



Canadian Centre
on **Substance Abuse**
Centre canadien de lutte
contre les toxicomanies

Partnership. Knowledge. Change.
Collaboration. Connaissance. Changement.

www.ccsa.ca • www.cclt.ca

What Canadian Youth Think about Cannabis

Technical Report

September 2013

Amy J. Porath-Waller, Ph.D.

Senior Research and Policy Analyst, Canadian Centre on Substance Abuse

Jonathan E. Brown, Ph.D.

Applied Solutions and Consulting

Aarin P. Frigon, M.A., CHRP

Applied Solutions and Consulting

Heather Clark, M.A.

Research and Policy Analyst, Canadian Centre on Substance Abuse

This research report contains uses of strong language and profanity that some readers may find offensive.

What Canadian Youth Think about Cannabis

Technical Report

This document was published by the Canadian Centre on Substance Abuse (CCSA).

Suggested citation: Porath-Waller, A.J., Brown, J.E., Frigon, A.P., & Clark, H. (2013). *What Canadian youth think about cannabis*. Ottawa, ON: Canadian Centre on Substance Abuse.

© Canadian Centre on Substance Abuse, 2013.

CCSA, 500–75 Albert Street
Ottawa, ON K1P 5E7
Tel.: 613-235-4048
Email: info@ccsa.ca

Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

This document can also be downloaded as a PDF at www.ccsa.ca.

Ce document est également disponible en français sous le titre :

Ce que la jeunesse canadienne pense du cannabis

ISBN 978-1-77178-038-4



Table of Contents

1.0 Executive Summary.....	1
1.1 Method.....	1
1.2 Key Findings	1
1.3 Conclusions	2
2.0 Introduction	3
3.0 Method.....	5
3.1 Developing the Interview Guide	5
3.2 Piloting the Interview Guide.....	5
3.3 Recruitment Strategy	6
3.4 Participants.....	6
3.5 Procedure.....	7
3.6 Data Analysis	7
4.0 Results	9
4.1 Influences to Not Use Weed	9
4.2 Influences to Use Weed	10
4.3 Parental Relationships and the Impact on Decisions to Use Weed	11
4.3.1 But Even Positive Parenting Is No Guarantee.....	12
4.4 The Effects of Weed	12
4.4.1 Negative Effects.....	12
4.4.2 Positive Effects.....	13
4.4.3 Weed Enhances the Mind and Creativity	14
4.4.4 Weed Has No Harmful Effects	14
4.4.5 Health Benefits of Weed.....	15
4.5 How Weed Changes a Person	15
4.5.1 Weed Does Not Change People, It's People that Change.....	15
4.6 When Does Weed Become a Problem?	16
4.7 Driving and Weed	17
4.7.1 Weed Makes You a Better Driver.....	17
4.7.2 It Really Just Depends on the Person.....	17
4.7.3 It's Safer than Driving Drunk.....	17
4.7.4. Smoking Weed and Driving Is Impaired Driving.....	18
4.8 Comparing Weed to Other Drugs	18
4.8.1 Weed versus Tobacco.....	18
4.8.2 Weed versus Other Drugs.....	19
4.8.3 Weed versus Alcohol.....	19
4.9 Legal Understanding of Weed	20
4.9.1 Is Weed Illegal?	20
4.9.2 It's Up to the Cop, Not the Law	21
4.9.3 Confusion Surrounding Weed Being Illegal.....	21



4.10. Using Weed for Medical Reasons	22
4.11. Weed Is Natural.....	23
4.12. The Bad Side of Weed	24
4.13. Everyone Is Using Weed, All the Time.....	25
4.14. We're Not Users, We're Smokers.....	26
4.14.1 Stoners versus Partiers	27
4.15. Weed and the Media	27
4.16. The Gateway Perspective	28
4.17. Drug Prevention: The Failure of Scare Tactics.....	28
4.17.1 Why Some Drug Prevention Approaches Don't Work.....	29
4.17.2 Youth Insight into Drug Prevention.....	30
4.17.3 Censorship Doesn't Really Do Anything	32
4.17.4 Teachers Sharing Too Much Information.....	33
5.0 Discussion.....	34
5.1 Factors Influencing Youth Decisions to Use and Not Use Cannabis	34
5.2 The Effects of Cannabis.....	35
5.3 Cannabis and Driving.....	36
5.4 Cannabis Not Viewed as a Drug.....	36
5.5 Cannabis, the Law and Medically Authorized Use	36
5.6 The Culture of Cannabis	37
5.7 Youths' Perceptions of Cannabis-related Prevention Efforts	37
5.8 Implications for Policy, Practice and Research	38
5.9 Limitations	39
6.0 Conclusions	41
References	42
Appendices.....	44
Appendix A: Interview Guide.....	45
Appendix B: Recruitment Poster	47
Appendix C: Web Page Sample	48
Appendix D: Participant Online Screening Forms	49
Appendix E: Parent/Guardian Online Information and Consent Form	54



Authorship

Amy J. Porath-Waller, Ph.D.

Oversaw the design and implementation of the study, as well as the analysis and interpretation of the data. She also contributed to the writing of the report.

Jonathan E. Brown, Ph.D.

Participated in designing the study, collecting, analyzing, and interpreting the data, and contributed to the writing of the report.

Aarin P. Frigon, M.A., CHRP

Participated in designing the study, collecting, analyzing, and interpreting the data, and contributed to the writing of the report.

Heather Clark, M.A.

Participated in designing the study, assisted with the development of the interview guide, and commented on an earlier version of the report.

Acknowledgements

Production of this document was made possible through a financial contribution from Health Canada's Drug Strategy Community Initiatives Fund. The views expressed herein do not necessarily reflect the views of Health Canada.

Jonathan E. Brown and Aarin P. Frigon of Applied Solutions and Consulting received a contract from the Canadian Centre on Substance Abuse for their work on this study.

Conflict of Interest

Amy J. Porath-Waller has no conflicts of interest to declare.

Jonathan E. Brown has no conflicts of interest to declare.

Aarin P. Frigon has no conflicts of interest to declare.

Heather Clark has no conflicts of interest to declare.



1.0 Executive Summary

Cannabis is the most commonly used illicit drug among Canadian youth and is associated with a variety of cognitive, physical and mental health deficits. Given that their brains are undergoing rapid and extensive development during adolescence, youth are particularly vulnerable to such harms. There are significant concerns about the mixed messages about cannabis as well as youths' lack of knowledge about the risks associated with its use (and their indifference to these risks) among many within the substance abuse prevention field.

This study was designed to increase the understanding of Canadian youths' perceptions of cannabis use to inform the development of future prevention initiatives. In particular, the study explored youth perceptions of (a) how decisions to use cannabis are influenced by factors such as family, friends, the law and the drug's medically authorized use; (b) how youth are affected by using cannabis; (c) the signs of cannabis misuse; and (d) how cannabis use can be prevented.

Although the primary purpose of this technical report is to inform the health promotion and prevention field, the findings and implications derived from it will be of interest to a diverse audience group, including professionals working in youth drug prevention initiatives, policy makers, program developers, researchers, educators and parents.

1.1 Method

Qualitative data were collected during 10 in-person focus groups that were conducted in five cities across Canada. Two additional focus groups were conducted online. In total, 76 youth between the ages of 14 and 19 participated, comprising 47 (62%) males and 29 (38%) females. Each focus group was audio-recorded and transcribed. All data were analyzed using a thematic analysis procedure with the assistance of NVivo 9.2 software.

1.2 Key Findings

The data revealed a number of factors that influence the decisions of youth to either use or not use cannabis. Decisions to not use the drug were influenced by concerns about health risks, poor academic performance and negative impacts on relationships with family members. Family relations were also a significant influence on decisions to use cannabis: in particular, the parent-child relationship is believed to be absent or disengaged among cannabis-using youth, with the parents not openly communicating their positions on the drug to their children. Youth also held a strong belief that all youth are using cannabis all of the time.

The study's participants perceived a number of negative and positive effects associated with cannabis. In terms of negative effects, cannabis was believed to result in dependency, a loss of focus, laziness and a number of physical problems. Interestingly, youth also perceived cannabis to affect youth on an individual basis — that is, cannabis affects each person differently and so it is not accurate to try to describe universal outcomes. It is hypothesized that this perception is ultimately used to minimize any negative effects associated with using cannabis because the negative effects are attributed to the individual rather than the cannabis. With regard to the drug's perceived positive effects, the youth involved in the study stated that cannabis helps people focus, relax, sleep and improve their creativity. They also believed that cannabis produced a range of health benefits, from treating mental health issues to curing cancer.



Youth also held the perception that cannabis does not change people in a long-term, negative way; instead, any long-term changes are attributed to the individual and not the drug. As a result, cannabis was not seen as a causal factor in the problems youth may experience with the drug. Along with the notion that there are individual differences in how cannabis affects youth, this notion that cannabis does not have long-term effects further minimizes any negative associations with its use.

Participants also reported a perception that cannabis is safe and poses minimal risk to youth, with this perception particularly evident when discussing the use of cannabis while driving. While some participants suggested that cannabis makes drivers more focused, others thought that such use is dangerous because it impairs the driver, not unlike alcohol. Youth also commonly expressed the belief that cannabis is not and should not be considered a drug because it is argued to be natural, safe and categorically distinct from “hard drugs.” For example, participants suggested that a drug is defined as something that alters the user’s perceptions and is manufactured. As a result of this conceptualization, participants clearly demonstrated confusion in understanding why cannabis is illegal.

Youth also expressed frustration and confusion about the inconsistency in police reactions to cannabis. For example, they could not make sense of how the same substance could result in legal sanctions in some contexts (e.g., being caught with a large quantity of cannabis), but not others (e.g., being caught with a small quantity of cannabis). To further complicate the situation, youth appeared to have difficulty positioning the role of medically authorized cannabis in their understanding of the drug’s legal context. Youth perceived the medical use of cannabis to raise a double standard in which cannabis is good for you if you are sick, but not (i.e., illegal) if you are healthy.

Finally, this research identified some key considerations that youth perceived would be helpful for future cannabis-related prevention efforts. Specifically, youth felt that (a) there should be an increased focus on cannabis content in prevention programs and materials; (b) prevention efforts should be delivered earlier; (c) those delivering the prevention message should have firsthand experience with the drug as well as an ability to connect with youth; and (d) approaches aimed at reducing the harms associated with cannabis use would be valuable.

1.3 Conclusions

This study identified a number of factors that youth perceived as being influential in affecting decisions to use or not use cannabis. These results highlight the complexity surrounding the use of cannabis in Canada and point to the challenges associated with preventing the use and misuse of this illicit substance. Mixed messages, lack of knowledge of cannabis-related harms and indifference to these harms among Canadian youth underscore the need for a coordinated, consistent and comprehensive approach to reducing cannabis use and its associated harms. The study also discusses implications for policy and practice, and future directions for research.



2.0 Introduction

Cannabis is the most commonly used illicit substance among Canadian youth. According to the 2011 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS), 21.6% of youth aged 15–24 reported past-year cannabis use. While this number is significantly lower than the 37% of youth who reported such use in 2004, it is three times higher than that of adults aged 25 years and older (21.6% vs. 6.7%; Health Canada, 2012). Despite this decreasing trend in use by Canadian youth, Canadian students aged 15 years had the highest rate of past-year cannabis use (28%) in 2009–10 when compared to students in other developed countries (UNICEF Office of Research, 2013).

In general, the use of cannabis is more common among males than females in Canada (12.2% vs. 6.2%; Health Canada, 2012). The average age of initiation for cannabis use among Canadian youth is approximately 15.6 years—a number that has remained unchanged over the past seven years (Health Canada, 2012). Recent data from provincial student drug use surveys concur with that reported nationally, and suggest that the prevalence of use increases dramatically by Grade 12. Depending on the province, 3–8% of Grade 7 students report past-year cannabis use compared to 30–53% of their Grade 12 counterparts (Young et al., 2011).

Several reviews have examined the evidence on the effects of cannabis use on human functioning and development (Beirness & Porath-Waller, 2009; Diplock & Plecas, 2009; Kalant & Porath-Waller, 2012; Porath-Waller, 2009a, 2009b). Briefly, cannabis use (in particular, chronic use) has been associated with impairments in memory, attention, psychomotor speed and executive functioning. Chronic use may also increase the risk of mental health conditions such as psychosis, depression and anxiety. Youth are more likely than adults to disproportionately experience greater harms from their cannabis use, which is one of the main reasons why they represent a high-risk group. From a biological perspective, adolescents' brains are undergoing rapid and extensive development that can be affected by cannabis use. Early-onset cannabis use has been shown to be associated with increased risk of polydrug use, the use of harder drugs, abuse and dependence—all long-term problems that can continue well into adulthood (Canadian Centre on Substance Abuse [CCSA], 2007; Chen, Storr & Anthony, 2009; Kokkevi, Gabhainn & Spyropoulou, 2006; Lynskey et al., 2003).

In contrast to the growing body of knowledge on the harms associated with cannabis use, comparatively little is known about youths' perceptions of cannabis use and their knowledge of cannabis-related harms. McIntosh, MacDonald and McKeganey (2003) examined the perceptions and knowledge of illegal drugs (including cannabis) among a sample of 216 youth aged 10–12 years in the United Kingdom, 39 of whom had used drugs at least once. Findings revealed that the youth expressed tolerant attitudes toward cannabis when compared to “hard drugs” such as heroin and ecstasy, with this view particularly evident among those who had previously tried cannabis ($n = 36$). A number of youth also expressed the view that cannabis was no more harmful than cigarettes or alcohol. The findings also indicated that although youth believed that cannabis could negatively affect physical fitness and possibly lead to addiction or the use of other substances, possible effects on mental health or cognitive functioning were not mentioned. Only a small number of youth cited certain therapeutic benefits associated with cannabis (e.g., antidepressant, stress relief, sleeping aid).

Menghrajani, Klaue, Dubois-Arber and Michaud (2005) conducted focus group discussions with younger (i.e., 12–15 year olds) and older (i.e., 16–19 year olds) Swiss adolescents to explore their perceptions of cannabis use and misuse as well as their understanding of the drug's legal context. While most of the younger adolescents (among whom none disclosed any personal experience with the use of cannabis) viewed cannabis as a drug with potentially harmful effects on physical and mental health, the older group (which included a mix of abstinent, experimental and regular users of cannabis) felt that cannabis



was similar to tobacco and alcohol, with some participants suggesting that the latter two substances are more dangerous given their addictive properties. With respect to factors influencing the initiation of cannabis use, the younger group stressed the impact of group and peer pressure and the increased sense of belonging that can accompany such use. Although the older group also cited peer pressure as an influential factor, they also stressed the importance of the physical pleasure that accompanies cannabis use, as well as the availability of the drug. With respect to the issue of legislation and enforcement, the majority of the younger adolescents were against decriminalization, believing that it would increase accessibility of the drug. This group also acknowledged, however, the current accessibility of cannabis and felt that society was unable to enforce existing drug laws. Most of the older adolescents, in contrast, were in favor of decriminalization, with some believing that the government had already legalized the selling and use of cannabis.

In a more recent qualitative study of Swiss youth, Akre, Michaud, Berchtold and Suris (2010) explored perceptions of cannabis and tobacco among a sample of 22 youth aged 15–21 years who had experience using cannabis and tobacco. The findings revealed that study participants considered cannabis to be “natural” and not necessarily harmful to health, which was in direct contrast to the predominantly negative perception of tobacco consumption. The latter was considered to be a toxic and addictive substance that was harmful to health.

