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Youth perspectives and experiences with cannabis since the start of legalization and through the COVID-19 pandemic

Final Report

Prepared for Health Canada

Prepared by Narrative Research

Call-Up Number: CW2236690

Requisition Reference Number: HT372-224492

Contracted Value: \$105,666.30

Contract Date: 2022-08-05

Delivery Date: 2022-11-25

POR number: 019-22

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Prepared for Health Canada

Supplier Name: Narrative Research

November 2022

This public opinion research report presents the results of 18 online focus groups with youth 15-17 years old in each of five regions (Atlantic, Quebec, Ontario, Prairies, BC), and six in-depth interviews in the North. Sessions were divided to include males, females, non-binary, and BIPOC audiences. Each group included a mix of age (within range), household situation, and ethnic background. The Quebec sessions were conducted in French while all other sessions were held in English. The fieldwork was conducted between October 13 and November 15, 2022.

Cette publication est aussi disponible en français sous le titre :

Points de vue et expériences des jeunes en lien avec le cannabis depuis le début de la légalisation et tout au long de la pandémie de COVID-19

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Catalogue Number:

H14-435/2023E-PDF

International Standard Book Number (ISBN):

978-0-660-48193-7

Related publications (registration number: POR-019-22):

Catalogue Number H14-435/2023F-PDF (Final Report, French)

ISBN 978-0-660-48194-4

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Executive Summary

Narrative Research Inc.

Call-Up Number: CW2236690

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POR Registration Number: 019-22

Contract Award Date: 2022-08-05

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Background and Research Methodology

Cannabis consumption among Canadian youth and young adults is one of the highest in the world and there is evidence that cannabis use poses a significant health risk during adolescence, in particular interfering with brain development and functioning. In the context of cannabis legalization and regulation, protecting the health and safety of youth is a top priority for the Government of Canada. Although quantitative data are available on youth cannabis consumption behaviours, there has been limited qualitative evidence on the perspectives and experiences of youth regarding cannabis, specifically within the intersecting context of federal legalization and regulation and the global COVID-19 pandemic. This includes potential changes among youth in cannabis-related attitudes and patterns of use, reasons for use, access to cannabis, inducements to use, knowledge of risks, and engagement with public education risk-messaging.

Health Canada was interested in the perspectives of Canadian youth (15-17 years old) on consumption behaviours and related cannabis outcomes, particularly in the context of cannabis legalization and regulation. Research findings may help inform and enhance the *Cannabis Act's* public health approach to protecting public health and public safety of Canadian youth, and help diverse stakeholders determine the target and scope of future educational initiatives.

More specifically, research objectives were to explore youth's perspectives on:

- The impact of cannabis legalization and the COVID-19 pandemic on cannabis use behaviours and attitudes, including potential changes in reasons for use, accessing cannabis, and inducements to use.
- The health risks associated with using cannabis in adolescence and young adulthood.
- The reach of cannabis public education (within and outside school-settings) including awareness of risk messaging, perceived impacts, desired knowledge and gaps, and strategies to help curb youth cannabis use.

To achieve these objectives, a qualitative research approach was undertaken with the fieldwork conducted from October 13th to November 15th, 2022. The research entailed a total of 18 online focus groups and six online or telephone in-depth interviews with youth 15-17 years old. Group discussions



were held in five regions (Atlantic, Quebec, Ontario, Prairies, and BC) and in-depth interviews were conducted with youth from northern territories. Focus group participants were divided into four segments, namely males, females, those who do not identify as either male or female (non-binary), and BIPOC individuals. Each group included a mix of communities (within each region), ages (within range), household living situation, and ethnic background. Groups with the BIPOC audience also included a mix of gender. For the focus groups, all participants had access to a computer or tablet with high-speed internet to take part in the session. Parental/guardian consent was required for all participants. Across the northern territories, interviews also included a mix of gender, age, and locations.

From 146 recruited individuals, 125 took part across all sessions/interviews. Each group discussion lasted 90 minutes while individual interviews were each 60 minutes in length. All participants received an incentive of \$100 in appreciation for their time. All discussions were held in English except in Quebec where the sessions were held in French. All participants were recruited per the recruitment specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met.

This report presents the findings from the study. Caution must be exercised when interpreting the results from this study, as qualitative research is exploratory and cannot infer causality. Results cannot be attributed to the overall population under study, with any degree of confidence. Parental/Guardian consent was obtained prior to youth taking part in the study.

Political Neutrality Certification

I hereby certify as a Representative of Narrative Research that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Directive on the Management of Communications. 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 _____

Margaret Brigley, CEO & Partner | Narrative Research

Date: November 25, 2022



Key Findings

The following provides key highlights from the research:

- **Cannabis consumption among youth 15-17 years old is perceived to be widespread and common practice and is increasingly viewed as a normalized behaviour since legalization in Canada.** Legalization has normalized and somewhat legitimized cannabis use, suggesting to youth that it may be less harmful than some other substances. Many youth equated cannabis to alcohol in terms of its normality. Legalization was also perceived to have increased accessibility of cannabis. By normalizing cannabis use and making it more accessible, aspects of legalization are considered to have contributed to inducing consumption among youth. Youth report that cannabis consumption begins as early as 13 or 14 years old. Introduction to cannabis is typically positioned as harmless and enjoyable, and considered a recreational activity. Peer pressure continues to be an important inducement factor. Cannabis is typically used in social settings, at school, and sometimes in isolation.
- **Cannabis is considered easy to obtain by youth, notably through an adult whether it be an older sibling, friend or relative.** Parents are also considered a source, especially in families where adults are using cannabis. Social media plays a vital role in youth's sourcing of cannabis outside of their social circle.
- **Aside from its use for recreational purposes, cannabis is readily identified by youth 15-17 years old as a coping mechanism, predominately for mental health problems.** These problems include anxiety, depression, stress, trauma, sleep disorders, or lack of appetite. Youth feel a lot of pressure from problematic relationships at home or with friends, schoolwork, social interactions, or in the case of Indigenous youth, generational trauma. Youth believe that a desire to address mental health issues has increasingly induced cannabis consumption in the last few years.
- **There is mixed opinion as to what impact the COVID-19 pandemic has had on cannabis consumption among youth.** Some believe there has been an increase in usage due to isolation, anxiety and uncertainty resulting from the pandemic, while others believe that consumption has dropped with lockdowns and school closures, given the resulting difficulties in accessing the product or an increased parental presence making it difficult to consume it at home.
- **Youth identify a wide range of health-related benefits associated with cannabis usage.** Most perceived benefits relate to positive health implications, notably dealing with anxiety and stress, coping with depression, helping to sleep or eat; assisting with social interaction; dealing with problems at home; coping with isolation; easing pain; providing an escape from undesirable realities; and among Indigenous youth, coping with generational trauma.



- **The most common risks reported from cannabis use pertain to affecting brain development/functioning, addiction/dependence, lung issues, psychological effects, personality changes, and a negative impact on social interactions/relationships.** Despite youth recognizing that using cannabis comes with risks, the health impacts are not clearly understood. The severity and duration of the health effects are not well known, and youth have little knowledge of what can be done to minimize those risks, other than reducing consumption amounts and frequency of use, the type of device chosen (e.g., edibles, vape pens) and using cannabis in a safe environment. While it is believed that some of the risks and health effects of cannabis consumption are more important for youth than they are for adults given that they are still physically and mentally developing, the exact nature of those differences is not well understood.
- **Cannabis-related information is felt to be available and accessible, especially online, even though most youth have not looked for this information due to a lack of interest or because they believe they know what they need to know about the risks, harms and health effects of cannabis.** Similarly, there is limited recall of information or advertisements about cannabis, including from school presentations or course material. Information presented at school is limited in scope and generally combined with information on drugs and alcohol, or addiction. The information is also shared in early high school years, with limited follow-up. Nonetheless, it was perceived that school provides a venue for interactive dialogue where youth can hear about lived experiences, ask questions, and participate in an open discussion on cannabis' potential therapeutic and harmful effects. Social media and transit (public transportation) should also be considered to convey cannabis-related information to youth. While the Internet provides youth with a wealth of information, people with lived experiences and trusted adults (e.g., parents) who hold an open-minded view of cannabis consumption are most trusted sources.
- **Despite expressing limited interest in receiving information about cannabis, when prompted, youth showed some curiosity in better understanding the health risks of using cannabis.** Topics of greatest interest include the consequences of addiction, if and how cannabis affects brain development or 'stunts growth', and how it might affect someone's mental health. In general, youth question the extent of cannabis' harm and are interested in understanding the scientific rationale of the drug's side-effects. Many also expressed interest in learning more about the types of cannabis, where to get cannabis, and why it is so accessible.
- **Youth are most receptive to receiving balanced and evidenced-based information about using cannabis in a way they can relate to. They believe that an educational campaign needs to appreciate that they use cannabis to cope with mental health issues.** Balanced information presenting the 'pros and cons' would elicit interest and contributes to its credibility. Further, the risks, harms and consequences of cannabis use need to be demonstrated to them, through real life experiences of people who can share their point of view, through a



discussion of both the benefits or positive use of cannabis, and an understanding of the negative consequences. Youth believe that an educational campaign needs to appreciate that they use cannabis to cope with mental health issues. Increased resources and support should be provided to address the root of mental health issues to assist in the reduction of cannabis consumption.

- **Exposure to promotional material about cannabis is limited and primarily seen online and through store signage.** Although not memorable, social media messaging about cannabis that speak of the flavours and formats available, in addition to online videos showing usage and experiences from cannabis are most the most recalled forms of promotional materials. Outdoor ads and signage from local stores are also recalled in large urban centres.



Introduction

Context

Cannabis Use in Youth

Cannabis consumption among Canadian youth and young adults is one of the highest in the world, and there is evidence indicating that cannabis use poses a significant health risk during adolescence. Among some of the most important health risks, cannabis has been shown to cause functional and structural changes to the developing brain, which contributes to impairing cognitive function. Early and frequent use of cannabis are significant risk factors for the development and worsening of cannabis use disorder and other mental health problems involving anxiety and depression. Cannabis use during youth has also been associated with diminished school performance and lifetime achievement, among other potential harms.

In the context of cannabis legalization and regulation, protecting the health and safety of youth is a top priority for the Government of Canada. The *Cannabis Act* defines a young person as an individual who is under 18 years of age. On October 17, 2018, the Government of Canada took a comprehensive public health approach to the legalization and regulation of cannabis in order to better protect Canadians and minimize the harms associated with cannabis use. As set out in section 7 of the Cannabis Act, the purpose of the Act is to protect public health and public safety, and in particular, to:

- protect the health of young persons by restricting their access to cannabis;
- protect young persons and others from inducements to use cannabis;
- provide for the licit production of cannabis to reduce illicit activities in relation to cannabis;
- deter illicit activities in relation to cannabis through appropriate sanctions and enforcement measures;
- reduce the burden on the criminal justice system in relation to cannabis;
- provide access to a quality-controlled supply of cannabis; and
- enhance public awareness of the health risks associated with cannabis use.

Quantitative data from multiple sources suggest that, since legalization in 2018, cannabis consumption among youth has remained stable. The collective data also suggests that youth report using cannabis in varying forms (e.g., dried cannabis, edibles, cannabis extracts) for several reasons including peer acceptance, novelty, and to improve or intensify mood, be social, cope with stress, and expand their views. Past research also indicates that youth co-use cannabis with other drugs or alcohol, which can carry additional health risks.

In contrast, there has been limited if any qualitative evidence exploring the perspectives and experiences of youth regarding cannabis, specifically within the intersecting context of federal legalization and the global COVID-19 pandemic. This includes potential changes in cannabis-related attitudes and patterns of



use, reasons for use, access to cannabis, inducements to use, knowledge of risks, and engagement with public education risk-messaging.

Youth Protection and Education

As such, through additional research, Health Canada was interested in evaluating objectives of the *Cannabis Act* related to a few areas, including the protection of youth from inducements to using cannabis; restricting their access to cannabis; enhancing public awareness of the health risks from consuming cannabis; and deterring illicit activities related to cannabis use. Results from the present research will be used to help inform the Legislative Review of the *Cannabis Act* and the development of public education initiatives aimed at protecting the health of young persons.

Even with stringent requirements currently in place to limit cannabis access, youth can still be exposed to inducements to cannabis use. Collecting information around the mediums and methods in which youth are exposed to inducements to use cannabis will provide Health Canada with intelligence as to how the legislative and regulatory controls are performing.

