

Exploratory Focus Groups on Marijuana - Executive Summary

HCPOR #: 15-04

POR Registration #: POR-049-15

Prepared for: Health Canada

Contract Number: HT372-15294-001-CY

Contract Award Date: March 31, 2016

Date of Delivery: July 11, 2016

Contact Information: por-rop@hc-sc.gc.ca

Ce résumé est aussi disponible en français.

Executive Summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the exploratory qualitative research on marijuana.

Health Canada is planning an evidence-based public education and awareness campaign to enable Canadians to make responsible and informed choices in an environment of “potential” legalization of marijuana, including information about the personal and public health and safety risk associated with marijuana use and impaired driving. To inform the development of the public education campaign, focus group research was required to provide valuable insight about the general population, with special attention to youth and their parents and young adults, on the topic of marijuana and the impacts of the changes in legalization and regulation, including their knowledge, attitudes and behaviours. The results will inform the scope and messaging (and tone) for a proposed public awareness campaign designed to provide information (including education and public awareness) to meet the needs of multiple audiences. Finally, research results will be used to inform legislation and policy on the topic of marijuana and to develop web content, toolkits and other public education initiatives. The total cost to conduct this research was \$136,241.62, including HST.

To meet these objectives, Earnscliffe conducted a comprehensive wave of qualitative research. The research included a series of twenty-four focus groups in four cities across Canada: Toronto, ON (June 20-22); Vancouver, BC (June 21-23); Halifax, NS (June 27-29); and, Montreal, QC (June 27-29). The focus groups in Montreal were conducted in French. In each city, a focus group was conducted with: young adults (19-24); adults (25+); parents of youth (13-15); parents of youth (16-18); youth (13-15); and, youth (16-18).

The research explored: knowledge, perceptions, attitudes and behaviours towards marijuana use and specifically the health effects on youth and young adults, legalization (and responsible use) and impaired driving; reactions to key marijuana statements to determine if they are clear, credible and relevant; and, how best to inform Canadians about the effects and consequences of marijuana use, including understanding where they go for information and what are the preferred methods/media to provide information.

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

The key findings from the research are presented below.

Exploratory (Context Setting)

- **The overwhelming majority of, if not all, participants (across all audiences) were aware of the “potential” legalization of marijuana in Canada.**
- **While the focus of the discussion was not on participants’ stance or position on the “potential” legalization, most, particularly those over the age of 18, were generally comfortable with the legalization of marijuana.** Marijuana was often described as a “natural product,” a “plant,” or an “herb” and participants tended to distinguish it from other drugs such as prescription drugs or more illicit drugs like cocaine, heroin, or crystal meth, etc.
- **The advantages of legalization were most often linked to: economic benefits for the government (and Canadians); a sense that the quality of marijuana would be standardized, regulated and more reliable (i.e. not laced with unknown substances/chemicals/drugs); elimination of the black market/criminal element of marijuana trafficking; relief on the health care system** in that reliance on doctor prescribed drugs may subside with more ready access to marijuana; and, **relief on the judicial system in that less time and money would be spent on policing and penalizing marijuana users** (that could be spent on “real criminals”).
- **The disadvantages of legalization were associated with: health risks related to smoking; discomfort with second-hand smoke; discomfort with having to be around the smell of marijuana (i.e. those who live in multi-person dwellings); and, driving under the influence of marijuana.**
- **Health risks associated with marijuana use were most often described as longer-term health risks (i.e. risks that would not pose problems until well into the future).** They included: lung/respiratory issues; cancer (related to smoking marijuana especially in the instances it is mixed with tobacco); and, the impact of marijuana on the development of the adolescent brain. Some participants, typically adults, also raised unprompted the link of marijuana to schizophrenia, although this was not as widely known or readily accepted. In addition to these risks, youth (13-15) raised the risk of addiction, while parents of youth (13-15) worried about the possibility of marijuana being a gateway drug.
- **The shorter term health risks associated with marijuana use tended to revolve around: laziness (lack of drive/determination) and changes in personality and/or behaviour.**
- **The overwhelming majority of participants, across all audiences, did have the sense that the health risks associated with marijuana use were different by age; arguing that the risks were more significant for adolescents given the impact of marijuana use on the developing brain.** Although all felt it would be inappropriate for children to use marijuana, there were some divided opinions over why. While some in almost every group pointed to risks associated with mental health, others were not necessarily convinced those risks exist, but were of the view that the lack of maturity of a child would lead to potentially poor judgement when impaired or choosing whether any particular moment is an appropriate time for doing marijuana.
- **Opinions about whether adolescent use and access to marijuana would increase with legalization varied across audiences.** Most participants, other than those 13-15 or parents of youth 13-15, did not think that access and use of marijuana would increase. They argued that marijuana is readily available now and that youth motivated to try marijuana can very easily procure it. In fact, some also argued that access and use of marijuana among youth may diminish with legalization because the stigma of doing something rebellious would be eliminated if marijuana were legalized.

