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Qualitative and Quantitative Research on Perceptions of Nicotine Final Report

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March 2019

This public opinion research report presents the results of focus groups conducted by Earnscliffe Strategy Group on behalf of Health Canada. The research was conducted from December 2018 to March 2019.

Cette publication est aussi disponible en français sous le titre : Recherche qualitative et quantitative sur les perceptions de la nicotine

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EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the qualitative and quantitative research conducted to understand public perceptions of nicotine.

Given tobacco use is the leading preventable cause of death and disease in Canada, the Government of Canada has announced a target of less than 5% tobacco use by 2035. Research was needed to understand Canadians' views on the health effects of nicotine and how it contributes to the health hazards of smoking. The specific objectives of the research were to gather information from Canadians about their knowledge of the health hazards and risks associated with smoking and nicotine, as well as test reactions to the hypothetical concept of a very low nicotine content cigarette. Feedback from this research will help Health Canada understand how to maximize different policies to achieve their 2035 target. The total cost to conduct this research was \$238,145.61 including HST.

To meet these objectives, Earnscliffe conducted a three-phased research program.

The research began with an initial qualitative phase, which included a series of fifteen focus groups with three segments of the Canadian population: youth (16-19) non-smokers; young adult (20-24) non-smokers; and, adult (40-55) smokers. Three sessions were conducted in each of the following five cities: Toronto (December 3, 2018); Halifax (December 4, 2018); Montreal (December 5, 2018); Winnipeg (December 5, 2018); and Vancouver (December 6, 2018).

Following the initial focus groups, we conducted a quantitative phase which involved an online survey of 4,190 Canadians aged 13 and older. The online survey was conducted using our data collection partner, Leger's, proprietary online panel. A total of 2,000 cases were collected as a sample to reflect the general population. Oversamples were also collected, achieving the following overall sample sizes in each of the audiences listed below:

- Youth (aged 13-14), n=501;
- Youth (aged 15-19), n=523;
- Young adults (aged 20-24), n=548; and
- Smokers, n=1,662.

The survey was conducted from February 11 to March 7, 2019 in English and in French. The data was weighted to reflect the demographic composition of the Canadian population aged 13 and older, including the incidence of daily and occasional smoking. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research for online surveys.

Finally, a follow-up night of qualitative research was conducted, which included two focus groups with two segments of the Canadian population: youth (16-18) and young adults (19-24) who occasionally vape or may be susceptible to trying it. The groups were conducted in Toronto (March 19, 2019).

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

The key findings from the research are presented below. Bolded results indicate that the result of the demographic group mentioned is significantly higher (at the 95% confidence interval) than the result found in other subgroups discussed in same analysis.

Behaviours and Motivations

- As the results of the survey were weighted to reflect the incidence of smoking as identified by the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017, the incidence of smokers in the survey results is 15% (11% daily, 4% occasional). Youth 13-14 report a smoking incidence of 4% (2% daily, 2% occasional), 7% (**4%** daily, 3% occasional) of those aged 15-19 say they are smokers and 15% (**9%** daily, **6%** occasional) of youth aged 20-24 offer responses indicating they are smokers.
- Compared to the proportion who smoke cigarettes, fewer members of the general population vape with products containing nicotine (11%), but incidences among the youth oversamples indicate this is an activity that is being done more by younger respondents than older respondents. Among those aged 13-14, 7% vape (6% occasionally, and, 1% daily), as do 13% of youth aged 15-19 (**11%** and 2%) and 18% of those aged 20-24 (**13%** and **5%**).
- Combining the results on the use of cigarettes and vaping products with nicotine, the survey shows that 19% of Canadians are consuming nicotine using one or the other of these two sources. Roughly one in ten (9%) smoke but do not vape with nicotine, another 6% are dual users who both smoke and vape nicotine, and 4% of Canadians aged 13 and older vape with nicotine but do not smoke.
- The results vary widely by age, with youth aged 13-14 least likely to be consuming nicotine at all, least likely to exclusively smoke (1%), half as likely as the national average to be dual users (3%), but are just as likely as the national population overall to be exclusively vaping with nicotine (4%). Youth aged 15-19 and young adults (20-24) are the age groups in Canada most likely to be exclusively vaping with nicotine (**9%** daily or occasionally). Dual use is highest (**14%**) among those aged 25-34 and beyond that age, the incidence of vaping (dual or exclusive) declines as age increases.
- Personal experience with cigarettes is fairly common among non-smokers, with 61% saying they have tried it at least once. The younger segments have much lower incidences of claimed experience, but it rises rapidly through the three younger age groups oversampled. Among 13-14 year-old non-smokers, 18% say they have tried smoking. This proportion rises to 23% among non-smokers aged 15-19 and **38%** among those aged 20-24.
- Conversely, personal experience using vaping products with nicotine is uncommon, with 10% of non-vapers of nicotine saying they have ever tried it. Again, incidences rise with age among the younger oversampled segments. Among 13-14 year-old non-vapers with nicotine, only 6% say they have tried it. This proportion rises to **13%** among non-smokers aged 15-19 and **24%** among those aged 20-24.

- People who have never tried cigarettes are quite certain they will not do so in the future, with fully 85% saying definitely not. The proportion of non-smokers who have never tried cigarettes who are susceptible to trying (offering an answer of definitely, probably or probably not) is 13%. Among youth aged 13-14 who have never tried a cigarette, close to one in three (**32%**) indicate being susceptible to trying it, but unlike experience, the proportion who are susceptible declines with age among the age groups oversampled. Among youth aged 15-19, just one quarter (**25%**) of those who have never tried smoking indicate being susceptible and this proportion drops to 14% among young adults aged 20-24.
- Those who have never tried vaping with nicotine indicate being slightly more susceptible to trying it than is found with smoking. Among the general population, 17% of respondents who have never tried vaping indicate being susceptible to vaping with nicotine in the future. As with smoking, this proportion is highest among youth aged 13-14 years (**37%**) and is lower among youth aged 15-19 (26%), but only insignificantly lower among those aged 20-24 (23%). Those aged 20-24 who have never vaped are clearly more likely to try vaping with nicotine than 20-24 year-old never-smokers are likely to try cigarettes.
- People who have never smoked hold numerous very strong opinions about why they do not smoke. Whether looking at the results among the general population or any of the oversampled age groups, the three most widely and strongly agreed rationales are: to avoid the diseases associated with smoking; seeing no good reason to smoke; and disliking the smell.
- The majority of those who vape with nicotine buy vaping devices and/or liquids themselves, primarily at a vape shop (59%), but also online to a notable degree (21%). Young adults ages 20-24 are the most likely of the oversampled age groups to also purchase vaping devices online (**24%**).
- The most common place for respondents who vape using nicotine **and are of legal age** to purchase a vaping device is a vape shop (62%). Notably fewer teens aged 13-14 (41%) and 15-19 who are not of legal age in their province (24%) get their devices at these stores (note that 46% of teens 15-19 who are of legal age purchase vaping devices at vape shops). Another key difference is that these groups are more likely to get a device in some way from their peers. For teens aged 13-14, significantly more acquire a vaping device by buying it (**45%**) or borrowing it (**22%**) from friends. Similarly, among those ages 15-19 who are not of legal age, 27% buy a device from a friend and 35% borrow it. In comparison, just 7% of the general population sample who are of age (n=631) claims they buy vaping devices from friends and 14% say they borrow them from friends.
- In the initial round of focus groups, recall of vaping or e-cigarette related promotion was very low and tended to revolve around promotional materials (posters) in convenience stores. Some youth and young adults mentioned seeing videos on social media of people using vaping products to do tricks, such as blowing “O”s. They did not immediately connect these videos to any sort of deliberate promotion or advertising.

Impressions of Nicotine

- Overall, most survey respondents consider themselves knowledgeable of the health impacts of smoking (91%) and almost as many (84%) consider themselves knowledgeable of the health impacts of nicotine. Youth and young adults are less likely to consider themselves knowledgeable about smoking and nicotine than the general population, but still largely feel knowledgeable. Youth aged 13-14 are the least likely to feel knowledgeable about either smoking (77%) or nicotine (69%). Youth aged 15-19 are slightly more

knowledgeable about smoking (**86%**) and nicotine (71%), as are young adults aged 20-24 (**83%** and 72%, respectively).

- There is little difference found between smokers and non-smokers, although smokers are more likely to report that they are very knowledgeable of the impacts of nicotine (**50%** compared to 44% of non-smokers) along with the impacts of smoking (**60%** compared to 56%).
- Focus group participants of all ages, regardless of whether or not they smoked, were well aware of many long and short-term effects of smoking and linked negative health effects to the chemicals they believe are added to cigarettes, as well as tar and carcinogens.
- In terms of the level of concern about the health effects of nicotine on its own, or of how harmful nicotine is to those who use it, the survey demonstrated there is both widespread concern and a widespread sense that nicotine is harmful to those who use it. Across the targeted oversampled groups, vast majorities of all segments are at least somewhat concerned: 85% (very or somewhat concerned) of youth ages 13-14 and 15-19, 82% of young adults ages 20-24, 77% of smokers and **89%** of non-smokers. However, it is worth noting that smokers are the least likely of all the oversample groups to be very concerned (28%). They are also less inclined to describe nicotine as very harmful (32%) than non-smokers (**63%**).
- Focus group participants spontaneously linked nicotine to addiction, but lacked detailed knowledge of what the substance is, where it comes from and where it is found. Participants were hard-pressed to name any health effects associated with nicotine apart from addiction, though when presented with a list of ailments, they easily believed these ailments could be caused by nicotine.
- Confirming the findings of the focus groups, a majority of survey respondents (72%) feel addiction is a health impact of both smoking and nicotine. In addition, survey results demonstrate that there is a tendency for respondents to feel that many other health effects are related to both smoking and to nicotine, including cancer (75%), health effects on unborn children (75%), and heart disease (74%), among others. Of seventeen possible health effects tested, none tended to be seen as attributed to just nicotine on its own, with the highest of such incidence being the 19% who feel that addiction is related only to nicotine on its own.
- Demonstrating a lack of certainty about the nature of nicotine, just under a majority of survey respondents agree that nicotine is a naturally occurring substance (46%) and is a substance added to cigarettes during the manufacturing process (47%). The majority also think it can be synthetically manufactured (60%) and is found naturally in tobacco plants (55%). On all of these questions, roughly one in four respondents decline to offer an opinion one way or the other.
- When focus group participants were asked to classify products with nicotine on a spectrum, from most to least harmful, cigarettes were clearly perceived to be the most harmful source due to the combustible properties and inclusion of chemicals, tar and carcinogens. Those who mentioned chewing tobacco as a source of nicotine typically felt it was just as harmful or slightly less harmful than regular cigarettes. Vaping was often classified next and seen as less harmful than regular cigarettes because it involves vapour as opposed to combustion. Nicotine gum, patches, etc., were deemed the least harmful, largely because they were clearly viewed as cessation tools.
- The results from the survey confirmed these qualitative findings, although using a more restricted list of nicotine sources. Cigarettes are clearly identified as decidedly harmful (91% harmful/very harmful), with vaping with nicotine (68% harmful/very harmful) and a nicotine inhaler a distant second in terms of the

perceived harm (58% harmful/very harmful). Other nicotine sources were considered less harmful still, but none were found to be harmless by large proportions of respondents (nicotine spray, 52%; very low nicotine content cigarettes, 52%; nicotine lozenge, 43%; nicotine gum, 39%; and, nicotine patch, 36% saying harmful/very harmful).

- On the topic of vaping, majorities of survey respondents across all targeted audiences indicate discomfort with the notion of young people using vaping products, particularly those containing nicotine. The attitude is almost as broad and strong as the expressed discomfort over young people taking up smoking cigarettes. While 86% of the general population disagree with the statement “I don’t see any problem with young people taking up smoking cigarettes,” almost as many (81%) disagree with the statement “I don’t see any problem with young people using vaping products with nicotine.” Indeed, the level of disagreement is also relatively high (65%) when it comes to young people using vaping products without nicotine. A majority of participant in the general population (71%) and in the targeted age audience oversamples (13-14 = 60%, 15-19 = 59%, 20-24 = 59%) do not view vaping as socially acceptable.
- Survey respondents are somewhat divided over whether cigarettes would be less harmful if nicotine was removed from them. Among the general population, more people disagree (45%) with this notion than agree with it (32%), but among smokers there is a greater tendency to agree (47%) than disagree (31%) with this assertion. Among the youth oversamples, opinion tends to be more evenly divided. Among youth 13-14, 38% agree and an equal proportion disagree. Among youth 15-19, 38% agree, and 37% disagree.
- Although opinion is similarly divided, respondents find it slightly easier to agree with the notion that removing nicotine from vaping products would make these products less harmful – over a third (39%) agree, while 31% disagree.

Very low Nicotine Content (VLNC) Cigarette Concept Testing

A very low nicotine cigarette is a tobacco cigarette that is still smoked but has the vast majority (95% or more) of the nicotine removed from it. Right now, each cigarette typically contains 12-13 mg of nicotine. A very low nicotine content (VLNC) cigarette could have less than 1 mg of nicotine in it. All other aspects of smoking a cigarette would be the same, with the exception of the nicotine level. Note that the very low nicotine content cigarette is not the same as “light” or “mild” products that used to be available in Canada.

- The concept of VLNC cigarettes elicited mixed reactions from focus group participants. A few who indicated having some knowledge of VLNC cigarettes were clearly conflating the term with “light” or “mild” cigarettes.
- Among focus group participants, the perceived benefits of VLNC cigarettes included: being less addictive; a cessation tool; less harmful (because there is less nicotine); a sense that for those who may consider trying a cigarette for the first time, it may be better to try one that does not have nicotine than one that does; and may diminish alcohol consumption.
- The perceived drawbacks of VLNC cigarettes included: potential to smoke more VLNC cigarettes to get the desired nicotine “fix”; continued exposure to the harmful chemicals found in cigarettes; potential to entice non-smokers to try smoking; continued ritual/habit of smoking; and questions about what fillers would be added to compensate for the decrease in nicotine.

- Survey respondents confirmed the concept is not immediately well-received, with half (51%) offering unfavourable opinions of the concept and only 18% feeling positively toward it. Among the targeted populations oversampled in the survey, smokers clearly stand apart as the only segment where more respondents feel favourably than unfavourably towards the idea – almost half (48%) have a favourable opinion, while 15% have an unfavourable view.
- Youth and young adults in the focus groups reported that they would not be likely to consider trying a VLNC cigarette if such a product was introduced, while adult smokers were more interested.
 - The younger, non-smoking groups were not interested primarily because the reasons for which they do not smoke now (i.e., inclusion of harmful chemicals, combustion, lingering unpleasant odour, hygiene related effects) would not change drastically.
 - Adult smokers, on the other hand, would be willing to try VLNC cigarettes, either out of curiosity or in an attempt to wean themselves off regular cigarettes. However, most felt that experience and cost could influence their continued use of VLNC cigarettes.
- Quantitatively, among the general population, 24% are susceptible to trying VLNC cigarettes as they indicate they would either definitely (5%), probably (9%), or probably not (10%) try VLNC cigarettes if they were available in Canada. The susceptibility rates are similar among the three youth groups oversampled, but the results contrast sharply based upon smoking status. Among smokers, the vast majority (**82%**) offer this level of likelihood to try VLNC cigarettes. Among non-smokers, there is a much smaller proportion (14%) who feel they would probably not, probably or definitely try a VLNC.
- Among smokers, more than half expect that if VLNC cigarettes were made available they would either entirely (27%) or partially (31%) replace current cigarettes smoked.
- Echoing results described above about the removal of nicotine, respondents are divided over whether VLNC cigarettes would be just as harmful as regular cigarettes (41%) or at least a little less harmful (44%). Again, smokers are slightly more decidedly of the view that VLNC cigarettes would be less harmful than regular cigarettes (**58%**, compared to 42% of non-smokers).
- Across a variety of quantitative measures, respondents demonstrate having mixed and soft opinions on the VLNC cigarette concept. There's more agreement (50%) than disagreement (22%) that VLNC cigarettes would help smokers who are trying to quit, but there is simultaneously more agreement than disagreement that the introduction of VLNC cigarettes might convince some who would otherwise not smoke to try smoking them. Further, opinion is nearly evenly divided over whether VLNC cigarettes have more benefits (27%) or drawbacks (25%) for smokers – although on this point, smokers are more convinced of a net benefit (**42%**) than a net-drawback (16%).

Information Sharing (Between Parents and Teens)

- The survey shed some light on the kinds of substance-related discussions that have been occurring between parents and their teenage children. Most parents of teens and teens themselves indicate having had conversations about drug use (82% and 72%, respectively), alcohol (both 81%), smoking (78% and 76%) and cannabis (77% and 74%). However, the proportions claiming to have had conversations about vaping are

significantly lower – 55% of parents and youth say they have discussed it. The proportions claiming to have had conversations about nicotine are lower still (44% of parents and 43% of youth).

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: HT372-183684/001/CY
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I hereby certify as a Representative of Earnscliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed: 

Date: March 28, 2019

Doug Anderson
Principal, Earnscliffe

INTRODUCTION

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the qualitative and quantitative research conducted to understand public perceptions of nicotine.

Given tobacco use is the leading preventable cause of death and disease in Canada, the Government of Canada has announced a target of less than 5% tobacco use by 2035.

The specific objectives of the research were to:

- Gather information on the general populations', with a focus on smokers', youth and young adult non-smokers', knowledge of the health hazards of smoking;
- Gather information on smokers' and youth and young adult non-smokers' knowledge of the health effects and health hazards of nicotine;
- Gather information about the continuum of risk of various products containing nicotine; and,
- Test reactions to a hypothetical concept of a very low nicotine content cigarette, including:
 - Overall reactions;
 - Perceived health effects and health hazards; and,
 - Potential to induce non-smokers to consider smoking.

Feedback from the research will help Health Canada understand how to maximize different policies to achieve its target of reducing tobacco use to 5% by the year 2035.

To meet these objectives, Earnscliffe conducted a three-phased research program.

The first phase involved qualitative research which included a series of fifteen focus groups with three segments of the Canadian population: youth (16-19) non-smokers; young adult (20-24) non-smokers; and, adult (40-55) smokers. For each group, a maximum of ten (10) individuals were recruited as participants. In total, 128 people participated in this phase of focus group discussions. Three sessions were conducted in each of the following five cities: Toronto (December 3, 2018); Halifax (December 4, 2018); Montreal (December 5, 2018); Winnipeg (December 5, 2018); and Vancouver (December 6, 2018). The groups in Montreal were conducted in French whereas all other locations were conducted in English. Please refer to the Recruitment Screener in the Appendix of this report for all relevant screening and qualifications criteria.

In each city, the groups with young adult non-smokers began at 4:30 pm, the groups with youth non-smokers began at 6:00 pm and the groups with adult smokers began at 7:30 pm. The sessions were approximately 1.5 hours in length. Focus group participants were given an honorarium of \$90 as a token of appreciation for their time. Appendix C provides greater detail on how the groups were recruited, while Appendix A provides the discussion guides used for the focus groups and Appendix B provides the handouts used in the focus groups.

The initial phase of qualitative research was followed by a quantitative phase involving an online survey of 4,190 Canadians aged 13 and older. The online survey was conducted using our data collection partner, Leger's, proprietary online panel. The data collection began with a total of 2,000 interviews conducted collected as a core sample of the general population aged 15 years and older. Oversamples were also collected, with the intent of achieving the following numbers of additional cases in the audiences listed below:

- 500 additional cases among youth aged 13-14;
- A total of 500 cases among youth aged 15-19;
- A total of 500 cases among youth aged 20-24; and
- 1,000 additional cases among smokers aged 15 years and older.

Although the intent had been for the additional oversample of smokers to include both daily and occasional smokers, due to an error in screening, the additional oversample of smokers is only among daily smokers. For the tables, wherever the term smokers is used, it includes both daily and occasional smokers. The total group of smokers has been weighted by the 2017 Canadian Tobacco, Alcohol and Drugs Survey (2017) to ensure the results reflect appropriate relative proportions of daily and occasional smokers.

Since the base survey of 2,000 as well as each of the age-specific oversamples included both smokers and non-smokers, the total number of smokers studied is the sum of daily and occasional smokers found in each of the unique samples.

The tables below indicate the total number of cases both overall and by region, for the final total sample of 4,190 cases, as well as for the base sample of 2,000 Canadians aged 15 years and older and each of the oversamples.

Exhibit I: *Regional distribution of oversample cases; teens aged 13 to 14*

	AC	QC	ON	MN/SK	AB	BC	Total
13-14 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Smokers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>In Additional Oversample of 13-14</i>							
Smokers (Daily or Occasional)	11	19	31	5	17	14	97
Non-Smokers	29	101	165	23	44	42	404
Total 13-14 year-olds	40	120	196	28	61	56	501

Exhibit II: *Regional distribution of oversample cases; teens aged 15 to 19*

	AC	QC	ON	MN/SK	AB	BC	Total
15-19 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	3	7	7	2	0	3	22
Non-Smokers	7	26	49	8	8	6	104
<i>Additional Oversample of 15-19</i>							
Smokers (Daily or Occasional)	5	21	27	3	5	6	67
Non-Smokers	23	98	131	25	28	22	327
<i>Additional Oversample of Daily Smokers</i>							
15-19 year-old Daily Smokers	0	0	1	1	0	1	3
Total 15-19 year-olds	38	152	215	39	41	38	523

Exhibit III: Regional distribution of oversample cases; young adults aged 20 to 24

	AC	QC	ON	MN/SK	AB	BC	Total
20-24 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	6	11	16	2	6	5	46
Non-Smokers	3	36	46	6	7	8	106
<i>Additional Oversample of 20-24</i>							
Smokers (Daily or Occasional)	7	22	46	4	7	5	91
Non-Smokers	22	84	105	27	24	20	282
<i>Additional Oversample of Daily Smokers</i>							
20-24 year-old daily smokers	8	2	2	4	2	5	23
Total 20-24 year-olds	46	155	215	43	46	43	548

Exhibit IV: Regional distribution of adults aged 25 and older

	AC	QC	ON	MN/SK	AB	BC	Total
Those Aged 25 years or older							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	30	125	153	36	40	34	418
Non-Smokers	100	391	536	91	92	95	1305
<i>Additional Oversample of 20-24</i>							
Smokers (Daily or Occasional)	N/A	N/A	N/A	1	N/A	N/A	1
Non-Smokers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Additional Oversample of Daily Smokers</i>							
Daily smokers aged 25+	90	210	273	112	101	108	894
Total Aged 25 years or older	220	726	962	240	233	237	2618

Exhibit V: Regional distribution by smoking incidence

	AC	QC	ON	MN/SK	AB	BC	Total
Total Smokers	160	417	556	170	178	181	1662
Total Non-Smokers	184	736	1032	180	203	193	2528
Total Sample	344	1153	1588	350	381	374	4190

The surveys were conducted from February 11 to March 7, 2019 in English and in French. The data was weighted to reflect the demographic composition of the Canadian population aged 13 and older, including the incidence of daily and occasional smoking. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research for online surveys. For more details on the methodology of the survey, please see Appendix D.

Bolded results presented in this report indicate that the difference between the demographic groups analysed are significantly higher than results found in other columns in same demographic analysis. Within the tables included in the body of the report, letters beside percentages indicate results that are significantly higher than

those found in the specific comparison columns indicated by the letter. Unless otherwise noted, differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Due to rounding, results may not add to 100%.

For the tabular results selected for highlighting in the body of the report, the “Total” column always includes all respondents answering a particular question, but in the interest of brevity, not all subset categories are necessarily compared with each other. For example, in many cases specific age breaks under 25 years of age are displayed, but not the responses of older age categories, although the “Total” column includes respondents from all age categories.

Finally, we conducted follow-up qualitative research, which included two focus groups with two segments of the Canadian population: youth (16-18) and young adults (19-24) who occasionally vape or may be susceptible to trying it. The groups were conducted in Toronto (March 19, 2019). The groups with youth aged 16-18 began at 6:00 pm, and the groups with young adults aged 19-24 began at 7:30 pm. The sessions were approximately 1.5 hours in length and participants received an honorarium of \$90 as a token of appreciation for their time. Please refer to the Phase 3 Recruitment Screener in the Appendix C of this report for all relevant screening and qualifications criteria.

The objectives of this final phase of qualitative research were to delve more deeply into some of the previous findings surrounding basic knowledge and impressions of vaping. More specifically, this phase tested initial reactions to proposed health warning messages that may be used on vaping product advertisements.

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

DETAILED FINDINGS

The following report is divided into two main sections: the first presents the perceptions of nicotine informed by the initial qualitative research and the follow-up quantitative survey; the second presents the perceptions of vaping informed by the additional qualitative phase of research. The findings on perceptions of nicotine are explored across five key sections: behaviours and motivations; knowledge and perceptions of nicotine; impressions of nicotine; VLNC cigarette concept testing; and, information sharing. The findings on perceptions of vaping follow and are reported in one section.

Except where specifically identified, the qualitative findings represent the combined results across the various audiences and for both English and French. The quantitative findings focus primarily on the differences across the five target segments: the four oversamples and the general population as a whole. Appended data tables provide results of findings across a much broader range of characteristics, behaviours and attitudes.

For purposes of reporting, when examining the quantitative results among smokers, the sample includes smokers (who smoke daily and occasionally) as found in the general population sample and all oversamples and is weighted to correct for the overrepresentation of daily smokers and underrepresentation of occasional smokers. Thus, the data on smokers is reflective of the population of smokers as defined by both daily and occasional smokers. The table below illustrates the CTADS results as compared to our weighted sample.

