RESEARCH REPORT

CANNABIS CONVERSATIONS FOR SERVICE PROVIDERS

PETERBOROUGH DRUG STRATEGY

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EXECUTIVE SUMMARY

With the legalization of cannabis, there is a need for effective, evidence-based tools to assist helping professionals in talking about cannabis with patients and service users. In 2018, the Peterborough Drug Strategy (PDS) launched the Peterborough Community Cannabis Project (PCCP) to help address this need locally. Through a phone survey of 800 adults and 6 focus groups, residents of the City and County of Peterborough were asked about their views, use, and knowledge of health promotion information and campaigns related to cannabis. This research report captures the results of these activities. Key quantitative findings are summarized below.

Acceptance & Views

- 49% of individuals had a positive perception of cannabis use, while 29%had a negative perception.
- More than half of those surveyed believe that public education about cannabis needs improvement.
- 77% stated that they are aware of the negative effects of cannabis use, but over 30% could not name a specific harm.
- 35% believed cannabis is harmful, while 36% did not.

Consumption & Demand

- 39% of participants reported using cannabis, while 52% reported having friends or family who use cannabis.
- 12% of survey participants reported using daily, while 9% report using it a few times a week.
- Over half of participants who identified as using cannabis prefer smoking to other modes of use.

Education & Awareness

- More than half of those surveyed believe that public education about cannabis needs improvement.
- 77% stated that they are aware of the negative effects of cannabis use, but over 30% could not name a specific harm.
- 78% had not heard of Canada's Lower-Risk Cannabis Use Guidelines (LRCUG).

Harm Reduction

- 53% reported being familiar with the concept of harm reduction, although 81% of all participants could not name a specific harm reduction strategy related to cannabis use.
- Over half of survey participants were unable to name a specific barrier to someone adopting any one of the harm reduction strategies outlined in the LRCUG.

Promotion

- Online sources and social media are the most popular ways to access public health information. Newspapers, mail, and primary health care providers are the next preferred sources.

INTRODUCTION

On October 17, 2018, non-medical cannabis use was legalized for adults in Canada, spurring increased need for local data, public education, and evidence-based resources and supports addressing this new legal landscape surrounding recreational cannabis use.
In 2018, the Peterborough Drug Strategy (PDS) initiated a research and data collection process to help address the lack of locally relevant data sources pertaining to non-medical cannabis use in the City of Peterborough. Through a phone survey and focus groups, adult (18+) residents were asked about their views, knowledge, and consumption of cannabis.

A key objective of this research was to assess local responses to existing harm reduction tools related to cannabis use. To this end, both the phone survey and focus groups sought to assess local reactions to Canada's Lower-Risk Cannabis Use Guidelines (LRCUG) as a primary tool for communicating evidence-based approaches to reducing cannabis-related health risks. The guiding question underpinning the focus groups was as follows:

"How effective are Canada's Lower Risk Cannabis Use Guidelines in providing information that assists people in managing the risks associated with cannabis use to the following specific vulnerable groups: under 25s, pregnant women, and 55 and older?"

ACKNOWLEDGEMENTS

The Peterborough Drug Strategy would like to thank Dr. John Marris for his support in designing, facilitating, reporting the results of the focus groups. PDS also acknowledges the work of Oracle Poll Ltd. and the support provided in developing survey questions, administering the phone survey, and analysing the results. The findings presented in this report draw heavily from the analysis provided by the aforementioned parties.

METHODOLOGY

Phone Survey

All surveys were conducted by telephone using live operators using computer-assisted techniques of telephone interviewing (CATI) and random number selection (RDD). A dual sample frame random database (RDD) was used for the sample frame. It was inclusive of landline and cellular telephone numbers. The sample was stratified to ensure that there was an equal distribution across the community. The survey screened to ensure respondents were 18 years of age or older and were residents of the City of Peterborough. Gender and age samples were also monitored to ensure they reflected the demographic characteristics of the community.

Surveying took place between October 10th and October 25th, 2019. Initial calls were made between the hours of 6:00 p.m. and 9:00 p.m. Unanswered numbers were recalled on a staggered, rotating basis between 10:00am and 9:00p.m up to five times until contact was made. In addition, telephone interview appointments were attempted with respondents unable to complete the survey at the time of contact. If no contact was made after the fifth attempt, the number was discarded and replaced by a new number.

The margin of error for the total N=800 sample is ±3.5% at the 95% confidence interval.

Focus Groups

Focus group participants were recruited via word-of-mouth referrals from PDS partner agencies, as well as poster and social media campaigns. Ten time slots were established with 6 options available in Peterborough, 2 in Lakefield, and 2 in Norwood. Promotional efforts focused on engaging youth aged 18-25, older adults aged 55 and over, and pregnant and/or breastfeeding women. Recruitment was incentivized through the provision of $50 gift cards, transportation subsidies, and food.

