jeter les médicaments d'ordonnance de manière adéquate et sécuritaire. Pour concevoir une campagne efficace, il s'est avéré nécessaire de mener une recherche exploratoire auprès de parents de jeunes de 13 à 15 ans ainsi qu'auprès de jeunes (âgés de 13 à 15 ans) afin de mieux comprendre les points de vue des publics cibles en la matière. Les résultats fourniront des bases solides sur lesquelles s'appuyer pour la création des messages ainsi que pour déterminer les ressources et les tactiques à utiliser dans le cadre de la campagne afin de trouver écho auprès des deux publics cibles. Le coût total de la recherche est de 94 613,17 \$, TVH incluse.

Afin de répondre à ces objectifs, des groupes de discussion de nature qualitative ont eu lieu sur place dans sept villes canadiennes : Calgary en Alberta (5 juin); Kelowna en Colombie-Britannique (7 juin); North Vancouver en Colombie-Britannique (9 juin); Québec au Québec (11 juin); Halifax en Nouvelle-Écosse (12 juin); Mississauga en Ontario (14 juin); et Kitchener en Ontario (16 juin). À Calgary, North Vancouver, Québec et Kitchener, une séance a réuni des parents de jeunes de 13 à 15 ans, tandis que l'autre séance a réuni des jeunes (âgés de 13 à 15 ans). À Kelowna, Halifax et Mississauga, les deux séances ont réuni des parents de jeunes de 13 à 15 ans.

La recherche comprenait une discussion sur les opinions des participants à l'égard de la marijuana et de l'AMO, l'évaluation de messages sur ces deux sujets et l'examen de publicités déjà diffusées sur la marijuana et l'AMO pour déterminer si elles trouvaient un écho auprès de ces publics cibles. Les groupes de jeunes se sont également prononcés sur un outil en ligne du nom de *Cerveau et corps*.

Aux fins du présent rapport, il importe de noter que les groupes de discussion constituent une forme de recherche scientifique, sociale, politique et d'opinion publique. Ils ne sont pas conçus pour parvenir à un consensus ni pour prendre des décisions. Ils visent plutôt à faire le tour complet d'un sujet donné et à connaître toutes les idées, les attitudes, les expériences et les opinions que les participants sélectionnés ont sur la question. Toutefois, compte tenu du petit nombre de personnes qui prennent part à la recherche, les participants ne peuvent être considérés comme statistiquement représentatifs et les résultats obtenus ne peuvent être extrapolés de manière fiable à l'ensemble de la population.

Les principales conclusions tirées des résultats du sondage sont présentées ci-dessous.

Marijuana

Discussion exploratoire

- **Dans tous les groupes, la marijuana est perçue comme quelque chose à ne pas encourager.** Les parents ne sont généralement pas informés des risques de la marijuana pour la santé et, par conséquent, ils ne sont pas aussi inquiets à propos de la marijuana qu'à propos d'autres risques auxquels leurs enfants sont susceptibles d'être exposés. Étant donné que la connaissance des risques associés à la marijuana est peu élevée, les participants peuvent habituellement être répartis l'un des deux groupes suivants :
 - Ceux qui ont une perception négative de la marijuana la voient généralement comme une drogue d'introduction (qui ouvre la porte à des drogues plus dangereuses/des problèmes plus graves) et ont l'impression que sa consommation peut comporter des risques pour la santé.
 - Ceux qui ont une perception neutre ou positive de la marijuana la voient généralement comme une substance moins néfaste et sont susceptibles d'en avoir personnellement fait l'expérience. Pour eux, les conséquences se traduisent plus par un manque d'ambition ou de dynamisme que par un risque réel pour la santé.
- **Lorsque les participants doivent discuter de leurs inquiétudes, des conséquences négatives ou des risques pour la santé associés à la consommation de marijuana, ils offrent généralement peu de réponses, en particulier lorsqu'ils ont tendance à voir la marijuana comme une substance moins néfaste.** Les inquiétudes soulevées sont notamment les suivantes :
 - Les impacts sur la santé, y compris les problèmes respiratoires, la santé mentale et les maladies (p. ex. le cancer);
 - L'absence de contrôles/Ils ne connaissent pas les autres substances contenues;
 - Les impacts sur l'ambition, l'avenir/les aspirations personnelles (p. ex. l'école, le travail);
 - Les conséquences sociales (p. ex. la rupture avec les amis ou la famille);
 - La dépendance;
 - Le coût (c'est cher).
- **La majorité des participants (autant les jeunes que les parents) attribuent la consommation de marijuana aux influences suivantes : la pression des**

pairs; la curiosité; la disponibilité; la culture populaire/les médias; et le stress (la pression à l'école/au travail).

- **Les participants ont l'impression que la consommation de marijuana est plus courante de nos jours que lors de l'adolescence des parents.** Non seulement ont-ils l'impression que la marijuana est plus facile d'accès pour les jeunes, mais la légalité de la marijuana dans certains territoires et la consommation de marijuana à des fins thérapeutiques donnent également l'impression que la marijuana est maintenant plus acceptable culturellement.
- **Au chapitre des communications, la plupart des participants ont eu une conversation au sujet des drogues (et de la marijuana) avec leur adolescent ou un parent.** Ces conversations avaient généralement lieu lorsque l'adolescent avait appris quelque chose à l'école, parce qu'une connaissance ou un ami s'était fait prendre ou avait essayé la marijuana ou encore parce qu'un membre de la famille en avait personnellement fait l'expérience (p. ex. frère ou sœur plus âgé(e), quelqu'un de la parenté, etc.).
- **Lorsqu'ils ont parlé de la marijuana pendant les séances, la discussion a porté sur le manque d'ambition ou de dynamisme à l'école, sur les risques pour la santé de façon générale et sur la possibilité de se créer une réputation.**

Évaluation des messages

- **Pratiquement tous les parents trouvent au moins l'un des messages convaincant et qui les amène à s'inquiéter davantage ou les incite à parler à leur adolescent.**
- **Bien que certains participants indiquent que les renseignements présentés sont nouveaux, d'autres disent qu'ils confirment leurs soupçons; ceci est particulièrement vrai pour les messages au sujet des risques potentiels pour la santé.**
- **Les messages à propos des impacts de la marijuana sur la santé mentale et le développement du cerveau ressortent du lot pour bon nombre de participants** (tant les jeunes que les parents, mais tout particulièrement les parents). Les renseignements sur « ses effets néfastes reliés à la fonction mentale, ainsi qu'à la psychose et à la schizophrénie » sont étonnants et effrayants, surtout lorsqu'on ajoute que les effets de la marijuana peuvent persister.
- **Le message sur le fait que la marijuana d'aujourd'hui est plus forte qu'autrefois se démarque également.** La concentration accrue de THC (de 300 % à 400 %) émerge du lot, en particulier pour les jeunes et pour ceux

qui ont une perception négative de la marijuana. Quant aux participants qui ont tendance à percevoir la marijuana comme étant moins néfaste, ils ont une certaine difficulté à croire qu'une substance naturelle (une plante) puisse être plus forte.

- **Le message qui indique que 40 % des adolescents ont déclaré s'être déjà trouvés à bord d'un véhicule conduit par une personne sous l'effet de la marijuana émerge du lot, tout particulièrement pour les jeunes.**
- **Les réactions suscitées par le message sur la toxicomanie sont mitigées.** L'argument selon lequel la marijuana peut affecter négativement l'avenir social, scolaire, professionnel et financier de la personne a un puissant impact. Cependant, la statistique selon laquelle un consommateur de marijuana sur neuf développe une dépendance ne semble pas assez convaincante (particulièrement pour les jeunes), et ceux qui perçoivent la marijuana comme étant moins néfaste mettent en question l'utilisation des termes « toxicomanie » et « dépendance ».

Publicités télévisées

- **La réaction à l'égard de la publicité *Avance rapide* est généralement positive; elle arrive souvent en tête de liste des publicités les plus convaincantes aux yeux des participants (tant les parents que les jeunes).** La publicité parvient efficacement à :
 - Démontrer les conséquences possibles de la consommation de marijuana sur la famille, la vie, l'école, etc.
 - Transmettre le message qui dit que les jeunes ont le choix et qu'il est possible de dire non aux drogues.
 - Laisser entendre que la consommation et la possession de marijuana sont illégales.
- **De nombreux participants, en particulier les parents, réagissent positivement à la publicité *Sur le divan*.** Ils estiment que l'approche est différente parce qu'elle ne tente pas d'effrayer les jeunes – elle pique leur curiosité — ou de les convaincre de choses qui remettent en question les points de vue qu'ils ont déjà. D'autres participants croient toutefois que le message sur les conséquences et les risques associés à la marijuana n'est pas assez fort et craignent que la publicité ait plutôt l'effet contraire – qu'elle laisse croire qu'en réalité il n'arrive rien aux gens qui consomment de la marijuana.
- **Parmi toutes les approches, la publicité *Fils électriques* est perçue comme la plus percutante.** Le principal point abordé dans la publicité véhicule un message qui se démarque pour les participants : les risques pour la santé mentale.

- ***Il faut qu'on se parle (We need to talk)* suscite une réaction mitigée.** Le fait que la mère soit au courant de ce qui se trame a un impact sur certains jeunes, bien que la majorité d'entre eux soient d'avis que la publicité est peu mémorable et ne capterait probablement pas leur attention.
- **La réaction des parents à l'égard de *Dans le parc* est plutôt négative.** Ils trouvent que l'approche consistant à utiliser de mignons enfants pour parler aux parents est quelque peu condescendante. Lorsque ce sont des enfants plus âgés qui parlent, la publicité semble avoir un certain attrait pour les parents, mais pas autant que les autres publicités à l'étude. Les principaux avantages de cette publicité sont la variété des messages véhiculés au sujet des risques de la consommation de marijuana et la directive donnée aux parents de parler de la marijuana à leurs enfants.

Cerveau et corps

L'outil en ligne *Cerveau et corps* a été testé dans les groupes de jeunes. Les réactions sont mitigées. Bien que cet outil semble informatif et complet, rares sont ceux qui croient qu'ils l'utiliseraient, sauf s'ils devaient le faire dans le cadre d'un projet scolaire. Même si la qualité de l'outil n'était pas excellente (pour les fins de l'évaluation), les participants sont d'avis que le texte utilisé dans l'outil est lourd et que l'outil n'est ni terriblement accrocheur ni terriblement attirant. Ils préfèrent obtenir des renseignements clairs, qui vont droit au but, présentés sous forme de listes à puces et offrant une plus grande interactivité (p. ex. plus de contenu audio et vidéo).

Abus de médicaments d'ordonnance (AMO)

Discussion exploratoire

- **Au départ, rares sont les participants qui disent que l'AMO constitue un problème. Au fur et à mesure que la discussion avance, il est évident que l'inquiétude des parents augmente.** Les parents ne sont pas au courant que l'abus de médicaments d'ordonnance est un enjeu significatif chez les jeunes. De manière générale, il ne leur est jamais venu à l'esprit qu'ils devaient en parler à leurs enfants. Dans les familles où il y a des enfants plus âgés à la maison (p. ex. à la fin de l'adolescence ou au début de la vingtaine) ou celles où il y a des enfants plus jeunes qui prennent des médicaments, ce sont les enfants eux-mêmes qui informent leurs parents de la consommation de médicaments d'ordonnance comme *drogues de rue*. Selon certains parents, les enfants tiennent probablement pour acquis que les médicaments d'ordonnance sont acceptables étant donné qu'ils sont légaux lorsqu'ils sont prescrits par un médecin.