Exhibit VI: Regional break CTADS vs. Current Smokers

Current smokers (CTADS)	Canada	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Total	15%	20%	12%	18%	14%	16%	13%	15%	18%	19%	16%
13-14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
15-19	8%	10%	16%	10%	6%	8%	6%	14%	22%	7%	7%
20-24	16%	24%	16%	20%	20%	20%	12%	21%	23%	21%	12%
25+	16%	20%	11%	19%	14%	16%	14%	14%	17%	20%	17%
Male (15+)	17%	22%	13%	25%	14%	17%	16%	16%	18%	19%	14%
Female (15+)	14%	19%	10%	12%	14%	14%	10%	13%	18%	19%	17%

Current Smokers (Weighted Sample)	Canada	NL	PE	NS	NB	QC	ON	MB	SK	AB	BC
Total	15%	23%	21%	15%	16%	14%	14%	17%	15%	19%	16%
13-14	4%	0%	41%	3%	2%	3%	3%	2%	3%	6%	4%
15-19	7%	15%	100%	2%	6%	6%	7%	2%	12%	3%	10%
20-24	15%	28%	11%	30%	38%	12%	13%	13%	7%	19%	16%
25+	16%	24%	21%	15%	15%	15%	15%	19%	16%	20%	17%
Male (15+)	16%	19%	12%	17%	20%	13%	16%	18%	10%	20%	19%
Female (15+)	15%	31%	36%	14%	14%	15%	13%	16%	19%	19%	14%

Section 1: Perceptions of Nicotine

A. UNDERSTANDING BEHAVIOURS AND MOTIVATIONS

This chapter focuses on behaviours and motivations specifically relating to smoking and vaping products with and without nicotine. Throughout this chapter of the report and in subsequent chapters, results among certain key subsets are examined (e.g., smokers/non-smokers; vapers/non-vapers, etc.). The identification of these subsets was made through a series of questions on current, past and potential behaviours related to cigarettes, using vaping products that do and do not contain nicotine. For a full examination of the results of that line of questioning, please see chapter G: Current, Past and Potential Behaviours.

Smokers' Behaviours

To better understand smokers' behaviours, they were asked about the number of cigarettes they have smoked in their lives and how many cigarettes they smoke.

Just under two-thirds (63%) of those who have at least tried smoking say that they have smoked at least 100 tobacco cigarettes in their life. This proportion is much higher among daily (99%) and occasional (89%) smokers. One-quarter (26%) of teens who have at least tried smoking say they have smoked 100 cigarettes in their life. A similar proportion (25%) of teens aged 15-19 say the same. More young adults aged 20-24 (40%) report having smoked at least 100 cigarettes to date.

Exhibit A1: Q10AA - Have you smoked at least 100 tobacco cigarettes in your life? [SMOKERS AND PAST SMOKERS]

	Total (n=2865) (A)	Youth 13-14 (n=168) (B)	Youth 15-19 (n=190) (C)	Young adults 20-24 (n=311) (D)	Daily Smokers (n=1270) (E)	Occasional Smokers (n=392) (F)
Yes	63%	26%	25%	40% BC	99% F	89%
No	35%	71% D	73% D	59%	1%	10% E
Don't Know/Prefer not to answer	2%	3%	2%	2%	1%	1%

Whether or not a respondent has smoked more than 100 cigarettes varies by the following demographic variables:

- Men (**67%**) are more likely than women (61%) to have smoked over 100 cigarettes.
- Atlantic Canadians (**71%**) and Quebecers (**68%**) are more likely than respondents from other regions to have smoked 100 cigarettes.
- Those with a household income of \$80,000 or more are less likely to have smoked 100 cigarettes (58%) compared to those with a lower income (**68%** of those with a household income of \$40,000-\$80,000 and **70%** of those with a household income less than \$40,000).
- Respondents with a post-graduate degree are among the least likely to have smoked 100 cigarettes (51%).

Over half of smokers (**56%**) smoke more than 11 cigarettes a day. Over a third (**35%**) say they smoke between 5 and 10 cigarettes daily. Few teens (aged 13-14) are smokers and among those who are, the vast majority smoke 10 or fewer cigarettes in a day. The same tendency holds true, if less universal, among teens (aged 15-19) and young adults (aged 20-24).

Exhibit A2: Q11 - *On average, how many cigarettes do you smoke per day? [SMOKERS]*

	Total (n=1662) (A)	Youth 13-14 (n=97) (B)	Youth 15-19 (n=92) (C)	Young adults 20-24 (n=160) (D)	Daily Smokers (n=1270) (E)	Occasional Smokers (n=392) (F)
More than 20 cigarettes a day	24%	3%	2%	1%	15% E	2%
11-20 cigarettes a day	18%	9%	18%	17%	41% E	5%
5-10 cigarettes a day	31%	45% D	38%	29%	35% E	23%
1-4 cigarettes a day	21%	43%	33%	41%	9%	52% F
Less than 1 cigarette a day	0%	0%	0%	0%	0%	0%
Don't Know/Prefer not to answer	6%	0%	9% B	13% B	1%	17% F

When asked how many cigarettes they smoke on the days that they do smoke, 60% of occasional smokers replied between 1 and 4 cigarettes. Just over one-quarter (28%) report smoking between 5 and 10 cigarettes, and 5% smoke 11 or more. Almost three-quarters (72%) of teens 13-14 who smoke occasionally smoke between 1 and 4 cigarettes a day. Over three-quarters (78%) of 15-19 year-olds and 70% 20-24 year-olds smoke between 1 and 4 cigarettes on the days they do choose to smoke.

Exhibit A3: Q12 - *On the days that you do smoke, about how many cigarettes do you smoke? [OCCASIONAL SMOKERS]*

	Total (n=392) (A)	Youth 13-14 (n=61) (B)	Youth 15-19 (n=62) (C)	Young adults 20-24 (n=99) (D)
More than 20 cigarettes a day	2%	1%	2%	1%
11-20 cigarettes a day	3%	1%	3%	2%
5-10 cigarettes a day	28%	26% C	10%	14%
1-4 cigarettes a day	60%	72%	78%	70%
Less than 1 cigarette a day	0%	0%	0%	0%
Don't Know/Prefer not to answer	7%	0%	7% B	13% B

Understanding Non-Smokers

Non-smokers were asked a series of attitudinal statements to understand their motivations for not smoking.

Among non-smokers (n=2495), the chief reason they do not smoke is to avoid the associated diseases. The vast majority (80%) strongly agree that this is an important reason for them. Responses are fairly uniform across the age groups analyzed – 76% of teens aged 13-14 and 15-19 strongly agree, as do 81% of young adults aged 20-24.

Exhibit A4: Q13B – *I want to avoid the diseases associated with smoking [NON-SMOKERS]*

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	80%	76%	76%	81%
Agree	13%	16%	18%	14%
Neither agree nor disagree	4%	3%	2%	2%
Disagree	0%	0%	1%	1%
Strongly disagree	2%	3%	2%	2%
Don't Know/Prefer not to answer	1%	1%	1%	1%

Similarly, non-smokers feel strongly that there is little reason to smoke (74%) and answers vary little by age group – 72% of teens aged 13-14 and young adults 20-24 and 73% of teens aged 15-19 strongly agree they do not see any good reason to smoke.

Exhibit A5: Q13G – *I do not see any good reason to smoke [NON-SMOKERS]*

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	74%	72%	73%	72%
Agree	17%	20%	20%	18%
Neither agree nor disagree	6%	5%	4%	5%
Disagree	2%	0%	2% B	3% B
Strongly disagree	2%	3%	2%	1%
Don't Know/Prefer not to answer	0%	1%	0%	0%

The smell and monetary cost associated with smoking also appear to be strong deterrents. Over two-thirds (68%) strongly agree that they do not smoke because they do not like the smell. Similar proportions of the youth oversample also strongly agree: 73% of teens aged 13-14, 67% of teens aged 15-19 and 69% of young adults aged 20-24. Almost two-thirds (64%) of the general population sample strongly agree the expense, for them, is a good reason not to smoke. Fewer, though still a majority of teens aged 13-14 (65%), 15-19 (68%) and young adults aged 20-24 (68%) strongly agree that they do not smoke to avoid addiction.

Exhibit A6: Q13C - *I do not like the smell* [NON-SMOKERS]

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	68%	73%	67%	69%
Agree	20%	16%	20%	20%
Neither agree nor disagree	7%	8% D	7%	4%
Disagree	3%	0%	2% B	4% B
Strongly disagree	2%	2%	2%	1%
Don't Know/Prefer not to answer	1%	1%	2%	1%

Exhibit A7: Q13E - *It's expensive* [NON-SMOKERS]

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	64%	54%	55%	51%
Agree	20%	22%	23%	26%
Neither agree nor disagree	8%	7%	9%	11%
Disagree	3%	3%	4%	5%
Strongly disagree	2%	3%	3%	3%
Don't Know/Prefer not to answer	3%	11% CD	6%	4%

Avoiding addiction is important to non-smokers – two-thirds (64%) strongly agree it is a reason why they do not smoke. Again, the younger oversample groups are in line with the general population. Roughly two-thirds of 13-14 year-olds (65%), 15-19 year-olds (68%) and 20-24 year-olds (68%) strongly agree. Those who vape with nicotine were less likely to strongly agree (46%) compared to those who vape without nicotine (65%).

Exhibit A8: Q13A - *I want to avoid addiction* [NON-SMOKERS]

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)	Nicotine Vapers (n=140) (E)	Non- Nicotine Vapers (n=2338) (F)
Strongly agree	64%	65%	68%	68%	46%	65% E
Agree	20%	25%	23%	20%	30% F	19%
Neither agree nor disagree	11%	6%	5%	6%	19% F	10%
Disagree	2%	0%	1%	2% B	3%	2%
Strongly disagree	3%	3%	2%	2%	2%	3%
Don't Know/Prefer not to answer	1%	2%	2%	1%	0%	0%

Over half of the general population sample claims they do not enjoy smoking – 57% strongly agree it is a reason to not smoke. The 13-14 year-olds (58%), 15-19 year-olds (58%) and 20-24 year-olds (55%) tend to feel the same way.

Exhibit A9: Q13F - *I do not enjoy smoking [NON-SMOKERS]*

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	57%	58%	58%	55%
Agree	16%	15%	17%	17%
Neither agree nor disagree	12%	9%	8%	13% C
Disagree	6%	1%	3%	4% B
Strongly disagree	3%	2%	2%	2%
Don't Know/Prefer not to answer	6%	15% D	13%	9%

Social acceptability is less of a deterrent than potential health impacts, though still over half (61%) strongly agree or agree it is a reason not to smoke. A greater proportion of teens aged 13-14 (**46%**) strongly agree it is a good reason not to smoke compared to 15-19 year-olds (**34%**) and 20-24 year-olds (24%).

Exhibit A10: Q13D - *It's not socially acceptable or popular in my circle of friends [NON-SMOKERS]*

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	39%	46% CD	34% D	24%
Agree	22%	21%	24%	22%
Neither agree nor disagree	24%	20%	22%	26% B
Disagree	8%	5%	12% B	18% BC
Strongly disagree	4%	3%	5%	5%
Don't Know/Prefer not to answer	3%	5%	4%	5%

Among the general population, 42% agree the reason that they do not smoke is because they quit. As might be expected, fewer teens aged 13-14, 15-19 and young adults aged 20-24 (all 16%) agree this is a reason for them.

Exhibit A11: Q13H - *I quit smoking [NON-SMOKERS]*

	Total (n=2495) (A)	Youth 13-14 (n=398) (B)	Youth 15-19 (n=425) (C)	Young adults 20-24 (n=378) (D)
Strongly agree	34%	9%	11%	9%
Agree	8%	7%	5%	7%
Neither agree nor disagree	13%	15%	17%	25% BC
Disagree	7%	10%	12%	10%
Strongly disagree	32%	41%	44% D	37%
Don't Know/Prefer not to answer	6%	18% CD	12%	12%

There are some demographic differences when it comes to non-smokers' decision not to smoke. They include the following:

- Women are more concerned about smell than men – three quarters (**73%**) strongly agree it is a reason they do not smoke, compared to 62% of men.
- Fewer Indigenous respondents strongly agree that social acceptability is a strong deterrent to smoking (25%) than non-Indigenous respondents (**39%**).
- One-in-five (**19%**) of respondents with a household income of less than \$40,000 disagree that social acceptability is a deterrent, compared to 10% of those with an income of \$80,000 or more.
- Cost is less of a deterrent to those with an income less than \$40,000 (80% agree) than it is for those with an income between \$40,000 and \$80,000 (**88%** agree).
- Half (51%) of Indigenous respondents strongly agree they do not see any good reason to smoke, compared to **75%** of non-Indigenous respondents.

Understanding Vapers

As with smokers, vapers were asked a series of questions to better understand their daily use of e-cigarettes or vaping devices; the nicotine content; and, where they procure their vaping devices or liquids.

The frequency with which daily vapers (n=185) use a vaping device with nicotine is split. One-third (33%) say they use their device between 5 and 10 times a day. Roughly one in five (21%) report using it less (1-4 times a day), while 17% say they use it 11-20 times and 22% exceed 20 uses per day. The cell sizes for all of the youth oversamples were very small. Results should be regarded with caution and considered only qualitative in nature.

Exhibit A12: Q14 – *On average, how many times in a typical day do you use an e-cigarette or vaping device with a liquid or cartridge containing nicotine?* [DAILY VAPERS]

	Total (n=185) (A)	Youth 13-14 (n=21*) (B)	Youth 15-19 (n=17*) (C)	Young adults 20-24 (n=34*) (D)
More than 20 times a day	22%	7%	16%	22%
11-20 times a day	17%	27%	16%	1%
5-10 times a day	33%	13%	21%	38%
1-4 times a day	21%	53%	12%	35%
Less than once a day	0%	0%	0%	0%
Don't Know/Prefer not to answer	6%	0%	35%	5%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. These results should be regarded with caution.*

Over half (54%) of respondents who use a vaping device with nicotine occasionally (n=612) do so 1-4 times per day, on the days they choose to vape. Just under one-quarter (22%) use their vaping device 5 to 10 times a day, and 9% use it 11 times or more. Once again, the number of teens and young adults who vape occasionally is small, and caution should be taken when interpreting the results. Three-quarters of teens (**76%**) aged 13-14 use their device 1-4 times per day. Just under two-thirds (64%) of teens 15-19 use their device 1-4 times, as do 59% of young adults 20-24.

Exhibit A13: Q15 – *On the days that you do use an e-cigarette or vaping device with a liquid or cartridge containing nicotine, on average, about how many times do you use it? [OCCASIONAL VAPERS]*

	Total (n=612) (A)	Youth 13-14 (n=71) (B)	Youth 15-19 (n=75) (C)	Young adults 20-24 (n=96) (D)
More than 20 times a day	3%	0%	4%	1%
11-20 times a day	6%	1%	5%	3%
5-10 times a day	22%	14%	13%	26% C
1-4 times a day	54%	76% D	64%	59%
Less than once a day	0%	0%	0%	0%
Don't Know/Prefer not to answer	16%	8%	14%	12%

Regionally, use is highest among occasional vapers in Manitoba and Saskatchewan, where one-in-five (**19%**) report using their device more than 20 times a day. There are also differences in frequency of use based on education: three-quarters (**77%**) of those with a post-graduate degree use their device 1-4 times on the days they do vape, significantly more than the 43% of respondents with a high school education and 38% without a high school education who say the same.

Respondents who use vaping products with nicotine were asked to indicate what nicotine strength they typically consume when vaping. This line of enquiry permitted respondents to enter a numerical response and to separately identify whether that measure was in mg/ml, ml, or %. Results demonstrated that regardless of the metric, the distribution of numerical responses is quite similar. As a result, for ease of analysis, the results across the three metrics have been combined together and displayed below as “mg/ml/%”.

Among those who vape using a product that contains nicotine, the concentration of nicotine in the product varies. Twelve percent (12%) claim the concentration is 1 mg/ml/%, 25% say 2-3 mg/ml/%, 18% say 4-5 mg/ml/% and 36% say over 5 mg/ml/%. Across the various age groups, teens (aged 15-19) are more likely than other targeted age groups to be using concentrations of nicotine higher than 10 mg/ml/%, with one quarter (**26%**) indicating this level of strength. As well, daily vapers are more likely to indicate using higher concentrations of nicotine than occasional vapers, with **55%** of daily vapers using concentrations over 5 mg/ml/% compared to 30% among occasional vapers.

Exhibit A14: Q16/17 – *When you use an e-cigarette or vaping device with a liquid or cartridge containing nicotine, what is the content or concentration of nicotine? Please use each of the two drop-down menus below to indicate the number and unit of measure of nicotine. [VAPERS]*

	Total (n=797) (A)	Youth 13-14 (n=92) (B)	Youth 15-19 (n=92) (C)	Young adults 20-24 (n=130) (D)	Daily vapers (n=185) (E)	Occasional vapers (n=612) (F)
1 mg/ml/%	12%	16%	12%	13%	6%	15% E
2-3 mg/ml/%	25%	25%	21%	24%	19%	27% E
4-5 mg/ml/%	18%	23% B	8%	23% B	16%	19%
6-10 mg/ml/%	19%	23%	18%	14%	30% F	16%
>10 mg/ml/%	17%	12%	26% C	17%	25% F	14%
Don't Know/Prefer not to answer	8%	1%	15% B	9%	3%	9% E

Looking at the frequency of vaping by the typical nicotine strength a vaper describes using, there is a clear tendency for those using higher levels of nicotine content to be vaping more times during a typical day or in the case of occasional users, a typical day in which they vape. Only 1% of those using vaping products containing the lowest nicotine concentration say they vape more than 20 times a day, whereas this proportion is 22 times higher (**22%**) among those who vape products with a nicotine concentration of 6 mg/ml/% or more.

Exhibit A15: Q14/15 – *Frequency of vaping by typical nicotine strength [DAILY & OCCASIONAL VAPERS COMBINED]*

	Total (n=797) (A)	1 mg/ml/% (n=94) (B)	2-3 mg/ml/% (n=193) (C)	4-5 mg/ml/% (n=151) (D)	6-10 mg/ml/% (n=159) (E)	>10 mg/ml/% (n=139) (F)
More than 20 times a day	14%	1%	10% B	13% B	22% BCD	22% BCD
11-20 times a day	3%	0%	2% B	6% B	3% B	3% B
5-10 times a day	25%	11%	21% B	25% B	33% B	30% B
1-4 times a day	46%	62% DEF	53% EF	49% E	28%	38%
Less than once a day	14%	26% CDEF	14% DF	7%	14% DF	6%
Don't Know/Prefer not to answer	14%	1%	10% B	13% B	22% BCD	22% BCD

The most common place for respondents who vape using nicotine and are of legal age (n=631) to purchase a vaping device is a vape shop (62%), followed distantly by online (21%). Notably fewer teens aged 13-14 (41%) and 15-19 who are not of legal age in their province (24%) get their devices at these stores (note that 46% of teens 15-19 who are of legal age purchase vaping devices at vape shops). Another key difference is that these groups are more likely to get a device in some way from their peers. For teens aged 13-14, significantly more acquire a vaping device by buying it (**45%**) or borrowing it (22%) from a friend. Similarly, among those ages 15-19 who are not of legal age, 27% buy a device from a friend and 35% borrow it. In comparison, just 7% of the general population sample who are of age (n=631) claims they buy vaping devices from friends and 14% say they borrow them from friends. Young adults ages 20-24, much like the general population, are most likely to buy a vaping device at a vape shop (**56%**), online (**24%**) or at a convenience store (**24%**).

Exhibit A16: Q18 - *Where do you usually get your vaping devices and or liquids that contain nicotine? Please select all that apply. [VAPERS]*

	Total (n=797) (A)	Youth 13-14 (n=92) (B)	Youth 15-19 (n=92) (C)	Young adults 20-24 (n=130) (D)	Daily Vapers (n=185) (E)	Occasional Vapers (n=612) (F)
I buy it myself at a vape shop	59%	41%	31%	56% BC	68% F	57%
I buy it myself at a convenience store	17%	20%	12%	24% C	19%	16%
I buy it myself at other retail stores	13%	29% CD	4%	15% C	14%	12%
I buy it myself online	21%	21% C	13%	24% C	26%	19%
I buy it from a friend	9%	45% CD	20%	18%	8%	9%
I ask someone to buy it for me	6%	21% D	16% D	2%	6%	6%
A family member gives/lends it to me	7%	5%	9%	7%	9%	6%
A friend gives/lends it to me	16%	22%	32%	25%	5%	19% E
Someone else gives/lends it to me	5%	9% D	10% D	3%	1%	6% E
Other (Specify)	0%	0%	0%	1%	0%	0%
Don't Know	0%	3%	1%	0%	0%	0%
Prefer not to answer	0%	0%	0%	1%	0%	1%

Exhibit A17: Q18 - *Where do you usually get your vaping devices and or liquids that contain nicotine? Please select all that apply. [VAPERS]*

	Total (n=797) (A)	Under legal age for province (n=166) (B)	Of legal age for province (n=631) (C)
I buy it myself at a vape shop	59%	28%	62% B
I buy it myself at a convenience store	17%	15%	17%
I buy it myself at other retail stores	13%	10%	13%
I buy it myself online	21%	12%	22% B
I buy it from a friend	9%	30% C	7%
I ask someone to buy it for me	6%	22% C	5%
A family member gives/lends it to me	7%	9%	7%
A friend gives/lends it to me	16%	31% C	14%
Someone else gives/lends it to me	5%	7%	4%
Other (Specify)	0%	0%	0%
Don't Know/ Prefer not to answer	0%	2%	0%

The cell sizes of teens aged 13-14 and 15-18 who say that a friend, family member or other person bought the vape for them or gave it to them are very small and, therefore, results should be regarded with caution and considered only qualitative in nature. The majority of both age groups say the friend, person or family member they **bought** their device from is older than them. Similarly, most say the family member they borrowed a device from is older than them. However, when it comes to borrowing from friends, almost half (45%) of those 13-14 say the friend was their age, as does over two-thirds (69%) of teens ages 15-18.

Exhibit A18: Q19 - Which of the following best describes the age of the friend you bought it from? [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=30*) (A)	Youth 15-18 (n=22*) (B)
They are younger than you	5%	9%
They are your age	30%	34%
They are a year or two older than you	26%	40%
They are more than a couple of years older than you	40%	17%
Don't Know/Prefer not to answer	0%	0%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. Results should be regarded with caution.*

Exhibit A19: Q20 - Which of the following best describes the age of the person who bought it for you? [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=24*) (A)	Youth 15-18 (n=20*) (B)
They are younger than you	2%	1%
They are your age	12%	12%
They are a year or two older than you	20%	57%
They are more than a couple of years older than you	64%	30%
Don't Know/Prefer not to answer	3%	0%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. Results should be regarded with caution.*

Exhibit A20: Q21 - Which of the following best describes the age of the family member who gave/lent it to you? [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=8*) (A)	Youth 15-18 (n=7*) (B)
They are younger than you	9%	0%
They are your age	0%	0%
They are a year or two older than you	50%	76%
They are more than a couple of years older than you	41%	24%
Don't Know/Prefer not to answer	0%	0%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. Results should be regarded with caution.*

Exhibit A21: Q22 - Which of the following best describes the age of the friend who gave/lent it to you? [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=14*) (A)	Youth 15-18 (n=22*) (B)
They are younger than you	0%	8%
They are your age	45%	69%
They are a year or two older than you	39%	22%
They are more than a couple of years older than you	16%	2%
Don't Know/Prefer not to answer	0%	0%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. Results should be regarded with caution.*

Exhibit A22: Q23 - Which of the following best describes the age of the person who gave/lent it to you? [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=2*) (A)	Youth 15-18 (n=4*) (B)
They are younger than you	0%	0%
They are your age	62%	91%
They are a year or two older than you	0%	9%
They are more than a couple of years older than you	38%	0%
Don't Know/Prefer not to answer	0%	0%

**Bear in mind the sample sizes of youth and young adults for this question were extremely low. Results should be regarded with caution.*

Few teens ages 13-14 and 15-18 have sources who are younger than them. Most common are sources of the same age (30% of teens 13-14 and 36% of teens 15-18). More teens 13-14 have an enabler who is more than a couple of years older (28%) than those ages 15-18 (10%).