Focus groups were guided by an independent facilitator using a discussion guide. Participants were first asked to rank the 10 guidelines indicated in the LRCUG in order of priority. These selections were then used to launch a substantive discussion regarding the usefulness of the guidelines.

FINDINGS

Phone Survey

Acceptance and Views

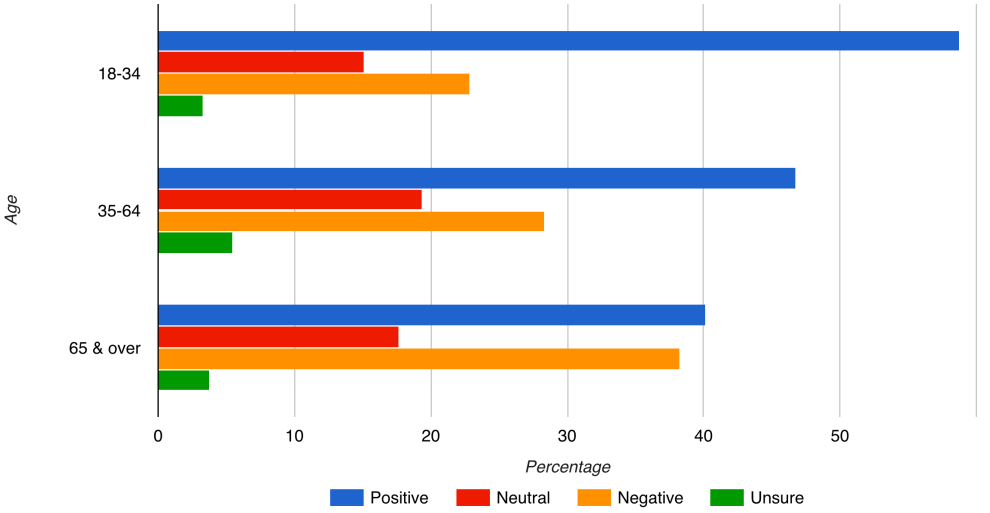
Phone survey respondents were questioned about their acceptance and views related to recreational cannabis use.

Almost half (49%) held a positive opinion of recreational cannabis, compared to 29% that held a negative view, 18% neutral, and 4% unsure. Younger respondents (18 and 34) were most likely to hold a positive view (59%), followed by people aged 35-64 (47%), and seniors (40%).

Positive views towards cannabis were strongest among respondents that use cannabis daily (98%). This compares to 28% of people that reported no cannabis use.

Views also differed surrounding whether cannabis can be addictive, although slightly more believe cannabis is non-addictive (43%) versus than those that believe it is addictive (40%). People who do not use cannabis were more likely to view cannabis as addictive, as were older respondents (age 65+). Only one-third of respondents aged 18-34 believe that cannabis can be addictive.

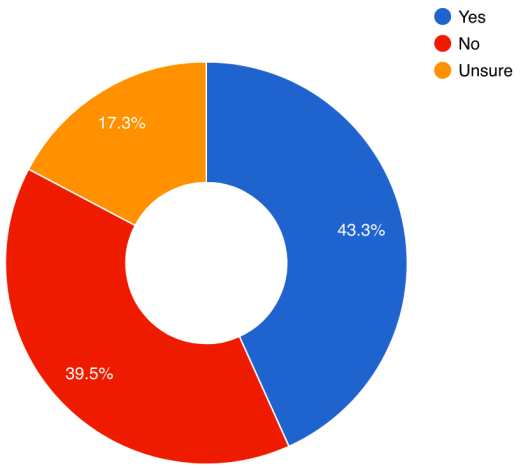
Do you have a positive or negative opinion of recreational cannabis use?



Opinion of recreational cannabis use by age.

Age	Positive	Neutral	Negative	Unsure
18-34	59	15	23	3
35-64	47	19	28	6
65 & over	40	18	38	4

Do you think cannabis is addictive?



Do you consider cannabis to be a gateway drug to other substances?

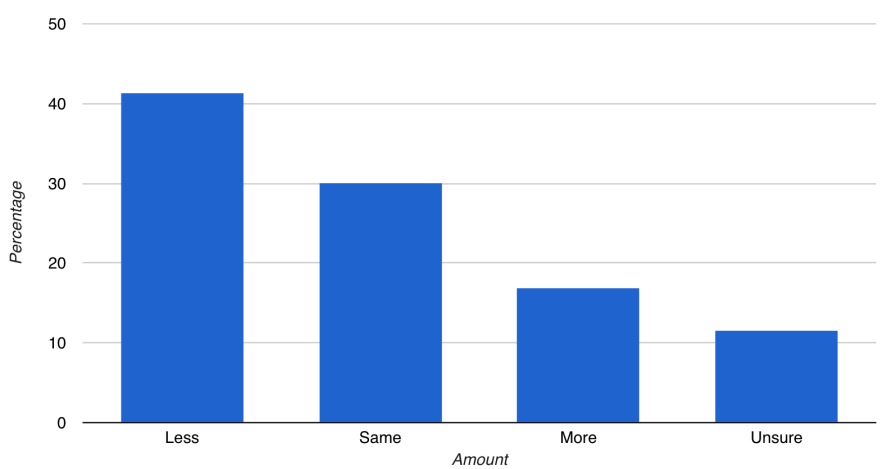
Response	Percentage
No	40
Unsure	13
Yes	47

