

Focus Testing Cannabis Consumer Information Documents for Medical and Non-Medical Purposes

Health Canada

Final Report

February 2025

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Ce rapport est aussi disponible en français.

**POR Study on Focus Testing Cannabis Consumer Information Documents for Medical and Non-Medical Purposes
Final Report**

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This public opinion research report is based on 30 online focus groups that Quorus completed between December 9, 2024, and January 23, 2025. Sessions were held with young adults (aged 18-24), middle-aged adults (aged 25 to 54), and older adults (aged 55 and older) who have used cannabis at least once in the last 12 months. Focus groups spanned the country and lasted approximately 90 minutes. All participants were informed the research was for the Government of Canada. A total of 218 individuals participated in this study.

Cette publication est aussi disponible en français sous le titre : Mise à l'essai du document de renseignements sur la consommation de cannabis à des fins médicales et non médicales

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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:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

February 2025
Rick Nadeau, President
Quorus Consulting Group Inc.

Table of Contents

Executive summary	5
Research results	6
Detailed Results	11
Research purpose and objectives	12
Research results	13
Feedback on the consumer information document for those who consume cannabis for non-medical purposes.....	14
Feedback on the consumer information document for those who consume cannabis for medical purposes.....	22
Higher strength THC products	31
Methodology	32
Target audience and sample frame	32
Description of data collection procedures.....	33
Appendices	36
Appendix A: Recruitment Screener.....	37
Appendix B: Moderation Guide for Non-medical Cannabis User Groups	46
Appendix C: Moderation Guide for Medical Cannabis User Groups	55

Executive summary

Background and research objectives

A key objective of the *Cannabis Act* is to increase awareness of and minimize harms associated with cannabis use. The consumer information document (CID) ("Consumer Information – Cannabis") is one among many public education tools that has been used since cannabis was legalized and regulated in October of 2018 to help address these objectives. The intention of the CID is to educate consumers on cannabis for non-medical purposes with regard to potential acute and long-term effects of various consumption methods and products, strategies to lower-risk, and the unique risks to sub-populations including youth and young adults and those pregnant/breastfeeding.

To date, there have been two iterations of the CID for non-medical purposes (first iteration was in October 2018 and the second was in October 2019). It has been more than five years since the second iteration of the CID was made available to the Canadian public. Hence, Health Canada was interested in updating and revising the CID for non-medical purposes.

Health Canada was also interested in testing messages for another CID, specifically on the medical use of cannabis, given the increase in the prevalence of cannabis use for medical purposes in Canada and the recommendation from the Expert Panel that conducted the Legislative Review of the *Cannabis Act* to provide more information/guidance on cannabis for medical purposes.

Furthermore, while the proposed *Regulations Amending Certain Regulations Concerning Cannabis (Streamlining of Requirements)* will no longer require licensed processors to provide paper copies of the CID with every package of cannabis product shipped, holders of a licence for sale of cannabis for medical purposes and individuals in charge of a hospital will still be required to provide the CID to clients and patients or responsible adults respectively when cannabis is distributed or sold to them. This Public Opinion Research project aimed to focus test two distinct CID: one for non-medical purposes and one for medical purposes.

Research objectives

The objectives of the research were to evaluate the effectiveness of the consumer information documents on:

- content understandability and clarity
- content believability and acceptability
- raising awareness of risks and risk perception

- informing potential behaviour change, and
- elicit suggestions on the consumer information documents

Methodology

The research methodology consisted of 30 online focus groups with individuals in Canada. The focus groups were held between December 9, 2024, and January 23, 2025. Sessions were held with young adults (aged 18-24), middle-aged adults (aged 25 to 54), and older adults (aged 55 and older) who have used cannabis at least once in the last 12 months. To evaluate the CID for non-medical purposes, fifteen sessions were held with individuals who have used cannabis mostly for or exclusively for non-medical purposes. Similarly, to evaluate the CID for medical purposes, fifteen sessions were held with individuals who have used cannabis mostly for or exclusively for medical purposes.

Each focus group session lasted approximately 90 minutes. Participants were informed upfront that the research was being conducted on behalf of Health Canada and they each received an honorarium of \$125 for their participation. In total, 218 individuals participated in the research.

Research results

Feedback on the consumer information document for those who consume cannabis for non-medical purposes.¹

Section 1 – common immediate effects of THC

- This section was considered easy to read and understand.
- Everyone liked the icon shown and that cannabis-impaired driving is discussed. Participants felt a more explicit connection between the immediate effects and impaired driving should be made, or that it should be separated and not under the “common immediate effects of THC” header.
- Some felt the effects listed, while accurate, seemed to overemphasize the negative effects.
- Some francophones considered “être gelé” slang and not appropriate for a Health Canada document.

Section 2 – increased long term risks of daily cannabis use

- This section was considered easy to read and easy to understand and was one of the preferred sections overall. It combined what was considered useful and new information with an appealing presentation and writing style.

¹ Consumer information documents can be found in the appendices of the full report.

- Some were not aware of the impact on heart disease or lung disease. As well, some were skeptical that cannabis can lead to anxiety and depression since their own lived experience suggested that cannabis was often used to alleviate symptoms of anxiety or depression.
- This section could be improved if some statistics or references to studies were provided.

Section 3 – risks of different cannabis products

- This section was considered easy to read and easy to understand largely because of the grid layout and the use of short, bulleted text. This section was also widely applauded for its use of visuals.
- Most participants also noted that, as far as they could tell, the risks listed for each type of product are accurate and appropriate and nothing important seemed to be missing.
- Some were reading about “cannabis poisoning” for the first time.
- There should be greater emphasis placed on the risk to children, and this not just in the edibles category but across all categories. Many also felt strongly about explaining the risks to pets.

Section 4 – those most at risk

- This section did not elicit much feedback. Similar to other sections, it was considered easy to read and easy to understand. Participants also mostly agreed with what they were reading since the information aligned with what they had already heard.

Section 5 – tips to lower the risks from cannabis use

- This section was considered easy to read and easy to understand. For the most part, participants also agreed with what they were reading and that the list of suggestions was fairly complete.
- Some were not entirely convinced that the first tip was realistic and recommended that if the Government did not want those under 25 to consume cannabis, then the minimum age should be increased.
- Participants liked that this section provided supporting information through a hyperlink to the Lower Risk Cannabis Use Guidelines and that this type of approach could be used in other sections where supporting references and statistics could be helpful.

Section 6 – support and resources

- This section was also considered easy to read and, for the most part, easy to understand.
- Participants widely supported this section being included in the information document, especially any type of resource that could help someone or someone we know who might be struggling with substance use or mental health.
- Some were confused when reading about reporting adverse reactions and side-effects – they did not really understand how this could work, what should be reported and who would be answering at the other end.

- Some felt this section should include instructions to call 911 in case of emergency and not Health Canada. Some also felt this section could include links to more detailed information on risks, effects and studies that support the claims made in the document.

Overall impressions and priorities

- The overall document was seen as just the right length, easy to read, nicely compartmentalized and fairly complete. Notwithstanding concerns with the use of green in the document, participants liked that colour was used.
- The sequencing of the sections was also seen as appropriate and intuitive even if the sections that were the most important to them personally were often located further down the page. Sections 2, 3 and 4 were often found near the top of participants' "importance" ranking while sections 1, 5 and 6 more often ranked lower.

Feedback on the consumer information document for those who consume cannabis for medical purposes.

Section 1 - introduction

- Although this section was considered easy to read, informative and easy to understand for most participants, it did generate a fair amount of discussion on a few issues.
- Some suggested that unless more information is provided on the "other" cannabinoids, this portion of the text could be removed so that the emphasis is just on THC and CBD.
- A few felt that saying that "Health Canada has not reviewed any cannabis products for safety and efficacy" was both confusing and contradictory. It also suggested to many that no studies on cannabis had been done, leading them to question how Health Canada could make statements related to risks, effects, side-effects and dosing if no studies had been conducted to back up these claims. It even left some questioning whether the legal cannabis consumed in Canada is safe.
- Many discounted the recommendation to consult a healthcare practitioner either because they don't have one, they are too difficult to access or because their physician is not very well informed about cannabis or how it can be used to treat certain symptoms.

Section 2 – effects from the two main ways of using cannabis

- This section was also considered easy to read, accurate and easy to understand. It ended up being one of the more popular sections of the CID. Participants especially liked the table layout and the clear distinction between the two main ways of using cannabis.
- Some suggested that the information should also consider important factors such as: the amount of THC in the product, the type of product consumed, how much is consumed, the weight of the user, the level of experience/tolerance, etc.
- The grid would also be more complete if it also referred to topicals / creams.

- The reference to children should be more visually impactful.
- A few felt that the overall tone suggested fear mongering. They explained that terms such as “poisoning” and “life-threatening” were too extreme for cannabis and more suitable for harder drugs.

Section 3 – recommended dosing

- For the most part, this section was considered easy to understand and the instructions outlined seemed appropriate. Participants were especially pleased to see a start-low-go-slow approach.
- Many felt the paragraph could be improved in terms of readability by using bullets, a grid structure, bolding, shorter sentences, etc.
- Participants liked that there was contact information for support at the end of the section although a few did not understand why one would call the poison line since they did not consider cannabis poisonous.

Section 4 – side-effects of THC

- For the most part, this section was considered easy to understand but, like Section 3, could be improved in terms of readability.
- Some participants did not believe that the list of reactions should be called “side-effects” but rather just “effects.”
- Some felt this section should include instructions to call 911 in case of emergency.
- Many explained that they would not contact the manufacturer or Health Canada if they experienced a side effect. If anything, they would contact 911 or go to Emergency if they felt it was serious enough.

Section 5 – reducing and managing risks

- Participants liked how the information was presented in this section. They also felt it was appropriate, complete and helpful information.
- Participants especially appreciated the discussion related to drug-drug interactions.
- The repeated reference to a health care provider led to further concerns with family physician availability.
- Many would also like to see a reference to pets when discussing “safe storage.”
- In the last bullet, it was suggested that meeting with their health care provider to adjust their treatment plan should only be done if and as needed.

Overall impressions and priorities

- Most participants felt that the document layout, or appearance, would most likely deter them from reading this type of document even though there were parts that were of interest to them. Participants would prefer a slightly longer document that was easier to read than a shorter document with the same layout.
- The sequencing of the sections was seen as appropriate and intuitive. Sections 2, 3 and 4 were often found near the top of participants' "importance" ranking while sections 1 and 5 often ranked lower.