Concerns about mixed messages about cannabis, lack of knowledge of cannabis-related harms and indifference with respect to these harms among Canadian youth have been raised as priority areas in need of further investigation by partners and advisors of CCSA’s *A Drug Prevention Strategy for Canada’s Youth*, a five-year initiative aimed at reducing illicit drug use among Canadians between the ages of 10 and 24. Accordingly, the purpose of this current study was to increase the understanding of Canadian youths’ perceptions of cannabis use to inform the development of future prevention initiatives to help reduce the harmful effects associated with this illicit drug.

More specifically, this study aimed to identify:

- The factors that youth believe influence their peers’ decisions to use and not use cannabis;
- How youth perceive and make sense of cannabis misuse;
- How youth perceptions of cannabis are influenced by the debate regarding the legalization or decriminalization of cannabis;
- How the use of cannabis for medical purposes affects youth perceptions; and
- How youth think cannabis use can be prevented.



3.0 Method

This investigation adopted a qualitative approach through a series of focus groups using pre-developed questions to guide an exploration of youths' perceptions of cannabis use and misuse. This study received ethics approval from the Institutional Review Board Services (Aurora, Ontario).

3.1 Developing the Interview Guide

A semi-structured interview guide (see Appendix A) was developed for use in the focus groups. Issues that were examined include (a) how factors such as community, school and family influence decisions to use or not use cannabis; (b) the possible negative and positive consequences of using cannabis; (c) what cannabis misuse entails; (d) how the cannabis legalization debate affects youth perspectives on cannabis; (e) how cannabis is portrayed in the media; (f) how youth feel cannabis use can be prevented; and (g) how the capacity for cannabis to be used for medical purposes affects youth perceptions.

The interview guide was designed to be open and general to facilitate participant discussion. It also contained important instructions for the focus group participants, asking them not to disclose information about their own personal use or experience with cannabis but to describe in general what youth think and experience. It should be noted, however, that during the focus groups many participants willingly disclosed information about their own personal experiences with cannabis.

3.2 Piloting the Interview Guide

The draft version of the interview guide was pilot-tested to ensure a youth audience would understand and have the capacity to answer its questions. The pilot study was conducted in West Kelowna, British Columbia, and consisted of four females and four males between the ages of 15 and 17 years. Three (38%) of the eight pilot participants indicated that they had used cannabis. Participants in the pilot study were asked to provide feedback on the interview guide introduction and questions.

Feedback from the pilot participants resulted in four changes being made to the interview guide and data collection procedure:

1. The introduction to the interview guide was revised to clarify the terms “confidentiality” and “penalized.” Participants expressed confusion around the concept of privacy and were unclear as to how they could be penalized if they did not answer all the questions.
2. When participants were asked what they thought about questions regarding community, school and family influences, it became apparent that these factors did not include the influence of friends. In response, the influence of friends was added as a probing question in the interview guide.
3. A participant suggested adding the question, “How does marijuana change a person?” The question was added to the interview guide in anticipation that it would help investigate the negative effects of using marijuana.
4. The initial pilot study took the entire 45 minutes to elicit participant feedback on all of the questions. Because it was apparent that by the end of the 45 minutes the participants had reached the end of their attention spans, the data-collection procedure was revised to decrease the number of youth participants in each focus group from eight to six. This revision led to further



modifications of the project procedure to include an extra focus group, which was conducted in Vancouver, British Columbia.

Overall, the pilot participants appeared as though they would be able to answer the interview guide questions in depth and without reservation.

3.3 Recruitment Strategy

Youth between the ages of 14 and 19 were targeted for recruitment into the current study. Participants were classified into one of two groups: junior (i.e., between the ages of 14 and 15) and senior (i.e., between the ages of 16 and 19). Junior and senior participants were recruited from five cities across Canada: Toronto, Ontario; Moncton, New Brunswick; Halifax, Nova Scotia; Salmon Arm, British Columbia; and Vancouver, British Columbia. In addition to these in-person focus groups, two online focus groups were also conducted. Both junior and senior groups were recruited using the same procedure. Two of the focus groups were conducted in French, both of which were held in Moncton.

Recruitment began by identifying core programs and services that interact with youth in each of the five cities. Initial contact was made with large-scale organizations (e.g., Males and Females Clubs, YMCA/YWCA) that would be familiar with the different types of youth programs available in the community (e.g., youth addiction counselling programs). From there, additional organizations were identified and contacted. For example, the recruitment strategy was broadened to include youth sports teams, youth group homes, youth outreach programs, neighbourhood houses, parent advisory committees, school clubs, teachers and church organizations.

The contacted organizations were asked to distribute an electronic and hardcopy recruitment poster advertising the study (see Appendix B). The recruitment poster outlined the topic of the focus groups and when and where the groups would take place. The recruitment poster also instructed potential participants to access the project webpage for more information about the study and how to participate (see Appendix C for a sample of what appeared on this webpage).

The project webpage reiterated the topic of the study, outlined its ethics protocol and informed youth how they could become involved. Youth under the age of 16 were also informed that they would require parental consent in order to participate. The project webpage included a link to the participant online screening form (see Appendix D) as well as the online parent and guardian information and consent form (see Appendix E).

Youth who were interested in participating were instructed to complete the online screening form, which asked them to identify their age, gender, city of residence, spoken languages and the recency, if any, of their cannabis use. This form also asked participants to provide their contact information. The information collected from this form was used for sampling purposes and to describe the demographic characteristics of the study's sample.

3.4 Participants

A total of 76 youth participated in this project. The overall sample consisted of 34 (45%) junior participants and 42 (55%) senior participants. Overall, 12 focus groups were conducted across Canada: one each in Vancouver and Salmon Arm, two in Toronto and Halifax, four in Moncton and two online. Provinces that were represented in the online focus groups included British Columbia, Ontario and Nova Scotia. It is important to note that this focus group study was not intended to be representative of all Canadian youth.



In addition, although efforts were made to have equal numbers of females and males in both groups, the senior group had more males ($n = 29$), than females ($n = 13$). However, the junior group was more evenly divided with 18 males and 16 females. Consequently, the final sample consisted of 47 (62%) males and 29 (38%) females.

Data were also collected on participants' use of cannabis. Approximately 38% ($n = 29$) of participants indicated that they had never used cannabis, with the remaining 62% ($n = 47$) indicated past use. Of the 47 participants who had previously used cannabis, 23 (49%) indicated that they had used it within the last 24 hours, 11 (23%) used it in the last week, five (11%) used it in the last month, three (6%) used it in the last four months, two (4%) used it within the last year, and the remaining three (6%) participants indicated that it had been more than a year since they had used cannabis.

3.5 Procedure

The number of participants in the focus groups ranged from one to eight and always had the same two experienced facilitators present. There was only one focus group that had one participant. In this instance, more participants were expected; however, at the time of data collection, only one participant had arrived. After reviewing the data collected from this individual, there was no indication that his or her responses were meaningfully different from the data collected in the larger groups. As a result, the information was pooled with the rest of the data. The remaining 11 focus groups had four to eight participants. Although the results from the pilot test suggested that six participants was the optimal number for the focus groups, in some cases additional youth showed up for the focus groups and the researchers decided that they should not be turned away.

The focus groups took place from August 27, 2012, to September 14, 2012. Each focus group started with the facilitators outlining the topic of discussion and all ethical considerations. Participants were also informed that it was important to respect the privacy of those in the group and to refrain from repeating what other participants said during the discussion to anyone outside of the focus group. Participants were also told that for note-taking purposes, the discussion would be audio-recorded and later transcribed. All participants were required to provide written assent and consent before proceeding with the focus group discussion. In addition, the parents of the junior group participants were required to provide consent for their child to participate. Each focus group took approximately 45 minutes. After participating, all participants received a \$20 honorarium in the form of a retail or restaurant gift card.

During the online focus groups, all participants chose to communicate via the software's text feature. With the exception of minor editing to improve reading comprehension, the spelling and grammar was left in its original state. Although the majority of youth participating in the online focus groups had working microphones, all of the participants chose to communicate via text. The workshop facilitators communicated to participants through audio streaming and the entire focus group took place in real time.

Discussions during the focus groups were held in English and French and translated, as appropriate, into the other official language. Statements translated from French to English are identified as such in the text. As these original statements were in colloquial French, in the case of disputed meaning or wording, the French version prevails.

3.6 Data Analysis

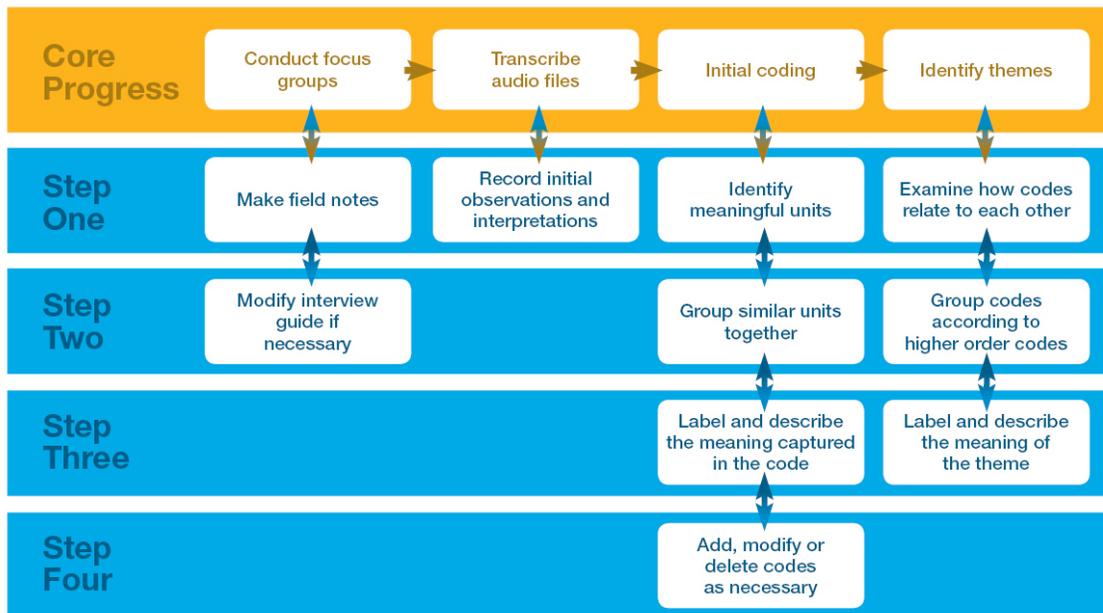
The data were analyzed using inductive thematic analysis adhering to the procedures of Braun and Clarke (2006) and Firth and Gleeson (2004). Figure 1 provides an overview of the thematic analysis



procedure used for this project. Inductive thematic analysis allows the analyst to make interpretations of the data rather than use the data to support previous theoretical conceptions, which is the case when using a deductive approach (Patton, 2002). An inductive approach was important for this project because it allowed for greater flexibility in capturing participants' perspectives and facilitating a more complete understanding of youth perceptions of cannabis use.

NVivo 9.2 software was used to manage all aspects of the thematic analysis in the current study, while the quantitative analyses were conducted using the Statistical Program for the Social Sciences (SPSS) 20.0.

Figure 1. Thematic analysis procedural overview (Brown, 2012)





4.0 Results

During the first focus group, it became apparent that the participants were more familiar with the term **weed** than either **marijuana** or **cannabis**. In response, focus group facilitators made efforts to use that term when engaging the participants in further discussions. As the purpose of this study is to understand youth perceptions of cannabis use and misuse, it is important to present the results in accordance with youth terminology. Therefore, this section uses the term weed, rather than cannabis.

This section presents the various themes that were identified through the qualitative data analysis. Although the order of presentation was chosen to help facilitate understanding for the reader with respect to participants' overall perceptions of weed, it is not the intent of this report's authors to attribute importance to one theme over another or to convey a prioritizing of the strength of a particular finding. Some of the headings used in this section reflect youth perceptions.

4.1 Influences to Not Use Weed

Participants were asked directly to discuss why youth in general would choose not to use weed. In response, they provided a number of reasons that could influence such a decision. First, some participants cited school performance as a key factor, stating that youth would believe that using weed would have a negative impact on their grades. For example, a junior female said, "if you do get used to it, it can like affect your grades and get you really bad in school." Another female suggested that these youth are simply concerned with concentrating on their classes.

Second, participants felt that youth who do not use weed are simply too scared to try it. Evidently, this fear stems from "the negative stigma that surrounds drugs," as described by a senior male. Another senior male stated, "smoking weed is like death to them." Rather than stating that these youth would be scared, other participants suggested that these youth simply "know the pros and cons to it," and "they know it's not healthy for them." Some participants proposed that such knowledge came from school-based drug prevention strategies, while others cited anti-drug media campaigns.

Third, participants also referenced a number of health risks serving as deterrents. (See Section 4.4.1 for a more detailed discussion of the specific negative health effects participants associated with weed.)

Fourth, a few participants raised the argument that some youth choose not to smoke weed because they have responsibilities. As one participant said, "non-users because they have a proper life... they have other important things to do." A junior female added, "their lives are busy." In other words, these youth abstain from using weed because they are engaged in activities such as sports and hobbies that they value.

Finally, participants argued that there are also important family influences that affect the decision to not use weed. On the surface, these family influences appear in two varieties. First, some participants felt that non-using youth come from very strict families, a point that was illustrated in the following conversation:

Senior Female 1: They could be very, like parents could be very strict. Like they could not allow the child to do things or make their own decisions.

Senior Female 2: Like disown you if you smoke pot or whatever.

Senior Female 3: Or like give you big shit if you smoke weed.

Senior Female 2: Or ground you for life.



From this perspective, because the family is strict, the youth chooses not to use weed because he or she does not want to get in trouble. In the second perspective, the youth chooses not to use weed because he or she does not want to disappoint the family or negatively influence other family members. For example, a junior female described:

I think that a bad side to marijuana is some kids don't want to use it because of how many times it's hurt other people and other families and stuff... I'm an older sister, so if I was to get high and stuff, my younger siblings would look up to that and then they would do it. And if my grades deteriorated, I wouldn't get a good job and stuff like that. It just, and then it ruins friendships and families and stuff.

A senior female also stated:

The more like involved you are in activities and stuff like that. The more like you just want to do better. You have more people watching you. And more people to disappoint.

While these perspectives appear distinct, they do indicate that the family is involved with the youth. Furthermore, they imply that the family is opposed to using weed.

4.2 Influences to Use Weed

Participants were also asked directly to discuss why youth their age would choose to use weed. Not surprisingly, there were a number of reasons provided, many of which were the polar opposites of those mentioned in the previous section. First, participants identified contexts in which families would influence youth to use weed. Some participants stated that the parents of youth who use weed may themselves have used weed when they were young. Participants also argued that the parents of some of these youth are still using weed. For example, a senior male reported, "my mom smokes my weed." Another senior male provided the following example:

I got my mom to smoking dro... because she got into a car accident, she was kinda getting bitchy and shit. She was on my nerves and what not... I rolled up a little blunt. Told her to come outside with me. She's like no, no, no... I force fed my mom, right. She started smoking all right by herself, two tunes, Burger King at midnight like miss ivory or something. She be higher than a motherfucker. Now she calls me askin' when I'm going to bring the blunts. It's crazy though. She's lovin' it.

While there were certainly a number of participants indicating that they openly use weed with their parents, other participants indicated that family members encouraged them to use weed. Further, some participants raised the argument that they feel as though their family expects them to use weed. For example, one junior female reported, "I feel like more and more teenagers are doing weed and I definitely think something needs to be done, because, like parents almost expect it out of their kids now."

Second, participants highlighted that there are also community influences. For example some youth described the social connectedness that accompanies smoking weed:

Some guy came up to me and is like yo man want to smoke a joint. I was like yeah OK. And I, I made friends so like, I don't know I like smoking weed because I know, it's very social friendly thing to do with other people that you like don't even know.

Other participants stated that the weed supply stores or headshops that are present in some communities serve as an influence.