Forty-seven percent of respondents consider cannabis to be a gateway drug to other substances. This belief was highest among respondents aged 65 years or older (59%), with incomes of $100,000 or more (54%), and those that do not use cannabis (73%).

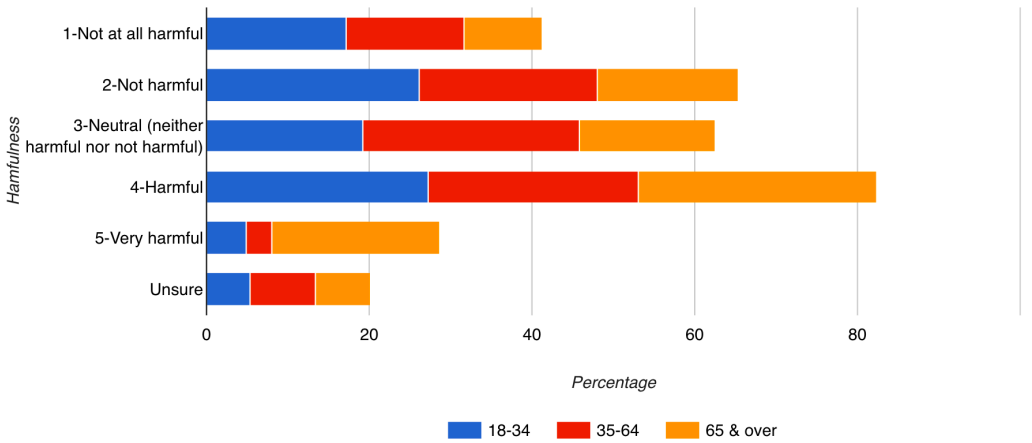
Most respondents (41%) believe cannabis is a less harmful to than alcohol. This compares to 17% that held the view that cannabis is more harmful than alcohol, 30% that believe it is about the same, and 12% that were unsure.

Opinion was split on whether cannabis is harmful, with 35% claiming it to be harmful and 36% not harmful. Twenty-two percent held a neutral view (neither harmful or not harmful) while 7% did not know.

Do you consider cannabis to less harmful than alcohol, more harmful, or about the same?



Using a scale from one being not at all harmful to five very harmful, how would you rate the harm associated with cannabis use?

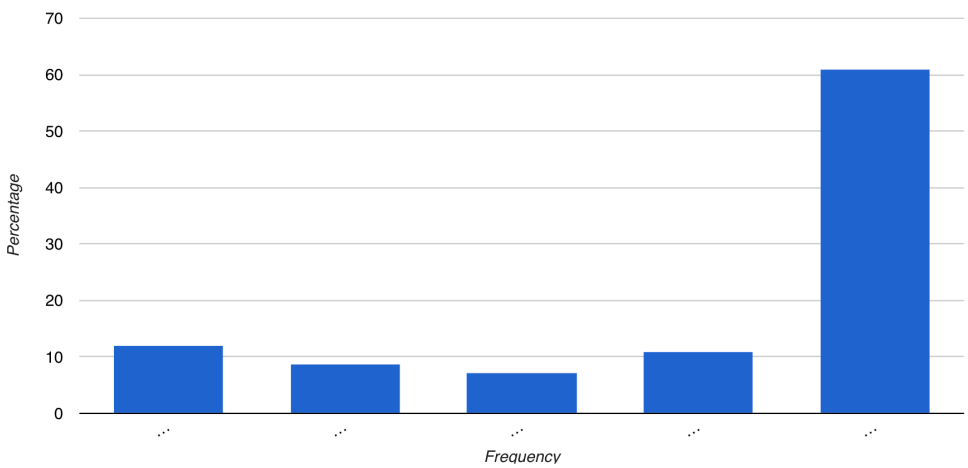


Consumption and Demand

Although half of respondents (52%) reported having friends and family members that use cannabis recreationally, most respondents stated they do not use cannabis (60%), compared to 39% who said they do.

For that use cannabis, 21% reported consuming it daily or weekly, while 18% reported using it a few times a month, recreationally, and/or infrequently. Cohorts under 65, and especially those between 18-34, reported the highest rates of use. Most identified smoking as their preferred method of consuming cannabis (55%), followed by edibles (30%), and vaping (15%). Sixty-four percent had consumed edible products.