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate "statistics" but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

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Detailed Results

Research purpose and objectives

A key objective of the *Cannabis Act* is to increase awareness of the risks of cannabis use. Health Canada addresses this objective through various public education tools including Health Warning Messages, website content, social media, and campaigns targeting different subpopulations. The consumer information document (CID) is another public education tool that has been used since cannabis was legalized and regulated in October of 2018. Aligning with the objective mentioned, the intention of the CID is to educate consumers on cannabis for non-medical purposes concerning potential acute and long-term effects of various consumption methods and products, strategies to lower-risk, and the unique risks to sub-populations including youth and young adults and those pregnant/breastfeeding.

The CID is a document Incorporated by Reference in the Cannabis Regulations. As set out in the Regulations, this document is required with every shipment of cannabis products, in an amount equal to the number of packages in the shipment. This requirement does not apply if the authorized seller or distributor provides written confirmation to the licensed processor that they will obtain the document through other means (i.e. from the Health Canada website) and will provide it to consumers when they purchase the products. The CID is also publicly accessible on Health Canada's website.

To date, there have been two iterations of the CID: iteration one during Phase I (October 2018 – October 2019) of legalization; and iteration two during Phase II of legalization and regulation (October 2019 onwards). It has been more than five years since the second iteration of the CID was available to the Canadian public. The health communication literature, particularly on risk and safety messaging, recommends periodically updating and refreshing content (e.g., every 2-4 years) to reflect updated scientific evidence and address message fatigue. Furthermore, the Expert Panel in its final report on the Legislative Review of the *Cannabis Act* recommended that Health Canada:

- Redouble its efforts to increase consumer awareness of the risks of cannabis, particularly related to pediatric poisonings from edible products, use of high-potency products, and cannabis-related psychosis/schizophrenia, and to assist consumers in making decisions about lower-risk cannabis use.
- Co-design informational materials with the intended target group or population (e.g., youth, older adults, medical users), to help make the information accessible, relevant and reflective of their needs and lived experiences.
- Research effective ways to inform, educate, and increase awareness concerning cannabis risks.

Health Canada is further interested in testing messages for another CID, specifically on the medical use of cannabis, given the increase in the prevalence of cannabis use for medical purposes in Canada and the Expert Panel's recommendation to "improve public communication on cannabis for medical purposes including how to minimize risks".

Furthermore, while the *Regulations Amending Certain Regulations Concerning Cannabis (Streamlining of Requirements)* no longer require licensed processors to provide paper copies of the CID with every package of cannabis product shipped, holders of a licence for sale of cannabis for medical purposes and individuals in charge of a hospital will still be required to provide the CID to clients and patients or responsible adults respectively when cannabis is distributed or sold to them.

Based on the above, this Public Opinion Research project aimed to focus test two distinct CID: one for non-medical purposes and one for medical purposes.

Research objectives

The objectives of the research were to evaluate the effectiveness of the consumer information documents on:

- content understandability and clarity
- content believability and acceptability
- raising awareness of risks and risk perception
- informing potential behaviour change, and
- elicit suggestions on the consumer information documents.

Research results

This research involved obtaining feedback on two distinct CID. Feedback for each CID was obtained in separate focus groups – fifteen sessions were dedicated to obtaining feedback on the version for non-medical purposes and fifteen were dedicated to obtaining feedback on the version for medical purposes. Results for each CID are presented separately in this report.

In each session, participants were first shown the entire CID then shown each section separately for discussion purposes. At the end of each session, participants were again shown the entire CID to solicit feedback on the overall document, understand priorities and obtain final suggestions.

Feedback on the consumer information document for those who consume cannabis for non-medical purposes

Section 1 – common immediate effects of THC

Common immediate effects of THC	
<ul style="list-style-type: none"> Feeling 'high'; changes in thinking; anxiety; paranoia; increased heart rate; trouble with memory and attention; drowsiness 	<ul style="list-style-type: none"> Cannabis-impaired driving is a criminal offense 

For the most part, this section was considered easy to read and easy to understand.

Feedback related to the list of common immediate effects was mostly positive. Participants felt the list was fairly complete and reflected their experience consuming cannabis. That said, a few in each group raised one or a few of the following concerns with the list of effects presented:

- The list did not appear to be balanced and seemed to overemphasize the negative immediate effects. For these participants, the list was inaccurate and misleading.
- A few also felt that the list suggested that consuming cannabis would lead to all the effects listed, or that they would apply to everyone equally, both of which they felt was inaccurate.
- Some francophones considered “être gelé” slang and not appropriate for a Health Canada document.
- A few indicated that some of the effects listed could be interpreted as a positive, or desirable effect while others might interpret the same effect as negative, or undesirable. For instance, some viewed “anxiety” as a reason why some individuals might want to consume cannabis while others saw this as meaning that cannabis can increase anxiety. As well, for “drowsiness”, some felt this was a desirable effect (in other words they consume cannabis to help them relax or to sleep) while others felt this was a negative effect.

From a visual standpoint, participants appreciated the short, succinct presentation of the information. As well, everyone liked the use of an icon to emphasize the information about cannabis-impaired driving.

The reference to cannabis-impaired driving did generate quite a bit of discussion. While there was general support for stating that cannabis-impaired driving is illegal, many did not consider this an “immediate effect of THC” and were not sure why this information was featured in this section. Participants felt a more explicit connection between the immediate effects listed and impaired driving should be made such as stating something similar to: “because of these various immediate

effects of THC, cannabis-impaired driving is illegal.” Alternatively, it was proposed that the statement should be entirely separate and not presented under a header referring to the “common immediate effects of THC.”

Section 2 – increased long term risks of daily cannabis use

Daily cannabis use increases long term risk of:		
	<ul style="list-style-type: none"> • poor mental health (e.g., anxiety, depression) including cannabis dependence • poor brain function (e.g., memory, attention) 	
	<ul style="list-style-type: none"> • heart disease (e.g., irregular heart beat, high blood pressure) 	
		<ul style="list-style-type: none"> • lung disease when smoked (e.g., inflamed lungs, shortness of breath)

This section was considered easy to read and easy to understand and was one of the preferred sections overall. It combined what was considered useful and new information with an appealing presentation and writing style. More specifically:

- Participants liked that the information was in bullet form, that the information was categorized according to which part of the body was impacted, and that these categories were bolded. Participants also liked that each type of impact was supported with examples.
- The icons were broadly applauded for being effective and relevant to the information presented. It was voted that the icons add value and should be kept. A few suggested that they could be improved with a bit of colour.
- Some were not aware of the impact on heart disease or lung disease, adding value to the overall topic.
- Many liked the reference to cannabis dependence.

“The visuals are self-explanatory. No English necessary. So, in other words, it can appeal to anybody, and simple language, great.” Female, 55+, Prairies

The most common concern with the appearance of the information was the use of green. Participants felt that green suggested something positive, whereas other colours such as yellow, orange or red might be more appropriate for this type of content.

“Just one thing, and it's minor. It's just the color of the visual to me. Green means good to go. Orange might be caution. Yellow might draw more attention to the risks. I wonder if maybe a different color would maybe give me the impression that these are the negative side effects.”

Male, 55+, Prairies

Though this section was deemed relevant, it did leave some participants with more questions than answers. In particular, some were skeptical that cannabis can lead to anxiety and depression since their own lived experience suggested that cannabis was often used to alleviate symptoms of anxiety or depression. In addition, many were left asking the following types of questions:

- To what extent does daily cannabis use increase the risk of these various outcomes (for example, is the risk doubled, tripled, etc.)?
- To what extent are these risks reduced if cannabis use is occasional/casual?
- Do these risks change depending on how cannabis is consumed and/or how much cannabis is consumed daily?

Many of these questions came from participants who tended to feel that this section painted an overly negative picture of cannabis use and that many factors can have an impact on long term risks. In the end, many felt this section could be improved if some statistics or references to studies were provided.

“Just reading it at the very beginning - poor mental health, anxiety, depression, including the cannabis dependence - I see that. But I also know people who use it for anxiety and depression. So I'm just flipping back through how it's interesting. It just made me think: what studies are these based off of? I'm just curious.” Female, 25-54, BC/North

The way some seemed to interpret the information in this section suggested that it was being read as “cannabis use contributes to the following”. They did not seem to immediately notice that the text referred to *daily use* and that it specified that such use *increases long term risk* of these health impacts. This seemed to occur a bit more among francophone participants than anglophone ones, possibly because of the longer title in the information box. The inaccurate interpretation contributed to some of the frustration that some participants felt regarding how cannabis use was being portrayed.

Section 3 – risks of different cannabis products

Risks of different cannabis products	
 Smoked products (e.g., pre-rolled joints, dried cannabis)	<ul style="list-style-type: none"> • Inhaling toxic chemicals also found in tobacco smoke • Increased risk of lung disease
 Higher strength THC products (e.g., vape pen, wax, shatter)	<ul style="list-style-type: none"> • More severe effects on heart rate, anxiety, memory, and attention • Increased risk of psychotic symptoms and cannabis dependency
 Edibles (e.g., chocolates, soft chews, drinks)	<ul style="list-style-type: none"> • Increased risk of overconsumption and cannabis poisoning (e.g., severe anxiety, panic, vomiting) due to the delayed effects of edibles • Increased risk of cannabis poisoning in children that can be life threatening; keep out of reach of children

This section was considered easy to read and easy to understand because of the grid layout and the use of short, bulleted text. This section was also widely applauded for its use of visuals, which most participants felt were representative of the categories and added to the overall eye-appeal of the section. It was voted that the icons add value and should be kept.

“I think it looks good. It's easy to read. It's easy to understand. I wouldn't change it.” Female, 25-54, Ontario

Most participants also noted that the risks listed for each type of product are accurate and appropriate and nothing important seemed to be missing.

For most participants, the information in this section was not new but rather validating. That said, there were pockets of participants who did glean new information from this section. For instance:

- Those who had limited their use of cannabis to specific types of products appreciated learning about the effects of other types. Similarly, some of the occasional or casual cannabis consumers also indicated that the information overall was helpful.
- Some were reading about “cannabis poisoning” for the first time, with a few wondering if this is the same as “greening out,” and a few others left somewhat skeptical of whether cannabis could have such a serious effect.