Third, a large influence that was frequently referenced involved the perspective that “everyone is doing it,” which suggested that participants believe weed is continuously present and available in the youth environment. For example, a senior male said, weed “is a very popular drug today.” Similarly, a junior female stated:

Yeah, well you are more likely to do it. If like every single one of your friends is doing it and say you know maybe two people who aren't doing it. You're like well everybody's doing it and they're fine. Like why wouldn't you do it? Like I just want to try it.

Two other participants provided a further example of this view:

Junior Male: It's way more expected throughout schools. Like if you haven't tried weed, like most people will say, oh well that's very weird of you. Like everyone else has.

Junior Female: Yeah, like it's not common if you haven't.

The above example also highlights an additional influence to use weed: peer pressure. While the theme of “everyone is doing it” stresses the perception of weed's ubiquitous presence in the youth environment, the theme of peer pressure implies that youth are being encouraged and pulled into using it. An example of peer pressure was demonstrated by a senior male who said, “so you go at lunch they are there smoking cigarettes and then the next thing you know they are passing the pipe around. And you're like oh everyone is doing it so I might as well do it.” Another female stated, “I think they just want to be friends with them and since their friends do it they just get peer pressured into it and then they start doing it.” The influence of peer pressure was described in another group when a junior male stated, “because they... give in to peer pressure by other kids telling them what to do,” to which another male added, “there is a lot of pressure cause kids want to fit in that way.”

4.3 Parental Relationships and the Impact on Decisions to Use Weed

Focus groups participants were often asked how parents factor into the decision to use weed. Many participants argued that the relationship a youth has with his or her parents plays a significant role in decisions to use weed. It was frequently suggested that when parents are absent and do not provide a healthy environment, youth are more likely to decide to use weed. For example, one junior female said:

Well probably their parents aren't always available... maybe their father works away and their mom isn't always there for them or she drinks or something and they just want to get away from their problems at home.

Similarly, another junior female stated, “if they're going through hard times, then the kids just like the kid just decides if my parents aren't really caring about me then I can do whatever I want.”

Participants also identified the complete absence of a parental relationship as a factor:

It's usually the case they don't have family members or social workers, or I don't know, just people like that are natural resource that can help them [get] body wash, soap, or even like a cigarette. Even like cigarette, some kids they stay out on the street and they'll bum for change.

One senior male, who described using weed on a daily basis, reported what his relationship was like with his mother:



No, I never really talked to my mom. She was always working, you know. Like I would come back from school and she was already gone. Like I wake up in the morning and she's gone, you know. She's always doing something.

4.3.1 But Even Positive Parenting Is No Guarantee

Interestingly, participants also indicated that having a positive relationship with parents may not always guarantee the youth will stay away from weed. In these cases, participants suggested that youth simply want to rebel against their parents:

Junior Female 1: Well also it could be like their family, like if they have a good family and their family is like always there and they kind of want to rebel.

Junior Female 2: Yeah.

Junior Female 3: Yeah.

Junior Female 1: Like go against their parents, because they feel like their family's perfect or whatever. Like mom's always doing stuff for me. And Dad's always this or that. So they're kind of like well I don't want to be perfect like them. Or like this is boring or something.

A senior female also suggested that parents' unrealistic perception of their child could exacerbate the issue:

Some of them don't think that their child is capable of doing it. Because they hold their child on a pedestal and they think they are all good. And they are not capable of seeing that they can do that kind of thing.

4.4 The Effects of Weed

When asked about the effects of using weed, participants described a number of effects that they considered to be either **bad** or **good**. Several participants also emphasized that there are individual differences when it comes to the effects of weed. For example, a senior female said, "it all comes back to basics, like it depends on the person," to which another female added, "very much, it depends on the person." Another senior female said that "it depends on the person, like they could become paranoid and have like anxiety or they could just be more relaxed and want to eat all the time."

4.4.1 Negative Effects

In terms of weed's negative effects, a number of core categories were identified. First, participants argued that weed could have a negative impact on the user's attitudes or emotions. For example, some participants said that weed "makes some people bitchier" and that it can make people "get jumpy [and] maybe depressed [and] sad."

Interestingly, these effects were closely linked to the notion that youth would come to rely on using weed to feel good. For example, one senior female stated, "they become reliant on that for the upper and happiness." Other participants suggested that they would feel good while being high, but experience negative effects when the high wore off. For example, one senior male said, "I actually felt good because I was high. But then when I wasn't high, I would just sit there and like and like just, just daze at anything." Another senior male also said, "but weed, that'll fuck you up too. Because everyday or something when you smoke weed, the day you don't get weed, is the day you going to flip out." Other participants described that over time and usage, the positive feelings associated with



being high would diminish. One senior female commenting on the good effects said, “but they never last,” while another senior male reported that weed initially “makes you feel good. Then you stop and then you feel bad. Then you use it again and you feel good again, but not as good as before. So it goes on a downhill thing like that.”

A lot of participants stated that youth who use weed lack focus. For example, a junior male reported that “you lose your concentration, you’re like more slow” [translation]. Another junior male said that weed “kills brain cells and gets them off topic.”

A number of participants also cited becoming lazy as a negative effect. One senior male described how “sometimes you get too high and then you want to do nothing. You ain’t thinking about nothing either.” Another senior male followed that statement by declaring “that’s why I don’t fucking smoke weed before I go to work, before I go to school, you know what I mean, because I’m just going to get lazy.”

The most common negative effects consisted of physical and mental side effects. With respect to physical side effects, some participants stated that weed “destroys your lungs” and “in general, just destroys your body.” One junior male argued that “it increases the chances of heart attack” [translation]. In terms of mental side effects, participants commonly reported that the user would experience paranoia or forgetfulness. It should be noted, however, that some participants argued that these negative effects were a result of more frequent use. As one junior female said:

You smoke from time to time and have some fun... then you smoke like a fool and get all wrong there, then you get slow and that’s when there problems start. Just smoking once in a blue moon is not, it’s not terrible there, it won’t kill you. It won’t make you slower either.
[Translation]

4.4.2 Positive Effects

Participants spent a significant amount of time discussing the positive effects of weed. While participants briefly discussed how weed was good for increasing appetite and that it served as a good pain reliever, they went into much more detail about how weed can help the user focus. One senior male recounted:

A man like me, with ADHD and bipolar, that stuff keeps my mind at an ease and I could just think normally. I can go on with my day. Usually, when I don’t smoke weed, I can’t do nothing. Too much of my brain is flustered.

Another senior male reported similar experiences:

When I smoke, I can concentrate myself to really be doing what I want to be doing. When my cousin smokes, and we were having this conversation last Christmas and he for some reason, when he smokes, he’s extremely concentrated and he knows exactly what he wants to go in.

One senior female stated, “there’s been people that could completely function on marijuana. They could do everything on marijuana. Sometimes better than what they do, you know.”

Weed was also commonly reported to have a calming effect. For example, one senior male argued:

I smoke it because I’m an agitated, well no, I’m... an ignorant prick. And like, when I smoke pot I have tendencies not to be an ignorant prick.... Like the urge isn’t there as bad to like call a crack head a crack head than I would if I was sober.

Another senior male stated:



Look for the kids that got that ADHD and like to box other kids in the faces for no reason and they just like to have these temper tantrums. So I'm telling you right now. You give them some weed, they'll be good. I used to be a temper tantrum motherfucker... I used to throw chairs across the fucking table, you know what I mean.

In accordance with the above examples, a number of other participants confirmed the view that “a person who smokes marijuana is usually more chill.” And further, smokers were described as being more “happy” and “bubbly.”

Another commonly reported positive effect of weed was that it improves the ability to sleep. One senior male said, “it helps me sleep a lot.” Another senior male suggested that he can't sleep without smoking: “Last night I worked like 20 hours and I came back and I smoke like a joint, I was sleeping and relaxed and sleeping. [It] don't bother me sleeping. When I be more tired, I can't sleep.”

4.4.3 Weed Enhances the Mind and Creativity

In some of the focus groups, participants discussed how weed enhances the mind and improves creativity. For example, one senior male described how:

It makes you way more open minded like, honestly like, if I'd never have tried it for the first time whatever like I had, I never would've got to this moment, like I never would've won \$2,000. I never would have believed in myself, like to actually build a [*participant describes an invention he built*]. Anyway it just ended up that I actually won and it's like, I just couldn't believe it. [Translation]

A junior male argued that “creative stuff would be made easier” such as “painting, making music.” One senior male also said, “I know people that when they smoke they can read better than when they are not stoned.”

4.4.4 Weed Has No Harmful Effects

A number of participants were adamant that weed poses no harmful effects, claiming that weed is not addictive and does not “consume” users. For example, one senior male stated that “you don't sell your kids for a fucking spliff.” Another senior male declared that someone may try weed and “then he thinks that he's hooked [but] it's all in your head” [translation]. In response, another male said, “psychological addiction, that's it, it's not physical if you quit weed” [translation]. It should be noted that this is in contrast to what some participants reported as the negative effects of weed (see Section 4.4.1).

Other participants simply stated that any effects of weed are benign. As one junior male suggested, “when you do weed, you just want to get to the fridge and go to sleep” [translation]. Participants also emphasized repeatedly that weed isn't going to kill anyone. For example, a senior male argued that “you don't hear about people dying from grass” [translation]. This perspective was illustrated further in the following discussion:

Senior Female 1: It's like you could get killed by a coconut than weed.

Senior Female 2: You're more likely to be killed by a coconut?

Senior Female 1: Yeah it's true. If it falls on your head.

Senior Female 3: I know some people do it because it just makes them sleep.

Senior Female 1: Yeah you cannot overdose on weed.

Senior Female 2: No you can't.



4.4.5 Health Benefits of Weed

Aside from the positive effects of weed discussed in Section 4.4.2, participants also described some positive effects that were more specific to improving the user's health. It is important to note that because the following examples are outside of the context of medically authorized reasons for using weed, they are distinct from the medical reasons discussed in Section 4.10.

The most specific health benefit involved perceptions that weed could be used to combat cancer. For example, two senior males stated:

Senior Male 1: Also it's been proven that it actually help, um not fight cancer, but slow down the actual development of the cancer.

Senior Male 2: Slow down, yeah.

A senior male also reported:

For me, I'm thinking about for my health. I take care of my health. Because I smoke two pack of cigarettes a day. A cigarette gives you cancer, but the weed cover it. It going to clean it up.

Similarly, a junior male gave the following example:

Well, I heard someone say that he was going to die, he was dying right, and he was right, he had a lot of pain so they gave him that before he died because he was in so much pain. I heard a story, I don't even know if it's true, a guy that was dying of cancer and he was smoking medical pot and I guess it saved him from cancer. I dunno who I heard that from.
[Translation]

4.5 How Weed Changes a Person

Participants were asked to describe how using weed would change a person. It should be noted that because this question focused on the more long-term changes associated with weed, the examples given are different from the positive or negative effects described in Sections 4.4.1 through 4.4.5.

Some participants clearly stated that some people simply become consumed by weed, with one junior female saying:

I know this might be an extreme example, but like it can make you not care anymore because if, like especially like if you get addicted, then you just want it no matter what. So you don't really care what else happens.

A senior female added:

Like you would stop, it like just drains your body, so you become lazy and tired and just give up. And then it obviously changes your attitude.

4.5.1 Weed Does Not Change People, It's People that Change

A number of participants argued the opposite: that weed does not change a person. Participants agreed that while changes may occur, they were not a result of the weed. Instead, it is people themselves that change. For example, a senior male argued that "it's really the person that turns, either they're going to be doing whatever they want or not." Another senior male stated, "it doesn't change the person, it's all on you if you change after you do drugs." Similarly, another male described:



But it depends on your mind perceives it I guess. Like I have friends who have smoked weed for year and years and years, and they are still the exact same person they were when I met them.

What these participants are emphasizing is that any changes that occur are a result of individual differences. They perceive that weed can affect people differently and because the weed is constant, the changes are owing to the people themselves.

4.6 When Does Weed Become a Problem?

Focus groups participants were asked to describe when using weed becomes a problem for youth. Some participants argued that the problem begins the moment a person uses weed. This argument stems from the fact that using weed is illegal and, therefore, the person is breaking the law. A junior female asked, “so why would you try it in the first place? If it’s illegal... I think as soon as you... first pick it up, that’s when it gets bad.”

Other participants said that weed has become a problem when the person needs to use it constantly. As one senior female stated, the problem is evident when the person is “always high [and] they can’t function without it. When they’re sober they just like cranky all of the time.” Reporting from his own experience, a senior male told the group, “I realized I have a problem... when I woke up in the morning and I say yo I need some herb in my system, you know what I’m saying.” A junior male also said it is a problem for people “who can’t have fun without smoking, you know, like every day they have to do it” [translation].

Another major sign of concern is when weed becomes a priority and an obsession. Demonstrating how it becomes a priority, one senior male stated, “and you know what else I knew I was addicted? You got ten dollars in your pocket and you spend half of it on weed. And the other half on food.” Another senior male provided a similar example: “when you put it in your budget and shit.” Further to that point, a senior female said, “well if you have to pick between paying rent or buying a quarter bag.”

Along these lines, participants also described weed as being problematic when someone goes to extreme measures such as selling possessions, performing sexual favours or engaging in criminal behaviour to obtain weed. In terms of it becoming an obsession, a junior male described how “there are lots of people since they started smoking weed, like on their school work and that they draw weed leaves and like ‘shrooms and that, it’s right funny” [translation]. Other participants simply described it in terms of the person constantly thinking about weed and getting high.

Finally, participants also argued that weed has become a problem for an individual if he or she has changed. As mentioned in Section 4.5.1, many youth do not believe that weed changes a person. Therefore, if a person does change in some form or another, there is clearly a problem. A junior female put it simply: “when it changes who you are, I think it becomes a problem.” Another junior female stated:

I don’t know how to explain this. But before you use drugs, you used to be all, like normal life and everything and then after you like have to get that fix. And you have to get it no matter what. And it changes, like you’ll do anything for it. And it changes you, your behaviour.

Some participants described the change in terms of the person becoming detached from others or having a major change in mood and behaviour.



4.7 Driving and Weed

During the focus groups, participants also discussed the issue of driving while under the influence of weed. There came a clear distinction between those participants who were against the notion of using weed while driving and those who were in favour of doing so or at the very least, not opposed to it. Those who were not against driving while high made three distinct arguments: (a) weed makes you a better driver; (b) each driver is different; and (c) it is better than driving drunk.

4.7.1 Weed Makes You a Better Driver

A number of participants consistently argued that using weed makes some people better drivers because it makes them more focused. In fact, one junior female described it as “you’re super focused” [translation]. A senior male said, “it started to make me more cautious and I started to pay more attention to the roads, signs and everything that’s going on around me.” Another junior female described driving with older friends:

Like sometimes I drive with my friends. I get in the car and I’m like are you high? And like “yeah man.” And they don’t crash. They just drive and like the more high you are like, like you focus like... you don’t want to get caught with anything. [Translation]

4.7.2 It Really Just Depends on the Person

One argument made by those not opposed to using weed and driving is that weed affects each person differently. In Section 4.5.1, a number of participants argued that weed does not actually change people—that is, any changes a person experiences are attributed not to the weed but to the person using it. In the context of driving, some participants suggested that while driving when high is a problem for some people, it is certainly not a universal problem because each person is affected differently. Further, it appears that the responsibility for any negative consequences is placed on the person and not the influence of weed. For example, one senior female highlighted the role of individual differences by stating:

I’ve been with him in the car sober and in the car high and... in the process of getting baked... And yeah, like he’s a better driver. Then there’s people, I’ve seen people that smoke... get in a car, pull away from the curb and get into an accident instantly.

In another group, a junior male simply stated, “some people could probably pull it off,” suggesting again that the result is more dependent on the person driving.