How often, if at all, do you use cannabis recreationally?



Frequency of recreational cannabis use by age.

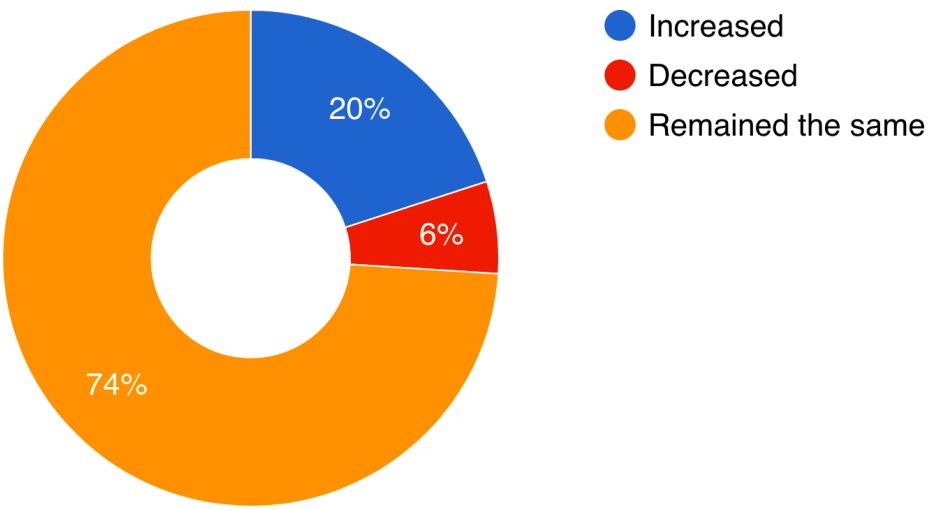
Age	Daily	Few times a week	Few times a month	Recreationally / infrequently	Do not
18-34	21	11	8	13	47
35-64	11	8	6	10	65
65 & over	4	7	8	9	71

Click to select

Asked about the sources where they purchase cannabis, respondents identified online stores (61%), the illegal market 57%, and said retail cannabis stores 22%.

Respondents were asked if their consumption had increased, decreased, or remained the same since legalization. Seventy-four percent reported their use remained unchanged since legalization, compared to 20% that increased and 6% that decreased their use. The cohorts most likely to report increased use were 18-34 years olds, students, and those with some college education.

Since cannabis was legalized, would you say your consumption has increased, decreased, or remained about the same?



Education & Awareness

All respondents (n=800) were asked about their views regarding cannabis education, including their awareness of and reactions to the LRCUG.

While most respondents believe cannabis education should be a public health priority (87%), only three in ten believe governments and the public health system has done enough to explain the risks associated with cannabis use.

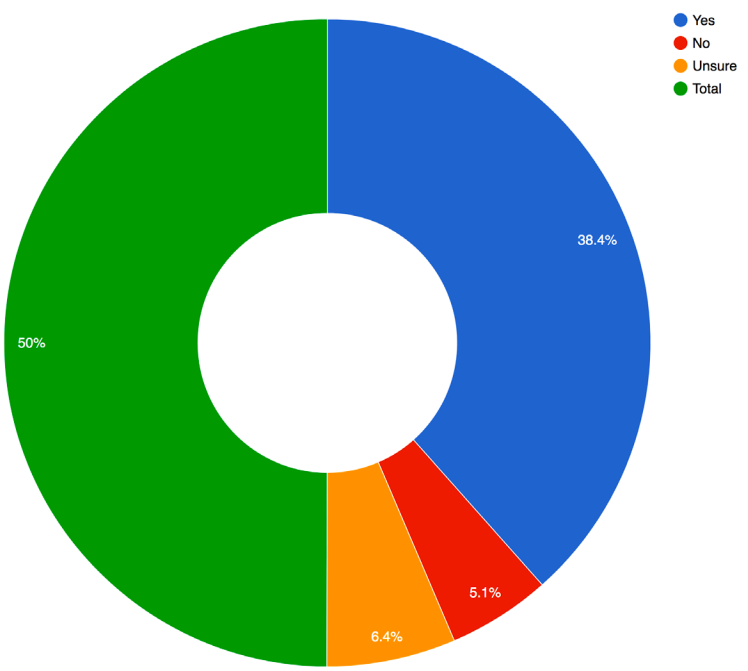
On awareness, 77%, of respondents believe that they are aware of the negative effects of using cannabis. This compares to 10% who said they are not aware and 13% who were uncertain.

While most reported they were aware of the negative effects of using cannabis, a significant number could not name a specific health risk (28%). Cognitive issues, addiction and smell were the next most commonly cited risks.

Few respondents were aware of the Guidelines (18%), although awareness was highest among those aged 18-34- (24%) and people that use cannabis daily (39%).

