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# Focus Group Testing Health Warning Messages for Edible Cannabis Products and Other Cannabis Products, and Public Education Messages for the Consumer Information Sheet Final Report

Prepared for Health Canada

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*Ce rapport est aussi disponible en français.*

Canada 

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March 2019

This public opinion research report presents the results of focus groups conducted by Earncliffe Strategy Group on behalf of Health Canada. The research was conducted in February 2019.

Cette publication est aussi disponible en français sous le titre:

Groupes de discussion sur les mises en garde pour les produits comestibles et autres du cannabis et sur les messages d'intérêt public de la Fiche d'information à l'intention des consommateurs

Rapport final.

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## EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of focus group testing proposed health warning messages for edible cannabis products and other cannabis products, and key information that is either currently found in or is being proposed for the Consumer Information Sheet.

Health Canada is developing regulations to support the legal sale of edible cannabis, cannabis extracts, and cannabis topicals by October 17, 2019. The regulations will support the Government's public health approach to the strict regulation of cannabis, and ensure that the unique risks associated with these new classes of cannabis are appropriately controlled. This will include comprehensive packaging and labelling requirements, of which mandatory health warning messages will be an important element. The total cost to conduct this research was \$117,037.60 including HST.

The objectives of the research were to test and ascertain the effectiveness of the possible health warning messages on target audiences, specifically youth and older adults. The research also sought input on key messages and certain concepts that may be used for the cannabis Consumer Information Sheet to determine whether it provides adult consumers with the information needed to make informed decisions around cannabis use.

To meet these objectives, Earnscliffe conducted qualitative research. The research included a series of 20 focus groups across five cities: Toronto (February 11); Québec City (February 12); Edmonton (February 12); Vancouver (February 13); and, Halifax (February 26). In each city, the first group was conducted with young adults aged 18-24, the second with older adults aged 60 plus, the third with youth aged 15-17, and the fourth with adults aged 25-59. All groups in Québec City were conducted in French. The sessions were approximately one hour in length.

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

### Views on the Consumer Information Sheet Messages

- Reactions to the messages were remarkably similar across audiences. Most found the language easy to understand and described the messages as simple, to the point, and direct; although, in some instances (discussed below) some may have been oversimplified.
- Participants felt that the messages served as important reminders about consuming cannabis responsibly. While most did not feel the information was all that new, it was considered important and appropriate to provide this kind of information at the point of sale especially for those new to cannabis.

- One dimension that participants felt was lacking was an acknowledgement that the effects of cannabis can vary based on: an individual’s experience with cannabis; a person’s sex and weight; the strain of cannabis; the level of Tetrahydrocannabinol (THC) and/or Cannabidiol (CBD()); etc.
- Messages around the health effects of using cannabis were met with generally mixed reaction. Some questioned both the Government’s decision to legalize cannabis in the context of these health risks; and, how this advice sits with the use of cannabis for medical purposes or for those using it to deal with anxiety, fear or panic. The majority felt that providing explanations or examples to substantiate some of the claims (i.e., how cannabis is linked to anxiety, how cannabis affects mental health, what aspects of mental health etc.) would increase the credibility of these statements.
- Reaction to the edible cannabis messages on the Consumer Information Sheet was generally positive. Indeed, these messages were judged among the more important and the ones most likely to help participants make an informed decision around use and reduce risk of harm. Participants suggested this would help them plan their outings and time their cannabis use (i.e., allowing enough time before driving, going to work, etc.).
- Having said all this, reactions to the wording “start low and go slow” were not consistently positive. Most participants felt the Government was trying to be catchy, but some worried this wording left too much up to interpretation, particularly if it is intended for new users.
- Participants felt the message about high potency cannabis products was unnecessarily complex and long. While they could appreciate that it was important to convey a message about understanding THC and CBD levels, this particular message raised more questions than it answered. This was mostly attributed to a desire for information about the effects of THC and CBD which participants felt would have been more helpful than the scientific name.
- Overall reaction to the lower risk use tips was mixed. The guidance to avoid mixing cannabis with alcohol and to consume cannabis in familiar environments were considered important and particularly well received. The message to “avoid smoking cannabis”, however, was arguably the most widely misinterpreted of all the messages tested. Many participants made the assumption that the message meant “avoid using cannabis”, because the default method of consuming cannabis is smoking. These participants felt that it was contradictory to put a message on a product that inferred “avoid using this product”.

## Reactions to Images

- Reactions to the specific images tested were mixed, although the overwhelming majority of participants agreed that coupling an image with a message was an effective way to communicate.
- When asked, most said they preferred coloured images as they found them more attention-grabbing; although, some participants volunteered that an effective image in black and white could be just as effective on this particular topic given the seriousness it communicated.

- With respect to the specific concepts tested, the only concept that seemed to meet with the approval of most participants was the image of the lock and cannabis leaf which communicated the importance of securing cannabis from children and pets.
- Most tended to feel all of the other images were not all that effective at communicating the intended message. Indeed, many pointed out that the other three images – the cookies, the lung, and the alcohol – were all missing the explicit visual of the cannabis leaf.

## Views on Health Warning Messages

- Participants' reactions to the health warning messages were generally positive. Indeed, a number of participants commented that these messages were somewhat clearer than the comparable message found in or proposed for the Consumer Information Sheet, given there was a rationale provided to support some of the assertions.
- There was a sense that the two messages regarding the delayed and long-lasting effects of edible cannabis products were both important but that they should be communicated together. Participants argued that the guidance about the delayed effect of edible cannabis products was important in the context of the duration of the effect.
- In terms of the high potency messages, most felt that these health warning messages clarified some of the information (i.e., the effects of THC and CBD) that participants felt was missing in the Consumer Information Sheet messaging.
- The general health warning message was deemed credible, if not obvious, by most participants.

### Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)  
Contract Number: HT372-184111/001/CY  
Contract award date: January 16, 2019

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

Signed:



Date: March 5, 2019

Stephanie Constable  
Principal, Earnscliffe

## INTRODUCTION

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of focus group testing proposed health warning messages for edible cannabis products and other cannabis products and key information that is either currently found in or is being proposed for the Consumer Information Sheet.