4.7.3 It’s Safer than Driving Drunk

Without question, drunk driving was seen as being much more dangerous than driving while under the influence of weed. This argument was consistent across participants, regardless of whether they were against or not opposed to driving while high. Participant suggested that drunk driving is much more likely to have a negative outcome. For example, one junior female stated, “I have three friends that crashed because they were drunk, I have a lot of friends that drive when they’re stoned and haven’t crashed yet. And if anything they are more careful.” A senior male provided the following example: “yeah you get drunk and drive a car and crash into a baby or something... you get stoned and you forget the keys and walk home and raid your fridge.”

Whether participants had direct experience with weed and driving or not, they were certainly familiar with the claims that it is a safer alternative to drunk driving. When asked to explain why this perception



exists, many argued that the effects of alcohol are simply more visible. One senior male stated, “you see more drinking accidents than drug-related accidents in cars.” Another senior male described drunk drivers as being more likely to be swerving across the road, while one senior female stated that people who are high and driving “would be calmer and actually kind of stay in your side of the lane.” Further, one male said that “drinking effects your visual awareness, while smoking affects your reaction time,” suggesting that those under the influence are less aware of any intoxicating effects.

4.7.4. Smoking Weed and Driving Is Impaired Driving

Participants who were opposed to the idea of driving under the influence of weed clearly stated that it was still impaired driving, no matter what the perceived benefits may be. These participants often referenced the negative effects of weed when making their arguments. One senior male said, “that is such a problem! Driving is hard enough without being on something. I think it would lower your concentration.” Another senior male stated, “it’s like drinking, your body isn’t at it’s normal and your judgment isn’t where it would normally be.” One senior female described how “somebody who is high may react poorly to sudden stops or accelerations.” As a counter-argument to the idea of being super focused, one senior female said that “when you’re driving you have to focus not only on the road but around the road if anyone’s jumping out or whatever. If animals jump out.” Many argued that it doesn’t matter what the substance is, “driving under the influence of anything is kinda stupid in general.”

Participants who were opposed to driving and smoking weed also felt that arguments supporting the practice were just irrational excuses. For example, a group of senior participants said they heard the claim that it helps everything appear in 3-D, to which they replied:

Senior Female 1: That’s not helpful.

Senior Male 1: They should be 3-D... that’s life.

Senior Female 2: As in the tree that is 20 feet away?

4.8 Comparing Weed to Other Drugs

The focus groups participants often grounded their understanding and experiences of weed by drawing comparisons between weed and other drugs, including alcohol and tobacco. In all cases, these comparisons highlighted the fact that participants view weed as a much safer alternative to other available options.

4.8.1 Weed versus Tobacco

Across all participants who compared weed and tobacco, weed was always considered to be much healthier and safer. Many participants highlighted the toxic substances that are included in the manufacturing of tobacco. For example, one junior male stated, “they put tar in cigarettes and all that” [translation], while another senior female indicated, “they have rat poison and arsenic and crap, and they cause cancer.” In another group, a junior female suggested that compared to tobacco, there are no toxic additives:

We’ve had presentations... I remember at school last year in [name of class], a big jar with all kinds of junk that can be in cigarettes and then, I have yet to see a jar with all the junk in pot, you know. [Translation]

In terms of the impact on health, one senior male who used both cigarettes and weed spoke negatively of tobacco: “I smoke cigarettes, which is terrible and I’m trying to cut back, so I can be in



better shape. But I will always smoke weed. I've never ever had a problem with weed." Another group of senior females also spoke of the health comparisons between weed and tobacco:

Senior Female 1: [Cigarettes] kill a lot of people. It's very, very, very, very like bad for you. But weed, like what...

Senior Female 2: It's actually kind of good for you.

Senior Female 1: Yeah

Senior Female 2: There's benefits from smoking weed and there's no benefits from smoking cigarettes and it's still legal.

4.8.2 Weed versus Other Drugs

In comparing weed to other drugs such as crystal meth, cocaine, crack, heroin and prescription drugs, weed was deemed to be much safer with respect to side effects, addictiveness and issues of crime. For example, when comparing weed to crystal meth, one senior male said that crystal meth is bad because "it keeps you up for days." Another senior male stated, "when I smoke weed, I don't end up looking like a fucking reptile man from Spider-Man." In comparison with crack, one senior male argued:

Crack is the dirtiest drug to go down that road. That is the worst fucking path you could possibly ever go for anybody... when you go to buy it, it's the resource to buy it from. You are not buying it from a high-end fucking nice mansion, nice condo."

One junior male said that "crack ruins your nose, you feel like your nose is falling." In comparing weed to antidepressants, a senior male stated simply, "but the antidepressants I've seen that all my life with my father, but people are fucked" [translation].

Participants also suggested that there is a much greater degree of crime associated with drugs such as crack and cocaine. For example, one group of senior participants suggested that there is more respect between those using weed:

Senior Male 1: The pot head is just chillin' and the crack head is going to stab me in the appendix.

Senior Male 2: The pot head won't steal my shit when I go to the bathroom.

Another senior male added:

Say you got like an ounce of cocaine in your house. I'm going to run up in there with six guys with like automatic shotguns and be like yo give me your shit. You got weed, I'm going to run up in your house and be like yo let's [smoke].

4.8.3 Weed versus Alcohol

Similar to the previous two sections, weed was argued to be safer than alcohol. Interestingly, participants argued that weed is safer for both the people using it and the people around them. For example, a senior male said that "you could die of drinking too much alcohol, but you can't die of too much weed," to which another senior male replied "that is very true actually." This sentiment was also expressed in other focus groups. Further, alcohol was argued to be problematic because it impairs users:

Senior Male 1: Because alcohol you lose your judgment. You're gonna go and do things—

Senior Male 2: You do stupid ass stuff.

[Translation]



While being impaired, some participants indicated a person under the influence of alcohol is much more of a risk to others than a person under the influence of weed. As one senior male stated:

The difference between weed and alcohol. I'm going to come home from the bar drunk as fuck, beat the fuck out of my wife for no reason. I'm going to come home stoned and be like yo let's play some Scrabble.

4.9 Legal Understanding of Weed

Participants were also asked about their understanding of the legal issues concerning youth involvement with weed.

4.9.1 Is Weed Illegal?

When participants were asked if weed was illegal, some were simply not sure. For example, a junior female asked in return, "I think, isn't, like it's illegal, right?" Another junior female asked, "you get fined don't you?" Other participants agreed that it was illegal but also that "it depends." For example, one junior female said, "it's actually, not. It's illegal to have weed on you. But it's not illegal to have, to be high."

Most participants argued that weed is illegal, but that it really depends on the amount of weed you are caught with. For example, one senior male described:

But weed is somewhat legal because if you get stopped with less than three grams you can't be held for drug dealing, well charged with drug dealing. Well you can still be charged with possession, but you can't go to jail for that. [Translation]

Another senior male stated:

You'll just get a fine and community service, same thing if you're caught with a quarter, that's seven grams. If you're caught with less than that you don't even go to court, you'll get community service and a fine. So it's legal in the sense that, it's already almost legal to consume but not to sell. [Translation]

In another focus group, a junior female reported, "if it's under three grams they would just take it away from you and... they would just say something, then they would leave you alone." As illustrated by the above examples, while most participants agreed that there was an issue with the exact amount of weed a youth might have, there was disagreement on the specific amount and what would be the penalty.

All participants did agree, however, that selling weed is illegal. Therefore, the concern with the specific amount was premised on whether or not the youth might be dealing. The following discussion details this understanding:

Senior Female 1: It depends.

Senior Male: How much you have.

Senior Female 1: If you have individually, like separate baggies and if you have a certain amount on you then you get charged, or you will get charged with...

Senior Female 2: Intent to sell or something.

Senior Female 1: Yeah intend to sell or something about, it won't be trafficking because you have to have, like it will be like investigating for trafficking and stuff. But if you have a certain amount, like a little bit, you could get, they just take it away or whatever and you get charged with possession.



Senior Female 2: Yeah.
Senior Female 3: Yeah.

Participants also suggested that weed's legality depends on the age of the youth. For example, a junior female stated that depending on the amount, a youth would not get into too much trouble if he or she was over the age of 19:

After 19 you are allowed to have a little on you, no more than 1.5, I think. [...] You're allowed, you can use a little bit. But if they catch you with a pound you're screwed. If it's more than 3.5, I think they can stop you and take you to the station. Any less than that and they can't. [Translation]

When asked what would happen if you were under the age of 19, she replied, "you're in shit" [translation]. Closely tied to the issue of age, participants also stressed that whether or not you have been caught previously with weed would affect what could happen. A group of senior participants discussed the issue as follows:

Senior Male 1: [Weed is not illegal if it is a] very small amount.
Senior Female 1: If you are a minor and you are not selling.
Senior Male 1: Yes, the first three times you get caught.
Senior Male 2: Compared to a lot of it.
Senior Male 1: Yes, because you get a ride home and it gets confiscated. The third time you get in trouble. But the first two you get your parents involved.

4.9.2 It's Up to the Cop, Not the Law

Some participants emphasized that whether or not weed is illegal, the consequences depend on the attitude of the cop who catches the youth. For example:

Senior Female 1: Unless you get like a real lenient cop.
Senior Male: Sometimes they just throw and stomp it on the ground.
Senior Female 2: Sometimes they throw it away and search your vehicle or they search you for other, like things that you smoke out of. And they just like take it.

One junior female reported, "if you're rude to the cop and you're like oh what's the deal or something like that. Then they're going to be like, well I'll show what I can do." Another junior female said, "unless it's an asshole who thinks they know everything and they'll try to prove you wrong." Another senior male highlighted that some police are more lenient than others, describing police reactions to relatively similar behaviour:

There have been times where I've been walking down the street and standing there at a red light and a cop car just pulls up next to me. And I'm sitting there smoking a doobie and he just looked at me and didn't do anything. And there's been times when I've been sitting there smoking a bowl... in the middle of the park, by myself no one's around, minding my business and the cops come up and have been like, give us your weed and your pipe and all that stuff. So that's the way I look at. If the cops are lenient.

4.9.3 Confusion Surrounding Weed Being Illegal

The above discussion clearly highlights that focus group participants have an inconsistent understanding of what would happen from a legal standpoint if they were caught engaging in weed-related behaviour. Therefore, it is not surprising that many youth reported that they were confused when it came to the specific relationship between weed and the law. To start, many participants



thought weed is “kinda legal” given the presence of the weed supply shops, in which participants stated you could buy and consume weed in addition to purchasing weed-related paraphernalia. One senior male said, “there’s bong shops around the place. There’s seed shops around the way. You can get weed from a fucking store.” Another senior male reported, “you know what confuses me, is when they have like that the weed stores and stuff around here for your weed, you know. The places where you can go and smoke your weed at.”

The most prevalent factor confusing participants is the inconsistent response by police. For example, a senior male said, “what confuses me is, if I get caught with a gram in Toronto, they’re going to just, some of them sometimes will be like OK that’s nothing. Sometimes they give me a ticket.” Another senior male stated:

If I get caught with three grams I go to jail though. That’s what confuses me. If I have under three it’s still the same shit. Just like if I have a fifty piece of crack. What you called weed and classified as crack also and basically in the same thing drugs, you know what I’m saying. How come I can get arrested for... three grams, but not one.

Such inconsistency was also confusing for one junior female, who drew comparisons with speeding, which she felt was less serious: “I don’t really get that... if a cop catches someone speeding. I mean sometimes yeah, he gives them a warning, but I feel like this is even worse.” One junior male summarized the issue by simply stating that weed is not “at a stable place with the law.”

A number of participants also stressed that it did not make sense to them given their perceptions that weed does not harm anyone, especially when compared to other substances. For example, a senior female argued that “cigarettes [do] not benefit people. There’s like, that’s why there’s a lot of controversy. Like why would [you] legalize cigarettes when you can’t legalize marijuana?” Another senior female replied to that statement by saying, “yeah cigarettes killed people more than weed does.” In another focus group, one senior female stated: “Me, I don’t know why [...] [a] child who has used is so bad. You are not even addictive the way alcohol can become addictive, and when you are like drunk [...] you can become violent and abuse their child.” [Translation]

Finally, the use of weed for sanctioned medical reasons was found to contribute further to participants’ confusion. For example, one junior female stated, “It doesn’t make sense, that like for some people it’s OK, but for some people it’s not.” Another junior female said, “people that are normal don’t deserve it, but people that are all jigged up ...” This double standard was supported in another example, when a junior female reasoned, “I mean that’s kind of like if you have two kids and you’re like here have a lollipop and you’re like no I don’t want to give you one. It’s like, aghh, you know what I mean.”

4.10. Using Weed for Medical Reasons

Participants also talked about using weed for medical purposes. Unlike Section 4.4.5, this section focuses only on the authorized use of weed for medical purposes as opposed to youth self-medicating with weed. The main context in which participants were asked about medical weed was with regard to it being legal and how that affects their understanding of weed being illegal. However, participants also provided insight into the reasons why they believe medical weed is used. Participants listed weed as a medical treatment for a vast number of mental and physical conditions. For example, one junior female stated that medical weed was available for “mental issues or whatever. Like those kinds of ones. Like the more extreme ones. Like the autism and stuff.” Other participants believed that it could be used for an assortment of issues, as illustrated by the following conversation:



Senior Male 1: Get some like... bowel syndrome, some, some disease or something. Or bipolarism or ADHD or something.

Senior Male 2: Say I got some [inaudible].

Senior Male 1: Or depression, you can get weed for anything.

Senior Male 3: ADHD you say?

Senior Male 1: I have ADHD.

Senior Male 3: I have ADHD too.

There were a number of participants that questioned whether or not using weed for medical purposes was a good idea. For example, one junior participant questioned whether it was entirely safe:

Everything has both a good and a bad usage. And the thing with marijuana, I'm not sure but it's used as a pain killer, right? Or like it's used as a pain killer in hospitals, right. So I think, you know, in that sense it could be good, but like she said, if it really does harm the body even in that manner.

Expressing similar caution, a junior female stated, "but that's like OxyContin, that's a pain killer or whatever, but people still get addicted to it. And it still can be fairly dangerous."

4.11. Weed Is Natural

Throughout most of the group discussions, participants made a very clear argument that weed is natural. The context of this argument was often positioned with discussions regarding either the physical and psychological effects of weed or the illegal context of weed (see Sections 4.4 and 4.9 for more information on these topics). In other words, participants argued that weed is not bad for people and should not be illegal because it is natural. One senior male stated emphatically, "it's an incredible natural resource" [translation]. Embedded in this view is the argument that because weed is natural, it is good for people. For example, one senior male stated, "if it grows from the ground, it's good for me." In another group, one senior male elaborated that weed does not present any more problems than trees or grass:

It's obviously naturally made for a good reason, right. People do grow it, right. But it was on this earth before anybody even thought of it, right. It's just like a tree. So there is reason there where it should be legalized.... it's just like grass, right.

One senior male also said:

I truthfully, it's naturally grown by the earth. Really, if it wasn't grown, like crack or coke, or heroin or mixed in with other substances it, it's not good for you. Because it's human made, it's human made. Anything natural from the earth, I truthfully have no problem with.

In the above statement, the participant clearly distinguishes weed from other drugs. This view was shared by many participants across the different focus groups. In fact, most participants were adamant that weed should not be considered a drug at all. For example, one senior male stated, "to me, weed isn't a drug." Others argued that labelling weed as a drug is simply meant to deter people from using it. One senior male argued, "it's the negative stigma that surrounds drugs. It's unfortunate that marijuana has been classified as a drug. It just puts the whole, you know, the whole scare tactic into it."

If weed is not considered by many youth to be a drug, it is important to understand how youth distinguish it from other drugs – and to learn what exactly constitutes a drug in the eyes of youth. Throughout the focus groups, participants described drugs as substances that are manufactured and alter perceptions.