Public education efforts are fundamental to achieving the Government's objective of protecting public health and safety, especially for youth. The Government invested over \$100 million over six years in cannabis public education and messaging, awareness and surveillance.

Overall, more insight is required to better understand consumption behaviours and attitudes with respect to cannabis use in youth 15-17 years old, i.e. why youth choose to initiate and continue to use cannabis, how youth access cannabis, if and how they are induced to use cannabis and whether new and what type of education messaging for youth can help prevent use.

Objectives

Based on the knowledge gaps in the literature, particularly related to cannabis legalization, the objectives of this POR were to explore youth's perspectives on:

- The impact of cannabis legalization and the COVID-19 pandemic on cannabis use behaviours and attitudes, including potential changes in reasons for use, accessing cannabis, and inducements to use.
- The health risks associated with using cannabis in adolescence and young adulthood.
- The reach of cannabis public education (within and outside school-settings) including awareness level of risk messaging, perceived impacts, desired knowledge and gaps, and strategies to help curb youth cannabis use.

This report presents the findings of the research. It includes a high-level executive summary, the description of the detailed methodology used and the detailed findings of the online focus group discussions. The working documents are appended to the report, including the list of questions asked by



youth during the sessions (Appendix A), the recruitment screener (Appendix B) and the moderator's guide (Appendix C).



Research Methodology

Target Audience

The target audience for the study included Canadian youth aged 15 to 17.

Research Approach

A total of 18 online focus groups and six in-depth telephone interviews were conducted from October 13th to November 15th, 2022, with youth 15-17 years old. The following table provides an overview of sessions by audience, location, and language.

Number of Online Focus Groups						
Audience	BC	Prairies	Ontario	Atlantic	Quebec	Total Groups
	English				French	
Males 15-17 years old	1	1	1	1	1	5
Females 15-17 years old	1	1	1	1	1	5
BIPOC youth 15-17 years old	1	1	1	1	1	5
Youth 15-17 who do not identify as male or female	1 mini group		1 mini group		1 mini group	3
TOTAL						18

In total, nine (9) people were recruited for each focus group and five (5) for each mini group. From 141 recruited individuals, 119 took part across all group sessions. Each group discussion lasted approximately 90 minutes. Where group discussions were originally planned to include youth living in northern territories proved problematic to recruit, a series of six in-depth interviews were scheduled to capture the opinions of this audience. Given limited access to reliable technology for online discussions, five of those interviews were conducted by telephone, while one was conducted online. Each interview lasted approximately one hour.

In total, 127 incentives were distributed, including two recruits who were unable to participate due to technical difficulties. Participants in the focus groups or in-depth interviews each received a cash incentive of \$100 in appreciation for their time. All discussions were held in English except in Quebec where the sessions were held in French.

Each group included a mix of communities (within each region), ages (within range), household living situation, and ethnic background. Groups with the BIPOC audience also included a mix of gender. For the focus groups, all participants had access to a computer or tablet with high-speed internet to take part in the session. Parental/guardian consent was required for all participants. Interviews also included a mix of gender, age, and locations across northern territories.

All participants were recruited per the recruitment specifications for the Government of Canada. Recruitment was conducted through qualitative panels stored on Canadian servers, with follow up calls to confirm the details provided and to ensure quotas were met. Those with current or past employment in sensitive occupations were excluded from the research, in addition to those who have others in the household in this situation. These sectors included marketing, marketing research, public relations,



advertising, media, public relations, an online media company or blog writer, a political party, federal or provincial government, blog writing, federal, provincial, or municipal governments, the field of drug treatment, licensed cultivators, processors, or sellers of cannabis, law enforcement, and the legal sector. In addition, individuals who have been to at least five qualitative sessions in the past five years, those who have attended a session in the past six months, and those who have participated in group discussions related to cannabis, other drugs, or government policy on drugs were excluded from the research during the recruitment process.

Context of Qualitative Research

Qualitative discussions are intended as moderator-directed, informal, non-threatening discussions with participants whose characteristics, habits and attitudes are considered relevant to the topic of discussion. The primary benefits of individual or group qualitative discussions are that they allow for in-depth probing with qualifying participants on behavioural habits, usage patterns, perceptions and attitudes related to the subject matter. This type of discussion allows for flexibility in exploring other areas that may be pertinent to the investigation. Qualitative research allows for more complete understanding of the segment in that the thoughts or feelings are expressed in the participants' "own language" and at their "own levels of passion." Qualitative techniques are used in marketing research as a means of developing insight and direction, rather than collecting quantitatively precise data or absolute measures. As such, results are exploratory and cannot infer causation.



Research Findings

Current Cannabis Consumption Among Youth

Commonality

Cannabis consumption among youth 15-17 years old is perceived to be widespread and common practice and is increasingly viewed as a normalized behaviour since legalization in Canada.

Across groups, the current use of cannabis is generally considered to be common practice among those aged 15-17. The prevalence of youth using cannabis is typically described as anywhere between 20% to more than 50%. While some see it used on a regular basis, others believe that many youth try cannabis but that frequency of usage is low. In many locations, a few youth compare cannabis to alcohol in terms of ease of access and frequency of usage.

"It's really common. About 40% do it regularly and 70% or 80% have tried it." Male, Iqaluit

"A few of my friends use it, but none of my closer friends...but at school it is normalized." Female, Cambridge Bay

"It's more common up north, and it is often used by many." Female, NWT

"Je connais des gens qui consomment c'est un truc normal." (I know people who use it; it is a normal thing.) Male, Quebec

"It's very common; more common than alcohol." Female, BC

"I have seen people using it but not every day. People have tried it at least once and it is a fair amount of people." Male, Ontario

Across locations, participants generally concur that it is typical for teenagers to use cannabis in social settings, as well as at school. Consistently, participants mention that they regularly smell cannabis in school washrooms and in schoolyards, as well as in public settings. Usage of cannabis when a person is all alone is also considered common practice for some youth. Further, it was mentioned that cannabis use often begins in junior high school, as early as 13 or 14 years old.

"You smell it in stairwells or bathroom and even in my neighbourhood." Male, Ontario

"Aside from vapes and caffeine, it's one of the only [legal] substances. I suppose it would be more common than a lot of other drugs." BIPOC, Prairies



“Je vois beaucoup de monde qui en consomment même à l’école. Il y a des personnes qui ont 13 ou 14 ans qui le font.” (I see a lot of people who consume it even at school. Some who do it are 13 or 14 years old.) Non-binary, Quebec

“Being in high school I notice that it is more common now than when I was in grade 10. With my age it is common. The younger kids also use it a lot more than the senior. We have a smoke pit and I see a lot of younger kids smoke out there.” BIPOC, BC

Access & Sourcing

Cannabis is generally deemed easy to obtain by youth, notably through an adult whether it be an older sibling, friend or relative.

Across groups, youth perceive that it is easy for someone underage to get cannabis if they wanted it. Legalization of cannabis is also widely considered as having increased accessibility to cannabis for underage youth. The ability of adults to legally buy cannabis and resell it to youth is often perceived as having contributed to making cannabis more accessible to youth.

“[Legalization] has made [cannabis] a lot more accessible for younger kids because people who are [of] legal [age] are legally able to buy it and grow it because they can do what they please with what they have. There are websites where you can buy it. Pretty much anybody can buy it online.” Female, Atlantic

As such, ways of accessing cannabis are typically through those of legal age, and are generally sourced through one of three means:

Friends and family: These often include older siblings, friends of siblings, relatives, or parents. Youth believe that some parents are comfortable providing cannabis to their underage child(ren) rather than having them source drugs through an unknown source, as they would know the product is legal and safe. Products from this source are generally believed to be purchased through a physical storefront. In some instances, youth take cannabis from their parents’ stock that is stored in the home.

A known dealer: This is typically someone at school or in the community that is familiar to them, and most youth believe that these dealers are typically reselling legal product. That said, some indicate that often times home-grown product is also sold through known dealers.

An unknown dealer: These are individuals who are generally unfamiliar to the youth and the origin of their product is also unknown.

When purchasing cannabis from a dealer (unknown and known), social media plays a key role in sourcing cannabis. For the most part, contact is made via Instagram, Snapchat or via text.



“If you want to get cannabis, they post it on their story, or you can text a family or friend. It’s mostly on Instagram or Snapchat.” Male, Nunavut

“I know people who get it through their parents, or a friend that is older. Or just ask an adult on the street. I think most [cannabis] is from a dispensary.” Female, Yukon

“It’s very easy with social media. There is lots of underage smoking and even on social media, people post weed and ask if anyone wants to buy it. It’s so out there and very easy to buy and very accessible. I think that the underage people know and are friends with [the dealers] ... I know some people whose parents buy it for them. They know they can’t stop their child, so they give it to them, rather than them buying it illegally and not knowing what’s in it.” Female, Nunavut

Reasons of Use

Aside from recreational purposes, cannabis is readily identified by youth 15-17 years old as a coping mechanism, predominately for mental health problems.

Across locations, youth consistently identify that cannabis is used for three broad reasons namely: as a result of peer pressure; for recreational purposes; and most notably, as a coping mechanism for their mental health.

For many, cannabis usage initially begins as a direct result of peer pressure, whereby youth are encouraged to engage in consumption in social settings, under the direct influence of others. Many feel the need to ‘give cannabis a try’ in efforts to ‘fit in’ or ‘be cool’. This introduction is typically positioned as harmless and enjoyable, and considered a recreational activity that they can have fun or pleasure from.

“I suppose they feel some sort of temporary joy while using cannabis. I also believe some may be pressured by others to use it.” Male, Ontario

“People tend to follow the group. They tend to use cannabis because other people are doing it.” BIPOC, Prairies

“Peer pressure! It’s seen as “cool” to be doing something dangerous, and teens are often looking for ways to gain some sort of popularity. If their friends are doing it, they feel more pressure to join in and not be left out.” BIPOC, BC

“Je crois que les jeunes utilisent du cannabis surtout pour tester ou parce qu’ils sont influencés par leur proche.” (I think young people use cannabis mostly to test it or because they are influenced by people close to them.) Male, Quebec

Further, youth consistently report that cannabis serves as a coping mechanism in dealing with a wide range of mental-health related conditions, including anxiety, depression, stress, trauma, sleep disorders,



or eating disorders. Anxiety, stress and depression are often associated with problematic relationships at home or with friends, schoolwork, social interaction, or generational trauma. For many, cannabis provides an effective escape from life's challenges. While cannabis is reported to a far lesser extent as being prescribed for medicinal purposes (e.g., pain relief, nausea, cancer), it is routinely cited as being used to address undiagnosed medical conditions as mentioned above.

*“Beaucoup de gens aiment le fait qu’ils se sentent bien après l’avoir pris. C’est comme s’ils partent du monde un peu et ça leurs donne un petit break de leurs problèmes.”
(Many people like the fact that they feel good after taking it. It's like they leave the world a little bit and it gives them a small break from their problems.) BIPOC, Quebec*

“For people who take edibles, from what I have seen and hear, it can be stress relief. A lot of people worry about school.” BIPOC, BC

“Stress is also a big thing, as many people my age are going through burnout and mental health issues.” BIPOC, BC

“When there is trouble at home, it helps them relax or find peace. It’s an escape from all the trauma – generational trauma.” Male, Inuit

Impact of Legalization

The legalization of cannabis is widely considered to have contributed to the normalization of its use and increased accessibility to cannabis for underaged youth.

Attitudes and Normalization of Use

Participants were reminded that in 2018, cannabis was legalized in Canada, which means that adults can legally purchase and use cannabis under certain conditions. They were asked to comment on how, if at all, legalization may have impacted youth's perceptions and consumption of cannabis.

Legalization has normalized the use of cannabis and contributed to a perception that it is of lesser harm. Cannabis consumption is perceived to be endorsed by the government, and that it is sold in part by provincially run stores, legitimizes it to some extent as a drug that is perceived to be not so harmful. It is generally felt that legalizing cannabis changed public perception about cannabis, whereby adults are more likely to discuss openly and publicly their usage and the benefits they have experienced from using cannabis.