Health Canada is developing regulations to support the legal sale of edible cannabis, cannabis extracts, and cannabis topicals by October 17, 2019. The regulations will support the Government’s public health approach to the strict regulation of cannabis, and ensure that the unique risks associated with these new classes of cannabis are appropriately controlled. This will include comprehensive packaging and labelling requirements, of which mandatory health warning messages will be an important element. In addition, Health Canada will be updating the Consumer Information Sheet to reflect the unique health risks associated with the new classes of cannabis, namely edible cannabis products. The research is required to select the appropriate messages that would inform people, across varying audiences, of the potential health effects associated with these new classes of products. Health Canada will be able to use the research to develop messages that are understood by, and resonate with, the target audiences, including youth and older adults.

The specific objectives of the research included:

- Test the effectiveness of the possible health warning messages on target audiences to determine if the content is:
  - visible and clearly understood by the audience(s);
  - credible, relevant and of value to the audience(s);
  - appealing and appropriate to the audience(s);
  - memorable in the minds of the audience(s); and,
  - able to motivate the audience to take intended action(s).
- To seek input on key messages and certain concepts, such as health effects statements, edible cannabis messages, and lower risk use tips, that may be used for the Consumer Information Sheet. This feedback is important to understand if the target audiences find the messages useful and whether or not the information provided is what they need to make an informed decision around cannabis use, particularly for edible cannabis, cannabis extracts and cannabis topicals.
- To elicit suggestions for potential changes to ensure the messages resonate with the target audiences, including the potential use of images.

## Research Approach

To meet these objectives, Earnscliffe conducted qualitative research. The research included a series of twenty focus groups with four segments of the Canadian population: youth aged 15-17, young adults aged 18-24, adults aged 25-59, and older adults aged 60+. Four sessions were conducted in each of: Toronto (February 11); Quebec City (February 12); Edmonton (February 12); Vancouver (February 13); and Halifax (February 26). All groups in Quebec City were conducted in French.

In each city, the groups with youth aged 15-17 began at 5:00 pm, the groups with older adults 60+ began at 6:00 pm, the groups with young adults ages 18-24 began at 7:00 pm, and the groups with adults aged 25-59 began at 8:00 pm. Focus group participants were given an honorarium of \$85 as a token of appreciation for their time.

Appended to this report are the screeners, discussion guides and messages.

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



## DETAILED FINDINGS

This qualitative report is divided into three sections: the first explores participants' views on the Consumer Information Sheet messages; the second section explores reactions to the images tested; and, the third explores participants' views on the proposed health warning messages.

Except where specifically identified, the findings represent the combined results across the various audiences and for both English and French.

### Views on the Consumer Information Sheet Messages

*Participants were provided with a handout that included a series of messages that are either currently on the Consumer Information Sheet or are being proposed for inclusion on the sheet. The messages were divided into four themes: health effects statements; edible cannabis messages; high potency products; and, lower risk use tips.*

The following summarizes the overall reactions to the series of messages; a more detailed analysis of each theme follows.

Overall, most found the language easy to understand and described the messages as simple, to the point, and direct. However, there was a sense that, in some instances (discussed in the detailed observations below), the messages may have been oversimplified which raised questions and a sense that clarification would be useful.

For the most part, participants felt that the messages served as important reminders about consuming cannabis responsibly. While most did not feel the information was all that new, it was considered important and appropriate to provide this kind of information at the point of sale. Worth noting, some participants in the older cohort (60+) did question the Government's decision to legalize cannabis in the context of some of these messages.

Most had the sense that the messages were directed at and especially important for those new to cannabis. Interestingly, those more experienced with cannabis tended to agree with most of the information presented and agreed it was important to communicate even though they questioned whether they themselves would read the information if it were included with their purchase.

One dimension that participants felt was lacking was an acknowledgement that the effects of cannabis can vary based on: an individual's experience with cannabis; a person's sex and weight; the strain of cannabis; the level of THC and/or CBD; etc. Some felt the context for some of the messages could be clarified with an acknowledgment of that fact up front.

## DETAILED OBSERVATIONS

The following analysis will explore each theme one by one in the order in which they were presented to participants.

### Health Effects Statements

If you use cannabis, you could experience:

- Impaired ability to remember, concentrate or react quickly
- Sleepiness
- Nausea or vomiting
- Anxiety, fear, or panic

Frequent use over a long time can:

- Hurt your lungs and make it harder to breathe (if smoked)
- Affect your mental health
- Make you physically dependent or addicted

Messages about the health effects of using cannabis were met with generally mixed reaction. Some, particularly those in the older age cohorts, questioned the Government’s decision to legalize cannabis in the context of these health risks. Others, across all audiences, questioned how certain messages sit with the use of cannabis for medical purposes or for those using it to deal with anxiety and other mental health issues.

Setting aside those apprehensions, the majority of participants came away feeling that it was important and appropriate for the Government to remind users of the potential health effects associated with cannabis use even though some, particularly experienced cannabis users, were skeptical of the credibility of some of the claims (i.e., nausea/vomiting and physical dependence/addiction). The majority felt that providing explanations or examples to substantiate some of the claims (i.e., how cannabis can hurt your lungs, how cannabis affects mental health, etc.) would increase the credibility of these statements.

The statements that seemed to resonate most and that were deemed important by most participants, included: “If you use cannabis, you could experience impaired ability to remember, concentrate or react quickly” and “If you use cannabis, you could experience sleepiness”. The majority of participants, especially cannabis users, were aware of these effects and understood the implications of them in terms of driving and performing other day-to-day activities (i.e., going to work, etc.); but felt that “sleepiness” can in some circumstances be a desirable effect of using cannabis. Some participants suggested referring to this health effect as “drowsiness” instead which seemed to more accurately reflect the health effect to be aware of. Some also suggested including some effects, such as “euphoria” or “relaxation” since this is an outcome or purpose of use that highlights a positive effect of using cannabis. These participants felt that in this way the Government would not be focusing solely on the negative health effects and could therefore not be accused of fear-mongering.

Participants were a little more skeptical of the messages “If you use cannabis, you could experience nausea or vomiting” and “If you use cannabis, you could experience anxiety, fear, or panic”.

With respect to the former, their skepticism was due to a lack of awareness, or experience in the case of cannabis users, with nausea or vomiting with cannabis use. The effect of nausea and vomiting was not as believable since many participants were aware of the link between cannabis use and patients undergoing therapy for their nausea and vomiting. Further, some participants, typically frequent cannabis users, pointed out that these side effects were often linked to overconsumption and were felt to be atypical.