With respect to the first point, one senior female said that weed is not a drug “because it’s all natural. Most of the other drugs are like chemicals and random shit thrown together.” A senior male stated, “this this this and that, just to use that,” when highlighting the number of steps required to use a drug. In response to this comment, another senior male added that, in contrast to other drugs, using weed is simple: “all what you gotta do, I just break a couple of leaves and put them in the piece of paper.” These comments reiterate the perception that weed is simply a natural substance that requires no alteration.

With regard to the second core characteristic of drugs, participants understood drugs to be things that change the user’s perception of reality, with one senior female stating that “drugs are many things to alter your perceptions.” In another focus group, a few females shared the following conversation about what constitutes a drug:

Senior Female 1: Something that like harms you, like messes up your brain and you can’t function at all. And yeah, you like...

Senior Female 2: You don’t know what you are doing.

Senior Female 1: Yeah you choose a different drug over like everything else.

Senior Female 3: That’s why some people don’t consider marijuana a drug.

Senior Female 1: Yeah.

While participants discussed the natural state of weed, many provided what may be referred to as a spiritual justification for using weed. For example, participants often stated that “weed is a gift of God.” To further highlight that weed is not manufactured by people and exists naturally, one junior female stated, “yeah, I think it’s just something God created.” In one focus group, one junior male said, “apparently God created weed too,” to which a junior female replied, “well he did, he created the plant that weed grows.” This was directly followed by another junior female, who said that “people decided they want to cut up one day and put it in paper and smoke.” Extending from this notion that weed is a gift from God, some participants argued that not using weed is in defiance of God: “God put weed on this earth for me and you. If you don’t smoke it, you are abusing God’s gift and you should be slapped.”

4.12. The Bad Side of Weed

Aside from the negative effects of weed (which are discussed in Section 4.4.1), participants also suggested that there is sometimes a **bad side** to weed. This bad side does not refer specifically to the physical or psychological effects of smoking or using weed; instead, it highlights some of the risks that youth feel are linked to the weed trade. In particular, there were two specific elements that were described by participants: criminal behaviour and the potential for weed to be tainted by other substances.

With regard to the criminal aspect of weed, it should be noted that what is referred to as “crime” in this context is unique from the discussion about whether or not weed is illegal. In contrast, this discussion looks at criminal behaviour that is beyond the possession or use of weed. A number of participants specifically raised the issue that violence is associated with weed in situations where financial debts are incurred. For example, one group of senior males discussed how they have seen people stabbed, with one male stating that a “man [was] stabbed right in the neck.” Another senior male described how violence could result from small amounts of money being owed to dealers, especially when the buyer does not live up to the promise:



People get killed over weed. Shot over weed. Not even over weed, over twenty dollars, over a spot. I've seen bredrin¹ get shot over spots. "Yo bredrin can you spot me a twenty... I'm making this flip tomorrow bro." Yo the man ends up not coming back for three days. "Oh yo here's a twenty." Yo why you waiting three days bro. He's like "you're supposed to be my bredrin." If it's going to take three days, fucking tell me three days dog. Don't fucking tell me one day and come back three days later.

Within this context, other participants described how people who need money to purchase weed will resort to criminal behaviour involving theft and robbery. One junior female described the situation as, "I need some money, so yeah, I'm going to go rob, rob a store or something like that." In another group, a junior male simply stated, "you start to do more crimes to get more money to get more weed."

In addition to the criminal behaviour associated with weed-related financial transactions, participants also grounded the concept of the bad side to weed in terms of not knowing exactly what weed may contain – that is, the potential for weed to be tainted by other substances. For example, one senior female stated, "it could be laced with stuff. Like there's been people that have, yeah, like laced [it] with a bunch of things that put them in the hospital and stuff." A junior male also described how bad it could be "if they lace the weed with heroin, with coke" [translation].

This presents an interesting contrast to the argument of weed being natural (see Section 4.11). It must be noted that the acknowledgement of this bad side was raised less often by participants and was not presented at the same time participants argued that weed is natural. In other words, the acknowledgment that weed could be tainted by something **less natural** was more of an afterthought. Further, the bad side of weed was often dissociated from the weed itself; participants clearly removed any fault from the weed itself and attributed the weed-related problems to other factors. For example, at the beginning of this section, participants identified that people who were unable to pay their debts instigated the criminal behaviour. In the context of weed being impure, participants said that inexperience was to blame. For example, one senior male stated, "in ninth grade they are all chucked to do weed, but like, well he really doesn't know what he is doing." Another senior male followed up by stating:

It's when you start ninth grade and tenth grade that you are more vulnerable to that because people know that you don't know like what it is and they try to sell you pretty much anything, like, laced with cleaning supplies and stuff like that, so yeah. Everyone tries to scam the squids, that's what we call the grade 9 kids.

As this example also demonstrates, participants argued that dishonest weed suppliers are responsible for the bad side of weed. Another junior female stated that there is no bad side to weed, "unless you take it from someone you hardly know, that put other stuff in it" [translation].

4.13. Everyone Is Using Weed, All the Time

Participants often stated that the use of weed is very common among youth. What's more, they often said that **everyone** is doing it – not just youth. For example, one senior male said, "I have a grandfather that has a friend that smokes weed. You know, everyone smokes weed." Another senior male provided the observation that "in Canada, weed is like fucking, it's like beer to every other country. It is everywhere. And everyone smokes weed in Canada."

¹ Bredrin refers to a close friend or, in some cases, family.



While many said that everyone is using weed, one senior male clarified that not everyone is using it, but everyone certainly tries it. Despite these general statements, most participants did recognize that in reality not every youth is using weed. While there were some participants that estimated that as few as 30% of youth use weed, most estimates were much higher. For example one senior female stated that at her school, which was an alternative school, “like 98.8% at [name of school] smoke weed,” to which another female replied, “and that’s why a lot of them got kicked out of normal school.” Other participants suggested that well over half of youth smoke weed.

While it is evident that participants did not know the exact prevalence of cannabis use, it is clear that they perceive it to be high. As one senior male suggested, it is so common that people should really stop worrying about it:

You don’t really notice too much about people who smoke weed, because everyone does it. So how can you tell, you know from one person to the next person, another person, another person, you know. If everyone does it then who really cares.

In fact, some participants felt that not using weed is what makes someone stand out in the crowd:

Junior Female 1: At my school, it’s like if you don’t do it, you are not popular...

Junior Female 2: Exactly.

Junior Female 1: And if you do do it, there is something wrong with you.

Junior Female 3: So it is really confusing.

4.14. We’re Not Users, We’re Smokers

Early in the collection of data, participants took offence to language that questioned them on **using** weed. As one senior male quickly pointed out:

OK, I do not like the, the term use. Aight, because I’m not a user, aight. I’m a smoker. Ya know what I’m saying. So when I smoke weed and everything... I’m just like man, before I’m rollin’ it up, I’m all silent and shit. I’m just like all into myself, man.

Another senior male stated:

Why say, you smoke cigarettes, but you use weed? Also it’s the same thing. We smoke weed and we smoke cigarettes. It’s not that we use... weed, you know. I don’t look at it like that... use crack, use needles, when we use that stuff, but I don’t look at weed as a drug. I just look at it as another thing you smoke, like a cigarette.

In both of these examples the participants are highlighting a clear distinction between the terms **smoke** and **use**. To these participants, **using** is a term that is applied to other drugs or, according to some participants’ perspectives, “actual drugs” (see Section 4.11). Further, the term using implies problematic behaviour. For example, one senior male argued, “using makes it seem so negative.” A senior female also explained the distinction as “using kind of sounds like they do it on a regular basis and smoking kinda sounds like they did it once.”

The term using also appears to distinguish a person who smokes weed on a more recreational basis as opposed to a person who is much more engaged in the weed culture. For example, a senior male reported:

OK yeah, this kid smokes weed, he gets it from his friends, but he never ever buys it. This kid uses weed. This kid goes to find money, he sells this, he gets the money of that, or he gets money from someone else and then he goes and gets it.



4.14.1 Stoners versus Partiers

Participants identified that weed is not used or smoked by any single type of person. In fact, they clearly stated that all types of people use it. For example, one senior male declared, “I mean smart people smoke too.” One senior male stated, “I know business owners actually smoke weed. Yeah business people smoke weed too,” while another senior male said that “lawyers smoke cush.”²

Participants were asked if there were any groups of youth who used weed that could be distinguished. Participants identified two groups: stoners and partiers. Stoners were described as a group that uses weed more regularly. For example, one junior female said, “stoners are generally people who do it almost every day.” A senior male also said that stoners “don’t just use them at parties. They use them at breaks at school and after school, pretty much every chance that they get.” Stoners were also argued to use weed “more for the escape.” Another junior male said that “stoners use it to chill out and relax.” One junior male added that a stoner is “someone who spends all of their money on it and relies on it to have a good time.”

Conversely, partiers use weed “to get messed up” and because they “just want to not be sober.” One senior female also stated that “the party people are more involved in getting the best high for the best party experience.” In contrast to stoners, partiers “would be someone who wouldn’t buy it, but will smoke it at a party.” These two distinct groups clearly identify different motivations for using weed and degrees of involvement in the weed culture.

4.15. Weed and the Media

When participants were asked to describe how weed was portrayed in the media, many participants felt that the media stereotyped smokers. For example, one male reported, “the pot smokers on TV they are all like, they are an idiot or some shit, you know what I mean. They have no clue what they’re doing.” A senior female also said, “if someone is smoking marijuana in a movie they always make it like the stereotypical acting like buffoons.” While some participants found this portrayal to be “stupid,” others mostly said, “it just makes it funny.”

When asked what the effect of this was, one senior female said it demonstrates that it can boost the party experience. A junior male said, “it makes it look ten times more fun.” One senior female also suggested that it normalizes the use of weed: “with like me, if I watch a movie it’s just like, somebody is smoking a cigarette, it’s just normal kind of thing like if somebody’s like smoking a joint. It’s just like whatever.”

A number of participants also commented on how the media presents prevention messages. Many of these discussions centred on how participants found these messages to be inaccurate. For example, the following group described one such commercial:

Senior Female 1: They make it sound like it’s frickin’ evil or whatever you do it, you are going to go to hell or whatever.

Senior Female 2: There is this one commercial and it was like this female who was smoking weed and she was sitting on the couch just melting.

[All laughing]

Senior Female 3: Stupid commercial.

² “Cush” or “kush” is a high-quality form of hydroponic weed that has long-lasting effects and is very expensive.



Senior Female 2: Yeah, she's like we used to hang out and then she started smoking weed and this is what she does. And she's like sitting there melting into the couch.

Senior Female 3: That was retarded, right.

When asked if these commercials have much influence on youth, one senior female replied, "they just make stupid retarded commercials that everyone is like, that's not what happens." Another junior male also said that they exaggerate too much.

4.16. The Gateway Perspective

At various points during the various focus groups, participants often brought up the idea of weed being a gateway drug. For example, one junior female stated, "if you do start off with like, something small like [weed], it can get to like higher drugs and more life-threatening addictions." A junior male said, "I think weed's like a starting drug, I guess. Because like, kinda, you'll see people like, like start to smoke weed and then like it progresses to doing other things."

For some participants, the notion that weed operates as a gateway drug served as a deterrent to using weed. For example, one junior female stated that it works as a deterrent "because they say it's a gateway drug and then they show what meth does, what crack does." In other words, for those that are deterred, their concerns centre on the effects of the other drugs that are further down the cycle.

Although most participants indicated that they had heard of weed being considered a gateway drug, a number of them did not believe it. For some of these participants, they did not feel that weed would lead to other drugs; however, they did believe that trying weed or using it occasionally had high potential for leading to more regular use. For example, a junior male described the cycle as follows: "I guess it starts off really as a choice, like you decide whether you are going to do it or not. But then over time, it becomes a need. Your body just needs that." Other participants simply said the gateway perspective is not true, as illustrated by the following exchange:

Junior Female 1: Because apparently it's a gateway drug. But I think, I think [that's] just dumb.

Junior Female 2: It's not a gateway drug.

Other participants argued that there are substances other than weed that are more problematic in terms of being a gateway drug. For example, one group of senior males detailed how over-the-counter and prescription drugs are the true gateway drugs:

Senior Male 1: Yeah pills is definitely.

Senior Male 2: But like everyone is like oh I have a headache, right... I ask the doctor what can I take. Oh Advil? OK I start to take Advil. Advil doesn't work for you, boom, then T3s, boom, hdros, boom, OxyContin, and then all of a sudden people are addicted to that.... When someone's hurt they go into the doctor and they say... it's been hurting in my back. I don't want to start taking this and boom they start smoking weed. And then they are like oh wow... I feel great.

4.17. Drug Prevention: The Failure of Scare Tactics

Throughout the focus groups, participants were asked to discuss drug prevention and their thoughts on how youth could be prevented from using weed. Most participants provided examples of drug prevention that included school presentations and commercials on TV. While some participants indicated that these approaches provided factual information, many felt that they simply fell short. In



response to school assemblies, one senior male said they were “kinda a waste of time,” while a senior female stated, “people just laugh them off anyways.”

Another group of senior participants described a local effort at drug prevention: “we have like a local garbage company and... some of them say like go to school, other ones are... don’t drink and drive. We have one outside work, like don’t use drugs.” When asked how effective they thought such a campaign was, one senior female stated, “it’s kind of a joke too, like when we told you it had a sign on it, everyone laughed in the room.”

Many other drug prevention examples were argued to rely on scare tactics. For example, one group of students discussed the following:

Senior Male 1: They just kinda like scare people into not doing drugs. Like there is one anti-drug commercial that was on when I was a kid, and I’ve seen it a couple of times. Where um, the kid goes to pull his binder out of his locker and then the gram falls out of his locker.

Senior Male 2: Yeah

Senior Female 1: Yeah

Senior Male 1: And the principal is like, and the next day... he is doing ecstasy.

Senior Male 2: He’s like slapping his mom out.

[All talking]

Senior Male 3: Yeah exactly and it’s like, literally just trying to scare people into it and not doing it. That’s not the, that’s not the way to deal with it... you can’t just use scare tactics though.

In reference to the common scare approach, one senior male clearly described how the message loses its effect and the messenger loses his or her legitimacy:

So yeah, they are always on that oh you shouldn’t be smoking da da da. I was like same old shit my mom’s used to say to me. You know what I mean... if you keep smoking your brain is going to turn to mush, da da da, you’re not going to go too far. I’m like, what the fuck you talking about. Every time we hear that bullshit, I don’t want to hear that bullshit. Like, it makes me want to go roll up a spliff right now and fuck. Somebody be telling me about not rolling my spliff and shit. Like who the fuck, you know what I mean.

4.17.1 Why Some Drug Prevention Approaches Don’t Work

Participants provided insight into why a number of drug prevention approaches they have experienced do not work. First, participants indicated that the messaging they receive is clouded in double standards. For example, one senior male found it confusing that schools “have a smoke pit. So the whole ‘don’t smoke’ is kinda ineffective.” Two junior females also provided the following discussion regarding media messaging:

Junior Female 1: At first it’s like oh that’s kinda weird, but it subliminal messages you. And I feel like TV does that. If it’s conflicting because, it, it says um, don’t use drugs, don’t do this don’t do that. But then they promote it in their TV shows and stuff when a character, a cool character, walks in and he’s like smoking and drinking.

Junior Female 2: I think MTV is the worst hypocrite ever, because they are always like don’t do drugs, don’t drink, or don’t get drunk, whatever. And then all of their shows and music, they are all drugged out.



Second, participants argued that drug prevention fails when it presents lies. In other words, messaging will not work once it presents inaccurate information. For example, a group of junior participants described what they were told about weed:

Junior Male 1: Well like they say that it's going to kill you and stuff like that.