On the other hand, many youth 13-15 and some parents of youth 13-15 were concerned that with legalization, youth access and use of marijuana would increase. They likened it to the ease with which youth can procure alcohol now (i.e. asking older siblings or acquaintances to procure it for them). They argued that legalization may change their perspective on the risks associated with marijuana.

- With respect to driving under the influence, the overwhelming majority of participants know someone who has either driven while under the influence of marijuana or know someone who has been a passenger in a vehicle where the driver was under the influence of marijuana. **Generally speaking, most had the sense that driving under the influence of marijuana was less dangerous than driving while under the**

influence of alcohol. Marijuana-impaired drivers were often described as more relaxed, calm, and cautious. In fact, a few participants felt that some people they knew were better drivers under the influence of marijuana than they were sober.

- **One of the most pervasive opinions expressed was that experienced users or “strong smokers” were less likely to be impaired.** Personal observation and experiences have led many to rely on anecdotal evidence of individuals who behave in a perfectly functional way while on marijuana – a situation quite different from their sense of how people act on alcohol.
- **In spite of this view, many participants, across all cities and audiences, were of the view that objectively, an impairment is an impairment.** Some participants explained that the fact marijuana alters your state of mind should be considered an impairment, otherwise why use marijuana? Others could agree that driving while impaired would be abhorrent whether it be from alcohol or marijuana, but wondered aloud whether it really is the case that all people who use marijuana become impaired.
- **In terms of the legal ramifications of driving under the influence of marijuana, most had the sense that the consequences for driving under the influence of marijuana were as severe, and should be as severe, as those for driving under the influence of alcohol.** Some assumed that since they believed the use of marijuana was illegal, then there was no law specifically relating to driving while under the influence of marijuana – rather, it was simply against the law to have consumed marijuana regardless of whether one is driving or not.
- **However, there was a fairly healthy level of skepticism about current roadside methods for detecting marijuana impairment.** Some suggested that detection methods of marijuana impairment were not yet as sophisticated as they are for detecting alcohol impairment (i.e. breathalyzer). Others felt that they had heard news of technologies being developed to detect marijuana impairment. Current detection methods that were raised spontaneously in the groups included: red, puffy eyes; the smell of marijuana (emanating from the car or on the person); pasty mouths; and, odd behaviour. It is important to note that there was a sense that the limitations in roadside detection suggests something about the lack of severity/consequences (a more relaxed position) on the issue of marijuana-impaired driving.

Key Marijuana Statements

Statements – Health and Safety Risks

- Reactions to the key health and safety risk statements tested were mixed, particularly across age groups. And, while there were some aspects of each statement that diminished their credibility, **there were a few statements that were met with generally positive reactions.** The bolded font illustrates the more persuasive elements of each statement:
 - *Just because marijuana will be legalized in Canada, it does not make it harmless or safe. **All drugs carry risks to health and safety.***
 - ***Marijuana impairs attention, memory, reaction time, thinking, decision-making, judgement and the proper functioning of your brain.***
 - ***Marijuana use impairs attention and memory and this can affect schoolwork.** Some studies suggest using marijuana may harm IQ, especially if use begins during adolescence, is regular and continues for many years.*
 - ***The harms of marijuana depend on a number of factors: age when use begins, the amount used, the potency, the frequency and duration of use all have an impact on the effects, the risks and the harms.***
- **Statements linking marijuana use to psychosis and schizophrenia tended to raise a lot of questions. These statements were not necessarily deemed less credible or believable but raised questions about something most did not know about marijuana.** Those who had prior knowledge of or experience with marijuana use and psychosis or schizophrenia, were far more likely to deem this statement credible.
- Statements related to addiction also tended to raise questions, particularly among those over 15. **Questions related to addiction often revolved around the interpretation of the word addiction, particularly as it relates to marijuana.** Those who did not feel these statements were credible argued that regular marijuana use tended to have more to do with a dependency than an addiction. They argued

