

**National Youth Drug Prevention Strategy –
Exploratory Focus Groups and Website Testing with
Parents**

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EXECUTIVE SUMMARY

Objectives and Methodology

The overall objectives of this study were to: assess the knowledge and attitudes of parents towards drug use in youth ages 13-15; assess the experience and comfort levels among parents in talking to their children about drugs; assess the usefulness of a website for parents in providing information and tools for parents as they relate to knowledge of drugs and how to talk to their children about drugs; assess marketing messages overall in terms of credibility, and effectiveness as a “call to action”; and, determine other information needs and appropriate vehicles for their dissemination to parents.

In total, 12 focus groups with parents of youth ages 13-15 were conducted in six cities including Halifax, Trois Rivières, Montreal, Toronto, Red Deer, and Vancouver from December 10th to December 18th, 2007.

Interpretive Note: Although qualitative research in general, and focus groups in particular, are highly valuable for providing insight into the needs, attitudes and opinions of an organization’s customers and prospects, the results cannot be deemed to be representative of any wider group of individuals than those who participated.

Knowledge and Attitudes toward Drugs

Most participants claimed to have a “moderate or low level of knowledge” about drugs unless they had a personal or family experience with problem usage, or were teachers. Most of the knowledge that parents had about drugs was about marijuana. Some of the other drugs that parents were aware of included meth (methamphetamine), ecstasy and crack.

Parents that participated in this study indicated that they believed there had not been a change in the prevalence of drug use today (many openly confessed prior drug use – mostly marijuana). However, drugs today were considered to be much harder, more easily available and parents felt that the attitude toward drugs was more open. Parents overall were definite in their view that drug use is a problem.

Many parents indicated that they felt that marijuana was stronger and laced with other drugs today compared to when they were teens, although they still considered marijuana to be less harmful than other drugs. Furthermore, when comparing marijuana to cigarettes and alcohol there were a variety of opinions but the general consensus was that each was harmful in its own way for the user. Some participants

agreed that marijuana was a stepping stone to harder drugs but many felt the progression was due to individual tendencies. Virtually all participants were aware that marijuana is an illegal drug but were both concerned and confused by the perceived lack of enforcement of drug laws.

Many participants believed or “hoped” they would recognize signs of drug use in their child (e.g. going straight to their room, bloodshot or glazed eyes, or snacking a lot.) These views were based mainly on their knowledge of the effects of marijuana usage. If participants did notice signs, they indicated they would most likely turn to the Internet to look for more information.

Most participants felt, or at least hoped they had some influence on their teen’s decision to not try drugs. Participants frequently cited family values as a strong influence on their children.

Conversations with Teens and Information Sources

The majority of participants have had a conversation about drug use with their teen, but interestingly most conversations were started by the teen. Among those parents who initiated conversations with their teens, the main scenarios included: parents with an ongoing open relationship with their child initiated a discussion; an opportunity arose through materials sent home from school (e.g. DARE) or after watching a television program; or they talked following an episode where their child had used drugs.

Most parents did not believe their own experience with drugs was a barrier to initiating a conversation with their teen. They felt it could be an effective method to improve their credibility as long as they could relate the potential negative outcomes of drug use.

Some of the most common sources of information related to drug use that participants accessed included the Internet, pamphlets from the doctor’s office and from the schools.

When asked what the most effective communication tool would be to reach parents with drug use information related to teens, the most common responses were: television, radio, newspapers, billboards, Internet sites and magazines. When prompted, participants in smaller communities felt that their local community newspapers would be effective, however those in larger communities were less likely to take the time to read these publications. Furthermore, when prompted about the potential of clicking on Internet banner advertisements, participants indicated that if the advertisement was hosted on a reputable site and the ad clearly indicated that it was a Government of Canada sponsored advertisement, they might click on the banner. If that was not the

case, most participants indicated that they would not click on the banner.

Marketing Messages

Most of the marketing messages tested with focus group participants were well-received. In fact, when asked to rank the “top three” messages in terms of gaining their attention or bringing them to action, all messages got at least one vote to be in the “top three.” That said, there were four messages that stood out:

1. If a teen uses meth, it can lead to irreversible brain damage.
2. A teen with a criminal record, even if the record is sealed in Canada at age 18, may be prevented in the future from entering other countries.
3. Teens who feel connected to their families are more likely to avoid using drugs.
4. Parents who talk to their children, and monitor their activities, reduce the likelihood of their using drugs.

It is worth noting that the first message was in the top three in all six cities. The first two messages really seemed to hit home with participants as they were the most hard-hitting messages with shock value. The third and fourth messages can be categorized as “positive motivators” which parents felt were also important to hear.

Website for Parents: Table of Contents

The initial response to the proposed table of contents for a planned Internet site was: “This is great!” Participants indicated that the information presented was precisely what they needed. Some suggestions for inclusion on the site included: testimonials; images and visuals; legal information; a section on drug prevention; a 1-800 help line or chat room; and information relating to crack cocaine.

Conclusions and Recommendations

There were two overall messaging themes that participants felt were effective: the strong, emotional “shocking” theme and the “positive motivator” theme. The “shocking” message that resonated most across Canada was “If a teen uses meth, it can lead to irreversible brain damage” while the second message that resonated most among participants (however less in Quebec) was “A teen with a criminal record may, in the future, be prevented from entering other countries, even if the record is sealed in Canada at age 18.” The positive motivator messages that resonated strongest among participants overall were “Teens who feel connected to their families are more likely to avoid the dangers of using drugs” and “Parents who talk to their children and monitor their activities reduce the likelihood of children using drugs.”

Based on the two themes that came out during the focus groups, it is recommended that Health Canada implement a “Two-Pronged” approach to communicating with parents in relation to drug use among teens. The first prong is the use of strong, emotional, shocking messages that could be used to get parents’ attention and motivate them to take action. The second prong is the use of positive motivator messages that could be used to assure parents that they can be a positive influence in their child’s life and that they can and should play a role in preventing drug use. Through the use of this two-pronged approach, these two types of messages would present the problem of drug use to parents, while assuring them that they could and should be an essential part of the solution.

The most effective way to reach parents as suggested by participants is through the media of television and radio, however other effective methods suggested include: newspapers; billboards; Internet sites; schools; magazines; and pamphlets.

The website for parents should be a very effective tool. However, it could be made even more effective by adding testimonials, images/visuals, legal information, a prevention section, information on crack cocaine and a 1-800 number.

RÉSUMÉ

Objectifs et méthodologie

Les objectifs généraux de la présente étude consistaient à évaluer les connaissances et l'attitude des parents à l'égard de la consommation de drogues chez les jeunes âgés de 13 à 15 ans; à évaluer le degré d'expérience et d'aisance des parents pour ce qui est de parler à leurs enfants au sujet des drogues; à évaluer l'utilité d'un site Web destiné aux parents qui fournirait des renseignements et des outils leur apportant de l'information sur les drogues et leur transmettant des façons de parler à leurs enfants au sujet des drogues; à évaluer les messages marketing dans leur ensemble quant à leur crédibilité ainsi qu'à leur efficacité à « passer à l'action »; à déterminer les autres besoins d'information de même que les moyens appropriés pour communiquer cette information aux parents.

En tout, nous avons effectué 12 groupes de discussion avec des parents de jeunes âgés de 13 à 15 ans dans six villes, notamment Halifax, Trois-Rivières, Montréal, Toronto, Red Deer et Vancouver, du 10 décembre au 18 décembre 2007.

Note interprétative : Bien que la recherche qualitative en général, et les groupes de discussion en particulier, soient extrêmement précieux dans l'évaluation des besoins, des attitudes et des opinions de la clientèle actuelle et éventuelle d'une organisation, ces résultats ne peuvent être considérés comme étant représentatifs d'un groupe de personnes plus vaste que celui qui a participé à l'étude.

Connaissances et attitudes à l'égard des drogues

La plupart des participants ont indiqué qu'ils possédaient un « niveau de connaissances modéré ou faible » sur les drogues, sauf ceux qui avaient eu une expérience personnelle ou familiale quant à la consommation de drogues ou ceux qui étaient enseignants. La plupart des connaissances que possédaient les parents sur les drogues se rapportent à la marijuana. Les autres drogues qu'ils connaissaient sont la méthamphétamine, l'ecstasy et le crack.

Les parents qui ont participé à cette étude ont indiqué que, selon eux, il n'y avait pas eu de changement quant à la prévalence de la consommation de drogues aujourd'hui (bon nombre d'entre eux ont ouvertement mentionné qu'ils avaient déjà consommé de la drogue – de la marijuana pour la plupart), mais que les drogues d'aujourd'hui leur semblaient plus dures, plus facilement accessibles et que l'attitude vis-à-vis les drogues était plus ouverte. Dans l'ensemble, il était clair pour les parents que la consommation de drogues constitue un problème.