Junior Female 1: That you're going to hallucinate and die and stuff like that.

Junior Male 2: Yeah, on top of those that steal and trip out, and you'll end up killing yourself. Bullshit like that.

[Translation]

In another group, one junior male identified how this prevention approach backfires when a youth tries the drug and does not experience those effects: “if you try it and it's like ah it's not that bad, maybe they're lying about all other drugs” [translation]. This perspective was mirrored in another group when a senior male stated, “if they say that you're gonna have cancer and stuff like that, well they take it and don't die, well they're gonna think that all the rest is bullshit” [translation]. Many participants said that, in the end, the person delivering the message will not be taken seriously and youth will simply tune it out.

Third, a number of participants felt that drug prevention is a losing battle because it cannot override their curiosity. As one senior male stated, “you can do whatever you want in the world to try and convince them not to smoke, right. The sight, the first opportunity they get to do it, they're going to do it. Just to try it. Just to see what it's like.”

Fourth, youth felt that drug prevention does not work because those smoking weed simply do not care. For example, a junior female said, “some just like to react to it as, I don't really care. Like I just want to do it for the good of it.” Another junior female indicated that “they just want to do whatever they want. Like live their life.”

4.17.2 Youth Insight into Drug Prevention

Participants highlighted a number of areas in which the prevention of weed use among youth could be improved.

4.17.2.1 Prevention and Legal Sanctions

A number of participants indicated that, from a legal standpoint, there may not be much that can be done – despite the illegal status of weed, a large number of youth still use it. However, some participants did suggest that increasing police involvement could be effective. For example, one senior male stated, “I think that there should be more police around some parts of town. Like I don't smoke weed, but everyone pretty much knows where to go.” Another senior female felt there are simply “not enough cops, and they have more important things to do.” Finally, one group briefly discussed the notion of having youth help the police:

You could get kids like our age to go and find all the places to go and get weed and then the kid would report back. Then there would be major drug busts as well as finding other illegal substances. Helps to make the streets not only safer, but also more kid-friendly.

4.17.2.2 More Emphasis on Weed

In attempts to prevent the use of weed, some youth suggested that there should actually be more emphasis on weed. For example, a senior female argued that programs need to “look more into the negative effects of weed not just drugs overall,” stating that current approaches “really don't touch



on weed much,” but rather focus on “mostly the harder drugs.” A junior female also reported that in reference to weed, “people try to show the negative side of it, but I don’t feel that they show the extreme negative side of it.” One senior female said, “there’s like stuff... marijuana does that people don’t know that it does.” A senior female described that even those youth who use weed do not realize what it does because the effects are subtle:

No they don’t because they... do it and if they keep doing it, they don’t feel like they’ve changed. But if they’re so used [to] it, it becomes normal for them, but... if you had like a recording of your whole life or like... before you started smoking then after you started smoking weed like for a long time, then there is a difference.

Participants also suggested that weed prevention should take place earlier, with one senior female recommending “earlier in the grades, like six to eight.” This is consistent with other participants who reported that they had tried weed before they encountered any formal prevention. Finally, participants argued that prevention needs to be more engaging because their previous experience with school-based prevention was characterized as boring and a waste of time.

4.17.2.3 Youth Need to Be More Aware of Youth Who Do Not Use Weed

Throughout the focus groups, participants consistently reported that weed was everywhere all the time (see Section 4.13). As a result, participants implied that not using weed is abnormal. Some participants indicated that they have no idea how many other youth are not actually using weed. One junior female said:

I also think that, people who aren’t trying marijuana and stuff. Like they are not standing up because they don’t want to [be] looked down upon and people are like well why are you judging... but if the people who were against marijuana took a stand together... it would help. We would find out how many people actually are against it. But everyone is just too scared.

Through such a process, youth could learn why other youth are standing up and choosing not to use weed:

Teenagers who are against it, they need to go to school. This is why I’m against it. This is what I think. And I don’t necessarily think that will make a big change, right now, but eventually, if more and more people start going to schools and doing talks, you’re going to get people thinking.

4.17.2.4 The Power of Role Models

Within the context of prevention, participants suggested that youth need to have a stronger connection to the person delivering the message. In other words, someone that youth can relate to should deliver prevention messaging. For example, in response to adult-led prevention, a junior female suggested:

Usually it’s parents. Like you need to hear it from a teenager who’s been through it. And I feel like if you hear it from a teacher or parent, you are going to be like, well what do they know. They aren’t teenagers in this generation. But if you hear it from somebody you look up to. And they say no, don’t do it, it’s going to wreck your life, or this or that. Then you are not going to want to do it.



Another senior female said it would be beneficial to hear from someone who can connect with youth – in particular, someone who has used weed before:

If there's a teen, I know there's rehab centres close to here and when they come and you hear them talk and you can hear their story and how they got off it and how their life has changed. I find that a lot of people can connect with them and realize the effect that they have on people.

Participants also suggested that parents have a role to play in the prevention of young people using weed. In particular, participants indicated that some parents need to be more upfront on where they stand on the issue.

If your parents aren't open on their values of it [and] you just go into high school and you don't know if your parents would like it or hate it if you did it. It makes it a lot easier to say yes to peer pressure. But if your parents... have like expectations on you and want you to perform and deliver and be the best you can be. Then you know like doing this is not going to get me one step closer.

4.17.2.5 Focus Efforts on Preventing Harm Rather than Preventing Weed

Participants consistently stated that preventing the use of weed among youth is more than just difficult – it's next to impossible. While some indicated that attempts to prevent weed should simply be abandoned, others argued that the focus needs to shift to reducing the harms associated with use. For example, in one group, a junior male said, "tell them not to smoke it all day," and a junior female followed with "don't smoke too much." A senior male suggested, "your best bet would be to tell them, that if you use marijuana... this is what's going to happen to you in the long run." Another senior male emphasized the importance of youth being able to use weed in a safe environment:

People will go looking for places to smoke because they aren't allowed to smoke at home, it's really like, it's a big deal the first time you get caught smoking, because your parents have a big, because it's a big step in your life and if they don't let you smoke at home then you always have to go find a place to go smoke, and that like, and when you're young it often leads you to the streets [...] In the end, if one told the truth it would be more acceptable, and people would have a safe place to go which would stop them from getting to a point where it's problematic. [Translation]

A senior male in another group argued that being up front about weed can also minimize the curiosity that influences many youths' decisions to try weed. For example, he said, "[show] him it's there, this is it, these are the side effects whatever, boom. And let him see it, and let him know more about it. And then when he sees it. He's just like OK. I've seen it."

4.17.3 Censorship Doesn't Really Do Anything

When the topic of media censorship came up, participants were very clear that it was not an effective manner of drug prevention. In fact, many felt that the censoring of weed-related song lyrics is inconsistent. For example, participants described a song that was not censored when it was first released but later was. One junior male found this to be confusing:

Like what [*participant's name*] said, the higher than the Empire State, like they're getting high and stuff. It's like um, now it's censored, but it wasn't censored before, so why wasn't it



censored before? It's like, it's oh can we do this, OK maybe not, but now we all heard it, so it's like soon they are not going to censor it at all.

Regarding the same song mentioned above, a junior female added, “everyone knows what it is though,” to which another female said, “it doesn't matter, the damage is already done.” Ultimately, participants indicated that the flip-flop in censoring sends mixed messages as to whether or not something is acceptable. Further, one junior female felt that the censoring may in fact be promoting the censored material, which then calls into question the intentions of the censoring authority—and that censoring is more to address public perceptions than actual prevention. In particular, she stated, “or like they are trying to get you to think that they are trying to stop it, but really... they are subliminally messaging you. If they are playing the song then they are not trying to stop it.”

4.17.4 Teachers Sharing Too Much Information

Throughout the focus groups, participants discussed how teachers share their personal experiences using weed. While this issue did not come up in every group, it came up in multiple discussions, which suggests that this is not an isolated phenomenon.

One junior female speculated that the reason teachers share their thoughts about weed is because “they try to use their experiences to dissuade us.” Judging by some of the examples provided by participants, this may certainly be the case. For example, a junior female reported, “one of my teachers told me a story about how his friend was stabbed by his crazy female friend because of weed.” Another junior female also shared an example where a teacher said, “one time I smoked weed and I almost died falling down a hill.” When asked what the effect of these examples was, participants unanimously indicated, as one junior female stated, that it “doesn't work.” Other participants argued that in many instances it was a bit awkward; as one junior female said, “and it just, it was bad,” and another said, “it was just really weird.”

While some of the shared experiences imply that teachers may be using their personal experiences in an attempt to prevent the use of weed, some participants felt otherwise. As one junior female shared:

I had a teacher last year... and he was explaining a project to us and one of his students from like the year before, had done her project with a picture of her and him smoking weed together. And he kept trying to explain to us how to do it and stuff.

Participants in this focus group agreed that, in this case, the teacher was certainly encouraging the use of weed. In other cases, students felt teachers encouraged the use of weed as many teachers are thought to use it, with one junior male arguing that “most teachers smoke weed anyways.” Other participants indicated that they had firsthand experience indicating that it was obvious teachers were using weed and not trying to hide it: “at my school we had a teacher that came in and every time you'd ask him to help you with like work or whatever, you could smell the weed on him. So like you knew he smoked.”

It should be noted that all of the accounts of teachers sharing their experiences and possibly encouraging the use of weed came during the junior focus groups. It could be that teachers are sharing this type of information with younger students to better relate and connect with students. However, the issue of teachers sharing personal experiences was not purposely explored and, therefore, it is unclear how extensive this behaviour may be and whether or not senior participants had similar experiences. Further research is certainly warranted to explore this issue in greater depth.



5.0 Discussion

The purpose of this study was to increase understanding of Canadian youths' perceptions of cannabis use. Without question, the findings have identified that youth have a variety of perspectives with respect to cannabis and the complexities surround this substance. To begin, the results demonstrate that cannabis is a part of their lives, whether they use it or not. The focus groups included youth who had a range of experiences with cannabis, with some having never used the drug and others reporting daily use. Despite their differences in experience, all youth had something to say about cannabis and how it interacts with their life.

5.1 Factors Influencing Youth Decisions to Use and Not Use Cannabis

Participants identified a number of factors that they believed influence the decision to use or not use cannabis. In terms of deciding not to use cannabis, participants felt that youth anticipate that there is too much risk associated with using the drug. For example, youth reported concerns that cannabis would have a negative impact on their health, school performance and family relationships. Some of the perceived health effects that youth reported during the focus groups included decreased concentration, memory loss and harm to the lungs—all of which are consistent with reports from the scientific literature (Diplock & Plecas, 2009; Porath-Waller, 2009a) and a younger group (i.e., 12–15 year olds) of Swiss youth in Menghrajani and colleagues' (2005) study. Interestingly, participants in the current study did not indicate that youth decisions to not use cannabis are influenced by potential legal sanctions. While youth were said to worry about being caught and getting in trouble with their parents, they were not worried about getting in trouble with the law, which may also reflect their confusion regarding the legal consequences of being caught with cannabis.

When it came to understanding why youth decide to use cannabis, participants indicated there are many factors from within their families, community and social networks that influence such use. In terms of familial influence, participants highlighted that parental use of cannabis was a factor. However, their discussions focused more on the nature and quality of the parent-child relationship than the presence of cannabis within the family environment. Participants felt that the tone and nature of this relationship was paramount. For example, participants argued that, in some cases, the use of cannabis was a result of parents being absent or disengaged from the lives of their children. At the same time, participants also acknowledged that, even in situations where parents are involved with their children, youth still decide to use cannabis. As a possible explanation, participants reasoned that youth need to know where their parents stand on issues concerning cannabis. Participants also expressed that parents not talking about cannabis and ignoring that cannabis is present in their lives has a negative impact on youth decisions.

Along with family relationships, participants consistently expressed that they are constantly exposed to cannabis and pressures to use it. Youth perceived that cannabis is a normal aspect of their environment, which in many cases is inaccurate. For example, while most participants believed that well over half of all youth are using cannabis, recent national prevalence data from the 2011 Canadian Alcohol and Drug Use Monitoring Survey (CADUMS) shows that 21.6% of youth aged 15–24 reported past-year use of cannabis (Health Canada, 2012). Youth's first reactions to questions regarding how many youth use cannabis were simply that "everyone does," which may contribute to the misperception that cannabis use is safe and something that youth **should** be doing. The perceived availability of



cannabis was also noted by the older group of Swiss youth studied by Menghrajani and colleagues (2005) as an influential factor for cannabis use initiation.

5.2 The Effects of Cannabis

One of the arguments that arose during the focus groups was that everyone experiences cannabis differently. While a number of participants talked about the negative effects of cannabis (e.g., developing a reliance on it, loss of focus, becoming lazy, a variety of physical risks), the notion of individual differences was used to minimize those effects. As a result, a number of youth argued that negative effects occur at the individual level and should not be used to identify cannabis as a harmful substance.

For many participants, cannabis was not believed to have any negative effects, but instead offered a variety of positive effects: helping youth become more relaxed, improving sleep, and enhancing creativity and the ability to focus, to name a few. Research has demonstrated, however, that the use of cannabis, particularly chronic use, is associated with impaired attention (Porath-Waller, 2009a), which is contradictory to the youth's perceptions noted in the current study. Interestingly, participants also shared their views on the health benefits of cannabis, with a number of participants describing cannabis as being almost a cure-all for mental health issues, such as ADHD, as well as physical issues, such as cancer.

There appears to be a significant gap between youth's perceptions of cannabis' effects on mental health and what has been observed in the field. Rather than being a panacea for mental health conditions, there is a growing body of evidence suggesting that chronic cannabis use may increase the risk of several mental health outcomes, including psychosis, depression and anxiety (Porath-Waller, 2009a). What is particularly troublesome is that adolescent cannabis users may be the most vulnerable to these harms, perhaps because their use becomes longstanding or because of the effect such exposure has on their developing brains.

Youth also appear to have misperceptions regarding the potential medical effects of cannabis in treating physical issues and illnesses, such as cancer, as the evidence on this topic is far from conclusive (Kalant & Porath-Waller, 2012). In contrast, the potential therapeutic benefits associated with cannabis use were only mentioned by a small number of youth from the United Kingdom in the study by McIntosh and colleagues (2003).

To further assess youth perceptions regarding the negative effects of cannabis, participants were asked to describe how the drug would change a person. Again, some participants highlighted the more stable negative effects such as developing an addiction, chronic disengagement and personality changes. A number of participants, however, argued that cannabis does not change a person; if any changes occurred it was something about the person that led to those changes, not the cannabis. As mentioned above, such a perception clearly shifts any responsibility for the negative effects away from cannabis.

Youth understood the misuse of cannabis in a couple of interesting ways. First, cannabis was said to become a problem when youth think about and want it constantly, and when it becomes a priority in their life. (Participants defined "priority" in terms of financial aspects, such as when youth begin to budget for and allocate all their financial resources toward cannabis.) Second, cannabis was considered to be a problem if it actually changed a person. Yet, as discussed above, many participants did not believe that cannabis changes a person. Therefore, if a change did occur, it is a clear indication that something went "wrong" because that is not the typical effect.



5.3 Cannabis and Driving

A further indication of how youth perceive the effects of cannabis was obtained during their discussions of driving while high. In this context, there was a clear distinction between participants who were opposed to driving while under the influence of cannabis and those who were not. This distinction is consistent with the results obtained from a recent national poll CCSA conducted to inform its work related to the prevention of cannabis use and driving among youth (CCSA, 2012). Those who were against it reiterated the negative physical effects that cannabis is believed to have, arguing that cannabis causes impairment and anyone who claims differently is just making excuses to justify the behaviour. Conversely, those participants who were not against driving while high rationalized that the drug makes some drivers better because it helps them focus. This perception may provide youth with a false sense of security as research has demonstrated that cannabis impairs a wide variety of cognitive and motor tasks related to driving, including tracking, reaction time, visual function and divided attention (Beirness & Porath-Waller, 2009). In concordance with the above discussion, these participants also argued that while some people may have problems driving, it is not because of the cannabis; instead, the problem is more a matter of individual differences. Many youth also compared cannabis and driving to drinking and driving, with even those who were opposed to using cannabis and driving stating that it is not as dangerous as drunk driving.