With respect to the latter, some participants were skeptical given their understanding of the calming effects of cannabis and that some people consume cannabis to help with their anxiety. Interestingly, in some groups when cannabis users raised (spontaneously) their experience with either nausea/vomiting or anxiety/fear/panic due to cannabis use, others in the group were often persuaded of the validity of these claims. Some went so far as to point out the difference between Indica and Sativa strains and their differing effects and how those effects related to anxiety, either stimulating or suppressing it, which appeared to be interesting and convincing context to others.

As mentioned earlier, participants felt that a number of statements were oversimplified. The messages related to the frequent use of cannabis over a long time were among the more readily mentioned that fit this characterization.

- For example, many participants questioned the statement that “Frequent use over a long time can make you physically dependent or addicted.” Some, particularly cannabis users, refuted this particular message although they suggested they could be persuaded that frequent use could be habit forming.
- Similarly, participants struggled with the statement that “Frequent use over a long time can affect your mental health”. This was due primarily to a lack of awareness and evidence of this particular health effect. For some, it came across as slightly alarmist, especially those who have come to believe cannabis is used to treat mental health illnesses like anxiety. As stated, it seemed to raise more questions than it answered and most came away wanting more information or clarification in terms of what aspects of mental health.
- Fewer participants contested the credibility of the message that “Frequent use over a long time can hurt your lungs and make it harder to breathe (if smoked)”; although, many argued that the caveat “if smoked” was integral to the credibility of this statement and should be emphasized.

Ultimately, while many had the sense it was important to communicate the health effects associated with cannabis use, most came away with a sense that the majority of the health effects statements could be improved with clarification and/or evidence of these effects.

#### **Edible Cannabis Messages**

- Start low and go slow, particularly if you are consuming an edible or are using a high potency product.
- The effects of drinking or eating cannabis products can be stronger, harder to predict, and last several hours longer, so wait at least 4 hours before consuming more.

Reaction to the edible cannabis messages was generally positive. Indeed, these messages were judged among the more important and the ones most likely to help participants make an informed decision around use and reduce risk of harm.

This was due in large part to the message that “The effects of drinking or eating cannabis products can be stronger, harder to predict, and last several hours longer, so wait at least 4 hours before consuming more.” Participants felt that this was particularly relevant and helpful for people new to cannabis, especially edible cannabis, particularly around the delayed onset and long-lasting effects. The information that the effects “can be stronger, harder to predict, and last several hours longer” was advice participants said they could take away to help time their cannabis use (i.e., allowing enough time before driving, going to work, planning outings, etc.).

With respect to the advice to “...wait at least 4 hours before consuming more,” there were mixed reactions. Experienced cannabis users tended to feel the 4 hours seemed overly arbitrary. They argued that the effect was very much dependent on the person and the quantity of edible cannabis consumed. Those less experienced with cannabis questioned the interpretation of that timeframe and wondered if some might be encouraged to consume more than they might otherwise consume given the need to “wait at least 4 hours” and a desire to have an effect sooner rather than later.

While most felt they understood the intention of the message, “Start low and go slow, particularly if you are consuming edible cannabis or are using a high potency product”, reactions to the wording “start low and go slow” were not consistently positive. Most participants felt the Government was trying to be catchy, but some worried this wording left too much up to interpretation, particularly if intended for new users. For example, participants questioned how much is “low” (i.e. low levels of THC or CBD; a certain type of edible cannabis product; a small amount of edible cannabis; etc.) and what is “slow” in the context of an edible cannabis product. In addition, some questioned what “a high potency product” referred to. Most reasoned that the message meant to imply “start gradually” but felt the Government could be more explicit.

#### High Potency Products

- Look for the THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol) amount on the label and choose products with a low amount of THC and an equal or higher amount of CBD.

Initial reaction to the high potency message was mixed, but this was linked to a lack of understanding of the term “high potency” in the context of cannabis. Some interpreted it as “longer lasting effects”; others interpreted it as “stronger” or “more intense” effects.

Upon closer examination of the message, participants felt that it was unnecessarily complex and long. While they could appreciate that it was important to convey a message about understanding THC and CBD levels, this particular message raised more questions than it answered. Most seemed to think the inclusion of the scientific terms was overly technical. Certainly, if included, there was a desire for clarification about what THC and CBD are and the effects of each.

With respect to the specific instruction to “...choose products with a low amount of THC and an equal or higher amount of CBD”, while it was deemed clear, it was felt inadequate because most, particularly those not experienced with cannabis, have no idea what constitutes “low” THC. Experienced cannabis users, on the other hand, challenged this message for an entirely different reason, describing the advice as being suitable for medical cannabis and not likely to provide the effect that non-medical users were seeking. Again, the discussion resulted in a desire for more information as to why one might not want a high amount of THC and what it is that THC and CBD do to a user.

### Lower Risk Use Tips

- Start low and go slow.
- Avoid combining cannabis with alcohol and/or other substances as it increases impairment.
- Use cannabis in a safe and familiar environment and with people you trust.
- Avoid smoking cannabis.
- Avoid frequent use.

Overall reaction to the lower risk use tips was mixed, although very dependent on the specific message.

Please refer to the Edible Cannabis Messages for findings related to the message, “Start low and go slow”.

The guidance to “Avoid combining cannabis with alcohol and/or other substances as it increases impairment” was considered important and particularly well received. For most, the suggestion to avoid combining alcohol and cannabis was seen as a credible and a welcome reminder.

The advice to “Use cannabis in a safe and familiar environment and with people you trust” was regarded as sage. Several pointed out that those less experienced with cannabis, in particular, would probably be better able to cope with an unpleasant experience if they were in safe and familiar surroundings. Some also felt that the notion of being with people you trust might help users avoid the perils of taking a laced substance (obtained from the illegal market). Others, however, often experienced users, felt that this message came across as inciting a higher level of fear than is necessary. One or two even countered that cannabis is a social drug and using it with strangers can be very pleasant.

The message to “Avoid smoking cannabis”, however, was arguably the most widely misinterpreted of all the messages tested, especially in the context of the Government’s decision to legalize it. Many participants felt confused, assuming the message meant “avoid using cannabis”, because they assume the default method of consuming cannabis is smoking. These individuals felt it was contradictory to put a message on a product that was assumed to mean “avoid using this product.” A few did assume the message meant one should avoid the smoking of cannabis, implying that other methods of use, such as edible cannabis or vaping, were healthier. In the context of the other messages on the handout, a number of participants questioned the logic of steering people toward the consumption of a more potent form of cannabis. As reported earlier in the health effects statements, some also questioned, or even challenged the notion that smoking cannabis is bad for one’s lungs.