Plusieurs parents ont signalé qu'aujourd'hui, la marijuana leur semblait plus forte en plus d'être mélangée à d'autres drogues comparativement à l'époque où ils étaient adolescents, mais ils considèrent encore que la marijuana est moins nocive que les autres drogues. De plus, lorsque nous avons comparé la marijuana à la cigarette et à l'alcool, les parents ont émis différentes opinions, mais le consensus indiquait que les trois étaient nocifs chacun à leur façon pour le consommateur. Quelques participants ont fait remarquer que la marijuana représentait un tremplin vers les drogues plus dures, mais bon nombre de participants ont jugé que la progression se faisait selon les tendances individuelles. Presque tous les participants savaient que la marijuana était une drogue illégale, mais ils se sont dit préoccupés et déçus par le manque d'application perçue des lois relatives aux drogues.

De nombreux participants estiment ou « espèrent » qu'ils peuvent reconnaître les signes de consommation de drogues chez leur enfant (p. ex., se diriger tout droit dans sa chambre, yeux injectés de sang ou vitreux ou grignoter beaucoup). Ces opinions étaient principalement fondées sur leur connaissance des effets de la consommation de marijuana. Les participants ont mentionné que s'ils devaient remarquer des signes, ils se dirigeraient tout probablement vers l'Internet pour trouver plus de renseignements.

La plupart des participants estiment, ou du moins espèrent, qu'ils ont une certaine influence sur la décision de leur adolescent de ne pas faire l'essai de drogues. Les participants ont souvent cité les valeurs familiales comme facteur pouvant fortement influencer leurs enfants.

Conversations avec les adolescents et sources d'information

La majorité des participants ont déjà tenu une conversation au sujet des drogues avec leurs adolescents, mais fait intéressant à noter, est que la plupart des conversations avaient été amorcées par les adolescents. Parmi les parents qui ont amorcé la conversation avec leurs adolescents, les principaux scénarios comprenaient ce qui suit : les parents qui ont une relation ouverte et continue avec leur enfant ont amorcé une discussion; une occasion s'est présentée lorsque des documents ont été envoyés à la maison par l'école (p. ex., DARE) ou après avoir regardé une émission à la télévision; les parents ont parlé avec leur adolescent après un événement au cours duquel leur enfant avait consommé de la drogue.

La plupart des parents ne croient pas que leur propre expérience des drogues constitue un obstacle pour amorcer une conversation avec leur adolescent. Ils croient que ce pourrait être une façon efficace d'améliorer leur crédibilité pourvu qu'ils puissent faire le

lien avec les résultats négatifs possibles découlant de la consommation de drogues.

Parmi les sources d'information les plus communes auxquelles accèdent les parents sur la consommation de drogues on y retrouve l'Internet et les dépliants provenant du bureau du médecin et de l'école.

Lorsque nous leur avons demandé quel serait l'outil de communication le plus efficace pour rejoindre les parents afin de leur communiquer de l'information sur la consommation de drogues chez les adolescents, les réponses les plus communes se résumaient à : télévision, radio, journaux, tableaux d'affichage, sites Internet et magazines. Lorsque nous les avons sondés davantage, les participants des petites agglomérations ont jugé que les journaux communautaires seraient efficaces, mais ceux des grandes agglomérations étaient moins enclins à prendre le temps de lire ces publications. De plus, lorsque nous les avons sondés sur la possibilité de cliquer sur des bandeaux publicitaires Internet, les participants ont indiqué que si la publicité provenait d'un site réputé et qu'elle montrait de façon évidente qu'il s'agissait d'une publicité parrainée par le gouvernement du Canada, ils pourraient cliquer sur le bandeau. Si ce n'était pas le cas, la plupart des participants ont mentionné qu'ils ne cliqueraient pas sur le bandeau publicitaire.

Messages marketing

La plupart des messages marketing testés auprès des participants des groupes de discussion ont été bien reçus. En fait, lorsque nous leur avons demandé de classer les « trois messages les plus importants » pour ce qui était d'attirer leur attention ou de les inciter à passer à l'action, tous les messages ont obtenu au moins un vote dans « les trois messages les plus importants ». Cela dit, quatre messages se sont démarqués :

1. L'adolescent qui prend de la meth (méthamphétamine) peut subir des dommages irréversibles au cerveau.
2. Un adolescent qui a un dossier criminel pourrait ne pas pouvoir entrer dans un autre pays, même si son dossier est scellé à l'âge de 18 ans au Canada.
3. Les adolescents qui se sentent proches de leur famille ont plus de chances d'éviter la consommation de drogues.
4. Les parents qui parlent à leurs enfants et qui surveillent leurs activités réduisent la probabilité qu'ils consomment de la drogue.

Il est important de souligner que le premier message figurait parmi les trois messages les plus importants dans les six villes. Les deux premiers messages ont vraiment semblé toucher directement les participants parce qu'ils étaient les plus percutants avec leur

effet troublant. Les troisième et quatrième messages peuvent être classés dans les « éléments de motivation positifs » que les parents ont estimé importants à entendre également.

Site Web destiné aux parents : Table des matières

La première réaction à la table des matières proposée pour le site Internet prévu était la suivante : « C'est extraordinaire ! » Les participants ont indiqué que l'information présentée était précisément ce dont ils avaient besoin. Parmi les suggestions d'information à inclure dans le site, on y retrouve : témoignages, images et bandes images, renseignements juridiques, section sur la prévention de la consommation de drogues, ligne d'assistance 1-800 ou clavardoir, information sur le crack.

Conclusions et recommandations

Les participants ont jugé efficaces deux thèmes globaux dans les messages : le thème « troublant » fort et émotionnel ainsi que le thème « élément de motivation positif ». Le message « troublant » le plus retentissant dans l'ensemble du Canada était « L'adolescent qui prend de la meth (méthamphétamine) peut subir des dommages irréversibles au cerveau », et le second le plus retentissant parmi les participants – mais dans une moindre mesure au Québec – était « Un adolescent qui a un dossier criminel pourrait ne pas pouvoir entrer dans un autre pays, même si son dossier est scellé à l'âge de 18 ans au Canada ». Les messages représentant un élément de motivation positif les plus retentissants chez les participants dans l'ensemble étaient « Les adolescents qui se sentent proches de leur famille ont plus de chances d'éviter la consommation de drogues » et « Les parents qui parlent à leurs enfants et qui surveillent leurs activités réduisent la probabilité qu'ils consomment de la drogue ».

En se fondant sur les deux thèmes qui se sont démarqués pendant les groupes de discussion, il est recommandé que Santé Canada mette en œuvre une approche à « deux volets » pour communiquer avec les parents au sujet de la consommation de drogues chez les adolescents. Le premier volet comprendrait l'utilisation de messages « troublants » forts et émotionnels qui auraient pour but d'attirer l'attention des parents et de les inciter à passer à l'action. Le second volet comprendrait l'utilisation de messages de motivation positive qui serviraient à assurer les parents qu'ils peuvent représenter une influence positive dans la vie de leurs enfants et qu'ils peuvent et devraient jouer un rôle dans la prévention de consommation de drogues. En utilisant cette approche à deux volets, les deux types de messages présenteraient le problème de consommation de drogues aux parents tout en les assurant qu'ils pourraient et devraient

faire partie intégrante de la solution.

La façon la plus efficace d'atteindre les parents selon les participants serait par l'intermédiaire de la télévision et la radio, mais ils ont également suggéré d'autres méthodes efficaces telles que les journaux, les tableaux d'affichage, les sites Internet, les écoles, les magazines et les dépliants.

Le site Web destiné aux parents devrait représenter un outil très efficace, mais il pourrait s'avérer encore plus efficace en ajoutant des témoignages, des images ou des bandes images, des renseignements juridiques, une section sur la prévention, de l'information sur le crack et un numéro 1-800.

1. BACKGROUND

In the 2007 Federal Budget, the Prime Minister announced the introduction of a new National Anti-Drug Strategy, covering three priority areas: prevention, treatment and enforcement.

The budget speech further outlined the prevention priority:

“Budget 2007 invests \$10 million over the next two years to implement a national prevention campaign aimed at youth and their parents. The objective of the campaign will be to help decrease the prevalence of drug use among youth. To do this, the campaign will raise awareness and knowledge about drugs and their negative effects. It will also give parents the tools they need to talk to their children about drug use.”

Health Canada is leading a social marketing strategy, aimed at decreasing the prevalence of illicit drug use among youth, which will be implemented over multiple years. The strategy will focus on the following two target audiences:

- Youth aged 13 to 15 who are classified as the “contemplators” (those who are not experienced users or those who are not in the “straight and narrow” group¹); and
- Parents of youth aged 13 to 15.