Exhibit A23: Q19-23 – Proportions indicating having an enabler of each specific age category. [YOUTH 13-18 WHO VAPE]

	Youth 13-14 (n=92) (A)	Youth 15-18 (n=83) (B)
Indicate at least one who is younger than you	3%	5%
Indicate at least one who is your age	30%	36%
Indicate at least one who is a year or two older than you	21%	24%
Indicate at least one who is more than a couple of years older than you	28%	10%

**The percentages are of all youth who vape, but not all youth who vape indicated one of these answers. As a result, the columns do not add to 100%.*

Key Takeaways: Understanding Behaviours and Motivations

- Among non-smokers, the chief reason they do not smoke is to avoid the associated diseases (80% strongly agree). Similarly, non-smokers feel strongly that there is little reason to smoke (74%). Smell (68%) and monetary cost (64%) also appear to be strong deterrents.
- The concentration of nicotine used by vapers in their vaping products was varied. Twelve percent (12%) claim the concentration is 1 mg/ml/%, 25% say 2-3 mg/ml/%, 18% say 4-5 mg/ml/% and 36% say over 5 mg/ml/%.
- One-third of daily vapers (33%) say they use their device between 5 and 10 times a day. Roughly one in five (21%) report using it less (1-4 times a day), while 5% say they use it 11-20 times and 34% exceed 20 uses per day.
- Over half (54%) of respondents who use a vaping device with nicotine occasionally do so 1-4 times per day, on the days they choose to vape. Just under one-quarter (22%) use their vaping device 5 to 10 times a day, and 9% use it 11 times or more. Fewer use it 11 or more times a day (9%).
- The most common place for respondents who vape using nicotine and are of legal age to purchase a vaping device is a vape shop (62%), followed distantly by online (21%). Notably fewer teens aged 13-14 (41%) and 15-19 who are not of legal age in their province (24%) get their devices at these stores (note that 46% of teens 15-19 who are of legal age purchase vaping devices at vape shops).
- Another key difference is that these groups are more likely to get a device in some way from their peers. For teens aged 13-14, significantly more acquire a vaping device by buying it (45%) or borrowing it from friends (22%). Similarly, among those ages 15-19 who are not of legal age, 27% buy a device from a friend and 35% borrow it.
- Few teens ages 13-14 and 15-18 have sources who are younger than them. Most common are sources of the same age (30% of teens 13-14 and 36% of teens 15-18). More teens 13-14 have an enabler who is more than a couple of years older (28%) than those ages 15-18 (10%).

B. HEALTH EFFECTS ASSOCIATED WITH SMOKING AND NICOTINE

Respondents were asked a series of questions related to their knowledge of the health impacts associated with smoking and nicotine.

Overall, most respondents consider themselves knowledgeable of the health impacts of smoking (91% very or somewhat knowledgeable). Slightly less consider themselves knowledgeable of the health impacts of nicotine (84%).

Among the general population, over half (56%) consider themselves very knowledgeable of the health impacts of smoking, and another third (35%) consider themselves moderately knowledgeable. In terms of the health impacts of nicotine, 45% consider themselves very knowledgeable about nicotine, and 39% consider themselves moderately knowledgeable. Self-reported knowledge of the health impacts of smoking is high across demographic groups.

There is a little more variation when it comes to knowledge of nicotine:

- Women are more likely to consider themselves very knowledgeable (47%) than men (**42%**).
- Well over half of Quebecers (**61%**) say they are very knowledgeable, a significantly greater proportion than in other regions.
- Fewer Indigenous (38%) than non-Indigenous (**45%**) respondents consider themselves very knowledgeable.

Taking a closer look at the oversamples, youth and young adults are less likely to consider themselves knowledgeable about smoking and nicotine than the general population. Youth 13-14 report lower levels of knowledge (very/moderately knowledgeable) about the health impacts of smoking (77%) and nicotine (69%). In comparison, a larger proportion of youth 15-19 consider themselves knowledgeable about smoking (very/moderately knowledgeable **86%**) although the proportion feeling as knowledgeable about nicotine is similar (71%). Young adults 20-24 report similar knowledge levels to the 15-19 year-old group. Just a little over eight in ten (**83%**) say they are knowledgeable (very/moderately knowledgeable) about smoking and 72% about nicotine.

There are small differences between the proportion of smokers and non-smokers who consider themselves very knowledgeable about the health impacts of smoking and nicotine. Overall, smokers are more likely to report that they are very knowledgeable about smoking (**60%**) and nicotine (**50%**), compared to non-smokers. That said, knowledge among non-smokers is still widespread. Over half (55%) consider themselves very knowledgeable about the health impacts of smoking, and another third (**36%**) say they are moderately knowledgeable. When it comes to the health impacts of nicotine, 44% consider themselves very knowledgeable and **40%** say they are moderately knowledgeable.

How knowledgeable would you say you are about each of the following?

Exhibit B1: Q24 – Top 2 Box (T2B) Summary of knowledge of health impacts [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non-Smokers (n=2495) (F)
Smoking	91%	77%	86% B	83% B	88%	91% E
Nicotine	84%	69%	71%	72%	83%	84%

Exhibit B2: Q24 - *The health impacts of smoking [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Very knowledgeable	56%	39%	46% B	46% B	60% F	55%
Moderately knowledgeable	35%	38%	40%	37%	28%	36% E
A little knowledgeable	7%	20% CD	11%	11%	9% F	7%
Not at all knowledgeable	1%	2%	1%	3%	1%	1%
Don't Know/Prefer not to answer	1%	1%	1%	3%	0%	1%

Exhibit B3: Q24 - *The health impacts of nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Very knowledgeable	45%	30%	35%	34%	50% F	44%
Moderately knowledgeable	39%	39%	36%	38%	33%	40% E
A little knowledgeable	12%	25%	23%	20%	14%	12%
Not at all knowledgeable	3%	3%	4%	5%	2%	3%
Don't Know/Prefer not to answer	1%	3%	1%	3%	1%	1%

Qualitative Insights: Health Effects Associated with Smoking Cigarettes

The qualitative findings of the first phase of research will be woven throughout Section 1 of the report.

To recap, the first phase of focus groups were conducted with three key audiences: youth (16-19) non-smokers; young adult (20-24) non-smokers; and, adult (40-55) smokers.

Except where specifically identified, the qualitative findings in this report represent the combined results for all audiences, as the findings were very consistent.

Participants of all ages were well aware of a number of long- and short-term health effects associated with smoking cigarettes. Most had the sense that the severity of the health effect amplified with increased use (number of years) and frequency (number of cigarettes smoked daily) and that the long-term health effects were in some instances not reversible, but that some of the short-term health effects were. Smokers were able to more readily volunteer health effects associated with smoking cigarettes.

The health effects associated with smoking cigarettes included (in no particular order):

	Short-term health effects	Long-term health effects
Mentioned in most groups	<i>Yellowing teeth and/or fingers</i>	<i>A variety of cancers, especially those that affect the lungs, mouth and throat</i>
	<i>Lingering and unpleasant odour (including bad breath and odour on clothing/person)</i>	<i>Cardiovascular problems/Heart disease</i>
	<i>Shortness of breath</i>	<i>Respiratory problems/Chronic Obstructive Pulmonary Disease (COPD)</i>
		<i>Addiction</i>
		<i>Asthma</i>
Mentioned in some groups		<i>Poor dentition/Gum disease</i>
	<i>Nausea</i>	<i>Poor circulation</i>
	<i>Skin discolouration/irritation/ailments</i>	<i>Erectile dysfunction</i>
	<i>Fatigue/weakness</i>	<i>Facial wrinkles</i>
	<i>Loss/diminished sense of taste</i>	

Setting aside “addiction”, participants tended to link the other health effects listed above to the presence of unknown chemicals in cigarettes. These chemicals were often referred to as: “tar,” “rat poisoning,” “rocket fuel,” “benzene,” “carcinogens,” and other “unknown chemicals”. Most had the impression these were “added” to cigarettes. While many were aware of the presence of tobacco in cigarettes, this was described as a natural ingredient derived from the tobacco plant.

In terms of “addiction”, the overwhelming majority of participants (across all audiences) linked it to the presence of nicotine in cigarettes, although there was some confusion as to whether there were other addictive substances found in or added to cigarettes. For example, some questioned whether any of the chemicals/substances listed above had addictive properties, as well.

When asked about the health effects associated with nicotine, participants were hard pressed to volunteer with any certainty anything beyond addiction. In fact, many questioned how nicotine could be harmful if it was prescribed by health care professionals as a smoking cessation tool (i.e. nicotine gum, patches, lozenges, etc.). When asked to volunteer potential health effects, participants reasoned that nicotine could: cause withdrawal (which could cause mood swings, irritation, agitation, etc.); have a calming effect; and contribute to high blood pressure.

When presented with a variety of possible ailments related to nicotine, participants could believe that most were true. For example, most could relate nicotine to increased heart rate, increased blood pressure, nausea/vomiting, poisoning, and fetal lung and brain development. Many also believed that nicotine could relate to cancer although there was some debate as to whether cancer was more directly related to the other harmful ingredients in cigarettes or to the presence of nicotine.

Interestingly, what we observed as part of this particular conversation was that participants typically came out of that discussion believing that nicotine was a more harmful substance than they originally thought. This, we will see later, proved to be especially important in the context of their evaluations of very low nicotine content cigarettes (VLNC cigarettes).

Half (53%) of the general population are very concerned about the health effects/hazards of nicotine on its own and another 34% are somewhat concerned.

Analysis by the age groups shows little fluctuation, with the plurality or more indicating being very concerned. Among youth 13-14, almost half (49%) are very concerned a proportion nearly identical to that among 15-19 year-olds (47%). That number is slightly lower (44%) among young adults 20-24. In contrast, those 55 and older are more likely to be very concerned (63%). Differences between other demographic groups tend to be in the strength of concern. For example, 56% of women are very concerned, compared to 50% of men.

Non-smokers are slightly more concerned than the general public, and vastly more concerned about the health effects of nicotine than smokers. Over half (**58%**) are very concerned, and another third (32%) are somewhat concerned, for a combined 90%. This proportion is smaller among smokers. Less than a third (28%) of smokers are very concerned, and half (**50%**) are somewhat concerned. In total, 78% of smokers are concerned of the health effects and hazards of nicotine on its own.

Exhibit B4: Q25 – *How concerned are you about the health effects or health hazards of nicotine on its own?*
[TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Very concerned	53%	49%	47%	44%	28%	58%
Somewhat concerned	34%	37%	38%	38%	50%	32%
Not very concerned	7%	7%	7%	10%	16%	5%
Not at all concerned	2%	2%	1%	3%	4%	2%
Don't Know	0%	1%	1%	1%	1%	0%
Prefer not to answer	3%	5%	5%	5%	1%	3%

Nicotine is widely viewed as harmful to the health of those using products containing it. Over half (58%) of the general population find nicotine very harmful. Another quarter (24%) believe nicotine is harmful, for a combined 82%.

As with concern of the effects/hazards of nicotine, firm belief that nicotine is harmful is lower among youth 15-19 (**53%** believe it is very harmful) and young adults 20-24 (45% say it is very harmful). Youth 13-14 most closely mirror the opinion of the general population with **58%** responding very harmful and 25% responding harmful.

Smokers are less likely than non-smokers to believe nicotine is harmful. Among smokers, a total of 64% say nicotine is either very harmful (32%) or harmful (**32%**). Non-smokers are nearly twice as likely to believe nicotine is very harmful (**62%**) and an additional 23% say it is harmful, bringing to 85% the total of non-smokers who feel that nicotine is harmful.

Interestingly, within the universe of smokers, daily smokers are more inclined to view nicotine as harmful than occasional smokers. A combined **68%** of daily smokers find nicotine harmful, compared to 53% of occasional smokers.

Like smokers, those who vape with products containing nicotine daily or occasionally are much less likely than the general population and those who do not vape to find nicotine harmful to the health of those using it. One

quarter (26%) of vapers say it is very harmful, compared to 58% of the general population and **61%** of those who do not vape using nicotine.

Notable demographic differences include:

- More women (**63%**) than men (52%) believe nicotine is very harmful.
- Quebecers are more concerned about the health effects of nicotine on those who use products with it (**69%**) than in any other region.
- More respondents who are not Indigenous believe nicotine is very harmful (**58%**) than Indigenous respondents (39%).

Exhibit B5: Q26 – *How harmful do you feel nicotine is to the health of those using products with nicotine in it?*
[TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Nicotine Vapers (n=797) (G)	Non- Vapers (n=3393) (H)
Very harmful	58%	58% D	53% D	45%	32%	62% E	26%	61% G
Harmful	24%	25%	26%	32% BC	32% F	23%	27% H	24%
Moderately harmful	11%	9%	14% B	14% B	22% F	9%	27% H	9%
A little harmful	4%	4%	4%	5%	11% F	3%	16% H	2%
Not at all harmful	1%	1%	1%	1%	2% F	1%	3% H	1%
Don't Know	0%	0%	1%	1%	1%	0%	1%	3% G
Prefer not to answer	3%	2%	1%	2%	1%	3%	1%	0%

When provided with a list of possible health effects there was a lot of overlap as to whether the cause of the effects were attributed to smoking tobacco cigarettes, or nicotine on its own. The majority of respondents believe the series of health impacts analyzed in this study can be attributed to both smoking tobacco cigarettes and nicotine, with the exception of impotence (48% say it is related to both) and Sudden Infant Death Syndrome (SIDS) (37%). Over 70% relate smoking tobacco cigarettes and nicotine to cancer (75%), effects on unborn children (75%), heart problems (74%), heart diseases (74%) and addiction (72%). Roughly two-thirds believe nicotine and smoking cigarettes can cause lung problems (69%), worsen one's physical condition (69%), cause gum disease/tooth loss (68%), lung diseases (68%), bad breath (66%) and can affect one's appearance (66%).

Though the tendency among the general public is to tie both smoking cigarettes and nicotine to most of the health impacts, roughly one-quarter believe lung problems (25%), bad breath (25%), lung diseases (25%) and effects on appearance (23%) are related solely to smoking tobacco cigarettes. Slightly fewer attribute gum disease (18%), cancer (17%), heart disease (14%), poor physical condition (13%) and heart problems (12%) to smoking on its own. Very few respondents believe that any of the health impacts are caused by nicotine on its own, with the exception of addiction: one in five (19%) believe nicotine is the sole cause. In addition to addiction, the only instances in which more respondents believe the effects are linked to nicotine over smoking include; poisoning (10% think it's related to nicotine while 6% think it's related to smoking), attention cognition effects (9%/5%), and headaches (8%/5%). The health effects that were less clear (and where respondents recorded a "don't know"/"prefer not to answer" response), include SIDS (38%), impotence (30%), attention or cognition effects (24%), headaches (21%), poisoning (18%), and effects on unborn children (11%).

Teens' (13-14 and 15-19) beliefs about the relationships between nicotine, smoking tobacco cigarettes and health effects are similar to the general population's views on the topic. In contrast, young adults aged 20-24 are more likely than the other oversample groups and the general population to attribute a number of health effects to smoking tobacco cigarettes, including:

- Bad breath (**33%**);
- Lung problems (**32%**) and diseases (**31%**);
- Gum disease (**28%**); and
- Cancer (**21%**).

Smokers, compared to non-smokers, are in general more likely to attribute health impacts to either smoking cigarettes or nicotine, but less likely to relate them to both together. Some examples include:

- Bad breath: 30% of smokers relate bad breath to only smoking cigarettes, 4% say nicotine and 56% say both. Over two-thirds of non-smokers (**68%**) attribute bad breath to both, while 24% say cigarettes and 2% say nicotine.
- Effects on unborn children: **13%** of smokers relate effects on unborn children to only smoking cigarettes, **7%** say nicotine and 63% say both. Over three-quarters of non-smokers (**77%**) attribute effects on unborn children to both, while 8% say cigarettes and 3% say nicotine.
- Heart disease: **19%** of smokers relate heart disease to only smoking cigarettes, **5%** say nicotine and 63% say both. Over three-quarters of non-smokers (**76%**) attribute heart disease to both, while 13% say cigarettes and 2% say nicotine.

Turning to demographic differences, men are more likely than women to attribute each of the health impacts included in this study solely to smoking cigarettes, though for each health impact the majority still believe nicotine is a cause in some way. For example, almost a third of men (**29%**) believe lung disease is related solely to smoking cigarettes, compared to 20% of women. Similarly, **17%** of men relate heart disease solely to smoking cigarettes, compared to 12% of women. Other notable demographic trends include:

- Albertans are more likely than respondents from other regions to attribute gum disease (**24%**), effects on appearance (**31%**), bad breath (**29%**) and lung problems (**31%**) solely to smoking tobacco cigarettes.
- Respondents with a post-graduate degree are more likely to attribute the following solely to smoking tobacco cigarettes: lung problems (**36%**), lung diseases (**33%**), heart problems (**17%**), gum disease (**26%**), cancer (**26%**), and bad breath (**34%**).

Exhibit B6: Q27A-X - To the best of your knowledge, for each of the possible health impacts listed below, please indicate whether you feel it is related to smoking tobacco cigarettes, related to nicotine on its own, related to both, or related to neither [TOTAL SAMPLE, % RELATED TO BOTH]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Knowled geable of nicotine (n=3414) (G)	Not knowledg eable of nicotine (n=713) (H)
Cancer	75%	75% D	71%	66%	64%	77% E	78% H	59%
Effects on unborn children	75%	69%	73%	71%	63%	77% E	78% H	62%
Heart diseases (i.e. attack, angina, strokes)	74%	72%	70%	66%	63%	76% E	77% H	61%
Heart problems	74%	75%	70%	65%	65%	76% E	78% H	59%
Addiction	72%	73% D	71% D	62%	64%	74% E	74% H	66%
Lung problems	69%	70% D	66% D	57%	62%	70%	72%	55%
Poor physical condition/loss of energy	69%	71%	66%	65%	58%	71% E	72% H	56%
Gum disease/tooth loss/mouth disease	68%	71% D	63% D	57%	58%	70% E	71% H	53%
Lung diseases (i.e. Asthma, emphysema, bronchitis)	68%	72% D	67% D	57%	60%	70% E	71% H	56%
Bad breath	66%	69% CD	61% D	55%	56%	68% E	69% H	52%
Effects on appearance	66%	66%	67%	61%	58%	68% E	69% H	52%
Headaches	58%	62%	66%	63%	50%	60% E	60% H	49%
Poisoning	57%	57%	56%	58%	47%	59% E	59% H	49%
Attention or cognition effects	51%	53%	53%	56%	42%	53% E	53% H	43%
Impotence/sexual dysfunction	48%	44%	45%	49%	44%	49% E	50% H	41%
Sudden Infant Death Syndrome (SIDS)	37%	44%	46%	47%	35%	38%	39% H	30%

Key Takeaways: Health Effects Associated with Smoking and Nicotine

- Most consider themselves at least somewhat knowledgeable about the health impacts of smoking (91%) and nicotine (84%), including large majorities of every subgroup surveyed.
- Similarly, high proportions across all subgroups are at least somewhat concerned with the health hazards of nicotine on its own, including 87% of the total sample. Although smokers are much more likely than non-smokers to say they are only “somewhat” rather than “very” concerned, the proportion who are at least somewhat concerned is fully 78%.
- In focus groups, participants of all ages tended to be well aware of a number of short- and long-term health effects associated with smoking, but beyond “addiction” participants found it more difficult to name health effects associated with nicotine, specifically.
- When prompted in the survey with a list of 16 possible health effects, respondents are inclined to attribute nearly all of them to both nicotine and smoking tobacco cigarettes.
- Those who describe themselves as at least somewhat knowledgeable about nicotine are more likely than those claiming less knowledge to attribute any of the 16 health effects to both nicotine and smoking cigarettes.

C. IMPRESSIONS OF NICOTINE

In order to develop a deeper understanding of the impressions and views held regarding nicotine, respondents were asked to indicate their level of agreement with each of twenty-one statements. The presentation of the list was divided into three blocks of questions to respondents to make the respondent experience easier. The order of the blocks was the same for all respondents, but within each block the order of statements tested was randomized.

Results demonstrate that impressions of nicotine vary widely.

Origin of Nicotine

The first block consisted of four statements (Q28A-D) concerning the origin of nicotine and shows contrasting and in some ways, conflicting opinions. Over half agree that nicotine can be synthetically manufactured (60%), while nearly half (46%) agree it is a naturally occurring substance. There is a significant degree of overlap on these two questions, with one-third (33%) of respondents indicating they agree that nicotine is both naturally occurring and can be synthetically manufactured. Similarly, over half of respondents (55%) agree that nicotine can be found naturally in tobacco, while just under half (47%) agree nicotine is added as part of the manufacturing process, again the degree of overlap between these two is one-third (32%) of respondents.

Young adults 20-24 are more likely to agree with the statement discussing nicotine as a synthetically manufactured substance (**66%**) and added as part of the manufacturing process (53%). Young adults are less likely to agree that it is a naturally occurring substance (41%) or found naturally in tobacco (45%). The responses from youth aged 13-14 and 15-19 more closely resemble those of the general population. The opinions of smokers and non-smokers are nearly identical with regards to the first block of statements. Of note, roughly one quarter of respondents are not sure or do not offer an answer when asked if nicotine is naturally occurring (26%) or synthetically manufactured (27%), reinforcing that knowledge of nicotine's origins and composition may be limited.

There are differences in opinion on this topic by education level:

- Well over one third (**39%**) of those with a post-graduate degree strongly agree that nicotine is naturally occurring, and over half (**69%**) either somewhat or strongly agree. Under half of those without a high school education (34%), high school diploma (39%) or college/university degree (47%) agree.
- Similarly, almost half (**48%**) of those with a post-graduate degree strongly agree that nicotine is a naturally occurring substance in tobacco plants. In contrast, one-in-five respondents without a high school education strongly agree, while 25% of those with a high school diploma and 27% of those with a college or university degree strongly agree.
- Those without a complete high school education are more likely to disagree that nicotine can be synthetically manufactured (10%).

Exhibit C1: Q28A-D - Please indicate how strongly you agree or disagree with each of the following statements.

	Agree (A)	Neither (B)	Disagree (C)	DK/NR (D)
Nicotine can be synthetically manufactured (made in a chemical lab)	60%	7%	5%	29%
Nicotine is found naturally in tobacco plants	55%	8%	12%	24%
Nicotine is a substance added to cigarettes during the manufacturing process	47%	10%	19%	24%
Nicotine is a naturally occurring substance	46%	10%	17%	26%

Exhibit C2: Q28A - Nicotine is a naturally occurring substance [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	21%	17%	15%	19%	20%	22%
Somewhat agree	25%	25% C	20%	22%	27%	25%
Neither agree nor disagree	10%	9%	13%	10%	13% F	10%
Somewhat disagree	9%	9%	12%	11%	11% F	9%
Strongly disagree	8%	12% C	8%	10%	9%	8%
Don't Know/Prefer not to answer	26%	28%	33%	27%	19%	27% E

Exhibit C3: Q28B - Nicotine can be synthetically manufactured (made in a chemical lab) [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	30%	27%	29%	34% B	29%	30%
Somewhat agree	30%	32%	32%	32%	30%	30%
Neither agree nor disagree	7%	7%	8%	7%	10% F	6%
Somewhat disagree	3%	3%	2%	2%	5% F	2%
Strongly disagree	2%	2%	2%	3%	4% F	2%
Don't Know/Prefer not to answer	28%	30% D	28% D	23%	22%	29% E

Exhibit C4: Q28C - *Nicotine is found naturally in tobacco plants [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	28%	27% CD	20%	22%	28%	28%
Somewhat agree	27%	26%	24%	23%	27%	27%
Neither agree nor disagree	8%	9%	10%	10%	10% F	8%
Somewhat disagree	7%	7%	9%	9%	10% F	7%
Strongly disagree	5%	4%	6%	7% B	7% F	5%
Don't Know/Prefer not to answer	25%	27%	31%	29%	18%	26% E

Exhibit C5: Q28D - *Nicotine is a substance added to cigarettes during the manufacturing process [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	23%	25%	24%	23%	25%	23%
Somewhat agree	24%	27%	27%	30%	24%	24%
Neither agree nor disagree	10%	10%	10%	9%	12%	10%
Somewhat disagree	11%	10%	7%	8%	12%	11%
Strongly disagree	8%	5%	4%	6%	11%	7%
Don't Know/Prefer not to answer	24%	24%	28%	25%	16%	26%

Qualitative Insights: Awareness of Nicotine

Despite broad awareness of the term (nicotine), detailed knowledge of what nicotine is, where it comes from, and where it is found was limited. Typically, a few participants in each group mentioned having an understanding that it was naturally found in the tobacco plant, which seemed to make sense to most; although, very few, if any, were aware that nicotine could be found naturally in other plants. Most participants were under the impression that nicotine was something that could be extracted or man-made, especially in the context of their awareness of its inclusion in other products (i.e., vaping liquids, nicotine gum and patches, etc.). Indeed, some participants thought nicotine might be created by cigarette companies as a means of creating a dependency and, therefore, increasing sales.

Nature of Concern Over Nicotine Use

Opinion is also divided over the second block of ten statements (Q28E-N) relating to the nature of concern over nicotine use, including concern for nicotine in different forms. Half (51%) agree with the statement that most people who are vaping don't know if the product contains nicotine. However, those who vape – particularly those who do so daily – feel somewhat differently from non-vapers on this point. One in three (35%) of daily vapers agree while 42% disagree. Furthermore, fewer vapers agree (37%) than disagree (46%) with the statement, 'I really don't think about the level of nicotine in vaping products.' Taken together, these views

suggest that vapers may be more aware of and thinking about the level of nicotine they are vaping, but it is still the case that less than a majority of vapers hold these views.

In contrast, more daily smokers (47%) agree than disagree (30%) that they don't really think about the level of nicotine in cigarettes. The results suggest vapers might be more conscious of the nicotine in the product they use than smokers, or at least they claim to be, possibly due to the fact that vaping products are available in a variety of nicotine concentrations.

Two in five respondents (40%) agree that if nicotine was removed from vaping products, they would be less harmful. Fewer respondents (32%) agree that if nicotine was removed from cigarettes, cigarettes would be less harmful. The results suggest that cigarettes are associated with a whole host of negative health impacts that not all think apply to vaping.