“When it was first legalized, it was a scary thing. I knew it was a drug and it was negative. It [legalization] definitely opened people’s thoughts on it [...] After being legalized, you got more comfortable with it and people were less likely to hide it. For the younger group, it made it more normal for them knowing that it’s normal for everybody else that is of age.” Female, Nunavut



“Knowing that it is legalized gives people the impression that it is safe or ok and seeing a trusted adult doing it makes you think that it is not so bad and worth trying.” Female, Atlantic

“It puts cannabis not longer on the same level of the dangerous drugs. People who before legalization said I don’t want to risk it or have no interest kept to their morale, but other people experimented. It’s a lot more open now and people talk about it a lot more. It has influenced some people to try it because they feel it is safer.” Male, Ontario

“Ça a banalisé le fait de la consommation, c’est devenu normal. Vu que c’est rendu légal, il y a plus de monde qui en prend et ils peuvent se dire que c’est correct.” (It trivialized consumption, it became normal. Since it is made legal, there are more people who use it and they can say that it is ok.) Male, Quebec

“Je pense que les gens ont moins peur des effets secondaires vu que c’est justement banal.” (I think people are less afraid of side effects because it's so common commonplace.) Non-binary, Quebec

Increased Visibility and Accessibility of Cannabis

Increased visibility through street-front stores, seeing adults use cannabis in public, witnessing family members (including parents) using cannabis, and smelling cannabis in public spaces, also contribute to its normalization. Across locations, youth consistently note that they often smell weed in school washrooms and on school grounds.

“Once it became legalized, [youth] have more exposure to it if people in their family are doing it so easier to be around it or try it. A lot of adults do it out in the open, so people are around it a lot more than before it is legal.” Female, Atlantic

Impact of COVID

There is mixed opinion as to what impact the COVID-19 pandemic has had on cannabis consumption among youth.

Youth share mixed opinions when asked what impact the COVID-19 pandemic has had on cannabis consumption among youth.

Increased Consumption

For some, the COVID-19 pandemic saw increased consumption among youth as they turned to cannabis to reduce stress, deal with boredom, and adjust to uncertainty. With lockdowns in place, many youth used cannabis as a coping mechanism to deal with the increased stress of changing learning formats, social isolation, and depression. At the same time, many witnessed increased use of cannabis by parents



or other adult family members. This showed youth how it helped others deal with challenging times in addition to providing an opportunity for them to access it.

“I think a lot of people since COVID-19 have gotten into it and are still doing it. It’s common everyday. They were bored and they saw it helping other people and decided to try it out. A lot of people tried it during COVID and more people use it now.” Female, Nunavut

“At the beginning of the lockdown I had so many friends I could talk to. When it stopped, people had little groups. I think it was a lot more common for street dealers to get and keep a business going. Some people got really lonely during COVID and were feeling really down on themselves. Cannabis helped. A lot of people said they had never done it before, but did during COVID, and got hooked.” Male, Nunavut

“People were not able to see their friends or loved ones, so they needed something to do and they were getting stressed.” Female, Atlantic

“Moi la pandémie m’a entraîné beaucoup vers la consommation de cannabis. Je pense que c’est pour plein de raison mais surtout la solitude, et aussi le laissez aller un peu. Tu savais plus quoi faire de tes journées. La solitude, le stress de pas savoir vers quoi on s’en allait. L’inconnu.” (The pandemic led me a lot towards cannabis use. I think it's for a lot of reasons but mostly loneliness, and a little bit letting myself go. You don't know what to do with your days. The loneliness, the stress of not knowing where we were going. The unknown.) Female, Quebec

“A lot of people started using it because we were by ourselves for so long, isolated. So people used it as an outlet to cope with the fact that there was nothing to do, we had no social life, we could not hang with friends. Things were super strict. That could have had a big effect on people to just do it to cope.” BIPOC, BC

Decreased Consumption

By contrast, other participants feel that there was decreased usage of cannabis by youth during the pandemic. This decline is primarily driven by two factors. To begin, with lockdowns in place, it made it more difficult or impossible for youth who were disconnected from their social circles to access cannabis. Secondly, with increased parental presence, youth were unable to consume cannabis as freely as they were before.

“Back then you couldn’t go out. People couldn’t get it, so they had no choice but to stop doing it.” Male, NWT

“I think that during the pandemic most people were inside, people were not talking, and people were seeing cannabis being used less because you don’t see it in communities. I



see it near the school sometimes but that was not happening. Less exposure so probably the decrease in the pressure aspects of using it.” Male, Ontario

Perceived Health Effects of Cannabis

Benefits

Youth identify a wide range of health-related benefits associated with cannabis usage.

Across groups, participants consistently identify a variety of benefits associated with using cannabis. Participants readily acknowledge that youth today are facing a mental health crisis. Whether influenced by increased societal pressures on youth or increased prevalence of mental health issues, cannabis is deemed effective and helpful for a variety of purposes. Key health-related benefits associated with cannabis usage identified by youth included:

- helping deal with anxiety and stress (at school, with schoolwork/demands)
- coping with depression
- facilitating sleep
- helping to eat
- helping with social interaction, (i.e., to help them fit in)
- dealing with problems at home or with personal relationships
- coping with isolation
- addressing pain (e.g., nausea, injuries, conditions like cancer)
- creating a sense of calm /relaxation
- providing an escape from life’s realities
- coping with generational trauma (Indigenous youth)

“L’école c’est un gros stress et les gens ne savent pas comment le gérer.” (School is a big stress and people do not know how to manage it.) Female, Quebec

“It helps you deal with panic attacks and anxiety attacks. You can smoke and blow away all the drama in your life.” Female, NWT

“Je connais beaucoup de personnes que s’ils ne fument pas [du cannabis], ils ne mangent pas.” (I know a lot of people who do not eat if they don’t smoke cannabis.) Female, Quebec

Although youth do not often mention that people their age use cannabis for medical reasons, a few have witnessed these behaviours among adults close to them, which contributes to positioning cannabis positively, at least for those reasons.



“Mon beau père consomme du cannabis et depuis qu’il en consomme il est beaucoup moins stressé et il a moins de mal à dormir et il est moins fatigué le lendemain. La mère d’une amie en prend pour des raisons médicales aussi.” (My father-in-law uses cannabis and since using it he is much less stressed and has less trouble sleeping and he is less tired the next day. A friend’s mother also takes it for medical reasons.) Non-binary, Quebec

Risks

The most common risks reported from cannabis use pertain to affecting brain development/functioning, addiction/dependence, lung issues, psychological effects, personality changes, and a negative impact on social interactions/relationships.

Participants were asked to identify what they considered to be the downsides of using cannabis, including the health risks and potential harms. A variety of responses are provided, first captured in an individual written exercise and then through a group discussion. Of note, within each session, awareness and understanding of risk is generally limited, with one or two participants typically sharing a greater knowledge on the topic than others, often attributed to either personal experiences, school projects, or recall of materials covered in the curriculum at some point.

The risks resulting from cannabis consumption are generally associated with a potential dependence from usage, as well as long-term effects because of extended use. Across groups, general themes emerged, including brain development/functioning, lung impact, addiction/dependence, social interaction/relationships, and psychological/personality changes.

In a few instances, while youth have been informed of possible health risks and harms, they have not witnessed or personally experienced them. Others question if there are any risks associated with cannabis.

“I haven’t seen any downsides personally with anyone I know but I think the biggest one is probably dependence for pain relief, but if they’re using it as a medication then that makes sense.” Non-binary BC/Prairies

“I honestly don’t know much about weed. I do know it’s a drug...but from what I’ve heard weed is a good ‘drug’ because it’s a plant / leaf. So it’s natural and won’t harm you, unlike cigarettes or vapes. Again, that’s what I’ve heard. But I want to know if that’s true.” Females, Ontario

Participants were also asked to identify which of the health effects and harms of using cannabis they consider to be short-term in duration (hours or days), and which they consider lasting for a longer timeframe (months or years). Youth are generally unsure what long-term impacts are associated with cannabis, particularly those that may be permanent. Quite a few have family members (including parents) who use cannabis, and have for an extended period of time, have not suffered visible



repercussions. Further, there is a general perception that given that cannabis is legal, the risk cannot be extreme. Nonetheless, brain damage, psychological effects and to some extent, social abilities, are viewed as having more long-term and, in some cases, permanent impacts than other risks identified.

The following discusses each of these themes in further detail.

Brain Development / Functioning

One of the most widely recognized health effects of using cannabis is the impact on brain development, and this is considered particularly detrimental to youth and young adults both in terms of severity and for being permanent. It is generally felt that using cannabis when a brain is not fully developed poses risks to long-term brain development, as well as to brain functioning, particularly in relation to short-term memory, shortened attention span, and a decreased ability to concentrate or focus. In addition, a few mention that as cannabis impairs judgement and cognitive abilities, it may present a risk when driving.

“The killing of brain cells, but I don’t know if that eventually heals. But it is noticeable in people who smoke weed.” Female, Nunavut

“Si vous êtes plus jeune que 25 ans et vous utilisez du cannabis, ça brûle les cellules de ton cerveau car votre cerveau n’a pas encore fini de grandir.” (If you're younger than 25 and you use cannabis, it burns your brain cells because your brain isn't finished growing yet.) BIPOC, Quebec

“Addiction is a big risk and it can affect a teenager’s brain because your brain is still developing. It can mess with the development of your brain and can damage your memory.” Female, Atlantic

“It alters the way your brain processes information and it slows down how fast your brain develops.” BIPOC, Prairies

“It’s known to stunt brain development.” Male, Ontario

On a related topic, the impact of cannabis on the brain is also seen as potentially problematic for youth who may be genetically predisposed to mental health conditions such as schizophrenia or other types of psychosis.

“People get anxiety and start to get psychosis, or schizophrenia.” Male, Iqaluit

“It definitely increases risk of psychosis and mental health problems generally.” Male, BC

There are perceived differences between how youth and adults experience some health effects, although the difference between teenagers 13-17 and 18-25 is viewed as being less pronounced. Across locations, there is general agreement that young people are more likely than adults to experience most, if not all, of



the risks highlighted. This is primarily attributed to the fact that a youth's brain is not fully developed and, accordingly, is more vulnerable to long-term brain damage if they take drugs during developmental years.

"I think that because of the differences in mental maturity teenagers may be less resistant to experiencing effects than adults. But both can develop a serious addiction if they have enough exposure to [cannabis]." Male, Ontario

"I definitely feel like brain development and growth stunting is definitely more prevalent in minors but other than that I think that all the other side effects and consequences are shared throughout these groups [teenagers and adults]." Non-binary, BC/Prairies

"Your brain stops developing at age 25. Using [cannabis] at a younger age will alter the course of your brain development." BIPOC, BC

While the difference in the type of risks or potential harms from cannabis is felt to be less pronounced between youth aged 13-17 and those 18-25, it is believed that the younger cohort (especially those 13-14 years old) are at a greater risk given their different stages of brain development and different levels of maturity in their behaviour / decision making. In some instances, brain development is felt to occur until someone is in their late teens or early twenties, while other participants believe that brain development extends to the mid-twenties.

"I feel it is the same [regardless of being 13-17 or 18-25] but some of the effect on the brain and in school might be different. Being paranoid and the effect on the brain would be worst for younger people." Female, Atlantic

"As a 13 or 14 years old they are still really young. Most of their bodies aren't fully developed and they might not know what they are doing. As a child, most of the time you may not know of these effects, you may be taking more risks [unknowingly]." BIPOC, Prairies

"Learning abilities would be different. When you are 13-17 years old, you are still in school. If you are 18-25 whether you do postsecondary, but it is optional. And also, your emotions like getting angry or upset would be more [pronounced] if you are younger." BIPOC, BC

Cannabis use is viewed as potentially having a long-term impact on brain development, which in turn results in cognitive issues (difficulty to learn) and affected brain functionality, memory loss and an inability to concentrate.

"Memory is long-term. Some of my friends said that they have shorter memory. They call it 'weed brain'." Non-binary, BC/Prairies



“Killing of brain cells is long term, but I don’t know if that eventually heals. But it is noticeable in people who smoke weed.” Female, Cambridge Bay

“[A long-term effect is on] concentration, even after you stop taking cannabis there is a significant effect on your habits and it may even have rewired your brain so it may be difficult to reverse those changes” BIPOC, BC

Addiction / Dependence

Across locations, youth recognize that when using cannabis there is a risk of addiction or creating a physical and mental dependence on cannabis. Addiction is often considered of great concern, especially the fear that it may lead to the loss of family, friends, and work, or that it could lead them to use harder drugs. Many also see addiction as having long-term consequences, although not an effect that is permanent.

“À partir de la dépendance tout déboûle autant pour la santé physique que mentale et aussi tout ce qui est social.” (Starting from addiction, all is going down for your physical and mental health but also everything that is social.) Female, Quebec

“Si on devient dépendant assez facilement [au cannabis] on pourrait ne pas se trouver un job et devenir impulsif et agressif et se ramasser dans la rue.” (If you easily become addicted to cannabis, you could have difficulty finding a job and you could become impulsive and aggressive and end up on the street.) Female, Quebec

“Like every other drug it has many negative effects, like physical / psychological dependence. It’s highly addictive and can damage lives.” BIPOC, Prairies

“People say it’s not addictive – but they are dependent on it. What’s the difference?” Female, Nunavut

“The addiction will last a long time. You might end up relying on other substances.” Non-binary, BC/Prairies

Cannabis is sometimes described as a ‘gateway drug’, that is one that may lead to the use of ‘harder’ drugs that may be more harmful.