This youth age group has been identified through previous research conducted by the Government of Canada, specifically Health Canada, which indicates that youth are most likely to initiate drug use, mostly marijuana, between 13 and 15 years of age.

The overall purpose of this research project was to inform the initial stages of a new National Anti-Drug Strategy. More specifically the study was intended to conduct exploratory research with parents to determine their information requirements and other needs around talking with their children about drug use, monitoring their activities and setting rules with consequences. Additionally, the research would determine which

¹ Straight and Narrow refers to those youth who are adamant that drug use and other potentially risk-laden activities are not for them.

potential marketing messages would serve as effective calls to action for parents. Finally, the research would evaluate the proposed content of a website for parents related to drugs and the use of illicit drugs.

RESEARCH OBJECTIVES

The main objectives of this research were:

- To assess the knowledge and attitudes of parents towards drug use in youth ages 13-15;
- To determine a “wish-list” of educational and other supports (police, schools, communities) that would help parents in their role as influencers of their children’s choices as they relate to drug use;
- To assess experience and comfort levels among parents in talking to their children about drugs (what works and what doesn’t; barriers to discussions on drugs);
- To determine information needs and tools for parents as they relate to knowledge of drugs, how to talk to their children about drugs, and how to enhance their children’s resiliency (including use of rules and consequences, monitoring, etc.);
- To determine appropriate vehicles for disseminating information to parents;
- To determine other aspects of information dissemination including preferences for tone, language, credible sources, etc.
- To determine the credibility and potential call to action from a predetermined list of marketing messages; and,
- To gather first impressions regarding potential information to be included on an internet site for parents related to drug use.

APPROACH AND METHODOLOGY

This study involved the conduct of twelve focus groups; two each in Halifax NS, Trois Rivières QC, Montreal QC, Toronto ON, Red Deer AB and Vancouver BC. Participant recruitment was conducted between December 10, 2007 and December 18, 2007 using a recruiting screener (attached as **Appendix A**) that was reviewed and approved by Health Canada. The key criterion for participation in these focus groups was that the participants be parents of youth between the ages of 13 and 15. Additionally, a minimum of 50% of participants in the groups were to be mothers while at least two

participants were to be fathers. Furthermore, recruited participants were required to spend at least some time on the Internet every week in order to effectively evaluate the proposed information for the website. In total, ten participants were recruited for each focus group, totalling 120 potential participants, selected randomly through **the use of a proprietary consumer panel**. The following table describes the locations along with the number of participants in each focus group. In total, 96 participants took part in this study.

Location	Number of Participants
Halifax	16
Trois Rivières	16
Montreal	16
Toronto	15
Red Deer	17
Vancouver	16

During the course of the focus groups the moderators ensured that the order in which the marketing messages were presented was rotated to account for potential order bias.

All focus groups were conducted at specialized facilities, where available, that allowed for client observation of the sessions, as well as video and audio taping. In those locations where a facility was not available, two hotel meeting rooms were used with the incorporation of closed circuit television for the viewing and recording of the groups. In addition, consistent with standard industry practice, all participants who attended were provided with a cash honorarium of \$75. Each session lasted approximately two hours; the groups in Montreal and Trois Rivières were conducted in French while all other groups were conducted in English. A moderator's guide, which was developed with Health Canada input and approval, was used in all sessions to direct the flow of discussions.

Following the first night of focus groups in Toronto, the moderator's guide was slightly modified to ensure the areas of most importance would be addressed in the remaining groups. Furthermore, two of the marketing messages that did not test well in the first groups were removed from the list. The moderator's guide is attached as **Appendix B**.

Interpretive Note: Although qualitative research in general, and focus groups in particular, are highly valuable for providing insight into the needs, attitudes and opinions of an organization's customers and prospects, the results cannot be deemed to be representative of any wider group of individuals than those who participated.

2. KNOWLEDGE AND ATTITUDES TOWARDS DRUG USE

In general, focus group participants were very concerned about drug use in their communities, especially as it related to their families.

- *"I think it's horrible, it breaks the family unit, ruins lives and society."*
- *"When we were kids the worst that would happen is you'd get into real trouble. But now, they could die! That's what scares me."*

For the most part, participants felt that drug use today among teens was not necessarily more prevalent than when they were teens, however, the drugs were viewed as 'harder'. They felt that marijuana and other "soft" drugs were now stronger and were laced with more chemicals. Participants also felt that there was a more open attitude towards drug consumption now, and that there was far easier access. Furthermore, some participants suggested that exposure to drugs happens at an earlier age today than when they were young. Finally, during the warm-up phase of the groups, many participants openly confessed to their own prior drug use (mostly marijuana).

- *"It is different today, kids are a lot more knowledgeable about it and don't just buy the party line that it's bad for you."*
- *"Dans notre jour, on fumait les feuilles. Maintenant, c'est les fleurs." (In our day, we smoked the leaves...but now they smoke the flowers. Much stronger)*
- *"There's more today. More meth and crack. In our days it was more marijuana, I mean maybe if you were up the ladder you did cocaine."*
- *"I think kids are just growing up a lot faster than we did. They're exposed so much younger than we were. I didn't know what marijuana was when I was 12, but my kids certainly do."*

KNOWLEDGE OF DRUGS

Participants had varying degrees of knowledge of drugs, from self-declared experts who either had a professional role (teachers or social workers), or had intimate personal experiences (such as former drug consumption or drug use of a close family member). Many participants claimed to only have a moderate or low level of knowledge of drugs and most stated they really were only familiar with marijuana.

- *"Through high-school I smoked weed and hash, did mushrooms and mescaline. I have to bribe my 14 year old to stay away from drugs."*
- *"My brother died of a heroin overdose."*
- *"I'm a community worker, so yes I do know drug problems are out there and some severe. Also sometimes it doesn't matter about classes – rich kids have problems too."*

For the most part, "street drugs" or illicit drugs were mentioned most often by participants when asked about their knowledge of the types of drugs available today. The illicit drugs mentioned most often included ecstasy, crystal meth (methamphetamine), crack, and marijuana. Some of the other drugs mentioned included:

- Hashish
- Speed
- GHB (date rape drug)
- Weed oil
- Mushrooms
- Mescaline
- Heroin
- Angel dust
- Salvia

It is worth noting that many participants were also interested in discussing other drugs such as alcohol and prescription drugs. Some of the additional drugs mentioned less often included:

- Horse tranquilizers;
- Tobacco;
- Crystal ice;

- Hair sprays;
- Glue; and,
- Valium.

Recognizing the Signs of Drug Use among Teens

Many participants initially indicated they 'thought' or believed they would be able to recognize the signs of drug use in their teens. However, after further conversation, many agreed that they actually just 'hoped' they would be able to identify the signs as they realized their knowledge was at a lower level than they had previously thought. Furthermore, participants felt they were most likely to know if their teen was using drugs based on their relationship with their child.

They suggested that they would likely not be able to identify the signs of drug use among teens in general. Many participants

- *"Knowing when something is off, not the norm, knowing your kid and knowing when something is not right."*
- *"We would hope so, but not necessarily be able to."*
- *"Yes I could tell by the way they act, eat, and the personality differences."*

stressed the importance of having a close relationship with their children in order to be able to identify potential signs, as well as to try to reduce the likelihood of initiating use.

HARM CAUSED BY MARIJUANA USE

Most participants agreed that marijuana was harmful to users and perhaps even more harmful to teens whose brains were still developing. That said, many participants did indicate that they felt marijuana was by far the least harmful drug on the streets.

The general consensus around marijuana versus tobacco or alcohol was that each substance was harmful to users in its own way. For example, some participants felt that smoking cigarettes could cause more damage to one's lungs as it is likely that a user of marijuana would not be inhaling the same amount of smoke as a cigarette smoker (i.e. these smokers are likely not going to have a pack of 'joints'). Furthermore, many participants indicated that alcohol was far more likely to alter the mood of the user, often in a negative fashion, compared to the effect of marijuana. Some participants also indicated that if their children felt they needed to experiment with drugs, they would hope it would be marijuana as they

- *"I think cigarettes are more harmful in a way because you don't see anyone who smokes 2 packs of joints."*
- *"When it comes to drugs, it's the lesser of all evils."*
- *"I think marijuana is harmful, it kills brain cells."*

felt this drug would do the least amount of harm compared to some of the other drugs on the street.

- *"If she has the urge to experiment there are some that are instantly dangerous, and there are some that are less dangerous than others. I don't think smoking pot is as dangerous as taking crystal meth. I want her to know that there is a difference."*

Stepping Stone to "Harder" Drugs

Some participants' felt that marijuana could be considered a "stepping stone" to

- *"Depends on your personality"*
- *"I was told if I went with marijuana it would lead to other things – it never happened to me."*
- *"I say no, because I know a lot of people who were chronic users that never did anything else."*

"harder" drugs, such as crack and ecstasy. However, there were several participants who felt that the eventual use of "harder" drugs was likely the result of personal circumstances or the individual's tendency to become addicted to substances.