5.4 Cannabis Not Viewed as a Drug

Throughout the focus groups, participants presented the perception that cannabis is not like other drugs such as alcohol, tobacco and crack — and for that reason should not even be considered a drug. One explanation for this line of thinking is that participants did not perceive cannabis to have the negative consequences associated with other drugs. In particular, participants expressed that a drug is something that alters one's perception. Youth also argued that drugs are substances that are manufactured, whereas cannabis is something natural because it comes from the ground and is minimally altered for the purpose of consumption (e.g., simply breaking up the leaves and rolling them in a joint). Previous qualitative studies have noted that young people perceive cannabis to be no more harmful than cigarettes or alcohol (Klaue et al., 2005; McIntosh et al., 2003), with some even suggesting that the latter two substances are more harmful (Akre et al., 2010; Klaue et al., 2005).

5.5 Cannabis, the Law and Medically Authorized Use

With respect to youths' perceptions of the relationship between cannabis and the law, the focus group discussions identified two unanimous perceptions: (1) it depends whether or not cannabis is illegal, unless (2) the person appears to be selling cannabis, which is illegal. The fundamental perception observed from the focus groups was that the illegal context of cannabis depends on the amount of the drug present. All participants agreed that selling cannabis and, by association, having large quantities of it, are illegal. Participants argued that possessing small quantities was allowed, although there was some discrepancy as to what constituted "small quantities." The two caveats to this distinction are the discretion of the police officer and whether the youth in question had any previous encounters with the police.

Evidently, this understanding of the relationship between cannabis and the law is confusing for youth. Participants voiced frustration at the apparent inconsistency in police reactions. For example, they could not make sense as to why in one context cannabis was illegal (e.g., having a large quantity of cannabis) and yet in another it would likely be dismissed (e.g., having a small quantity of cannabis).



To further add to the confusion, youth had trouble situating the context of medically authorized cannabis within the relationship of cannabis and the law. Many participants conceptualized this as a double standard: in the context of typical consumption, cannabis is viewed as a problem; in the context of a medical condition, consumption is legally authorized. The medical use of cannabis appears to highlight for youth the benefits of cannabis. Therefore, it should not be surprising that a number of youth have extrapolated the medical use of cannabis to create the notion that cannabis is a panacea.

5.6 The Culture of Cannabis

There should be no question that there is a youth culture regarding cannabis. As highlighted thus far, this culture contains a unique set of beliefs in which youth ground their understandings and experiences of cannabis. In addition, this culture has its own language that is used to position cannabis within the youth environment. For example, while participants comfortably used the term **weed**, some youth did not even recognize the word **marijuana** when it was written on the study's prescreening form. While this certainly addresses an issue of literacy, it also points to another fundamental issue: familiarity.

Participants also consistently highlighted the distinction between **using** cannabis and **smoking** cannabis. The former clearly represented a negative connotation, while the latter expressed normalcy and a sense of control. In addition, there were perceptual distinctions between different groups of youth, such as stoners and partiers. As a result, youth have their own theories as to the etiology of cannabis use for each of these groups.

5.7 Youths' Perceptions of Cannabis-related Prevention Efforts

When it came to discussing the prevention of cannabis use, participants shared a number of insights that further reflect the influences on youth perceptions. In some cases, participants argued that there is no point in trying to prevent the use of cannabis because it is too prevalent and enticing. However, this finding may reflect that youth simply feel that current prevention initiatives are ineffective.

A number of participants also argued that prevention does not work because it fails to accurately represent their lived reality. For example, telling youth that cannabis will lead to other drug use is problematic for youth who are using cannabis only; such youth will likely dismiss this kind of messaging because, at the time they hear it, they are not yet using any other drugs. As previously discussed, youth have strong perceptions of the effects of cannabis and are, therefore, skeptical of messages that challenge these perceptions. Such skepticism may be exacerbated if they receive a message that they deem to be grossly inaccurate, such as images of youth melting or being told that cannabis will turn their brain into mush. In response to such messages, participants clearly stated that youth simply ignore them and the messenger loses credibility.

What is perhaps most interesting about the discussion of prevention is that many participants were not opposed to prevention and its importance. What they were opposed to, however, were the approaches to which they had previously been exposed. In fact, a number of participants stated that they would appreciate prevention efforts that focused **more** on cannabis. Further, participants highlighted the value that approaches aimed at reducing the harms associated with cannabis — as opposed to those focused on abstinence — would bring to the youth environment.



5.8 Implications for Policy, Practice and Research

The results from this research highlight the complexity surrounding the use of cannabis in Canada and youths' perceptions of this illicit drug, and confirm anecdotal reports that Canadian youth are confused by the mixed messaging they receive about cannabis. It is important to identify what is known about the harmful and positive effects of cannabis and what is still unknown or unclear. An important implication stemming from this work is the need to increase youths' awareness of the harms associated with cannabis use, while also influencing youth to examine their misperceptions in comparison with factual information.

The findings from this work suggest that a coordinated approach to preventing and reducing cannabis use and related harms would help ensure consistent, comprehensive messaging is delivered to young people. It would also help address the gaps in cannabis-related content in current drug prevention programming. Such an approach should be multifaceted in nature (Cuijpers, 2003) and reflect the lived reality of Canadian youth. As highlighted in the present work, youth have an agreed-upon language and strong belief system that governs their understanding of the use and misuse of cannabis. Prevention efforts may be strengthened by giving more consideration to the youth culture of cannabis and by adopting the cannabis-specific language they use.

Youth who participated in the current study also made several specific recommendations as to what they felt would be helpful for future prevention efforts. These recommendations include:

- (a) Placing an increased focus on cannabis instead of other illicit drugs;
- (b) Delivering prevention interventions earlier to young people;
- (c) Ensuring those who deliver prevention messaging have first-hand experience with the drug as well as an ability to connect with youth; and
- (d) Using approaches aimed at reducing the harms associated with cannabis use.

Prevention efforts targeting cannabis use may also benefit from the adoption of a social norms approach, whereby a more accurate view about the reality of cannabis use among youth is presented to help reduce the misperception that cannabis use is widely prevalent (Perkins, 1997).

The development of cannabis-specific messaging and tools for those who work with youth will help inform and educate professionals working in youth drug prevention initiatives on the risks and impact of cannabis use and misuse among young people. It will equip them with the appropriate resources to improve prevention efforts that will ultimately lead to behaviour change.

Another implication from this work is the need for clear and accurate messaging to clarify the legal status and consequences of cannabis use in Canada. Many youth in the present investigation expressed confusion and frustration about inconsistent police reactions to cannabis use and the role of medical cannabis in their understanding of the legal context of cannabis in Canada.

In terms of future directions for research, the findings from the current study suggest that it may be fruitful to explore the extent to which youths' perceptions of cannabis are influenced by their previous experiences with the drug. Through discussions with the study participants, it appeared as though their positive or negative perceptions were closely associated with whether or not they had previous experience using cannabis. This observation could not be confirmed with certainty, however, because each focus group contained a mixture of youth who had or had not used cannabis. Further, information regarding participants' usage was collected before the focus groups and not linked to individual participants during the conversations. While previous qualitative studies have suggested that prior



experience with cannabis may influence youth perceptions (Klaue et al., 2005; McIntosh et al., 2003), these studies included small numbers of youth with cannabis-using experience.

Another potential area for further research is the exploration of novel, effective approaches to developing and delivering cannabis-related prevention programming. The interdisciplinary field of neuroscience, for example, has greatly advanced our understanding of the brain and the disease of drug addiction. Advances in this field have also documented the high level of brain plasticity that characterizes adolescence and that regular substance use may affect brain development and make youth more vulnerable to additional substance use and other mental disorders later in life (CCSA, 2007; Porath-Waller, 2009a). Yet despite these advances, many prevention workers, parents and youth may not have a good understanding of brain biology and how cannabis affects brain development. The integration of neuroscience-related content into educational, health promotion and prevention programs may have the potential to significantly affect youth substance abuse behaviour as it would provide a factual foundation for facilitating dialogue with young people on cannabis use and its potential long-term harms (Bradshaw, Goldweber, Fishbein & Greenberg, 2012). Such an approach may be particularly appealing to youth who have stressed that current prevention efforts are grossly inaccurate and, as such, not taken seriously.

5.9 Limitations

There are a number of potential limitations that should be considered when interpreting the data in the current study. First, because this work was conducted with a relatively small group of youth ($n = 76$), caution must be taken before generalizing the results. Acknowledgment of the small sample size, however, is not meant to undermine the potential impact of the data as there was no evidence indicating that participants were in some manner uniformly unique from other youth across Canada. Also, this study's small sample size did not allow differences according to gender, age and experience with cannabis to be explored.

A second potential limitation to the interpretation of the data is related to the notion of trustworthiness. Just as issues of validity and reliability are important to quantitative research, the issue of trustworthiness is important for judging the findings of qualitative research (Guba, 1981; Shenton, 2004). As Krefting (1991) stated, with respect to trustworthiness, the question becomes, "how can we trust the quality and merit of the interpretations?"

The interpretations of the data in this study are those of the analyst. A number of steps were taken to help ensure the trustworthiness of the research findings. First, the analyst was involved in every aspect of the study (i.e., data collection, transcription, analysis and writing), ensuring full immersion in the data. Second, trustworthiness can also be assessed in terms of consistency between the study's findings and previous research. Some of the findings noted in the current work have been reported in previous reviews of the cannabis literature (Beirness & Porath-Waller, 2009; Diplock & Plecas, 2009; Porath-Waller, 2009a). Third, initial observations and interpretations from earlier focus groups were presented to subsequent focus groups in a manner of member checking. This process not only helped ensure that interpretations were consistent with participants' perspectives, but also provided opportunities for clarification. Finally, participants' quotes pertaining to themes and interpretations were provided in this report to allow for the transparency in the data analyses.

Another limitation affecting the interpretation of the study's findings involves the completion of the data collection. Knowing exactly when to stop collecting data is always a challenge when conducting qualitative analysis. Strauss and Corbin (1998) identified saturation as a criterion for determining when data collection should stop. Saturation is reached when additional data collection fails to yield new



findings. Although the number of focus groups was predetermined in the current study, saturation was evident in the latter groups, indicating that the research questions were sufficiently answered.

The findings from the current research may also be subject to potential gender bias given that the senior group of youth had more than twice as many males as females ($n = 29$ compared to $n = 13$). As research has demonstrated that males are more likely than females to use cannabis (Health Canada, 2012), their perceptions of cannabis may also be different and therefore over-represented in the present results. In addition, youth from Atlantic Canada were over-represented in the current study (40 out of 76 youth), which may also introduce potential bias in the findings.



6.0 Conclusions

Cannabis is the most commonly used illicit substance among Canadian youth and is associated with a variety of cognitive, physical and mental health deficits. Because their brains are still undergoing rapid and extensive development during the period of adolescence, youth are at particular risk for such harms.

The current research identified a number of factors that youth perceived as influential in affecting decisions to use or not use cannabis. These results highlight the complexity of the use and status of cannabis in Canada, and point to the challenges associated with preventing the use and misuse of this illicit substance. Mixed messages about cannabis, lack of knowledge of cannabis-related harms and indifference to these harms among Canadian youth all underscore the need for a coordinated, consistent and comprehensive approach to providing youth with accurate information about cannabis, which will help them make more informed choices about this drug and ultimately reduce its use and associated harms.

Youth participating in the current study also identified some key considerations for future prevention efforts, including placing an increased focus on cannabis content in prevention programs, delivering prevention efforts earlier, ensuring that the individuals who deliver prevention programming have a strong connection with youth, and using approaches aimed at reducing the harms associated with cannabis.



References

- Akre, C., Michaud, P.A., Berchtold, A., & Suris, J.C. (2010). Cannabis and tobacco use: Where are the boundaries? A qualitative study on cannabis consumption modes among adolescents. *Health Education Research, 25*, 74–82.
- Beirness, D.J., & Porath-Waller, A.J. (2009). *Clearing the smoke on cannabis: Cannabis use and driving*. Ottawa: Canadian Centre on Substance Abuse.
- Bradshaw, C.P., Goldweber, A., Fishbein, D., & Greenberg, M.T. (2012). Infusing developmental neuroscience into school-based preventive interventions: Implications and future directions. *Journal of Adolescent Health, 51*, S41–S47.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*, 77–101.
- Brown, J.E. (2012). *It's time to stop and listen: Exploring adolescents' understandings and experiences of aggression* [Doctoral dissertation]. Kelowna, BC: University of British Columbia.
- Canadian Centre on Substance Abuse. (2007). *Substance abuse in Canada: Youth in focus*. Ottawa: Author.
- Canadian Centre on Substance Abuse. (2012). *National youth poll: Attitudes on cannabis and substance abuse*. Unpublished results.
- Chen, C.Y., Storr, C.L., & Anthony, J.C. (2009). Early onset drug use and risk for drug dependence problems. *Addictive Behavior, 34*, 319–322.
- Cuijpers, P. (2003). Three decades of drug prevention research. *Drugs: Education, Prevention and Policy, 10*(1), 7–20.
- Diplock, J., & Plecas, D. (2009). *Clearing the smoke on cannabis: Respiratory effects of cannabis smoking*. Ottawa: Canadian Centre on Substance Abuse.
- Firth, H., & Gleeson, K. (2004). Clothing and embodiment: Men managing body image and appearance. *Psychology of Men & Masculinity, 5*(1), 40–48.
- Guba, E.G. (1981). Criteria for assessing the trustworthiness of naturalistic inquiries. *Educational Communication and Technology, 29*, 75–91.
- Health Canada. (2012). *Canadian Alcohol and Drug Use Monitoring Survey: Summary of results for 2011*. Ottawa: Author.
- Kalant, H., & Porath-Waller, A.J. (2012). *Clearing the smoke on cannabis: Medical use of cannabis and cannabinoids*. Ottawa: Canadian Centre on Substance Abuse.
- Kokkevi, A., Gabhainn, S.N., & Spyropoulou, M. (2006). Early initiation of cannabis use: A cross-national European perspective. *Journal of Adolescent Health, 39*, 712–719.
- Krefting, L. (1991). Rigor in qualitative research: The assessment of trustworthiness. *American Journal of Occupational Therapy, 45*, 214–222.
- Lynskey, M.T., Heath, A.C., Bucholz, K.K., Slutske, W.S., Madden, P.A., Nelson, E.C., ... Martin, N.G. (2003). Escalation of drug use in early-onset cannabis users vs. co-twin controls. *Journal of the American Medical Association, 289*, 427–433.



- McIntosh, J., McDonald, F., & McKeganey, N. (2003). Knowledge and perceptions of illegal drugs in a sample of pre-teenage children. *Drugs: Education, Prevention and Policy*, 10, 331–344.
- Menghrajani, P., Klaue, K., Dubois-Arber, F., & Michaud, P.A. (2005). Swiss adolescents' and adults' perceptions of cannabis use: A qualitative study. *Health Education Research*, 20, 476–484.
- Miller, W.R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Perkins, H.W. (1997). College student misperceptions of alcohol and other drug norms among peers: Exploring causes, consequences, and implication for prevention programs. In *Designing alcohol and other drug prevention programs in higher education: Bringing theory into practice* (pp. 177–206). Newton, MA: Higher Education Center for Alcohol and Other Drug Prevention.
- Porath-Waller, A.J. (2009a). *Clearing the smoke on cannabis: Chronic use and cognitive functioning and mental health*. Ottawa: Canadian Centre on Substance Abuse.
- Porath-Waller, A.J. (2009b). *Clearing the smoke on cannabis: Maternal cannabis use during pregnancy*. Ottawa: Canadian Centre on Substance Abuse.
- Shenton, A.K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22, 63–75.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks, CA: Sage.
- UNICEF Office of Research. (2013). *Child well-being in rich countries: A comparative overview: Innocenti Report Card 11*. Florence: Author.
- Young, M.M., Saewyc, E., Boak, A., Jahrig, J., Anderson, B., Doiron, Y., ... Clark, H. (Student Drug Use Surveys Working Group). (2011). *Cross-Canada report on student alcohol and drug use: Technical report*. Ottawa: Canadian Centre on Substance Abuse.