Participants were most apt to make comments regarding the risks related to edibles. First, many felt that there should be greater emphasis placed on the risk to children, and this not just in the edibles category but across all categories. A few also suggested that this warning is so important, it could be a separate section of the sheet. Many also felt strongly about explaining the risks to pets.

As well, in French sessions, the first bullet related to edibles was not always clear. When making initial comments on that bullet, many participants did not seem to understand why edibles would lead to overconsumption and cannabis poisoning. Ultimately, many agreed that the sentence should be flipped as follows: “En raison des effets différés des produits comestibles, il y a un risque accru de surconsommation...” so that the reason for the effects is clear from the start.

Finally, Francophones were somewhat more critical of the amount of text to read when it comes to the description of the various risks. Some also felt that the repeated use of “risque accru” at the beginning of many of the statements led them to ignore those words. These issues led some to suggest ways to shorten the risk descriptions or to possibly position certain risks as applicable to all forms of cannabis products (for instance, the risk to children is not unique to edibles).

Section 4 – those most at risk

Who is most at risk?		
<p>Individuals younger than 25. Cannabis can interfere with brain development, which can lead to serious mental disorders like psychosis and schizophrenia.</p>	<p>Individuals with a family history of mental disorders. Risks are greater in those with a family history of psychosis, schizophrenia, or drug/alcohol dependence.</p>	<p>Individuals pregnant or breastfeeding. Use can harm the baby's growth and development.</p>

This section did not elicit much feedback. Similar to other sections, it was considered easy to read and easy to understand. Participants also mostly agreed with what they were reading since the information aligned with what they had already heard.

Among the few suggestions received, some suggested that further information could be provided to explain the specific impacts on a baby's growth and development as well as the types of impacts that could occur among those with a family history of mental disorders. A few also suggested adding visuals for each group although few could think of something for the first two segments.

As well, a few felt the table title was asking them to try to guess which of the three segments was most at risk since it was asking a question. To minimize potential for confusion, it was suggested that the table title be a statement rather than a question, such as “Types of individuals most at risk.”

Section 5 – tips to lower the risks from cannabis use

Tips to lower the risks from cannabis use			
Delay use until after 25 when the brain is fully developed.	Avoid daily or near daily use or 'binging'.	Choose products with lower levels of THC.	Choose legal quality controlled products to reduce the health risks of consuming unregulated/illegal cannabis products.
Learn more about the Lower Risk Cannabis Use Guidelines .			

This section was also considered easy to read and easy to understand. For the most part, participants also agreed with what they were reading.

Some were not entirely convinced that the first tip was realistic and recommended that if the Government did not want those under 25 to consume cannabis, then the minimum age should be increased.

The recommendation to avoid daily use or near daily use was sometimes criticized by those who felt that the impact of this frequency of use depends on what is consumed and how much is consumed on a daily or near daily basis.

A few felt the recommendation to choose legal quality-controlled products was a bit self-serving since that is a “source of revenue for the government.”

Participants liked that this section provided supporting information through a hyperlink to the Lower Risk Cannabis Use Guidelines and that this type of approach could be used in other sections where supporting references and statistics could be helpful. Not clear, however, was whether these guidelines would be hyperlinked since purple lettering is not typically used to indicate a hyperlink.

Section 6 – support and resources

<p>▶ Report adverse reactions or side-effects from a cannabis product Report directly to Health Canada (or call 1-866-234-2345).</p> <p>▶ Resources to stop or reduce your cannabis use Reducing or stopping cannabis use can improve long term mental health and brain function. If you or someone you know is struggling with substance use or mental health, help is available (or call 1-877-254-3348).</p>

Participants strongly supported including this type of information in the CID, especially any type of resource that could help someone who might be struggling with substance use or mental health. The more resources that can be provided for this type of support, the better.

[« I think it's important to mention source of the document, in this case, Health Canada. Equally important is to have a resource somewhere that we can call to get help. In this case, it is for negative effects or to get help to stop consuming. Not only it is important, but it is crucial to have this kind of message at the end, so it closes the loop. »] – Male, 25-54, Quebec « Je pense que c'est important de ponctuer le document avec dans le fond un contact de qui ça vient ce document-là : c'est Santé Canada. Puis deux, d'avoir une ressource quelque part ou appeler pour si on a besoin d'aide pour quoi que ce soit dans le fond. Dans ce cas-ci bien, c'est pour des effets indésirables ou pour avoir de l'aide pour réduire ou arrêter la consommation. Donc, je trouve que c'est non seulement important, mais c'est primordial d'avoir ce genre de message là pour terminer, parce que ça ferme la boucle là. »

Participants were less convinced that there should be resources to report adverse reactions or side-effects from a cannabis product. Some were confused when reading about reporting adverse reactions and side-effects – they did not really understand how this could work, what should be reported and who would be answering at the other end.

Also attracting mixed reviews was the statement: “reducing or stopping cannabis use can improve long term mental health and brain function.” While many felt this either seemed to make sense or was accurate based on their own experience, some were less convinced since their own experience or what they had seen around them suggested that cannabis use can have a positive impact on someone’s mental health and/or their brain function. This left some participants questioning the usefulness of this statement in this part of the document.

In terms of possible improvements, some felt this section should include instructions to call 911 in case of emergency and not Health Canada. Some also felt this section could include links or a QR code to more detailed information on risks, effects and studies that support the claims made in the document.

Overall impressions and priorities

Having explored each section in detail, the document was seen as just the right length, easy to read and nicely compartmentalized. While all participants liked the use of colour, there was some noticeable concern with the use of the colour green, which, to many, connotes something positive or that it is something good. Instead, these participants recommended the use of a colour that is more commonly used when issuing a warning such as yellow, orange or red.

Other than what had been suggested throughout the session when discussing each section individually, few felt anything was missing in the overall document.

Participants also felt the sequencing of the sections was appropriate and intuitive even if the sections that were the most important to them personally were often located further down the sheet. Sections 2, 3 and 4 were often found near the top of participants' "importance" ranking while sections 1, 5 and 6 more often ranked lower. Some of the reasons behind these rankings included:

- Participants explained that since they were not new to using cannabis, they were more interested in the long-term risks of using cannabis rather than the immediate effects. If they were new to using cannabis, the opposite would likely be true.
- Participants also appreciated information related to the risks of using different cannabis products since they typically consume cannabis in one format. Knowing the risks related to other formats was helpful.
- Information on the immediate effects of THC often ranked low for participants since this was already well known.

Interest in each of the sections did differ somewhat across age groups – some of the more noteworthy differences included the following:

- Youth 18 to 24 was the age group most interested in Section 6 (Support and resources) and the age group the least interested in Section 1 (Common immediate effects of THC)
- The section of most interest to older adults (55+) was Section 3 (Risks of different cannabis products).

Ultimately, most participants felt the CID is useful for them personally. Many felt the document was a good reminder of information they already knew while a good number also felt they obtained new and relevant information related to their use of cannabis. Presented with this CID, many believe they would probably read the entire document.

Feedback on the consumer information document for those who consume cannabis for medical purposes.

Section 1 - introduction

Consumer information | Cannabis for medical purposes

Cannabis products are used for medical purposes to help treat symptoms of many disorders. However, the overall evidence for their safety and efficacy is limited or unknown. Unlike regulated health products, Health Canada has not reviewed any cannabis products for safety and efficacy. Consult a healthcare practitioner before using cannabis for medical purposes.

Cannabinoids. Cannabis and cannabis products contain *cannabinoids* that affect the brain and body. The two most common are THC and CBD. There are others such as CBG, CBN, CBC and THCV, but little is known about their effects or side effects. Both THC and CBD may have certain therapeutic effects and those effects differ. THC also causes the intoxicating and impairing effects of cannabis and has addictive potential. CBD is not intoxicating nor addictive but does affect the brain.

Although this section was considered easy to read and easy to understand for most participants, it did generate a fair amount of discussion on a few issues.

Many participants felt the overall text was informative. Most were not familiar with all the listed cannabinoids other than THC and CBD. Participants also appreciated learning a bit more about how THC and CBD compare in terms of effects. Some suggested that unless more information is provided on the “other” cannabinoids, this portion of the text could be removed so that the emphasis is just on THC and CBD. This sentiment was particularly noted for the French version, in which the acronyms for all cannabinoids was spelled out resulting in a longer paragraph and words that were not easy for participants to pronounce.

The text was also deemed informative in terms of outlining how much or how little Health Canada knew about the effects of many of the cannabinoids listed and about the safety and efficacy of cannabis products when it comes to helping treat symptoms of many disorders. While this transparency was appreciated, it did lead to a fair degree of confusion and controversy. A good number of participants felt that saying “the overall evidence for their safety and efficacy is limited or unknown” and “Health Canada has not reviewed any cannabis products for safety and efficacy” suggested to them that *no studies* on cannabis use had been done at all. This led participants to come to a number of different conclusions:

- Some questioned the veracity of these statements since they knew that some research had been done on cannabis use.
- It led others to question how Health Canada could make statements, and develop an entire CID, related to risks, effects, side-effects and dosing if no studies had been conducted to back up these claims or recommendations.

- It even left some questioning whether the legal cannabis products consumed in Canada are safe to consume at all.

“Where it says it's not intoxicating or addictive but does affect the brain. But if there's no studies done, how do we know it affects the brain?” Female, 25-54, Atlantic Canada

“It just says we're kind of studying the facts. But right now, we don't know what it does so my opinion is, if this came in one of my product shipments it would probably go right to recycling, and I wouldn't read much of it.” Male, 25-54, Ontario

Essentially, many participants interpreted the statements too broadly and did not consider their medical context.

Reactions to this text also suggested that participants are not familiar with how drugs are reviewed and approved in Canada. This became evident when the moderator needed to give examples of regulated products and broadly describe the process that manufacturers need to follow in order for their products to be authorized for sale in Canada.

Other types of information that a few participants would have appreciated in this section included:

- ‘How’ CBD affects the brain, and,
- Examples of symptoms of disorders that are treated with cannabis.

Finally, the recommendation to consult a healthcare practitioner was discounted by many participants. Participants explained that they, or many people they know, don't have a family doctor. If they have one, they argued that they are too difficult to access. As well, there is widespread agreement that their physician is not very well informed about cannabis or how it can be used to treat certain symptoms.