“It’s a gateway drug so people who use it are more likely to try other drugs.” Male, Ontario

“Smoking and vaping is a ladder to go on to hard core drugs.” Female, Ontario



Lung Impact

The impact that smoking cannabis has on lung health is another risk commonly cited across locations. It is generally felt that similar to smoking cigarettes, smoking cannabis damages lungs, limiting lung capacity, and potentially leading to further complications like lung cancer. These are considered long-term consequences that have in some instances, permanent effects. Those involved in sports believe that smoking cannabis resulted in reduced athletic performance because of having difficulty breathing or reduced stamina.

“It is bad for your lungs. It lowers physical performance and abilities, like running or playing a competitive sport” BIPOC, BC

“It damages your lungs and your brain and can cause addiction which could lead to long-term damages like cancer or death.” BIPOC, Prairies

“Avec des problèmes de poumon tu ne peux plus revenir en arrière et aussi les cancers et les crises psychologiques qu’on peut avoir.” (With lung issues, you can’t go back and cancer and psychological crisis you can experience.) Non-binary, Quebec

Of note, several participants feel this risk could be avoided by choosing alternative cannabis products, such as edibles and avoiding smoking. One youth also mentions that the health effects may differ based on the smoking device, with a pipe leading to more smoke being inhaled than smoking a joint.

“ With edibles, you won’t really have lung problems like when you smoke [cannabis].” Female, BC

“Edibles are much safer than smoking since you are not inhaling smoke.” BIPOC, North

Other Physical Impacts

To a lesser extent, youth also mention potential negative impacts on other organs (heart, kidney), although it is generally believed that such health risks are not common. A couple of participants in the Quebec BIPOC and Non-binary groups believe that youth are more at risk than adults to experience heart attacks caused by the overconsumption of cannabis. It is also mentioned that the risks for physical consequences in general are greater among youth since they have less control than adults on their consumption. In essence, physical reactions may be more severe among younger teenagers, given lower physical tolerance to cannabis because of their smaller body frame and not being as aware or experienced of the effects of cannabis and how to manage those effects.

“When you are younger your body doesn’t have the same level of experience. You often weigh less and are hit harder.” Male, Atlantic

“Je pense que juste sur le fait des priorités c’est différent. Les adultes sont plus autonomes et savent plus les bons moments pour consommer ou non donc il y a moins



de répercussions, vu que c'est bien 'timé'." (I think priorities are different. Adults are more autonomous and know more about the right times to consume or not, so there is less repercussion since cannabis use is 'well-timed'.) Non-binary, Quebec

In a few instances, cannabis is considered to stunt growth, as evidenced by someone's lower weight and shorter height. As such, it is believed that the effect is more acute for teenagers who are still physically growing. This is seen as most problematic for younger teenagers.

"The brain develops until at least 25 [years old] but [cannabis has] more hormonal effects for younger teens. Most guys who smoke cannabis tend to be skinnier and their muscle proportion are not there so it may have an effect on hormones." Male, Ontario

"It's like [cannabis] affects the brain and also the way it will stunt growth in general, that will happen more with the younger group." Non-binary, BC/Prairies

By contrast, short-term physical effects from using cannabis are considered to include red or blood shot eyes and smelly breath.

Psychological / Personality Changes

Youth consistently identify that changes in personality and psychological behaviour are commonplace when using cannabis and are common risks or negative effects from using cannabis. When considering personality changes, youth using cannabis are consistently described as lazy, withdrawn, paranoid, lacking focus and inattentive. School attendance, as well as the ability to actively participate in the classroom and learn are often inhibited.

"When you're high, you're less attentive, more sluggish and sloppy. You're tired a lot – derealization, depersonalization and no memory. It makes me tired and makes my head a little foggy." Male, Atlantic

"... I know that excessive use can change people's entire persona and personality, often for the worse. Overuse of cannabis also causes shortened attention span, and as youth, makes it severely more difficult to thrive in an academic-based environment." BIPOC, BC

"It can have a heavy impact on your memory, your motivation and mood, and how to spend your time and money. It can consume you." Female, Atlantic

"It changes you – mood swings, your buttons are easily pushed, and you have a shorter memory." BIPOC, Atlantic

"It may be addictive and over time hurt brain development. It also affects one's mental state and for some may actually bring about a temporary state of anxiety ...But, compared to opiates or even alcohol it's safer." BIPOC, BC



The impact on functionality and the ability to conduct day-to-day tasks effectively are often noted, although considered short-term effects. A few believe that cannabis use can affect someone's ability to focus, their motivation and judgement, thus making them unproductive and less able to make good decisions.

*"It makes you unproductive or lazy and you are not to your senses when you use it."
Male, Ontario*

"Overconsumption can lead to one making irresponsible decisions, possibly even illegal ones. Using too much will affect your judgement." Male, Ontario

"Using [cannabis] maybe could cause you to do things you shouldn't too, especially when using it with other substances." BIPOC, BC

Further, it is believed that a lack of life experience often results in poor decisions being made by youth compared to adults, as well as an inability to make decisions with a full understanding of the consequences of those actions.

It is also felt that using cannabis as a coping mechanism for mental health related issues (e.g., anxiety, stress, depression, sleeping, eating, etc.), could have long-term effects whereby a youth facing mental health issues will use cannabis to 'cope', rather than identifying, dealing with and correcting the problem at hand. Cannabis usage keeps them from understanding that a problem exists and addressing it, thus resulting in the negative effects being felt for a longer period of time.

"A person's stress level, what they are going through in their daily lives or family situation might be a factor. Maybe they use more in response to stress or difficult family situation. I am thinking that if you are under stress and you will be using cannabis more often or on a daily basis that will affect lung damage and stuff like that." BIPOC, Prairies

Social Interaction / Relationships

Changes in personality are also seen as directly impacting the relationships youth have with others. Across audiences, youth spoke of cannabis impacting friendship circles or relationships, whereby those using cannabis with regularity often disassociate themselves from friends or family and become isolated or withdrawn from others. In most locations a few participants shared examples of how relationships were destroyed as a result of drug use. This is, however, mostly seen as a short-term consequence from cannabis use.

"Lots of people change how they interact with others and who they interact with. It's unsettling." Male, NWT

"Your friends change. You are only hanging with people who smoke weed everyday. And if you stop smoking it they won't show up again." Female, Nunavut



*“It affects people around you because of the way you act – violence, neglect, not doing the things you are supposed to. You say things that are not smart and hurt friendships.”
Male, Ontario*

“It makes friends and family uncomfortable, and ‘weed brain’ affects your memory. It may make you isolated from friends if you’re not sharing interests.” Non-Binary, North / BC/Prairies

While cannabis consumption is felt to impact social abilities regardless of age, it is considered to be more detrimental to teenagers whose identity is often shaped by their friendships, than to young adults who are starting to exhibit more independence or social confidence.

“Pour la perte d’amis, à un certain âge on s’en fout qu’on ait des amis ou pas mais quand on est plus jeune c’est sûr que ça nous affecte. Émotionnellement aussi, on a plus de difficulté à gérer nos émotions quand on est plus jeunes.” (With respect to losing friends, at a certain age we don’t care if we have friends or not but when we are younger it will for sure affect us. Emotionally too, we have a harder time managing our emotions when we’re younger.) BIPOC, Quebec

Factors Influencing Short-Term Effects and Long-Term Risks

How mild or severe a health effect is primarily considered to be impacted by the type of cannabis used (including where it is purchased), the format in which it is consumed, and the quantity or frequency of use

“The way you consume [cannabis] has different effects on you. When you have edibles, it takes longer, and it is more of a body thing – to make you feel relaxed and light. When you smoke it is more the psychological and zoning out of it. And the way you smoke it. There is pipes and joints and so many ways and depending how the smoke is getting into your lungs [the effect will be different]. There is more smoke getting in with a pipe than with a joint.” Female, Atlantic

“If someone smokes it everyday the effects would be different than someone who only smokes it now or then.” Female, Atlantic

“You can get stuff that is laced which can seriously damage the rest of your life but all around you can always recover.” Male, Ontario

“Inhaling the smoke is a more harmful way because it gets in your lungs. And it is a fast way to get high.” Non-binary, BC/Prairies

Other factors are identified, albeit being less commonly cited in comparison. These include a person’s body size, as well as if they are genetically predisposed to mental health issues (e.g., bi-polar,



schizophrenia, etc.). The number of years of cannabis use and whether or not a person is mixing substances (cannabis and alcohol or other drugs) are also perceived to impact the severity of the effects. It is also believed that using cannabis in a calm and safe environment and state of mind may help minimize negative consequences.

“The environment and the people you are with. If you are in a calm environment with people you trust, it can be easier to manage [the negative effects].” Female, Atlantic

“It depends on genetics; some people get very paranoid [others not] and how it affects people is different. Also, it’s about the person you are; it depends on you.” Male, Ontario

“If you do it while you are stressed you will have more mind-numbing effects. For people it may multiply the stress.” Male, Ontario

One participant in the Quebec male group mention that using a wax pen to smoke cannabis leads to stronger effects, as it concentrates THC. Another participant in BC note that if cannabis is wet when used, the effects can be more detrimental.

“If your weed is wet you will get sick from it. Using a bomb, a dab pen, that is different. Bongs are so harsh, and you are taking so much smoke it compared to edible that could be better.” BIPOC, BC

There are limited known strategies to reduce the risks, harms or negative effects of cannabis. When asked what a teenager can do to reduce risks if using cannabis, suggestions primarily include decreasing frequency of usage or changing the type of cannabis used. Most notably, consuming cannabis less often and in lower quantities are suggested.

“Use it in moderation. Know when to use it. In the right environment so you can control your feelings. Do it in moderation rather than every day.” Female, Atlantic

“They could use it a bit less. Using it once a day rather than every two hours.” BIPOC, Prairies

“Control how much you use and know what is safe for you and know your limit.” Female, NWT

How youth consume cannabis is believed to have a direct impact on the potential risks or harms associated with their usage. It is felt that by changing the way youth consume cannabis they could minimize their risks. Inherently, youth believe that edibles and the use of vape pens are less risky than smoking cannabis. Similarly, how they smoke cannabis (i.e., what type of device is used) impacts the level of risk. In multiple northern communities, participants note that smoking cannabis using empty pop cans is common practice that increases the intensity of the usage.



“The way it’s being used makes a difference. People are using a pop can or hot knives – when you inhale [cannabis], it is much stronger.” Female, Nunavut

“I think that edibles are less strong than smoking [cannabis]. When you smoke [cannabis], it enters your blood stream.” Male, Prairies

Several participants feel that it would be helpful for any youth consuming cannabis to be encouraged to track their cannabis usage to identify trends and start knowing their ‘limit’. This would help them to recognize how often they are using cannabis and to what extent, thus better controlling the quantity they use each time. At the same, it is suggested that they track what they are spending on cannabis, as this would provide an opportunity for youth to see how much money they are spending on cannabis.

Similarly, a few participants suggest that youth should be prompted to ask themselves key questions (e.g., are you relying on cannabis to sleep, are you missing school, how have your grades changed since using cannabis, how much are you spending on cannabis, are you consuming cannabis in the presence of others who are trusted or alone?). Such self-reflection could help youth to identify when a problem exists.

In the same line of thought, a few believe that seeking psychological assistance to treat mental illness issues would be a good way to address issues for which cannabis is used, and thus reduce consumption, which in turn would limit its risks. At the same time, it is felt that youth could find other ways to relax or channel their anxiety through sports or hobbies.

“Ce serait d’aller consulter un psy pour parler [des problèmes de santé mentale] au lieu d’aller dans la drogue.” (It would be to consult with a psychologist to speak about [mental health issues] rather than turning to drugs.) Male, Quebec

“Finding a healthier device to use [to cope with stress]. Playing sports or going outside and going out with you family – something to distract you [away from cannabis].” BIPOC, Prairies

Other ways are mentioned to limit the severity of the negative consequences, including using cannabis in a calm environment that limits sensory excitement, consuming in the presence of trusted people, and sourcing cannabis from a reputable supplier.