Legality of Marijuana

Virtually all participants agreed or were aware that marijuana is an illegal drug although some participants indicated that the Government had made the drug legal for medicinal purposes in some circumstances. Interestingly, several participants also indicated a level of frustration around the issue, as they felt that the laws around marijuana use or possession are not enforced on a consistent basis.

- *"The government has legalized it for certain people to use marijuana – but basically, it is illegal."*
- *"The problem is if you walk down the street and a policeman catches you smoking a joint, you won't be charged."*

PARENTAL INFLUENCE

Generally speaking, participants had mixed feelings about whether they truly have an influence in their adolescent child's decision to experiment with drugs or not. Their instinctive reaction to the question was to say "yes, we can influence"; however as discussions continued through the proposed messages, it became evident that the participants were increasingly worried that they did not have the influence they wanted to have. Many participants came to the conclusion that perhaps there are factors that

go into the decision-making process that they have no control over; such as the friends their children make or the social pressures they face at school (i.e. peer pressure).

- *"I hope I have influence, but it's impossible to say."*
- *"The problem is I don't know about the friends he hangs out with."*
- *"It's about education – our role as parents is to get on the kids and find out what's going on in school and what their friends are doing."*
- *"I think we as parents have made conscious decisions to foster an interest in what they do, so that they're not hanging around, so they don't have all this free time. I make sure I know where they are."*

In Montreal, it was evident that the mothers tended to feel they had more influence than the fathers did. The fathers tended to have the attitude "they're going to do what they're going to do"; whereas the mothers stressed the strength of their relationships with their children as important foundations for influence.

3. CONVERSATIONS WITH TEENS AND INFORMATION SOURCES

CONVERSATIONS WITH THEIR TEENS

Most participants indicated that they have had an opportunity to discuss drugs with their children. Interestingly, these conversations were most frequently initiated by the child. Among those participants who initiated the conversation about drugs with their teen, three distinct categories or opportunities became clear:

1. Some participants claimed to have an on-going dialogue and open relationship with their teens which started when they were much younger.
 - *"We have had discussions since age six about sex and drugs and this is what we did – we have been honest from get go."*
2. Some participants indicated that they initiated a conversation when provided an opportunity (une porte ouverte – an open door). They were reluctant to bring up the subject unless given that opportunity; otherwise they didn't feel their teen would be receptive. Often this opportunity arose as a result of one of a number of different situations:
 - *"We saw something on television that started the conversation."*
 - *"We had to drive someone home, and we drove back along XXXX street. That scared my son, and this was a Sunday morning. My son asked me questions after that."*
 - Their children came home from school with information from their teacher or with information from programs, such as D.A.R.E. (Drug Abuse Resistance Education);
 - Their teens were exposed to someone they knew using drugs or the smell of drugs, and asked questions; or,
 - They watched a television program in which there was discussion of drugs (e.g. Intervention).
3. Other participants entered into the dialogue only after an episode where their teen came home after alcohol and/or drug use.

- *"My son came home high and I knew right away, he just went to his room and didn't want to talk to me."*

Some participants in Montreal (all fathers) were clearly not comfortable with initiating the dialogue and felt they didn't have either the information or the credibility to engage in the discussion. This wasn't the case in other locations across Canada.

Some of the barriers mentioned by participants that parents faced when attempting to discuss drugs with their children included:

- The teen believes that he/she is immune – a typical teenage attitude
- The teens think they already know it all
- The teen has a short sighted view of life, they live for the moment

When asked where the participants turn for assistance or help in talking with their teens about drug use, the most common response was "the school". Many participants indicated that the schools have excellent programs in place and that the materials they send home are excellent tools. Some of the other places or people that participants have turned to include other family members, churches or synagogues, parents of the child's friends, and doctors.

Credibility as a Former User

Many participants felt that parents would not lose credibility in discussing the harm of drugs with their teens even if they had used drugs themselves. In fact, many felt that having prior experience added to their credibility, as they would be in a position to let their kids know that they are familiar with what they are going through and how the use

- *"It all depends on how you spin it."*
- *"I think you have more credibility, some sort of knowledge base."*
- *"I think you have to be very careful how you present the information, that somehow or other you turned out okay, but I think just talking with kids about my experience is good, it's not about shaking a finger, it's about showing how it's led to making some poor choices."*

of drugs can have a negative impact on their lives. It was felt that it was important to stress the negative impact of drug use in order to avoid having the teen say "well you did it and you turned out OK."

INFORMATION SOURCES AND MEDIA

Some participants indicated that they have looked for information and support in their efforts to communicate about drugs with their teens. The Internet was by far the most important information source, while some participants indicated they consulted pamphlets or brochures that were available at their doctor's office or the hospital. The school systems were also an important source of information as parents highly valued the information brought home by their children. Equally, others said they have not done any research and have not felt any reason to do any research or to seek out others for support.

- *"I haven't had to look for information about drugs yet, thank goodness."*

Media

The participants indicated that they could be reached through a variety of media; however, television and radio were mentioned most often as the best ways to reach them. Some participants also mentioned (unprompted) other media including:

- Newspapers;
- Billboards;
- Internet sites;
- Schools;
- Email;
- Television documentaries;
- Speeches by former drug addicts in community centres;
- Magazines; and
- Pamphlets.

Community Newspapers

When prompted, respondents were generally receptive to the idea of being reached by Health Canada through community newspapers (depending on the community), as well as internet banner ads; however they were generally not receptive to the idea of receiving unaddressed direct mail. The impact of advertising through a community newspaper would likely be higher in smaller communities as participants in these locations were most receptive to the idea. Also, these are the regions where the community newspaper is important to the participants, as these publications contain information that is important to them and their community.

- *"I don't think people notice them, they just sit there."*
- *"I read them every week. They have the information that's important to my community."*

Internet Banner Ads

It was noted that it would be important that internet banner ads only be hosted on reputable sites and have a clear indication that the ad comes from the Government of Canada, as many participants indicated that they avoided clicking on banner ads; they were never sure of what might happen to their computer (i.e. pop ups or viruses.)

- *"I never click on those because of viruses and crashing."*
- *"If the banner is somewhere I can trust I will click on it."*
- *"If it's a recognizable government icon that changes it for me, yes."*

Unaddressed Admail

Most participants suggested that if they received information from Health Canada through an unaddressed admail campaign the piece would likely end up in the recycling box with all the other "junk mail."

- *"If it's just generic mail, it goes straight to the garbage."*
- *"I might open it, take a quick look and throw it out."*
- *"I think it's a valid way to reach people, but it gets caught up in the free pizza offers, and a lot of people will probably throw it out."*

4. MARKETING MESSAGES

Overall, each of the seventeen (17) marketing messages tested were well received by participants. During the course of testing, participants were asked to rate what they felt were the three messages that were most effective at gaining their attention as parents. The messages were also tested for credibility and the ability to motivate action. Every message tested was selected in the top three at least once during the groups. The messages which resonated the strongest among all participants in all locations included the following²:

- If a teen uses meth (methamphetamine), it can lead to irreversible brain damage.
 - *"This makes me feel almost scared – those words – irreversible brain damage – if any mother sees that she'll freak out."*
 - *"That's pretty strong for me, I'd share it, I'd tell them."*
- A teen with a criminal record may, in the future, be prevented from entering other countries, including the United States, even if the record is sealed in Canada at age 18.
 - *"This is information that you would probably give your child."*
 - *"I've mentioned this before. 'No Disneyland for you,' I told her."*
- Teens who feel connected to their families are more likely to avoid using drugs.
 - *"My perspective is reinforced by what they are saying here – the chances of them doing it lessens, you can't control them, but this strongly reinforces that they may not – it gives us as parents the chance to build strong relationships."*
 - *"For me it would encourage me to become more connected with my kids."*
 - *"I think sometimes we get so carried away, that statements like that give us a wake up call, it's a reminder."*

² Feed back in Montreal was slightly different than in other locations.

- Parents who talk to their children and monitor their activities reduce the likelihood of their children using drugs.

• *"If you don't ask what they are doing, then you send them a message that you don't care. So it's a reminder to stay involved. They may not want to tell you, but they know you care."*

The following two messages also resonated well with respondents, however not as well as the preceding four messages.

- In surveys of students in Grade 10, one in three reported using marijuana at least once in the previous year.

• *"It's scary to me. My eleven year old said no - but the average is very low."*

- Marijuana can lower inhibitions and impair judgement, so that teens might do things they would not normally do, such as engage in risky sex or take drugs they wouldn't normally try.