Respondents that were aware of the Guidelines (n=147) were asked how they learned about them, with no single response predominating. Asked if they or someone they know had used the guidelines, 26% answered yes, 27% answered no, and 47% were unsure.

Do you feel you are aware of the negative effects of cannabis use?



All respondents (n=800) were asked a series of questions to determine their overall impression of the guidelines. Overall, 45% rated the Guidelines as good or very good, compared to 8% who rated them as poor or very poor. Three in ten held a neutral (neither poor nor good) view, while 17 % were unsure.

When questioned about what they found useful, disliked, and felt was missing from the guidelines, most respondents were unable to provide specific examples. Those with opinions cited educational content, emphasis on risks and specific age groups as useful. Conversely, others expressed a desire for the information to be clearer, more direct, less preachy, and able to target specific age groups, such as teens.

Sixty-four percent of respondents said they would recommend the guidelines to

friend or family member, compared to only 14% that would not, and 22% that were unsure. Daily (70%) and weekly (79%) cannabis users were more likely to recommend the Guidelines than monthly (60%), recreational (61%) and non-users (62%).

Harm Reduction

All respondents were asked if they were aware of the concept of harm reduction of which 53% said they were, 26% were not aware and 21% stated they were unsure. Awareness was highest among those between the ages of 18-34 (58%), compared to those 35-64 (51%) and 65+ (48%). Despite awareness of the concept, few were able to recall specific harm reduction strategies.

Sixty-one percent viewed harm reduction favourably, rating it good and very good. Conversely, 3% rated it as poor or very poor. A slightly smaller majority of 56% rated harm reduction as useful or very useful, while only 8 percent rated it as not useful or not at all useful). For both questions, a significant number of respondents were unsure.

Questioned as to whether the Lower-Risk Cannabis Use Guidelines are a realistic tool for reducing cannabis harms, 42% answered yes. While only 23% did not agree they are realistic, more than a third of respondents or 35% that did not know or were unsure.

Over 6 and 10 were unsure how to improve the accessibility of the Guidelines; however, those with opinions recommended better overall awareness, as well as enhanced digital presence and education, especially for children. Some of the barriers that respondents identified included personal choice, low awareness, peer pressure, and reaching the right people.

Promotion

Respondents identified social media, health care professionals, websites and online searches, and newspapers as their sources they referred to most for public health information. Ranked by preference, websites and social media were most recalled. Those aged 18-34 (35%) most frequently named social media, while websites were cited primarily by 18-34 (26%) and 35-64 (22%) year old's. Older residents 65+ tended to say newspapers (23%).

More than four in ten were unsure of how to get information to those most at risk. The responses from the other respondents varied from schools, pamphlets, shelters and health care professionals through to general advertising–digital and traditional.

Focus Groups

Consensus between groups

There was general agreement across all cohorts that the content presented in the Guidelines was mostly accurate, used appropriate language, and did not significantly judge or stigmatize their use.
Some focus group participants challenged the accuracy of some of the Guidelines, and expressed that they felt that some points did stigmatize use. This was particularly evident among participants of the pregnancy and breastfeeding group and the Fleming students.

In particular, point 1, which recommends abstinence, was seen as the most provocative and least useful. Participants cautioned that it carried the greatest risk of putting people off or alienating people.

Point 5, which advises against consuming burnt cannabis and encourages alternate modes of consumption, was generally seen as vague, and potentially out of date given emerging information regarding the health effects of vaping. Participants also expressed a desire for more information about specific strains, the importance of accessing cannabis from a trusted source, and understanding how the effects of cannabis differ depending on mode of consumption.

There was general consensus on point 8 regarding the dangers of driving high, with most agreeing that addressing impaired driving is a priority.

Participants across all cohorts expressed a general consensus surrounding point 4 and the recommendation to avoid synthetic cannabis. Some participants connected this to the importance of trusting your supplier. Others suggested that the recommendations may assume that most are accessing cannabis from a legal source.

Most groups suggested that point 9, which recommends abstinence for specific populations, should separated into two points. In particular, participant's felt that family history should not lumped together with pregnancy and breastfeeding issues.

All groups agreed with the idea of sharing the Guidelines with others, but many stated they would start the conversation in other ways than distributing a pamphlet.

Reducing smoking, avoiding breath holding, and choosing cannabis products with less THC were seen as the most achievable actions by participants when asked how they would alter their own use if required.

There was consensus that any pamphlet should have local contact information on it.

All groups with the exception of the Fleming College group made the case for, and discussed in some detail, the potential medicinal and health benefits of cannabis.

All groups had similar ideas about where they might find the guidelines and there was general support for the guidelines to be available in cannabis shops, coffee shops, pubs and other social spaces.

A number of the groups expressed frustration about a lack of support from family doctors and medical profession in regards to medical/medicinal use.