Appendices



Appendix A: Interview Guide

Interview Guide

Thoughts about Marijuana Study

Instructions to participants prior to beginning the focus group:

Because the proceeding focus group will involve a group discussion, your responses will be known to each other, and therefore, only limited confidentiality can be guaranteed. By confidentiality, we mean keeping what you say private. We want to make sure that we all respect each other's opinions and answers. To do this, it is important that you do not share what other participants say to people outside of this group. We also want to remind you that you do not have to answer any questions that you are uncomfortable with. You won't get in any trouble for not answering questions and you will still get your gift card for participating.

In order to assist with note taking, we are going to audio record our discussion. No one else but _____ (*other facilitator's name*) and I will have access to this recording. After our discussion we are going to type out everything that is said into a transcript. During this process, we will make sure no names of people or places that are mentioned are included. We will do this to make sure you cannot be identified by your answers. The transcript will be given to Dr. Amy Porath-Waller at the Canadian Centre on Substance Abuse who is sponsoring this study. But only those people working directly on this study will be able to see what is typed up. Your parents, teachers, and school administrators will not have any access to your answers.

Does anyone have any questions before we get started?

Question Guide:

1. Why do you think some teens your age choose NOT to use marijuana?
2. Why do you think some teens your age start using marijuana?
3. How does using marijuana change a person?*
4. What is the bad side of using marijuana?
 - a) What kind of problems might a teen have if he or she uses marijuana?
 - b) When does using marijuana become a problem for a teen?
 - c) What, if any, would be the good side to using marijuana?



5. Is it illegal to use marijuana?
 - a) What do you find confusing about marijuana being illegal to use or possess?
6. How is marijuana presented in the media?
 - a) How do you think this influences teens in making decisions about marijuana?
7. How might the use of marijuana for medical reasons influence teens' decisions to use marijuana?
8. How do you think teen use of marijuana can be prevented?



Appendix B: Recruitment Poster

Your Opinion About Marijuana

Sponsored by:



Could earn you a \$20.00 Gift Card

Are you between the ages of
14 and 19?

Participate in a research
study on marijuana!

- We want to know what you think about marijuana:
 1. Why do people your age choose to use or not to use marijuana?
 2. What do you think misusing marijuana looks like?
 3. How do you think marijuana use among people your age can be prevented?
- If you participate in this 45 minute focus group you will receive a \$20.00 gift card.
- Light refreshments will be served.

When: Friday, 13 July, 2012

Where: 1234 Main Street
Anytown

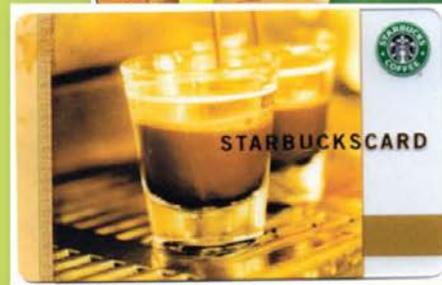
Time: 12:00 pm - 1:45 pm

For more Information go to:

www.asc4solutions.com/ccsa

or call:

250.863.4105



It's time for your
voice to be heard!



Appendix C: Web Page Sample

- Home
- Consulting Services
- Empowerment Centre**
- About ASC

This study is sponsored by:



Canadian Centre on Substance Abuse
Centre canadien de lutte contre l'alcoolisme et les toxicomanies

Thoughts About Marijuana Study

The Canadian Centre on Substance Abuse is conducting a research study that is looking at what youth think about marijuana.

The study is looking at what youth between the **ages of 14 and 19** think about marijuana. Through multiple in-person or online focus groups taking place across Canada, youth will be asked about their thoughts on topics such as:

1. What contributes to youth choosing to use or not use marijuana. For example, how do the community, family, and school impact these decisions?
2. What misusing marijuana means and looks like?
3. How can marijuana use among youth be prevented?

The youth **will not** be asked to talk about their specific experiences with marijuana. Furthermore, youth **will not have to answer any questions he or she is uncomfortable with** and may withdraw from the study at anytime.

Each focus group will have a maximum of eight youth and two researchers involved. Any identifying information, such as names, will be removed from transcripts and excluded from the final research report.

To participate, click on the following links:

- If you are **14 or 15 years old**, click here to participate in this study.
- If you are **16, 17, 18, or 19 years old**, click here to participate in this study.

For information you can print use the links below:

- Youth Information Form
- Parent/Guardian Information Form

If you have any questions or concerns, contact Aarin Frigon at:

1.250.863.4105
afrigon@asc4solutions.com



Appendix D: Participant Online Screening Forms

Participant Information

Thoughts about Marijuana Study

The Canadian Centre on Substance Abuse is conducting a research study that is looking at what youth think about marijuana. **You are invited to participate** in this study and share your thoughts about why teenagers your age might choose to use or not use marijuana. The following provides some important information about the study. If you have any questions after reading this information please contact Aarin Frigon (250-863-4105 or afrigon@asc4solutions.com).

WHAT:

- The study is looking at what Canadian teenagers between the ages of 14 and 19 think about marijuana.
- More specifically, you and other teens your age will be asked:
 1. Why teens would choose to use or not use marijuana? For example, how do the community, family, and school impact these decisions?
 2. What does misusing marijuana mean and look like?
 3. How can marijuana use among teens be prevented?
- The study involves participating in a focus group (i.e., a small group discussion facilitated by two researchers).

WHO:

- You and other teens across Canada are invited to participate in the study.

WHY:

- Information gathered from the study will help the Canadian Centre on Substance Abuse to understand some of the ways youth think about marijuana.
- Such information will help to develop future prevention and intervention programs that will help teens make informed decisions about marijuana and decrease its negative effects.

WHEN & WHERE:

- The study will take place on August ____ at _____ (*this will include the dates, times, and locations in each city*).
- As an alternative to this in-person focus group, you may also choose to participate in an online focus group, which will take place on August ____ at _____.
- The focus group for this study will require 45 minutes to complete.



WHAT YOU NEED TO KNOW:

- If you would like to participate in the study, you will need to complete the questions by clicking on the screening form link below.
- If you are under the age 16, you will also need to get your parent or guardian's permission to participate in this study.
- Participation in this study is not a requirement. **You may choose not to participate.** You will not be penalized if you do not participate.
- Even if you choose to participate, you **do not have to answer any questions you are uncomfortable with.** You may also withdraw from this study at any time.
- Because of the general nature of the questions asked during the focus group, there are no anticipated risks to you.

THE FOCUS GROUP:

- A group of six to eight teens and two researchers will be involved in each focus group.
- To help protect confidentiality, those participating in the focus group will be asked not to share the other participants' responses.
- For note taking purposes, the discussion will be audio recorded.
- **Only those working directly on this research study will have access to the information collected.** All notes and audio files will be kept in a protected and confidential manner.
- Any identifying information, such as names, will be removed from transcripts and excluded from the final research report.
- Participants will be asked about why youth may or may not choose to use marijuana.
- Participants **will not** be asked to talk about their own specific experiences with marijuana.

THE SCREENING FORM:

- In order to help select participants to take part in this study, you will need to complete the screening form by clicking on the screening form link below.
- To ensure the confidentiality of your answers on this form, you should complete the form in private.
- This form will ask you to identify your age, gender, the city you live in, and your experience using marijuana.
- The information collected on this form is only used to help select participants for each focus group.
- No one outside of the research team will have access to this information.
- After you finish the form, you might or might not be contacted to participate in the study, which involves the focus group.

QUESTIONS?

- Applied Solutions & Consulting has been contracted by the Canadian Centre on Substance Abuse to conduct the study.
- If you have any questions about the proposed study, you can contact Aarin Frigon from Applied Solutions & Consulting (250-863-4105 or afrigon@asc4solutions.com).



- You may also contact Dr. Amy Porath-Waller from the Canadian Centre on Substance Abuse (613-235-4048 ext. 252 or aporath-waller@ccsa.ca).
- If you have any general questions about your rights as a participant, please contact the Institutional Review Board Services (905-727-7989 or info@irbervices.com).

ADDITIONAL INFORMATION:

- In recognition of the time required for you to participate in the focus groups (which you may or may not be asked to participate in), you will receive a \$20 gift card following the completion of the focus group.
- Results of the study will be summarized and presented in a research report and presentation to the Canadian Centre on Substance Abuse.
- The information provided in all reports will be grouped across all participants and cannot be used to identify you.

DO YOU WANT TO PARTICIPATE?

- If you **want to participate** please click on the screening form link and answer the questions.
- By answering those questions, you are telling us that you want to participate in the focus groups.
- If you **do not want** to participate then we thank you for your time and you can simply close your internet browser

Thank you for your time.

Sincerely,

Aarin Frigon
Applied Solutions & Consulting
Tel: 250.863.4105
Email: afrigon@asc4solutions.com



Participant Online Screening

Thoughts about Marijuana Study

The following information is needed to help us select participants for the focus groups. Your answer to these questions will be kept strictly confidential. Only the researchers will have access to this information. Your parents, teachers, school administrators and anyone outside of the research team will not be able to see your answers. Please answer the questions honestly. To ensure confidentiality of your answers on this form, you should complete this form in private.

1. How old are you?

2. What is your gender?

Male	Female
M	F

3. What language do you speak?

English	French	Both English and French
E	F	B

4. In which city and province do you live?

_____ City

_____ Province

5. What is your ethnicity?

A	Caucasian / White
B	Black Canadian
C	East Asian (e.g., China, Japan, Korea, etc.)
D	South Asian (e.g., India, Pakistan, etc.)
E	Aboriginal (e.g., Métis, Inuit, Treaty or Non-Treaty First Nations)
F	Other



6. Have you ever used marijuana?

NO	YES
N	Y

7. When was the last time you used marijuana?

A	In the last 24 hours
B	In the last week
C	In the last month
D	In the last 4 months
E	In the last year
D	It has been more than one year since I last used marijuana

8. I would like to participate in...

A	The in-person focus group.
B	The online focus group. (To participate in the online focus group, your computer must have a microphone.)
C	Either the in-person focus group or the online focus group.

If you are selected to participate in one of the focus groups, we will need to contact you to schedule the focus group.

9. What is your name? _____

10. What is your phone number? _____

11. What is your email address? _____

Submit this Form

By submitting your complete answers, you are telling us that you would like to participate in the focus group. If you are eligible to participate, we will contact you.



Appendix E: Parent/Guardian Online Information and Consent Form

Parent/Guardian Information and Consent Form

Thoughts about Marijuana Study

The Canadian Centre on Substance Abuse is conducting a research study that is looking at what youth think about marijuana. Your child is invited to participate in this study and share his or her thoughts about what influences other youth his or her age to use or not use marijuana. The following provides some important information about the study. If you have any questions after reading this information please contact Aarin Frigon (250-863-4105 or afrigon@asc4solutions.com).

WHAT:

- The study is looking at what youth between the ages of 14 and 19 think about marijuana.
- More specifically, participants will be asked:
 1. What they think contributes to youth choosing to use or not use marijuana. For example, how do the community, family, and school impact these decisions?
 2. What misusing marijuana means and looks like?
 3. How can marijuana use among youth be prevented?
- The study involves your child participating in a focus group (i.e., a small group discussion facilitated by two researchers).

WHO:

- Your child, along with other youth across Canada, is invited to participate in the study.

WHY:

- Information gathered from the study will help the Canadian Centre on Substance Abuse to understand some of the ways youth think about marijuana.
- Such information will help to develop future prevention and intervention programs that will help youth make informed decisions about marijuana and decrease its negative effects.

WHEN & WHERE:

- The study will take place on August _____ at _____ (*this will include the dates, times, and locations in each city*).
- As an alternative to this in-person group, your child may also choose to participate in an online focus group, which will take place on August _____ at _____.
- The focus group for this study will require 45 minutes to complete.



WHAT YOU NEED TO KNOW:

- **You or your child may choose not to participate.** Your child will not be penalized in any way if he or she does not participate.
- If you consent to your child's participation, it does not mean that your child will automatically take part in this study. **Each child will be asked whether or not he or she wants to participate** before participating in the study.
- Your child **will not have to answer any questions he or she is uncomfortable with** and may withdraw from the study at any time.
- Because of the general nature of the questions asked during the focus group, there are no anticipated risks to your child.

THE FOCUS GROUP:

- A maximum of eight youth and two researchers will be involved in each focus group.
- To help protect confidentiality, those participating in the focus group will be asked not to share the other participants' responses.
- For note taking purposes, the discussion will be audio recorded.
- **Only those working directly on this research study will have access to the transcripts.** All notes and audio files will be kept in a protected and confidential manner.
- Any identifying information, such as names, will be removed from transcripts and excluded from the final research report.
- Participants will be asked about why youth may or may not choose to use marijuana.
- Participants **will not** be asked to talk about their specific experiences with marijuana.

THE SCREENING FORM:

- If you and your child would like to participate in this study, your child will need to complete the screening form that will be used to help select participants to take part in the focus groups.
- To ensure confidentiality of your child's answers on this form, your child should complete the form in private.
- This form will ask about your child's age, gender, the city of residence, and experience using marijuana.
- The information collected on this form is only to help select participants for each focus group.
- No one outside of the research team will have access to this information.
- After your child completes the screening form, he or she might or might not be contacted to participate in the study, which involves the focus group.

QUESTIONS?

- Applied Solutions & Consulting has been contracted by the Canadian Centre on Substance Abuse to conduct this study.
- If you have any questions about the proposed study, you can contact Aarin Frigon from Applied Solutions & Consulting (250-863-4105 or afrigon@asc4solutions.com).



- You may also contact Dr. Amy Porath-Waller from the Canadian Centre on Substance Abuse (613-235-4048 ext. 252 or aporath-waller@ccsa.ca).
- If you have any general questions about your child's rights as a participant, please contact the Institutional Review Board Services (905-727-7989 or info@irbservices.com).

ADDITIONAL INFORMATION:

- In recognition of the time required for your child to participate in the focus group (which he or she may or may not be asked to participate in), he or she will receive a \$20 gift card following completion of the focus group.
- Results of the study will be summarized and presented in a research report and presentation to the Canadian Centre on Substance Abuse.
- The information provided in all reports will be grouped across all participants and cannot be used to identify your child.

MAY YOUR CHILD PARTICIPATE?

- If you **want** your child to participate, then you will need to complete the following questions and submit this form. Please remember that the researchers will also ask your child if he or she wants to participate and if he or she agrees to participate.
- By answering the following questions, you are telling us that you agree for your child to participate in the focus group.
- If you **do not want** to participate then we thank you for your time and you can simply close your internet browser

1. Your first name _____

2. Your last name _____

3. The city and province in which you reside

4. Your child's first name _____

5. Your child's last name _____

6. Your telephone number _____

7. Your email address _____



Yes, I agree to let my child participate in this study	No, I do not agree to let my child participate in this study
Y	N

Submit this form

Thank you for your time.

Sincerely,
Aarin Frigon
Applied Solutions & Consulting
Tel: 250.863.4105
Email: afrigon@asc4solutions.com