Section 2 – effects for the two main ways of using cannabis

Ways of using cannabis	When effects could begin	How long effects could last	Potential Benefits and Risks
Ingesting (eating, drinking, under tongue)	30 minutes to 2 hours	4-8 hours*	<ul style="list-style-type: none"> ▪ Effects are longer-lasting, which may provide longer relief from symptoms ▪ The delayed effects may lead to overconsumption, which can lead to cannabis poisoning (e.g., panic/anxiety, hallucinations, nausea/vomiting) ▪ Accidental ingestion by children can be life-threatening
Inhaling (smoking, vaping)	Seconds to minutes	2-4 hours*	<ul style="list-style-type: none"> ▪ Effects are faster-acting, which may help relieve acute symptoms ▪ The toxic chemicals in cannabis smoke increase your risk of lung disease; cannabis vapour may also carry risks

*some lingering effects can last 12-24 hours

This section was also considered easy to read and easy to understand and ended up being one of the more popular sections of the CID. Participants especially liked the table layout and the clear distinction between the two main ways of using cannabis.

Most participants felt the information was accurate and appropriate. That said, participants offered a variety of suggestions and concerns:

- One of the more common critiques of this section was that it lacked specificity, or similarly, that it was too general. Some participants would have preferred that the grid explain or show how the effects, including the risks and the benefits, can vary from person to person according to a variety of factors, such as:
 - the amount of THC in the product,
 - the type of product consumed,
 - how much is consumed,
 - the weight of the user,
 - the user's level of experience and tolerance with cannabis,
 - whether the user is taking other drugs, alcohol or prescription medication at the same time, and,
 - if the user has eaten.
- Even though information in the grid on when the effects could begin and how long they could last is presented as a range, many felt more information was warranted.
- The grid would be more complete if it also referred to topicals and creams.
- Some participants were concerned with the accuracy of the higher end of the ranges used to show how long effects could last. Concerns were especially heard regarding the footnote stating that "some lingering effects can last 12-24 hours", so much so that they would want more information on what these lingering effects could be or what could contribute to effects lasting that long.

As noted earlier, one of the key strengths of this section was the grid approach used to present the information. Other suggestions regarding the appearance of the information included:

- A horizontal line should be added to separate the information for each way of using cannabis.
- The grid should more clearly separate the benefits from the risks.

- Given its perceived importance, the reference to children should be more visually impactful, either through bolded text, red font and/or an icon.

“Accidental ingestion by children can be life threatening - probably would want to draw some attention to that like. It's buried in there right?” Female, 25-54, Ontario

Finally, a few felt that the overall tone of the information in this section hinted at fear mongering. They explained that the duration of the effects as well as the use of terms such as “toxic”, “poisoning” and “life-threatening” were too extreme for cannabis and more suitable for harder drugs.

“Well, I'm confused. Why, do they call it cannabis poisoning? Is a panic attack or anxiety or hallucinations poisoning? It just feels like it's really fear mongering again by our government. And then, you know, does it cause lung cancer? I thought they haven't had any tests or haven't done very many tests on it.” Female, 55+, Prairies

“This seems a bit like you're trying to scare people a little bit. Like cannabis poisoning is pretty funny to me. Poisoning seems like a pretty harsh word for anxiety and hallucinations and maybe vomiting.” Male, 25-54, Ontario

Section 3 – recommended dosing

Recommended dosing. Always start with the lowest possible dose and go slowly: gradually increase (or decrease) the dose as directed by your healthcare provider to achieve desired therapeutic effect and reduce side effects. If consuming orally, start with a low dose of 1-2.5 mg of THC or less or a low dose of 5-25 mg of CBD and wait at least 4 hours before deciding whether to take more. For inhalation, start with one or two inhalations and wait several minutes before taking more. Do not exceed what was recommended by your health care provider. If you overconsume and feel unwell, contact your healthcare provider or you can call 1-844-POISON-X (1-800-463-5060 in Quebec), call 9-1-1, or go to your nearest hospital.

For the most part, this section was considered easy to understand and the instructions outlined seemed appropriate. Participants were especially pleased to see a start-low-go-slow approach being recommended for beginners with some direction on starting doses of THC and CBD. The start-low-go-slow approach also allowed the user to adapt their treatment plan according to the various factors that were raised in the previous section, such as level of experience or tolerance. In other words, a generalized approach works well for this section.

“In my opinion, this is one of the most important parts, because not everyone is very educated compared to some other people when it comes to taking it. Maybe they don't have someone with them, maybe they're doing it alone. They just think “huh! I just want to try it.” But having this here, it's kind of just that little bit of support so you don't take too much or you don't get sick.

And it's just always start with the lowest possible dose and go slowly. And I think honestly, that's just the only way to do it.” Female, 18-24, Atlantic Canada

“I actually like the dosing for that reason - when I started out, I used to smoke, and that's instant. You can tell right away when to stop. But when you're ingesting it, which I was for the first time, that dosage really helped, to go gradually.” Female, 55+, Prairies

One particular concern with the recommended dosage was not knowing how to relate that to the product they are consuming:

“If you look at your package that you're getting, how do you know what you're doing here? And it almost has to come with the packaging: one gummy is going to do this, two gummies are going to do that, that kind of thing.” Male, 55+, Prairies

Since most participants are consuming cannabis based on their own research and reasons rather than based on the recommendation from their physician, they felt the instruction to not exceed what was recommended by their health care provider somewhat useless.

While the information provided was easy to understand, many felt the paragraph could be improved in terms of readability. For instance, the paragraph could be broken up into bullets or a grid (similar to the previous section), sentences could be streamlined to shorten the overall length of the paragraph, or, at a minimum, the specific ways of using cannabis (ingesting vs. inhaling) could be bolded so that readers could get to the method that pertains to them more directly.

“General adult education - people have so much going on, you really need to just break it down and make it as simple as possible and easily referenceable so they can just pick it up and go ‘Okay, got it’ and put it back down.” Female, 25-54, Ontario

“I'd like to see more important information on how to use the product, the recommended doses. I don't disagree necessarily with the beginning and opening statement of always start with a low dose. But I'm then having to look where that appropriate dose is.” Female, 18-24, BC/North

For the most part, participants liked that there was contact information for support at the end of the section. A few suggestions for this portion of the text included the following:

- There was a sense that the phone number should show the numbers rather than letters,
- The last sentence should not say that people should go to their nearest hospital themselves but should rather get someone (sober) to drive them there safely, and,
- A few did not understand why one would call the poison line since they did not consider cannabis poisonous. A few even felt that referring to a poison line was a little heavy handed for cannabis. As well, because of the lack of familiarity with POISON-X, some

indicated they would not call because they don't know what kind of advice they would get at the other end whereas they know what to expect with 911.

Section 4 – side-effects of THC

Side effects of THC. Everyone's response to cannabis differs and can vary from one time to the next. Immediate effects can include euphoria ("high"), dizziness/feeling faint, increased heart rate, changes in thinking, anxiety, panic, paranoia, increased appetite, impaired memory and attention, dry mouth, red eyes, and drowsiness. Serious side effects can include psychotic symptoms involving extreme confusion, severe anxiety, paranoia, and hallucinations. Due to these and other effects, **cannabis-impaired driving is a criminal offence.**

Reporting side effects. Report any side effects to your health care provider, the product manufacturer, or directly to Health Canada by calling (1-866-234-2345) or filling a [side effect report online](#).

For the most part, this section was considered easy to understand but, like Section 3, could be improved in terms of readability. Some of the more common suggestions to improve readability included:

- The paragraph could be broken up into bullets so that the reader could more efficiently distinguish between immediate effects and serious effects.
- A few also suggested that side effects could be categorized according to "likelihood" so that readers don't read this thinking all these effects will happen to them.
- It was also suggested that effects be categorized according to how cannabis is being consumed, similar to how information was presented in Section 2.

Some participants did not believe that the list of reactions should be called "side-effects" but rather just "effects." Furthermore, some of the reactions listed, such as increased appetite, feeling high, changes in thinking and drowsiness, are not necessarily undesirable effects, even when taken in a medical context.

Similar to reactions towards Section 2, some participants felt the approach and tone taken to presenting the information in Section 4 is heavy handed and misleading. More specifically, these participants believe the purpose of the paragraph was to scare people from consuming cannabis by suggesting these reactions are "side-effects", that they are all equally likely to occur, that they are all abnormal reactions to consuming cannabis (when in their view many of the reactions are normal and quite harmless) and that consuming cannabis *will* lead to the serious reactions listed when in their view it is quite unlikely.

Similar to the previous section, participants offered some feedback regarding the support lines:

- Many explained that they would not contact the manufacturer or Health Canada if they experienced a side effect. If anything, they would contact 911 or go to Emergency if they felt it was serious enough.
- Many would consider it a waste of time and resources if everyone who experienced any of the reactions listed after consuming cannabis used the proposed support lines. In the view of many, it should be made clearer that only serious side effects, or serious health outcomes, should be reported.
- Some felt this section should include instructions to call 911 in case of emergency.

Finally, similar to feedback on the French CID for non-medical purposes, some francophones were not certain that a document like this should use a term such as “gelé”.

Section 5 – reducing and managing risks

Reduce and manage risks
<ul style="list-style-type: none"> ▪ Drug-drug interactions. Cannabis can interact with many other substances and cause side effects, some of which may be serious. It is important to tell your health care provider if you are taking or changing prescription or non-prescription drugs or natural health products. Take caution when combining cannabis with other drugs and health products, and avoid combining with other intoxicating substances such as alcohol. ▪ Safe storage. Accidental consumption of cannabis edibles can be life-threatening to children. Keep all cannabis products stored in their original child-resistant plain packaging and locked away from reach of children. ▪ Check and understand the label. Make sure the product your healthcare provider recommended is the one you received. CBD products can contain some amount of THC, and sometimes enough to cause side effects; carefully read the label before consuming any cannabis. If in doubt, or you have any questions, contact your health care provider. ▪ Monitor your treatment and follow-up with your health care provider. Self-assess the effects of cannabis on your symptoms. Meet regularly with your health care provider to adjust your treatment plans to your personal needs.
<p><i>For more information on cannabis for medical purposes, visit Canada.ca/. If you are also using or considering using cannabis for non-medical purposes, please consult the Consumer Information – Cannabis document.</i></p>

Section 5 was well received by participants for a few key reasons. First, using bullets with a few bolded words to start each paragraph makes the section easy to read and understand, especially when compared to the blocks of text used in the previous sections. Participants also felt the information was appropriate and helpful.