Similarly, the advice to “Avoid frequent use” seemed vague and too directive. Many participants wondered what “frequent” meant and could point to people they knew who used frequently but did not appear to be suffering in any way. Most felt this message needed more detail before it could possibly be effective for influencing behaviour.

Worth noting, with respect to the directive tone, use of the word “avoid” did not sit well with participants. Some felt that this tone could decrease the credibility and weight of the messaging; they felt it diminished the sense that this was about informing potential users through facts.

## Reactions to Images

*Participants were provided with a handout that displayed four images with accompanying messages.*

Reactions to the specific images tested were mixed, although the overwhelming majority of participants agreed that coupling an image with a message was an effective way to communicate. The majority of participants felt that the images were attention-grabbing and even if they did convey the intended message independently, the combination of the two was useful and more likely to reach a broader audience.

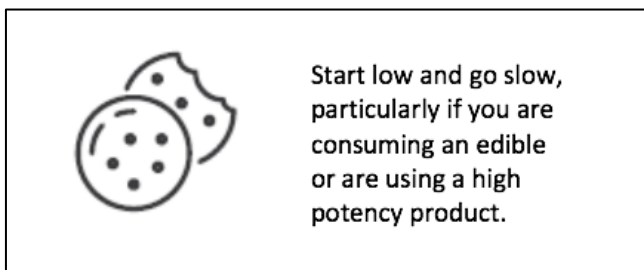
When asked, most said they preferred coloured images as they found them more attention-grabbing; although, some participants volunteered that an effective image in black and white could be just as effective on this particular topic given the seriousness it communicated.

In all but one example, there did appear to be a disconnect between the image and the message. As we will see, the image featuring the lock and cannabis leaf was received most positively; participants felt it effectively conveyed the intended message. Most attributed this to the inclusion of a concrete reference to cannabis in the depiction of a cannabis leaf; the only example of those tested to display cannabis prominently. Most participants felt that the inclusion of a cannabis leaf could improve the other images and make that connection a little stronger.

### DETAILED OBSERVATIONS

The following analysis will explore each image one by one in the order in which they were presented to participants.

**Start low and go slow, particularly if you are consuming an edible or are using a high potency product.**



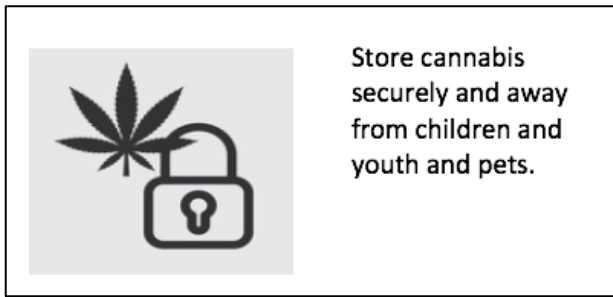
While participants recognized that cookies were displayed, they did not feel the image effectively conveyed the concept of “start low and go slow”.

Participants questioned whether the image inferred both cookies should be consumed. Experienced cannabis users cautioned against this, arguing that that would be neither low nor slow. Some also questioned

whether there was a more effective way to illustrate the use of a “high potency product”.

Ultimately, participants felt that the image would be more effective if: a cannabis leaf was displayed to communicate this refers to edible cannabis; a variety of different edible cannabis products were displayed; or an hourglass, a snail or some other illustration that conveyed the importance of starting slow.

### Store cannabis securely and away from children and youth and pets.



Reactions to this image were very positive. The majority of participants felt they understood the image independent of the message, but also felt it very strongly correlated with the message. Participants interpreted that it was important to secure cannabis (away from children and youth and pets).

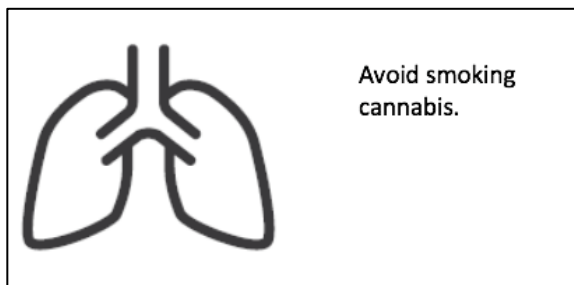
This was the only image that clearly depicted a cannabis leaf, which participants thought was clear and could be

used to improve the other images.

Many appreciated the black and white colouring for this image as they felt it effectively conveyed the seriousness of the message.

Worth noting, some questioned the need to state both ‘children’ and ‘youth’.

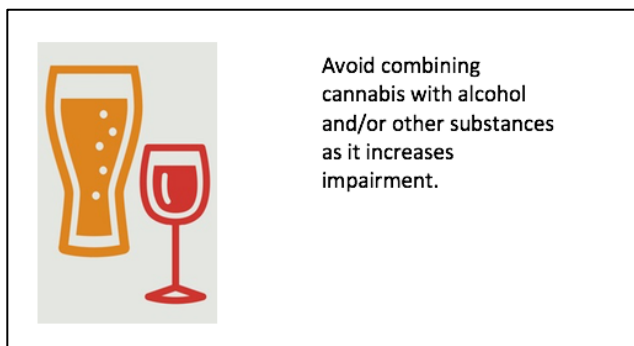
### Avoid smoking cannabis.



The image of the lungs found some favourable reactions, but many offered constructive criticism. For some, the image of the lungs was felt to be a bit cliché; and, while they were easily recognizable, they appeared a little too healthy for “smokers” lungs. Interestingly, the addition of the lungs did help clarify the confusion around the message to “avoid smoking cannabis”.

As with most of the other images, there was a visual disconnect with cannabis. Participants felt the image could be improved with the addition of a cannabis leaf but wondered whether lungs were the right visual to depict the message about not smoking cannabis.

### Avoid combining cannabis with alcohol and/or other substances as it increases impairment.



The image of the beer and wine glass was widely misinterpreted as an encouragement to consume alcohol (and party). The use of colour in the image also conveyed a sense of fun and encouragement. For these reasons, participants did not think the image correlated with the importance and seriousness of the message to avoid mixing alcohol and cannabis.

Participants suggested adding a cannabis leaf to more effectively connect the two as well as enclosing the visuals in a circle with a bar across it to more effectively communicate the advice not to combine the two.