“Être dans un endroit calme [ça peut aider]. Quand tu fumes du cannabis souvent tu es hyper focus et les choses sont dix fois plus grandes, comme les bruits. Donc des fois ça peut causer du stress.” (Being in a quiet place can help. When you smoke cannabis often you are hyper focused and things are ten times bigger, like noises. So sometimes it can cause stress.) BIPOC, Quebec

“Pour réduire les effets et se sentir plus en sécurité ce serait de consommer [du cannabis] avec des gens de confiance et de ne pas être seul.” (To reduce the effects and



*to feel safer it would be to consume cannabis with trusted people and not to be alone.)
Non-binary, Quebec*

“I know a lot of people who are underage users who buy it from people who deal it and it’s illegal. They can’t buy it from a safe source and sometimes other drugs can be laced in with weed and that is dangerous. It would be good if there was a safe way for them to use it.” Female, Nunavut

Public education and Promotional Messaging

Exposure and Recall of Public Education

Cannabis-related information is felt to be available and accessible, especially online, even though most youth have not looked for this information due to a lack of interest or because they believe they know what they need to know about the risks, harms and health effects of cannabis.

For the most part, youth do not recall having seen or heard information about cannabis within the last year or so.

“From my personal experience I remember seeing information in elementary and early in high school but not for the past few years. There are no posters or anything about cannabis out there.” BIPOC, BC

“It’s very vague. I think I saw an ad on tv and a single poster at school but I did not pay much attention to it. Because it was something I already knew.” BIPOC, Prairies

There are infrequent recalls of specific topics related to the harms or risks of using cannabis, notably messages focusing on the risks of using cannabis and driving seen by a few in the Quebec and Atlantic focus groups. While the campaign in Quebec is sponsored by the provincial government, the campaign recalled in Atlantic Canada is sponsored by MADD. One youth in the Prairies recall having seen a poster at school about cannabis but did not remember its content. They mention that posters about the risks and harms of vaping are much more visible in comparison.

“J’ai vu une pub sur YouTube avec les deux personnes qui consomment du cannabis au volant et ils font un accident. Ça dit de ne pas prendre du cannabis quand tu es au volant.” (I saw an ad on YouTube with two people consuming cannabis while driving and they have an accident. It says not to use cannabis when you are driving.) Non-binary, Quebec

“I have seen posters geared towards teen with someone with a backpack and it says, let’s talk about weed; more educational than speaking about risks.” Female, BC



Despite not having seen much information regarding the harms and risks associated with using cannabis, youth widely believe that information on those topics is widely available to them.

“I don’t think it’s that hard to find information, you can Google it online or talk to someone.” Female, Ontario

Information in School

There is limited recall of cannabis-related information presented in school, due in part to a format that lacks relevance to youth.

A number of youths recall presentations in junior high school about addiction or drugs more generally, providing them general awareness on cannabis rather than detailed information. For the most part, youth indicate that presentations or curriculum discussions are few and far between, with most citing only one or two mentions in recent years. For the most part, cannabis-related information from these presentations is limited, either because of a lack of interest from youth in cannabis, the limited information presented given the broader topic of drugs and addiction being covered, or because of the message/tone directing youth not to do drugs. In fact, when held, in most instances, the tone of presentations is recalled as being more directive than informative, with youth reacting negatively to being told not to use cannabis. Rather, they would prefer to be provided with balanced information to direct their choices.

“We may have talked about it in school but it would have been in grade 9 and my memory is a bit slim.” BIPOC, BC

“I think last year at my school they brought us to a big assembly and they brought in a guest speaker about drugs in general and pot was mentioned a few times during that presentation. I don’t think I was paying much attention. It was not specific enough it was just generally don’t do drugs and that’s it.” BIPOC, Prairies

Where youth are receptive to the school discourse, the information is presented in a more unbiased and non-judgemental way, as well as providing information on cannabis and available resources to help youth with their personal choices.

“It was a good judgement-free zone. It was like [covering the topics of] how to do [drugs] safely and try to cope with things because it can become addictive. Those were interesting to learn about it.” BIPOC, BC

In multiple locations, several youths indicate that mention of cannabis in school is often reactive to an incident rather than being proactive in educating students on the topic. This is most notable in northern communities.



“Teachers have a schedule to following and it’s English, Math, and Inuktitut. It is very rear to talk about cannabis. When we do talk about it, it is something very serious – when it is too late. Everything here happened only when it’s too late.” Female, Nunavut

Perceived Trusted Sources of Information

The most trusted sources of cannabis information involved those with lived experiences, and to a lesser extent, parents.

Someone with experience using cannabis is often seen as a trusted source of information on cannabis and its health effects or risks, and to a lesser extent, parents. When looking for information on cannabis, the Internet is also a primary information source, with general Google searches being used most often. There is a sense that if someone had a question about cannabis, they would be able to easily find the information, notably online. While there is trust in lived experiences to understand the effects of cannabis use, the accessibility, volume of content and confidentiality provided by the Internet makes it an attractive source of information. From a general search in the browser, most youth would select health-related sites that look trustworthy to navigate for information. Very few specific sites are mentioned, and include Healthline, Canada.ca, Health Canada, or National Health Service (UK).

“Je me tourne vers les gens qui ont déjà consommé. Google c’est trop généralisé.” (I turn to people who have already used cannabis. Google is too general.) BIPOC, Quebec

“I would definitely just use Google if I need information like that, and probably go to friends who use [cannabis] for more specific of opinionated answers.” Non-binary, BC/Prairies

Parents are also considered as a trusted source to a lesser extent and is largely dependent on the youth-parent relationship and the parent’s openness to cannabis.

Other trusted sources mentioned less often include teachers, school counsellors, a school nurse or another health professionals, although accessing these resources directly may be difficult or offer limited anonymity.

Questions About Cannabis

Despite expressing limited interest in receiving information about cannabis, when prompted, youth showed some curiosity in better understanding the health risks of using cannabis.

Overall, youth generally believe that it would be easy to find information about cannabis if they were interested in looking for it. That said, most have not looked for information about cannabis either because it lacks personal relevance (i.e., they are not interested in trying it) or because they believe they already know enough about the effects of cannabis. Self-professed knowledge is typically a direct result of experience with cannabis, either personally or by people they know.



“En fait je n'ai pas trop de question à propos du cannabis ou du moins pas encore. Ça ne m'intéresse pas.” (Actually, I don't have many questions about cannabis, at least not for now. I am not interested in it.) Male, Quebec

“I don't really have any [questions]. I don't use [cannabis] nor do I want to, so I guess I wonder why people do it?” Female, Atlantic

“I really don't have any questions on my mind that are bothering me.” Male, Atlantic

Importantly, those not using cannabis appear to have a greater awareness and understanding of the health risks associated with its use, as do females and those actively engaged in sports. They also are typically more inquisitive on the topic, offering questions when prompted. By contrast, youth who are more familiar with cannabis express little interest in gaining further knowledge about cannabis and its health risks, primarily because they consider themselves well-informed on the topic. That said, when prompted, they often question what the real health risks are, suggesting that they recognize that their perceived knowledge on the topic is incomplete, but perhaps they disbelieve the real risk level involved. Across locations, males typically have fewer questions than females.

“Really how bad it is for someone's health around my age?” Male, BC

Although many youth indicate that they are not interested in learning more about cannabis health risks and effects to inform their choices, when prompted, a wide range of questions are posed (*see Appendix A for a list of types of questions posed*). Youth want to understand the different types of cannabis, where to get cannabis or why it's so accessible. Some questioned where it comes from, why it is so popular, and what makes it dangerous for consumption.

Some questions raised by some youth vary and highlight a general curiosity in better understanding the real risks of consuming cannabis. Many questions seek clarification or confirmation relating to the risks of addiction, most notably if and how it affects brain development or 'stunts growth' and how it might affect someone's mental health. Youth question the extent of cannabis' harm and why is it harmful and are interested in understanding what some of its side effects are.

“I am aware that cannabis affects the brain development of young adults, but I would like to know to what extent it does. Also, are there any major dangers?” BIPOC, BC

“Why does it help with medical stuff in some cases, but it can damage you as well?” BIPOC, Prairies



Perceived Ways to Inform / Educate Youth About Risks

Youth are most receptive to receiving balanced and evidenced-based information about using cannabis in a way they can relate to. They believe that an educational campaign needs to appreciate that they use cannabis to cope with mental health issues.

Youth consistently report that the best ways to reach them are through **social media** (the way they typically communicate with their peers) and **through school**, and ideally through an interactive exchange of information with real people close to their age who have dealt with cannabis dependence and its repercussions.

When asked what messaging, approach and format should be used as the government considers trying to inform and educate youth about the risks and health effects of cannabis, participants provide clear direction. Across groups, youth are receptive to receiving balanced information based on factual evidence, that shows real people. Personal relevance is key. They want to see real life experiences that profile people their own age and they want to better understand actual consequences.

Consistently, youth reiterate that the wrong approach would be to tell them not to do something. For many, such action could result in rebellious behaviour, potentially encouraging usage. Further, it is felt there needs to be acceptance of the fact that some youth use cannabis to help cope with life challenges. Other supports would need to be provided as alternatives for them to give up cannabis.

“The way they approach teens needs to change. Don’t just be mad at them for using it. Show resources for help other than saying ‘it’s bad don’t do it’.” BIPOC, BC

“Don’t talk at me – talk to me.” Female, NWT

*“Are you looking to make weed more accessible to teens with anxiety or other health issues?”
Non-binary North / BC / Prairies*

Advice presented for consideration, consistently included the following:

Be Real / Show Real-Life Experiences: Youth are interested in seeing people like them and recognizing the challenges they have faced. They want to see real people, in real communities, that they can personally relate to. Hearing believable stories of cannabis dependence, and the consequences for decisions made, are considered helpful in guiding youth to make the right decisions.

“Real life stories that show how heavy the impact can be. I feel people believe more if they can actually see or hear it from someone like them.” Female, Atlantic

“Realistically, hearing from real life users and from people who have gone through the cycle of addiction and withdrawal would be very influential and impacting. It would be compelling to hear from genuine people who chose to take cannabis for stress, as a coping mechanism or because of



peer pressure, and their story of dealing with the consequences. Hearing it come from adults isn't as touching as coming from teenagers." BIPOC, BC

"Be real with them - where they can see themselves and how cannabis can affect them. Show how it impacts your goals." Non-binary, Ontario / Atlantic

Show the Consequences: Hearing about people's experiences with cannabis and how it affects brain development and mental health would grab youth's attention. Real-life stories describing the negative life consequences from using cannabis provides a message that is considered impactful and credible. A few also would react to hearing more specific information about the risks on someone's physical health, notably in how it affects growth, the lungs, and the potential for cancer. Better understanding how cannabis impacts the ability to engage or excel in sports and other activities, or the inherent risk of addiction and leading to harder drugs are also mentioned.

"Me personally, I already chose to stay away from cannabis. But for others, you could talk about risks, the cost and the affects it has on their future." Male, Ontario

"I feel like [it would be good to] push the idea that although it is something you'll enjoy in the short-term, are the long-term effects worth that small amount of fun? I also think that throwing out the idea that it's bad and terrible and no one should go anywhere near it isn't the best thing to do." Female, BC

"Show us the effects on cognition and memory – gray matter. 'Lung damage' is so vague and inconclusive. 'Brain damage' is something that is more tangible and scarier." Female, BC

"Tell them [youth] that it's very hard to get out of addiction and you could do things that can never be undone (like breaking up relationships and health issues)." BIPOC, Ontario

Provide Balanced Information: Youth are interested in hearing factual information about cannabis, but it must be balanced. They are well aware that, unlike other drugs, cannabis has medicinal attributes that can help with certain health conditions. Many have experienced or witnessed benefits of cannabis and believe that it lacks credibility when the only message shared is that it is bad. That said, if cannabis does present unique health risks to their age (i.e., brain development impact), they want and need to better understand that. Some youth would also like to better understand the benefits associated with cannabis.

"I'd like more information on what it does to you mentally. What are the negative effects – show me real facts and actual real-life stories on how it has affected people our age." Male, Prairies

"If a news story broke out that a new study shows that cannabis consumption slows brain development exponentially at a young age, I would most likely never use cannabis again." Male, BC



“I think others my age might need to hear some of the risks of cannabis usage before they would stop. They don’t see many risks.” BIPOC, Prairies

“I don’t think we should hear something to make us stay away. Tell us how to use it safely and responsibly.” Non-binary, North/BC/Prairies

“I believe there are way better alternative solutions to dealing with problems. I think putting your body at that much of a risk is not worth the damage.” BIPOC Ontario

“Several unbiased sources explaining the health risks of cannabis (both short and long-term), from the government to scientists to real testimonials from teens. I think there should also be alternatives provided. If someone takes cannabis for anxiety, who can they reach out to and what sort of healthier treatments exist. If someone wants to quit but is addicted or scared, who can help them?” BIPOC, BC

Exposure to Promotional Material

Exposure to promotional material about cannabis is limited and primarily seen online and through store signage.