Participants especially appreciated the discussion related to drug-drug interactions since many participants raised concerns related to using cannabis with other products when reviewing

previous sections focused on risks and side-effects. Participants were so interested in drug-drug interactions that they would want more information in this section. Some suggested that perhaps a link to interactions between specific prescription and non-prescription drugs and cannabis could be added to this section, similar to how there is a link to the CID for non-medical purposes. The only detail that a few participants felt was inaccurate was a reference to alcohol in this section since they did not consider this type of product a drug.

The bullet on safe storage was widely appreciated given its focus on children. The main suggestions here included broadening the language to refer to all cannabis products rather than just focusing on edibles, and to also mention how accidental cannabis consumption can be harmful to pets.

The repeated reference to a health care provider led to further concerns with family physician availability. It compelled some to explain or repeat how they or many they know do not have a health care provider and that perhaps Health Canada should provide additional guidance on what to do in those instances (for instance, what other resources they could consult). The only other comment related to health care providers surfaced when it came to monitoring treatment and follow-ups. It was suggested that instead of meeting regularly with their health care provider to adjust their treatment plan, the CID should suggest meeting with their health care provider if and as needed.

Very few participants proposed additional tips or strategies to reduce and manage risks. A few suggested that people, especially beginners, should not consume alone.

Overall impressions and priorities

Having explored each section in detail, participants were given an opportunity to share their views on the overall document. Most participants felt that the document layout, or appearance, would most likely deter them from reading this type of document even though there were parts that were of interest to them.

The main issue participants raised was the layout of the information rather than the length of the document. Even though the document is just over one page, very few seemed to feel the document was too long. When asked if anything could be cut so that it all fit on one page, participants were more inclined to suggest that they would prefer a slightly longer document that was easier to read than a shorter document with the same layout.

"I think the information is all really important, but it's just so wordy. If I had this and I picked it up, I wouldn't read it. It's the formatting. I don't feel like it's conducive to wanting to read it. I don't know - if it was a pamphlet, or if it was formatted in a way where it was more

colorful...draws you in a bit more. I think it would be more convincing to want to read it."

Female, 18-24, Atlantic Canada

"It's I think the layout is terrible. They'd almost be better to do some sort of info graph." Female, 25-54, Ontario

"If you were to take this document, blow it up a little bit, print two-sided so you could actually read it. Highlight the stuff that's really important. People might read it." Male, 55+, Atlantic Canada

"I don't think there's anything that you can really cut off of this, and if you're going to make it 2 pages. Then it would make a bit more sense to maybe just make things a little bit easier to read, especially since considering this is for medical purposes." Female, 18-24, Prairies

Other than what had already been mentioned during the group, few felt anything else was missing. Some suggestions included:

- listing short term versus longer-term effects of consuming cannabis,
- substance abuse and addiction help or support resources,
- greater emphasis on the addictive nature of THC,
- whether cannabis obtained at authorized retailers is different from cannabis purchased through a prescription,
- information on the risks related to consuming cannabis obtained from non-authorized sources,
- information on the proper disposal of unfinished cannabis products: *"If you just decide it's not for you, what do you do with it after?"*
- a description of some of the positive effects cannabis can have on one's health, such as on appetite and sleep,
- more information on topicals,
- a reminder of the minimum age requirement to consume cannabis in each jurisdiction,
- information on what needs to be considered if the user has a history of mental health or psychological issues,
- a link to obtain more detailed information on Health Canada's website.

The sequencing of the sections was seen as appropriate and intuitive. Sections 2, 3 and 4 were often found near the top of participants' "importance" ranking while sections 1 and 5 often ranked lower. Participants explained that they were most interested in information that spoke to what they consume, how much they should consume and what the potential side-effects might be. For most participants, Section 1 was contextual information that they either already knew or was not going to have an immediate impact on what or how much they would consume. As for Section 5, although it provided relevant advice, this information was not nearly as important as what was being communicated in the three previous sections.

Ultimately, most participants felt the CID is useful for them personally. However, presented with this CID, many believe they would probably not read the entire document. Participants explained that this document in its tested form is a missed opportunity for Health Canada to help Canadians understand cannabis use for medical purposes and that some basic page layout and formatting adjustments would go a long way to changing that.

Higher strength THC products

When it comes to referring to products such as vape pens, cartridges, wax and shatter and other concentrated forms of cannabis – that have higher THC levels compared to other cannabis products – participants in all sessions were presented with three possible approaches:

1. Refer to the **higher-strength of THC** in these products,
2. Refer to the **concentrated form of THC** in these products, and,
3. Refer to the **higher-potency of THC** in these products.

The term that made the most sense overall was the one that referred to the higher potency of THC in these products, followed by the option that referred to the concentrated form of cannabis in these products. "Concentrated" was preferred because it speaks to what the products actually are (it's more accurate) and it does not leave anything to interpretation (since "higher strength" and "higher potency" can be subjective). Those who preferred "higher potency" felt it was more impactful and less technical. Those who preferred "higher strength" felt that was the most accessible language. A general trend suggests that older participants preferred referring to higher potency whereas younger participants preferred referring to concentration.

Among francophones, referring to the higher strength (*la teneur élevée en THC*) was considered the most intuitive, followed by the option that refers to concentration.

Methodology

All research work was conducted in accordance with the professional standards established by the Government of Canada Public Opinion Research Standards, as follows:

Quorus was responsible for coordinating all aspects of the research project including working with Health Canada in designing and translating the recruitment screener and the moderation guide, coordinating all aspects of data collection logistics, including participant recruitment, providing the online focus group platform and moderating all focus groups and delivering required reports at the end of data collection. The research approach is outlined in greater detail below.

Target audience and sample frame

The target audience for this research study consisted of adults who have used cannabis at least once in the past year from the following regions:

- Atlantic Canada (English)
- Quebec (French)
- Ontario (English)
- Prairies (English)
- BC/North (English)

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualified for the research program and to ensure, where applicable, a good representation by age, region, gender, ethnicity, medical and non-medical cannabis users and frequency of cannabis use.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents include the following:

- No participant (nor anyone in their immediate family or household) was recruited who worked in related government departments/agencies, nor in advertising, marketing research, public relations, a cannabis-related company, a tobacco or vaping company, a smoking cessation company, a legal or law firm, a cannabis-related company, or the media (radio, television, newspaper, film/video production, etc.).
- No participant acquainted with another participant was knowingly recruited for the same study, unless they were recruited into separately scheduled sessions.
- No participant was recruited who had attended a qualitative research session within the past six months.

- No participant was recruited who had attended five or more qualitative research sessions in the past five years.
- No participant was recruited who had attended a qualitative research session on the same general topic as defined by the Researcher/Moderator in the past two years.

Description of data collection procedures

Data collection consisted of 30 online focus groups, each lasting approximately 90 minutes.

For each focus group, Quorus recruited 8 participants with the goal of achieving 6-8 participants per session. All individuals who participated in a focus group received an honorarium of \$125.

Participants invited to participate in the focus groups were recruited by telephone through random digit dialing of the general public as well as through the use of a proprietary opt-in database.

The recruitment of participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.
- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensure that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the sponsoring department or agency and research supplier, informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was being conducted for the Government of Canada and Health Canada. Participants were informed of the audio/video recording of their session and of the presence of

Health Canada observers. Quorus ensured that prior consent was obtained at the recruitment stage and before participants began their focus group.

All sessions were conducted in the evening after regular business hours. The research team used the Zoom platform to host and record focus group sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as their laptop, tablet or smartphone) enabling client remote viewing.

A total of 30 online focus groups were conducted across Canada between December 9, 2024 and January 23, 2025. The details of these groups are outlined in the table below.

Date	Region	Segment	Language	Number of participants
December 9, 2024	Atlantic Canada	Non-medical users (18-24)	English	7
	Ontario	Non-medical users (18-24)	English	7
December 10, 2024	Atlantic Canada	Medical cannabis users (18-24)	English	7
	Ontario	Medical cannabis users (18-24)	English	8
December 11, 2024	Atlantic Canada	Non-medical users (25-54)	English	8
	Ontario	Non-medical users (25-54)	English	8
	BC/North	Non-medical users (18-24)	English	6
December 12, 2024	Atlantic Canada	Medical cannabis users (25-54)	English	8
	Ontario	Medical cannabis users (25-54)	English	8
	BC/North	Medical cannabis users (18-24)	English	6
December 16, 2024	Atlantic Canada	Non-medical users (55+)	English	7
	Ontario	Non-medical users (55+)	English	7
	BC/North	Non-medical users (25-54)	English	6
December 17, 2024	Atlantic Canada	Medical cannabis users (55+)	English	8
	Ontario	Medical cannabis users (55+)	English	7
	BC/North	Medical cannabis users (25-54)	English	8
	Prairies	Non-medical users (18-24)	English	8

Date	Region	Segment	Language	Number of participants
December 18, 2024	Prairies	Medical cannabis users (18-24)	English	8
	BC/North	Non-medical users (55+)	English	7
December 19, 2024	Prairies	Non-medical users (25-54)	English	6
	BC/North	Medical cannabis users (55+)	English	8
	Prairies	Medical cannabis users (25-54)	English	6
January 20, 2025	Prairies	Non-medical users (55+)	English	8
	Prairies	Medical cannabis users (55+)	English	7
January 21, 2025	Quebec	Non-medical users (18-24)	French	7
	Quebec	Non-medical users (25-54)	French	8
January 22, 2025	Quebec	Non-medical users (55+)	French	7
	Quebec	Medical cannabis users (18-24)	French	8
January 23, 2025	Quebec	Medical cannabis users (25-54)	French	8
	Quebec	Medical cannabis users (55+)	French	6
				Total: 218

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

Appendices

Appendix A: Recruitment Screener

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$125
- 30 online focus groups will be conducted with Canadians in the following locations:
 - Atlantic Canada (English)
 - Quebec (French)
 - Ontario (English)
 - Prairies (English)
 - BC/North (English)
- Groups will consist of adults across Canada who use cannabis. Sessions will be segmented based on age (young adults, 18-24; middle-aged adults, 25-54; and older adults, 55+) and reason for cannabis use (medical or non-medical).
- In each group, efforts will be made to recruit a mix of participants based on age, gender, region, ethnicity and socioeconomic backgrounds.

All times are stated in local area time unless specified otherwise.