La raison pour laquelle l'AMO n'est pas présentement considéré comme une menace est en grande partie attribuable au fait que les participants sont

peu ou pas du tout au courant que l'abus de médicaments d'ordonnance est une réalité — en particulier chez les jeunes.

- **Les parents reconnaissent immédiatement les inquiétudes et les conséquences possibles de l'abus de médicaments d'ordonnance.** Les participants indiquent facilement quels risques pour la santé sont associés à l'abus de médicaments d'ordonnance. Les effets sérieux à long terme qu'ils évoquent sont notamment la défaillance d'un organe, la surdose, les interactions médicamenteuses et la dépendance.
- **Très peu de parents ont parlé de l'AMO avec leurs enfants.** Parmi le faible nombre de parents qui l'ont fait, le principal message transmis est que les médicaments d'ordonnance sont destinés à ceux à qui ils ont été prescrits.

Évaluation des messages

- **Dans la majorité des cas, tous les messages se démarquent aux yeux des participants.** Ils apportent de nouveaux renseignements qui ont un impact et qui sont persuasifs. Ils motivent les parents à entamer une conversation avec leurs adolescents, et les parents laissent entendre qu'ils le feront fort probablement plus tard à la maison ce jour-là. Les messages sur l'entreposage sécuritaire ont moins d'impact pour les parents et les jeunes.
- **Les messages sur les effets imprévisibles, sur le fait que les médicaments d'ordonnance sont dangereux (plus dangereux que l'héroïne) et sur les conséquences possibles de l'AMO, y compris la dépendance, la surdose et la mort, ont un grand impact.**
- **Les renseignements sur la gravité du problème chez les jeunes Canadiens étonnent et choquent les parents.** De manière générale, de nombreux parents allèguent qu'ils parleraient des médicaments d'ordonnance à leurs enfants après avoir lu les messages à l'étude.
- **Le message qui indique comment bien mettre sous clé les médicaments d'ordonnance et comment les jeter s'avère important pour les parents, mais il s'agit plus d'un rappel de mesures de sécurité importantes.**

Publicités télévisées

- **D'un groupe à l'autre, la majorité des participants (tant les jeunes que les parents) sont d'avis que *Témoignages* est la plus convaincante des publicités testées.** *Témoignages* suscite de fortes réactions émotives et véhicule avec une grande efficacité les conséquences possibles de l'AMO.
- ***Voici la pilule* suscite généralement une réaction positive.** La suite d'événements qui commence par une ordonnance de médecin et se termine par la mort d'une adolescente est très convaincante. La publicité soulève un

certain nombre de points au sujet des conséquences possibles des médicaments d'ordonnance, notamment : la surdose/la mort; les effets imprévisibles; ainsi que sur l'entreposage sécuritaire des médicaments d'ordonnance.

- **L'approche percutante employée dans *À la morgue* fonctionne pour certains participants, mais cette publicité est loin d'être aussi convaincante que *Témoignages*.** Le ton sombre/effrayant et la comparaison des médicaments d'ordonnance aux drogues illégales plaisent à plusieurs parents. D'autres ont l'impression que l'éventualité de la mort a moins d'impact pour les adolescents parce qu'ils se sentent invincibles.
- ***Le reflet de maman* est la publicité la moins convaincante.** Rares sont ceux qui croient qu'elle ouvrirait la porte à la discussion, en particulier si on la compare aux autres publicités. Le message qui indique comment entreposer et jeter adéquatement les médicaments d'ordonnance est important, mais ce n'est pas celui qui a le plus d'impact, et l'approche n'est pas non plus celle qui stimulerait le plus la discussion entre un parent et un adolescent.

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Harris/Décima certifie que les produits livrables finals sont conformes à l'exigence de neutralité politique décrite à la disposition 6.2.4 de la Procédure de planification et d'attribution de marchés de services de recherche sur l'opinion publique au sein du gouvernement du Canada.



Stephanie Constable, vice-présidente principale
Harris/Décima Inc.

Introduction

Harris/Decima is pleased to present this report to Health Canada highlighting the findings from the Exploratory Focus Groups on Marijuana and Prescription Drug Abuse (PDA). The total cost to conduct this research was \$99,997.44, including HST.

In 2014-15, Health Canada will be launching the Preventing Illicit Drug Use mass media campaign with the goal of increasing awareness about the harmful health effects of marijuana use and prescription drug abuse, as well as how to properly and securely store, monitor and dispose of prescription drugs. In order to develop effective campaigns, exploratory research with parents of youth 13-15 years of age, as well as with youth (ages 13-15) was needed to better understand the views of the target audiences on these topics.

The results will provide a solid foundation to help shape campaign messages, resources and tactics that strongly resonate with both target audiences.

Specific research objectives included the following:

- Assessing knowledge, perceptions and attitudes among parents and youth towards marijuana use and prescription drug abuse;
- Evaluating the overall campaign key messages to determine if they were clear, credible, relevant and of value to the audience;
- Evaluating additional marijuana use and prescription drug abuse messages to determine if they were clear, credible, relevant and of value to the audience;
- Determining parents' preferences in drug prevention TV ads (for example, tone, language, storyline, etc.) by screening 3-5 TV ads on marijuana and on prescription drug abuse (possibly including "drug prevention" ads) from other jurisdictions; and
- Assessing the "Brain and Body" web tool with youth to determine if it is credible and relevant to the target audience, and if changes were needed.

To meet these objectives, fourteen in-person focus groups were conducted with parents of youth 13-15 years of age, as well as with youth (ages 13-15) in seven cities across Canada:

Thursday, June 5, 2014	Calgary, AB	Youth & Parents
Saturday, June 7, 2014	Kelowna, BC	Parents & Parents
Monday, June 9, 2014	Vancouver, BC	Youth & Parents
Wednesday, June 11, 2014	Quebec City, QC	Youth & Parents
Thursday, June 12, 2014	Halifax, NS	Parents & Parents
Saturday, June 14, 2014	Mississauga, ON	Parents & Parents
Monday, June 16, 2014	Kitchener, ON	Youth & Parents

All sessions were two hours in length and conducted at 5:30pm and 7:30pm. Sessions in Kelowna and Mississauga were conducted at 10:00am and 12:00pm. Participants received an honorarium as a token of appreciation for their time.

In the youth groups, written consent was obtained from parents for participation in the sessions.

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

The detailed findings from this research are presented in subsequent chapters of this report. The findings for Marijuana and Prescription Drug Abuse are presented in separate chapters.

Appended to this report are the screeners, discussion guides and messages tested in both English and French.

Detailed Findings

This report is divided into two broad sections. The first section presents the findings on the discussions about Marijuana. The second section highlights the findings from the discussions on prescription drug abuse (PDA).

Marijuana

Exploratory

Each session began with a word association exercise where participants were asked to write down the first word that came to mind when they heard the word marijuana (*if they said “drugs” the moderator prompted for another word*). As the word cloud below illustrates, a number of different words were selected by participants. The most predominant terms focused on the legality, the effects (i.e. getting high), or other language to describe marijuana (i.e. weed, joint, etc).

Marijuana was consistently regarded as something that should not be encouraged. For some, it was seen as a less harmful substance that may or may not have long-term consequences. While no parent said they would encourage their child to use or try marijuana, it was relegated by some as the “least of the evils” with which their child may experiment. When placed on a continuum with other drugs, including alcohol, it appeared that some parents put it on the lower end of the risk scale. Parents in Kelowna, Vancouver and Halifax appeared to be somewhat more “comfortable” with marijuana.

Awareness of the negative consequences and/or health effects related to marijuana was somewhat limited. Among those that could offer a consequence, these generally included: uncontrolled substances in the “joint” (i.e. that they are often laced with other substances); negative effects on developing brains; perceived addictiveness; potential gateway to harder drugs; expensive; social consequences related to friends/family; and respiratory issues. In most cases, the perceived health risks could be characterized as educated guesses rather than based on information they were aware of or have sought out.

Other consequences focused on lifestyle and social aspects. One of the predominant concerns, particularly among parents, was that youth under the influence of marijuana become lazy and unmotivated, which in turn limits their potential.

Parents and youth alike identified a number of reasons that youth may try marijuana. These reasons included peer pressure, curiosity, availability, pop culture/media, stress (school/work pressure).

There was a sense among parents in particular that marijuana use is more common today than it was when they were young. For some, it was thought to

be more prevalent and to a certain extent, more culturally acceptable. In this vein, some felt that it was more “out in the open” than in their generation and now a much larger segment of youth are trying it. From there perspective, it was no longer seen as a substance that only “the druggies” use.

Some also thought that the marijuana smoked today is different than that smoked in their generation. It was generally seen as stronger. Others questioned how a plant could become stronger. This was generally countered by those who compared it to GM foods and progress in agricultural practices in general.

Most said they have talked to their kids about drugs but few said they singled out marijuana. These conversations generally focused on the negative effects on school grades, health risks in general, and getting a “reputation”. Some parents said the message they have focused on is a blanket “drugs are bad and don’t do them” approach.

In the cases where marijuana was discussed, it was generally triggered by an event, such as a media report, a child getting into trouble, or an awareness of its use by a friend or acquaintance. Some parents claimed that their child initiated the discussion based on circumstances with friends or acquaintances.

The point where they claimed to have had the discussion about drugs was often about the time their child transitioned from elementary to junior high. This juncture serves as a natural opportunity to not only talk about drugs, but peer pressure and a number of other topics. Programs in schools such as DARE were raised as a tool that has been used in schools – but few parents said that they saw the messages that were being communicated.

Message Testing

Participants were given a list of messages and asked to identify those that stood out for them, either positively or negatively. The results suggest that a number of messages resonate. Others received a more neutral reception, while a few were less impactful.

The findings indicate that there was an appetite, particularly among parents, for new messages that can be communicated to their teens about marijuana. Specifically, messages that provided new information and pointed out specific risks were the most salient.

Virtually all parents found at least one message to be compelling and that would stimulate greater concern and/or an intention to speak with their teen.

Overall, messages that highlighted consequences or risks were particularly compelling for participants. For them, these types of messages provided information rather than just a statement without additional information. These included:

- Messaging focusing on cognitive effects such as mental functioning as well as memory and IQ were the strongest messages for many parents. For this

group, it reinforced information they were already trying to communicate to their teens about marijuana use.

- The statement on the strength of THC was particularly compelling as it validated a feeling that some parents had about today's marijuana: that it is stronger now. While not all could clearly articulate this point, most felt that today's marijuana is a completely different drug than the marijuana they had as teens. As a result there was a sense that it was more powerful and potentially more harmful. This message provided evidence to back-up their hunch that today's marijuana is stronger than when they were teenagers.
- The message that 40% of teens reported having been a passenger with someone under the influence of marijuana also stood out, particularly for youth.

Some of the messages were met with a neutral reaction:

- Reaction to the message *"Today's marijuana contains hundreds of substances some of which can affect the proper functioning of the brain and body"* was mixed. It was not always clear whether this meant the actual marijuana plant or if the message spoke to substances that the "joint" could be "laced" with. Therefore, it lacked clarity for some and was not felt to be among the more compelling reasons to start a conversation with their teens.

On the other end of the spectrum, there were a couple of messages that were not as impactful. These were perceived as statements rather than providing talking points that parents could use to speak with their teens.

- Specifically, the message that *"marijuana is the most widely used illegal drug among youth today"* was not compelling for parents to talk to their kids about marijuana use. For some, they thought it might have the opposite effect: encourage their kids to try it instead of dissuading use. In addition, among some youth, there was confusion about whether this included alcohol or not.
- The message *"The science is clear. Marijuana use equals health risks"* was already a type of message that they have used and was seen as less compelling to most parents. Parents felt that they needed concrete examples of what the specific health risks were instead of a broad statement.