that the body did not “crave” or “need” marijuana, but rather the user was used to regular use. In addition, since the statistical reference was to something somewhat surprising to many, there was more of a call for citing the source of the information.

- **Those linking marijuana to issues around attention, memory, and a lack of focus in school were deemed credible by most although the link to harming IQ was problematic for some.** A number of participants claimed some of the most intelligent and successful people they know are regular marijuana users.
- Comparing marijuana smoke to tobacco smoke was felt to be a stretch for most participants. Again, marijuana was often described as a natural substance; a plant or herb; whereas, participants described cigarettes as being filled with harmful chemical additives that are not present in marijuana.

Statements – Marijuana-Impaired Driving

- Those who tended to believe that an impairment is an impairment found most of these statements credible. Those who tended to be more comfortable with marijuana use before/while driving did not find most of these statements to be credible.
- While these statements were regarded with a little more scrutiny than those on health and safety, there was one that was universally accepted:
 - *Combining alcohol with marijuana greatly increases the risks of having a car accident.*
- **The statement about impaired reaction time (marijuana impairs your coordination and reaction time and can harm your ability to drive) was also deemed credible by most.**
- All of the other statements were met with mixed reactions. **Those for whom the statements were not deemed credible, tended to argue that driving under the influence of marijuana depends on the person, their tolerance to marijuana, the potency of the marijuana, and the way they consumed it.**

Videos

- Most of the videos were met with positive reactions by one audience or another. **Participants felt that the tone and style of the various approaches could be helpful for different reasons.**
- **However, for the majority of participants, there was a balance to strike in terms of the approach, tone, and messaging that will work for marijuana, particularly in the context of legalization;** this was especially true for participants over 15 years of age. Some of the videos were felt to be too over-the-top (fear-mongering) in their approach, did not fit with participants’ perceptions of marijuana and would fly in the face of the government’s position to (potentially) legalize marijuana.
- **Those who did not like over-the-top approaches, reacted very positively to the friendly, non-judgmental, informative style and tone of *Bubbly/Humorous I* which they deemed effective because it conveyed what to do and what not to do when marijuana is legalized without coming across as heavy-handed or exaggerated.** However, there were some criticisms of this video, mainly by youth 13-15 and parents of youth 13-15, who thought the tone was a little too positive and did not effectively communicate the risks associated with marijuana use.
- **Similarly, ads that used a positive approach (i.e. *Positive I*) were felt to be different, refreshing (would not be the stereotypical approach to anti-drug ads) and effective.** All could appreciate the warmth of the story and some appreciated the notion of giving viewers credit for being wise enough to do the right thing rather than simply warning against the potential ramifications of poor judgement.
- **Informative videos that used logic and comparative information, such as *Informative II* and to a lesser degree, *Informative I*, were very well received.** They were described as attention-grabbing, credible, and clearly communicated the main message. While the use of graphic images was not universally appreciated, the notion of having the scientific reality explained – particularly with the use of visual metaphors that were simple to understand and lacked graphic images – was lauded for how it educated and provoked new or renewed thinking on the risks of certain situations that are commonly recognized but, it turns out, not fully understood.
- **Reactions to the interactive approach in the case of *Interactive I* was very well received; they were mixed in the case of *Interactive II*.** Parents of youth thought the interactive approach of *Interactive II*

would effectively capture their adolescent's attention (when online); youth did not agree. Youth felt the video was unrealistic and did not appreciate the open-ended messaging; arguing they would prefer a more direct negative message about the risks of doing drugs. *Interactive II's* concept of individual-viewer interactivity with online material may have some ability to engage, but the content would have to be considerably more entertaining or compelling than the story conveyed the version tested. The nature of the interactivity in *Interactive I* was quite different and was more instantly capable of drawing the attention and empathy of viewers. Whereas participants assumed that viewers themselves were to interact with the material in *Interactive II*, the *Interactive I* spot offered viewers simply voyeuristically observe how others interacted with the interactive stimulus. The result provided closure, as well as greater entertainment and realism and for some, even a desire to get to be the person experiencing the surprise interaction.