Group 1 Atlantic Canada December 9 5:00 pm AST Non-medical users (18-24)	Group 2 Ontario December 9 7:00 pm EST Non-medical users (18-24)	Group 3 Atlantic Canada December 10 5:00 pm AST Medical cannabis users (18-24)	Group 4 Ontario December 10 7:00 pm EST Medical cannabis users (18-24)
Group 5 Atlantic Canada December 11 5:00 pm AST Non-medical users (25-54)	Group 6 Ontario December 11 6:00 pm EST Non-medical users (25-54)	Group 7 BC / North December 11 5:00 pm PST Non-medical users (18-24)	Group 8 Atlantic Canada December 12 5:00 pm AST Medical cannabis users (25-54)
Group 9 Ontario December 12 6:00 pm EST Medical cannabis users (25-54)	Group 10 BC / North December 12 5:00 pm PST Medical cannabis users (18-24)	Group 11 Atlantic Canada December 16 5:00 pm AST Non-medical users (55+)	Group 12 Ontario December 16 6:00 pm EST Non-medical users (55+)
Group 13 BC / North December 16 5:00 pm PST Non-medical users (25-54)	Group 14 Atlantic Canada December 17 5:00 pm AST Medical cannabis users (55+)	Group 15 Ontario December 17 6:00 pm EST Medical cannabis users (55+)	Group 16 BC / North December 17 5:00 pm PST Medical cannabis users (25-54)
Group 17 Prairies December 18 6:00 pm CST Non-medical users (18-24)	Group 18 Prairies December 18 8:00 pm CST Medical cannabis users (18-24)	Group 19 BC / North December 18 6:30 pm PST Non-medical users (55+)	Group 20 Prairies December 19 6:00 pm CST Non-medical users (25-54)
Group 21 BC / North December 19 5:00 pm PST Medical cannabis users (55+)	Group 22 Prairies December 19 8:00 pm CST Medical cannabis users (25-54)	Group 23 Prairies January 20 6:00 pm CST Non-medical users (55+)	Group 24 Prairies January 20 8:00 pm CST Medical cannabis users (55+)
Group 25 Quebec [FRENCH] January 21 5:00 pm EST Non-medical users (18-24)	Group 26 Quebec [FRENCH] January 21 7:00 pm EST Non-medical users (25-54)	Group 27 Quebec [FRENCH] January 22 5:00 pm EST Non-medical users (55+)	Group 28 Quebec [FRENCH] January 22 7:00 pm EST Medical cannabis users (18-24)
Group 29 Quebec [FRENCH] January 23 5:00 pm EST Medical cannabis users (25-54)	Group 30 Quebec [FRENCH] January 23 7:00 pm EST Medical cannabis users (55+)		

Questionnaire

A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a national public opinion research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

[INTERVIEWER 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." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]

[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR. EFFORTS WILL BE MADE TO INCLUDE THEM IN A GROUP IN THEIR PREFERRED LANGUAGE IN THE NEAREST TIME ZONE TO WHERE THEY LIVE. ONE-ON-ONE INTERVIEWS CAN ALSO BE ACCOMMODATED AS THE NEED ARISES.]

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. The research will focus on understanding the views people have on consumer information related to cannabis use for non-medical and medical purposes including immediate and long-term effects, risks of various cannabis products, and strategies to lower risk. The groups will last up to 90 minutes (one and a half hours) and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using the online web conferencing platform Zoom, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer, a tablet or a smartphone in a quiet room is necessary for participation.

All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy, including the Privacy Act, legislation of the Government of Canada, and relevant provincial privacy legislation.

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "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. 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.”]

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

2. In which province/territory do you live?

RECORD _____

ALL PROVINCES AND AT LEAST ONE TERRITORY SHOULD BE REPRESENTED. IN “PRAIRIES” AND “ATLANTIC CANADA”, AIM FOR A MIX ACROSS PROVINCES

3. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...a federal or provincial government department or agency related to healthcare	3
...a licensed cultivator, processor or seller of cannabis?	4
...a legal or law firm?	5
...law enforcement?	6

IF YES TO ANY, THANK AND TERMINATE

4. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1	
No	2	GO TO Q8

5. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	THANK & TERMINATE
Over 6 months ago	2	

6. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: _____

THANK/TERMINATE IF RELATED TO CANNABIS

7. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5	1	
Five or more	2	THANK & TERMINATE

8. In the past 12 months, how often did you use cannabis? [**IF NEEDED:** This includes using cannabis in its dry form or when mixed or processed into another product, such as an edible, a concentrate, including hashish, a liquid, or other product.]

Every day	1	
Four to six days per week	2	
Two to three days per week	3	
Once per week or less often	4	
Not at all	5	THANK & TERMINATE

9. Is the cannabis that you consume... **READ LIST – SELECT ONLY ONE**

Entirely for recreational/non-medical purposes	1 “NON-MEDICAL” USER
Mostly for recreational/non-medical purposes	2 “NON-MEDICAL” USER
Mostly for medical purposes, or,	3 “MEDICAL” USER
Entirely for medical purposes?	4 “MEDICAL” USER

RECRUITER NOTE:

CANNABIS USE FOR MEDICAL PURPOSES IS DEFINED AS USE TO TREAT A DISEASE/DISORDER OR TO IMPROVE SYMPTOMS ASSOCIATED WITH A DISEASE/DISORDER.

CANNABIS USE FOR NON-MEDICAL PURPOSES IS DEFINED AS USE FOR A RANGE OF NON-MEDICAL REASONS (SUCH AS, SOCIALLY FOR ENJOYMENT, PLEASURE, AMUSEMENT OR FOR SPIRITUAL, LIFESTYLE AND OTHER NON-MEDICAL REASONS).

10. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** _____

RECRUIT A MIX WITHIN EACH SEGMENT

11. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

Male	1
Female	2
Prefer to self-describe, please specify: _____	3
Prefer not to say	4

12. We want to make sure we speak to a diversity of people. Do you identify as any of the following? *SELECT ONE*

An Indigenous person from Canada, that is, First Nations, Métis or Inuk (Inuit)? First Nations includes Status and Non-Status Indians.	1
A member of an ethnocultural or a visible minority group other than an Indigenous person	2
None of the above	3

FOR ALL GROUPS, AIM FOR SOME REPRESENTATION FROM RACIALIZED (AIM FOR 20 ACROSS ALL SESSIONS) AND INDIGENOUS INDIVIDUALS (AIM FOR 8 TO 10 ACROSS ALL SESSIONS) ON A BEST EFFORT BASIS.

13. **[ASK ONLY IF Q12=2]** What is your ethnic background?

RECORD ETHNICITY: _____

14. Do you currently live in... **[READ LIST]**

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

ON A BEST EFFORT BASIS, FOR EACH GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND TWO WHO LIVE IN SMALLER TOWNS/RURAL

15. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with other adults Are you... **READ OPTIONS**

Very comfortable	1	MIN 5 PER GROUP
Fairly comfortable	2	
Not very comfortable	3	THANK & TERMINATE
Very uncomfortable	4	THANK & TERMINATE

16. Do you have access to a stable internet connection, capable of sustaining a 90-minute online video conference?

Yes	1	
No	2	THANK & TERMINATE

17. Participants will be asked to provide their answers through an online web conferencing platform called Zoom, using a computer, a tablet or a smartphone in a quiet room. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	
No	2	SKIP TO INVITATION

18. Is there anything we could do to ensure that you can participate?

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

19. What specifically? [OPEN END]

INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW

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.”*

C. INVITATION TO PARTICIPATE

20. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other individuals in your region. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using the online web conferencing platform, Zoom, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last 90 minutes (one and a half hours). People who attend will receive \$125 to thank them for their time.

Would you be interested in taking part in this study?

Yes 1

No 2 **THANK & TERMINATE**

21. The discussion group will be video-recorded for research purposes only. These recordings are used to help with analyzing the findings and writing the report. Your comments and responses are collected only for the purpose of this research study. The recordings will be only provided to the research team, and they will be destroyed after one year, as per our industry standards. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

22. There may be employees from the Government of Canada who will be listening in on the discussion. Your first name, and the first letter of your last name, will be shown during the focus group, as well as your webcam video, but no other personal information will be shared with other participants, or with government employees listening in. Knowing this, are you comfortable with having observers?

Yes 1

No 2 **THANK & TERMINATE**

23. Thank you. Just to make sure, the group will take place on **[DAY OF WEEK]**, **[DATE]**, at **[TIME]** and it will last 90 minutes (one and a half hours). Following your participation, you will receive \$125 to thank you for your time. Are you interested and available to attend?

Yes	1	
No	2	THANK & TERMINATE

To conduct the session, we will be using a screen-sharing application called **Zoom**. **We will need to send you by email the instructions to connect**. The use of a computer, tablet or a smartphone in a quiet room is necessary.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, **you cannot send someone to participate on your behalf** - please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

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

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

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

Appendix B: Moderation Guide for Non-medical Cannabis User Groups

Introduction to procedures (15 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will focus on getting your feedback on a consumer information sheet that Health Canada is updating. This resource is specifically for individuals who consume cannabis products for recreational purposes.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the topics I’ll be presenting to you tonight/today.
 - Your honest opinion is valued. There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other consumers.

- To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
- We might use the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. Let's do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name.
 - The final report for this session, and others, can be accessed through the Library of Parliament and Library and Archives Canada's website.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. These recordings are stored for up to 6 months and then destroyed.
 - Some of my colleagues from the Government of Canada who are involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself such as where you live and what you like to do in your spare time.

Initial Review of Overall Information Sheet (5 minutes)

CONTEXT: Health Canada wants to increase awareness of the risks and to minimize the harms associated with cannabis use. One of the ways they do this is through a consumer information sheet. The information sheet aims to educate consumers on cannabis, such as the short and long-term effects of various consumption methods and products, strategies to lower risk, and what segments of the population might be more at risk.

The most recent version of this sheet was launched in 2019 and is related to the use of cannabis for non-medical (recreational) purposes. Health Canada is currently working on revising the information sheet – that will be publicly accessible on Health Canada’s website -- and is looking for feedback from Canadians who use cannabis for non-medical purposes.

The proposed updated sheet is one page long and looks like this. Don't worry about trying to read everything right now since we will explore the sheet one section at a time.