The table below outlines the messages, from strongest to weakest, that were tested in the groups. Words in bold signify the aspects of the messaging that resonated with participants.

- ✓ **Youth** are especially **vulnerable** to the health effects of marijuana use, including harmful effects on **mental functioning**, and **psychosis** and **schizophrenia**.
- ✓ Regular long-term marijuana use can harm **concentration**, **memory**, the ability to think and **make decisions**, and **IQ**. **Some of these effects may persist after stopping marijuana use.**
- ✓ Today's marijuana is stronger than marijuana from many years ago. Studies show that the average level of THC, the principal "mind-altering" component of marijuana, has increased by **300% to 400%** over the last few decades. This

- increase in THC levels may pose more serious risks to health than in the past.
- ✓ **40%** of teens reported having been a passenger with someone under the influence of marijuana.
- Today's marijuana contains **hundreds of substances** some of which can affect the proper functioning of the brain and body.
- Other health harms of marijuana can be summarized as follows:
 - Lungs:** Marijuana smoke irritates the throat and lungs, causes coughing, and is associated with symptoms of bronchitis. Marijuana smoke also contains **many of the same cancer-causing materials as tobacco smoke.**
 - Mental Health:** Marijuana use that begins early in adolescence, that is frequent and that continues over time has been associated with an **increased risk of psychosis and schizophrenia.** The risk is greatest in individuals with a personal or family history of such mental illnesses.
 - Pregnancy:** Marijuana smoking during pregnancy has been associated with long-lasting harm to the exposed child's memory and other brain functions as well as hyperactive behaviour.
 - Addiction:** Marijuana use that begins early in adolescence, that is frequent and that continues over time can lead to addiction. It is estimated that 1 in 9 marijuana users will develop an addiction to marijuana. **Marijuana addiction can have a number of harmful consequences on health, but it can also harm one's social, scholastic, professional and financial future.**
- ✗ Marijuana is the most widely used illegal drug among youth today.
- ✗ The science is clear. Marijuana use equals health risks.

Ad Evaluation

Following the message testing, participants were shown five advertisements – some from Health Canada and the rest from other jurisdictions. The purpose of this exercise was to understand if the approach was compelling in terms of tone and message and would prompt parents to start a discussion with their teens about marijuana.

In the instances where parents instinctively offered impressions of the ad's impact on their teen, moderators recorded the comments but encouraged parents to discuss what impact, if any, the ads would have on *them*.

In some cases, participants felt that the ad's execution was compelling but the approach was not necessarily the approach they thought would trigger a conversation.

Participants also indicated that multiple approaches may be effective, depending on the personality of their child. This could also be the case within their household. For instance, it may be the case that one approach would work with their older child whereas another would be more suitable for their younger child. In summary, there was not necessarily one approach that would be successful at prompting a conversation with all youth.

The five executions tested were:

1. Fast Forward
2. Couch
3. Wires

4. Park
5. We Need to Talk

Detailed findings for each are presented below.

Fast Forward

Fast Forward was often selected as the most compelling ad. Parents especially appreciated the message that teens have a choice and can say no. For this group, this was an important message to convey. The message that teens could have a large social network but still say no to marijuana was also well received.

What this ad did very well was illustrate the potential consequences of using marijuana. The notion that one decision could have a number of important consequences down the road was compelling and well presented.

Lastly, many commented on the fact that the ad provided a website where parents (and kids) could get more information. This was particularly important for those who were looking for additional information and for those who were unable to explain the health risks in detail.

Many agreed that seeing this ad, or an ad like this, would prompt a discussion.

On the other end of the spectrum, a small number thought that this ad was unrealistic. Specifically, they were unsure that a teenager would spend the time thinking about the consequences in the moment.

Couch

Many participants had a strong reaction to this ad: both positive and negative.

Those who liked the ad appreciated the satirical tone of the message. They felt that the tone struck the right balance between trying to dissuade use without relying on the more traditional “drugs are bad” approach. They also liked that the ad illustrated more enjoyable ways to spend time than smoking pot.

Others felt that the ad did not convey strongly enough the potential health effects associated with marijuana use. Rather, they were concerned that the ad might *promote* the use of marijuana to teens; the perceived risk of using marijuana was fairly benign.

Wires

The approach of *Wires* was perceived as the hardest hitting of all the ads tested. Many liked the visual depiction of the “brain” being permanently damaged. The analogy of the wires was effective and easy to understand and mirrored the message that parents would use to dissuade their teen from trying marijuana.

Others felt that while the ad conveyed some important health risks, it was not seen as a message that would appeal to a broad youth audience. There was a sense that it would be most effective for a specific type of child; one who was more logical and analytical. This was an example of a message that some parents said would work on one child but not the other if multiple children were in the household.

Park

Reaction to this ad was decidedly mixed, skewing to the negative. Generally speaking, few felt that it would open the door to start a conversation with their teens about marijuana.

Some parents liked the information that was conveyed. For them, the message about health risks was quite strong. However, some felt that the use of children was distracting and diminished the message (health risks). Some thought it was inappropriate for young kids to be speaking about the risks of marijuana use. When prompted by the moderator to imagine the ad with youth between 13 and 15 years of age, receptivity to the message increased somewhat.

The part that worked well was the call to action: “talk to me about marijuana”. It was clear and understood by all.

We Need to Talk

Reaction to this particular ad was mixed.

Some liked the message of being creative and persistent when trying to talk to kids about marijuana. They appreciated the message about removing the harm and starting an important, if difficult, conversation.

Others felt that the message may undermine the open communication that they have or are trying to foster with their children (i.e. sneaking behind their backs and snooping through belongings). They also didn’t feel like the ad provided any specific tips or information about the risks associated with marijuana use that they would want to communicate with their children. A few volunteered that this ad teaches kids to make sure they hide their marijuana well.

Brain and Body

The Brain and Body web tool was tested with youth to gauge their likelihood of using a tool like this. Participants viewed a prototype but were not able to interact with the tool on their own. The discussion focused on the perceived benefits and how teens would use this tool. The moderator walked participants through various sections (participants were unable to read the information shown) and described the types of information that could be found in the tool. This may have muted the reactions to the web tool as they were not able to fully experience all of the functionality.

Reaction to this tool was mixed. The likelihood of searching it out appeared to be limited though. A number envisioned using the web tool in a classroom setting (i.e. start discussions in school or help with a homework assignment) rather than on their personal time.

Prescription Drug Abuse

Exploratory

Parents were not aware of prescription drug abuse (PDA) as a problem for youth today. In fact, when initially asked, a number interpreted PDA as incorrect use of prescription drugs that the teen may have been prescribed by their physician. When provided with the correct information, many had difficulty understanding why teens would abuse prescription drugs.

A handful of participants had vaguely heard something about PDA, and this was usually in response to radio ads they had heard in their community. This was the case in Kelowna, Kitchener and Halifax. The reason PDA was not regarded as a current threat was largely because there is little sense that abuse is going on – especially among youth.

For many parents, the potential risks associated with PDA are serious. In fact, although their awareness and perception of PDA was low, the ability to identify consequences and risks was quite high.

First and foremost parents point to the risk of an overdose, leading to death or irreversible damage. Other consequences cited included: organ damage; drug interactions that may lead to health risks; and, side effects that generally occur with prescription drugs which could be more serious for those who were not intended to take that prescription.

During the discussion, parents became deeply concerned about the potential consequences that PDA may have on their teens.

Very few have talked to their teens about PDA. Among the small number who had, the message tends to be “Do not accept medications from friends – even if it is an over the counter pain reliever.” Those who have children on prescription drugs that are susceptible to being abused reminded their children that their medication is for *their* use only.

Message Testing

As was done during the sessions on marijuana, participants were provided with a number of messages and asked to identify the messages that stood out – either positively or negatively.

The findings suggest that many of the messages tested stood out to participants, primarily because most of the information was new.

The messages that were more compelling and more likely to be communicated to teens were:

- Messages that compared PDA to dangerous drugs which most parents had spoken to their children about;
- Messages that spoke about the propensity for addiction and overdose. These messages reinforced the immediate consequences initially identified by parents. The unpredictability was a frightening and powerful notion; as was the comparison of prescription drugs to heroin.

Information focusing on the legality of prescription drugs was compelling; particularly for those who fear that kids believe that prescription drugs are more acceptable because they are legal or doctor prescribed. However, some parents were unclear what the “talking point” would be with their teen because there was no specific consequence tied to the message.

When considering the least persuasive messages, those that focused on the rise of PDA and consumption of opioids fall into this category.

Messaging about storing and/or disposing of medications was less powerful and less likely to start a conversation with teens. Rather, parents felt that it was an important reminder to them.

Messages have been grouped below, from strongest to weakest.

- ✓ Prescription opioids, such as OxyContin and Fentanyl, can be just as dangerous **if not more dangerous than illegal drugs such as heroin.**
- ✓ There are many **dangerous and unpredictable effects** associated with abusing prescription drugs including **addiction, overdose and death.**
- ✓ **Addiction and death rates** due to prescription drug abuse are on the rise across Canada.
- ✓ Prescription drug abuse is a growing public health and safety problem in Canada, particularly among youth.
- ✓ Prescription opioids like OxyContin and Fentanyl, are the third most commonly-abused substances, after alcohol and marijuana, among Canadian youth.
- Youth may have a misperception that prescription drugs are less dangerous when abused than illicit drugs because they're **prescribed by a doctor.**
- Prescription drugs may be seen as more attractive for youth because the substance is **legal versus illegal.**
- The abuse of prescription drugs has harmful effects on teens' health.
- Canadians are the world's second-largest per capita consumer of prescription opioids behind Americans.
- The 'abuse' of prescription drugs by youth often involves obtaining these drugs from a friend, a relative, or from home.

Ad Evaluation

Following the message testing, participants were shown four advertisements – all from organizations outside of Health Canada. The purpose of this exercise was to understand if the approach was compelling in terms of tone and message and would prompt parents to start a conversation with their children about PDA. The approach taken was the same as that used when conducting this exercise for the marijuana ads.

In some cases, participants felt that one execution was compelling but it may not necessarily be the approach they thought would start a discussion.

The four ads tested were:

1. Testimonial
2. This is the Pill
3. Morgue
4. Mom's Reflection

Testimonial

Virtually all participants connected with *Testimonial*. Participants felt that the images were very powerful and highlighted the consequences in a persuasive way.

Discussions revealed that highlighting the physical disability is perhaps a stronger theme than death. Some parents explained that teens often think they are invincible and therefore less likely to connect with an ad speaking about death as a consequence.

Testimonial also highlighted the impact of PDA on not only the abuser, but his or her family. A lifetime impact on multiple people was regarded as tragic and triggered powerful feelings of empathy. Some described it as a fate worse than death.

It also conveyed a message that the consequences can be irreversible. Many said that this ad would prompt parents to talk to their teens about PDA. They appreciated the tone and felt that the real-life experience was a persuasive way to communicate.

This is the Pill

This advertisement also received relatively strong reactions from participants, although not to the same degree as *Testimonial*. A number of participants felt that the chain reaction was a strong message. They liked that it demonstrated how teens are accessing prescription drugs as well as the consequences of one decision.

The statistics highlighted were strong and impactful to participants. They highlighted the prevalence and seriousness of PDA as an issue with teens.

Parents also received a message about safe storage of prescription medications. Therefore, there was a sense that many messages, targeting both teens and parents, were being communicated in this ad.

Morgue

The approach taken in *Morgue* received both positive and negative reactions. Some appreciated the hard-hitting approach and the comparison to illegal drugs. Others felt that messaging around death may not resonate as strongly with teens in comparison to messaging about long term consequences.