## Views on Health Warning Messages

*Participants were provided with a handout that displayed five proposed health warning messages as they would be depicted on cannabis products (in a yellow box with the word WARNING). The five messages were divided across three themes: health warning messages for edible cannabis products; health warning messages for ‘high potency’ cannabis products; and, a general health warning message.*

Overall, participants’ reactions to the health warning messages were generally positive. Indeed, a number of participants commented that these messages were somewhat clearer than the comparable message found in or proposed for the Consumer Information Sheet, given there was more information provided to support some of the assertions.

In terms of the presentation of the messages, a number of participants commented on the use of a yellow box to display the warning message. They appreciated the vibrancy of the colour and felt that it would get their attention and effectively convey the sense of warning implied by the text.

Worth noting, in some instances (noted below), the health warning messages were received more favourably in English than in French.

### DETAILED OBSERVATIONS

The following analysis will explore each message one by one in the order in which they were presented to participants.

#### Health Warning Messages for Edible Cannabis Products

**WARNING: The effects from eating or drinking cannabis products are delayed.** It can take up to 4 hours to feel the full effects.

**WARNING: The effects from eating or drinking cannabis products can be long-lasting.** The effects can last between 6 and 12 hours following use.

The two messages presented relating to edible cannabis products were viewed as credible and important. Many participants felt that they should be communicated together as they coincide and are complimentary. In fact, some felt strongly that it was important to convey the delay and duration together so that users can plan consumption accordingly.

In terms of reactions to the specific messages, several participants felt that the first message, “The effects from eating or drinking cannabis products are delayed” should say ‘can be delayed’ as they argued the effects can be different for everyone. Additionally, some felt the timeframe offered was longer than their experience and suggested alternate timelines such as ‘30 minutes to 4 hours’.



With respect to the second warning message, reactions to the two sentences varied. Most felt that the bold sentence, “The effects from eating or drinking cannabis products can be long-lasting” was credible and important. However, there was much less consensus around the statement that “The effects can last between 6 and 12 hours following use”. Most experienced users felt that this length of time was unrealistic. Some quibbled over the implication that the effects would remain strong throughout, rather than dissipate over time. Others offered the opinion that no two people react the same way, so this range might be misleading to some.

### Health Warning Messages for ‘High Potency’ Cannabis Products

**WARNING: Using cannabis products containing higher amounts of THC can cause stronger effects and greater impairment.** THC can cause anxiety and impairments to memory and concentration.

**WARNING: Using cannabis products containing higher amounts of THC can harm long-term mental health.** Frequent and prolonged use can lead to a cannabis use disorder and other mental health problems.

In terms of the high potency messages, most felt that these health warning messages clarified some of the information (i.e., the effects of THC and CBD) that participants felt was missing in the Consumer Information Sheet messaging. More importantly, participants felt that the messages were credible, serious and alarming; particularly the message that highlighted a health effect that would be very undesirable (affecting long-term mental health). Worth noting, the term “cannabis use disorder”, in English, was not recognized by most although when asked, many suspected it referred to a “dependency” or “addiction”. In French, reference to “un trouble lié à l’usage du cannabis” was understood.

The first message about high potency which highlighted the fact that higher THC products can cause stronger effects and greater impairment and included a sentence about anxiety and other impairments elicited a range of reactions. All participants could accept that stronger products would have more powerful effects. However, many who were less knowledgeable about THC said they were left wondering what constituted “higher amounts” of THC.

As with the Consumer Information Sheet messaging, there were participants who agreed with the statement about anxiety and felt it was important to communicate, particularly for those less experienced with cannabis; however, there were participants who were skeptical of this claim.

The second message about high potency products having the potential to harm long-term mental health was the most contentious health warning message tested. For some it was a credible, serious and alarming, highlighting a health effect that would be very undesirable (affecting long-term mental health). Others found the statement to be alarmist and requiring of evidence before it could be accepted. Some offered that “mental health” is too vague a term and some also pointed out that the mental health effect can be positive and therefore, not deserving of a warning.

As mentioned earlier, the second sentence in this health warning message included reference to the term “cannabis use disorder” which was unfamiliar to most English-speaking participants, although the widespread

assumption was that this meant “addiction” given the context. French-speaking participants did not react the same way to the translation, “un trouble lié à l’usage du cannabis”.

As with the statement about mental health, participants were divided over whether cannabis is addictive. For those skeptical of this assertion, this message came across as exaggerated and outdated fear-mongering.

### General Health Warning Message

**WARNING: Cannabis can alter the way you think and feel.** Using cannabis containing higher amounts of THC can cause stronger effects and greater impairment.

The general health warning message was deemed credible, if not obvious, by most participants except those in Quebec City who questioned the utility of the message.

Many pointed out that affecting how you feel is precisely why one uses cannabis, so warning about that seems an odd and counterintuitive notion. Similarly, the notion that products containing higher amounts of THC cause stronger effects was easily accepted, but most felt it was either unnecessary (self-evident) or too vague without a guideline about what a “higher amount” threshold is.

## CONCLUSIONS

Overall reactions to the information and messages tested were very consistent across the various audiences. Participants generally found the language clear, understandable, and simple; and, while not new to most, these messages were regarded as important and appropriate for the Government to communicate.

With respect to the Consumer Information Sheet, participants felt that an acknowledgement as to the possible differing effects based on a variety of factors, was important, including (but not limited to): an individual's experience with cannabis; their sex and weight; the strain of cannabis; the levels of THC and CBD; the method of consumption; and, the amount consumed, was warranted.

Generally, the health effects statements were met with mixed reaction. Optically, some participants questioned both the Government's decision to legalize cannabis in the context of these health risks and how this advice sits with the use of cannabis for medical purposes or to deal with anxiety and other mental health issues.

Participants' reactions to the edible cannabis messages were generally positive. These messages were deemed important and those most likely to help cannabis users make an informed decision around use and reduce the risk of harm. Participants felt that the advice about the delayed onset and long-lasting effects would help users be mindful of timing cannabis use (i.e. allowing enough time before driving, going to work, etc.).

That being said, the phrase "start low and go slow" did not seem to effectively convey this message. While many surmised the Government was trying to be catchy, they worried that it left too much open to interpretation, especially for new users. There was confusion as to how much "low" constitutes (i.e. low levels of THC or CBD; a certain type of edible cannabis product; a small amount of edible cannabis; etc.) and what "slow" means. While most participants reasoned that "start low and go slow" implied "start gradually" participants felt the Government should be more explicit.

The most widely misinterpreted of all the messages was that of "avoid smoking cannabis". Many participants confused the meaning with "avoid using cannabis" because they assume the default method of consuming cannabis is smoking. Participants felt it was contradictory to put a message on a product that was assumed to mean "avoid using this product."

With respect to the images tested, while reactions were mixed, there was an overwhelming majority of participants that agreed coupling an image with a message was indeed an effective way to communicate; especially, to reach a broader audience.

In terms of the specific images tested, there was only one that seemed to meet the approval of most participants: the image of the lock and a cannabis leaf. Participants felt that the inclusion of a cannabis leaf in the visual was very effective; the inclusion of which on all other images would be an improvement.

With respect to the health warning messages, participants appreciated the evidence provided to support some of the assertions.

In terms of the health warning messages for edible cannabis products, there was a sense among participants that the two messages concerning the delayed and long-lasting effects of edible cannabis products were equally important however they should have been communicated together. It was argued that the guidance regarding the delayed effects of edible cannabis products was important in the context of the duration of the effect.

When looking at the high potency messages, while the term high potency was unclear, the messages were deemed credible, serious, and alarming for participants, particularly the message that highlighted a health effect that would be very undesirable (affecting long-term mental health). Further, the term “cannabis use disorder” was unheard of by most participants, when probed further many thought it referred to a “dependency” or “addiction”.

In conclusion, the research conducted tested the effectiveness of possible health warning messages for edible cannabis products and other cannabis products on target audiences, specifically youth and older adults. It also provided input on key messages and concepts to inform an update to the cannabis consumer information sheet that aims to provide adult consumers with the information they need to make informed decisions around cannabis use. Overall, when compared to the consumer information sheet messages, many of the health warning messages clarified information that participants’ felt was missing, including the important effects of THC and CBD.

## APPENDIX A: DISCUSSION GUIDE

### INTRODUCTION

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

- The name of the firm the moderator works for, and the type of firm that employs them (i.e. an independent marketing research firm)
- The research purpose and research sponsor, described, at a minimum. These groups are being conducted on behalf of Health Canada to help them explore cannabis health information.
- Role of participants: speak openly and frankly about opinions, remember that there are no wrong answers and no need to agree with each other
- Reminder not to reveal their family name or any other personal information during the discussion that is not pertinent to this discussion
- Results are confidential and reported all together/individuals are not identified/participation is voluntary
- The length of the session (60 minutes)
- The presence of any observers, their role and purpose, and the means of observation (one-way mirror, teleconference/web streaming, colleagues viewing in the back room and listening in remotely)
- The presence and purpose of any recording being made of the session (audio and video taping of the discussion)
- Turn off cell phones for the duration of the discussion

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

### CONSUMER INFORMATION SHEET MESSAGES TESTING

I would like to start by asking you to review a series of messages that are being proposed by the Government of Canada. Some of these messages are currently being used in the Consumer Information Sheet, which is a document required with every shipment of cannabis product, developed as a public education tool targeted to users with the aim of providing basic information related to cannabis at the point of sale. It contains key messages related to lowering the health and safety risks of consuming cannabis and is one of several public education tools developed by the Government of Canada.

I am going to pass out a sheet with the statements. Please feel free to mark it up. I would ask that you put a “v” beside the statements that resonate with you the most (i.e., are the messages clear and understandable? Do you perceive this information as credible? Does it influence the way you perceive risk of cannabis use?). Also put an “X” beside any statement you feel the government should not use or a “?” beside any statements you find confusing or unclear.

#### **LIST OF STATEMENTS IN APPENDIX**

*MODERATOR TO DISTRIBUTE HANDOUT WITH STATEMENTS. MODERATOR WILL LEAD A DISCUSSION BASED ON THE FOLLOWING:*

- Overall, what did you think of these statements?
- Are they credible? Believable? Why or why not?
- Is the language understandable? Was anything unclear or confusing? Why do you say that?
- Do you understand these facts? Why or why not?
- Is it relevant to you? Does it resonate with you? Why or why not?
- Which of these facts was most important to you? Why do you say that?
- Would these help you make an informed decision around use and help you reduce your risk of harm?
- [HIGH POTENCY PRODUCTS MESSAGE SPECIFICALLY] Are there other messages around high potency products which would be helpful? Why do you say that?

## IMAGE TESTING

Now I would like to spend a few minutes looking at the messages accompanied with images. Please bear in mind, these are concepts and not the final product. They were created for the purposes of our discussion today/tonight.

### *IMAGES IN APPENDIX*

- Overall, what do you think of these images?
- What stands out most? Why?
- What does the image mean? Why?
- Does the image correlate with the message? Why or why not?
- Does the use of an image improve communication of the message? Why or why not?
- Would these help you make an informed decision around use and help you reduce your risk of harm? Why or why not?

## HEALTH WARNING MESSAGES TESTING

For the remainder of our discussion, I would like you to review a series of messages. These would be displayed on cannabis products.

- Overall, what did you think of this statement?
- Is it credible? Believable? Why or why not?
- Is the language understandable? Was anything unclear or confusing? Why do you say that?
- Do you understand these facts? Why or why not?
- Is it relevant to you? Does it resonate with you? Why or why not?
- Would it motivate you to take action?
  - What type of actions? Probe: talk to someone, talk to kids/parents, look for more information, etc.

## WRAP-UP

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

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

## APPENDIX B: HANDOUTS

### Consumer Information Sheet Messages Testing

Please you put a “V” beside the statements that resonate with you the most (i.e., are the messages clear and understandable? Do you perceive this information as credible? Does it influence the way you perceive risk of cannabis use?). Also put an “X” beside any statement you feel the government should not use or a “?” beside any statements you find confusing or unclear.

#### HEALTH EFFECTS STATEMENTS

If you use cannabis, you could experience:

- Impaired ability to remember, concentrate or react quickly
- Sleepiness
- Nausea or vomiting
- Anxiety, fear, or panic

Frequent use over a long time can:

- Hurt your lungs and make it harder to breathe (if smoked)
- Affect your mental health
- Make you physically dependent or addicted

#### EDIBLE CANNABIS MESSAGES

- Start low and go slow, particularly if you are consuming an edible or are using a high potency product.
- The effects of drinking or eating cannabis products can be stronger, harder to predict, and last several hours longer, so wait at least 4 hours before consuming more.

#### HIGH POTENCY PRODUCTS

- Look for the THC (delta-9-tetrahydrocannabinol) and CBD (cannabidiol) amount on the label and choose products with a low amount of THC and an equal or higher amount of CBD.

#### LOWER RISK USE TIPS

- Start low and go slow.
- Avoid combining cannabis with alcohol and/or other substances it increases impairment.
- Use cannabis in a safe and familiar environment and with people you trust.
- Avoid smoking cannabis.
- Avoid frequent use.

## Image Testing



Start low and go slow, particularly if you are consuming an edible or are using a high potency product.



Store cannabis securely and away from children and youth and pets.



Avoid smoking cannabis.

Avoid smoking cannabis.



Avoid combining cannabis with alcohol and/or other substances as it increases impairment.



## Health Warning Messages Testing

### HEALTH WARNING MESSAGES FOR EDIBLE CANNABIS PRODUCTS

**WARNING: The effects from eating or drinking cannabis products are delayed.** It can take up to 4 hours to feel the full effects.

**WARNING: The effects from eating or drinking cannabis products can be long-lasting.** The effects can last between 6 and 12 hours following use.

### HEALTH WARNING MESSAGES FOR ‘HIGH POTENCY’ CANNABIS PRODUCTS

**WARNING: Using cannabis products containing higher amounts of THC can cause stronger effects and greater impairment.** THC can cause anxiety and impairments to memory and concentration.

**WARNING: Using cannabis products containing higher amounts of THC can harm long-term mental health.** Frequent and prolonged use can lead to a cannabis use disorder and other mental health problems.

### GENERAL HEALTH WARNING MESSAGE

**WARNING: Cannabis can alter the way you think and feel.** Using cannabis containing higher amounts of THC can cause stronger effects and greater impairment.

## APPENDIX C: SCREENER

### **TORONTO Monday, February 11, 2019**

SESSION 1: Young Adults (18-24)	5:00 pm
SESSION 2: Adults (60+)	6:00 pm
SESSION 3: Youth (15-17)	7:00 pm
SESSION 4: Adults (25-59)	8:00 pm

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### **QUEBEC CITY Tuesday, February 12, 2019**

SESSION 1: Young Adults (18-24)	5:00 pm
SESSION 2: Adults (60+)	6:00 pm
SESSION 3: Youth (15-17)	7:00 pm
SESSION 4: Adults (25-59)	8:00 pm

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### **EDMONTON Tuesday, February 12, 2019**

SESSION 1: Young Adults (18-24)	5:00 pm
SESSION 2: Adults (60+)	6:00 pm
SESSION 3: Youth (15-17)	7:00 pm
SESSION 4: Adults (25-59)	8:00 pm

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### **VANCOUVER Wednesday, February 13, 2019**

SESSION 1: Young Adults (18-24)	5:00 pm
SESSION 2: Adults (60+)	6:00 pm
SESSION 3: Youth (15-17)	7:00 pm
SESSION 4: Adults (25-59)	8:00 pm

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### **HALIFAX Tuesday, February 26, 2019**

SESSION 1: Young Adults (18-24)	5:00 pm
SESSION 2: Adults (60+)	6:00 pm
SESSION 3: Youth (15-17)	7:00 pm
SESSION 4: Adults (25-59)	8:00 pm

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

Hello, my name is \_\_\_\_\_ and I'm calling on behalf of Earncliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada. We are looking for people who would be willing to participate in a discussion group. Participants will receive an honorarium for their participation. May I continue?

Yes     CONTINUE  
No     THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a ‘round table’ discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

Yes     CONTINUE  
No      THANK AND TERMINATE

**READ TO ALL:** “This call may be monitored or audiotaped for quality control and evaluation purposes.

ADDITIONAL CLARIFICATION IF NEEDED:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we’re asking the right questions to meet our clients’ research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.
- The personal information you provide is governed in accordance with the *Privacy Act* and we will only collect the minimum relevant information we need to complete discussion groups.
- Your / Your child’s views, opinions and feedback are personal information. The personal information you / your child provides in this questionnaire will be collected, used, retained and disclosed by Health Canada in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act*.
- In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and to correct your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada’s Privacy Management Division at 613-948-1219 or [hc.privacy-vie.privee.sc@canada.ca](mailto:hc.privacy-vie.privee.sc@canada.ca). You / your child also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.
- Your participation and/or your child’s participation is voluntary and you are free to withdraw them, and they themselves are free to withdraw, at any time.

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

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

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

S2. **DO NOT ASK – NOTE GENDER**

Male	1	<i>ENSURE GOOD MIX</i>
Female	2	

S3. Could you please tell me which of the following age categories you fall into? Are you...  
**ENSURE GOOD MIX OF AGES IN ALL SESSIONS**

Under 18 years	1	ASK TO SPEAK TO ADULT 18+
18-24 years	2	CONTINUE FOR SESSION 1
25-29 years	3	} CONTINUE FOR SESSION 4
30-34 years	4	
35-44 years	5	
45-54 years	6	
55-59 years	7	
60+ years	8	CONTINUE FOR SESSION 2
DK/NR	9	THANK AND TERMINATE

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

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

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

S5. What is your current employment status?

Working full-time	1	
Working part-time	2	
Self-employed	3	
Retired	4	
Unemployed	5	
Student	6	
Other	7	
DK/NR	9	THANK AND TERMINATE

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

Under \$20,000	1	
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
DK/NR	9	THANK AND TERMINATE

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

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

S8. Are you a parent or guardian of a child 17 years of age or under?

Yes	1	CONTINUE
No	2	SKIP TO S16 FOR SESSION 1, 2 & 4

***PLEASE ENSURE A MINIMUM OF 5/12 FOR SESSION 4 (ADULT 25+) ARE PARENTS.***

S9. Do you have a child between the ages of 15 and 17 that lives with you at least half the time?

- |     |   |                              |
|-----|---|------------------------------|
| Yes | 1 | CONTINUE FOR SESSION 3 AND 4 |
| No  | 2 | GO TO S16                    |

**TO PARENTS OF CHILDREN 15-17:**

***IF RECRUITING CHILD: CONTINUE***

***IF RECRUITING PARENT (FOR ADULTS 25-59): SKIP TO S16***

***NOTE: DO NOT RECRUIT CHILD(REN) OF DIFFERENT AGE GROUPS AND/OR PARENTS FROM SAME HOUSEHOLD***

S10. As part of this study, we are conducting a series of discussions with youth between the ages of 15 and 17. With your permission, we would like to invite your child to attend a discussion on [INSERT DATE] at [TIME]? It will last [INSERT DURATION] and your child will receive [INSERT AMOUNT] for their time.

These groups are being conducted on behalf of Health Canada to help them explore the topic of cannabis health information. Please note, while it is not our intention to ask any questions about your child's own possible drug use, that subject may come up. The discussion will focus on their opinions of different messages about the potential harms/health effects of cannabis use. Your written consent for your child to participate in the discussion will be required upon arrival.

Would your child be available to attend on [INSERT DATE] at [TIME]?

- |     |   |  |
|-----|---|--|
| Yes | 1 | CONTINUE   |
| No  | 2 | "IN THAT CASE, WOULD YOU BE ABLE TO PARTICIPATE?"<br>– SKIP TO S16 |

S11. Is the child who would be participating a male or a female or prefers not to identify as either male or female?

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

S12. What is the age of the child who would be participating? *ENSURE GOOD MIX*

- |    |   |
|----|---|
| 15 | 1 |
| 16 | 2 |
| 17 | 3 |

S13. In order to ensure we have a mix of participants in the room, we need to ask them some qualifying questions. May we speak with your son or daughter if it is convenient to speak with them now?

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

**[FOR SESSIONS 3] TO YOUTH (15-17):**

Hello, my name is \_\_\_\_\_ and I'm calling on behalf of Earnscliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues related to youth and drugs on behalf of Health Canada. Up to 12 adolescents will be taking part and for their time, participants will receive an honorarium of [INSERT AMOUNT]. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I continue?

- |     |                     |
|-----|---------------------|
| Yes | CONTINUE            |
| No  | THANK AND TERMINATE |

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

S14. For the purposes of this project, we need to ensure that we are speaking with youth between the ages of 15 and 17 years. Are you between the ages of 15 and 17?

- |     |                     |
|-----|---------------------|
| Yes | CONTINUE            |
| No  | THANK AND TERMINATE |

S15. How old are you? *ENSURE GOOD MIX*

15	1
16	2
17	3

S16. Have you participated in a discussion or focus group before? A discussion group brings together a few people in order to know their opinion about a given subject.

Yes	1	
No	2	SKIP TO S20
DK/NR	9	THANK AND TERMINATE

S17. When was the last time you attended a discussion or focus group?

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

S18. How many of these sessions have you attended in the last five years?

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

S19. And what was/were the main topic(s) of discussion in those groups?

**IF RELATED TO CANNABIS (OR ANY OTHER RELATED NAMES, MARIJUANA, POT, WEED, ETC.) DRUGS, GOVERNMENT POLICY ON DRUGS, THANK AND TERMINATE**

S20. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you... (READ LIST)

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



S21. Sometimes participants are asked to read text and/or review images during the discussion. Is there any reason why you could not participate?

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

S22. The discussion group will take place on [INSERT DATE @ TIME] for [INSERT DURATION] and participants will receive [INSERT AMOUNT] for their time. Would you be willing to attend?

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

### PRIVACY QUESTIONS

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. The information you provide in this questionnaire will not be shared with Health Canada or any other Government of Canada department. Do we have your permission to do this? I assure you it will be kept strictly confidential.

- |     |   |           |
|-----|---|-----------|
| Yes | 1 | GO TO P2  |
| No  | 2 | GO TO P1A |

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 identification verification purposes. Please be assured that this information will be kept strictly confidential. GO TO P1A

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

- |     |   |                   |
|-----|---|-------------------|
| Yes | 1 | GO TO P2          |
| No  | 2 | THANK & TERMINATE |

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

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

- |     |   |  |
|-----|---|--|
| Yes | 1 | THANK & GO TO P3                       |
| No  | 2 | READ RESPONDENT INFO BELOW & GO TO P2A |

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

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

- |     |   |                   |
|-----|---|-------------------|
| Yes | 1 | THANK & GO TO P3  |
| No  | 2 | THANK & TERMINATE |

P3) Employees from Health Canada and/or the Government of Canada may be onsite to observe the groups in-person from behind a one-way mirror.

Do you agree to be observed by Government of Canada employees?

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

P3a) It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups in person. They will be seated in a separate room and observe from behind a one-way mirror. They will be there simply to hear your opinions first hand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

Do you agree to be observed by Government of Canada employees?

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

**INVITATION:**

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place the evening of [INSERT DATE AND TIME] for up to [INSERT DURATION].

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:

**TORONTO Monday, February 11, 2019**

CRC

2 Bloor Street West, 3<sup>rd</sup> Floor

Toronto, ON M4W 3E2

Honorarium: \$85

Young Adults (18-24) 5:00 pm

Seniors (60+) 6:00 pm

Youth (15-17) 7:00 pm

Adults (25-59) 8:00 pm

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**QUEBEC CITY Tuesday, February 12, 2019**

SOM

3340 Rue de la Perade, 3<sup>rd</sup> Floor

Quebec City, QC G1X 2L7

Honorarium: \$85

Young Adults (18-24) 5:00 pm

Seniors (60+) 6:00 pm

Youth (15-17) 7:00 pm

Adults (25-59) 8:00 pm

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**EDMONTON Tuesday, February 12, 2019**

Trend Research

10011 80<sup>th</sup> Avenue NW

Edmonton, AB T6E 1T4

Honorarium: \$85

Young Adults (18-24) 5:00 pm

Seniors (60+) 6:00 pm

Youth (15-17) 7:00 pm

Adults (25-59) 8:00 pm

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**VANCOUVER Wednesday, February 13, 2019**

CRC Research

1398 West 7<sup>th</sup> Avenue

Vancouver, BC V6H 3W5

Honorarium: \$85

Young Adults (18-24) 5:00 pm

Seniors (60+) 6:00 pm

Youth (15-17) 7:00 pm

Adults (25-59) 8:00 pm

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**HALIFAX Tuesday, February 26, 2019**

MQO

1883 Upper Water Street

Halifax, NS B3J 1S9

Honorarium: \$85

Young Adults (18-24) 5:00 pm

Seniors (60+) 6:00 pm

Youth (15-17) 7:00 pm

Adults (25-59) 8:00 pm

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

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

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

First name

Last Name

email

Daytime phone number

Evening phone number

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