Qualitative Insights: Perceptions of Different Sources of Nicotine

To understand participants' perceptions of the different sources of nicotine, participants were asked to plot them on a spectrum. Most participants, across all groups, were able to differentiate between the different sources of nicotine. Smoking regular cigarettes was typically believed to be the most harmful source of nicotine because of the combustible properties and inclusion of chemicals, tar, carcinogens and other harmful substances. Those who mentioned chewing tobacco and self-rolled tobacco leaves as sources of nicotine typically felt they were just as harmful as or slightly less harmful than regular cigarettes. Vaping was often classified next and seen as less harmful than regular cigarettes. The main differentiator of vaping was the vaping process – that it involved vapour as opposed to combustion – and the perceived lack of harmful chemicals that are found in regular cigarettes. Nicotine Replacement Therapies (NRTs), such as gums, patches, etc. were typically categorized together and felt to be the least harmful sources of nicotine. Again, the fact these were commonly understood to be smoking cessation tools differentiated these from the other aforementioned sources.

Worth noting, there was a difference between non-smokers and smokers with respect to vaping. Non-smokers, especially the youth (16-19) tended to view the harm associated with vaping as dependent on the level of nicotine being used. Many believed that vaping was a much better alternative to smoking cigarettes. For some smokers, however, vaping was viewed as harmful albeit less harmful to smoking cigarettes. A number of participants across all audiences, although smokers seemed to be most familiar with it, spoke of having heard of 'popcorn lung' and 'pneumonia' linked to vaping.

The general population sample is broadly opposed to young people vaping with nicotine and smoking. The vast majority disagree with the statements, 'I don't see any problem with young people taking up smoking' (86%) and 'I don't see any problem with young people using vaping products with nicotine' (81%). Youth and young adults are slightly less concerned about these situations, but even so approximately three-quarters also disagree.

Opposition to young people vaping without nicotine is softer (65% disagree) and again, youth 13-14 (59%), 15-19 (55%) and young adults (47%) are less likely to disagree. Of note, more (47%) disagree than agree (27%) with the statement, 'I don't see any problem with young people using nicotine replacement therapies', indicating that where youth are concerned, the general population feel even cessation tools are concerning.

The statement that read "I don't see a problem with young people using nicotine replacement therapies," received stronger disagreement from respondents who were knowledgeable of nicotine (48%) than those who were not knowledgeable (40% disagree). Almost half of respondents (47%) who are concerned about the health

effects of nicotine on its own, compared to a third (36%) of those who are not concerned. Further, when looking at perceived harmfulness of each cessation tool (gum, spray, lozenge, patch, and inhaler), those who perceived them as harmful disagreed more than those who did not view them as harmful.

Of note, some groups are less concerned about teens using vaping products, whether or not they contain nicotine. For example:

- There is slightly less disagreement with regards to youth using vaping products **with** nicotine among urban residents (80%) than rural residents (**89%**), and without nicotine (64% vs. **72%**).
- Indigenous respondents are also less opposed – 59% disagree with the statement, ‘I don’t see any problem with young people using vaping products **with** nicotine’, compared to **82%** of non-Indigenous respondents. Under half (46%) of Indigenous respondents disagree with the statement, ‘I don’t see any problem with young people using vaping products **without** nicotine’, compared to **65%** of non-Indigenous respondents.
- Women are more strongly opposed to young people vaping than men. Almost half (**49%**) strongly disagree with the statement, “I don’t see any problem with young people using vaping products **without** nicotine” compared to 39% of men, and **73%** strongly disagree with the statement, “I don’t see any problem with young people using vaping products **with** nicotine” compared to 60% of men.

Exhibit C6: Q28E-L - *Please indicate how strongly you agree or disagree with each of the following statements.*

	Agree (A)	Neither (B)	Disagree (C)
My sense is that most people who are vaping don’t know if they contain nicotine	51%	15%	20%
[DAILY SMOKERS] I really don’t think about the level of nicotine in cigarettes (n=1270)	47%	20%	30%
If nicotine was removed from vaping products, they would be less harmful	40%	15%	32%
[DAILY VAPERS] I really don’t think about the level of nicotine in vaping products (n=185)	37%	16%	46%
If nicotine was removed from cigarettes, cigarettes would be less harmful	32%	13%	45%
I don’t see any problem with young people using nicotine replacement therapies	27%	17%	47%
My sense is that most people who are vaping are not vaping with nicotine	16%	19%	40%
I don’t see any problem with young people using vaping products without nicotine	15%	14%	65%
I don’t see any problem with young people using vaping products with nicotine	7%	8%	81%
I don’t see any problem with young people taking up smoking cigarettes	5%	5%	86%

Exhibit C7: Q28E - *If nicotine was removed from cigarettes, cigarettes would be less harmful [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	7%	10%	9%	7%	13% F	6%
Somewhat agree	25%	27%	28%	26%	34% F	24%
Neither agree nor disagree	13%	12%	18% B	17% B	15%	13%
Somewhat disagree	20%	21%	18%	20%	17%	20% E
Strongly disagree	25%	17%	18%	21%	14%	27% E
Don't Know/Prefer not to answer	10%	12%	9%	10%	7%	11% E

Exhibit C8: Q28F - *If nicotine was removed from vaping products, vaping products would be less harmful [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20- 24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	10%	14%	14%	12%	13% F	9%
Somewhat agree	30%	30%	35%	34%	33% F	29%
Neither agree nor disagree	15%	15%	15%	20% BC	18% F	14%
Somewhat disagree	16%	14%	13%	12%	16%	16%
Strongly disagree	16%	13%	12%	11%	9%	17% E
Don't Know/Prefer not to answer	15%	14%	10%	11%	11%	15% E

Exhibit C9: Q28G - *I really don't think about the level of nicotine in cigarettes [DAILY SMOKERS]*

	Total (n=1270) (A)	Youth 13-14 (n=36*) (B)	Youth 15-19 (n=30*) (C)	Young adults 20-24 (n=61*) (D)
Strongly agree	14%	17%	17%	24%
Somewhat agree	33%	32%	28%	34%
Neither agree nor disagree	20%	13%	32%	17%
Somewhat disagree	19%	26% C	2%	16%
Strongly disagree	11%	7%	2%	8%
Don't Know/Prefer not to answer	3%	6%	18% D	2%

*Bear in mind the sample sizes for this question were low.

Exhibit C10: Q28H - *I really don't think about the level of nicotine in vaping products [DAILY VAPERS]*

	Total (n=185) (A)	Youth 13-14 (n=21*) (B)	Youth 15-19 (n=17*) (C)	Young adults 20-24 (n=34*) (D)
Strongly agree	10%	37%	21%	13%
Somewhat agree	27%	12%	33%	37%
Neither agree nor disagree	16%	20%	18%	7%
Somewhat disagree	22%	14%	16%	21%
Strongly disagree	24%	17%	11%	22%
Don't Know/Prefer not to answer	1%	0%	0%	0%

**Bear in mind the sample sizes for this question were low.*

Exhibit C11: Q28I - *I don't see any problem with young people using vaping products with nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	3%	4%	3%	4%	4% F	2%
Somewhat agree	4%	9%	8%	7%	10% F	3%
Neither agree nor disagree	8%	10%	9%	12%	12% F	7%
Somewhat disagree	15%	19%	22%	19%	21% F	14%
Strongly disagree	66%	54%	54%	54%	48%	70% E
Don't Know/Prefer not to answer	4%	5%	3%	5%	4%	4%

Exhibit C12: Q28J - *I don't see any problem with young people using vaping products without nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	4%	8%	6%	7%	8% F	4%
Somewhat agree	11%	14%	18%	20% B	18% F	9%
Neither agree nor disagree	14%	13%	16%	20% B	17% F	13%
Somewhat disagree	21%	23%	26%	23%	20%	21%
Strongly disagree	44%	36% CD	29%	24%	31%	46% E
Don't Know/Prefer not to answer	6%	6%	5%	7%	5%	7% E

Exhibit C13: Q28K – *I don't see any problem with young people taking up smoking cigarettes [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20- 24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	2%	4%	3%	3%	4% F	2%
Somewhat agree	3%	8%	6%	5%	8% F	2%
Neither agree nor disagree	5%	8%	8%	10%	10% F	5%
Somewhat disagree	9%	14%	12%	11%	16% F	8%
Strongly disagree	77%	63%	69% B	67%	60%	80% E
Don't Know/Prefer not to answer	3%	3%	3%	5%	3%	3%

Exhibit C14: Q28L - *I don't see any problem with young people using nicotine replacement therapies [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	8%	7%	8%	10%	12% F	7%
Somewhat agree	19%	16%	21%	24% B	24% F	18%
Neither agree nor disagree	17%	19%	21%	24%	20% F	17%
Somewhat disagree	16%	17%	15%	13%	16%	15%
Strongly disagree	31%	28% D	23%	20%	22%	32% E
Don't Know/Prefer not to answer	10%	12%	11%	9%	7%	11%

Exhibit C15: Q28L - *I don't see any problem with young people using nicotine replacement therapies [TOTAL SAMPLE]*

	Total (n=4190) (A)	T2B on knowledgeable of nicotine (n=3414) (B)	Not T2B on knowledgeable of nicotine (n=713) (C)	T2B on harmfulness of nicotine (n=3211) (D)	B3B on harmfulness of nicotine (n=885) (E)
Strongly agree	8%	8% C	6%	7%	9%
Somewhat agree	19%	19%	19%	19%	21%
Neither agree nor disagree	17%	16%	22% C	17%	22% D
Somewhat disagree	16%	16% C	12%	16% E	10%
Strongly disagree	31%	32% C	28%	31% E	26%
Don't Know/Prefer not to answer	10%	9%	14% B	9%	12% D

Exhibit C16: Q28L - *I don't see any problem with young people using nicotine replacement therapies [TOTAL SAMPLE]*

	Harmfulness of nicotine gum (A)		Harmfulness of nicotine spray (B)		Harmfulness of nicotine lozenge (C)		Harmfulness of nicotine patch (D)		Harmfulness of nicotine inhaler (E)	
	T2B	B2B	T2B	B2B	T2B	B2B	T2B	B2B	T2B	B2B
Disagree	52%	44%	51%	43%	52%	44%	53%	44%	51%	42%

Exhibit C17: Q28M - *My sense is that most people who are vaping are not vaping with nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non-Smokers (n=2495) (F)
Strongly agree	4%	7% C	3%	4%	5% F	3%
Somewhat agree	12%	14%	20% BD	14%	16% F	11%
Neither agree nor disagree	19%	20%	21%	26% B	25% F	17%
Somewhat disagree	21%	20%	22%	23%	23%	21%
Strongly disagree	19%	14%	16%	16%	15%	20% E
Don't Know/Prefer not to answer	26%	24% CD	19%	17%	17%	27% E

Exhibit C18: Q28N - *My sense is that most people who are vaping don't know if the vaping product contains nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non-Smokers (n=2495) (F)	Vapers (n=797) (G)	Non-Vapers (n=3393) (H)
Strongly agree	18%	21% CD	16%	15%	11%	19% E	15%	18% G
Somewhat agree	33%	39% CD	29%	32%	30%	33% E	29%	33% G
Neither agree nor disagree	15%	12%	18% B	17% B	19% F	14%	20% H	15%
Somewhat disagree	11%	9%	14% B	14% B	17% F	9%	17% H	10%
Strongly disagree	9%	6%	11% B	10% B	11% F	9%	15% H	9%
Don't Know/Prefer not to answer	14%	13%	13%	11%	11%	15% E	1%	0%

Social Acceptability of Smoking and Vaping

The third block consisted of seven statements (Q28O-U) dealing with the social acceptability of both smoking and vaping. It offers more insight into the relative impressions of each behaviour and shows some particularly interesting differences among daily smoker and vaper opinions as compared to non-vapers and smokers.

Consistently, smoking is seen as much less socially acceptable than vaping. While **82%** of non-smokers agree people close to them would be upset if they smoked, 68% of non-vapers said the same about vaping. Further,

two-thirds of daily smokers (65%) agree that people close to them are upset by their smoking, while a little over one third of vapers (37%) agree that people close to them are upset by their vaping.

Neither smoking nor vaping are seen as socially acceptable, though smoking is by far the less acceptable of the two. Two-thirds of respondents (68%) disagree with the idea that smoking is socially acceptable while less than half (47%) disagree that vaping is socially acceptable. Of note, half of respondents (53%) agree that vaping is embarrassing/not cool.

The social acceptability of vaping varies by demographic group:

- Women (**26%**) are slightly more likely to agree than men (22%) that vaping is socially acceptable.
- Regionally, vaping is seen as more socially acceptable in Ontario (26%) and the Prairies (**29%**), particularly when compared to Quebec (21%).
- Vaping is more socially acceptable among urban (**25%**) compared to rural (18%) respondents.
- It is also more acceptable among Indigenous (**42%**) than non-Indigenous (23%) respondents.

Exhibit C19: Q280-U - *Please indicate how strongly you agree or disagree with each of the following statements.*

	Agree (A)	Neither (B)	Disagree (C)
[NON-SMOKERS] People close to me would be upset if I smoked (n=2528)	82%	8%	7%
[NON-VAPERS] People close to me would be upset if I vaped (n=3393)	68%	15%	11%
[DAILY SMOKERS] People close to me are upset at my smoking (n=1270)	65%	18%	13%
Vaping is embarrassing/not cool	53%	25%	17%
[DAILY VAPERS] People close to me are upset at my vaping (n=185)	37%	14%	45%
Vaping is socially acceptable	24%	23%	47%
Smoking regular cigarettes is socially acceptable	16%	14%	68%

Exhibit C20: Q280 - *Vaping is socially acceptable* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	5%	8%	9%	7%	8% F	4%
Somewhat agree	19%	27%	29%	29%	30% F	17%
Neither agree nor disagree	23%	21%	25%	25%	28% F	23%
Somewhat disagree	26%	20%	20%	21%	20%	28% E
Strongly disagree	21%	19% CD	14%	13%	9%	23% E
Don't Know/Prefer not to answer	5%	5%	3%	5%	5%	5%

Exhibit C21: Q28P - *Smoking regular cigarettes is socially acceptable [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	4%	7% C	3%	6% C	6% F	3%
Somewhat agree	12%	15%	15%	20% BC	20% F	11%
Neither agree nor disagree	14%	13%	19% B	18% B	23% F	12%
Somewhat disagree	28%	27%	32%	27%	27%	28%
Strongly disagree	40%	35% D	29%	24%	21%	44% E
Don't Know/Prefer not to answer	2%	4% C	2%	4% C	2%	2%

Exhibit C22: Q28Q - *Vaping is embarrassing/not cool [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	30%	31% D	26%	25%	12%	33% E
Somewhat agree	23%	26%	25%	28%	20%	24% E
Neither agree nor disagree	25%	22%	24%	22%	33% F	23%
Somewhat disagree	10%	11%	13%	11%	18% F	8%
Strongly disagree	7%	6%	7%	8%	10% F	6%
Don't Know/Prefer not to answer	6%	4%	5%	7%	7%	5%

Exhibit C23: Q28R - *People close to me are upset at my smoking [DAILY SMOKERS]*

	Total (n=1270) (A)	Youth 13-14 (n=36*) (B)	Youth 15-19 (n=30*) (C)	Young adults 20-24 (n=61*) (D)
Strongly agree	29%	37%	25%	27%
Somewhat agree	36%	30%	20%	39%
Neither agree nor disagree	18%	14%	30%	13%
Somewhat disagree	8%	15%	3%	12%
Strongly disagree	5%	0%	6%	6%
Don't Know/Prefer not to answer	3%	4%	16% BD	4%

*Bear in mind the sample sizes for this question were low.

Exhibit C24: Q28S - *People close to me are upset at my vaping [DAILY VAPERS]*

	Total (n=185) (A)	Youth 13-14 (n=21*) (B)	Youth 15-19 (n=17*) (C)	Young adults 20-24 (n=34*) (D)
Strongly agree	14%	23%	12%	27%
Somewhat agree	23%	30%	2%	24%
Neither agree nor disagree	14%	29%	22%	6%
Somewhat disagree	25%	14%	30%	26%
Strongly disagree	20%	0%	21%	18%
Don't Know/Prefer not to answer	4%	5%	11%	0%

**Bear in mind the sample sizes for this question were low.*

Exhibit C25: Q28T - *People close to me would be upset if I smoked [NON-SMOKERS]*

	Total (n=2528) (A)	Youth 13-14 (n=404) (B)	Youth 15-19 (n=431) (C)	Young adults 20-24 (n=388) (D)
Strongly agree	65%	75% D	70% D	64%
Somewhat agree	17%	14%	16%	18%
Neither agree nor disagree	8%	6%	7%	9% B
Somewhat disagree	3%	1%	3%	2%
Strongly disagree	4%	3%	3%	2%
Don't Know/Prefer not to answer	3%	1%	1%	5% BC

Exhibit C26: Q28U - *People close to me would be upset if I vaped [NON-VAPERS]*

	Total (n=3349) (A)	Youth 13-14 (n=409) (B)	Youth 15-19 (n=431) (C)	Young adults 20-24 (n=418) (D)
Strongly agree	46%	63% CD	50% D	36%
Somewhat agree	22%	21%	28% B	28% B
Neither agree nor disagree	15%	7%	10%	14% BC
Somewhat disagree	6%	3%	5%	9% BC
Strongly disagree	5%	3%	3%	6% BC
Don't Know/Prefer not to answer	6%	4%	5%	6%

Qualitative Insights: Youth Perspectives on Vaping

In some cities (Montreal, Winnipeg, and Vancouver) we explored views and perspectives on vaping with youth and young adult non-smokers.

Views on vaping among most youth and some young adults tended to be generally favourable. Certainly, the majority felt vaping was less harmful than smoking cigarettes. They substantiated that vaping generally smelled good; was vaped rather than smoked (i.e., no combustion); and, other than nicotine (which was only perceived as being addictive) did not contain the other harmful chemicals found in cigarettes. Most described smoking cigarettes as very undesirable— ‘gross’ and ‘dirty’.

Interestingly, there was a noticeable difference in terms of the perceived ‘cool’ factor associated with vaping between the youth and young adult groups. Those in the youth groups explained that vaping was common in their schools and that they thought the majority of youth engaged in vaping. Conversely, those in the young adult groups did not seem to view vaping as a ‘cool’ behaviour although most had either tried vaping or knew people who vaped.

Vaping was characterized by some youth as a hobby. Unlike cigarettes, they spoke of the ability to do tricks with the smoke and the ability to customize their vapes. They also explained that vaping could be done virtually anywhere, including in school bathrooms or at parties, which means one does not need to be isolated to participate (such as those who have to go outside or to designated areas to smoke cigarettes).

As compared to cigarettes, vaping products were felt to be much easier to procure; where ID is required for a cigarette purchase, the perception was that few ID for the purchase of vaping products. They also argued that they have never noticed any graphic health warning messages on vaping product packaging like they do on cigarette packages.

When asked whether there were any challenges around quitting vaping, many youth participants questioned why they would want to. They reasoned that the only perceived health effect was linked to nicotine (and therefore addiction). They also stated that given the infancy of vaping, there was limited information on the effects and dangers of vaping. While some, particularly young adults, had heard of ‘popcorn lung’, it did not seem to be much of a deterrent as yet.

Key Takeaways: Impressions of Nicotine

- Respondents are not sure of where nicotine originates from, whether it can be synthetically manufactured or occur naturally.
- Concern relating to nicotine use received contradicting reactions. Half of the general population agree that those who are vaping do not know if their products contain nicotine, whereas half of daily vapers disagree that they do not think about the level of nicotine in their vaping products.
- Smokers on the other hand were more in agreement that they do not think about the level of nicotine in their cigarettes.
- Two in five respondents (40%) agree that if nicotine was removed from vaping products, they would be less harmful. Fewer respondents (32%) agree that if nicotine was removed from cigarettes, cigarettes would be less harmful.
- The vast majority of respondents are opposed to young people vaping and smoking with nicotine. Youth and young adults are slightly less concerned about these situations, but even so approximately three-

quarters also disagree.

- Consistently, smoking is seen as much less socially acceptable than vaping. While 82% of non-smokers agree people close to them would be upset if they smoked, only 68% of non-vapers said the same about vaping.
- Neither smoking nor vaping are seen as socially acceptable, though smoking is by far the less acceptable of the two.

D. VERY LOW NICOTINE CONTENT (VLNC) CIGARETTE CONCEPT TESTING

The research included questions aimed at gathering reactions to, interest in, and impacts of, a conceptual very low nicotine content (VLNC) product. In order to introduce the concept, the following text was read to focus group participants and displayed for survey respondents:

A very low nicotine content cigarette is a tobacco cigarette that is still smoked but has the vast majority (95% or more) of the nicotine removed from it. Right now, each cigarette typically contains 12-13 mg of nicotine. A very low nicotine content (VLNC) cigarette could have less than 1 mg of nicotine in it. All other aspects of smoking a cigarette would be the same, with the exception of the nicotine level.

[FOR THE SURVEY ONLY]: Note that the very low nicotine content cigarette is not the same as “light” or “mild” products that used to be available in Canada.

Based upon this description, the general population sample has an overall unfavourable opinion of VLNC cigarettes. Half of respondents (51%) have an unfavourable opinion compared to one in five (18%) who have a favourable opinion of VLNC cigarettes, and a large portion who are unsure about them (30%, neutral or don’t know). These results were drastically different when comparing non-smokers to smokers. One in two smokers (**48%**) has a favourable opinion of VLNC cigarettes compared to one in ten (13%) non-smokers. Youth and young adults also have differing opinions of VLNC cigarettes. Youth 13-14 have the least favourable opinion (**48%** unfavourable) of VLNC cigarettes. In contrast, youth 15-19 (38%) and young adults 20-24 (**31%**) are less likely to hold an unfavourable view of VLNC cigarettes than the general population.

Other demographic differences include:

- Respondents with a high school diploma (46% unfavourable) or less (39% unfavourable) are less likely to view VLNC cigarettes unfavourably than those who have a college/university education (53%) or a post-grad degree (**58%**).
- Respondents with an income of \$80,000 or more have a more unfavourable opinion (**54%**) than those whose household income is less than \$40,000 (44%).
- Non-Indigenous respondents have a less favourable view (**52%**) than Indigenous respondents (28%).

Exhibit D1: Q29 - *How favourable or unfavourable an opinion do you have of this concept of very low nicotine content (VLNC) cigarettes? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Completely favourable opinion	5%	8% BC	5%	5%	19% F	3%
Favourable opinion	13%	10%	17% B	18% B	29% F	10%
Neutral opinion	22%	20%	28% B	29% B	30% F	21%
Unfavourable opinion	20%	18%	16%	16%	9%	22% E
Completely unfavourable opinion	31%	30% CD	22% D	15%	6%	36% E
Don't Know/Prefer not to answer	8%	13%	11%	17% BC	7%	9%

Among the general public, 5% say they would 'definitely yes' try a VLNC cigarette, another 9% would 'probably yes' try one. Results among youth and young adults are very similar to each other and closely resemble those of the general public. However, it is results among the smoking and non-smoking populations that are undoubtedly of greater interest than the overall results. Most smokers indicated some likelihood of potentially trying a VLNC cigarette if they were to become available in Canada, with two-thirds (**69%**) saying that it would be either probable or definite that they would try them. Among the country's non-smokers, interest is decidedly lower, but not non-existent, with 5% of non-smokers saying they would either definitely (1%) or probably (4%) try VLNC cigarettes if they were available in Canada.

Exhibit D2: Q30 - *If a very low nicotine content cigarette were to become available in Canada, do you think you might try smoking it? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non-Smokers (n=2495) (F)
Definitely yes	5%	5%	2%	5%	28% F	1%
Probably yes	9%	9%	9%	12%	41% F	4%
Probably not	10%	21% D	17%	16%	13% F	10%
Definitely not	72%	60%	64%	60%	9%	83% E
Don't Know/Prefer not to answer	4%	5%	7%	7%	9% F	3%

The following table displays the proportions of respondents categorized as susceptible to different substances. These figures were calculated using only respondents who had never tried a particular substance, and indicated they would definitely, probably, or probably not do so in the future. Thus, respondents who perhaps tried the substance in the past were not included. Nevertheless, one in four respondents (24%) are susceptible to begin smoking VLNC cigarettes, including 14% of those who are not currently smokers.

Exhibit D3: *Summary table of susceptibility* (SUSCEPTIBILITY IS ONLY ASKED OF THOSE WHO HAVE NEVER TRIED A PARTICULAR PRODUCT. FOR COMPARABILITY, PERCENTAGES IN THE TABLE BELOW ARE AMONG ALL THOSE IN EACH RESPECTIVE SUBSET, NOT ONLY THOSE ASKED. NOTE THAT, UNLIKE ALL OTHER PRODUCTS TESTED, SINCE THERE ARE NO CURRENT USERS OF VLNC CIGARETTES, ALL WHO MIGHT USE VLNC CIGARETTES QUALIFY AS “SUSCEPTIBLE.”)

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
VLNC cigarettes	24%	35% C	29%	33%	82% F	14%
Use vaping products that either do or do not contain nicotine	17%	32% CD	22% D	17%	15%	17%
Use vaping products that do not contain nicotine	16%	30% CD	21% D	16%	14%	16%
Use vaping products containing nicotine	13%	29% CD	17% D	11%	14%	12%
Use cannabis in any other form such as vaping it	13%	34% CD	27% D	13%	5%	14% E
Smoke a cannabis cigarette or joint	12%	33% D	28% D	14%	5%	13% E
Smoke cigarettes	4%	27% CD	18% D	8%	NA	5%
Drink alcohol	3%	29% CD	12% D	3%	1%	3% E

Qualitative Insights: Impressions of VLNC Cigarettes

When asked, unaided, about their awareness of VLNC cigarettes, a few participants who indicated having some knowledge, were clearly conflating the term with “light” or “mild” cigarettes.