In terms of promotional materials for cannabis, recalled information or advertisements are generally limited to social media with messaging often highlighting different flavours available, various formats (e.g., pens, carts, edibles) and online videos highlighting usage and experiences. A few also recall outdoor advertisement, notably those living in larger urban centres such as Vancouver, Calgary, Winnipeg and Toronto.

“In Winnipeg I see so many billboards throughout the city for cannabis stores. Lots of advertising on billboards and stuff like that. It is quite common here to see that kind of advertising.” BIPOC, Prairies

“I have seen things like videos on the internet about [cannabis]. THC oil and cannabis and how it helps physical illness or chronic conditions; something on YouTube.” Non-binary, BC/Prairies



Conclusions

The following provides broad conclusions from the summary of the research findings.

- ***Cannabis consumption among youth 15-17 years old is perceived to be widespread and common practice and is increasingly viewed a normalized behaviour since legalization in Canada.***

Across groups, the use of cannabis is generally considered to be common practice among those aged 15-17, estimated as representing anywhere between 20% to more than 50% of youth. Youth report that cannabis consumption begins as early as 13 or 14 years old.

While some youth use cannabis on a regular basis, it is felt that many youths try it, but have lower usage frequency. In northern communities, cannabis usage is consistently described as very common practice and a normalized behaviour. Across locations, it is felt that youth using cannabis typically do so in social settings, at school, and sometimes in isolation.

Legalization is considered to have normalized the use of cannabis and contributed to a perception that it is of lesser harm. Having cannabis consumption endorsed by the government, and sold in part by provincially-run stores, legitimizes it to some extent as a drug that is not so harmful. The same can be said for the more widespread visibility resulting from legalization, which in turn normalized the product. Further, legalization of cannabis is widely considered as having increased accessibility for underage youth, primarily from adults legally buying the product and providing it to youth.

- ***Cannabis is considered easy to obtain by youth, notably through an adult whether it be an older sibling, friend or relative.***

Across groups, youth share a common perception that it is easy for someone underage to get cannabis, typically through older friends and relatives (including older siblings and parents), a known dealer (typically at school), or an unknown dealer. For the most part, youth believe that the product is resold legally, although not confirmed. Social media plays a vital role in youth's sourcing of cannabis.

- ***Aside from recreational purposes, cannabis is readily identified by youth 15-17 years old as a coping mechanism, predominately for mental health problems.***

For many, cannabis usage initially begins as a direct result of peer pressure, whereby youth are encouraged to engage in consumption in social settings, in efforts to 'fit in' or 'be cool'. This introduction is typically positioned as harmless and enjoyable, and considered a recreational activity. More notably, perhaps, youth consistently report that cannabis is used as a coping mechanism for a wide range of mental-health related conditions, including anxiety, depression, stress, trauma, sleep disorders, or eating disorders. Anxiety, stress and depression are often associated with problematic



relationships at home or with friends, schoolwork, social interaction, or generational trauma. For many, cannabis provides an effective escape from life's challenges.

- ***There is mixed opinion as to what impact the COVID-19 pandemic has had on cannabis consumption among youth.***

Youth share mixed opinions when asked what impact the COVID-19 pandemic has had on cannabis consumption among youth. For some, the COVID-19 pandemic saw increased usage as youth turned to cannabis to reduce stress, deal with boredom, and adjust to uncertainty. For others, decreased usage of cannabis is attributed to an inability to access cannabis or difficulty consuming it with increased parental presence.

- ***Youth identify a wide range of health-related benefits associated with cannabis usage.***

Across groups, participants consistently identify a variety of benefits associated with using cannabis, with most relating to perceived positive health implications. It is felt that youth today are facing a mental health crisis, and whether influenced by increased societal pressures on youth or increased prevalence of mental health issues, cannabis is deemed effective and beneficial for a variety of purposes. These typically include: dealing with anxiety and stress; coping with depression; helping to sleep or eat; assisting with social interaction; dealing with problems at home; coping with isolation; easing pain; providing an escape from undesirable realities; and among Indigenous youth, coping with generational trauma.

- ***The most common risks reported from cannabis use pertain to affecting brain development/functioning, addiction/dependence, lung issues, psychological effects, personality changes, and a negative impact on social interactions/relationships.***

Youth recognize that using cannabis comes with health risks and harms, although the health impacts are not clearly understood. A few broad risks or potential harms from cannabis use are identified, though there lacks a clear understanding of the consequences due to limited lived or witnessed experiences. The most widely recognized health effect from cannabis use (and perhaps the least understood) is the impact on brain development. This is deemed a serious consequence, with possible long-term and permanent damage, and one that is particularly detrimental to youth given that the brain is not fully developed. Addiction is another commonly cited risk associated with cannabis use, and one that has the potential for long-term and severe impact such as the loss of family, friends, and work, or leading to harder drug use. It is also believed that changes in personality and psychological behaviour are commonplace when using cannabis, although mostly a short-term temporary effect. Finally, social interactions, learning abilities and school participation are often seen as being inhibited by cannabis use, though being reversible once cannabis use stops. Youth suggest that to limit risks and minimize harms of cannabis use, youth can decrease frequency of usage, lower the quantities consumed, change the type of cannabis used, or consume cannabis in a controlled environment.



- ***Cannabis-related information is felt to be available and accessible, especially online, even though most youth have not looked for this information due to a lack of interest or because they believe they know what they need to know about the risks, harms and health effects of cannabis.***

There is limited recall of information or messaging that present the risks and harms of cannabis use, including from school presentations. That said, information about cannabis and its health effects/risks is considered easily accessible online, although youth generally have not actively looked for that information. There is also limited recall of cannabis-related general information presented at school, but in many instances the format and approach lacked personal relevance and appeal. The information is also presented early in high school, with limited follow-up in later years. The most trusted sources of cannabis information involved those with lived experiences, and to a lesser extent, parents.

- ***Despite expressing limited interest in receiving information about cannabis, when prompted, youth showed some curiosity in better understanding the health risks of using cannabis.***

Most youth have not looked for information about cannabis either because it lacks personal relevance or because they believe they think they already know all there is to know about the effects of cannabis. Self professed knowledge is typically a direct result of experience with cannabis, either personally or by people they know. That said, there is an interest in understanding the different types of cannabis, where to get cannabis or why it's so accessible. There is also a general curiosity in better understanding the real risks of consuming cannabis, notably in seeking clarification or confirmation relating to the risks of addiction, if and how cannabis use affects brain development or 'stunts growth' and how it might affect someone's mental health. Youth question the extent of cannabis' harm and why is it harmful and are interested in understanding what some of its side effects are.

- ***Youth are most receptive to receiving balanced and evidenced-based information about using cannabis in a way they can relate to. They believe that an educational campaign needs to appreciate that they use cannabis to cope with mental health issues.***

Across groups, youth are receptive to receiving balanced information based on factual evidence, that shows real people. Personal relevance is key. They want to see real life experiences that profile people their own age and they want to better understand actual consequences. Youth feel strongly that the wrong approach would be to tell them not to do something, which has the potential to result in rebellious behaviour, potentially encouraging usage. Further, it is felt there needs to be acceptance of the fact that some youth use cannabis to help cope with life challenges. Other supports would need to be provided as alternatives for them to give up cannabis.



- *Exposure to promotional material about cannabis is limited and primarily seen online and through store signage.*

Although not memorable, social media messaging about cannabis highlighting the flavours and formats available, in addition to online videos showing usage and experiences are the most recalled forms of promotional materials. Outdoor ads and signage from local stores are also recalled in larger urban centres.

Appendix A:
Information on Cannabis of Interest to
Youth

During the focus group and one-on-one discussions, youth were asked to identify which questions they have about cannabis. The following provides a list of the topics raised by youth.

Usage / Access:

- What is the proportion of the population that use cannabis?
- How common is cannabis use by age group?
- Why is using cannabis still considered 'cool'? Why is it so popular?
- Why is cannabis so popular and appreciated by people?
- Why are people curious about it?
- Why is cannabis so easy to obtain for young people?
- Why is cannabis not available in pharmacies if it is used as a prescribed medication?
- Why is the legal age for consuming cannabis 18 years old?
- Why is the legal age for purchasing cannabis 19 and not older like in other provinces?
- If it is used for medicinal purpose, why do you have to be 15 years old to buy it?
- Why is it helpful for medicinal purpose in some cases but damageable if used for other purposes?
- Can cannabis be used as an anti-depression drug?
- How does someone go about quitting cannabis?
- Is weed going to be more accessible to teens with anxiety or other health issues?
- Apart from medical reasons, are there other uses for cannabis?
- What would be situations where cannabis would be prescribed by a doctor?
- Why is it more common than other drugs?
- Why did the Government of Canada decide to legalize cannabis?
- If it is bad for us, why is it still available?
- How are young people obtaining cannabis?
- Can we grow cannabis at home?

Health Risks / Harms:

- Is there a way for THC found in cannabis to not damage your brain?
- Does cannabis kill users; what are the risk of dying from using it?
- What is dangerous about cannabis/using cannabis?
- Is it dangerous to consume too much cannabis?
- How is cannabis dangerous for our health?
- How long does withdrawal last?
- Does it impact you as much as alcohol? Is it safer than alcohol?
- Does it really affect my brain development, or do parents say that to scare you?
- Can you get addicted to smoking cannabis?
- Is it harmful?
- How does cannabis stunt your growth?
- What are the long-term effects?
- Can you get addicted to cannabis?

- How does cannabis mess up brain development?
- Is cannabis worse than alcohol?
- Does it have any adverse effect other than addiction?
- What makes cannabis addictive?
- What are the differences in effects based on the type of cannabis consumed (edibles, smoke, etc.)?
- How does someone go about quitting cannabis? How long do withdrawals last?
- Does it give you schizophrenia?
- How can it affect your mental health?
- Why do people get dependant on it?
- How are the effects different based on the type of cannabis (edible, smoking, etc.)?
- How long does it take for the effects to kick in and what are some of the short-term effects?

Cannabis / Product:

- Where does cannabis come from?
- How does it get to Canada?
- Why is cannabis consumed for medical reasons not harmful on brain development?
- Is it legal to grow cannabis plants at home for resale?
- Is it a drug?
- Why is it called cannabis?
- How is cannabis made?
- What substances are in cannabis?
- How is cannabis spiked and with what substances?
- How can you get your cannabis content verified?
- Why is the packaging so wasteful?
- Are there any differences between certain types of cannabis plants?