Divergence

There was no significant consensus within or between groups on who the guidelines and the specific CAMH 10 Ways to Reduce Risks to Your Health When Using Cannabis document is aimed at. Suggestions ranged from new users to experienced, and from youth to older adults. In general participants' responses could be read as users less experienced with cannabis than themselves.

There was also little consensus on which format was best for presenting the information. Some like the idea of posters, other thought they would not be read. The Blunt Truth accordion booklet was liked by some for its size, others suggested it was presented in a way that was distracting. A number of groups felt the best presentation of the guidelines was the CAMH 10 Ways material. There was also some suggestion that the CNA poster was easier to read and less likely to stigmatize users.

CONCLUSION

The findings from the phone survey and focus groups suggest there is a strong desire from Peterborough residents for education from health care providers about their individual health as it relates to cannabis use. While most people surveyed expressed interest in learning about best practices for cannabis use concerning their health, it is evident that abstinence-focused approaches will most likely fail to engage most people who use cannabis frequently and heavily.

Engaging the public with straightforward and evidence-based information that is presented without judgment offers the most potential for sustaining conversations that seek to advance health and reduce the harms associated with cannabis use.

APPENDIX A

Phone Survey Questionnaire

Acceptance & Views

Q1. Do you have a positive or negative opinion of recreational marijuana or cannabis use?
- Positive
- Neutral
- Negative
- Unsure

Q2. Do you think that cannabis is addictive?
- Yes
- No
- Unsure

Q3. Do you think that cannabis is a gateway drug to other substances?
- Yes
- No
- Unsure

Q4. Do you consider cannabis to be less harmful than alcohol, more harmful or about the same?
- Less
- More
- Same
- Unsure

Q5. Using a scale from one being not at all harmful to five very harmful, how would you rate the harm associated with cannabis use?
- 1-not at all harmful
- 2-not harmful
- 3-neutral (neither harmful nor not harmful)
- 4-harmful
- 5-very harmful
- Unsure

Consumption & Demand

Q6. Do you have any family or friends that use marijuana recreationally?
- Yes
- No
- Unsure

Q7. How often, if at all do you use marijuana recreationally?
- Daily
- Few times a week
- Few times a month
- Recreationally / infrequently
- Does not - SKIP TO Q12

Q8. What is your preferred method of consuming cannabis?
- Smoking
- Vaping

Edibles
OTHER - RECORD

Q9. Have you ever consumed cannabis edibles such as gummies, cookies, brownies or oil-based products?
Yes
No
Unsure

Q10. From what sources do you purchase your cannabis products?
Cannabis retail stores
Online
Private dealer / black market

Q11. Since cannabis was legalized, would you say your consumption has increased, decreased or remained about the same?
Increased
Decreased
Remained the same

Education
"Many groups make up the public health system. This includes public health agencies, healthcare providers, public safety organizations, human services and charities."

Q12. Have governments and the public health system done enough to explain the risks associated with cannabis use?
Yes
No
Unsure

Q13. Should cannabis education be a priority for the public health system?
Yes
No
Unsure

Awareness – Guidelines

Q14. Do you feel you are aware of the negative effects of cannabis use?
Yes
No
Unsure

Q15. Can you name any of the negative effects of cannabis use?
NOT PROMPTED / OPEN RESPONSES ACCEPTED

READ PREAMBLE TO QUESTIONS
"The Lower-Risk Cannabis Use Guidelines are an updated evidence-based public health intervention tool, allowing cannabis users to modify and reduce their risks for health harms associated with cannabis use based on scientific recommendations. They include..."

- The most effective way to avoid the risks of cannabis use is to abstain from use.
- Delaying cannabis use, at least until after adolescence, will reduce the likelihood or severity of adverse health outcomes.
- Use products with low THC content and high CBD: THC ratios.
- Synthetic cannabis products, such as K2 and Spice, should be avoided.
- Avoid smoking burnt cannabis and choose safer inhalation methods including vaporizers, e-cigarette devices and edibles.
- If cannabis is smoked, avoid harmful practices such as inhaling deeply or breath-holding.
- Avoid frequent or intensive use, and limit consumption to occasional use, such as only one day a week or on weekends, or less.
- Do not drive or operate other machinery for at least 6 hours after using cannabis. Combining alcohol and cannabis increases impairment and should be avoided.
- People with a personal or family history of psychosis or substance use disorders, as well as pregnant women, should not use cannabis at all.
- Avoid combining any of the risk factors related to cannabis use. Multiple high-risk behaviours will amplify the likelihood or severity of adverse outcomes.

“In short, it is a proactive education, prevention and guidance approach with respect to cannabis use and health promotion.”

Q16. Have you heard of Canada’s Lower-Risk Cannabis Use Guidelines?
Yes ASK Q17
No SKIP TO Q26
Unsure SKIP TO Q26

Q17 How did you become aware of the Guidelines?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q18 What do you know about the Guidelines?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q19 Have you or someone you know used the Guidelines?
Yes
No
Unsure

Q20 What is your overall impression of the Guidelines as being a useful tool for cannabis users or potential users? Please use a scale from one very poor to five very good.
1-very poor
2-poor
3-neutral (neither poor nor good)
4-good
5-very good
Unsure

Q21 Using the same scale from one very poor to five very good, how would you rate the content and format of the Guidelines?
1-very poor
2-poor
3-neutral (neither poor nor good)
4-good
5-very good
Unsure

Q22 What do you find most helpful about the guidelines?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q23 What do you least like about them?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q24 What information do you feel is missing that should be included?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q25 Would you recommend the Guidelines to a friend or family member?
Yes
No
Unsure

Harm Reduction

Q26. Are you familiar with the term or concept of harm reduction?

READ PREAMBLE TO QUESTIONS
"Harm reduction is a public health approach that aims to minimize the harms associated with various activities, such as cannabis-related harms. Towards that end, proactive education, prevention and guidance on cannabis use and health are important public health strategies to reduce harms and problems related to cannabis use. While cannabis use comes with health risks, the likelihood or severity of adverse outcomes can be modified through informed choices."

Q27. Overall, what is your opinion of harm reduction as a strategy? Please use a scale from one being very poor to five very good.
1-very poor
2-poor
3-neutral (neither poor nor good)
4-good
5-very good
Unsure
Q28. How useful do you find harm reduction? Please use a scale from one not at all useful to five very useful.
1-not at all useful
2-not useful
3-neutral (neither useful nor not useful)
4-useful
5-very useful
Unsure

Q29. Do you think the Lower-Risk Cannabis Use Guidelines are a realistic harm reduction tool to minimizing cannabis related harms?
Yes
No
Unsure
Q30. What would make the Guidelines more accessible or easier to implement?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q31 Are there other cannabis harm reduction strategies you know of and find useful?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Q32 What do you consider to be the barriers that people may face in adopting

the Lower-Risk Cannabis Use Guidelines and harm reduction recommendations or strategies?
NOT PROMPTED / OPEN RESPONSE ACCEPTED

Promotion

Q33 How do you currently receive or seek information about public health issues?

Q34 What is your preferred method to receive information about harm reduction as it relates to cannabis use?

Q34 And what would be the best way to get information to those in the community most at risk and in need of it about the harms associated with cannabis use?

Demographic Questions

AGE
COMBINED HOUSEHOLD INCOME
EMPLOYMENT STATUS
HIGHEST LEVEL OF EDUCATION
GENDER

APPENDIX B

Focus Group Discussion Guide

Facilitator's welcome, introduction and instructions to participants
Welcome and thank you for volunteering to take part in this focus group. We have invited you to participate in this group because your point of view is important to us, and we appreciate your willingness to contribute your time to this process. Introduction: As you know, non-medical cannabis use was legalized in Canada in October 2018. The purpose of this focus group discussion is to help us better understand your thoughts and feelings about resources that have been created to help people use cannabis more safely. This is one of a number of focus groups that we are running. Tonight's discussion will take between 60 and 90 minutes, and what we want to discuss tonight is your thoughts about these education materials. We are not going to ask you specific questions about your cannabis use or make any recommendations about whether people should or should not use cannabis. That is not the purpose of tonight.

If at the end of this evening you have further questions about this project or about cannabis use, we will do our best to answer them. We have set aside some time at the end for private conversations if necessary. We also have some resources here that can offer more information or connect you to local services.

Anonymity: During this focus group, we will both be making notes and maybe taking some pictures of any written work that is created, but everything that is said or written tonight will be anonymous. This means we will not note who says what or connect any particular ideas to any person. We will also not take any pictures of faces. When we write down ideas we will not write down who said them. No participants names will be used in the final report that comes from all the focus groups. We do this so you feel free to answer questions and comment as accurately and truthfully as possible. However, we and the other focus group participants would appreciate it if you would refrain from discussing the comments of other group members outside the focus group. If there are any questions or discussions that you do not wish to answer or participate in, you do not have to do so; but please try to be as involved as possible. Are there any questions about anonymity and confidentiality before we proceed?

Ground rules
The most important rule is that only one person speaks at a time. There may be a temptation to jump in when someone is talking but please wait until they have finished.
- There are no right or wrong answers
- You do not have to speak in any particular order
- When you do have something to say, as long as no one else is speaking, please do so. We really do want to hear your ideas.
- You do not have to agree with the views of other people in the group.
- Does anyone have any questions? (Answers).
- OK, let's begin

Warm up
- First, I'd like everyone to introduce themselves. Can you tell us your name and why you chose to come tonight?

Introductory question
In front of you there is a copy of Canada's Lower Risk Cannabis Use Guidelines, a tool developed by researchers and medical professionals to help Canadians reduce the potential harms of using cannabis. How many of you are familiar with or have heard of this resource? (Show of hands).

1/ Response to the leaflet - (scissors, glue sticks, card, pens)
Please help yourself to snacks and drinks. The first thing I would like you to do is look at the 10 points on the leaflet and then use the scissors and glue to cut up and stick down onto the card each resource with the most important at the top, working down to the least important. You are welcome to discuss this with your neighbours, but we really do want your personal response to which of these points is most important. There are also pens available if you wish to doodle or add text or pictures to your page.

General Response Discussion to the Guidelines
·How accurate do you think the information is?
·Is there anything that should be added to the leaflet?
·Is there anything here that you think is not true?
·Are there any points here that surprised you?
·Did you learn anything new from the leaflet?
·Was the language easy to understand?
·If you had to take one point off what would it be?
·When the Guidelines talk about risk what does this mean to you? What about the idea of harm, or harm reduction?
·Overall what do you think this leaflet is trying to say about cannabis use? / What is your general reaction to the guidelines and the leaflet? (positive/negative frustration, rejection, etc.)
·Who do you think this leaflet and set of Guidelines is aimed at?
·Do these guidelines make you feel your cannabis use is being judged? (Stigma)

2/ Usefulness of the information

How realistic would you say the guidelines are in terms of making life changes? Are these recommendations realistic based on your experience and circumstances?
Having read these Guidelines, if you wanted to make changes to your cannabis use, what is going to help you make those changes? What might get in the way?
Which of the guidelines feel the most achievable?
Has this leaflet helped you assess if your use is safe?
If you had a friend who you felt was using cannabis in a harmful way, would you feel comfortable sharing this information?

3/ Forms of delivery, where to find copies

If you did share these recommendations with a friend, how would you do it (give them a copy of the leaflet, describe the 10 points, interpret the information for them, teach them what you have learned?).
Which points would you highlight first?
Where would you expect to find this leaflet? (doc office, schools, coffee shops, hospitals, social service providers)
Generally, how should people get ahold of this sort of information. (explore different options i.e. separate sheets, pamphlets, social media, posters, phone app, etc.)
If you wanted more help with understanding cannabis use and risk, do you know where to go? Would you be able to recommend a place for a friend to get help if

they felt they had a problem with cannabis use?
Should local contact information be on the leaflet?

4/ Experiences with healthcare and/or service providers

In general, what have been your experiences with healthcare providers (doctors, nurses, paramedics etc) when discussing cannabis use? (judgement, support, limited knowledge)

Do the guidelines help you understand some of the responses you may have had from healthcare providers?
Do you think healthcare providers have sufficient knowledge of these guidelines?

Closing Discussion
•Did you feel comfortable discussing the guideline? Do you think there is a need to provide people with more support in using the guideline? (if yes, explore what kinds of support would be helpful, how and where?)
•Of all the things we've discussed today, what would you say are the most important issues you would like to express about these guidelines?

Conclusion
•Thank you for participating. This has been a very successful discussion
•Your opinions will be a valuable asset to the work of the Peterborough Drug Strategy
•We hope you have found the discussion interesting
•If there is anything you are unhappy with or wish to talk more about, I will stick around after the
•I would like to remind you that any comments featuring in this report will be anonymous

APPENDIX C

Focus group Recruitment and Attendance Summary

Recruitment and attendance summary				
Date	**Location**	**Demographic**	**Registered**	**Attended**
Oct-28	Peterborough	18 - 25	3	3
Oct-28	Peterborough	18 - 25	5	2
Oct-29	Lakefield	Open	0	0
Oct-29	Lakefield	Open	0	0
Oct-31	Peterborough	55 and Over	8	4
Oct-31	Peterborough	55 and Over	0	0
Nov-01	Peterborough	Pregnant/BF	9	4
Nov-01	Peterborough	Open	8	5
Nov-04	Peterborough	18 - 25 Fleming	5	5
Nov-04	Norwood	Open	0	0
Nov-04	Norwood	Open	0	0
		Total	**38**	**23**

APPENDIX D

Focus Group Resources

Copies of the material used in the focus group sessions can be found at the following links:

CAMH, 10 WAYS to Reduce Risks to Your Health When Using Cannabis (three-fold pamphlet)
https://www.camh.ca/-/media/files/pdfs---reports-and-books---research/canadas-lower-risk-guidelines-cannabis-pdf.pdf

The 6Ds of Best Practice for Cannabis Use in Youth (large poster)
https://uwaterloo.ca/pharmacy/sites/ca.pharmacy/files/uploads/files/6ds.pdf

Canadian Nurses Association (CNA), How to reduce the harms of non-medical cannabis use (small poster)
https://www.cna-aiic.ca/-/media/cna/page-content/pdf-en/how-to-reduce-the-harms-of-non-medical-cannabis-use_e.