Once participants were read a brief description, initial reactions to VLNC cigarettes were mixed although they were quite similar across the groups. Interestingly, top of mind reactions did not always include that VLNC cigarettes were meant to be smoking cessation tools. While many reasoned that a lower nicotine content would result in a less addictive cigarette, some wondered whether the motivation to lower the nicotine levels was to reduce the amount of nicotine and make a less harmful cigarette. This speaks to the finding mentioned earlier that participants came away from the initial discussion about the health effects associated with smoking and nicotine, thinking that nicotine was more harmful than they originally thought. Because of this, many wondered whether the motivation to create VLNC cigarettes was to create a cigarette that was less harmful because nicotine had been removed.

When asked to reflect on the perceived benefits and drawbacks, participants cited the following:

<i>Perceived benefits</i>	<i>Perceived drawbacks</i>
<ul style="list-style-type: none">▪ <i>Less addictive (because less nicotine)</i>▪ <i>Less harmful (because less nicotine)</i>▪ <i>Cessation tool</i>▪ <i>Better for those who may consider smoking cigarettes for the first time</i>▪ <i>May diminish alcohol consumption (for those who tend to drink when they smoke)</i>	<ul style="list-style-type: none">▪ <i>Potential to smoke more VLNCs to get the desired nicotine fix</i>▪ <i>Continued exposure to the harmful chemicals found in cigarettes</i>▪ <i>Potential to entice non-smokers to try smoking</i>▪ <i>Continued ritual/habit of smoking</i>▪ <i>Potential fillers (harmful chemicals) added to VLNCs to compensate for the reduced nicotine</i>▪ <i>Same harmful effects from second hand smoke</i>

Of those smokers who indicate some potential to try VLNC cigarettes (responding probably not, probably yes, or definitely yes) (n=1390), over half (**58%**) would partially or completely use them to replace their current cigarettes smoked. Roughly a fifth of smokers (19%) would try VLNC cigarettes but likely go back to their current cigarettes. This number was higher among daily smokers (22%), and lower among occasional smokers (12%).

With regards to youth and young adult smokers, results varied, but majorities across all age groups felt that VLNC cigarettes would at least partially replace their current regular cigarettes. Youth 13-14 were more enthusiastic about VLNC cigarettes with two-thirds (64%) saying they would entirely or partially use them to replace their current cigarettes. Youth 15-19 were slightly less inclined to use VLNC cigarettes as a replacement for their regular cigarettes, with 54% reporting they would partially or entirely make the switch. Young adults were similarly inclined, with only 55% stating the same.

Other notable demographic differences among smokers include:

- Women are more likely than men to say the VLNC cigarettes would entirely replace the cigarettes they currently smoke (**34%** compared to 20%).
- Quebecers are also more open to switching out all their regular cigarettes – **34%** say they would do so.
- Rural residents (**36%**) are more likely than urban residents (26%) to stop smoking their regular cigarettes entirely and replace them with VLNC cigarettes.

Exhibit D4: Q31 - *Based on what you know about a very low nicotine content (VLNC) cigarette, if they were made available alongside regular nicotine cigarettes, which of the following would you do? [SMOKERS WHO INDICATE SOME POTENTIAL TO TRY VLNC CIGARETTES, RESPONDING PROBABLY NOT, PROBABLY YES OR DEFINITELY YES]*

	Total (n=1390) (A)	Youth 13-14 (n=91) (B)	Youth 15-19 (n=68) (C)	Young adults 20-24 (n=134) (D)	Daily Smokers (n=1078) (E)	Occasional Smokers (n=312) (F)
Would entirely replace current cigarettes smoked	27%	29%	22%	22%	28% F	22%
Would partially replace current cigarettes smoked	31%	35%	32%	33%	29%	39% E
Would be in addition to current cigarettes smoked	11%	25%	23%	17%	10%	15% E
Would try it but likely go back to my current cigarettes smoked	19%	5%	19% B	18% B	22% F	12%
Don't Know/Prefer not to answer	11%	5%	4%	11%	11%	12%

Qualitative Insights: Intended Use of VLNC cigarettes

In terms of participants' intended use of VLNC cigarettes, youth and young adult non-smokers did not feel that the introduction of VLNC cigarettes would entice them to try smoking (a VLNC cigarette). The fact that most of the reasons they do not smoke now (i.e., inclusion of harmful chemicals, combustion, lingering unpleasant odour, hygiene-related effects) would persist in VLNC cigarettes was an important demotivator. In fact, these younger cohorts would be (and have been) much more likely to try vaping which they described as less harmful and more popular.

Smokers (40-55), on the other hand, seemed to be open to trying VLNC cigarettes. Some said they would try them out of curiosity; while others said they would try them to wean off regular cigarettes. Most felt that the experience and cost would be two important factors determining their continued use of VLNC cigarettes. Many felt that if they were trying to quit smoking, they could potentially overlook a situation where the experience was not the same (i.e., taste, pull, etc.) or the cost was more expensive.

With respect to the experience, many wondered whether VLNC cigarettes would deliver the same 'hit' as a regular cigarette. Many questioned whether smoking VLNC cigarettes might be worse than smoking regular cigarettes as they felt they would need to smoke more VLNC cigarettes to achieve the desired effect.

In terms of the cost, reactions were mixed. Some smokers felt that if they were trying to quit smoking, they would be prepared to pay more for VLNC cigarettes than regular cigarettes. Others, typically those not as motivated to quit, were not prepared to pay more. In fact, some claimed they would continue to pay more for regular cigarettes even if VLNC cigarettes were less expensive than regular cigarettes. Interestingly, some wondered whether VLNC cigarettes would be subsidized like other smoking cessation tools, which seemed to be an appealing proposition.

Ultimately, most smokers felt that if they were not actively attempting to quit smoking, and tried a VLNC out of curiosity, if the experience was not the same or the cost was more expensive, they would not likely continue smoking VLNC cigarettes.

When asked how they would react if VLNC cigarettes were the only cigarettes on the market, participants across all audiences, seemed to think “other” smokers might turn to a black market. Some smokers said they would go to the United States or reserves for cigarettes instead. A small number of smokers thought this might encourage them to quit smoking.

When participants were asked if they would recommend the VLNC cigarettes to friends or family who currently smoke, slightly more (43%) would likely recommend them than would not (37%). However, smokers are decidedly more likely than non-smokers to say they would recommend VLNC cigarettes. Over two-thirds (**67%**) of smokers would likely recommend VLNC cigarettes, compared to just 39% of non-smokers. Interestingly, non-smokers were three times as likely (**16%**) to select ‘not applicable, I don’t have friends or family who smoke’ compared to smokers (5%). Youth and young adults were only slightly more likely than the general population to think they would recommend VLNC cigarettes to current smokers that they know.

Exhibit D5: Q32 - *Thinking of the friends or family of yours who are currently smokers, how likely would you be to recommend they try a very low nicotine content (VLNC) cigarette instead of a regular cigarette? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Very likely	20%	23%	20%	22%	34% F	17%
Somewhat likely	23%	23%	26%	28%	33% F	21%
Not very likely	11%	11%	12%	13%	9%	11% E
Not at all likely	26%	21%	20%	16%	9%	29% E
Not applicable (i.e. don't have friends or family who smoke)	14%	15%	16%	13%	5%	16% E
Don't Know	6%	7%	6%	7%	9% F	5%
Prefer not to answer	1%	1%	0%	2%	1%	1%

The impact of VLNC cigarettes on the number of cigarettes currently smoked by smokers varies between smokers and non-smokers. Non-smokers, when asked if smokers shifting to VLNC cigarettes might change the total number of cigarettes smokers had in a day, are not all that hopeful – just 15% believe there would be a net decrease. Roughly a third believe there will be a net increase (28%) or the number will not change (32%). Smokers, on the other hand, are more optimistic. When asked how the number of cigarettes they personally smoke in a day would change if they started using VLNC cigarettes, a third (30%) say it would decrease, another third (33%) believe it would stay the same and 21% say it would increase.

Youth non-smokers 13-14 and 15-19 have similar expectations compared to the general population when it comes to the change in the number of cigarettes smoked. Slightly more (**26%**) non-smoking young adults think the number of cigarettes smoked would decrease, compared to the youth and general non-smoking population.

For the most part, youth 15-19 and young adults 20-24 who smoke have a similar view as the broader population of smokers about the effect VLNC cigarettes would have on their habits. However, that trend does not hold for youth 13-14, who are more likely to report the number of cigarettes they smoke would increase (**44%**).

Exhibit D6: Q33 - *Thinking of smokers who might choose to smoke or switch to very low nicotine content (VLNC) cigarettes, how do you expect the total number of cigarettes (both regular and VLNC) they smoke in a day would change, if at all? [NON-SMOKERS]*

	Total (n=2528) (A)	Youth 13-14 (n=404) (B)	Youth 15-19 (n=431) (C)	Young adults 20-24 (n=388) (D)
The number of cigarettes smoked would decrease a lot	5%	7%	6%	7%
The number of cigarettes smoked would decrease a little	10%	9%	13% B	19% BC
Just as many cigarettes would be smoked	32%	27%	29%	26%
The number of cigarettes smoked would increase a little	14%	18%	13%	17%
The number of cigarettes smoked would increase a lot	14%	11%	14%	11%
Don't Know/Prefer not to answer	25%	28% F	24% F	20%

Exhibit D7: Q34 - *Thinking of yourself, if you chose to smoke or switch to very low nicotine content (VLNC) cigarettes, how do you expect the total number of cigarettes you smoke in a day would change, if at all? [SMOKERS]*

	Total (n=1662) (A)	Youth 13-14 (n=97) (B)	Youth 15-19 (n=92) (C)	Young adults 20-24 (n=160) (D)	Daily Smokers (n=1270) (E)	Occasional Smokers (n=392) (F)
The number of cigarettes I smoke would decrease a lot	12%	9%	8%	12%	12%	12%
The number of cigarettes I smoke would decrease a little	19%	13%	26% B	21%	18%	22% E
I would smoke just as many cigarettes	34%	27%	30%	27%	33%	38%
The number of cigarettes I smoke would increase a little	12%	35% CD	13%	17%	13% F	9%
The number of cigarettes I smoke would increase a lot	7%	9%	15% D	7%	8% F	3%
Don't Know/Prefer not to answer	17%	8%	8%	15%	17%	17%

The general population is fairly evenly divided over whether VLNC cigarettes are just as harmful as regular cigarettes (41%), or a little or a lot less harmful (45%). Few (6%) see VLNC cigarettes as more harmful than regular cigarettes. Over half (**58%**) of smokers view them as less harmful while only 42% of non-smokers do so. Almost half of youth 13-14 (47%), youth 15-19 (49%) and young adults 20-24 (50%) view VLNC cigarettes as less harmful than regular cigarettes.

Exhibit D8: Q35 - *Based on the information you've just been provided about very low nicotine content (VLNC) cigarettes, how harmful to your health do you think they are in comparison to regular cigarettes? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2528) (F)	Knowledgeable of nicotine (n=3414) (G)	Not knowledgeable of nicotine (n=713) (H)
A lot less harmful	6%	8%	6%	5%	14% E	4%	6%	8%
A little less harmful	39%	39%	43%	45%	44% F	38%	39%	39%
Just as harmful	41%	37%	35%	33%	27%	43% E	41% H	37%
A little more harmful	2%	4%	4%	4%	4% F	2%	2%	4%
A lot more harmful	4%	3%	3%	2%	2%	4% E	4%	3%
Don't Know/Prefer not to answer	9%	10%	9%	10%	9%	9%	9%	10% G

Views towards the level of addiction associated with VLNC cigarettes compared to regular cigarettes were similar to those regarding both products' harmfulness. Two in five (39%) view them as a little or a lot less addictive, while 5% view them as more addictive. The majority of smokers (**54%**) view them as less addictive than regular cigarettes, compared to 36% of non-smokers. Interestingly, while the percentage of those who expect VLNC cigarettes are less addictive was similar between those knowledgeable and those not knowledgeable of nicotine, the percentage of respondents who expect they are equally as addictive changes significantly. Almost half (**48%**) of those who say they are knowledgeable say that VLNC cigarettes would be equally as addictive, compared to 39% among those not knowledgeable.

Overall, youth's sense of the addictiveness of VLNC cigarettes decreases slightly with age. Young adults 20-24 are more inclined to believe they would be less addictive (**49%**) than youth aged 13-14 (38%). There are a few differences between other demographic groups:

- A greater proportion of men (**42%**) than women (36%) agree VLNC cigarettes are less addictive than regular cigarettes.
- More Indigenous respondents feel VLNC cigarettes are more addictive than regular cigarettes (**14%**) than non-Indigenous respondents (5%). The latter are more likely to say they are just as addictive (**47%**) compared to the former (35%).

Exhibit D9: Q36 - *And based on this information you've just been provided about very low nicotine content (VLNC) cigarettes, how addictive do you think they are in comparison to regular cigarettes? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2528) (F)	Knowledgeable of nicotine (n=3414) (G)	Not knowledgeable of nicotine (n=713) (H)
A lot less addictive	8%	4%	9% B	11% B	17% F	6%	7%	10% G
A little less addictive	31%	34%	33%	38%	37% F	30%	31%	32%
Just as addictive	46%	45% D	39% D	31%	32%	49% E	48% H	39%
A little more addictive	3%	5%	5%	5%	4%	3%	3%	4%
A lot more addictive	2%	3%	3%	3%	1%	2%	2%	2%
Don't Know/Prefer not to answer	10%	9%	10%	12%	9%	10%	9%	13% G

In order to more deeply understand how the public feels about the concept of VLNC cigarettes, respondents were asked to indicate their level of agreement or disagreement with each of nine statements. Opinions about the VLNC statements were mixed. The statement that the largest proportion of the general population sample strongly agrees with is, 'If very low nicotine content (VLNC) cigarettes were to become available in Canada as the only type of cigarette available, it would increase the number of regular cigarettes sold on the black market'. Over half (57%) agree with this statement. The statement that receives the most negative responses was, 'smoking a very low nicotine content (VLNC) cigarette would be acceptable in my social circles' (over half, 59%, disagree).

Fewer agree (21%) than disagree (42%) that if regular cigarettes were still available, non-smokers would start using VLNC cigarettes. Of note, fewer youth 13-14 (27%) and 15-19 (28%) disagree with this idea, along with 30% of young adults.

Please indicate how strongly you agree or disagree with each of the following statements about very low nicotine content (VLNC) cigarettes.

Exhibit D10: Q37A - If regular cigarettes were still available, non-smokers who would otherwise not try smoking would decide to start smoking very low nicotine content (VLNC) cigarettes. [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	VLNC Susceptible (n=1863) (G)	Not VLNC Susceptible (n=2327) (H)
Strongly agree	4%	7%	5%	5%	6% F	3%	6% H	3%
Somewhat agree	17%	23%	25%	25%	20% F	17%	23% H	16%
Neither agree nor disagree	22%	22%	26%	24%	23%	21%	25% H	21%
Somewhat disagree	20%	12%	16%	17% B	21%	20%	23% H	19%
Strongly disagree	22%	15%	12%	13%	21%	23% E	14%	25% G
Don't Know/Prefer not to answer	15%	20%	16%	16%	9%	15% E	9%	16% G

Overall, more respondents also disagree (41%) than agree (25%) with the statement, “If regular cigarettes with nicotine were unavailable, non-smokers who would otherwise not try smoking would decide to start smoking very low nicotine content (VLNC) cigarettes.” Of note, more youth 13-14 (33%), youth 15-19 (30%) and young adults 20-24 (34%) agree. Roughly a third (**30%**) of smokers agree with this statement, while a quarter (23%) of non-smokers agree.

Exhibit D11: Q37B - If regular cigarettes with nicotine were unavailable, non-smokers who would otherwise not try smoking would decide to start smoking very low nicotine content (VLNC) cigarettes [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	VLNC Susceptible (n=1863) (G)	Not VLNC Susceptible (n=2327) (H)
Strongly agree	6%	6%	9%	10% B	9% F	5%	9% H	5%
Somewhat agree	19%	27% C	21%	24%	21% F	18%	26% H	16%
Neither agree nor disagree	20%	20%	21%	19%	23% F	19%	24% H	18%
Somewhat disagree	19%	12%	17% B	16%	17%	20% E	19%	19%
Strongly disagree	22%	17%	13%	13%	20%	22% E	15%	24% G
Don't Know/Prefer not to answer	14%	18%	18%	17%	10%	15% E	8%	17% G

One in two respondents (49%) agree that VLNC cigarettes would help smokers quit. Agreement is broader among smokers (**66%**) than among non-smokers (47%). Youth and young adults all show a slightly higher level of agreement than the general public. A little over half (52%) of youth 13-14 agree that VLNC cigarettes would help smokers quit, 56% of youth 15-19 agree, and 58% of young adults 20-24 agree.

Exhibit D12: Q37C - *Very low nicotine content (VLNC) cigarettes would help smokers who are trying to quit [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	11%	11%	13%	16% B	24% F	9%
Somewhat agree	38%	41%	43%	42%	42% F	38%
Neither agree nor disagree	17%	18%	17%	17%	15%	18% E
Somewhat disagree	12%	9%	10%	8%	8%	12% E
Strongly disagree	10%	7%	6%	5%	4%	11% E
Don't Know/Prefer not to answer	11%	14%	11%	13%	7%	12% E

Almost half (48%) of respondents are under the impression that if nicotine was removed from cigarettes something else would be added to replace it. Only one in ten (12%) respondents disagree with the statement. Over half (**52%**) of youth 13-14 agreed with the statement while 47% of youth 15-19 and 46% of young adults 20-24 agree. Results among the smokers and non-smokers were near identical with regards to this statement.

Exhibit D13: Q37D – *If nicotine is removed from cigarettes, something else would be added to replace it [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Knowledgeable of nicotine (n=3414) (G)	Not knowledgeable of nicotine (n=713) (H)
Strongly agree	15%	17%	14%	16%	13%	16% E	16% H	10%
Somewhat agree	33%	35%	33%	30%	34%	33%	34%	31%
Neither agree nor disagree	20%	19%	22%	22%	23% F	19%	19%	24% G
Somewhat disagree	7%	5%	5%	9% BC	10% F	6%	7%	7%
Strongly disagree	5%	3%	4%	4%	5%	4%	5%	5%
Don't Know/Prefer not to answer	21%	21%	24% D	18%	15%	21% E	20%	23% G

The majority (57%) of respondents agree with the statement 'If very low nicotine content (VLNC) cigarettes were to become available in Canada as the only type of cigarette available, it would increase the number of regular cigarettes sold on the black market'. A quarter strongly agree (23%), and another third (34%) somewhat agree. Youth 13-14 and young adults 20-24 were less certain of this statement than the general population. While agreement is 48% among youth 13-14, and 51% among young adults 20-24, slightly more neither agree nor

disagree (21% and 22%, respectively). Opinion among youth 15-19 is more closely aligned with that of the general public: **57%** agree with the statement.

Over half of smokers (53%), and non-smokers (**57%**) agree with this statement. Of note, daily smokers are more likely to agree (**55%**) than occasional smokers (48%).

Exhibit D14: Q37E – *If very low nicotine content (VLNC) cigarettes were to become available in Canada as the only type of cigarette available, it would increase the number of regular cigarettes sold on the black market* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	23%	19%	22%	21%	22%	23%
Somewhat agree	34%	29%	35% B	30%	31%	34% E
Neither agree nor disagree	17%	21% C	16%	22% C	22% F	17%
Somewhat disagree	8%	6%	6%	8%	9%	8%
Strongly disagree	3%	4%	3%	3%	5% F	3%
Don't Know/Prefer not to answer	15%	21%	19%	16%	12%	16% E

A majority of respondents (59%) disagree with the statement, 'Smoking a very low nicotine content (VLNC) cigarette would be acceptable in my social circles' and only 13% agree. Youth and young adults are slightly more likely to agree that smoking a VLNC cigarette would be acceptable in their social circles. Youth 13-14 most closely resemble the overall findings, with **55%** disagreeing, and 17% agreeing. Youth 15-19 exhibit slightly less disagreement at 51% and a fifth (22%) agreeing. Finally, only 2 in 5 (42%) young adults 20-24 disagree, and almost a quarter (23%) agree smoking a VLNC cigarette would be acceptable in their social circles. Regionally, Quebecers are more likely to disagree with this statement (**64%**) than respondents in other provinces. Those with a post-graduate degree (**68%**), a household income of \$80,000 or more (**64%**), rural residents (**64%**) and non-Indigenous respondents (**60%**) are also more likely to report that smoking a VLNC cigarette would not be socially acceptable in their circles.

Roughly two-thirds (**64%**) of non-smokers disagree with the statement, while only a third (34%) of smokers disagree.

These topline results are nearly identical to those found when asking the same question of regular cigarettes. On that question, 68% disagree that smoking cigarettes is socially acceptable. However, among smokers, the level of disagreement with the social acceptability of cigarettes is much higher (48%) than the disagreement with the social acceptability of VLNC cigarettes (34%).

Exhibit D15: Q37F - *Smoking a very low nicotine content (VLNC) cigarette would be acceptable in my social circles* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	3%	5%	6%	7%	10% F	2%
Somewhat agree	10%	12%	14%	16%	21% F	8%
Neither agree nor disagree	19%	17%	18%	23% BC	28% F	17%
Somewhat disagree	18%	21%	18%	18%	20% F	18%
Strongly disagree	41%	34% D	33% D	24%	14%	46% E
Don't Know/Prefer not to answer	9%	11%	11%	12%	7%	9% E

The statement, 'Smoking a very low nicotine content (VLNC) cigarette would be just as enjoyable for smokers as smoking a regular cigarette' receives polarized reactions. A fifth (20%) of the general population agree, a similar portion (22%) neither agree nor disagree, and slightly more (29%) of respondents disagree, while the remaining 29% offer no opinion either way.

Interestingly, smokers (**36%**) are twice as likely as non-smokers (17%) to agree that VLNC cigarettes would be just as enjoyable for smokers as smoking a regular cigarette.

Exhibit D16: Q37G - *Smoking a very low nicotine content (VLNC) cigarette would be just as enjoyable for smokers as smoking a regular cigarette* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	4%	8%	5%	6%	9% F	3%
Somewhat agree	16%	16%	15%	15%	27% F	14%
Neither agree nor disagree	22%	21%	21%	25%	25% F	21%
Somewhat disagree	21%	16%	22% B	23% B	18%	21% E
Strongly disagree	8%	5%	5%	7%	7%	9% E
Don't Know/Prefer not to answer	29%	35% D	33% D	24%	15%	31% E

Opinions are also divided regarding the statement, 'If regular cigarettes were still available, people would only choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes if they were less expensive than regular cigarettes.' Roughly a quarter (23%) disagree, another quarter (23%) neither agree nor disagree, and just over a third agree (38%). Smokers (**49%**), particularly those who smoke daily (**51%**), are more likely to agree than non-smokers (37%).

Exhibit D17: Q37H - *If regular cigarettes were still available, people would only choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes if they were less expensive than regular cigarettes [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Strongly agree	8%	11%	11%	11%	15% F	7%
Somewhat agree	30%	30%	27%	27%	34% F	30%
Neither agree nor disagree	23%	22%	21%	23%	23%	22%
Somewhat disagree	16%	12%	18% B	18% B	14%	17% E
Strongly disagree	7%	7%	5%	6%	6%	8%
Don't Know/Prefer not to answer	15%	18%	17%	14%	8%	17% E

Two in five respondents (39%) disagree with the statement, 'I don't see any reason why someone would choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes.' There are no differences in responses among youth and young adults. With regards to smoking habits, 38% of non-smokers disagree with the statement, lower than the proportion of smokers who disagree (**46%**).

Exhibit D18: Q37I - *I don't see any reason why someone would choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non-Smokers (n=2495) (F)
Strongly agree	9%	8%	8%	5%	7%	9%
Somewhat agree	18%	18%	14%	14%	16%	18% E
Neither agree nor disagree	23%	20%	26% B	22%	25%	22%
Somewhat disagree	28%	27%	27%	30%	28%	28%
Strongly disagree	11%	13%	11%	14%	18% F	10%
Don't Know/Prefer not to answer	11%	14%	14%	14%	6%	13% E

While the plurality of respondents (34%) feel that VLNC cigarettes have benefits and drawbacks that are equal, a quarter believe there are either net benefits (27%), or net drawbacks (25%). Responses among youth and young adults are also divided. The plurality of each group agrees the benefits and drawbacks are equal, while roughly three in ten believe there are benefits and roughly two in ten feel there are drawbacks.,

Smokers are more likely than non-smokers to view VLNC cigarettes as having a net benefit (**42%** compared to 24%). Other demographic differences include:

- Men are more likely to believe there are net drawbacks (**29%**) compared to women (22%).
- Quebecers perceive more net drawbacks (**31%**) than those in other regions.

Exhibit D19: Q38 - *Based on the description provided, do you feel very low nicotine content (VLNC) cigarettes have more benefits or drawbacks for smokers? [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)
Have benefits and no drawbacks	2%	1%	4% B	2%	4% F	2%
Have benefits that outweigh the drawbacks	25%	27%	27%	28%	38% F	22%
Have benefits and drawbacks that are equal	34%	35%	36%	38%	32%	34%
Have drawbacks that outweigh the benefits	12%	12%	9%	13% C	9%	13% E
Have drawbacks and no benefits	13%	11% D	11% D	7%	6%	14% E
Don't Know/Prefer not to answer	14%	14%	13%	13%	10%	15% E

Key Takeaways: Very low Nicotine Content Cigarettes Concept Testing

- The general population sample has an overall unfavourable opinion of VLNC cigarettes. Though 43% would recommend the VLNC cigarettes to friends or family who currently smoke. Also, one in two general population respondents (49%) agree that VLNC cigarettes would help smokers quit.
- Smoker's favourability of VLNC cigarettes was much higher than non-smokers. One in two smokers (48%) has a favourable opinion of VLNC cigarettes compared to one in ten (13%) non-smokers.
- Most smokers indicated some likelihood of potentially trying a VLNC cigarette if they were to become available in Canada, with two-thirds (69%) saying that it would be either probable or definite that they would try them.
- Of those smokers who indicate some potential to try VLNC cigarettes over half (58%) would partially or completely use them to replace their current cigarettes smoked.
- When asked if the number of cigarettes smoked would decrease with the introduction of VLNC cigarettes 15% of non-smokers said it would decrease, while 30% of smokers believed it would decrease.
- The general population is fairly evenly divided over whether VLNC cigarettes are just as harmful as regular cigarettes (41%), or a little or a lot less harmful (45%).
- The statement that the largest proportion of the general population sample strongly agrees with is, 'If very low nicotine content (VLNC) cigarettes were to become available in Canada as the only type of cigarette available, it would increase the number of regular cigarettes sold on the black market'. Over half (57%) agree with this statement.
- The statement that receives the most negative responses was, 'smoking a very low nicotine content (VLNC) cigarette would be acceptable in my social circles' (over half, 59%, disagree).
- Interestingly, smokers (35%) are twice as likely as non-smokers (17%) to agree that VLNC cigarettes would be just as enjoyable for smokers as smoking a regular cigarette.

E. HARM ASSOCIATED WITH FORMS OF NICOTINE

By a wide margin, cigarettes are viewed as the most harmful product containing nicotine. Almost three-quarters (71%) of respondents say they are very harmful, and another 19% say they are harmful. No respondent believes cigarettes are not harmful at all. Vaping a product containing nicotine is perceived to be the second most harmful form of nicotine, with 32% reporting them as very harmful. Moving down the hierarchy, nicotine inhaler was next (58% harmful), followed by nicotine spray (52%), VLNC cigarettes (51%), nicotine lozenges (43%), nicotine gum (39%), and perceived as least harmful was the nicotine patch (36%).

The hierarchy remains the same among those who find nicotine harmful, however among those who do not find nicotine harmful, VLNC cigarettes were viewed as more harmful (40%) than other products containing nicotine including the spray (17%) and gum (13%).

In terms of the youth oversamples, the harmfulness hierarchy remains fairly consistent with the exception of young adults 20-24, who rank VLNC cigarettes as the third most harmful form rather than the fifth like the general population. The biggest difference between the younger groups is that the youth 13-14 view all forms of nicotine as more harmful than youth 15-19 and young adults 20-24. In most instances, youth 13-14 believe the forms of nicotine are more harmful than the general public, while the other younger groups rate them as equally or less harmful than the general population. For example, **62%** of youth 13-14 think the nicotine inhaler is harmful, compared to 58% of the general population, 55% of youth 15-19 and 46% of young adults 20-24.

While the hierarchy of harmfulness for the products tested is similar for smokers and non-smokers, there are a few differences worth noting. For example, smokers believe VLNC cigarettes are less harmful than nicotine spray. That being said, smokers rated all tested forms of nicotine an average of 17% less harmful, compared to the ratings given by non-smokers.

People can get nicotine in a variety of forms. How harmful do you feel nicotine is, or would be, to the health of those using each of the following products with nicotine in it? Please use a 5-point scale where '1' means not at all harmful, and '5' means very harmful.

Exhibit E1 – Q39A-H - *People can get nicotine in a variety of forms. How harmful do you feel nicotine is, or would be, to the health of those using each of the following products with nicotine in it? Please use a 5-point scale where '1' means not at all harmful, and '5' means very harmful. [NET HARMFUL (VERY HARMFUL/HARMFUL)]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Regular cigarettes	91%	89%	89%	85%	80%	93% E	93% HI	83% I	72%
Vaping a product containing nicotine	68%	72% D	67% D	59%	53%	71% E	74% HI	48% I	27%
Nicotine inhaler	58%	62% CD	55% D	46%	42%	61% E	64% HI	37% I	23%
Nicotine spray	52%	53% D	49% D	40%	35%	55% E	58% HI	30% I	17%
VLNC cigarette	52%	52%	46%	48%	31%	56% E	55% HI	33%	39%
Nicotine lozenge	43%	44% D	41% D	34%	28%	46% E	48% HI	25% I	16%
Nicotine gum	39%	45% D	39% D	33%	26%	41% E	43% HI	24% I	13%
Nicotine patch	36%	39% D	37% D	30%	24%	38% E	40% HI	19% I	12%

Exhibit E2: Q39A - *Regular cigarettes [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	71%	70%	70%	67%	51%	75% E	76% HI	49%	51%
Harmful	19%	19%	19%	19%	29% F	18%	17%	34% GI	21% G
Moderately harmful	4%	4%	5%	7%	12% F	3%	3%	11% G	14% GH
A little harmful	2%	1%	2%	2%	4% F	1%	1%	3%	9% GH
Not at all harmful	0%	1%	1%	1%	1% F	0%	0%	1%	2% G
Don't Know/Prefer not to answer	3%	5%	4%	5%	3%	3%	2%	2%	4%

Exhibit E3: Q39B - Nicotine gum [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	13%	16%	14%	13%	8%	14% E	15% HI	4%	5%
Harmful	26%	28% D	25%	20%	18%	27% E	28% HI	21% I	8%
Moderately harmful	25%	26%	24%	25%	28% F	25%	25% I	31% GI	18%
A little harmful	23%	18%	24% B	27% B	30% F	22%	21%	33% G	47% GH
Not at all harmful	4%	4%	4%	7%	8% F	4%	3%	5% G	18% GH
Don't Know/Prefer not to answer	9%	7%	9%	8%	8%	9%	8% HI	6%	4%

Exhibit E4: Q39C - Nicotine spray [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	21%	23% D	21% D	15%	11%	23% E	24% HI	7%	4%
Harmful	31%	31% D	29%	24%	24%	32% E	33% HI	23% I	13%
Moderately harmful	20%	23%	22%	27%	27% F	19%	18%	32% GI	25% G
A little harmful	15%	11%	16% B	18% B	22% F	14%	13%	25% G	35% GH
Not at all harmful	3%	3%	2%	5% B	5% F	2%	2%	3%	14% GH
Don't Know/Prefer not to answer	10%	10%	10%	10%	11%	10%	9%	10%	10%

Exhibit E5: Q39D - *Nicotine lozenge* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	16%	19% D	14%	14%	8%	17% E	18% HI	5%	7%
Harmful	27%	26% D	27% D	20%	21%	29% E	30% HI	20% I	9%
Moderately harmful	23%	26%	24%	23%	26% F	22%	22% I	34% GI	16%
A little harmful	19%	15%	19%	25% BC	28% F	18%	17%	28% G	44% GH
Not at all harmful	3%	3%	3%	4%	6% F	2%	2%	4% G	13% GH
Don't Know/Prefer not to answer	12%	12%	13%	14%	11%	12%	11%	10%	11%

Exhibit E6: Q39E - *Nicotine patch* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	12%	16% C	12%	13%	7%	12% E	13% HI	4%	3%
Harmful	24%	22%	25% D	17%	17%	25% E	26% HI	16% I	9%
Moderately harmful	26%	28%	24%	26%	29% F	25%	26%	30% GI	22%
A little harmful	25%	22%	26%	27%	30% F	24%	22%	38% G	46% GH
Not at all harmful	5%	3%	3%	8% BC	8% F	4%	4%	6% G	16% GH
Don't Know/Prefer not to answer	9%	9%	9%	9%	8%	9%	8% I	7%	4%

Exhibit E7: Q39F - *Nicotine inhaler [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	27%	30% D	25%	22%	14%	29% E	31% HI	11%	9%
Harmful	31%	32% D	30% D	24%	28%	32% E	33% HI	26% I	13%
Moderately harmful	18%	17%	19%	23% B	23% F	18%	17%	29% G	26% G
A little harmful	12%	10%	14% B	18% B	21% F	11%	9%	23% G	34% GH
Not at all harmful	2%	1%	2%	4% B	4% F	2%	1%	2%	11% GH
Don't Know/ Prefer not to answer	9%	10%	11%	9%	10%	9%	8%	9%	7%

Exhibit E8: Q39G - *Vaping a product containing nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	32%	38% CD	31% D	23%	19%	34% E	37% HI	11%	9%
Harmful	36%	34%	36%	36%	34%	37% E	38% I	36% I	18%
Moderately harmful	17%	17%	20%	23% B	25% F	16%	15%	35% G	30% G
A little harmful	7%	5%	7%	11% BC	14% F	6%	5%	13% G	32% GH
Not at all harmful	1%	1%	1%	1%	2% F	1%	1%	1%	5% GH
Don't Know/Prefer not to answer	6%	5%	5%	6%	7%	6%	5%	5%	6%

Exhibit E9: Q39H - *Very low nicotine content (VLNC) cigarettes [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Smokers (n=1662) (E)	Non- Smokers (n=2495) (F)	Find nicotine harmful (n=3211) (G)	Neutral (n=591) (H)	Don't find nicotine harmful (n=294) (I)
Very harmful	17%	16%	15%	16%	7%	19% E	19% H	7%	18% H
Harmful	34%	37% C	31%	32%	23%	36% E	36% HI	26%	22%
Moderately harmful	25%	24%	26%	26%	31% F	24%	24%	34% GI	24%
A little harmful	16%	17%	20%	17%	28% F	13%	14%	25% G	26% G
Not at all harmful	1%	1%	1%	2%	2% F	1%	1%	1%	4% GH
Don't Know/Prefer not to answer	7%	6%	7%	7%	7%	7%	6%	7%	7%

Qualitative Insights: Information Needs Related to VLNC cigarettes

Participants were asked whether they had ever looked up information about nicotine and VLNC cigarettes, including where they would go for information. Very few participants indicated that they had looked up information about nicotine in the past.

Those interested in learning more about nicotine or VLNC cigarettes suggested that they would most likely consult multiple sources to develop an informed perspective. Sources they would consult included the internet, their family doctor or a pharmacist. Trusted internet sources mentioned most often included: the Government of Canada; WebMD; the Mayo Clinic; the Canadian Cancer Society; and Wikipedia.

With respect to information provided by the Government of Canada, and about VLNC cigarettes, specifically, a few participants wondered whether the information would be factual and unbiased. These participants thought the Government might communicate what they wanted people to understand about VLNC cigarettes. That being said, information supported with research and science could help dispel those concerns. Indeed, most felt that academic journals and scientific studies would be credible and trusted.

Worth noting, a handful of participants suggested that they might consult the websites of cigarette manufacturers (mostly out of curiosity), although, there was some debate about whether the information would be deemed credible.

Key Takeaways: Harm Associated with Forms of Nicotine

- The qualitative and quantitative results demonstrate that cigarettes are viewed as the most harmful form of nicotine. In fact, no survey respondent believes cigarettes are not harmful at all.
- Vaping a product containing nicotine is perceived as the second most harmful form of nicotine.
- These are followed by nicotine inhaler, nicotine spray, VLNC cigarettes, nicotine lozenges, nicotine gum and the nicotine patch.
- Youth 13-14 tend to view nicotine as more harmful than all other age groups.
- And, smokers rate all products with nicotine as less harmful than non-smokers.

F. INFORMATION SHARING

In order to gather some information on whether parents and teens discuss nicotine with one another, the survey included a list of different substance-related topics that may arise and asked parents to identify which, if any, they have discussed with their teen and similarly, asked teens which, if any, they have discussed with their parents.

Around eight in ten parents claim to have discussed alcohol and drug use broadly with their children. Roughly three-quarters have discussed smoking (78%) and cannabis (77%). Just over half (55%) say they have discussed vaping. Less than half have discussed nicotine (44%) or opioids (38%) with their children. Worth noting, more mothers than fathers have had conversations with their child about opioids (54% vs. 26%), smoking (84% vs. 74%) and vaping (71% vs. 44%).

Roughly eight in ten (81%) teens also report that their parents have discussed alcohol with them. Around three-quarters recall discussing smoking (76%), cannabis (74%) and drug use (72%). Over half (55%) say they have discussed vaping with their parents. Less than half have discussed nicotine (43%) or opioids (40%).

Exhibit F1: Q40 - *Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [PARENTS OF YOUTH 13-17]*

	Total Parents (n=269) (A)	Parents of youth 13-14 (n=146) (B)	Parents of youth 15-17 (n=182) (C)	Parents of 13-17 year- olds who are smokers (n=204) (D)	Parents of 13-17 year- olds who are non-smokers (n=64) (E)
Drug use	82%	82%	81%	80%	83%
Alcohol	81%	81%	78%	73%	86% D
Cannabis	77%	80%	72%	72%	80%
Smoking	78%	78%	78%	74%	81%
Vaping	55%	53%	58%	50%	59%
Nicotine	44%	39%	49%	52%	39%
Opioids	38%	32%	46% B	37%	38%
None of the above	6%	5%	6%	6%	6%
Don't Know/Prefer not to answer	1%	0%	1%	2%	0%

Exhibit F2: Q41 - *Among the following topics, which ones have you already had a discussion with one of your parents or legal guardian about, if any? Check all that apply. [YOUTH 13-17]*

	Total Youth (n=846) (A)	Youth 13-14 (n=501) (B)	Youth 15-17 (n=345) (C)	Youth Smokers (n=167) (D)	Youth Non-Smokers (n=668) (E)
Alcohol	81%	83%	80%	66%	82% D
Smoking	76%	77%	75%	67%	76% D
Cannabis	74%	74%	74%	65%	75% D
Drug use	72%	74%	70%	60%	72% D
Vaping	55%	56%	55%	42%	56% D
Nicotine	43%	43%	43%	45%	43%
Opioids	40%	34%	43%	33%	40%
None of the above	7%	6%	8%	5%	7%
Don't Know/Prefer not to answer	2%	3%	2%	2%	2%

Qualitative Insights: Awareness and Impressions of Vaping Promotions

Participants were asked about their awareness and impressions of vaping promotions. Recall of current promotions for vaping products or e-cigarettes was very low across all audiences.

Those in the younger cohorts mentioned having seen videos on their social media feeds or online of people using vaping products (i.e., doing tricks such as blowing “O”s, etc.), which they did not feel were promoting a specific product or communicating a message per se. In deeper discussions probing the topic, many youth and young adults clearly knew about people having set up “vape accounts” on social media apps such as Instagram with the specific aim of making videos and promoting images of vaping that could attract sponsorship from manufacturers.

Those in the older cohort mentioned having seen posters in convenience stores and gas stations that featured a vaping device. Some were linked to messaging about trying to quit smoking.

Key Takeaways: Information Sharing

- *The majority of parents claim to have had conversations with their children about drug use, alcohol, cannabis, and smoking.*
- *Fewer are having conversations about vaping; and, even fewer still about nicotine and opioids.*

G. CURRENT, PAST AND POTENTIAL BEHAVIOURS

This chapter reviews the results on current past and potential behaviours related to cigarettes, using vaping products (that do and do not contain nicotine), cannabis and alcohol. Responses from this line of enquiry were used to define subsets examined throughout this report (e.g., smokers/non-smokers; vapers/non-vapers, etc).

Current Behaviours

To begin, respondents were asked whether they currently undertake a list of behaviours.

As the results of the survey were weighted to reflect the incidence of smoking as identified by the Canadian Tobacco, Alcohol and Drugs Survey (CTADS) 2017¹, the incidence of daily smokers in the general population sample is 11% and 4% for occasional smokers. Youth 13-14 and 15-19 are less likely to smoke daily and occasionally. Just 2% of youth 13-14 and **4%** of youth 15-19 smoke on a daily basis. The incidence of occasional smokers for both groups is similar – 2% among the 13-14 year-olds and 3% for 15-19 year-olds. Young adults 20-24 are less likely than the general population to smoke daily (**9%**) but slightly more likely to smoke occasionally (**6%**).

For each of the following, please indicate whether, at the present time, this is something you do every day, occasionally or not at all.

Exhibit G1: Q8A - *Smoke cigarettes* [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Every day	11%	2%	4% B	9% BC
Occasionally	4%	2%	3%	6% BC
Not at all	84%	95% D	92% D	83%
Don't Know/Prefer not to answer	1%	1%	1%	2%

Other demographic differences include:

- Less educated respondents are more likely to be daily smokers. One quarter of respondents (**25%**) without a high school diploma smoke daily, along with 15% of those with only a high school diploma.
- Respondents with an income of less than \$40,000 (**17%**) are more likely than those with reported higher incomes to smoke daily.
- More Indigenous than non-Indigenous respondents are daily smokers (**29%** compared to 10%).

Fewer members of the general population vape with products containing nicotine on a daily basis (3%) than smoke, but more vape occasionally (8%). Very few of those aged 13-14 and 15-19 say they vape every day (1% and 2%, respectively). Slightly more young adults aged 20-24 report vaping daily (**5%**). Youth 13-14 are the least likely to occasionally vape with products containing nicotine (6%) compared to those 15-19 (**11%**) and 20-24 years old (**13%**).

¹ Statistics Canada, Canadian Tobacco, Alcohol and Drugs Survey 2017. <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2017-summary/2017-detailed-tables.html#t2>

Exhibit G2: Q8B - *Use vaping products containing nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Every day	3%	1%	2%	5% BC
Occasionally	8%	6%	11% B	13% B
Not at all	89%	90% CD	85% D	80%
Don't Know/Prefer not to answer	1%	3%	1%	2%

Other notable demographic differences include:

- Male respondents are slightly more likely to vape with products containing nicotine daily or occasionally (a combined **11%**) compared to female respondents (8%).
- Vaping occasionally with products containing nicotine is more common in urban areas (**8%**) than rural (5%).
- Significantly more Indigenous respondents vape with products containing nicotine daily (**11%**) or occasionally (**22%**) than non-Indigenous respondents.

Combining the results on smoking and vaping products with nicotine, the survey shows that roughly one in ten (9%) smoke but do not vape with nicotine, another 6% are dual users who both smoke and vape with nicotine and 4% of Canadians aged 13 and older vape with nicotine but do not smoke. In total, 19% of Canadians are using one or the other of these products with nicotine. The results vary widely by age, with youth aged 13-14 least likely to be using products with nicotine, least likely to exclusively smoke (1%), half as likely as the national average to be dual users (3%), but are just as likely as the national population overall to be getting nicotine by vaping but not by smoking (4%). Youth (15-19) and young adults (20-24) are the age groups in Canada most likely to be vaping exclusively with nicotine (**9%**). Dual use is highest (14%) among those aged 25-34 and as age increases beyond 35 years, the incidence of both dual and exclusively vaping with nicotine decreases significantly.

Exhibit G3: Q8A/B – *Smoke cigarettes / Use vaping products containing nicotine [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Exclusively smoke	9%	1%	3%	7% BC
Dual users	6%	3%	4%	9% BC
Exclusively vape	4%	4%	9% B	9% B
Neither	81%	93% CD	84% D	76%

Fewer members of the general population vape with non-nicotine products on a daily basis (1%) compared to those who vape with nicotine, while a roughly equal proportion vapes without nicotine occasionally (9%). Just 2% of teens 13-14 and 1% of teens 15-19 vape without nicotine daily. More do so occasionally (12% of those 13-14 and 15% of those 15-19). Vaping daily (**4%**) and occasionally (15%) using products that do not contain nicotine is more common among those aged 20-24.

Exhibit G4: Q8C - Use vaping products that do not contain nicotine [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Every day	1%	2%	1%	4% C
Occasionally	9%	12%	15%	15%
Not at all	89%	85% D	82%	79%
Don't Know/Prefer not to answer	1%	2%	2%	3%

Combining the questions on vaping with products that contain nicotine and vaping with products that do not, finds that 14% of the general population indicate being daily or occasional vapers and this segment includes 4% who only vape with products containing nicotine, 6% who vape with both products containing nicotine and products that do not contain nicotine and another 4% that only vape with products that do not contain nicotine. Among the three oversampled age groups, the tendency to vape at all and to vape with products containing nicotine increases with age, while the tendency to vape only products that do not contain nicotine remains identical across the three age groups.

Exhibit G5: Q8B/C - Use vaping products that do or do not contain nicotine [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Vape only products with nicotine	4%	1%	4% B	7% BC
Vape with both	6%	6%	9%	11% B
Vape only products without nicotine	4%	8%	8%	8%
Do not indicate vaping	86%	86% CD	79%	75%

Smoking a cannabis cigarette or joint is less common among the general population than vaping, and less common than smoking a regular cigarette. Few (4%) say they smoke cannabis daily, but four times as many (16%) claim to do so occasionally. Daily (2%) and occasional (8%) use is lower among teens aged 13-14. Smoking cannabis behaviour for those 15-19 is similar to the general population – 3% do so daily, **17%** occasionally. Young adults aged 20-24 are more likely than the other younger groups and the sample as a whole to report smoking a cannabis cigarette or joint daily (**7%**) or occasionally (**31%**).

Exhibit G6: Q8D - Smoke a cannabis cigarette or joint [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Every day	4%	2%	3%	7% BC
Occasionally	16%	8%	17% B	31% BC
Not at all	78%	88% CD	79% D	61%
Don't Know/Prefer not to answer	1%	2%	2%	2%

Few use cannabis in another form (including vaping it) daily (3%), while 13% use it occasionally. Following the pattern of cannabis cigarette or joint use, teens 13-14 are less likely to consume cannabis in another form daily (1%) or occasionally (9%), while daily (2%) and occasional (13%) use among teens 15-19 reflects the general public's results. Young adults 20-24 are more likely than the other younger groups and the general population to report using cannabis in other formats, such as vaping, daily (6%) or occasionally (24%).

Exhibit G7: Q8E - *Use cannabis in any other form such as vaping it [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Every day	3%	1%	2%	6% BC
Occasionally	13%	9%	13%	24% BC
Not at all	83%	88% F	84% F	67%
Don't Know/Prefer not to answer	1%	2%	2%	3%

Drinking alcohol is by far the most common used substance reported by respondents. While 9% of the general population sample report drinking every day, 70% drink occasionally. One in five (21%) say they do not drink at all. Significantly fewer teens aged 13-14 drink daily (2%) or occasionally (19%). Over three-quarters (76%) say they do not drink alcohol at all. This proportion falls to 48% among teens 15-19 and 20% among youth aged 20-24. Though 1% of teens 15-19 say they drink daily, 48% report doing so on occasion. Drinking daily (5%) and occasionally (74%) is more common among those aged 20 to 24.

Exhibit G8: Q8F - *Drink alcohol [TOTAL SAMPLE]*

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)	Underage for province (n=901) (E)	Of age for province and under 25 (n=671) (F)
Every day	9%	2%	1%	5% BC	1%	5% E
Occasionally	70%	19%	48% B	74% BC	33%	73% E
Not at all	21%	76% CD	48% D	20%	63% F	22%
Don't Know/Prefer not to answer	1%	3%	2%	1%	3%	2%

The following two tables summarize the daily users and the users (daily and occasional combined) for each of the behaviours.

Exhibit G9: Q8A-F – Summary table of daily users [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Smoke cigarettes	11%	2%	4%	9% BC
Use vaping products containing nicotine	3%	1%	2%	5% BC
Use vaping products that do not contain nicotine	1%	2%	1%	4% C
Smoke a cannabis cigarette or joint	4%	2%	3%	7% BC
Use cannabis in any other form such as vaping it	3%	1%	2%	6% BC
Drink alcohol	9%	2%	1%	5% BC

Exhibit G10: Q8A-F – Summary table of daily and occasional users [TOTAL SAMPLE]

	Total (n=4190) (A)	Youth 13-14 (n=501) (B)	Youth 15-19 (n=523) (C)	Young adults 20-24 (n=548) (D)
Smoke cigarettes	15%	4%	7% B	15% BC
Use vaping products containing nicotine	10%	7%	13% B	18% BC
Use vaping products that do not contain nicotine	10%	13%	16%	18% B
Use vaping products (either with or without nicotine)	14%	14%	21% B	25% B
Smoke a cannabis cigarette or joint	20%	10%	20% B	37% BC
Use cannabis in any other form such as vaping it	16%	11%	15%	30% BC
Drink alcohol	79%	22%	49% B	79% BC

Past Behaviours

For each of the same list of behaviours, respondents who do not currently undertake a behaviour were asked whether it is something they have ever tried.

Among the various behaviours, respondents are most likely to have tried alcohol and cigarettes. Two-thirds (66%) of those who do not currently use alcohol have tried it, and 61% who are not current smokers have tried smoking a cigarette. Fewer teens 13-14 have tried alcohol (43%), compared to those 15-19 (**55%**) and 20-24 (**54%**). Similarly, fewer of the youngest teen cohort have tried smoking a cigarette (18%) compared to the older groups (23% of 15-19 year-olds and **38%** of 20-24 year-olds).