[MODERATOR TO SHARE FULL INFO SHEET, SCROLLING SLOWLY]



Consumer Information | Cannabis

Increase your awareness of cannabis' effects and risks

Common immediate effects of THC

- Feeling 'high'; changes in thinking; anxiety; paranoia; increased heart rate; trouble with memory and attention; drowsiness

- Cannabis-impaired driving is a criminal offense



Daily cannabis use increases long term risk of:



- poor mental health (e.g., anxiety, depression) including cannabis dependence
- poor brain function (e.g., memory, attention)



- heart disease (e.g., irregular heart beat, high blood pressure)



- lung disease when smoked (e.g., inflamed lungs, shortness of breath)

Risks of different cannabis products

 <p>Smoked products (e.g., pre-rolled joints, dried cannabis)</p>	<ul style="list-style-type: none"> Inhaling toxic chemicals also found in tobacco smoke Increased risk of lung disease
 <p>Higher strength THC products (e.g., vape pen, wax, shatter)</p>	<ul style="list-style-type: none"> More severe effects on heart rate, anxiety, memory, and attention Increased risk of psychotic symptoms and cannabis dependency
 <p>Edibles (e.g., chocolates, soft chews, drinks)</p>	<ul style="list-style-type: none"> Increased risk of overconsumption and cannabis poisoning (e.g., severe anxiety, panic, vomiting) due to the delayed effects of edibles Increased risk of cannabis poisoning in children that can be life threatening; keep out of reach of children

Who is most at risk?

Individuals younger than 25. Cannabis can interfere with brain development, which can lead to serious mental disorders like psychosis and schizophrenia.

Individuals with a family history of mental disorders. Risks are greater in those with a family history of psychosis, schizophrenia, or drug/alcohol dependence.

Individuals pregnant or breastfeeding. Use can harm the baby's growth and development.

Tips to lower the risks from cannabis use

Delay use until after 25 when the brain is fully developed.

Avoid daily or near daily use or 'binging'.

Choose products with lower levels of THC.

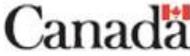
Choose legal quality controlled products to reduce the health risks of consuming unregulated/illegal cannabis products.

Learn more about the [Lower Risk Cannabis Use Guidelines](#).

- ▶ **Report adverse reactions or side-effects from a cannabis product**
Report directly to Health Canada or call 1-866-234-2345.
- ▶ **Resources to stop or reduce your cannabis use**
Reducing or stopping cannabis use can improve long term mental health and brain function. If you or someone you know is struggling with substance use or mental health, [help is available](#) (or call 1-877-254-3348).



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Drill Down of Specific Sections (50 minutes)

Now we are going to take a closer look at the different sections of the sheet. For each section, I will give you a few minutes to read all of the information. I would like to get a sense of what stands out to you, what you like or dislike, and whether you found the information useful.

Section 1: Common immediate effects of THC

Common immediate effects of THC	
<ul style="list-style-type: none"> Feeling 'high'; changes in thinking; anxiety; paranoia; increased heart rate; trouble with memory and attention; drowsiness 	<ul style="list-style-type: none"> Cannabis-impaired driving is a criminal offense 

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Were the icons used effective/helpful? Why or why not?

Among the effects mentioned, Health Canada is interested in determining which effects are more/less important to Canadians to communicate risks on.

- Which effects do you feel are the most important/least important to know? (**PROBE:** mental health, cognitive health, physical health like on heart rate, etc.)

Section 2: Long-term effects

Daily cannabis use increases long term risk of:		
 <ul style="list-style-type: none"> poor mental health (e.g., anxiety, depression) including cannabis dependence poor brain function (e.g., memory, attention) 	 <ul style="list-style-type: none"> heart disease (e.g., irregular heart beat, high blood pressure) 	 <ul style="list-style-type: none"> lung disease when smoked (e.g., inflamed lungs, shortness of breath)

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Which effects do you feel are the most important/least important to know?

What do you think of the images used?

- Were the icons used effective/helpful? Why or why not?

Section 3: Risks of different cannabis products

Risks of different cannabis products	
 Smoked products (e.g., pre-rolled joints, dried cannabis)	<ul style="list-style-type: none"> • Inhaling toxic chemicals also found in tobacco smoke • Increased risk of lung disease
 Higher strength THC products (e.g., vape pen, wax, shatter)	<ul style="list-style-type: none"> • More severe effects on heart rate, anxiety, memory, and attention • Increased risk of psychotic symptoms and cannabis dependency
 Edibles (e.g., chocolates, soft chews, drinks)	<ul style="list-style-type: none"> • Increased risk of overconsumption and cannabis poisoning (e.g., severe anxiety, panic, vomiting) due to the delayed effects of edibles • Increased risk of cannabis poisoning in children that can be life threatening; keep out of reach of children

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Health Canada is interested in exploring effective language to communicate the risk of ‘higher strength’ products (middle row), such as vape pens, cartridges, wax, shatter and other concentrated forms of cannabis. [**MODERATOR TO REQUEST PARTICIPANTS RANK THE FOLLOWING OPTIONS**]

Which language makes most sense to you:

4. The risk of cannabis dependence increases due to the **higher-strength of THC** in these products
 5. The risk of cannabis dependence increases due to the **concentrated form of THC** in these products
 6. The risk of cannabis dependence increases due to the **higher-potency of THC** in these products.
- **PROBE:** Why do you prefer that choice of language?

What do you think of the images used?

- Were the icons used effective/helpful? Why or why not?

Section 4: Who is most at risk?

Who is most at risk?		
<p>Individuals younger than 25. Cannabis can interfere with brain development, which can lead to serious mental disorders like psychosis and schizophrenia.</p>	<p>Individuals with a family history of mental disorders. Risks are greater in those with a family history of psychosis, schizophrenia, or drug/alcohol dependence.</p>	<p>Individuals pregnant or breastfeeding. Use can harm the baby's growth and development.</p>

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Section 5: Tips to lower the risks from cannabis use

Tips to lower the risks from cannabis use			
<p>Delay use until after 25 when the brain is fully developed.</p>	<p>Avoid daily or near daily use or 'binging'.</p>	<p>Choose products with lower levels of THC.</p>	<p>Choose legal quality controlled products to reduce the health risks of consuming unregulated/illegal cannabis products.</p>
<p>Learn more about the Lower Risk Cannabis Use Guidelines.</p>			

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Section 6: Resources for cannabis information

<p>▶ Report adverse reactions or side-effects from a cannabis product Report directly to Health Canada (or call 1-866-234-2345).</p>
<p>▶ Resources to stop or reduce your cannabis use Reducing or stopping cannabis use can improve long term mental health and brain function. If you or someone you know is struggling with substance use or mental health, help is available (or call 1-877-254-3348).</p>

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)

- Is there anything you would change?
- Does this information belong on this type of 1-page information sheet?
- When it comes to the text that reads “Reducing or stopping cannabis use can improve long term mental health and brain function”:
 - ...is this believable?
 - ...were you aware of this?

Review and Perceived Usefulness (15 minutes)

Let’s take another look at the information sheet as a whole.



Consumer Information | Cannabis

Increase your awareness of cannabis' effects and risks

Common immediate effects of THC

- Feeling 'high'; changes in thinking; anxiety; paranoia; increased heart rate; trouble with memory and attention; drowsiness
- Cannabis-impaired driving is a criminal offense



Daily cannabis use increases long term risk of:



- **poor mental health** (e.g., anxiety, depression) including cannabis dependence
- **poor brain function** (e.g., memory, attention)



- **heart disease** (e.g., irregular heart beat, high blood pressure)



- **lung disease when smoked** (e.g., inflamed lungs, shortness of breath)

Risks of different cannabis products

 Smoked products (e.g., pre-rolled joints, dried cannabis)	<ul style="list-style-type: none"> • Inhaling toxic chemicals also found in tobacco smoke • Increased risk of lung disease
 Higher strength THC products (e.g., vape pen, wax, shatter)	<ul style="list-style-type: none"> • More severe effects on heart rate, anxiety, memory, and attention • Increased risk of psychotic symptoms and cannabis dependency
 Edibles (e.g., chocolates, soft chews, drinks)	<ul style="list-style-type: none"> • Increased risk of overconsumption and cannabis poisoning (e.g., severe anxiety, panic, vomiting) due to the delayed effects of edibles • Increased risk of cannabis poisoning in children that can be life threatening; keep out of reach of children

Who is most at risk?

Individuals younger than 25. Cannabis can interfere with brain development, which can lead to serious mental disorders like psychosis and schizophrenia.	Individuals with a family history of mental disorders. Risks are greater in those with a family history of psychosis, schizophrenia, or drug/alcohol dependence.	Individuals pregnant or breastfeeding. Use can harm the baby's growth and development.
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Tips to lower the risks from cannabis use

Delay use until after 25 when the brain is fully developed.	Avoid daily or near daily use or 'binging'.	Choose products with lower levels of THC.	Choose legal quality controlled products to reduce the health risks of consuming unregulated/illegal cannabis products.
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Learn more about the Lower Risk Cannabis Use Guidelines.

- ▶ **Report adverse reactions or side-effects from a cannabis product**
Report directly to Health Canada or call 1-866-234-2345.
- ▶ **Resources to stop or reduce your cannabis use**
Reducing or stopping cannabis use can improve long term mental health and brain function. If you or someone you know is struggling with substance use or mental health, help is available (or call 1-877-254-3348).



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After having read through each section, what are your overall impressions?

- Do you feel that this information sheet is useful for you?
- Let's use the chat function now. I would like each of you to consider each section of the information sheet and think about what section was more important to you. **[MODERATOR TO SHARE IMAGE OF INFORMATION SHEET WHERE EACH SECTION IS NUMBERED]**.

On your screen you will see each of the sections which we have already gone over in detail. You will also see a number associated with each section. In the chat box, I would like each of you to rank each section in terms of most important to least important. So if section 3 was the most important to you, you would start by entering "3", then enter the number of the section that is second most important, until you have entered the number for all sections in your ranking. For example, "3,1,2,4,6,5".

- **PROBE:** Why did you choose this order?

Was the overall layout easy to follow?

- Did you find any part of the information sheet difficult to read?
- Was anything difficult to understand?

Did you feel that any information was missing from the information sheet?

- **[IF NEEDED]:** What do you feel was missing?

Do you have any additional feedback or recommendations related to the information sheet?

Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION.

Appendix C: Moderation Guide for Medical Cannabis User Groups

Introduction to procedures (15 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of the Government of Canada.
 - Today we will focus on getting your feedback on a consumer information sheet that Health Canada is updating. This resource is specifically for individuals who consume cannabis products for medical purposes.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We will also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the topics I’ll be presenting to you tonight/today.
 - Your honest opinion is valued. There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other consumers.