That said, a number of parents claimed that if they saw this advertisement, it would prompt a discussion with their teens about PDA.

Mom's Reflection

This advertisement was the least compelling of the PDA ads tested. For many, the advertisement served as an important reminder to parents about safe storage. Many were unsure what message would be conveyed to their teens if they saw this advertisement (or this approach).

In the context of seeing other ads that spoke of the health effects and negative consequences of PDA, this ad was appreciated for the “helpful reminder” of safeguarding medications, but without the potential outcomes and risk associated with PDA, it was relatively weak.

Conclusions

The findings from these sessions yield the following conclusions:

Marijuana

- Marijuana was consistently regarded as something that should not be encouraged. Parents were generally uninformed and therefore, not as concerned about marijuana as other risks to which their children may be exposed.
- Many parents described wrestling with wanting to discourage use while maintaining a line of communication/relationship.
- There seemed to be an appetite for new points to raise that would enable a credible, modern, non-confrontational/judgment-free risk-avoidance message.
- In this regard, some of the messages tested were particularly helpful, since they provided powerful and credible information that was also new for a number of parents, and thus created the means to initiate an effective discussion with their teens:
 - The fact that THC levels are far higher today;
 - 40% have been in a car driven by someone under the influence of marijuana; and,
 - Schizophrenia, psychosis, lower IQ – especially when coupled with the notion that teen brains are more vulnerable and that effects can linger.
- Addiction is among the statements that met with mixed reactions. Basically, all participants could accept that some youth find themselves wanting to use marijuana all the time – so often it gets in the way of life, academics, social development. Among youth, the part of the message that mentioned harming “one’s social, scholastic, professional and financial future” was often cited as a compelling message. However, in several parent groups, there were one or two participants who quibbled about whether the term “addiction” is appropriate and a few of them went so far as to claim it was false.
- It should be noted that some parents feel the messages about increased strength and additional substances have to do with the more serious fears they have over whether the marijuana has been laced with dangerous substances. The challenge here is that in some cases, the message could be that it is important to trust your supplier in order to avoid such risks related to strength. Therefore, to avoid weakening the power of this message, it is important to be clear about the fact that marijuana itself is stronger AND there are risks that other substances have been added.

- Any consideration of health risks involves two key dimensions: the severity of the potential outcome or effect; and, the probability of exposure to the threat in question. In the case of marijuana, there were few parents who had any doubt that there is a high probability that their teen would be exposed to marijuana itself. However, the messages about the dimension of potential health effects did give many pause and cause them to consider taking some sort of action or being more vigilant.

PDA

- For many parents, Prescription Drug Abuse is a new phenomenon. Many were unaware prior to the discussion that PDA was a problem. Given this was new information, there was a great deal of concern about potential risks. Risks are seen as high with very serious and potentially irreversible consequences.
- This leads parents to a place of concern, with very little knowledge about how to address this subject with their teens and what to say to them.
- Within this context, parents are receptive to messaging about PDA and are seeking talking points to broach the subject with their kids.
- Messages about the prevalence of PDA in society today were surprising and powerful. As a result, both messages about the severity of the potential outcomes or health effects of PDA and about the probability of exposure to the threat found participants citing the messages as powerful or impactful:
 - Those messages that educate parents on just how widespread the activity is tended to capture parents' attention and cause them to see the issue as more of a clear and present danger than they had in the past; and,
 - Those that highlight the risks of PDA are particularly compelling to parents and more likely to prompt discussions with their teens.
- Messaging around limiting access to prescription drugs might be more striking if it is seen as a plausible, commonly occurring event such as a child's friend using the household's washroom and thus having privacy and access to a medicine cabinet.
- Demonstrating consequences, as seen in *Testimonial*, is seen to be a powerful and persuasive communication vehicle for opening the door for discussions about PDA.

Appendix A: Recruitment Screener

English

Questionnaire # _____ Date of Last Group _____
 # of previous groups _____

If not previous groups			
Calgary, AB			
Thursday, June 5			
Group 1: Youth 13 to 15	@ 5:30 pm	\$125	
Group 2: Parents of Youth 13 to 15	@ 7:30 pm	\$75	Recruit: 10 for 8 to 10 to show per group
Kelowna, BC			
Saturday, June 7			
Group 3: Parents of Youth 13 to 15	@ 10:00 am	\$75	
Group 4: Parents of Youth 13 to 15	@ 12:00 pm	\$75	Honorarium: Youth: \$125 Parents: \$75
North Vancouver, BC			
Monday, June 9			
Group 5: Youth 13 to 15	@ 5:30 pm	\$125	
Group 6: Parents of Youth 13 to 15	@ 7:30 pm	\$75	Study#: ###
Quebec City, QC			
Wednesday, June 11			
Group 7: Youth 13 to 15	@ 5:30 pm	\$125	Definitions: Youth:
Group 8: Parents of Youth 13 to 15	@ 7:30 pm	\$75	Youth between the ages of 13 and 15.
Halifax, NS			
Thursday, June 12			
Group 9: Parents of Youth 13 to 15	@ 5:30 pm	\$75	Parents: Parents of youth between the ages of 13 and 15.
Group 10: Parents of Youth 13 to 15	@ 7:30 pm	\$75	
Mississauga, ON			
Saturday, June 14			
Group 11: Parents of Youth 13 to 15	@ 10:00 am	\$75	NOTE: DO NOT RECRUIT YOUTH AND PARENT FROM SAME HOUSEHOLD.
Group 12: Parents of Youth 13 to 15	@ 12:00 pm	\$75	Aim for mix of demographics.
Kitchener, ON			
Monday, June 16			
Group 13: Youth 13 to 15	@ 5:30 pm	\$125	
Group 14: Parents of Youth 13 to 15	@ 7:30 pm	\$75	

Respondent's name: Respondent's phone #: _____ (home) Respondent's phone #: _____ (work) Respondent's fax #: _____ sent? _____ or Respondent's e-mail : _____ sent? Sample source (circle): panel random client referral	Interviewer: Date: Validated: Quality Central: On List: On Quotas:
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PARENT INTRODUCTION

Hello, my name is _____. I'm calling from Harris/Decima, a national public opinion research firm. We're organizing discussions on issues of importance to Canadians, on behalf of the Government of Canada. Up to 10 participants will be taking part and for their time, participants will receive an honorarium. May I ask you a few questions?

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

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

EXPLAIN FOCUS GROUPS

About ten parents (IF CALGARY, NORTH VANCOUVER, QUEBEC CITY OR KITCHENER, ADD: and ten youth in separate groups) will be taking part, all of them randomly recruited just like you. For their time, participants will receive an honorarium. But before we invite you (or your child) to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

Yes **CONTINUE**
 No **ASK IF ANYONE ELSE IN THE HOUSEHOLD MIGHT BE INTERESTED**
 IF NOT THANK AND TERMINATE

READ TO ALL: "This call may be monitored or audio taped for quality control and evaluation purposes."

ADDITIONAL CLARIFICATION IF NEEDED:

- to ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- to assess my (the interviewer) work for performance evaluation;
- to ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we're asking the right questions to meet our clients' research requirements – kind of like pre-testing).

- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they were unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

1. For the purposes of this project, we need to ensure that we are speaking with individuals with children between the ages of 13 and 15 years. Are you a parent or guardian of a child ages 13-15 who lives with you at least half of the time?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

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

Yes	1	CONTINUE
No	2	ASK TO SPEAK WITH DECISION-MAKER. OTHERWISE, THANK AND TERMINATE

3. Do you or does any member of your household work...

	Yes	No
For a marketing research firm	1	2
For a magazine or newspaper, online or print	1	2
For a radio or television station	1	2
For a public relations company	1	2
For the government, whether federal or provincial	1	2
For an advertising agency or graphic design firm	1	2
For an online media company or as a blog writer	1	2

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

4. **FOR VANCOUVER SESSIONS:** What part of the Lower Mainland do you live in?

- | | |
|--|----------------------------|
| • North Vancouver | CONTINUE |
| • West Vancouver | THANK AND TERMINATE |
| • City of Vancouver | THANK AND TERMINATE |
| • Any other part of the Lower Mainland | THANK AND TERMINATE |

IF RECRUITING YOUTH: CONTINUE

IF RECRUITING PARENT: SKIP TO PARENT SCREENING (Q13)

NOTE: DO NOT RECRUIT YOUTH AND PARENT FROM SAME HOUSEHOLD.

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

5. With your permission, would your child be available to attend a discussion on **[INSERT DATE]** at **[Time]**? It will last about 2 hours and your child will receive \$125.00 for their time. These groups are being conducted on behalf of Health Canada to help them develop a marketing campaign about youth and drugs. Please note that your child will not be asked any questions about their own possible drug use. The discussion will focus on their opinions on different drug prevention messages. Your written consent for your child to participate in the focus group will be required upon arrival.

- | | | |
|-----|---|------------------------------|
| Yes | 1 | CONTINUE |
| No | 2 | THANK & TERMINATE |

6. Is the child who would be participating a boy or a girl?

- | | | | |
|--------|---|---|----------------------------|
| Male | 1 | } | RECRUIT 50/50 SPLIT |
| Female | 2 | | |

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

- | | | | |
|----|---|---|---------------------------------|
| 13 | 1 | } | RECRUIT GOOD MIX OF AGES |
| 14 | 2 | | |
| 15 | 3 | | |

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

Under \$20,000	1	}	Ensure good mix by... Recruiting 2 from the below \$40K category Recruiting 3 from the between \$40 and \$80K category Recruiting 5 from the above \$80K category
\$20,000 to just under \$ 40,000	2		
\$40,000 to just under \$ 60,000	3		
\$60,000 to just under \$ 80,000	4		
\$80,000 to just under \$100,000	5		
\$100,000 to just under \$150,000	6		
\$150,000 and above	7		
DK/RF	99		

9. Could you please tell me what is the last level of education that you have completed?

Some high school only	1	}	ENSURE GOOD MIX
Completed high school	2		
Some College/University	3		
Completed College/University	4		
RF/DK		9	

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

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

TO THE YOUTH:

Hello, my name is _____. I'm calling from Harris/Decima, a national public opinion research firm. We're organizing discussions on issues related to a planned Health Canada marketing campaign about youth and drugs. Up to 10 youths will be taking part and for their time, participants will receive an honorarium of \$125.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I ask you a few questions?

Yes	CONTINUE
No	THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions, no attempt will be made to sell you anything or change your point of view. The

format is a “round table” discussion lead by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. It is important that you understand that all of your answers will be kept confidential, including from your parents. Your answers will be used for research purposes only and will help ensure we have a mix of participants in the room.

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

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

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

Yes	1	THANK & TERMINATE
No	2	CONTINUE

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

IF YOUTH QUALIFIES, PROCEED TO PRIVACY QUESTIONS.