• *"If I saw this message, it could definitely start a conversation."*
• *"If my boys saw it, I would sit and have a nice long table talk – if it comes up I'm going to discuss it."*

In Montreal participants indicated that they felt the messages with some level of shocking information were most effective. The following messages were what resonated most with the Montreal participants:

- Use of ecstasy can have some serious side effects, such as dehydration, and can cause a stroke or heart failure.
- 86% of youth ages 12-15 state that they don't want to disappoint their parents. (Health Canada survey)
- 87% of children ages 12-19 consider their parents a credible source of

information on the dangers of drugs.

- In Health Canada research, youth reported that past use of drugs by their parents would not reduce the credibility of their parents when talking to them about drugs.

Generally speaking, participants in Quebec found the messages regarding marijuana use alarmist and lacking credibility, both with them and with their teenagers.

The messages of positive motivation for parents tended to provide the greatest incentive to action in Quebec. However, participants indicated that these messages needed to be reinforced with specific tools and indications as to how to engage in the discussion with their teens.

The message: "Have confidence in yourself as a credible source of information and a positive role model" tested well in Quebec and in Vancouver³. Parents liked that the message had some level of positive reinforcement. They agreed that these types of messages can also be effective in reaching parents; it doesn't always have to be a shocking message.

- *"I like this message, It kind of makes me, reinforces stuff I believe, it's nice to get a pat on the back, and for people to understand that their connection with their kids is the most important thing."*
- *"You need to know you are a powerful source of information, I didn't realize that until tonight."*

From the testing of the marketing messages, two overall message themes came to the forefront:

1. The strong, emotional "shocking" theme; and,
2. The "positive motivator" theme.

³ This message was not tested in the other locations.

Strong, Emotional "Shocking" Theme

Many participants indicated that the best way to get the message out to them was through the use of a shocking message that will get their attention. As such, the message that resonated most across Canada with participants was:

- 'If a teen uses meth, it can lead to irreversible brain damage.'

• *"One day we were talking (mother to daughter), we were watching the news and they had a new commercial where everyone was happy, and then on the news right after, there was a picture of a guy who stole a bait car. 'Yah mom, but look at his teeth, his enamels wearing off and that's what crack does.' My daughter knew this from school. So we talked about this stuff. Commercials should slap you in the face; I mean the happy family commercials don't have the impact."*

To further support this argument, the message that resonated second most with focus group participants (with the exception of Montreal) was:

- A teen with a criminal record may, in the future, be prevented from entering other countries, even if the record is sealed in Canada at age 18.

However, other strong "shock" messages did resonate in Quebec, such as the message relating to schizophrenia.

Positive Motivator Theme

While participants did believe that the shocking messages were a great way to get the message out to them, they also felt that the positive reinforcement messages added a level of reassurance that they were doing the right things to help their children get through this phase of their lives, and that as parents, they can be a positive influence. As an example, the positive motivator messages that resonated most strongly among participants overall were:

- Teens who feel connected to their families are more likely to avoid the dangers of using drugs.
- Parents who talk to their children and monitor their activities reduce the likelihood of children using drugs.

5. PARENTS WEBSITE TABLE OF CONTENTS

The website table of contents was well-received, and participants indicated that the information shown was precisely what they would seek if they were looking for information on the topic. Participants added that “crack” should be one of the drugs listed, and that there should be links to live support either by chat or through 1-800 help lines. One area of concern was the sub-section devoted to single or divorced parents. Many participants felt that this level of information wasn’t necessary “Why single out the single parents?” Finally, many participants were interested in having a section dedicated to the prevention of drug use.

- *"I like section 4, that's pro-active, that's telling me what to do, that's what I like about it, if I found out my son was in trouble, I'd know where to go to find help."*

Some of the other areas of interest that were mentioned by participants included:

- Testimonials (real life stories);
- Images;
- Why people take drugs or start taking drugs;
- Legal information (i.e. for those with teens in trouble).

- *"One thing we found helpful about the lecture on crystal meth, they had three speakers who used to use crystal meth, it gave a human aspect to it, and they talked about how they got sucked in, it made it really real. So yes, add some real life stories."*

RULES OR BOUNDARIES

Overall there was not a general consensus on which of two terms “rules with consequences” or “boundaries” should be used during the campaign. There were many participants that preferred the “boundaries” message while some participants preferred the “rules with consequences” message. Furthermore, some participants believed that there could be a third option that combines the two messages. These participants suggested:

“Set boundaries with consequences for your child.”

- *"It has to be mix of both – for some kids consequences will deter them, for others boundaries appeal to them."*

6. CONCLUSIONS AND RECOMMENDATIONS

MESSAGING

On a national basis, two overall messaging themes emerged during the course of the focus groups:

1. The strong, emotional, “shocking” theme; and,
2. The “positive motivator” theme.

A Two-Pronged Approach

These two themes could work concurrently. The strong, emotional, or shocking messages could be used to get parents’ attention, and the positive motivator messages could be used to assure parents that they can be a positive influence in their child’s life and that they can and should play a role in preventing drug use.

The two types of messages would allow parents to see the problem (i.e. open their eyes to the issue of drug use among teens) and let them know that they are an essential part of the solution, and therefore motivate action among parents.

MEDIA

When attempting to communicate with focus group participants, the two types of media most likely to reach them are television and radio. Some other methods that were mentioned unprompted by respondents that may be effective in reaching them include:

- Newspapers
- Billboards
- Internet sites
- Schools
- Magazines
- Pamphlets

As can be seen, outside of television and radio, there is no one way to best reach this target audience. Many participants want to see these types of messages communicated

to them through a variety of media.

Furthermore, based on feedback provided by focus group participants, community newspapers would be more likely to reach the target audiences in smaller communities, such as Red Deer, than in the larger centres such as Toronto.

WEBSITE

Based on the feedback from participants regarding the 'table of contents' for the website, we strongly recommend the department proceed with the development of the website for parents. When developing the website for parents we recommend, if feasible, the inclusion of the following, in addition to the content presented to the participants during the focus groups:

- Testimonials (real life stories)
- Images/visuals
- Legal information (i.e. for those with teens in trouble)

The Antima Group is pleased to have had this opportunity to contribute to the National Anti-Drug Strategy. We are confident that by moving forward with the two-pronged approach to communicating with parents, Health Canada will have success at getting the prevention message to parents regarding drug use among teens. Furthermore, upon completion of the website, parents will be provided with an effective resource to support them in their discussions with their children about drugs.

THE ANTIMA GROUP

APPENDIX ONE: RECRUITING SCREENER

Testing National Anti-Drug Strategy Website Concepts – Focus Groups, Health Canada

Hello, my name is _____ and I am calling from Research House Inc. on behalf of Health Canada. We are currently conducting exploratory research with parents related to drugs and youth aged 13-15 as well as determining the effectiveness and appeal of a website for parents that is currently under development. We are calling today to invite you to a focus group discussion scheduled for the week of December 10th (or 18th for Trois Rivières). Your participation in the research is completely voluntary. All information collected, used and/or disclosed will be used for research purposes only and administered as per the requirements of the Privacy Act. You will also be asked to sign a waiver to acknowledge that you may be audio and/or video taped during the session. The session will last a maximum of 2 hours and you will receive a cash honorarium as a thank you for attending the session. May we have your permission to ask you some further questions to see if you fit in our study?

1. Do you have a child or children between the ages of 13 and 15?

Yes	1
No	2 – THANK AND TERMINATE

2. Are you or is any member of your household or immediate family currently or previously employed in:

	Currently		Ever	
	No	Yes	No	Yes
Market Research	()	()	()	()
Marketing	()	()	()	()
Public Relations	()	()	()	()
Any media (Print, Radio, TV)	()	()	()	()
An web design company or graphic design firm	()	()	()	()
Health Canada	()	()	()	()
“Youth at risk” Counsellor	()	()	()	()
Police Officer	()	()	()	()

IF YES TO ANY OF THE ABOVE – THANK AND TERMINATE

3. Record Gender? (**DO NOT ASK**)

Male	1 – MINIMUM OF 2 PER GROUP
Female	2 – MINIMUM OF 50% PER GROUP

4. How many hours a week do you spend on the internet for personal or professional purposes?

(NEED A GOOD MIX)

None	1 – THANK AND TERMINATE
Less than five hours	2
Five to 10 hours	3
Ten hours or more	4
Don't know	5 – THANK AND TERMINATE

5. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you, in voicing your opinions in front of others? Are you....

Very Comfortable	1– MIN 50%
Somewhat Comfortable	2
Not Very Comfortable	3 – THANK AND TERMINATE
Very Uncomfortable	4 – THANK AND TERMINATE

6. Have you ever attended a focus group or one-to-one discussion for which you have received a sum of money, here or elsewhere?