- To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
- We might use the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. Let's do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name.
 - The final report for this session, and others, can be accessed through the Library of Parliament and Library and Archives Canada's website.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback. These recordings are stored for up to 6 months and then destroyed.
 - Some of my colleagues from the Government of Canada who are involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself such as where you live and what you like to do in your spare time.

Initial Review of Overall Information Sheet (5 minutes)

CONTEXT: Health Canada wants to increase awareness of the risks and to minimize the harms associated with cannabis use. One of the ways they do this is through a consumer information sheet. The information sheet aims to educate consumers on cannabis, such as the short and long-term effects of various consumption methods and products and strategies to lower risk.

There is currently an information sheet related to the use of cannabis for non-medical (recreational) purposes. However, Health Canada is currently working on creating an information sheet related to the medical use of cannabis. The sheet will be publicly accessible on Health Canada's website and will also be included in shipments of cannabis that are sent to those who have an official authorization by a health care provider (e.g., doctor) to use cannabis for medical purposes.

Health Canada is looking for feedback on this information sheet from Canadians who use cannabis for medical purposes.

The proposed sheet is just over one page long and looks like this. Don't worry about trying to read everything right now since we will explore the sheet one section at a time.

[MODERATOR TO SHARE FULL INFO SHEET, SCROLLING SLOWLY]

Consumer information | Cannabis for medical purposes

Cannabis products are used for medical purposes to help treat symptoms of many disorders. However, the overall evidence for their safety and efficacy is limited or unknown. Unlike regulated health products, Health Canada has not reviewed any cannabis products for safety and efficacy. Consult a healthcare practitioner before using cannabis for medical purposes.

Cannabinoids. Cannabis and cannabis products contain *cannabinoids* that affect the brain and body. The two most common are THC and CBD. There are others such as CBG, CBN, CBC and THCV, but little is known about their effects or side effects. Both THC and CBD may have certain therapeutic effects and those effects differ. THC also causes the intoxicating and impairing effects of cannabis and has addictive potential. CBD is not intoxicating nor addictive but does affect the brain.

- **Check and understand the label.** Make sure the product your healthcare provider recommended is the one you received. CBD products can contain some amount of THC, and sometimes enough to cause side effects; carefully read the label before consuming any cannabis. If in doubt, or you have any questions, contact your health care provider.
- **Monitor your treatment and follow-up with your health care provider.** Self-assess the effects of cannabis on your symptoms. Meet regularly with your health care provider to adjust your treatment plans to your personal needs.

For more information on cannabis for medical purposes, visit Canada.ca/. If you are also using or considering using cannabis for non-medical purposes, please consult the [Consumer Information – Cannabis document](#).

Ways of using cannabis	When effects could begin	How long effects could last	Potential Benefits and Risks
Ingesting (eating, drinking, under tongue)	30 minutes to 2 hours	4-8 hours*	<ul style="list-style-type: none"> ▪ Effects are longer-lasting, which may provide longer relief from symptoms ▪ The delayed effects may lead to overconsumption, which can lead to cannabis poisoning (e.g., panic/anxiety, hallucinations, nausea/vomiting) ▪ Accidental ingestion by children can be life-threatening
Inhaling (smoking, vaping)	Seconds to minutes	2-4 hours*	<ul style="list-style-type: none"> ▪ Effects are faster-acting, which may help relieve acute symptoms ▪ The toxic chemicals in cannabis smoke increase your risk of lung disease; cannabis vapour may also carry risks

*some lingering effects can last 12-24 hours

Recommended dosing. Always start with the lowest possible dose and go slowly: gradually increase (or decrease) the dose as directed by your healthcare provider to achieve desired therapeutic effect and reduce side effects. If consuming orally, start with a low dose of 1-2.5 mg of THC or less or a low dose of 5-25 mg of CBD and wait at least 4 hours before deciding whether to take more. For inhalation, start with one or two inhalations and wait several minutes before taking more. Do not exceed what was recommended by your health care provider. If you overconsume and feel unwell, contact your healthcare provider or you can call 1-844-POISON-X (1-800-463-5060 in Quebec), call 9-1-1, or go to your nearest hospital.

Side effects of THC. Everyone's response to cannabis differs and can vary from one time to the next. Immediate effects can include euphoria ("high"), dizziness/feeling faint, increased heart rate, changes in thinking, anxiety, panic, paranoia, increased appetite, impaired memory and attention, dry mouth, red eyes, and drowsiness. Serious side effects can include psychotic symptoms involving extreme confusion, severe anxiety, paranoia, and hallucinations. Due to these and other effects, **cannabis-impaired driving is a criminal offence.**

Reporting side effects. Report any side effects to your health care provider, the product manufacturer, or directly to Health Canada by calling (1-866-234-2345) or filling a [side effect report online](#).

Reduce and manage risks

- **Drug-drug interactions.** Cannabis can interact with many other substances and cause side effects, some of which may be serious. It is important to tell your health care provider if you are taking or changing prescription or non-prescription drugs or natural health products. Take caution when combining cannabis with other drugs and health products, and avoid combining with other intoxicating substances such as alcohol.
- **Safe storage.** Accidental consumption of cannabis edibles can be life-threatening to children. Keep all cannabis products stored in their original child-resistant plain packaging and locked away from reach of children.

Drill Down of Specific Sections (50 minutes)

Now we are going to take a closer look at the different sections of the sheet. For each section, I will give you a few minutes to read all of the information. I would like to get a sense of what stands out to you, what you like or dislike, and whether you found the information useful.

Section 1: Introduction/overview

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What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Section 2: Potential benefits and risks

Ways of using cannabis	When effects could begin	How long effects could last	Potential Benefits and Risks
Ingesting (eating, drinking, under tongue)	30 minutes to 2 hours	4-8 hours*	<ul style="list-style-type: none"> ▪ Effects are longer-lasting, which may provide longer relief from symptoms ▪ The delayed effects may lead to overconsumption, which can lead to cannabis poisoning (e.g., panic/anxiety, hallucinations, nausea/vomiting) ▪ Accidental ingestion by children can be life-threatening
Inhaling (smoking, vaping)	Seconds to minutes	2-4 hours*	<ul style="list-style-type: none"> ▪ Effects are faster-acting, which may help relieve acute symptoms ▪ The toxic chemicals in cannabis smoke increase your risk of lung disease; cannabis vapour may also carry risks

*some lingering effects can last 12-24 hours

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Section 3: Recommended dosing

Recommended dosing. Always start with the lowest possible dose and go slowly: gradually increase (or decrease) the dose as directed by your healthcare provider to achieve desired therapeutic effect and reduce side effects. If consuming orally, start with a low dose of 1-2.5 mg of THC or less or a low dose of 5-25 mg of CBD and wait at least 4 hours before deciding whether to take more. For inhalation, start with one or two inhalations and wait several minutes before taking more. Do not exceed what was recommended by your health care provider. If you overconsume and feel unwell, contact your healthcare provider or you can call 1-844-POISON-X (1-800-463-5060 in Quebec), call 9-1-1, or go to your nearest hospital.

What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Section 4: Side effects of THC

Side effects of THC. Everyone's response to cannabis differs and can vary from one time to the next. Immediate effects can include euphoria ("high"), dizziness/feeling faint, increased heart rate, changes in thinking, anxiety, panic, paranoia, increased appetite, impaired memory and attention, dry mouth, red eyes, and drowsiness. Serious side effects can include psychotic symptoms involving extreme confusion, severe anxiety, paranoia, and hallucinations. Due to these and other effects, **cannabis-impaired driving is a criminal offence.**

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What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Among the effects mentioned, Health Canada is interested in determining which effects are more/less important to Canadians to communicate risks on.

- Which effects do you feel are the most important/least important to know? (**PROBE:** mental health, cognitive health, physical health like on heart rate, etc.)

Section 5: Reduce and Manage Risks

Reduce and manage risks

- **Drug-drug interactions.** Cannabis can interact with many other substances and cause side effects, some of which may be serious. It is important to tell your health care provider if you are taking or changing prescription or non-prescription drugs or natural health products. Take caution when combining cannabis with other drugs and health products, and avoid combining with other intoxicating substances such as alcohol.
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What is your overall impression of this section?

- Is there anything you like or dislike about this section? (**PROBE:** clarity, novelty of information, changes in risk perception or cannabis use)
- Is there anything you would change?

Review and Perceived Usefulness (15 minutes)

Let's take another look at the information sheet as a whole.

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Reduce and manage risks

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For more information on cannabis for medical purposes, visit [Canada.ca](#). If you are also using or considering using cannabis for non-medical purposes, please consult the [Consumer Information – Cannabis](#) document.

After having read through each section, what are your overall impressions?

- Do you feel that this information sheet is useful for you?
- Let's use the chat function now. I would like each of you to consider each section of the information sheet and think about what section was more important to you. **[MODERATOR TO SHARE IMAGE OF INFORMATION SHEET WHERE EACH SECTION IS NUMBERED]**.

On your screen you will see each of the sections which we have already gone over in detail. You will also see a number associated with each section. In the chat box, I would like each of you to rank each section in terms of most important to least important. So, if section 3 was the most important to you, you would start by entering "3", then enter the number of the section that is second most important, until you have entered the number for all sections in your ranking. For example, "3,1,2,4,5".

- PROBE: Why did you choose this order?

Was the overall layout easy to follow?

- Did you find any part of the information sheet difficult to read?
- Was anything difficult to understand?

Did you feel that any information was missing from the information sheet?

- **[IF NEEDED]**: What do you feel was missing?

Health Canada is interested in exploring effective language to communicate the risk of 'higher strength' products, such as vape pens, cartridges, wax, shatter and other concentrated forms of cannabis. **[MODERATOR TO REQUEST PARTICIPANTS RANK THE FOLLOWING OPTIONS]**

Which language makes most sense to you:

7. The risk of cannabis dependence increases due to the **higher-strength of THC** in these products
 8. The risk of cannabis dependence increases due to the **concentrated form of THC** in these products
 9. The risk of cannabis dependence increases due to the **higher-potency of THC** in these products.
- PROBE: Why do you prefer that choice of language?

Do you have any additional feedback or recommendations related to the information sheet?

Wrap-up (5 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION.