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## **EXECUTIVE SUMMARY**

**Tobacco Cessation Exploratory Research with  
Young Adults (aged 20-24)  
HC POR 12-02**

**Prepared for Health Canada  
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**Ce rapport est aussi disponible en français sur demande.**



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## EXECUTIVE SUMMARY

Health Canada commissioned Phoenix Strategic Perspectives Inc. to conduct focus group research with young adult smokers to explore issues related to tobacco cessation. A set of eight focus groups was held February 25-28, 2013, with two groups conducted in each of Toronto, Winnipeg, Montreal (French) and Halifax. The target audience was young adults, aged 20-24, who smoked either daily or occasionally.

The purpose and specific objectives of this research were to:

- Gain a better understanding of the awareness, knowledge, attitudes, beliefs and behaviours with respect to tobacco cessation and smoking among young adult smokers, aged 20-24
- Uncover social media habits of young adult smokers
- Gather opinions on *Break It Off* materials developed by the Canadian Cancer Society
- Identify preferred sources and methods of receiving tobacco cessation information

The findings will be used to support the development of materials for a smoking cessation campaign and to ensure that the messaging and tactics of the campaign resonate with young adult smokers, motivating them to quit smoking and remain smoke-free. The total cost of this research project was: \$57,517.10 including HST.

**This research is qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of young adult smokers.**

### Contextual Issues: Smoking Behaviour and Attitudes

#### Smoking Patterns and Behaviour

The majority of participants in each group indicated that they smoke on a daily basis. The number of cigarettes smoked each day varies, but most smoke in the range of 5 to 10 cigarettes a day. All participants said that they have smoked for at least two years, and most have smoked for five years or more.

Participants said that they typically smoke outside, most often at home, at a bar/dance club, or outside their work location. A few participants in most groups said they smoke in their home; locations cited include the garage, the kitchen, the washroom with a fan on, or in a room with a window open. A number of participants also smoke in their car while driving.

Participants who smoke at home said that they routinely engage in a variety of activities while smoking, including socializing with friends, talking on the phone, texting, surfing the web, engaging in social media, checking email, watching television, studying, and listening to music. Almost all of those who are currently employed or studying at school said they smoke while at work or at school. Those who work typically smoke on their breaks, while those at school typically smoke between classes. Whether at work or at school, participants said that they usually socialize with colleagues while smoking. Many participants also text or talk on their cell phones while smoking.

Smoking behaviour tends to follow set patterns, with participants collectively identifying a number of specific circumstances in which they smoke. The most commonly identified



circumstances include smoking after a meal, while drinking alcohol or coffee, and while socializing. Other frequently identified circumstances include when waking up in the morning, while driving, and while waiting for someone or something, particularly public transportation. Most participants also said that they tend to smoke when experiencing certain moods or emotional states, including anxiety/stress, boredom, depression, sadness, and anger. Circumstances identified less frequently include smoking after work or school, when fatigued, before sleep, while studying, when playing games/doing hobbies, while driving, and after sex.

### Attitudes towards Smoking

Participants in every group had no difficulty identifying the main advantages and disadvantages of smoking, from their perspectives. The only frequently identified advantages included the sheer pleasure of smoking, the relaxing/calming/soothing effect of smoking, and the social bonding that often accompanies smoking. The most frequently identified disadvantage was the impact of smoking on health. This encompassed both the short and longer-term health impacts of smoking, but primarily the former. Short-term impacts included shortness of breath, lack of endurance, difficulty exercising, and feeling bad/weak in general, physically. Longer-term impacts included cancer, heart disease, emphysema, as well as smoking's effect on life expectancy in general. In addition to health impacts, other frequently mentioned disadvantages included the cost of cigarettes, the smell/odour associated with smoking, and the effect smoking has on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles). Other disadvantages noted included smoker's cough, the impact of second-hand smoke on others, the social stigma attached to smoking, and the requirement to smoke outdoors.

## **Quit Attempts and Cessation Resources/Products**

### Most Important Reasons for Wanting to Quit Smoking

The most important reasons identified for wanting to quit smoking were the various impacts of smoking on health and physical fitness, both in the short and longer-term. Health-related reasons were identified by a majority of participants in every group. Two other frequently cited reasons for wanting to quit were the cost of smoking and the smell/odour associated with smoking. Numerous secondary reasons for wanting to quit were cited. Those identified most often included the impact of smoking on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles), the belief that one can quit if one wants to, being acquainted with people who have quit smoking and are happy, the desire to break an addiction, and the belief that the longer one waits, the harder it will be to quit.

### Barriers or Challenges to Quitting Smoking and Remaining Smoke-Free

Participants collectively identified a number of anticipated barriers or challenges to quitting smoking and remaining smoke-free. The most frequently identified challenge was related to breaking a pattern or routine. Specifically, this challenge included no longer smoking when getting together with friends and family who smoke, or when drinking alcohol (and to a lesser extent coffee). Participants in almost every group also identified dealing with stress without smoking as an anticipated challenge. Other routinely-identified challenges included dealing with changes in attitude (e.g. increased crankiness), the effect of certain "treatments"<sup>1</sup> (e.g. nausea, personality change), the cost of certain treatments, possible weight gain, taking on other bad habits (e.g. eating junk food), and difficulty breaking a habit in general. No participant identified

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<sup>1</sup> The word "treatment" is used loosely to describe procedures, tools, etc. to support smoking cessation. It is used here because that language was used occasionally by participants.



a lack of support as an anticipated challenge. With respect to their social network, participants did not feel that their friends and acquaintances would not support them in their efforts; rather, they were concerned about dealing with the temptation to smoke when getting together with friends who still smoked.

### Plans/Strategies to Quit Smoking

Many participants, at least a few in every group, said they have a plan (or elements of a plan) to quit smoking. Such “plans” however tended to be relatively simple and straightforward. For the most part, plans focused on two main strategies: quitting cold turkey and/or using nicotine replacement therapies such as the patch, gum, inhalers, lozenges, etc. Other routinely identified aspects of plans included the following: gradually reducing the number of cigarettes smoked (e.g. buying smaller packs of cigarettes, smoking fewer cigarettes each day), engaging in more physical activity (e.g. taking up a sport, participating in yoga or fitness classes), avoiding triggers to smoke (e.g. cutting back on drinking alcohol, going out with friends who smoke less often), consulting a physician or pharmacist about prescription medication, undergoing specific treatments (e.g. acupuncture, laser treatment, hypnosis), and finding substitutes for smoking (e.g. chewing gum, eating candy). Participants’ plans rarely included social support of any kind: however for those that did, they included quitting with someone else and having a support group. Finally, participants’ plans did not seem to be linked in a conscious way to overcoming the barriers they anticipate. This underscores the informal nature of their plans to quit smoking.

### Smoking Cessation Resources

A few participants in every group anticipated using some form of smoking cessation resource. These typically fell into two categories: substitutes for cigarettes and types of treatment. Substitutes for cigarettes mentioned by participants included nicotine replacement therapies (identified above), but also candy, regular chewing gum, and carrot sticks. Types of treatment identified included hypnosis, acupuncture, laser therapy, and prescription medication. As was the case with plans to quit smoking, social support resources did not tend to be on participants’ radar screens, at least not when it comes to resources they themselves would use. Specific resources that were identified included the website *J'arrête, j'y gagne !*, an influential quit smoking book (title unknown), and the strategy of quitting with someone else.

Awareness of smoking cessation resources beyond what participants themselves would use tended to be limited to other nicotine replacement therapies and forms of treatment/prescription medication. Some participants, however, did identify social support resources including websites in general, support groups, helplines, contests, and posters.

Interest in social support systems as a way to quit smoking and stay smoke-free was limited. While a few participants in most groups expressed some interest in social support systems, most found them to be of limited or no appeal. Participants tended to be more interested in in-person support than online support. Some participants explained their lack of interest by suggesting that the key to quitting smoking and staying smoke-free is individual discipline and resolve, meaning that quitting smoking tends to be an individual or solitary endeavour. Receptiveness to specific forms of support using social media was also limited, whether in the form of peer support through a Facebook page or website message board, Facebook messages delivered through the “News Feed”, Twitter posts, text messages, or support emails. There was also limited support for a telephone counsellor or quit coach.



### Most Convenient Ways to Access Info on Quitting Smoking

Participants in all groups identified three primary ways that would be most convenient to get information about quitting smoking: through Google, a physician or pharmacist, and Facebook ads. The following ways were mentioned less often, but still with some frequency: television, radio, YouTube, ads in public places such as bars/dance clubs, bus stops, subways, public washrooms, and billboards. Overall, participants tended to identify a mix of traditional media and social media as ways to get information about quitting smoking.

### Previous Quit Attempts

A majority of participants in every group indicated that they have tried to quit smoking in the past, and many have tried on numerous occasions. The approaches taken include quitting cold turkey, gradually reducing the number of cigarettes smoked each day, using nicotine replacement therapies (i.e. patch, gum, inhalers, lozenges), using prescription medication (i.e. Champix), leaving cigarettes at home when going out, reducing/cutting out coffee and/or alcohol, avoiding going out with friends who smoke, and increasing physical activity.

At least a few participants in most groups said they have tried electronic cigarettes, but with mixed results (i.e. some saying this approach helped and others saying it did not). No more than a few participants in any group said they would consider using electronic cigarettes to quit smoking. Among the techniques tried, none emerged as decidedly more effective than any other.

### **Impressions of Campaign Communication Tools**

Banner ads that were part of a quit smoking campaign shown to participants were of limited appeal. For many participants, the ads were ineffective at conveying the main message of the campaign or even that they pertained to smoking and quitting smoking. Of the two ads, there was a preference for the ad that included an image of a cigarette butt on the last frame. The cigarette butt was viewed as essential to linking the ad to smoking cessation. Many participants, however, were critical of the image of the young woman shown in the ad. They felt that her body language was too casual; it was seen to undermine the gravity of the ad and its message. For others, the campaign's main message was understood, but it did not resonate with them (i.e. it was not considered meaningful). These participants did not feel that they have been lied to or cheated on. They did not see themselves as “victims”; they choose to smoke and are well aware of the health risks and other harms.

Following the discussion of the banner ads, participants were asked for their impressions of the *Break It Off* website home page. Reaction to the home page was generally positive, with participants liking the messages and the clean, straightforward design and layout.

When asked to consider what type of resources and tools they would expect to find on the website, a variety of things was mentioned, ranging from shocking or disturbing pictures of the effects of smoking, to practical tools and “how-to guides” to quit smoking, to message boards and chat rooms for social exchanges.

Reaction to the relationship metaphor (i.e. that smoking is like a bad relationship) was mixed. Some participants understood the metaphor immediately and liked the concept. Many others understood the metaphor but did not feel that the concept resonated with them. Some participants felt that the metaphor was more appropriate for younger audiences (i.e. teenagers, high school students). Others did not feel that they have been lied to or cheated on or did not understand the concept.



Participants in Montreal were asked for their reaction to the French name of this quit-smoking campaign (*Pour en finir*). Reaction tended to be neutral rather than positive or critical. The name made sense given the underlying theme of the site, but there was a widespread sense that something more captivating « accrocheur » should be attempted. Only a few participants provided suggestions which included « *Pour se sentir mieux* », « *Pour en finir avec la cigarette* », and « *Stop tabac* ».

## Social Media Resources for Quitting

Reaction to the web and social media resources was mixed.<sup>2</sup> While virtually all young adults use social media, participants only expressed moderate interest in the various digital resources. When it came to perceived effectiveness of the resources, participants tended to see them as another source of assistance that could be added to their toolkit.

Of the resources, the mobile app was preferred by most participants, but often with caveats (e.g. if it's well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in terms of helping them quit smoking included ease of access and convenience, as well as the fact that it is personalized. Suggested features included the following: notifications related to their smoking habits (e.g. reminders at certain times of day, times that are smoking triggers); cigarette counters; calculators designed to motivate (e.g. for each cigarette not smoked in a week, X days would be added to their life, or X dollars were saved); links to other resources; encouraging messages (i.e. “great job today, you reduced your smoking by X cigarettes”); and access to other app users (i.e. the ability to connect with other users to share experiences, etc.).

Turning to the other digital resources, many participants agreed that Facebook would be an effective vehicle for advertising *Break It Off*. However, as a smoking cessation resource, Facebook was generally viewed as ineffective. The main reason offered was privacy—participants did not necessarily want their interest in quitting smoking made public to everyone in their social network. When asked what they would expect to find on the campaign Facebook page, participants routinely pointed to smoking and smoking-related facts, practical information and tips on quitting and remaining smoke-free, as well as news articles or current information on the subject. Some participants thought they would subscribe to a smoking cessation texting service, but they expressed a desire to control the frequency and/or type of messages sent to them. Finally, some participants expressed at least moderate interest in watching testimonials via YouTube. They saw value in hearing the stories of other smokers, and in particular, former smokers. When asked whether they would record and upload their own video, most participants said they would not. A few speculated that they might upload a video if they were able to successfully quit smoking and remain smoke-free for a significant length of time. Presented with a contest format, and the incentive of a prize, receptiveness increased somewhat.

Reasons offered for why the various digital resources might not be useful included a preference for in-person support, the perception that they are inundated with information so these resources would be lost in the “noise”, the view that quitting smoking takes willpower and discipline (not inspirational messages or tips), and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won't give them new information).

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<sup>2</sup> When presented in the context of *Break It Off*, reaction to the use of social media for smoking cessation resources and tools was somewhat more positive among some participants than when they were asked about such resources earlier.



## Promotion

All participants use social media, but most pointed to traditional media when asked what would be the best way to reach them and their friends with the *Break It Off* campaign message. Suggestions routinely included communicating via mass media (TV, radio), posters (i.e. on public transit or at universities/colleges), billboards, and magazines. Some participants simply suggested that advertising in places where young people smoke or buy cigarettes would be effective. Others thought that advertising on YouTube and Facebook, or on popular mobile apps, like Angry Birds, or using QR codes and cell phone text messages to direct them to BreakItOff.ca would be effective ways of reaching young adults.

## **Conclusions**

The following key findings emerged from this study:

- *Socializing is a central dimension of smoking behaviour.* There is a social aspect to smoking that is central to the behaviours and attitudes towards smoking. “Socializing” is one of the main activities participants engage in when they smoke, one of the few perceived advantages of smoking, and one of the key anticipated barriers to quitting (i.e. the temptation to smoke when getting together with friends who smoke).
- *Use of social media while smoking is pervasive:* Using social media while smoking is one of the key forms of “socializing” while smoking, both at home and at work. In other words, in addition to smoking when getting together in-person, participants routinely engage in the following types of activities when they smoke: talking on the phone, texting, checking email, using Facebook, and watching YouTube.
- *Cell phone use while smoking is prevalent.* When it comes to specific activities that participants engage in while smoking, the cell phone dominates. This is not only because participants use their cell phones in a variety of ways (e.g. talking, checking messages, texting, downloading apps), but also because they take their phones with them wherever they go.
- *There is a limited social dimension to quitting smoking.* While there is an important social dimension to smoking, there appears to be a limited social dimension to quitting. Specifically, a lack of support from friends or family members is not an anticipated challenge when it comes to quitting smoking. Participants’ plans to quit smoking rarely include social support of any kind; social support resources do not tend to be among the resources they would use, and interest in social support systems as a way to quit smoking, including use of social media, is limited.
- *Mixed reaction to the Break It Off relationship metaphor.* Reaction to the metaphor was mixed. Some participants understood the metaphor and liked the concept. Conversely, many others understood the metaphor, but it did not resonate with them. Finally, some participants did not understand the concept until it was explained to them. When it was explained, a few participants liked the relationship metaphor, but many did not because they had not initially understood it.
- *Mixed reaction to website and social media resources:* While virtually all participants use social media, interest in the various digital resources for smoking cessation was moderate. While this may appear paradoxical, participants offered clear reasons to explain their impression. This included a preference for in-person support versus online support, the perception that they are inundated with information via social media so



these resources would be lost in the “noise”, the view that quitting smoking mainly takes willpower and discipline (not inspirational messages or tips), and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won't give them new information).

- *Widespread preference for mobile app*: Of the smoking cessation digital resources explored, the mobile app was preferred by most participants, but often with caveats (e.g. if it's well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in helping participants quit smoking include ease of access and convenience (i.e. young adults have their phones with them at all times), as well as the fact that the app is personalized (i.e. the app requires them to create a profile of their smoking habits).
- *Use of public transit is widespread among target audience*: In terms of where to place advertising of relevance to young adult smokers, it was apparent that most are routinely waiting (and smoking while waiting) for public transit of one form or another. This suggests that smoking cessation ads placed in such locations would be seen by the target audience, and would be relevant to what they are doing at that time (i.e. smoking).

Health Canada should review the specific suggestions outlined in the report regarding both the campaign ads and website, bearing in mind that participants provided feedback based on limited exposure to both and in a format that did not approximate reality (i.e. paper versus online). In the case of the website for example, participants were unable to explore the site, although many said they would visit it as a result of this study. It may be because of their limited exposure to the campaign ads and website that suggestions for improvement tended to be limited. In the case of the website, the only suggestion identified with any frequency was to incorporate a visual cue that this is a smoking cessation website. In the case of the ads, no suggestions for improving them were made with any frequency.

Moving forward, Health Canada should also consider the following, all of which emerged through participant feedback:

- When it comes to smoking, participants tend to live in the present. This was evident in the fact that most of the main disadvantages of smoking identified are ones participants are experiencing at the present time as opposed to ones they expect to face in the future. These disadvantages include short-term health issues, the cost of cigarettes, the odour associated with smoking and the impact of smoking on appearance. Given this, it is not surprising that the smoking cessation resources or features most likely to resonate with participants include the cigarette counter, the ability to track one's quit progress, and the ability to translate unsmoked cigarettes into dollars saved.
- In considering the use of social media and digital engagement tactics to reach young adult smokers:
  - It should be remembered that such media is primarily used as a means for entertainment or diversion. Therefore, it should not be taken for granted that pervasive use of such media will guarantee success in providing smoking cessation resources.
  - The frequency of Facebook posts, “Tweets”, texts or other informational or motivational messages to support quit efforts should be balanced as participants





feel that too many messages will bombard them, leading to diminished uptake of resources.

- The campaign tactics should be crafted with sensitivity to the social media environment—that it is overloaded with marketers (social and commercial) trying to access this demographic. *Break It Off* social media resources will need to cut through the “noise” by using strong, visually appealing creative and witty copy to grab the attention of the target audience. Consideration should also be given to how young adults consume and use social media. Most of the participants said they use their smart phone or tablet to access social media, like Facebook and YouTube, as well as the Internet. Therefore, the limitations of mobile devices must be considered when developing smoking cessation resources in order to appeal to the audience. Lengthy text that is overly detailed or dull cannot be expected to appeal to this audience.
- While young adults are online and engaged in the digital environment, traditional advertising is still very important to them. Feedback from the groups suggests that young adults are likely to notice billboard and poster-style ads (or have been conditioned to) in places they go. An integrated approach to advertising and promotion using a combination of social media and traditional media is recommended in order to effectively reach this audience.
- The mobile app offers the most promise out of the digital resources discussed during the groups as young adults carry their smart phones with them everywhere. The more personalization the *Break It Off* app offers, the more likely that it will be used as a smoking cessation tool among young adult smokers.
- In considering how to develop and foster an online support community to engage young adult smokers in quitting, it should be noted that there is a widespread desire among participants to keep their smoking cessation efforts private as opposed to publicizing them. Related to this, participants want a personalized approach to quitting smoking that they can control.
- Humour resonates with this audience. Participants often observed that one of the main ways to catch their attention in a smoking cessation campaign would be through the use of humour. Related to this, one of the criticisms of the *Break It Off* campaign is that it lacks humour and portrays them (i.e. young adult smokers) as victims. This is not surprising considering the types of TV programs they watch for entertainment. According to the questionnaire participants completed prior to the groups, they tend to watch comedic, satirical, or reality-based programming. Incorporating humour into the campaign may appeal to young adult smokers.



More Information:

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