When it comes to having tried vaping with or without nicotine once, there is little difference among the general population. One in ten have tried vaping with a product containing nicotine, while 13% have tried a vaping product without nicotine. A smaller proportion of 13-14 year-olds say they have tried vaping with a product containing nicotine (6%) compared to one without (9%). Teens 15-19 follow the same pattern, though more have tried vaping with (**13%**) and without (**17%**) nicotine. Young adults aged 20-24 are more likely than the general population and the younger youth samples to have tried vaping with (**24%**) and without (**30%**) nicotine.

Respondents from the following demographic groups are more likely to have tried vaping **with** nicotine:

- Respondents in Manitoba and Saskatchewan (**14%**);
- Indigenous respondents (**30%**); and
- Respondents ages 25-34 (**18%**).

Other groups more likely to have tried vaping **without** nicotine include:

- Respondents with a household income of less than \$40,000 (16%), particularly compared to those with an income of \$80,000 or more (**11%**);
- Respondents in Manitoba and Saskatchewan (**20%**);
- Indigenous respondents (**25%**); and
- Respondents ages 25-34 (**27%**).

One-in-ten have tried cannabis in a form that is not a cigarette or joint. Fewer 13-14 year-olds (3%) have tried it compared to the general population and the 15-19 year old (6%) and 20-24 year old (**15%**) samples.

And for each of the following, please indicate whether this is something you have ever tried – even if it was just once.

Exhibit G11: Q9A - *Smoked a cigarette [NON-SMOKERS]*

	Total (n=2528) (A)	Youth 13-14 (n=404) (B)	Youth 15-19 (n=431) (C)	Young adults 20-24 (n=388) (D)
Yes, have tried at least once	61%	18%	23%	38% BC
No, have never tried	38%	81% CD	75% D	58%
Don't Know/Prefer not to answer	1%	1%	2%	4% B

Exhibit G12: Q9B – *Used a vaping product containing nicotine [NON-VAPERS]*

	Total (n=3186) (A)	Youth 13-14 (n=377) (B)	Youth 15-19 (n=390) (C)	Young adults 20-24 (n=373) (D)
Yes, have tried at least once	10%	6%	13% B	24% BC
No, have never tried	88%	93% CD	85% D	71%
Don't Know/Prefer not to answer	1%	1%	3%	4% B

Exhibit G13: Q9C - *Used a vaping product that did not contain nicotine [NON-VAPERS]*

	Total (n=3186) (A)	Youth 13-14 (n=377) (B)	Youth 15-19 (n=390) (C)	Young adults 20-24 (n=373) (D)
Yes, have tried at least once	13%	9%	17% B	30% BC
No, have never tried	86%	90% CD	80% D	66%
Don't Know/Prefer not to answer	1%	1%	3%	4% B

Exhibit G14: Q9B/C - *Used either vaping product that did or did not contain nicotine [NON-VAPERS]*

	Total (n=3186) (A)	Youth 13-14 (n=377) (B)	Youth 15-19 (n=390) (C)	Young adults 20-24 (n=373) (D)
Have only tried vaping with product containing nicotine	2%	1%	2%	3% B
Have tried both	7%	4%	8% B	15% BC
Have only tried vaping with product not containing nicotine	4%	3%	5%	7% B
No indication of trying either	87%	91% CD	85% D	75%

Exhibit G15: Q9D - *Smoked a cannabis cigarette or joint [NON-CANNABIS USERS]*

	Total (n=2847) (A)	Youth 13-14 (n=385) (B)	Youth 15-19 (n=386) (C)	Young adults 20-24 (n=289) (D)
Yes, have tried at least once	36%	7%	11% B	28% BC
No, have never tried	62%	92% CD	85% D	67%
Don't Know/Prefer not to answer	1%	1%	4% B	5% B

Exhibit G16: Q9E - *Used cannabis in any other form such as vaping it [NON-CANNABIS USERS]*

	Total (n=2847) (A)	Youth 13-14 (n=385) (B)	Youth 15-19 (n=386) (C)	Young adults 20-24 (n=289) (D)
Yes, have tried at least once	10%	3%	6%	15% BC
No, have never tried	88%	95% CD	91% D	80%
Don't Know/Prefer not to answer	2%	1%	3%	5% B

Exhibit G17: Q9F – *Drank alcohol [NON-ALCOHOL DRINKERS]*

	Total (n=1109) (A)	Youth 13-14 (n=342) (B)	Youth 15-19 (n=237) (C)	Young adults 20-24 (n=103) (D)
Yes, have tried at least once	66%	43%	55% B	54% B
No, have never tried	32%	56% CD	41%	43%
Don't Know	0%	0%	0%	1%
Prefer not to answer	1%	1%	3%	1%

Exhibit G18: Q9A-F – *Summary table of those who have tried this behaviour in the past [THOSE WHO DO NOT CURRENTLY UNDERTAKE THIS BEHAVIOUR. SAMPLE SIZES VARY FOR EACH CELL]*

	Total (A)	Youth 13-14 (B)	Youth 15-19 (C)	Young adults 20-24 (D)
Smoked cigarettes	61%	18%	23%	38% B
Used vaping products containing nicotine	10%	6%	13% B	24% BC
Used vaping products that do not contain nicotine	13%	9%	17% B	30% BC
Used a vaping product that either did or did not contain nicotine	15%	10%	19%	34%
Smoked a cannabis cigarette or joint	36%	7%	11%B	28% BC
Used cannabis in any other form such as vaping it	10%	3%	6%	15% BC
Drank alcohol	66%	43%	55% B	54% B

Potential Behaviours

For each of the same list of behaviours, respondents who neither currently undertake a behaviour, nor have ever tried it, were asked whether it is something they think they might try in the future.

Those who have never smoked are the most adamantly opposed to trying it (85% definitely will not), compared to the groups of respondents who have not tried the other substances included in this research. That said, 13-14 year-olds feel less strongly – just under two-thirds (62%) say they definitely will not try a cigarette in the future. Almost three-quarters (**72%**) of teens aged 15-19 and **83%** of 20-24 year-olds claim they definitely will not try a cigarette.

Exhibit G19: Q10A - *Smoking a cigarette [NEVER TRIED SMOKING]*

	Total (n=1325) (A)	Youth 13-14 (n=333) (B)	Youth 15-19 (n=333) (C)	Young adults 20-24 (n=237) (D)
Definitely yes	0%	1%	1%	0%
Probably yes	2%	7% D	5% D	2%
Probably not	11%	26% CD	19% D	12%
Definitely not	85%	62%	72% B	83% BC
Don't Know/Prefer not to answer	1%	4%	3%	3%

There is also variation between the general population and the youngest teen group when it comes to the possibility of trying vaping, either with or without nicotine. Though majorities say they definitely not vape, fewer among the younger cohorts are as firmly opposed as the general population. For example, 81% of the general population sample say they definitely will not try vaping using a product containing nicotine, compared to 59% of 13-14 year-olds, **70%** of 15-19 year-olds and **73%** of 20-24 year-olds. Similarly, while 76% of the general population claim they will definitely not try vaping without nicotine, 56% of those aged 13-14, 62% of those aged 15-19 and 64% of those aged 20-24 say the same.

Exhibit G20: Q10B - *Using a vaping product containing nicotine [NON-VAPERS]*

	Total (n=2452) (A)	Youth 13-14 (n=334) (B)	Youth 15-19 (n=312) (C)	Young adults 20-24 (n=236) (D)
Definitely yes	0%	0%	0%	1%
Probably yes	2%	7% CD	3%	3%
Probably not	15%	30% CD	23%	19%
Definitely not	81%	59%	70% B	73% B
Don't Know/Prefer not to answer	2%	4%	4%	4%

Exhibit G21: Q10C - *Using a vaping product that did not contain nicotine [NON-VAPERS]*

	Total (n=2452) (A)	Youth 13-14 (n=334) (B)	Youth 15-19 (n=312) (C)	Young adults 20-24 (n=236) (D)
Definitely yes	0%	0%	1%	2% B
Probably yes	3%	10% C	4%	9% C
Probably not	19%	30% D	27%	22%
Definitely not	76%	56%	62%	64% B
Don't Know/Prefer not to answer	3%	5%	5%	4%

Exhibit G22: Q10B/C - *Using a vaping product that either did or did not contain nicotine [NON-VAPERS. BECAUSE THIS TABLE COMBINES RESULTS ABOUT VAPING EITHER A PRODUCT CONTAINING NICOTINE OR A PRODUCT WITHOUT NICOTINE, WHERE LIKELIHOOD TO USE ONE PRODUCT WAS HIGHER THAN THE OTHER, THE TABLE SHOWS THE HIGHER LIKELIHOOD ANSWER]*

	Total (n=2452) (A)	Youth 13-14 (n=334) (B)	Youth 15-19 (n=312) (D)	Young adults 20-24 (n=236) (D)
Definitely yes	0%	0%	1%	2% B
Probably yes	3%	11% C	5%	9%
Probably not	19%	30%	29%	23%
Definitely not	75%	55%	62%	63%
Don't Know/Prefer not to answer	2%	3%	4%	3%

Respondents are slightly less opposed to trying cannabis in the future. Just under three-quarters (72%) say they definitely will not try smoking cannabis, while 20% say probably not. Results are almost identical for consuming cannabis in another form – 70% definitely will not, 21% probably will not. Again, the youngest group of youth aged 13-14 are less opposed to try smoking cannabis. Half (51%) say they definitely will not try it, compared to 56% of teens aged 15-19 and 62% of 20-24 year-olds. The younger groups' opinions are very similar when it comes to trying cannabis in another form. Half of 13-14 year-olds (50%) definitely will not, 56% of 15-19 year-olds definitely will not and **63%** of 20-24 year-olds definitely will not.

Exhibit G23: Q10D - *Smoking a cannabis cigarette or joint [NON-CANNABIS USERS]*

	Total (n=1790) (A)	Youth 13-14 (n=349) (B)	Youth 15-19 (n=332) (C)	Young adults 20-24 (n=186) (D)
Definitely yes	0%	2% C	0%	1%
Probably yes	5%	14%	11%	10%
Probably not	20%	25%	29%	23%
Definitely not	72%	51%	56%	62% B
Don't Know/Prefer not to answer	3%	8% CD	3%	4%

Exhibit G24: Q10E - *Using cannabis in any other form such vaping it [NON-CANNABIS USERS]*

	Total (n=1790) (A)	Youth 13-14 (n=349) (B)	Youth 15-19 (n=332) (C)	Young adults 20-24 (n=186) (D)
Definitely yes	0%	1%	0%	2% C
Probably yes	6%	13%	9%	12%
Probably not	21%	28% D	30% D	19%
Definitely not	70%	50%	56%	63% B
Don't Know/Prefer not to answer	3%	7% D	5%	4%

Respondents who have never tried alcohol are the most likely to report they might do so, compared to those who have never tried the other substances mentioned above. Over half definitely will not (60%), but 21% say they probably or surely will. The percentage who would probably or definitely try drinking doubles to **42%** among 13-14 year-olds. A little over a third (**37%**) of those aged 15-19 say they might or definitely will try it. Although the sample size is very small (n=45), 10% of young adults aged 20-24 who have never tried alcohol expect they probably or definitely will try drinking alcohol.

Exhibit G25: Q10F - *Drinking alcohol [NEVER DRANK ALCOHOL]*

	Total (n=439) (A)	Youth 13-14 (n=191) (B)	Youth 15-19 (n=112) (C)	Young adults 20-24 (n=45) (D)
Definitely yes	3%	8%	7%	0%
Probably yes	18%	34% D	30% D	10%
Probably not	15%	24%	17%	19%
Definitely not	60%	26%	43% B	60% B
Don't Know/Prefer not to answer	5%	9%	3%	12% BC

The following table summarizes the susceptibility to each behaviour. For purposes of analysis, “susceptible” refers to respondents who responded ‘definitely yes’, ‘probably yes’ or ‘probably not’. This was asked only of those who have never tried each of the substances in the past.

Exhibit G26: Q9A-F – Summary table of those susceptible to this behaviour [THOSE WHO DO NOT CURRENTLY UNDERTAKE AND HAVE NEVER TRIED THIS BEHAVIOUR. SAMPLE SIZES VARY FOR EACH CELL. SIGNIFICANCE TESTING NOT PROVIDED FOR THIS TABLE.]

	Total (A)	Youth 13-14 (B)	Youth 15-19 (C)	Young adults 20-24 (D)
Smoke cigarettes	13%	34%	25%	14%
Use vaping products containing nicotine	17%	37%	26%	23%
Use vaping products that do not contain nicotine	22%	39%	33%	32%
Use vaping products that either do or do not contain nicotine	23%	42%	34%	34%
Smoke a cannabis cigarette or joint	25%	41%	41%	34%
Use cannabis in any other form such as vaping it	27%	43%	39%	33%
Drink alcohol	36%	65%	54%	28%

Exhibit G27: Q8-10 – Summary table of current, past and future susceptibility for each behaviour [TOTAL SAMPLE (n=4,190).]

	Smoke cigarettes (A)	Use vaping products containing nicotine (B)	Use vaping products that do not contain nicotine (C)	Use vaping products that either do or do not contain nicotine (D)	Smoke a cannabis cigarette or joint (E)	Use cannabis in any other form such as vaping it (F)	Drink alcohol (G)
Current user	15% BC	10%	10%	14% BC	20% ABCDF	16% BCD	79% A-F
Not current, but have tried	51% B-G	9% F	11% BF	13% BCF	27% BCDFG	7%	14% BCF
Never tried, but susceptible	4%	13% AG	16% ABEFG	17% ABEFG	12% AG	13% AG	3%
No indication of use or susceptibility	29% G	60% ACDEFG	57% AEFG	56% AEFG	36% AG	35% AG	5%
Unclear*	N/A	8%	6%	N/A	4%	N/A	0%

*For vaping and cannabis, the skip patterns were not specific to the activity in Q8. The past and future vaping questions were asked of people who had not vaped. The past and future cannabis questions were asked of people who had used cannabis. As a result, there is some portion of respondents who may have history or susceptibility a specific form, but who were not asked the question.

Key Takeaways: Current, Past and Potential Behaviours

- Fewer members of the general population vape with products containing nicotine on a daily basis than smoke (3% compared to 11%), but more vape occasionally (8% compared to 4%). Young adults ages 20-24 are the most likely of the oversample to vape daily (5%) or occasionally (13%).
- In total, 19% of Canadians are using a product, whether a cigarette or vaping device with nicotine.
- Youth ages 13-14 are the least likely to be using a product containing nicotine and less likely than other age groups to be getting nicotine exclusively from vaping (4%). Youth (15-19) and young adults (20-24) are the age groups in Canada most likely to be vaping exclusively with nicotine (9%).

- One in ten have tried vaping with a product containing nicotine at least once. A smaller proportion of 13-14 year-olds say they have tried vaping with a product containing nicotine (6%) compared to teens 15-19 (13%) and young adults aged 20-24 (24%).
- Most say they will definitely not vape with nicotine (81%), but fewer among the younger cohorts are as firmly opposed as the general population - 59% of 13-14 year-olds, 70% of 15-19 year-olds and 73% of 20-24 year-olds say they will definitely not vape with nicotine.

Section 2: Perceptions of Vaping

Coming out of the initial qualitative phase and the follow-up quantitative phase, vaping proved to be a very important topic. Based on these initial findings, it was determined that an additional phase of qualitative research would provide a valuable opportunity to delve more deeply into the issue of vaping.

Again, just briefly, the third phase of research involved one night of two focus groups. The groups were conducted with youth (16-18) and young adults (19-24) who occasionally vape or may be susceptible to trying it.

Vaping proved to be a very important topic that resonated among the initial qualitative focus groups and the quantitative research. Based on these initial findings, it was determined that an additional phase of qualitative research would provide a valuable opportunity to delve more deeply into the issue of vaping.

All participants knew about vaping and most could clearly describe it as inhaling vapour. Many participants described vapes as having a variety of flavours, and that users are able to do tricks with the vapour. Most had seen a vape online or have personally tried vaping before.

The overall consensus was that vaping was not as harmful as smoking, although most participants said so without certainty. Some volunteered that, unlike smoking, people are not aware of the long-term effects of vaping which is perhaps more concerning. There was confusion surrounding the possible health effects, and the possible overlap with the health effects caused by smoking. Lung and breathing issues were viewed as health effects in common with cigarettes, whereas few considered second-hand vape was a possible health impact of vaping. Some viewed the 'head rush' vapers sometimes experience to be a health effect, though it was described as a rather minor effect.

Addiction was seen almost unanimously as being a health impact of vaping. Most attributed the addiction to the nicotine content, which prompted others to point out that nicotine-free options are available.

Most participants remember their first experiences either discussing or using vapes as being with friends. Many stated they have known about vaping for about a couple of years. As many as half reported having tried vaping, with the same amount expecting they will do it again in the future. Of the participants who have tried vaping, all reported doing so in a social context after being offered a chance to see what it is like. Common reasons for trying it include: friends visibly enjoying it, it seemed harmless, flavours were appealing, and (though some found it silly) they wanted to try it at least once to experience what everyone was talking about.

Of the participants who had not tried vaping, reasons include: there being no point, seemed silly, and being concerned of possible, unknown, health effects. When discussing future use, some also discussed the high price as a deterrent.

All participants had seen ads, or promotions for vaping products, though none had seen any for government communications. Snapchat, and social media as a whole, dominated the top-of-mind references to advertisements. Participants typically saw ads of users promoting the products, and some even reported seeing these types of advertisements quite frequently. Other than social media, public transit was a common source of advertisements, though most stated they were ads for retailers rather than specific products. Further probing also revealed that promotional material was often seen at convenience stores and gas stations.

When asked what these ads seemed to be expressing, the majority offered responses that in effect meant, “this is cool, try it.” When asked about the content of the users who are posting their own (sponsored or unsponsored) videos, participants reported they were typically clips or images of tricks. Interestingly, many admitted to enjoying, and some even sharing, these clips/images.

The bulk of the discussion involved testing a total of 21 potential health warning messages. Of these, 19 were statements with only one theme and two were what can be described as compound statements that were comprised of multiple themes that had been tested among the 19 other statements.

Because of the way the messages were created, they can be grouped into six separate “bundles” of messages in order to both more efficiently describe the discussion and more efficiently provide the key insights uncovered.

The first three messages were focused on expressing the addictive nature of nicotine:

1. Nicotine is highly addictive.
2. Vaping products contain nicotine. Nicotine is highly addictive.
3. Vaping products contain nicotine, a highly addictive substance.

Participants tended to say they already understand nicotine is addictive and know there are vaping products with nicotine. As a result, these messages tended not to feel particularly impactful personally.

That said, the information is accepted as fact and participants pointed out it is information people should know about vaping.

Of these three variations, “Vaping products contain nicotine, a highly addictive substance” was clearly the preferred phrasing because it was deemed to be simple, clear, factual, and had better syntax than the version with two sentences.

The next bundle of messages comprised of warning of the effect of nicotine on the development of the brain:

4. Nicotine may negatively affect the developing brain.
5. Nicotine exposure during adolescence may harm the developing brain and lead to addiction.
6. Nicotine use as a teen may cause lasting effects on the brain.
7. Nicotine use as a youth may have lasting negative effects on the brain.
8. Nicotine may negatively impact the developing adolescent brain.

For these messages, many of the reactions were driven by the sense of specificity of what health impacts are being described and certainty over the linkage between nicotine and the health impact. The less there was of one or the other of these two dimensions, the greater the constructive criticism. The use of “may” in describing the likelihood of nicotine causing an impact had a dampening effect on the importance or relevance of any

message that included that conditional term. With the lack of knowledge about the health effects, participants described themselves as unaffected by the warnings.

In addition, the less detail that is provided about whatever effect was actually mentioned, the less value any warning was seen as having. Undefined terms such as “negatively affect,” “negatively impact,” and “lasting effects” were all underwhelming. “Lasting negative effects” was slightly more resonating, but “Nicotine exposure during adolescence may harm the developing brain and lead to addiction” was the one message here that had the greatest level of detail on effects, and stood out as more valuable as a result.

While use of the terms “negative” and “impact” were appreciated, without clarity on WHAT the impact is, they are seen as deserving less concern. For example, “may negatively affect the developing brain” was criticized for not explaining what the negative affect on the developing brain may be. When it comes to discussing possible effects on the brain, participants clearly are curious to know what is at risk.

The combination of being unable to come up with a level of probability to assign while seeing only a vague or undefined health risk was seen as particularly limiting the impact of any message.

Participants identified that alternative terms were being used to describe the young people who may be affected by nicotine, but these terms were not seen as meaning the same age group and for some, there was no clear consensus or interpretation of what ages were meant. “Teen” was one that was commonly understood, but “adolescent” did not have a common interpretation, nor did “developing brain” nor “youth” – with many pointing out that “youth” can vary widely depending upon the context.

For the younger group of participants aged 16 to 18, “teens” was readily identified as the term that meant them. For the older participants, this was not the case and they indicated feeling they had “aged out” of feeling messages about “teens” were intended for them, but there was no clear consensus over a common term that would always be interpreted as targeting them. Youth was perhaps the default, if insufficient.

There was no clear preference between “use” or “exposure” although none of the statements were criticized for using either term, nor were they criticized for leaving either term out (e.g., just “nicotine may”).

The next bundle of messages was comprised of four that warned of the chemicals emitted from vaping products:

9. Vaping products release numerous potentially harmful chemicals.
10. Vaping products emit chemicals, some of which may be harmful.
11. Vaping can increase your exposure to potentially toxic substances.
12. Vaping products release many possibly harmful chemicals.

Most teens found all four of these statements to be weak. The older participants felt differently, with some greater sense that a harm was being brought their attention, although not necessarily unanimously positive.

The notion that vaping exposes you to something bad for you was accepted as plausible and important to know, but the qualifiers and lack of specificity or assumed reference made these messages less impactful than they might otherwise be, given the perceived potential importance.

“Toxic chemicals” is a powerful term that inspired fear or concern but was criticized for being unnecessarily vague. As one participant put it, “like what?”

As well, the phrase “many possibly harmful chemicals” was often cited as particularly weak. The interpretation was that the chemicals might not even be harmful at all, rather than the more authoritative notion that there are chemicals known to be bad which are released, but you may or may not be harmed by them.

One statement dealing with this topic is being analyzed on its own as the discussion around it was unique:

13. Although the long-term health effects of vaping are not known yet, vaping products release potentially toxic chemicals.

Both groups found the honesty of this message both particularly appealing and adding to the value of reading on. This made the conditionality (the use of the word “potentially”) less problematic. Participants understood this statement to mean that some scientists were checking to see whether these chemicals are harmful but until that has been proven you are taking the risk that they might be proven to be. As one put it, “when cigarettes first came out, no one thought they were bad for you.”

Participants demonstrated it was easy to accept the possibility of the chemicals being harmful in this context, whereas the lack of certainty of harmfulness without any reference to the fact it is being researched was far less likely to provoke concern or be seen as “use at your own risk.”

The terms “release,” “emit” and “exposure” produced no clear preference although some participants did mention that each may evoke slightly different interpretations, but were not specific about the nature of those variances.

The remaining six single-topic warning messages were intended to express that young people and non-smokers should not vape and they all yielded fairly common reactions:

14. Youth and adult non-smokers should not vape.
15. If you don’t smoke, don’t vape.
16. Non-smokers should not vape.
17. Not for minors or non-smokers.
18. Vaping products are not to be used by young persons or non-smokers.
19. Not suitable for young persons.

In both groups, these messages were consistently among the least positively received and it was for two rather consistent/commonly cited reasons:

- Many felt most or all came across as orders and were, as a result, irritating. Some went further, pointing out that telling young people not to do something is just the thing that would get youth to DO that thing. Making a recommendation was offered as a more acceptable approach.
- Many participants assumed that non-smokers were being told not to vape because vaping must be harmful, but were uncomfortable with, confused by, or hostile to, the notion that the Government of Canada wouldn’t bother to extend this warning to smokers and thus, also help those individuals avoid exposing themselves to that same harm. One comment that is indicative of many of the reactions offered along this vein was, “This says the government has given up on smokers.”

As well, “not for minors” was often seen as important but some felt it was unnecessary since that aspect must already be covered by the age restrictions for buying the product.

“Not suitable for young persons” was seen as both vague and left some questioning why it would be ok for young people to buy something if it was not suitable for them. Some suggested an edit such as “vaping products are not recommended for young people”.

The message “If you don’t smoke, don’t vape” worked for some participants, in spite of the implication that smokers need not concern themselves with the risk. Those who liked it felt it was simple and easy to remember.

In addition to the 19 messages above, two compound messages were tested:

1. Vaping products contain nicotine. Nicotine is highly addictive. Vaping products release numerous potentially harmful chemicals. Youth and adult non-smokers should not vape.
2. Vaping products emit chemicals, some of which may be harmful. Youth and non-smokers should not vape.

Most participants offered that they do appreciate the idea of getting more information, but these particular messages were not often considered ideal. For the most part, constructive criticism was offered related to the sub-elements that had been discussed separately among the 19 messages. Both compound messages contained parts that most participants had already agreed needed work.

In addition, some questioned whether the format (a poster or transit ad) would truly be suitable for such a long message. Most felt a concise message would be more effective, particularly for younger target audiences.