Appendix B:
Recruitment Screener

Youth Perspectives & Experiences with Cannabis since start of legalization and throughout the COVID-19 pandemic - Recruitment Screener – FINAL

Name: _____

Daytime phone: _____ Evening phone: _____ Cell: _____

Email: _____

Date	Group	AST	EST	Participant Time	Audience	Language	Moderator
Thursday Oct. 13	1	4:30PM	3:30PM	5:00PM/4:30PM	Females Atlantic	EN	CP
	2	6:30PM	5:30PM	5:30PM	Males Ontario	EN	CP
Monday Oct. 17	3	6:00PM	5:00PM	5:00PM	Males Quebec	FR	CP
	4	8:00PM	7:00PM	6:00PM/5:00PM	Males Prairies	EN	MB
	5	10:00PM	9:00PM	6:00PM	Females BC	EN	MB
Tuesday Oct. 18	6	4:30PM	3:30PM	5:00PM/4:30PM	Males Atlantic	EN	MB
	7	6:30PM	5:30PM	5:30PM	Females Ontario	EN	MB
	8	9:00PM	8:00PM	8:00PM/7:00PM/6:00PM/5:00PM	Males North	EN	MB
Wednesday Oct 19	9	6:00PM	5:00PM	5:00PM	Females Quebec	FR	CP
	10	9:00PM	8:00PM	8:00PM/7:00PM/6:00Pm/5:00PM	Females North	EN	MB
Thursday Oct. 20	11	6:00PM	5:00PM	5:00PM	Non-Binary Quebec	FR	CP
	12	6:00PM	5:00PM	5:00PM/6:00PM/6:30PM	Non-Binary Ontario/Atlantic	EN	MB
	13	8:00PM	7:00PM	6:00PM/5:00PM	Females Prairies	EN	MB
	14	9:00PM	8:00PM	8:00PM/7:00PM/6:00PM/5:00PM	Non-Binary North/BC/Prairies	EN	CP
	15	10:00PM	9:00PM	6:00PM	Males BC	EN	MB
Monday Oct. 24	16	6:00PM	5:00PM	5:00PM	BIPOC (mix of gender) Quebec	FR	CP
	17	8:00PM	7:00PM	6:00PM/5:00PM	BIPOC (mix of gender) Prairies	EN	CP
	18	10:00PM	9:00PM	6:00PM	BIPOC (mix of gender) BC	EN	CP
Tuesday Oct. 25	19	4:30PM	3:30PM	5:00PM/4:30PM	BIPOC (mix of gender) Atlantic	EN	MB
	20	7:00PM	6:00PM	6:00PM	BIPOC (mix of gender) Ontario	EN	MB
	21	9:00PM	8:00PM	8:00PM/7:00PM/6:00Pm/5:00PM	BIPOC (mix of gender) North	EN	MB

Number of Online Focus Groups Length of discussion: 90 minutes								
Audience	North	BC	Prairies	Ontario	Atlantic	Quebec	Total Groups	Total Recruits
	English Sessions					French Sessions		
Males 15-17 years old	1	1	1	1	1	1	6	54
Female 15-17 years old	1	1	1	1	1	1	6	54
BIPOC youth 15-17 years old	1	1	1	1	1	1	6	54
Youth 15-17 who do not identify as male or female	1 mini group			1 mini group		1 mini group	3	15
TOTAL							21	177

Specification Summary	
<ul style="list-style-type: none"> • 18 <u>online</u> focus groups: <ul style="list-style-type: none"> ○ Five (5) English groups with Males aged 15-17 in each of Atlantic (NB, NL, NS, PE); Ontario; Prairies (AB, SK, MB); British Columbia; & North (NT, NU, YT) ○ Five (5) English groups with Females aged 15-17 in each of Atlantic (NB, NL, NS, PE); Ontario; Prairies (AB, SK, MB); British Columbia; & North (NT, NU, YT) ○ Five (5) English groups with BIPOC Youth aged 15-17 in each of Atlantic (NB, NL, NS, PE); Ontario; Prairies (AB, SK, MB); British Columbia; & North (NT, NU, YT) ○ One (1) French group with Males aged 15-17 in Quebec ○ One (1) French group with Females aged 15-17 in Quebec ○ One (1) French group with BIPOC Youth aged 15-17 in Quebec • 3 mini <u>online</u> groups: <ul style="list-style-type: none"> ○ Two (2) English mini groups with Youth aged 15-17 who do not identify as male or female in each of Atlantic (NB, NL, NS, PE)/Ontario; Prairies (AB, SK, MB)/British Columbia/North (NT, NU, YT) ○ One (1) French mini group with Youth aged 15-17 who do not identify as male or female in Quebec 	<ul style="list-style-type: none"> • In all groups, mix of age (within range), household situation and ethnic backgrounds • All have lived in their respective market for at least two years • Incentive: \$100 per participant • 9 recruited per group • 5 recruited per mini group • Group discussion lasts up to 90 minutes

RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY: “Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”

Hello, my name is _____ and I’m calling on behalf of Narrative Research, a national public opinion research firm. We are conducting a series of small group discussions with adolescents on behalf of the Government of Canada and am I looking to speak with the parent or guardian of a child aged 15-17 years old; would that be you? **IF NO, ASK TO SPEAK WITH SOMEONE ELSE AND REPEAT INTRO**

Would you prefer that I continue in English or French? / Préférez-vous continuer en français ou anglais?

RECRUITER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH: "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt."

This study is being conducted on behalf of Health Canada to explore the perspectives of youth on the topic of cannabis (also known as weed, or marijuana). As examples, the study will explore their perspectives on the impact of cannabis legalization on youth, the health risks of using cannabis, and cannabis public education within and outside the school-setting. The intention is not to talk about personal consumption. That said, the topic of cannabis use could come up in the discussion. Health Canada will use this information in different ways, one of which to inform cannabis public education directed at Canadian adolescents.

The study entails a series of small focus groups with youth 15 to 17 years old, with each session including up to 9 youth. The session will be held online and last about 90 minutes, and it will be facilitated by a professional moderator. It is scheduled to be on [DATE] at [TIME]. Each participant will receive **\$100** after the focus group in appreciation for their time. Participation in this research is voluntary and completely anonymous and confidential.

May I ask you a few quick questions to see if your child is the type of participant we are looking for to take part in this small group discussion? This will take about 6 or 7 minutes. Thank you.

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

**IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly.*

- 11. Do you or any member of your household work for...? **[READ LIST – ROTATE ORDER]**
 - A marketing research, public relations, or advertising firm? 1
 - The media (radio, television, newspapers, magazines, etc.)? 2
 - An online media company or as a blog writer? 3
 - The federal, provincial, or municipal government? 4
 - An organization in the field of drug treatment?..... 5
 - A licensed cultivator, processor or seller of cannabis? 6
 - Law enforcement? 7
 - A legal or law firm? 8

Q.1 INSTRUCTIONS: IF YES TO ANY OF THE ABOVE, TERMINATE

- 12. To confirm, are you the parent or guardian of a child aged 15 to 17 years old living with you all or most of the time?
 - Yes 1
 - No 2

13. How old is that child?
RECORD AGE: _____

Q.3 INSTRUCTIONS:
 - FOR GROUPS, RECRUIT (3) AGED 15, (3) AGED 16, (3) AGED 17
 - FOR MINI GROUPS, RECRUIT GOOD MIX
 - RECRUIT ONLY 1 CHILD PER FAMILY/HOUSEHOLD

14. Is your child who would be participating in the focus group...?

- Male..... 1
- Female..... 2
- Non-binary or gender diverse 3
- Prefer not to say..... 8

Q.4 INSTRUCTIONS:
 - IF MALE CONSIDER FOR GROUPS [GRPS 2, 3, 4, 6, 8, 15]
 - IF FEMALE CONSIDER FOR GROUPS [GRPS 1, 5, 7, 9, 10, 13]
 - IF NON-BINARY OR GENDER DIVERSE CONSIDER FOR GROUPS [GRPS11, 12, 14]

15. To make sure that we speak to a diversity of people, could you tell me what is your child’s ethnic background?

- White/European (for example, German, Irish, English, Italian, French, Polish, etc.) 1
- Hispanic, Latino, Spanish (for example, Mexican, Cuban, Salvadoran, Columbian, etc.) 2
- Black or African Canadian (for example, African Canadian, Jamaican, Haitian, Nigerian, Ethiopian, etc.) 3
- East Asian (for example, Chinese, Filipino, Vietnamese, Korean, etc.) 4
- South Asian (for example, East Indian, Pakistani, etc.) 5
- Middle Eastern or North African (for example, Lebanese, Iranian, Syrian, Moroccan, Algerian, etc.) .. 6
- Indigenous (e.g. First Nations, Métis, Inuit)..... 7
- Other (Specify: ___) 8
- Unsure/Prefer not to say 9

Q.5 INSTRUCTIONS: RECRUIT MIX FOR MALE & FEMALE & GENDER DIVERSE GROUPS [GRPS 1-15] INCLUDING MIN 1 INDIGENOUS; FOR BIPOC GROUPS [GRPS 16-21] RECRUIT CODE 2-7 AND AIM FOR A MIX

16. In which city/town/community and province/territory does your child currently live?

Record name of city/town/community: _____
 Record name of province/territory: _____

Q.6 INSTRUCTIONS: RECRUIT MIX OF PROVINCES/TERRITORIES AND MIX OF COMMUNITIES IN EACH GROUP BASED ON THE TARGET REGION

17. How long has your child lived in [INSERT COMMUNITY]?

- Less than 2 years 1
- At least two years or more..... 2

Q.7 INSTRUCTIONS: IF LESS THAN 2 YEARS, TERMINATE

18. Which of the following best describes your current household situation? Are you living...?

- With a partner or spouse and your children full time1
 With a partner or spouse and your children at least part of the time2
 As a blended family (with a spouse/partner, your children and theirs)3
 As a single parent with your children at least part of the time4
 Other (Specify: _____)5

Q.8 INSTRUCTIONS: Recruit mix in each group, where possible

With your permission, we would like to invite your child to attend an online focus group on [INSERT DATE] at [TIME]. It will last 90 minutes and your child will receive \$100 for their time. These groups are being conducted on behalf of Health Canada to help them explore perspectives of youth on the topic of cannabis (also known as weed, or marijuana). As examples, the study will explore their perspectives on the impact of cannabis legalization on youth, the health risks of using cannabis, and cannabis public education within and outside the school-setting. The intention is not to talk about personal consumption. That said, the topic of cannabis use could come up in the discussion. Health Canada will use this information in different ways, one of which to inform cannabis public education directed at Canadian adolescents.

19. Your child's participation in this focus group is entirely voluntary and they do not have to answer any question that feels uncomfortable. I'd also like to remind you that the focus group discussion is anonymous and that the information your child provides during the group discussion will not be linked with their name on any document.

Are you comfortable with your child taking part in this focus group if they are interested?

- Yes 1
 No 2

Q.9 INSTRUCTIONS: IF NO THANK & TERMINATE

110. In order to ensure we have a mix of participants in the group, we need to ask them some qualifying questions. Note that if they are interested in taking part, we will collect their email address to send them the login instructions and e-transfer the incentive. If they prefer to receive the incentive by cheque, we will ask for their mailing address. May we speak with your child if it is convenient to speak with them now?

- Yes 1
 Yes, but they are not available now 2
 No 3

Q.10 INSTRUCTIONS: IF YES, SAY: "Note that I may need to speak with you to finalize a few details once I have spoken to your child." AND WAIT TO SPEAK TO CHILD. IF YES, BUT NOT AVAILABLE, SCHEDULE A CALL BACK. IF NO, THANK & TERMINATE

YOUTH QUESTIONS:

Hello, my name is _____ and I'm calling on behalf of **[RECRUITER]**, a national public opinion research firm. We are organizing a series of small online group discussions to explore perspectives of youth on the topic of cannabis (also known as weed, or marijuana). As examples, the study will explore your perspectives on the impact of cannabis legalization on youth, the health risks of using cannabis, and cannabis public education within and outside the school-setting. The intention is not to talk about personal consumption. That said, the topic of cannabis use could come up in the discussion. Health Canada will use this information in different ways, one of which to inform cannabis public education directed at Canadian adolescents.

We are doing this work on behalf of Health Canada. Up to 9 young people will be taking part in each session and for their time, participants will each receive \$100. The focus group will be held online on **[DATE]** at **[TIME]** and will last about 90 minutes. We would like to invite you to attend, but before we do so, we need to ask you a few questions to ensure that we get a good mix/variety of people.

11. First, is this something you might be interested in?

Yes 1

No 2 **THANK AND TERMINATE**

Participation is entirely 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 virtual 'round table' discussion led by a research professional. What you will say will remain anonymous and your comments will be anonymous. It is important that you understand that all of your answers will be kept confidential, including from your parents.

12. For this project, we are only looking for young people. Could you tell me how old you are?

Less than 15..... 1

15..... 2

16..... 3

17..... 4

18 years or older 5

Q12 INSTRUCTIONS: IF LESS THAN 15 OR 18 YEARS AND OLDER, THANK & TERMINATE. FOR EACH GROUP, RECRUIT 3 FOR EACH OF 15, 16 AND 17 YEARS OLD

113. Are you...?

- Male..... 1
 Female..... 2
 Non-binary or gender diverse..... 3
 Prefer not to say..... 8

Q.13 INSTRUCTIONS:

- IF MALE CONSIDER FOR GROUPS [INSERT GRP #s]
 - IF FEMALE CONSIDER FOR GROUPS [INSERT GRP #s]
 - IF NON-BINARY OR GENDER DIVERSE CONSIDER FOR GROUPS [INSERT GRP #s]

R1. 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 specific topic.

- Yes 1
 No 2 **SKIP TO R5**
 DK/NR 9 **THANK AND TERMINATE**

R2. When was the last time you attended a discussion or focus group?

- Within the last 6 months 1 **THANK AND TERMINATE**
 More than 6 months ago 2
 DK/NR 9 **THANK AND TERMINATE**

R3. How many of these sessions have you attended in the last five years?