- **Documentaries/Testimonials were appreciated for being stories about real people which can be effective at showing that these eventualities can happen to anyone.** However, they were felt to be long, not terribly attention-grabbing and easy for participants to tune out or ignore. Most suggested these would be most effective and appropriate for adolescents and shown at school where they would be forced to watch them.
- **Reaction to the short and sweet ads were generally positive; they were quick hits that captured attention and effectively communicated a singular message.** *Short & Sweet II* had some difficulties, particularly among youth (13-15) who could not understand why one would drink and then immediately drive, but those who understood the "know when to say no" message appreciated the ad and pointed out their appreciation for the apparent supportive, normalcy of rejecting an offer for an additional drink among the characters.
- **Humorous ads can be effective but tend to be more positively received by older audiences;** for example, *Bubbly/Humorous II* was appreciated by a select audience of adults over 25. Parents, youth and young adults found the humour to be a little offensive. Youth (13-15), in particular, did not feel it would be appropriate to make light of marijuana use and preferred the more serious (not necessarily dramatic), direct approaches.
- **Videos that use celebrity spokespersons can be effective** although the *Celebrity/Spokes I* video was met with mixed reactions. The humour was lost on some participants (across all audiences) who were critical of the tone (rude, shaming). That being said, participants suggested that key to the success of this approach is to ensure that the celebrity is relevant to the intended audience and, ideally, has some personal connection to the message. This adds to the authenticity and credibility of the message.
- **All of this suggests that a layered, multi-phased campaign will be required to reach the various audiences with targeted communications and messaging about marijuana.** Indeed, it became apparent from group to group and night to night that the diversity of levels of knowledge, fears, attitudes and perceptions across the different audiences make it **nearly impossible for any single approach or messaging to work for all of the target audiences.** Rather, a collection of tailored, targeted approaches would appear to be the only way to achieve the broadest success in educating the public on the potential risks associated with marijuana.

Communications

- All parents indicated that they have talked openly with their teens about drugs, alcohol, etc. although they did credit the school system with providing this type of information to youth credibly and in a timely fashion. Parents said that the conversations they had with their teen generally took place when they were about to enter high school. **The talking points parents reinforced in conversations with their teen included a reminder to be responsible; make informed choices; not to be influenced by others; and, to wait to try marijuana until they were older (at least the age of majority).** The majority of parents did not feel the legalization of marijuana would change the way they talked with their teen about marijuana. Among youth, the advice tended to be that **parents need to have a non-accusatory approach, be respectful of the intelligence and judgement of their own teen and provide empirical evidence in a non-judgemental way** so they can make informed decisions rather than rely on word of mouth or misinformation.

- In terms of information needs, very few participants, across all audiences, have looked up information about the effects of marijuana or marijuana-impaired driving although some of the younger participants had done so for school projects. **Having said that, most participants are interested and eager to see what comes of legalization, especially as it relates to benchmarks (i.e. legal limits of marijuana in the blood stream, etc.).**
- **Most would refer to government websites, Health Canada was named specifically, for credible information about marijuana.** Other trustworthy sources that were raised unprompted included: health organizations (i.e. Mayo Clinic); health care facilities and professionals (hospitals, naturopaths, pharmacists, etc.); mental health associations; substance abuse organizations; dispensaries; liquor stores; and, community health forums.
- **Social media (i.e. YouTube, Facebook, Twitter, Instagram, Snapchat, etc.) was the most readily mentioned vehicle for communications across all audiences and cities.** Other communications vehicles that were raised spontaneously included: billboards; public transportation (including buses and bus shelters, trains, subways, etc.); television (although not many watch TV in real time anymore); and, radio (to and from work).

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe) Contract Number: HT372-15294-001-CY Contract award date: March 31, 2016

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

Signed:

Date: July 11, 2016

Stephanie Constable
Principal, Earnscliffe