Yes	1 – MAX (50%)
No	2 – SKIP TO Q. 11

7. When did you last attend one of these discussions?

TERMINATE IF IN THE PAST 6 MONTHS

8. How many focus groups or one-to-one discussions have you attended in the past 5 years?

(SPECIFY) IF MORE THAN 5 – THANK AND TERMINATE

9. Would you please tell me the topics discussed?

IF RELATED TO DRUG USE/PREVENTION – THANK AND TERMINATE

10. Have you been invited to another of these focus groups or interviews in the near future?

Yes 1 – **THANK AND TERMINATE**
No 2

11. We would like to invite you to participate in this focus group. The focus group will last no longer than 2 hours and will take place at <INSERT LOCATION>. As appreciation for your participation in this research, you will be offered an honorarium of \$75. Would you be interested in participating in the focus group?

Yes 1 → **INVITE**
No 2 → **THANK AND TERMINATE**
Don't know / need to confirm 3 → **SCHEDULE CALL BACK**

IMPORTANT:

The session is 2 hours in length, but we are asking that all participants arrive 10 minutes prior to the start time of the session. Are you able to be at the research facility 10 minutes prior to the session time?

Yes.....1
No.....2 – **TERMINATE**

All participants in this study are asked to bring to the group PICTURE IDENTIFICATION. If you do not bring your personal identification then you will not be able to participate in the session and you will not receive the incentive. Are you going to bring along your ID?

Yes.....1
No.....2 – **TERMINATE**

The group discussion will last approximately 2 hours and we offer each participant a \$75 cash gift as a token of our appreciation. I should also tell you that the groups will be audio and video taped for research purposes and members of the research team will be observing the discussion from an adjoining room. Everything you say will be kept confidential.

[] CHECK TO INDICATE YOU HAVE READ THE STATEMENT TO THE RESPONDENT.

The focus groups will be held on:

Montreal – December 10th
Ad Hoc Research
1250 Guy Street
Suite 900
514.937.4040

Toronto – December 10th
Research House
1867 Yonge Street
2nd Floor
416.488.2328

Halifax – December 11th

Focal Research
7071 Bayers Road
Bayers Road Shopping Centre
Suite 326
902.454.8856

Red Deer – December 12th

Red Deer Lodge
4311 49 Avenue,
403-346-8841

Vancouver – December 13th

CRC
1398 West 7th Avenue
604.714.5900

Trois Rivieres – December 18th

Delta Trois Rivieres
1620 Rue Notre-Dame
819.376.1991

Parents

Évaluation de concepts pour la Stratégie nationale antidrogue – Groupes de discussion,
Santé Canada

NOM: _____

TÉLÉPHONE À LA MAISON: _____

TÉLÉPHONE AU TRAVAIL: _____

TÉLÉPHONE CELLULAIRE: _____

COURRIEL: _____

RECRUTEUR: _____

GROUPE: _____

Recruter 10 par groupe

<u>GROUPE 1</u> LUNDI 10 DÉCEMBRE 17H30 TORONTO	<u>GROUPE 2</u> LUNDI 10 DÉCEMBRE 19H30 TORONTO	<u>GROUPE 3</u> LUNDI 10 DÉCEMBRE 17H30 MONTRÉAL	<u>GROUPE 4</u> LUNDI 10 DÉCEMBRE 19H30 MONTRÉAL
<u>GROUPE 5</u> MARDI 11 DÉCEMBRE 17H30 HALIFAX	<u>GROUPE 6</u> MARDI 11 DÉCEMBRE 19H30 HALIFAX	<u>GROUPE 7</u> MERCREDI 12 DÉCEMBRE 17H30 RED DEER	<u>GROUPE 8</u> MERCREDI 12 DÉCEMBRE 19H30 RED DEER
<u>GROUPE 9</u> JEUDI 13 DÉCEMBRE DÉCEMBRE 17H30 VANCOUVER RIVIÈRES	<u>GROUPE 10</u> JEUDI 13 DÉCEMBRE 19H30 VANCOUVER	<u>GROUPE 11</u> MARDI 18 DÉCEMBRE 17H30 TROIS-RIVIÈRES	<u>GROUPE 12</u> MARDI 18 19H30 TROIS-

Bonjour, je m'appelle _____ de Research House Inc. Nous vous téléphonons de la part de Santé Canada. Nous menons actuellement une recherche exploratoire auprès des parents au sujet de la drogue et des jeunes de 13-15 ans ainsi que pour déterminer l'efficacité et l'attrait d'un site web qui est actuellement en cours de développement pour les parents. Nous vous téléphonons aujourd'hui car nous souhaitons vous inviter à participer à un groupe de discussion qui aura lieu la semaine du 10 décembre (ou 18 décembre pour Trois-Rivières). Votre participation à cette recherche est entièrement volontaire. Toute information recueillie, utilisée et/ou dévoilée ne sera utilisée qu'à des fins de recherche seulement et seront traitées conformément aux exigences de la Loi sur la protection des renseignements personnels. Nous

vous demanderons également de signer un abandon de recours par lequel vous reconnaitrez être au courant qu'il se peut que l'on vous enregistre sur bande audio et/ou vidéo pendant la séance. La session durera un maximum de 2 heures et vous recevrez une somme en argent comptant en guise de remerciement pour votre participation. Puis-je vous poser quelques questions afin de voir si vous vous qualifiez à notre étude?

1. Avez-vous un enfant ou des enfants âgés entre 13 et 15 ans?

Oui	1
Non	2 – REMERCIER ET TERMINER

2. Est-ce que vous, ou une personne de votre foyer ou de votre famille immédiate travaille ou a déjà travaillé en:

	Déjà		Actuellement		
	Non	Oui	Oui	Non	Oui
Recherche en marketing	()	()	()	()	()
Marketing	()	()	()	()	()
Relation publiques	()	()	()	()	()
Un média (Presse écrite, Radio, TV)	()	()	()	()	()
Firme de conception de site web ou conception graphique	()	()	()	()	()
Santé Canada	()	()	()	()	()
Conseiller pour "jeunes à risque"	()	()	()	()	()
Officier de police	()	()	()	()	()

SI "OUI" À UNE DES MENTIONS CI-DESSUS – REMERCIER ET TERMINER

3. Inscrire le sexe? (**NE PAS DEMANDER**)

Homme	1 – MINIMUM DE 2 PAR GROUPE
Femme	2 – MINIMUM DE 50% PAR GROUPE

4. Combien d'heures par semaine passez-vous sur l'internet pour des fins personnelles ou professionnelles?

(BESOIN D'UN BON MIXTE)

Aucune	1 – REMERCIER ET TERMINER
Moins de cinq heures	2
Cinq à dix heures	3
Dix heure ou plus	4
Ne sait pas	5 – REMERCIER ET TERMINER

5. On demande aux participants d'exprimer leur opinion et leurs pensées. Dans quelle mesure êtes-vous confortable d'exprimer votre opinion devant les autres? Êtes-vous....

Très confortable	1– MIN 50%
Assez confortable	2
Pas très confortable	3 – REMERCIER ET TERMINER
Pas du tout confortable	4 – REMERCIER ET TERMINER

6. Avez-vous déjà participé à un groupe de discussion ou à une entrevue face-à-face pour lequel vous avez reçu une somme d'argent, ici ou ailleurs?

Oui	1 – MAX (50%)
Non	2 – PASSER À LA Q. 11

7. A quand remonte votre dernière participation à une de ces discussions?

TERMINER SI AU COURS DES 6 DERNIERS MOIS

Halifax – 11 décembre

Focal Research
7071 Bayers Road
Bayers Road Shopping Centre
Suite 326
902.454.8856

Red Deer – 12 décembre

Red Deer Lodge
4311 49 Avenue,
403-346-8841

Vancouver – 13 décembre

CRC
1398 West 7th Avenue
604.714.5900

Trois-Rivières – 18 décembre

Delta Trois-Rivières
1620, rue Notre-Dame
819.376.1991

APPENDIX TWO: DISCUSSION GUIDE

Health Canada National Anti-Drug Strategy Testing Discussion Guide - Final

N.B. This document serves as a guide for Moderator and Client to ensure a common understanding of the nature of information to be gathered through the focus group session. This is not a questionnaire and questions will not necessarily be asked verbatim by the Moderator. At the end of the focus groups, all of the questions posed in this guide will have been answered satisfactorily.

1. INTRODUCTION (5 minutes)

- Welcome participants
- Description of focus groups
- Specialized facilities (videotaping, one-way mirror and observers, etc.)
- No wrong answer – different opinions are what counts
- Independence of moderator
- Objectives of the focus group
 - To discuss your knowledge of and attitude towards drug use among youth;
 - To discuss resources available to help you talk about drug use with your teen;
 - To discuss the Health Canada advertising campaign targeted to parents; (Please note that this campaign focuses on illicit drugs, and not prescription drugs or alcohol)
 - To discuss messages that could be used in the campaign
 - To discuss any other resources or information/tools you think might be helpful to you regarding this issue.
- Roundtable introduction (first name only, occupation, number of teen aged children)

2. WARM-UP: Drug Use Among Youth (10 minutes)

Note to observers: purpose of this section is to get participants comfortable with their surroundings and expressing themselves, not necessarily to probe for information. Moderator will avoid deep probing at this stage.

- First of all, do you feel that drug use among youth aged 13 to 15 has changed compared to when you were that age? How do you think it has changed, has usage

increased or decreased compared to when you were younger?

3. ATTITUDES TOWARDS DRUG USE (15 minutes)

Moderator to group: Let's start our conversation around the area of drug use.

- How would you rate your knowledge of drugs? Would you say you know some, a moderate amount or quite a lot? (Knowledge can come from experience or research, etc...)
- What are the types of drugs that you are aware of? What are some of your feelings about them? Are they easy for kids to get? Do you feel these types of drugs are a threat to your children?
 - Do you think you'd be able to recognize the signs of drug use in a teenager?
- Do you feel the use of marijuana is harmful to users? (why or why not?) Do you think it's harmful for youth (13-15)?
- Do you think that using marijuana is more or less harmful than smoking cigarettes?
- Do you think that using marijuana is more or less harmful than drinking alcohol?
- In your opinion, can the use of marijuana lead to the use of other drugs such as cocaine or heroin?
- Do you believe that it is legal to use marijuana? (show of hands, and moderator states that we will discuss later)

4. INFORMATION NEEDS (30 minutes)

- How confident are you that you have some influence on your children's decision about whether to try drugs or not?
- How many of you have had the opportunity to have a discussion about drugs with your children? Are these conversations an ongoing dialog or just a one time event?
 - How receptive were they to the conversation? Did they feel you were just giving them a hard time or were they open to the discussion?
 - How did the discussion begin?
 - Those who haven't, is there any particular reason why?
- What barriers do parents face when attempting to discuss drugs with their children? (personal life experiences; probe for whether parents' prior use of drugs would

prevent or inhibit the discussion)

- When attempting to have these discussions did you have support from others? (partners, other family members, teachers)

- Where do you look to get information related to discussing drugs with your children?
 - Have you always been able to find the information needed?
 - What types of information have you looked for that you weren't able to find or would like to have available?
 - Are there any other resources or supports (i.e. police, schools, communities) that would help you in your role as an influencer of your children's choices as they relate to drug use?
 - Which two types of media would be the best choices to reach you with information about drugs and youth? (Probe specifically for radio, community newspapers, internet banner ads, unaddressed direct mail)

- Health Canada will be developing a website. Here is the table of contents (moderator to hand out Table of Contents)
 - What are your initial impressions of the topic names? What would you expect to find under each topic?
 - Would these topics be useful for you?
 - Are there other topics that you would like to see?
 - Is there anything here that would not be useful for you?

5. CAMPAIGN INFORMATION (50 minutes)

Moderator instruction to group: Health Canada is in the process of creating a national anti-drug advertising campaign. The campaign will have two parts, the first one focuses on parents and the next one will target youth ages 13-15. Tonight, we are going to discuss some messages we are developing for the first campaign. **These messages are directed to parents, not to youth.** For each message, I would like you to get your feedback on two main questions:

- Is the message credible?
- Would the message motivate you to take action? The actions are: seek information; talk to your kids.

Let's go through these one at a time:

Messages directed to parents (moderator will display the messages one by one on a screen)

- Is the message credible? Why or why not?
- Would the message motivate you to take action? Probe for: seek information, talk to your kids

After reviewing all messages:

- Did any of the messages have a stronger impact than others? Why?
- Is there a message that isn't on this list that might be effective?
 - As you know, an important part of parenting is setting rules for your children. If Health Canada were to communicate this fact, how would you as a parent, prefer to have this communicated to you. Would you prefer the phrase "set rules with consequences for your child"? Or would you prefer the phrase "set boundaries for your child"? (Show phrases on screen)

6. GROUP CONCLUSION (5 minutes)

I'd like you to write down on the note pad in front of you the three pieces of information from the website you felt were most important and the one that was least important to you when thinking about talking to your kids about drug use.

POLL ROOM AND PROBE RESPONSES.

OBSERVERS' QUESTIONS (5 minutes)

Observers will have the opportunity to have the moderator ask any remaining questions prior to the close of the group.

Thank and Close Group

- **Total duration: Approx. 115 minutes.**

Santé Canada
Mise à l’essai de la stratégie nationale antidrogue
Guide de discussion – Version préliminaire

N.B. Le présent document a pour but de servir de guide à l’animateur et au client afin d’établir une compréhension commune quant à la nature de l’information à recueillir pendant les séances des groupes de discussion. Il ne s’agit pas d’un questionnaire, et l’animateur ne formulera pas nécessairement ses questions mot à mot. À la fin de chaque séance, des réponses satisfaisantes auront été obtenues pour chacune des

1. INTRODUCTION (10 minutes)

- Souhaiter la bienvenue aux participants.
- Décrire les groupes de discussion.
- Décrire les installations spécialisées (enregistrement vidéo, miroir d’observation, observateurs, etc.).
- Expliquer qu’il n’y a pas de mauvaise réponse, étant donné que ce sont les opinions des participants qui comptent.
- Expliquer le rôle indépendant de l’animateur.
- Objectifs du groupe de discussion :
 - discuter de vos connaissances et de votre attitude à l’égard de la consommation de drogues chez les jeunes;
 - discuter des ressources qui existent pour vous aider à parler de la consommation de drogues avec votre adolescent;
 - discuter de la campagne publicitaire de Santé Canada qui s’adresse aux parents (veuillez noter que cette campagne porte principalement sur les drogues illicites et non sur les médicaments d’ordonnance ou l’alcool);
 - recueillir vos impressions quant au contenu d’un site Web en construction qui s’adressera aux parents;
 - discuter des autres sources d’information et outils qui peuvent s’avérer utiles relativement à ce sujet.
- Procéder à la présentation des participants (prénom seulement, profession et nombre d’enfants à l’âge de l’adolescence).

2. DISCUSSION PRÉPARATOIRE : Consommation de drogues chez les jeunes (10 minutes)

Note à l'intention des observateurs : Le but de cette section consiste à permettre aux participants de se familiariser avec leur entourage et de s'exprimer, et non nécessairement à sonder les participants pour obtenir de l'information. L'animateur évitera de sonder les participants de manière approfondie à cette étape.

- En tout premier lieu, trouvez-vous que la consommation de drogues chez les jeunes de 13 à 15 ans a changé comparativement à l'époque où vous aviez cet âge ? De quelle façon trouvez-vous que cela a changé ? La consommation a-t-elle augmenté ou diminué comparativement à l'époque où vous étiez plus jeunes ?
- Sur une échelle de un à cinq où un correspond à « peu de connaissances » et cinq à « beaucoup de connaissances », comment évalueriez-vous votre connaissance des drogues ?
 - Quels types de drogues connaissez-vous ?
 - Croyez-vous que vous pourriez reconnaître les signes de consommation de drogues chez un adolescent ?

3. ATTITUDES À L'ÉGARD DE LA CONSOMMATION DE DROGUES (15 minutes)

L'animateur s'adresse au groupe : Commençons notre discussion sur le sujet de la consommation de drogues.

- Quelles sont les drogues de rue que vous connaissez ? Quels sont vos sentiments à l'égard de ces drogues ? Sont-elles faciles à obtenir pour les enfants ? Trouvez-vous que ces types de drogues représentent une menace pour vos enfants ?
- Croyez-vous que la consommation de marijuana est nocive pour ceux qui en consomment ? (Pourquoi ?) Pensez-vous qu'elle est nocive pour les jeunes (13 à 15 ans) ?
- Pensez-vous que consommer de la marijuana est plus nocif ou moins nocif que fumer la cigarette ?
- Pensez-vous que consommer de la marijuana est plus nocif ou moins nocif que consommer de l'alcool ?
- Selon vous, la consommation de marijuana peut-elle mener à la consommation

d'autres drogues telles que la cocaïne ou l'héroïne ?

- Croyez-vous que c'est légal de consommer de la marijuana ? (Dans l'affirmative, pourquoi croyez-vous cela ?)

4. TRANSMISSION DE L'INFORMATION AUX JEUNES (20 minutes)

- Dans quelle mesure êtes-vous persuadés que vous pouvez exercer une certaine influence sur la décision de vos enfants d'essayer ou non les drogues ?
- Combien d'entre vous ont eu la possibilité de discuter de drogues avec leurs enfants ? Ces conversations font-elles partie d'un dialogue qui se poursuit ou y a-t-il eu une seule discussion à ce sujet ?
 - Dans quelle mesure vos enfants étaient-ils réceptifs à cette conversation ? Trouvaient-ils que vous essayiez simplement de leur compliquer la vie ou étaient-ils ouverts à la discussion ?
 - Comment la discussion a-t-elle commencé ?
 - Ceux qui n'ont pas eu de discussion : y a-t-il une raison particulière qui explique cela ?
- Quels sont les obstacles auxquels doivent faire face les parents lorsqu'ils essaient d'avoir une discussion au sujet des drogues avec leurs enfants ? (Expériences de vie personnelles)
- Avez-vous demandé l'aide d'autres personnes lorsque vous avez essayé d'avoir ces discussions ? (Entraîneurs, enseignants, partenaires, autres membres de la famille)
- Où cherchez-vous lorsque vous voulez obtenir de l'information se rapportant aux discussions sur les drogues avec vos enfants ?
 - Avez-vous toujours été capables de trouver l'information dont vous aviez besoin ?
 - Quels sont les types d'information recherchés que vous n'avez pas été capables de trouver ou que vous aimeriez qu'ils soient accessibles ?
 - Y a-t-il d'autres ressources ou soutien (comme les policiers, les écoles, la communauté) qui pourraient vous aider dans votre rôle pour ce qui est d'influencer le choix de vos enfants relativement à la consommation de drogues ?

- Comme vous le savez, une grande partie du rôle parental consiste à établir des règles pour nos enfants. Si Santé Canada avait à communiquer ce fait, comment aimeriez-vous, à titre de parent, qu'il vous le communique ? Préfereriez-vous l'expression « établir des règles avec des conséquences pour votre enfant » ou l'expression « établir des limites pour votre enfant » ?

5. INFORMATION DE LA CAMPAGNE PUBLICITAIRE (20 minutes)

Instructions de l'animateur : Santé Canada est en train de mettre au point une campagne de publicité antidrogue à l'échelle nationale. Cette campagne publicitaire comprend deux volets : l'un est axé sur les parents et l'autre vise les jeunes âgés de 13 à 15 ans. Ce soir, nous allons discuter de quelques messages que nous sommes à mettre au point pour la campagne, c'est-à-dire les messages qui s'adresseront aux parents. Nous allons aborder un message à la fois afin de déterminer ce que vous aimez ou n'aimez pas dans le message.

Messages s'adressant aux parents (l'animateur affichera les six messages un par un à l'écran)

- Est-ce que c'est là un message approprié venant de Santé Canada ? Changeriez-vous quoi que ce soit au sujet de ce message ? **(Répéter l'exercice pour chacun des messages, puis retirer les messages de l'écran)**
- Y a-t-il un ou des messages dont l'impact était plus fort que les autres ? Pourquoi ?
- Y a-t-il un message qui ne paraît pas dans cette liste et qui pourrait s'avérer efficace ?

6. ÉVALUATION DU SITE WEB (25 minutes)

(Utilisation d'un ordinateur portable et de l'écran)

Instructions de l'animateur : Nous allons maintenant regarder le contenu d'un site Web qu'on est à mettre au point pour aider les parents à en apprendre sur les drogues et à en parler avec leurs enfants. Avec cet ordinateur portable et l'écran, je vais vous montrer quelques échantillons de page du site Web. Le principal objectif de cet exercice consiste à examiner le contenu accessible dans chaque page que je vais vous montrer.

Répéter l'exercice pour chaque page.

- Les en-têtes (ou titres) de cette page décrivent-ils l'information que vous vous attendriez à trouver à ce sujet ?
- Trouvez-vous que l'information contenue dans cette page est crédible ?
- L'information contenue dans cette page est-elle facile à comprendre pour vous ? Pourrait-elle être améliorée ? Comment ?
- L'information contenue dans cette page est-elle utile ?
- Manque-t-il de l'information dans cette page qui serait utile selon vous ?

7. CONCLUSION DE LA SÉANCE (5 minutes)

- Pensez-vous qu'il y a un lien entre les drogues et le crime organisé ?
 - S'il y a un lien, serait-ce une raison pour vous de discuter de la consommation de drogues avec votre adolescent ? (**À demander si le temps le permet**)

J'aimerais que vous écriviez sur la tablette devant vous les trois éléments d'information du site Web qui vous ont semblé les plus importants et l'élément d'information qui vous a semblé le moins important dans une situation où vous parleriez à vos enfants de la consommation de drogues.

SONDER LES PARTICIPANTS ET APPROFONDIR LES RÉPONSES.

QUESTIONS DES OBSERVATEURS

Les observateurs auront la possibilité de demander à l'animateur de poser toute autre question avant la fin de la séance.

Remercier les participants et clore la séance

Durée totale : environ 110 minutes

Appendix C – Marketing Messages Tested

Messages for Section 5 of the Moderator Guide

Negative Motivators:

1. Prevalence:

- In surveys of students in Grade 10, one in three reported using marijuana at least once in the previous year.

2. Health and safety:

- Heavy use by a teen of marijuana can lead to mental illness such as schizophrenia.
- The use of marijuana can lead to impaired driving.
- Marijuana can lower inhibitions and impair judgement, so that teens might do things they would not normally do, such as engage in risky sex or take drugs they wouldn't normally try.
- If a teen uses meth (methamphetamine), it can lead to irreversible brain damage.
- Use of ecstasy can have some serious side effects such as dehydration, and can cause a stroke or heart failure.

3. Social and school :

- Marijuana can reduce a teen's motivation and concentration, and have a negative impact on his or her schoolwork.
- A teen's use of Marijuana can have a negative impact on his or her family.

4. Legal :

- Marijuana is an illegal drug in Canada.
- A teen with a criminal record may have difficulty getting a job.
- A teen with a criminal record may, in the future, be prevented from entering other countries, including the United States, even if the record is sealed in Canada at age 18.

Positive Motivators

- 86% of youth ages 12-15 state that they don't want to disappoint their parents. (Health Canada survey)
- 87% of children ages 12-15 consider their parents a credible source of information on the dangers of drugs.
- In Health Canada research, youth reported that past use of drugs by their parents would not reduce the credibility of their parents when talking to them about drugs.
- Teens who feel connected to their families are more likely to avoid using drugs.
- Parents who talk to their children and monitor their activities reduce the likelihood of their children using drugs.
- Have confidence in yourself as a credible source of information and a positive role model.

Messages sur la consommation de drogues

1. *Selon des enquêtes provinciales sur la consommation de drogues, plus de 30 % des étudiants de 10^e année (c'est-à-dire un sur trois) ont déclaré qu'ils avaient consommé de la marijuana au moins une fois au cours de l'année écoulée.*
2. *L'adolescent qui consomme beaucoup de marijuana peut développer une maladie mentale comme la schizophrénie.*
3. *La consommation de marijuana peut mener à la conduite avec facultés affaiblies*
4. *La consommation de marijuana réduit les inhibitions et altère le jugement de sorte que les adolescents peuvent agir de manière inhabituelle, par exemple avoir des relations sexuelles à risque ou encore prendre des drogues qu'ils n'essaieraient pas normalement.*
5. *L'adolescent qui prend de la meth (méthamphétamine) peut subir des dommages irréversibles au cerveau.*
6. *L'usage d'ecstasy peut avoir des effets secondaires graves, comme la déshydratation, et peut même entraîner une crise cardiaque ou un ACV.*
7. *La marijuana peut réduire la motivation et la concentration et avoir des effets néfastes sur le rendement scolaire.*
8. *La marijuana peut avoir des effets néfastes sur la famille.*
9. *La marijuana est illégale au Canada.*
10. *Un adolescent qui possède un dossier criminel peut avoir de la difficulté à se trouver un emploi.*
11. *Un adolescent qui possède un dossier criminel peut, à l'avenir, ne pas pouvoir visiter d'autres pays, y compris les États-Unis, même si, au Canada, le dossier est scellé à 18 ans*
12. *70 % des jeunes de 12 à 15 ans ont déclaré qu'ils ne voulaient pas décevoir leurs parents. (enquête de Santé Canada).*
13. *87% des enfants de 12-19 ans considèrent leurs parents comme une source d'information crédible sur les dangers des drogues.*
14. *Dans la recherche de Santé Canada, les jeunes ont rapporté que l'usage préalable de drogues par leurs parents ne réduirait pas leur crédibilité lorsqu'ils leur parleraient de drogues.*
15. *Les adolescents qui se sentent connectés avec leurs familles sont plus susceptibles d'éviter les dangers de l'usage des drogues.*

16. *Les parents qui parlent à leurs enfants et qui contrôlent leurs activités réduisent la probabilité qu'ils utilisent les drogues.*

17. *Ayez confiance en vous en tant que source d'information fiable et modèle de comportement positif.*