- 1 to 4 1
 5 or more..... 2 **THANK AND TERMINATE**
 DK/NR 9 **THANK AND TERMINATE**

R4. 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

R5. Participants in discussion groups are asked to express their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you...? **[READ LIST IN ORDER]**

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

R6. The discussion group will take place on [INSERT DATE] at [TIME] for about 90 minutes and participants will receive \$100 for their time after the session. Would you like to attend?

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

The discussion groups will be conducted *online* and will require the use of a computer or a tablet. Note that groups cannot be conducted with a mobile telephone/Smartphone to access the online component.

NF1. Do you have access to a computer or tablet with high-speed Internet to take part in this focus group?

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

NF2. Once you are online for the session you will also be required to participate in the discussion using good/high quality headset/headphones. A webcam will not be required to participate.

Will you have access to a good/high quality headset/headphones?

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

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 allows us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1. As is normally the case with focus groups, the discussion in which you will be participating will be audio recorded for research purposes only. Be assured that your comments and responses are strictly confidential and that your name will not be included in the research report. Are you comfortable with the discussion being audio recorded?

- Yes 1
 No 2 **THANK & TERMINATE**

P2. There may also be employees from the Government of Canada who will be listening in on the discussion so they can hear your opinions first-hand. They will not be given the last names of participants. Are you comfortable with having observers listen in on the discussion?

- Yes 1
 No 2 **THANK & TERMINATE**

P3. The group discussion will be held [GROUPS X, X: in English] [GROUP X, X: in French]. Participants may also be asked to read text, write responses and/or review images during the session. Are you able to take part in these activities [GROUPS X, X: in English] [GROUP X, X: in French] on your own, without assistance?

Yes 1
 No 2 **THANK & TERMINATE**

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place on [DATE] at [TIME] for about 90 minutes. There will be approximately 9 people about your age in the session and you will be receiving \$100 afterwards in appreciation for your time. The session will be held online using Zoom.

Are you available and interested in taking part in this focus group?

Yes 1
 No 2 **THANK & TERMINATE**

Could we please confirm the email address where we can send you the detailed instructions for logging in to the group?

Record email address (and verify): _____.

We will send you the instructions by email at least 1 day in advance of the group discussion. The group discussion will begin promptly at <INSERT TIME> and will last about **90 minutes**. Please log in 15 minutes in advance to ensure that the session is not delayed. **If you arrive late, we will not be able to include you in the discussion and you will not receive the financial incentive.**

As mentioned, we will be pleased to provide everyone who participates with **\$100**, provided by e-Transfer or cheque, as you'd prefer. It takes approximately 3 business days to receive an incentive by e-Transfer or approximately 2-3 weeks following your participation to receive an incentive by cheque.

Would you prefer to receive your incentive by e-Transfer or cheque?

e-Transfer 1
 Cheque 2

[IF E-TRANSFER] Could you please confirm the e-mail address where you would like the e-transfer sent after the focus groups, as well as the proper spelling of your name? Note that the e-transfer password will be provided to you via email following the focus group.

RECORD EMAIL ADDRESS: _____

RECORD FIRST NAME: _____

RECORD LAST NAME: _____

[IF CHEQUE] Could I have the mailing address where you would like the cheque mailed after the focus groups, as well as the proper spelling of your name?

Mailing address: _____

City: _____

Province: _____ Postal Code: _____

First name: _____ Last name: _____

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 of the upcoming discussion group appointment.

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?

PARTICIPANT CONTACT INFO:

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 ACT 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 AND TERMINATE.

In the next few days, we will be sending your parent or legal guardian a letter by email. The letter will have instructions on what you need to do for the discussion group, as well as a consent form that your parent or guardian must sign and return to us in advance of the group discussion. Now I need to talk to your parent/guardian again. Would you please put **[HER/HIM/THEM]** back on the phone?

FOLLOW-UP QUESTIONS FOR PARENTS/GUARDIANS

Thank you for allowing me to speak with **[INSERT NAME OF CHILD]**. **[SHE/HE/THEY]** would like to participate in the study. Here are a few other details about the group discussion:

- The discussion will about 90 minutes, starting at: **[INSERT TIME]** on **[DATE]** and it will be held online using Zoom. We will not use the webcams.
- We ask that participants login 10 minutes early, that is by **[INSERT TIME]**. This is to make sure that the discussion can begin on time.
- Following their participation, **[INSERT NAME OF CHILD]** will be given \$100.

In the next few days, we would like to send you a letter by email. The letter will have instructions on what your child needs to do for the discussion group, as well as a consent form that you must sign and return to us in advance of the group. Note that your child will NOT be able to take part in the focus group without the

consent form signed by you. To send the letter and the consent form, may we please have your contact information?

PARENT/GUARDIAN CONTACT INFO:

First name: _____
Last Name: _____
Daytime phone number: _____
Evening phone number: _____
Email: _____

One last thing. Someone from our company will call your child the day before the planned discussion group session to remind [HIM/HER] about the session.

Thank you, and we look forward to hearing your child's opinions during the group discussion.

Attention Recruiters

1. Recruit 9 per group
2. CHECK QUOTAS
3. Ensure participant has a good speaking (overall responses) ability-If in doubt, DO NOT INVITE
4. Do not put names on profile sheet unless you have a firm commitment.
5. Repeat the date and time before hanging up.

Appendix C:
Moderator's Guide

Moderator's Guide – Final

Youth Perspectives and Experiences with Cannabis since the start of legalization and throughout the COVID-19 pandemic. (HC POR 19-22)

Introduction

10 minutes

- **Welcome:** Introduce self & research firm & role as moderator (keep on time/on topic)
- **Length, Topic & Sponsor:** For the next hour and a half, we will explore your thoughts about cannabis, which is a drug people use and is also known as weed or marijuana. We're not here to talk about your personal use of cannabis, although you're welcome to if you feel comfortable doing so. Our discussion is part of research being undertaken by the Government of Canada.
- **Your Role:** Share your opinions freely and honestly; not testing your knowledge
- **Process:** Explain focus groups; all opinions are important; no right/wrong answers; respect opinions of others; looking to understand different opinions – so if you don't feel the same as others, that's fine!; talk one at a time (raise virtual hand); interested in hearing from everyone but participation is voluntary
- **Logistic:** Audio/video taping for reporting only; observation from government employees
- **Confidentiality:** Your comments are anonymous; no names/other information that could identify them in reports
- **Online Platform:** Review tools: raise hand; mute/unmute; chat box; polls
- **Participant Introduction:** Where you live (community & province); how old are you; and who lives with you.

Health Risks and Harms Associated with Cannabis

25 minutes

Objective: Determine adolescents' perspective on the health risks associated with using cannabis during adolescence and young adulthood.

As I mentioned, we'll be talking about cannabis, also known as weed or marijuana. Before we talk about it together, I have a few poll questions to ask you individually – you can base your responses on personal experience or on what you have heard or know about cannabis, this is your personal opinion. Note that I will be the only person seeing your responses and I will not ask you to share them with the group:

[POLL A – OPINIONS]

1. Why do people your age use cannabis?
2. Are there any downsides (e.g. health risks, harms) to using cannabis? If so, what are they?
3. What questions do you have about cannabis?

I am interested in hearing your opinions...

- How common do you think it is for people your age to use cannabis?
- There are many reasons why people your age use cannabis. What are some of those reasons? Are there benefits to using it? **LIST ON THE SCREEN – PROBE:** how it makes people feel; what about any physical effects, or effects on the mind/brain? what about use for medical purposes?

- Are there any downsides of using cannabis? Any health risks or harms? What are some of them? **LIST ON THE SCREEN - PROBE:** how it makes people feel; what about physical effects or effects on the mind/brain; effects on social interactions; effects on daily functioning, including school; short vs. long term effects on the brain/mind?
 - Are young people more likely than adults to experience some/all of those risks? If so, which ones, and why do you think they are more likely? Do you think the risk varies between teenagers 13-17 years old and young adults who are 18-25 years old? Why?
 - Which of the effects that were mentioned are a short-term effect, meaning that they last hours or days? And which ones do you think have a longer lasting effect, meaning they can last for weeks, months or even years?
- Some of the negative effects or risks we have listed can vary from time to time; they can be mild at times, or stronger/more severe at other times. What factors or situations do you think might influence how mild or strong/severe the effects are? **PROBE:** how much cannabis is used; the type of cannabis used; the way it is used; how often it is used; who uses it
- What could be done to reduce the risks or harms or negative effects of cannabis?

Impact of Legalization and COVID-19 Pandemic

15 minutes

Objective: Determine adolescents' perspectives on the impacts of cannabis legalization and the COVID-19 pandemic on cannabis use behaviors and attitudes, including potential changes in reasons for use, accessing cannabis, and inducements to use.

In 2018, cannabis was legalized in Canada, which means that adults can legally purchase and use cannabis under certain conditions. Although you were much younger in 2018 when legalization happened, I am interested in briefly exploring how legalization has influenced the way people your age think about cannabis or what they are doing.

- Has the legalization of cannabis changed the way people your age use cannabis? How so? **PROBE:** frequency of use; type of product; consumption method; reasons for using; interest in cannabis
 - Have you noticed anything different since cannabis was legalized in 2018? **PROBE:** more visible; more stores; easier to access; more accepted
- Do you believe it is easy to get cannabis if you wanted to? How so?
 - Where would someone your age most likely get cannabis? **PROBE:** Online (legal, illegal), friends, stores that sell cannabis (legal, illegal)

Something else we have all had to deal with in the last two years is the COVID-19 pandemic.

- Do you think that the pandemic has affected the way people your age use cannabis? If so, what's changed? What are the reasons for the change? **PROBE:** frequency of use; type of product; reasons for using; interest in using cannabis

Public Education / Influences

35 minutes

Objective: Determine adolescents' perspective on the reach of cannabis public education (within and outside school-settings) including level of awareness, perceived impacts, desired knowledge, and strategies to help curb youth use.

Many of our attitudes, knowledge, and behaviours are influenced by what we learn.

Information Recall:

- Do you remember having seen information (e.g., ads/messages) about cannabis within the last year or so? What was it about?
- Was there anything specific about the potential risks or harms of cannabis?
 - If so, what do you remember?
 - Where did you see this information?
 - Who provided this information? Where did it come from?
 - How did you react to this information? Did it change the way you think/feel about cannabis? How so?
- Where do you most often see information about the harms and risks of using cannabis? **PROBE:** in school, out of school, on social media
- What is your school doing to educate you on cannabis?
 - Within the last year or so, how many classes/presentations on cannabis did you attend at school? Did you find these sessions helpful? How? If not, why not?

Trusted Sources of Information:

Now send a [chat message](#) to the group listing where or whom you would turn to if you wanted to find out information on cannabis and its health effects or risks.

- Let's discuss together. Where or whom would you turn to for this information? **PROBE:** school; peers; parents; online (where); social media (which ones).
- Who or what sources do you trust the most for information about cannabis health effects/risks?
 - What makes those more trusted?
 - **IF SOCIAL MEDIA:** How do you know you can trust information on social media? **PROBE:** popularity/number of followers; particular influencers (who); fact checking

Promotion of Cannabis:

- Within the last couple of years, have you noticed anything that has made cannabis more interesting for teenagers? Have you seen ads/messages that you feel may be promoting use of cannabis, or are appealing to people your age?
 - When was the last time you saw such ads/messages? How often?
 - What do you remember the information being about?
 - How did you react to this information? Did it change the way you think/feel about cannabis? How?
 - Where do you most often see this type of 'promotional' information (e.g., social media, other internet sites).

Missing Information:

- Have you ever found it difficult to get information about cannabis to help you with your choices? If so, what's been challenging?

- What is the best way to get information on cannabis to you or others your age? (e.g., at school, social media).
- What questions do you have about cannabis [from earlier poll]? What else would you like to know about it? **PROBE:** effects on lung health, mental health, effects on thinking, IQ, education

Key Messaging:

I'd like you to complete one last exercise. Remember, I'll be the only person seeing your response.

[POLL B – MOTIVATION]

1. What do you need to hear to make you stay away from cannabis?

- Imagine the government is looking for your advice. If the government is trying to inform or educate people your age about the risks and health effects of cannabis – what advice would you give?
- What messages should the government use to make cannabis less appealing to you and others your age?
- In terms of approach, what's the best way to communicate that message? **PROBE:** tone (humour; facts; fear; etc.) & format (pictures/people; videos; use of influencers; etc.)
- Any final advice?

Thanks & Closing

That's all my questions. On behalf of the Government of Canada, thank you for your time and input. We will be in touch with you by email about the incentive distribution. For those interested in reading the research report, it can be accessed online through Library & Archives Canada in about six months.