PARENT SCREENING

13. Are you a Canadian citizen at least 18 years old who normally resides in the [XX] area?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

14. **DO NOT ASK – NOTE GENDER (TARGET 50/50 SPLIT)**

Male	1
Female	2

15. Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	MAX. ½ PER GROUP
-----	---	-------------------------

No 2 **GO TO Q18**

16. How long ago was it? _____

TERMINATE IF IN THE PAST 6 MONTHS

17. How many consumer discussion groups have you attended in the past 5 years?

TERMINATE IF MORE THAN 5 DISCUSSION GROUPS

18. Could you please tell me what age category you fall in to? Are you...

Under 25	0		THANK AND TERMINATE
25-34 years	1		
35-44 years	2		
45-54 years	3		ENSURE GOOD MIX PER GROUP
55-60 years	4		
More than 60 years	5		THANK AND TERMINATE
Refuse	9		

19. What is your current employment status?

Working full-time	1		ENSURE GOOD MIX PER GROUP	
Working part-time	2			
Self-employed	3			
Retired	4			
Unemployed	5			
Student	6			
Other	7			
DK/RF	99			

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

Under \$20,000	1	}	Ensure good mix by...
\$20,000 to just under \$ 40,000	2		
\$40,000 to just under \$ 60,000	3		Recruiting 2 from the below \$40K category
\$60,000 to just under \$ 80,000	4		
\$80,000 to just under \$100,000	5		Recruiting 3 from the between \$40 and \$80K category
\$100,000 to just under \$150,000	6		
\$150,000 and above	7		Recruiting 5 from the above \$80K category
DK/RF	99		

21. Could you please tell me what is the last level of education that you have completed?

Some high school only	1	}	ENSURE GOOD MIX
Completed high school	2		
Some College/University	3		
Completed College/University	4		
RF/DK	9		

PRIVACY QUESTIONS

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

P1) First, we will be providing the hosting facility and session moderator with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	GO TO P2
No	2	READ RESPONDENT INFO BELOW

READ ONLY IF SAYS NO AT P1. We need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. **GO TO P1A**

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

Yes	1	GO TO P2
No	2	THANK & TERMINATE

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

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

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

READ ONLY IF SAYS NO AT P2. It is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete the report. I assure you it is kept strictly confidential and it will be destroyed as when the research is complete. **GO TO P2A**

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

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

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

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

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

P3a) **READ ONLY IF SAYS NO AT P3.** To participate in this focus group we must have your permission to add your name to the Qualitative Central system as it is the only way for us to ensure the integrity of the research process and track participation in qualitative research. The system is maintained by the industry body, the Marketing Research and Intelligence Association, and is solely used to track your participation in qualitative research (such as focus groups). You will not be contacted for any reason whatsoever as a result of being on this list.

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

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

AS REQUIRED, ADDITIONAL INFO FOR THE INTERVIEWER:

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

AS REQUIRED, NOTE ABOUT MRIA:

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

INVITATION

[ENSURE PARENT RECEIVES THIS INFORMATION, IF REQUESTED]

As I mentioned earlier, the group discussion will take place on **DATE @ TIME for 2 hours** and participants will receive **\$XX** for their time. To confirm, are you able to attend?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

Do you have a pen handy so that I can give you the address where the group will be held? It will be held at:

Calgary, AB Thursday, June 5 Qualitative Coordination Suite 120 – 707 10 Ave SW Calgary, AB T2R 0B3	Halifax, NS Thursday, June 12 MQO 1883 Upper Water Street, 3 rd Floor Halifax, NS B3J 1S9
Kelowna, BC Saturday, June 7 The Royal Anne Hotel 348 Bernard Ave Kelowna, BC V1Y 6N5	Mississauga, ON Saturday, June 14 Infoquest Focus Group Inc. 6655 Kitimat Road, Suite 12 Mississauga ON L5N 6J4
North Vancouver, BC Monday, June 9 Smartpoint Research 301-1140 Homer Street Vancouver, BC V6B 2X6	Kitchener, ON Monday, June 16 PMG Intelligence 560 Parkside Dr., Unit 3 Waterloo, ON N2L 5Z4
Quebec City, QC Wednesday, June 11 Leger 580 Grande Allee East, Suite 580 Quebec City, QC G1R 2K2	

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

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at **[1-800 NUMBER]** at our office. Please ask for **[NAME]**. Someone will call you the day before to remind you about the discussion.

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

First name _____

Last Name _____

Email _____

Daytime phone number _____

Evening phone number _____

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

French

Questionnaire n° _____ Date du dernier groupe _____
 Nombre de groupes antérieurs _____

Calgary, Alberta			Recrutez : 10 par groupe pour que de 8 à 10 personnes se présentent
Le jeudi 5 juin			
Groupe 1 : Jeunes de 13 à 15 ans	@ 17 h 30	125 \$	
Groupe 2 : Parents de jeunes de 13 à 15 ans	@ 19 h 30	75 \$	
Penticton, Colombie-Britannique			Prime : Jeunes : 125 \$ Parents : 75 \$
Le samedi 7 juin			
Groupe 3 : Parents de jeunes de 13 à 15 ans	@ 10 h 00	75 \$	
Groupe 4 : Parents de jeunes de 13 à 15 ans	@ 12 h 00	75 \$	
North Vancouver, Colombie-Britannique			Étude n° : XXXX
Le lundi 9 juin			
Groupe 5 : Jeunes de 13 à 15 ans	@ 17 h 30	125 \$	
Groupe 6 : Parents de jeunes de 13 à 15 ans	@ 19 h 30	75 \$	
Québec, Québec (en français)			Définitions: Jeunes : Jeunes âgés de 13 à 15 ans.
Le mercredi 11 juin			
Groupe 7 : Jeunes de 13 à 15 ans	@ 17 h 30	125 \$	
Groupe 8 : Parents de jeunes de 13 à 15 ans	@ 19 h 30	75 \$	
Halifax, Nouvelle-Écosse			Parents : Parents de jeunes âgés de 13 à 15 ans.
Le jeudi 12 juin			
Groupe 9 : Parents de jeunes de 13 à 15 ans	@ 17 h 30	75 \$	
Groupe 10 : Parents de jeunes de 13 à 15 ans	@ 19 h 30	75 \$	
Mississauga, Ontario			NOTE : IL NE FAUT PAS RECRUTER DE JEUNES ET DE PARENTS DU MÊME MÉNAGE.
Le samedi 14 juin			
Groupe 11 : Parents de jeunes de 13 à 15 ans	@ 10 h 00	75 \$	
Groupe 12 : Parents de jeunes de 13 à 15 ans	@ 12 h 00	75 \$	
Kitchener, Ontario			Tentez de recruter des gens de profils démographiques diversifiés.
Le lundi 16 juin			
Groupe 13 : Jeunes de 13 à 15 ans	@ 17 h 30	125 \$	
Groupe 14 : Parents de jeunes de 13 à 15 ans	@ 19 h 30	75 \$	

Nom du répondant : _____	Intervieweur : _____
N° de téléphone du répondant : _____ (maison)	Date : _____
N° de téléphone du répondant : _____ (travail)	Validé : _____
N° de télécopieur : _____ envoyé? _____ ou	Fichiers centraux : _____
Courriel du répondant : _____ envoyé?	Listes : _____
Source de l'échantillon (<i>encerclez</i>) : panel aléatoire client référence	Quotas : _____

INTRODUCTION POUR LES PARENTS

Bonjour, je m'appelle _____. Je vous téléphone de Harris/Décima, une firme nationale de recherche sur l'opinion publique. Nous organisons des groupes de discussion pour le compte du gouvernement du Canada au sujet d'enjeux d'importance pour les Canadiens. Jusqu'à 10 participants prendront part à la discussion et, en guise de remerciement pour le temps qu'ils nous auront accordé, ils recevront une prime. Puis-je vous poser quelques questions?

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

La participation est volontaire. Nous désirons connaître votre opinion. Nous ne tenterons pas de vous vendre quoi que ce soit ou de vous faire changer d'avis. La discussion se déroulera sous forme de table ronde et sera animée par un professionnel de la recherche. Toutes les opinions exprimées demeureront anonymes et les points de vue seront regroupés de sorte qu'il sera impossible d'identifier qui que ce soit.

EXPLIQUEZ LES GROUPES DE DISCUSSION

Environ dix parents (SI CALGARY, NORTH VANCOUVER, QUÉBEC OU KITCHENER, AJOUTEZ : et dix jeunes, dans des groupes séparés) prendront part aux séances, et tous auront été recrutés de façon aléatoire comme vous. En guise de remerciement pour leur temps, les participants recevront une prime. Mais avant de vous inviter (ou d'inviter votre enfant) à participer, nous devons vous poser quelques questions pour nous assurer de la diversité des participants. Puis-je vous poser quelques questions?

Oui **CONTINUEZ**
Non **DEMANDEZ SI UNE AUTRE PERSONNE DU MÉNAGE POURRAIT ÊTRE INTÉRESSÉE**

SI NON, REMERCIEZ ET TERMINEZ

LISEZ À TOUS : « Cet appel peut être écouté ou enregistré à des fins d'évaluation et de contrôle de la qualité. »

CLARIFICATIONS SUPPLÉMENTAIRES AU BESOIN :

- Pour s'assurer que je lise les questions correctement et que je recueille vos réponses avec précision;
- Pour évaluer mon rendement;

- Pour vérifier que le questionnaire est exact/correct (c.-à-d. évaluation de la programmation ITAO et de la méthodologie – s’assurer que nous posons les bonnes questions pour répondre aux exigences de nos clients en matière de recherche – comme un prétest);
- Si l’appel est enregistré, l’enregistrement sert uniquement à évaluer le travail de l’intervieweur et est écouté immédiatement après la fin de l’entrevue. S’ils étaient absents au moment de l’entrevue, le client et le gestionnaire de projet pourraient également écouter l’enregistrement. Tous les enregistrements sont détruits après l’évaluation.

1. Pour les besoins de ce projet, nous devons parler à des personnes qui ont des enfants âgés de 13 à 15 ans. Êtes-vous le parent ou le tuteur/la tutrice d’un enfant âgé de 13 à 15 ans qui habite sous votre toit au moins la moitié du temps?

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

2. Prenez-vous régulièrement part aux décisions qui touchent la santé et la sécurité de votre enfant?

Oui	1	CONTINUEZ
Non	2	DEMANDEZ DE PARLER À LA PERSONNE QUI PREND LES DÉCISIONS – SINON, REMERCIEZ ET TERMINEZ

3. Est-ce que vous, ou un membre de votre ménage, travaillez...?

	Oui	Non
Pour une firme de recherche marketing	1	2
Pour un magazine ou un journal ou ligne ou imprimé	1	2
Pour une chaîne de radio ou de télévision	1	2
Pour une firme de relations publiques	1	2
Pour le gouvernement fédéral ou provincial	1	2
Pour une agence de publicité ou de graphisme	1	2
Pour un média en ligne ou comme auteur(e) d’un blogue	1	2

SI « OUI » À L’UNE DE CES OPTIONS, REMERCIEZ ET TERMINEZ

4. **POUR LES SÉANCES À VANCOUVER** : Dans quel secteur du Lower Mainland habitez-vous?

• Vancouver Nord	CONTINUEZ
• Vancouver Ouest	REMERCIEZ ET TERMINEZ

- | | |
|--|------------------------------|
| • La ville de Vancouver | REMERCIEZ ET TERMINEZ |
| • Tout autre secteur du Lower Mainland | REMERCIEZ ET TERMINEZ |

SI VOUS RECRUTEZ UN JEUNE : CONTINUEZ

SI VOUS RECRUTEZ UN PARENT : PASSEZ À LA SÉLECTION DES PARENTS (Q13)

NOTE : IL NE FAUT PAS RECRUTER UN JEUNE ET UN PARENT DU MÊME MÉNAGE.

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

5. Si vous acceptez que votre enfant participe à la discussion, serait-il/serait-elle libre le [INSÉREZ LA DATE] à [Heure]? La discussion durera environ 2 heures et en guise de remerciement pour le temps que votre enfant nous aura accordé, nous lui remettrons une prime de 125 \$. Nous menons ces groupes pour le compte de Santé Canada dans le but de les aider à concevoir une campagne de sensibilisation sur les jeunes et les drogues. Veuillez noter qu'aucune question ne sera posée à votre enfant sur sa consommation possible de drogues. La discussion sera plutôt axée sur ce que les jeunes pensent de différents messages sur la prévention de la toxicomanie. Nous demanderons à votre jeune de nous remettre votre consentement écrit lorsqu'il se présentera au groupe.

- | | | |
|-----|---|------------------------------|
| Oui | 1 | CONTINUEZ |
| Non | 2 | REMERCIEZ ET TERMINEZ |

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

- | | | | |
|--------|---|---|-----------------------|
| Garçon | 1 | } | RECRUTEZ 50/50 |
| Fille | 2 | | |

7. Quel âge a l'enfant qui serait susceptible de participer?

- | | | | |
|----|---|---|-------------------------------|
| 13 | 1 | } | BONNE DIVERSITÉ D'ÂGES |
| 14 | 2 | | |
| 15 | 3 | | |

8. Laquelle des catégories suivantes décrit le mieux le revenu total de votre ménage, c'est-à-dire le total des revenus avant impôt de toutes les personnes habitant sous votre toit? [LISEZ LA LISTE]

- | | | | |
|-----------------------------------|---|---|--|
| Moins de 20 000 \$ | 1 | } | Assurez-vous d'obtenir la bonne répartition... |
| De 20 000 \$ à moins de 40 000 \$ | 2 | | En recrutant 2 participants dans la catégorie moins de 40 000 \$ |
| De 40 000 \$ à moins de 60 000 \$ | 3 | | En recrutant 3 participants dans la catégorie 40 000 \$ à 80 000 \$ |
| | | } | En recrutant 5 participants dans la catégorie plus de 80 000 \$ |

De 60 000 \$ à moins de 80 000 \$	4
De 80 000 \$ à moins de 100 000 \$	5
De 100 000 \$ à moins de 150 000 \$	6
150 000 \$ et plus	7
NSP/RF	99

9. Pourriez-vous me dire quel est le plus haut niveau de scolarité que vous avez atteint?

Études secondaires non terminées	1	} BONNE DIVERSITÉ
Études secondaires terminées	2	
Études collégiales/universitaires non terminées	3	
Études collégiales/universitaires terminées	4	
RF/NSP	9	

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

Oui **1 ATTENDEZ DE PARLER AVEC LE JEUNE**

Non **2 REMERCIEZ ET TERMINEZ**

Oui, mais il ou elle n'est pas disponible **3 FIXEZ UN RENDEZ-VOUS**

AU JEUNE :

Bonjour, je m'appelle _____. Je vous téléphone de Harris/Décima, une firme nationale de recherche sur l'opinion publique. Nous organisons des groupes de discussion à propos de la campagne de sensibilisation sur les jeunes et les drogues que prépare Santé Canada. Jusqu'à 10 jeunes prendront part à la discussion et, en guise de remerciement pour le temps qu'ils nous auront accordé, ils recevront une prime de 125 \$. Toutefois, avant de vous inviter à vous joindre à nous, j'aimerais vous poser quelques questions pour m'assurer de la diversité du groupe. Puis-je vous poser quelques questions?

Oui **CONTINUEZ**

Non **REMERCIEZ ET TERMINEZ**

Votre participation est volontaire. Seule votre opinion compte pour nous. Nous ne tenterons pas de vous vendre quoi que ce soit ni de vous faire changer d'avis. La discussion prendra la forme d'une « table ronde » et sera animée par un professionnel de la recherche. Toutes les opinions exprimées demeureront anonymes et les points de vue seront regroupés de sorte qu'il sera impossible d'identifier qui que ce soit. Il est important que vous sachiez que toutes vos réponses demeureront confidentielles et que même vos parents ne les connaîtront pas. Vos réponses serviront uniquement à des fins de recherche et aideront à assurer la diversité des participants présents lors du groupe.

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

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

12. Lors des groupes de discussion, il nous arrive également de demander aux participants d'écrire leurs réponses, de lire des documents ou de visionner des publicités télévisées. Y a-t-il une raison qui vous empêcherait de participer? [LISEZ AU BESOIN : Je vous assure que tout ce que vous écrirez et tout ce que vous direz lors des groupes demeurera confidentiel]

Oui	1	REMERCIEZ ET TERMINEZ
Non	2	CONTINUEZ

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

SI LE JEUNE EST ADMISSIBLE, PASSEZ AUX ENJEUX RELATIFS À CONFIDENTIALITÉ.

SÉLECTION DES PARENTS

13. Êtes-vous un citoyen canadien d'au moins 18 ans qui réside normalement dans la région de [XX]?

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

14. **NE DEMANDEZ PAS - NOTEZ LE SEXE (VISEZ 50/50)**

Homme	1
Femme	2

15. Avez-vous déjà participé à un groupe discussion de consommateurs, à une entrevue ou à un sondage pour lequel vous avez été recruté(e) à l'avance et avez reçu une somme d'argent?

Oui	1	MAX. ½ PAR GROUPE
Non	2	PASSEZ À Q18

16. Il y a combien de temps de cela? _____

TERMINEZ SI AU COURS DES 6 DERNIERS MOIS

17. À combien de groupes de discussion de consommateurs avez-vous assisté au cours des 5 dernières années? _____

TERMINEZ SI PLUS DE 4 GROUPES DE DISCUSSION

18. Auquel des groupes d'âge suivants appartenez-vous? Avez-vous...?

Moins de 25 ans	0	}	REMERCIEZ ET TERMINEZ
De 25 à 34 ans	1		BONNE DIVERSITÉ DANS CHAQUE GROUPE
De 35 à 44 ans	2		
De 45 à 54 ans	3		
De 55 à 60 ans	4	}	REMERCIEZ ET TERMINEZ
Plus de 60 ans	5		
Refuse	9		

19. Quelle est votre situation d'emploi actuelle?

Travailleur(euse) à temps plein	1	}	BONNE DIVERSITÉ DANS CHAQUE GROUPE
Travailleur(euse) à temps partiel	2		
Travailleur(euse) autonome	3		
Retraité(e)	4		
Sans emploi	5		
Étudiant(e)	6	}	
Autre	7		
NSP/RF	99		

20. Laquelle des catégories suivantes décrit le mieux le revenu total de votre ménage, c'est-à-dire le total des revenus avant impôt de toutes les personnes habitant sous votre toit? [LISEZ LA LISTE]

Moins de 20 000 \$	1	}	Assurez-vous d'obtenir la bonne répartition...
De 20 000 \$ à moins de 40 000 \$	2		
De 40 000 \$ à moins de 60 000 \$	3	}	En recrutant 2 participants dans la catégorie moins de 40 000 \$
De 60 000 \$ à moins de 80 000 \$	4		
De 80 000 \$ à moins de 100 000 \$	5	}	En recrutant 3 participants dans la catégorie 40 000 \$ à 80 000 \$
De 100 000 \$ à moins de 150 000 \$	6		
150 000 \$ et plus	7	}	En recrutant 5 participants dans la catégorie plus de 80 000 \$
NSP/RF	99		

21. Pourriez-vous me dire quel est le plus haut niveau de scolarité que vous avez atteint?

Études secondaires non terminées	1	}	BONNE DIVERSITÉ
Études secondaires terminées	2		
Études collégiales/universitaires non terminées	3		
Études collégiales/universitaires terminées	4		
RF/NSP	9		

ENJEUX RELATIFS À LA CONFIDENTIALITÉ

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

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

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

LISEZ SEULEMENT SI RÉPOND « NON » À P1. Nous devons donner votre nom et votre profil aux hôtes et au modérateur, puisque seuls les gens qui sont invités à participer peuvent prendre part à la séance. Les hôtes et le modérateur ont besoin de ces renseignements à des fins de

vérification uniquement. Soyez assuré(e) que ces renseignements demeureront strictement confidentiels. **PASSEZ À P1A**

P1a) Maintenant que je vous ai expliqué cela, acceptez-vous que nous transmettions votre nom et votre profil aux hôtes et au modérateur?

Oui	1	PASSEZ À P2
Non	2	REMERCIEZ ET TERMINEZ

P2) Il y aura un enregistrement audiovisuel de la séance et celui-ci servira uniquement à des fins de recherche. L'enregistrement sera uniquement utilisé par un professionnel de la recherche pour préparer le rapport sur les résultats de la recherche. L'enregistrement sera détruit lorsque le rapport sera terminé.

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

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

LISEZ SEULEMENT SI RÉPOND « NON » À P2. Malheureusement, nous devons faire un enregistrement audiovisuel de la séance puisque le professionnel de la recherche en a besoin pour rédiger son rapport. Je peux vous assurer que l'enregistrement demeurera strictement confidentiel et qu'il sera détruit dès que le rapport sera terminé.
PASSEZ À P2A

P2a) Maintenant que je vous ai expliqué cela, acceptez-vous que nous fassions un enregistrement audiovisuel?

Oui	1	REMERCIEZ ET PASSEZ À P3
Non	2	REMERCIEZ ET TERMINEZ

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

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

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

P3a) **LISEZ SEULEMENT SI RÉPOND « NON » À P3.** Pour que vous puissiez participer à ce groupe de discussion, nous devons avoir votre permission pour ajouter votre nom au Registre central de recherche qualitative puisqu'il s'agit du seul moyen qui nous permet d'assurer l'intégrité du processus de recherche et de faire le suivi de la participation aux recherches qualitatives. Le système est tenu à jour par l'Association de la recherche et de l'intelligence marketing et il est uniquement utilisé pour faire le suivi de votre participation aux recherches qualitatives (comme les groupes de discussion). Personne ne communiquera avec vous parce que votre nom se trouve sur cette liste.

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

Oui	1	REMERCIEZ ET PASSEZ À L'INVITATION
Non	2	REMERCIEZ ET TERMINEZ

AU BESOIN, RENSEIGNEMENTS SUPPLÉMENTAIRES POUR L'INTERVIEWEUR :

Soyez assuré(e) que cette information demeurera confidentielle et seules les firmes de recherche marketing professionnelles pourront y accéder et l'utiliser pour vérifier la participation et empêcher les « répondants professionnels » de participer aux séances. Les firmes de recherche qui participent au Registre central de recherche qualitative de l'ARIM ont besoin de votre autorisation avant que vous ne soyez admissible à participer au groupe. Cette procédure contribue à assurer l'intégrité du processus de recherche

AU BESOIN, NOTE À PROPOS DE L'ARIM :

L'Association de la recherche et de l'intelligence marketing est un organisme à but non lucratif qui regroupe des professionnels de la recherche marketing impliqués dans le marketing, la publicité, les recherches sociales et politiques. La mission de l'Association est d'être le leader dans la promotion de l'excellence dans la pratique du marketing et des recherches sociales ainsi que dans la valeur de l'information sur les marchés.

INVITATION

[S'ILS LE DEMANDENT, ASSUREZ-VOUS QUE LES PARENTS REÇOIVENT CETTE INFORMATION]

Comme je l’ai mentionné plus tôt, le groupe de discussion aura lieu le **DATE @ HEURE et durera 2 heures**. Les participants recevront une prime de **XX \$** en guise de remerciement pour le temps qu’ils nous auront accordé. Simplement pour confirmer, vous serez bien disponible pour y assister?

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

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

Calgary, Alberta Le jeudi 5 juin Qualitative Coordination Bureau 120 – 707, 10 ^e av. SO Calgary, AB T2R 0B3	Halifax, Nouvelle-Écosse Le jeudi 12 juin MQO 1883, rue Upper Water, 3 ^e étage Halifax, NS B3J 1S9
Penticton, Colombie-Britannique Le samedi 7 juin Penticton Lakeside Resort, Convention Center 21, chemin Lakeshore Ouest Penticton, BC V2A 7M5	Mississauga, Ontario Le samedi 14 juin Infoquest Focus Group Inc. 6655, chemin Kitimat, bureau 12 Mississauga ON L5N 6J4
North Vancouver, Colombie-Britannique Le lundi 9 juin Smartpoint Research 301-1140, rue Homer Vancouver, BC V6B 2X6	Kitchener, Ontario Le lundi 16 juin PMG Intelligence 560, chemin Parkside, unité 3 Waterloo, ON N2L 5Z4
Québec, Québec Le mercredi 11 juin Léger 580, Grande-Allée Est, bureau 580 Québec, QC G1R 2K2	

Nous vous demandons d’arriver quinze minutes avant l’heure prévue pour vous permettre de stationner votre voiture, de trouver l’endroit et de vous présenter à nos hôtes. Il est possible qu’on vous demande de vous identifier avant la tenue du groupe. Par conséquent, assurez-vous d’avoir une pièce d’identité sur vous (par exemple une carte d’étudiant ou un permis de conduire). De plus, si vous avez besoin de lunettes pour lire, veuillez les apporter.

Comme nous n’invitons qu’un petit nombre de personnes, votre participation est très importante pour nous. Si, pour une raison ou une autre vous ne pouvez pas vous présenter, veuillez nous en aviser pour que nous puissions vous remplacer. Vous pouvez nous joindre au **[NUMÉRO 1-800]**. Demandez à parler à **[NOM]**. Quelqu’un communiquera avec vous la veille du groupe de discussion pour confirmer votre présence.

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

Prénom _____

Nom de famille _____

Courriel _____

Numéro de téléphone le jour _____

Numéro de téléphone le soir _____

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

Appendix B: Moderator's Guide

English

INTRODUCTION AND EXPLORATORY (10 MINUTES)

Welcome participants and explain the process:

- Moderator introduces him/herself and his/her role
- The role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other
- Results are confidential and reported all together/individuals are not identified/participation is voluntary
- The length of the session
- Audio and video taping of the discussion, one-way mirror and colleagues viewing in the back room
- Turn off cell phones for the duration of the discussion
- Get participants to introduce themselves (first name only) and [PARENT] the number and ages of children living in the household.

PART 1: EXPLORATORY (40 minutes)

- What is the first word that comes to mind when I say marijuana [FLIP CHART] Why? [MODERATOR AROUND THE ROOM]
- What concerns (if any) do you have about marijuana?
- What effects (if any) are there from using marijuana? Are these long-term/short-term effects? What are the negative consequences (if any) from using marijuana?
- What are some of the things that might encourage young people to use marijuana?

PARENTS

- Do you think marijuana or marijuana use has changed since you were a teen? If so, how?
- Have you talked to your kids about marijuana use? How was that conversation started? IF NO, PROMPT FOR REASONS WHY NOT.

- What did you say? Did you emphasize certain things? How were your messages received?
- Did you feel you had the information you needed to have the conversation with your kids? If not, what would have helped facilitate this discussion?

PART 2: VIDEO ADS (30 MINUTES)

I'd like to show you a few ads and ask you a few questions.

SHOW ADS

- Which ad did you find the most compelling? Why?
- What was the main message? What were the key takeaways?
- Comments on the others?

PART 3: MESSAGES (30 MINUTES)

I am going to pass out a sheet with some information. Please circle information that stands out for you.

- Moderator goes around room. Why did you circle x? Why does this stand out for you?
- Before today had you heard this information before?

PART 4: BRAIN AND BODY WEB TOOL (10 MINUTES) YOUTH GROUPS ONLY

Now I would like to get your reactions to a web tool created to educate youth about the various health effects associated with drug use. MODERATOR TO SHOW THE WEB TOOL.

- What is your overall impression of this web tool? Any particular likes/dislikes?
- Was the information relevant to you? What were the key takeaways?
- How effective is this web tool in terms of conveying the health effects and risks associated with marijuana use? Is it persuasive?
- Would you look at a Government of Canada website for this tool?
- Would you use a web tool like this? For what purpose(s)?

PART 5: PRESCRIPTION DRUG ABUSE - EXPLORATORY (If time allows)

- Is prescription drug abuse a problem with youth in your age group/your child's age group? Why do you say that?
- How does prescription drug abuse differ from abusing illegal drugs? Is one worse than the other? What makes you say that?
- How easy or hard is it for youth to illegally get prescription drugs?
- How do they get them? From whom?
- What concerns (if any) do you have about prescription drug abuse?
- What health risks effects (if any) are there from abusing prescription drugs? Are these long-term/short-term health risks? What are the negative consequences of abusing prescription drugs?

YOUTH SPECIFIC PROBES:

- What do you think about people who abuse prescription drugs?
- Who have you talked to or would you talk to if you had questions about prescription drug abuse? (*Probe: parents-guardians; friends; older siblings; guidance counselors; etc.*)
- (For each mentioned that he/she has talked to) What did they say about it? What did you think about what they told you? (*Probe: credibility of information from different sources*).
- If it was a parent or guardian, how did the conversation get started?
- If your parent or guardian wanted to start a conversation with you about prescription drug abuse, what would be a good approach? What would be a bad approach?

PARENT SPECIFIC PROBES:

- Have you talked to your kids about prescription drug abuse? How was that conversation started? IF NO PROMPT FOR REASONS WHY NOT.
- What did you say? Did you emphasize certain things? How were your messages received? Did you feel you had the information you needed to have the conversation with your kids? What would have helped facilitate this discussion?

PART 6: PRESCRIPTION DRUG ABUSE - VIDEO ADS (If time allows)

I'd like to show you a few ads and ask you a few questions.

SHOW ADS

- Which ad did you find the most compelling? Why?
- What was the main message? What were the key takeaways?
- Comments on the others?

PART 7: PDA MESSAGES (If time allows)

I am going to pass out a sheet with some information. Please circle information that stands out for you.

- Moderator goes around room. Why did you circle x? Why does this stand out for you?
- Before today had you heard this information before?

CONCLUSION

MODERATOR WILL GO BACK TO THE VIEWING ROOM TO SEE IF THERE ARE ANY ADDITIONAL QUESTIONS PRIOR TO CONCLUDING THE DISCUSSION.

- This concludes what we needed to cover tonight. We really appreciate you taking the time to come down here and share your opinion. Your input is very important and insightful.
- Please leave all papers on the table.
- Don't forget to see our host before you leave to receive your incentive. Good night!
- GROUP 1: Remind participants not to talk about the discussion to ensure second group doesn't have any "hints" coming in.

French

INTRODUCTION ET EXPLORATION (10 MINUTES)

Souhaitez la bienvenue aux participants et expliquez le déroulement de la séance :

- Le modérateur/La modératrice se présente et explique son rôle.
- Rôle du modérateur/de la modératrice : poser des questions, veiller à ce que tous aient la chance de s'exprimer, s'assurer de respecter le temps alloué et être objectif/ne pas avoir de parti pris.
- Rôle des participants : parler ouvertement et exprimer leurs opinions en toute honnêteté. Il n'y a pas de bonnes ni de mauvaises réponses et il n'est pas nécessaire que vous soyez tous d'accord.
- Les résultats sont confidentiels et seront rapportés une fois compilés./Personne ne sera identifié./La participation est volontaire.
- La durée de la séance.
- Enregistrement audiovisuel de la discussion, miroir d'observation derrière lequel se trouvent des collègues.
- Il faut éteindre les téléphones cellulaires durant la discussion.
- Le modérateur/La modératrice demande aux participants de se présenter (prénom seulement), [PARENTS] d'indiquer combien d'enfants vivent sous leur toit et quel âge ont les enfants.

PARTIE 1 : EXPLORATION (40 minutes)

- Quel est le premier mot qui vous vient à l'esprit lorsque je dis « marijuana »? [TABLEAU] Pourquoi? [LE MODÉRATEUR/LA MODÉRATRICE FAIT UN TOUR DE TABLE]
- Qu'est-ce qui vous inquiète par rapport à la marijuana (le cas échéant)?
- Quels sont les effets (le cas échéant) de la consommation de marijuana? S'agit-il d'effets à long terme/à court terme? Quelles sont les conséquences négatives (le cas échéant) de la consommation de marijuana?
- Quelles sont certaines des choses qui pourraient inciter les jeunes à consommer de la marijuana?

PARENTS

- Pensez-vous que la marijuana ou la consommation de marijuana a changé depuis votre jeunesse? Si oui, en quoi?

- Avez-vous déjà parlé de la consommation de marijuana avec vos enfants? Qu'est-ce qui a donné lieu à cette conversation? SI « NON », SONDEZ POUR CONNAÎTRE LES RAISONS POUR LESQUELLES ILS N'EN ONT PAS PARLÉ.
- Qu'avez-vous dit? Avez-vous insisté sur certains points? Comment vos messages ont-ils été accueillis?
- Aviez-vous l'impression de posséder l'information nécessaire pour cette conversation avec vos enfants? Si non, qu'est-ce qui aurait facilité cette discussion?

PARTIE 2 : VIDÉOS PUBLICITAIRES (30 MINUTES)

J'aimerais vous présenter des publicités et vous poser quelques questions.

PRÉSENTEZ LES PUBLICITÉS

- Quelle publicité avez-vous trouvée la plus convaincante? Pourquoi?
- Quel était le message principal? Quels sont les principaux points que vous avez retenus?
- Avez-vous des commentaires au sujet des autres publicités?

PARTIE 3 : MESSAGES (30 MINUTES)

Je vais vous distribuer une feuille où vous trouverez de l'information. Veuillez encercler l'information qui ressort pour vous.

- Le modérateur/La modératrice fait un tour de table. Pourquoi avez-vous encerclé x? Pourquoi cette information ressort-elle pour vous?
- Aviez-vous déjà entendu cette information avant aujourd'hui?

PARTIE 4 : OUTIL EN LIGNE – CERVEAU ET CORPS (10 MINUTES) GROUPES DE JEUNES SEULEMENT

J'aimerais maintenant connaître vos réactions à l'égard d'un outil en ligne qui a été créé pour sensibiliser les jeunes aux divers effets sur la santé qui sont associés à la consommation de drogues. LE MODÉRATEUR/LA MODÉRATRICE PRÉSENTE L'OUTIL EN LIGNE.

- Quelle est votre impression globale à l'égard de cet outil en ligne? Quels éléments en particulier est-ce que vous aimez/n'aimez pas?
- L'information était-elle pertinente pour vous? Quels sont les principaux points que vous avez retenus?
- Dans quelle mesure cet outil en ligne est-il efficace pour faire connaître les effets et les risques sur la santé qui sont associés à la consommation de marijuana? Est-ce convaincant?

- Iriez-vous sur un site Web du gouvernement du Canada pour consulter cet outil?
- Utiliseriez-vous un outil en ligne comme celui-ci? Dans quel(s) but(s)?

PARTIE 5 : ABUS DE MÉDICAMENTS D'ORDONNANCE – EXPLORATION (si le temps le permet)

- L'abus de médicaments d'ordonnance est-elle un problème chez les jeunes de votre groupe d'âge/au sein du groupe d'âge de votre enfant? Pourquoi dites-vous cela?
- En quoi l'abus de médicaments d'ordonnance est-il différent de l'abus de drogues illicites? Est-ce que l'un est pire que l'autre? Pourquoi dites-vous cela?
- À quel point est-il facile ou difficile pour les jeunes de se procurer illégalement des médicaments d'ordonnance?
- Comment se les procurent-ils? Auprès de qui?
- Qu'est-ce qui vous inquiète par rapport à l'abus de médicaments d'ordonnance (le cas échéant)?
- Quels sont les risques pour la santé (le cas échéant) de l'abus de médicaments d'ordonnance? S'agit-il de risques pour la santé à long terme/à court terme? Quelles sont les conséquences négatives de l'abus de médicaments d'ordonnance?

POINTS PROPRES AUX GROUPES DE JEUNES :

- Que pensez-vous des gens qui abusent des médicaments d'ordonnance?
- À qui avez-vous parlé ou à qui parleriez-vous si vous aviez des questions au sujet de l'abus de médicaments d'ordonnance? (*Sondez : parents-tuteurs; amis; frères et sœurs plus âgés; conseillers pédagogiques; etc.*)
- (Pour chaque personne à qui il/elle a parlé) Que vous ont-ils dit sur le sujet? Qu'avez-vous pensé de ce qu'ils vous ont dit? (*Sondez : crédibilité de l'information des différentes sources*).
- Si c'était un parent ou un tuteur, qu'est-ce qui a donné lieu à cette conversation?
- Si votre parent ou votre tuteur souhaitait engager une conversation avec vous au sujet de l'abus de médicaments d'ordonnance, quelle serait la bonne approche? Qu'est-ce qui serait une mauvaise approche?

POINTS PROPRES AUX GROUPES DE PARENTS :

- Avez-vous déjà parlé de l’abus de médicaments d’ordonnance avec vos enfants? Qu’est-ce qui a donné lieu à cette conversation? SI « NON », SONDEZ POUR CONNAÎTRE LES RAISONS POUR LESQUELLES ILS N’EN ONT PAS PARLÉ.
- Qu’avez-vous dit? Avez-vous insisté sur certains points? Comment vos messages ont-ils été accueillis? Aviez-vous l’impression de posséder l’information nécessaire pour cette conversation avec vos enfants? Si non, qu’est-ce qui aurait facilité cette discussion?

PARTIE 6 : ABUS DE MÉDICAMENTS D’ORDONNANCE - VIDÉOS PUBLICITAIRES (si le temps le permet)

J’aimerais vous présenter des publicités et vous poser quelques questions à leur sujet.

PRÉSENTEZ LES PUBLICITÉS

- Quelle publicité avez-vous trouvée la plus convaincante? Pourquoi?
- Quel était le message principal? Quels sont les principaux points que vous avez retenus?
- Avez-vous des commentaires au sujet des autres publicités?

PARTIE 7 : MESSAGES SUR L’ABUS DE MÉDICAMENTS D’ORDONNANCE (si le temps le permet)

Je vais vous distribuer une feuille où vous trouverez de l’information. Veuillez encercler l’information qui ressort pour vous.

- Le modérateur/La modératrice fait un tour de table. Pourquoi avez-vous encerclé x? Pourquoi cette information ressort-elle pour vous?
- Aviez-vous déjà entendu cette information avant aujourd’hui?

CONCLUSION

AVANT DE CLORE LA DISCUSSION, LE MODÉRATEUR/LA MODÉRATRICE SE REND DANS LA SALLE D’OBSERVATION POUR VÉRIFIER SI LES CLIENTS ONT D’AUTRES QUESTIONS.

- Nous avons maintenant couvert tous les points que nous devons aborder ce soir. Nous vous sommes très reconnaissants de vous être déplacés et d’avoir pris le temps de nous faire part de vos opinions. Vos commentaires sont très importants et apportent un éclairage nouveau.
- Veuillez laisser tous les documents sur la table.

- N’oubliez pas de récupérer votre prime auprès de notre hôte/hôtesse avant de partir. Bonne soirée!
- GROUPE 1 : rappelez aux participants de ne pas parler de la discussion afin de ne pas donner « d’indices » aux gens qui attendent pour prendre part au deuxième groupe.

Appendix C: Marijuana Messages

English

1. The science is clear. Marijuana use equals health risks.
2. Youth are especially vulnerable to the health effects of marijuana use, including harmful effects on mental functioning, and psychosis and schizophrenia.
3. Regular long-term marijuana use can harm concentration, memory, the ability to think and make decisions, and IQ. Some of these effects may persist after stopping marijuana use.
4. Marijuana is the most widely used illegal drug among youth today.
5. 40% of teens reported having been a passenger with someone under the influence of marijuana.
6. Today's marijuana is stronger than marijuana from many years ago. Studies show that the average level of THC, the principal "mind-altering" component of marijuana, has increased by 300% to 400% over the last few decades. This increase in THC levels may pose more serious risks to health than in the past.
7. Today's marijuana contains hundreds of substances some of which can affect the proper functioning of the brain and body.
8. Other health harms of marijuana can be summarized as follows:
 - a. **Lungs:** Marijuana smoke irritates the throat and lungs, causes coughing, and is associated with symptoms of bronchitis. Marijuana smoke also contains many of the same cancer-causing materials as tobacco smoke.
 - b. **Mental Health:** Marijuana use that begins early in adolescence, that is frequent and that continues over time has been associated with an increased risk of psychosis and schizophrenia. The risk is greatest in individuals with a personal or family history of such mental illnesses.
 - c. **Pregnancy:** Marijuana smoking during pregnancy has been associated with long-lasting harm to the exposed child's memory and other brain functions as well as hyperactive behaviour.

- d. **Addiction:** Marijuana use that begins early in adolescence, that is frequent and that continues over time can lead to addiction. It is estimated that 1 in 9 marijuana users will develop an addiction to marijuana. Marijuana addiction can have a number of harmful consequences on health, but it can also harm one's social, scholastic, professional and financial future.

French

1. La science montre clairement que la consommation de marijuana présente des risques particuliers pour la santé.
2. Les jeunes sont particulièrement vulnérables aux effets de la consommation de marijuana, notamment à ses effets néfastes reliés à la fonction mentale, ainsi qu'à la psychose et à la schizophrénie.
3. La consommation régulière à long terme de marijuana peut nuire à la concentration, à la mémoire, à la capacité de réfléchir et de prendre des décisions ainsi qu'au QI. Certains de ces effets pourraient persister après l'abandon de la marijuana.
4. La marijuana est la drogue la plus répandue chez les jeunes d'aujourd'hui.
5. 40 % des adolescents ont déclaré s'être déjà trouvés à bord d'un véhicule conduit par une personne sous l'effet de la marijuana.
6. La marijuana est plus forte qu'elle l'était autrefois. Selon les études, la concentration moyenne de THC, le principal ingrédient psychotrope de la marijuana, a augmenté de 300 % à 400 % au cours des dernières décennies. De ce fait, la marijuana d'aujourd'hui pourrait entraîner des effets plus sévères sur la santé.
7. La marijuana d'aujourd'hui contient des centaines de substances, certaines de ces substances peuvent nuire au bon fonctionnement du cerveau et de l'organisme.
8. Voici un résumé des autres effets néfastes de la marijuana sur la santé :
 - a. **Poumons** : La fumée de marijuana irrite la gorge et les poumons, provoque la toux et est associée aux symptômes de la bronchite. De plus, elle contient bon nombre des substances cancérogènes que l'on trouve dans la fumée du tabac.
 - b. **Santé mentale** : La consommation fréquente de marijuana dès le début de l'adolescence et pendant une longue période est associée à un risque

accru de psychose et de schizophrénie. Le risque est plus élevé chez les personnes ayant des antécédents personnels ou familiaux de ce type de maladies mentales.

- c. **Grossesse** : La consommation de marijuana pendant la grossesse peut entraîner, chez l'enfant exposé, des effets néfastes à long terme sur la mémoire et d'autres fonctions cérébrales ainsi que l'hyperactivité.
- d. **Toxicomanie** : La consommation fréquente de marijuana dès le début de l'adolescence et pendant une longue période peut engendrer une toxicomanie. Selon les estimations, un consommateur de marijuana sur neuf développe une dépendance. La dépendance à la marijuana peut avoir plusieurs conséquences néfastes pour la santé, mais elle peut également affecter négativement l'avenir social, scolaire, professionnel et financier de la personne.

Appendix D: Prescription Drug Abuse Messages

English

1. Prescription drug abuse is a growing public health and safety problem in Canada, particularly among youth.
2. Prescription opioids like OxyContin and Fentanyl, are the third most commonly-abused substances, after alcohol and marijuana, among Canadian youth.
3. Addiction and death rates due to prescription drug abuse are on the rise across Canada.
4. Canadians are the world's second-largest per capita consumer of prescription opioids behind Americans.
5. The 'abuse' of prescription drugs by youth often involves obtaining these drugs from a friend, a relative, or from home.
6. Youth may have a misperception that prescription drugs are less dangerous when abused than illicit drugs because they're prescribed by a doctor.
7. Prescription drugs may be seen as more attractive for youth because the substance is legal versus illegal.
8. There are many dangerous and unpredictable effects associated with abusing prescription drugs including addiction, overdose and death.
9. Prescription opioids, such as OxyContin and Fentanyl, can be just as dangerous if not more dangerous than illegal drugs such as heroin.
10. The abuse of prescription drugs has harmful effects on teens' health.

French

1. L'abus de médicaments d'ordonnance constitue un problème de santé et de sécurité publiques de plus en plus préoccupant au Canada, surtout chez les jeunes.
2. Les opiacés sur ordonnance, comme l'OxyContin et le Fentanyl, se classent au troisième rang, après l'alcool et la marijuana, parmi les substances dont les jeunes Canadiens abusent.

3. Les taux de toxicomanie et de décès dus à l'abus de médicaments d'ordonnance sont à la hausse au Canada.
4. Les Canadiens se classent au deuxième rang dans le monde, derrière les Américains, pour ce qui est du taux de consommation d'opiacés par habitant.
5. Les jeunes qui « abusent » de médicaments d'ordonnance obtiennent souvent ces substances d'un ami, d'un membre de la famille ou de la maison.
6. Les jeunes pensent peut-être à tort que l'abus de médicaments d'ordonnance est moins dangereux que l'abus de drogues, car il s'agit de substances prescrites par un médecin.
7. Les médicaments d'ordonnance peuvent être plus attrayants aux yeux des jeunes, car il s'agit de substances légales.
8. L'abus de médicaments d'ordonnance peut entraîner de nombreux effets dangereux et imprévisibles, comme la dépendance, une surdose et la mort.
9. Les opiacés sur ordonnance, comme l'OxyContin et le Fentanyl, peuvent être aussi, sinon plus dangereux que des drogues comme l'héroïne.
10. L'abus de médicaments d'ordonnance a des effets néfastes sur la santé des adolescents.

Appendix E: Ad Rotation

City	Marijuana	PDA
Calgary	1. Wires 2. Fast Forward 3. We Need to Talk 4. Park 5. Couch	1. Morgue 2. Testimonial 3. Mom's Reflection 4. This is the Pill
Kelowna	1. Fast Forward 2. Wires 3. Park 4. We Need to Talk 5. Couch	1. Testimonial 2. Morgue 3. This is the Pill 4. Mom's Reflection
North Vancouver	1. We Need to Talk 2. Fast Forward 3. Wires 4. Park 5. Couch	1. This is the Pill 2. Mom's Reflection 3. Testimonial 4. Morgue
Quebec City	1. Fast Forward 2. Couch	
Halifax	1. We Need to Talk 2. Wires 3. Park 4. Fast Forward 5. Couch	1. Testimonial 2. Morgue 3. This is the Pill 4. Mom's Reflection
Mississauga	1. Fast Forward 2. Park 3. We Need to Talk 4. Wires 5. Couch	1. This is the Pill 2. Mom's Reflection 3. Testimonial 4. Morgue
Kitchener	1. Park 2. Wires 3. We Need to Talk 4. Fast Forward 5. Couch	1. Testimonial 2. Mom's Reflection 3. Morgue 4. This is the Pill