Key Takeaways: Perceptions of Vaping

- *Participants described vaping as less harmful than smoking, but these non-vapers nevertheless expressed some degree of concern about the long-term health effects of vaping – particularly due to the lack of evidence that must exist for what the long-term effects may be.*
- *Addiction – attributed to the presence of nicotine – was almost unanimously identified as being a health effect of vaping.*
- *Although all participants were non-vapers, virtually all had been around people who were vaping and had friends who still vape. Many indicated having tried it themselves, largely out of curiosity.*
- *Most said they have been exposed to marketing and advertising related to vaping, including ads for retailers, products and social media posts of vapers doing tricks or promoting products.*
- *Expressing their opinions on each of a list of 21 health warning messages, some consistent advice was offered. Be as clear or specific as possible about the nature of any health risk related to nicotine. Qualifying terms like “may” or “possibly” tended to make participants pay less attention to any warning, particularly if the warning was not about a clear or specific health risk. Messaging that points out that research is not yet available on the long-term risks was seen as a credible and valuable point to make – one that helped participants accept the qualified nature of the warning.*
- *Participants also warned not to use terms that implied a command, often pointing out that is a particularly ineffective way to communicate with young people.*
- *Participants also reacted negatively to messaging that appeared to warn only non-smokers of the health risk, because they felt this seemed to communicate a willingness to let smokers risk health effects.*

CONCLUSIONS

The data from this study show that about one in five respondents are currently either smoking or vaping nicotine, including a portion who are getting nicotine by using both products. The data also show that the products used for getting nicotine vary widely by age, with younger Canadians far more likely to be vaping with nicotine products than older Canadians.

It is perhaps not surprising that the study confirms that most know that smoking is harmful and clearly linked to each of a lengthy list of serious health effects including cancer and lung disease and that smoking is addictive. The results also demonstrate that nicotine is widely identified as responsible for the addictive nature of smoking.

The results of this study also demonstrate that concern for nicotine itself is fairly widespread, as is the sense that nicotine is harmful. However, the understanding of the harms of nicotine appears to be not very solid. For most health effects tested, including serious harms such as cancer and lung disease, respondents indicate feeling that both smoking cigarettes and using nicotine on its own are linked to these effects.

Focus group discussions consistently found participants struggling to confidently and accurately describe the difference in health effects between smoking and nicotine. The qualitative and quantitative phases of the research also consistently demonstrated confusion over the nature of nicotine, with people inclined to believe it is a naturally occurring substance that is found in tobacco and that it can also be synthetically manufactured and is something added to cigarettes during the manufacturing process.

It is plausible that the conflating of the health effects of smoking and nicotine is a factor increasing the degree of concern regarding nicotine and the sense of its harmfulness.

This may also be a factor influencing views on vaping with nicotine, to which the study finds almost as many respondents feeling uncomfortable with the notion of a young person taking up vaping with nicotine as they feel towards the notion of a young person taking up smoking cigarettes. Comparatively, vaping is not seen as being as harmful as smoking cigarettes but is seen as more harmful than most other nicotine replacement therapies. Focus group discussions appeared to confirm the sense that if nicotine is inhaled, that makes it more harmful than alternative ways of getting nicotine.

The concept of very low nicotine content (VLNC) cigarettes is neither immediately understood nor embraced by the general population. However, smokers are decidedly more interested in and supportive of their introduction. Non-smokers indicate having some concerns that their introduction would cause more people to smoke, or more smoking to be done, by people who believe that a VLNC cigarette is less harmful and that it may result in more drawbacks than benefits on the whole. Smokers, on the other hand, are more inclined to regard VLNC cigarettes as a potential tool for some smokers – perhaps not themselves – to cease their addiction and thus, ideally, reduce the number of cigarettes they smoke. That said, this study shows that some smokers do have concerns that with a reduced nicotine content, smokers will be smoking more cigarettes in order to get the nicotine to which they are addicted. Some study participants expect that if nicotine is removed, something, possibly harmful, will replace it in the manufacturing process.

The study suggests that if VLNC cigarettes are to be introduced into Canada, Canadians will benefit from an education on what a VLNC cigarette is and is not, why they are being introduced, to whom they will be available and how that is occurring.

Overall, study participants give themselves fairly high ratings on their knowledge of the health of effects both of smoking cigarettes and of nicotine specifically. The evidence suggests that self-confidence is well-placed with the former, but not nearly as well-placed with regards to nicotine specifically.

APPENDIX A: DISCUSSION GUIDES

Phase 1

INTRODUCTION	10 min	10 MIN
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Moderator introduces herself/himself and her/his role: role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest.

- The name of the firm the moderator works for, and the type of firm that employs them (i.e. an independent marketing research firm)
- The research purpose and research sponsor, described, at a minimum. The Government of Canada, Health Canada, specifically, is exploring the topic of smoking and nicotine, more specifically.
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other
- Results are confidential and reported all together/individuals are not identified/participation is voluntary
- The length of the session (1.5 hours)
- The presence of any observers, their role and purpose, and the means of observation (one-way mirror, teleconference/web streaming; colleagues viewing in the back room and listening in remotely)
- The presence and purpose of any recording being made of the session (audio and video taping of the discussion)
- Turn off cell phones for the duration of the discussion

Moderator will go around the table and ask participants to introduce themselves.

WARM-UP: HEALTH HAZARDS OF SMOKING	10 MIN	20 MIN
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- Given the subject of our discussion today, I'd like to start off with a fairly general question. To the best of your knowledge, what health effects are there from smoking cigarettes?
 - What is it in cigarettes that causes these health effects?
 - Are these health effects limited to the smoker or can others be affected? Why do you say that?
- Why are cigarettes addictive?

UNDERSTANDING OF NICOTINE	15 MIN	35 MIN
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- [HANDS UP] Have you heard the term nicotine?
 - What is it?
 - Where is nicotine found (i.e., what products contain nicotine)? *Prompt if needed: is it only found in tobacco?*
- To the best of your knowledge, what, if any, are the health effects and or diseases associated with nicotine? What organs does it affect? In what ways does it affect the body? [FLIP CHART EXERCISE]

- I would like to read you some health effects that may or may not be related to nicotine use. Please raise your hand if you believe each is true – that it is a health effect related to nicotine. [MODERATOR TO READ EFFECTS AT RANDOM]
- Are the health effects different depending on the source? For example, do you see nicotine replacement therapies (NRTs) (i.e., nicotine gum, patches, sprays, inhalers, or lozenges), vaping, and cigarette sources of nicotine as having the same or different health effects? Why? How so?
- Is there such a thing as a “clean source” of nicotine? Why do you say that?
- Do you think it is less harmful to smoke or to vape a product with nicotine in it? Why do you say that?
- Are the health effects of nicotine the same or different than those associated with smoking cigarettes? [IF YES] How so?

AWARENESS AND IMPRESSIONS OF VLNC CIGARETTES

15 MIN

50 MIN

- [HANDS UP] Have you heard of a very low nicotine content (VLNC) cigarette?
 - What have you heard? What do you know about it?

I would like to read the following description so that we are all talking about the same thing. A very low nicotine cigarette is a tobacco cigarette that is still smoked but has the vast majority (95% or more) of the nicotine removed from it. Right now, each cigarette typically contains 12-13 mg of nicotine. A VLNC could have less than 1 mg of nicotine in it. All other aspects of smoking a cigarette would be the same, with the exception of the nicotine level.

- Generally, what do you think of them? Why do you say that?
- What do you see as the perceived benefits? What about the perceived drawbacks? [FLIP CHART EXERCISE]
- Do you think VLNC's are more harmful, just as harmful, or less harmful than regular cigarettes? Why do you say that?
- What about second-hand smoke from a VLNC? Do you believe second hand smoke is the same or different? Why is that?
- Generally, do you think VLNC's would be a “healthier” cigarette? Why or why not?

PERCEIVED BEHAVIOURAL CHANGE

20 MIN

70 MIN

FOR NON-SMOKERS:

- [HANDS UP] Have you ever considered or tried smoking?
- [HANDS UP] Have you ever considered or tried vaping?
- [FOR THOSE WHO HAVE NEVER TRIED/CONSIDERED SMOKING OR VAPING] What are the main reasons why you haven't?
- If a VLNC cigarette were made available on the market, would you be curious to try it and what is the likelihood you would try it? Why? Why not?

Let's say VLNC cigarettes were the only cigarettes available to buy in Canada.

- What is your overall reaction/impression to that idea?
- What would you see as the main benefits? Drawbacks? [FLIP CHART EXERCISE, IF TIME PERMITS]
- Would you be curious to try them? Why? Why not?

FOR SMOKERS:

- Do you think you would change your smoking behavior in any way if you were to switch to VLNC cigarettes *Prompt if needed: smoke more or less? In what way? Why do you say that?*
- What if you felt the VLNC did not provide the same smoking experience (i.e. taste, nicotine level), what would you do, if anything?
 - In what ways could a VLNC product cause you to revert back to regular cigarettes? Why?
 - Would this change if VLNC cigarettes were less expensive than regular cigarettes? What if they were more expensive?
- Can you imagine a circumstance where you might attempt to alter your VLNC to add nicotine? Why?
- What if only VLNC cigarettes were available? What would you do?
 - *Prompt: Would you try to compensate? Quit? Buy counterfeit? Import from another country?*
- [HANDS UP] Have you tried to quit smoking before? What approaches did you try?
- [HANDS UP] Have any of you tried vaping?
- Let's say you were considering quitting smoking; what approach do you think you would try first? *Prompt if needed: vaping, NRTs, VLNC cigarettes, cold turkey? Why?*
 - [IF NRTs RAISED] Do you get the impression NRTs are easily accessible? Why or why not?
- How would the availability of VLNC products affect your thinking on trying to quit smoking, if at all? Why do you say that?
- Would you consider using VLNC cigarettes as a smoking cessation tool to wean off smoking? Why/why not?

Let's say VLNC cigarettes were the only cigarettes available to buy in Canada.

- What is your overall reaction/impression to that idea?
- What would you see as the main benefits? Drawbacks? [FLIP CHART EXERCISE, IF TIME PERMITS]

AWARENESS AND IMPRESSIONS OF VAPING PROMOTIONS

10 MIN

80 MIN

The federal government is interested in finding out more about where, how and what impacts promotions of e-cigarettes and vaping products have on Canadians.

- How familiar are you with vaping products? What do you know about them? Where did you learn about them?
- [HANDS UP] Have you seen or heard advertisements for vaping products, like e-cigarettes? What types of products have you seen advertised?
 - Where have you seen or heard these ads?
 - Prompt if needed: ads or product displays in stores (convenience stores, gas stations, other shops), vaping shops; television, radio, internet, social media; from peers; other channels/sources?*
 - How often do you see these ads? *Prompt if needed: Daily? Weekly? Monthly?*
- What did you see in the ad? Can you describe it?
- What messages do these ads communicate to you? What do they tell you about vaping products?
 - Are these messages believable? Is the information credible?
 - Would you be more or less likely to believe this information if it came from another source, like Health Canada? Why is that?
- Does it change your impression about vaping products? In what way(s)?
- Does it make you more curious about vaping products? Why is that? Why not?

INFORMATION RESOURCES AND TOOLS

5 MIN

85 MIN

- [HANDS UP] Has anyone ever looked up information about nicotine before?

[IF YES]
 - Where did you go?
 - What kinds of information were you looking for?
 - Did you find what you were looking for?
[IF NO]
 - Where would you go to find information about nicotine?
- Where would you go to find information about VLNC cigarettes?
- Which sources of information/spokespeople/organizations do you feel would be credible on this topic? Why?
- If VLNC cigarettes were introduced, how would you want to hear about them? *MODERATOR TO PROBE FOR SPECIFIC SOURCES/EXAMPLES.*

CONCLUSION

5 MIN

90 MIN

MODERATOR TO CHECK IN THE BACK ROOM AND PROBE ON ANY ADDITIONAL AREAS OF INTEREST.

- This concludes what we needed to cover tonight. We really appreciate you taking the time to come down here to share your views. Your input is very important.
- Reminder to those in the first group about reserving comments so as not to influence those waiting at reception for the next group.

Health effects related to nicotine use	INCORRECT health effects that people may relate to nicotine
<ul style="list-style-type: none">✓ Addiction✓ Increased risk of addiction in adolescents✓ Short term increased heart rate✓ Short term increased blood pressure✓ Mild acute toxicity which could include nausea and vomiting (note that this is dependent on dose, frequency and how consumed)✓ Poisoning if swallowed, potentially fatal if dose is significant enough (children are more susceptible at lower doses)✓ Effects on attention and cognition in adolescents✓ Fetal lung and brain development✓ Contributes to pre-term delivery, low birth weight, stillbirth, and Sudden Infant Death Syndrome (SIDS)	<ul style="list-style-type: none">✗ Nicotine is not known to cause cancer

Phase 3

INTRODUCTION	5 MIN	5 MIN
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Moderator introduces herself/himself and her/his role: role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest.

- The name of the firm the moderator works for, and the type of firm that employs them (i.e. an independent marketing research firm)
- The research purpose and research sponsor, described, at a minimum. The Government of Canada, Health Canada, specifically, is exploring the topic of vaping, more specifically.
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other
- Results are confidential and reported all together/individuals are not identified/participation is voluntary
- The length of the session (1.5 hours)
- The presence of any observers, their role and purpose, and the means of observation (one-way mirror, teleconference/web streaming; colleagues viewing in the back room and listening in remotely)
- The presence and purpose of any recording being made of the session (audio and video taping of the discussion)
- Turn off cell phones for the duration of the discussion

Moderator will go around the table and ask participants to introduce themselves.

WARM-UP: HEALTY HAZARDS OF VAPING	10 MIN	15 MIN
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- Given the subject of our discussion today, I'd like to start off with a fairly general question. What do you know about vaping? What is it?
 - How did you first learn about vaping? What other sources have taught you what you know about vaping?
- To the best of your knowledge, are there any health effects related to vaping? And to be clear, we're not talking today about vaping cannabis.
 - If so, what are they?
 - What is it about vaping that causes these health effects?
 - Are these health effects limited to the person vaping or can others be affected? Why do you say that?
- Is vaping addictive? If so, what is it about vaping that is addictive?

VAPING BEHAVIOUR	10 MIN	25 MIN
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- [HANDS UP] Have you ever considered or tried vaping?
 - Is it something your friends do? A lot of them or a few of them?
 - Is it socially acceptable in your social circle, or not, or does it even matter?
- [FOR THOSE WHO HAVE NEVER TRIED/CONSIDERED VAPING] What are the main reasons why you haven't?
 - How likely are you to ever try it? Why/why not?
 - If you're around friends who are vaping, how is that situation?

- [FOR THOSE WHO HAVE TRIED/CONSIDERED VAPING] What are the main reasons why you tried it?
 - Do you expect to vape again in the future? Why/why not?
- [IF NECESSARY] Generally speaking, what are your thoughts on vaping?
- As far as you know, do your friends use vaping products with nicotine or without?
- For those who have vaped, where do you get your vaping products (i.e. friends, family, by themselves)?

UNDERSTANDING OF NICOTINE	10 MIN	35 MIN
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- [HANDS UP] Have you heard the term nicotine?
 - What is it?
 - Where is nicotine found (i.e., what products contain nicotine)? *Prompt if needed: is it associated with vaping? If so, how?*
- To the best of your knowledge, what, if any, are the health effects associated with nicotine? In what ways does it affect the body?
- Are the health effects different depending on the source? For example, do you see nicotine replacement therapies (NRTs) (i.e., nicotine gum, patches, sprays, inhalers, or lozenges), vaping, and cigarette sources of nicotine as having the same or different health effects? Why? How so?
 - Which is less harmful or are they equally harmful: smoking a product with nicotine or vaping a product with nicotine? Why?

AWARENESS AND IMPRESSIONS OF VAPING PROMOTIONS	10 MIN	45 MIN
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The federal government is interested in finding out more about where, how and what impacts promotions of e-cigarettes and vaping products have on Canadians.

- [HANDS UP] Have you seen or heard advertisements for vaping products, like e-cigarettes? What types of products have you seen advertised or promoted?
 - Where have you seen or heard these ads?
 - Prompt if needed: ads or product displays in stores (convenience stores, gas stations, other shops), vaping shops; television, radio, internet, social media; from peers; other channels/sources?*
 - What about on social media like Instagram, Snapchat, Facebook or whatever? Have you seen people promoting or talking about vaping on social media? (Which? Both? Describe what you've seen.)
 - How often do you see ads or promotions for vaping or vape products? *Prompt if needed: Daily? Weekly? Monthly?*
 - Have you seen or heard anything from Health Canada about vaping? If so, what have you heard and where did you come across it?
- What did you see in the ad? Can you describe it?
- What messages do these ads communicate to you? What do they tell you about vaping products?
 - Are these messages believable? Is the information credible?
 - Would you be more or less likely to believe this information if it came from another source, like Health Canada? Why is that?
- Have any of them changed your impression about vaping products? In what way(s)?
- Have any of them made you more curious about vaping products or made you take some sort of action like looking things up or purchasing something? Why is that? Why not?

REACTION TO WARNING MESSAGES**40 MIN****85 MIN**

I would now like to ask you to review a series of draft warning messages about vaping that are being considered by the Government of Canada. These would be health warning messages that could possibly appear on advertising of vaping products.

I am going to pass out a sheet with the statements. Please feel free to mark it up. I would ask that you put a “v” beside the statements that resonate with you the most (i.e., are the messages clear and understandable? Do you perceive this information as credible? Does it influence the way you perceive risk of using vaping products?). Also put an “X” beside any statement you feel the government should not use or a “?” beside any statements you find confusing or unclear. Also, please circle any words that strike you as particularly good to use or cross out any that are a particularly poor choice of wording.

Please bear in mind, these are concepts and not the final product. They were created for the purposes of our discussion today/tonight.

LIST OF MESSAGES TO TEST:

1. Nicotine is highly addictive.
2. Vaping products contain nicotine. Nicotine is highly addictive.
3. Vaping products contain nicotine, a highly addictive substance.
4. Nicotine may negatively affect the developing brain.
5. Nicotine exposure during adolescence may harm the developing brain and lead to addiction.
6. Nicotine use as a teen may cause lasting effects on the brain.
7. Nicotine use as a youth may have lasting negative effects on the brain.
8. Nicotine may negatively impact the developing adolescent brain.
9. Vaping products release numerous potentially harmful chemicals.
10. Vaping products emit chemicals, some of which may be harmful.
11. Vaping can increase your exposure to potentially toxic substances.
12. Vaping products release many possibly harmful chemicals.
13. Although the long-term health effects of vaping are not known yet, vaping products release potentially toxic chemicals.
14. Youth and adult non-smokers should not vape.
15. If you don’t smoke, don’t vape.
16. Non-smokers should not vape.
17. Not for minors or non-smokers.
18. Vaping products are not to be used by young persons or non-smokers.
19. Not suitable for young persons.
20. Vaping products contain nicotine. Nicotine is highly addictive. Vaping products release numerous potentially harmful chemicals. Youth and adult non-smokers should not vape.
21. Vaping products emit chemicals, some of which may be harmful. Youth and non-smokers should not vape.

Moderator will review each statement in turn, asking:

- Overall, what did you think of this statement?
- Is it credible? Believable? Why or why not?
- Is the language understandable? Was anything unclear or confusing? Why do you say that?

- Do you understand these facts? Why or why not?
- Is it relevant to you? Does it resonate with you? Why or why not?
- Would it motivate you to take action?
 - What type of actions? Probe: avoid vaping, talk to someone, talk to parents, look for more information, etc.?
- Does it make you think more about the potential health effects of vaping?
- Is there something that would make this message stronger?

- For wherever these messages will be used, they may include the following expressions: CAUTION; WARNING; or, ATTENTION. What do you think about each of these? Are there any reasons why one is particularly good or bad to use? Do they mean the same thing, or do you see them as different? If different, how so?

IF TIME AFTER REVIEWING ALL MESSAGES:

- After reading all of these statements, has anything you’ve seen or heard here tonight changed your perception of vaping products? If so, how?
- What message(s) do these give about vaping products in general?

CONCLUSION

5 MIN

90 MIN

MODERATOR TO CHECK IN THE BACK ROOM AND PROBE ON ANY ADDITIONAL AREAS OF INTEREST.

- This concludes what we needed to cover tonight. We really appreciate you taking the time to come down here to share your views. Your input is very important.
- Reminder to those in the first group about reserving comments so as not to influence those waiting at reception for the next group.

APPENDIX B: HANDOUT

Part 3

“√” beside any that resonate with you

“X” beside any the government should not use

“?” beside any that are confusing or unclear

Circle any words that strike you as particularly good to use

~~Cross out~~ any that are a particularly poor words to use

1. Nicotine is highly addictive.
2. Vaping products contain nicotine. Nicotine is highly addictive.
3. Vaping products contain nicotine, a highly addictive substance.
4. Nicotine may negatively affect the developing brain.
5. Nicotine exposure during adolescence may harm the developing brain and lead to addiction.
6. Nicotine use as a teen may cause lasting effects on the brain.
7. Nicotine use as a youth may have lasting negative effects on the brain.
8. Nicotine may negatively impact the developing adolescent brain.
9. Vaping products release numerous potentially harmful chemicals.
10. Vaping products emit chemicals, some of which may be harmful.
11. Vaping can increase your exposure to potentially toxic substances.
12. Vaping products release many possibly harmful chemicals.
13. Although the long term health effects of vaping are not known yet, vaping products release potentially toxic chemicals.
14. Youth and adult non-smokers should not vape.
15. If you don't smoke, don't vape.
16. Non-smokers should not vape.
17. Not for minors or non-smokers.
18. Vaping products are not to be used by young persons or non-smokers.
19. Not suitable for young persons.

ON REVERSE

1. Vaping products contain nicotine. Nicotine is highly addictive. Vaping products release numerous potentially harmful chemicals. Youth and adult non-smokers should not vape.
2. Vaping products emit chemicals, some of which may be harmful. Youth and non-smokers should not vape.

APPENDIX C: SCREENERS

Phase 1

FOCUS GROUP SUMMARY

- Recruit 10 for 8 to show
- Group 1: Young adult (20-24) (QS4) non-smokers (QS5)
- Group 2: Youth (16-19) (QS4) non-smokers (QS5)
- Group 3: Adult (40-55) (QS4) smokers (QS5)
- Ensure a good mix of gender, age, income, ethnicity, in each group

TORONTO Monday, December 3, 2018

GROUP 1: Young adult (20-24) non-smokers	4:30 pm
GROUP 2: Youth (16-19) non-smokers	6:00 pm
GROUP 3: Adult (40-55) smokers	7:30 pm

HALIFAX Tuesday, December 4, 2018

GROUP 1: Young adult (20-24) non-smokers	4:30 pm
GROUP 2: Youth (16-19) non-smokers	6:00 pm
GROUP 3: Adult (40-55) smokers	7:30 pm

MONTREAL Wednesday, December 5, 2018

GROUP 1: Young adult (20-24) non-smokers	4:30 pm
GROUP 2: Youth (16-19) non-smokers	6:00 pm
GROUP 3: Adult (40-55) smokers	7:30 pm

WINNIPEG Wednesday, December 5, 2018

GROUP 1: Young adult (20-24) non-smokers	4:30 pm
GROUP 2: Youth (16-19) non-smokers	6:00 pm
GROUP 3: Adult (40-55) smokers	7:30 pm

VANCOUVER Thursday, December 6, 2018

GROUP 1: Young adult (20-24) non-smokers	4:30 pm
GROUP 2: Youth (16-19) non-smokers	6:00 pm
GROUP 3: Adult (40-55) smokers	7:30 pm

Respondent's name:	Interviewer:
Respondent's phone number:	Date:
Respondent's phone number:	Validated:
Respondent's email:	On quotas:

Hello, my name is _____ and I'm calling on behalf of Earnscliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada. We are looking for people who would be willing to participate in a discussion group. Participants will receive an honorarium for their participation.

May I continue?

Yes CONTINUE
No THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a 'round table' discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

Yes CONTINUE
No THANK AND TERMINATE

READ TO ALL: "This call may be monitored, or audio taped for quality control and evaluation purposes.

ADDITIONAL CLARIFICATION IF NEEDED:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we're asking the right questions to meet our clients' research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

S1. Do you or any member of your household work for...

	Yes	No
A marketing research firm	1	2
A magazine or newspaper, online or print	1	2
A radio or television station	1	2
A public relations company	1	2
An advertising agency or graphic design firm	1	2
An online media company or as a blog writer	1	2
The government, whether federal, provincial or municipal	1	2
An association, organization or company whose activities relate in any way to tobacco, smoking, e-cigarettes or vaping	1	2
Smoking cessation company	1	2
Legal or law firm	1	2

IF "YES" TO ANY OF THE ABOVE, THANK AND TERMINATE.

S2. **DO NOT ASK – NOTE GENDER (ENSURE A GOOD MIX)**

Male	1
Female	2

S3. Do you normally (at least half the year) reside in the [INSERT CITY] area?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

S4. Could you please tell me which of the following age categories you fall into? Are you...

16-19 years	1	CONTINUE FOR GROUP 2
20-24 years	2	CONTINUE FOR GROUP 1
25-39 years	3	THANK AND TERMINATE
40-44 years	4	CONTINUE FOR GROUP 3
45-49 years	5	CONTINUE FOR GROUP 3
50-55 years	6	CONTINUE FOR GROUP 3
56+	7	THANK AND TERMINATE
Prefer not to say	9	THANK AND TERMINATE

S5. At the present time, do you smoke cigarettes every day, occasionally, or not at all?

Every day	1	CONTINUE FOR GROUP 3
Occasionally	2	THANK AND TERMINATE
Not at all	3	SKIP TO S8

FOR GROUPS 1 & 2, MUST SAY “NOT AT ALL”. FOR GROUP 3, MUST SAY “EVERY DAY”.

S6. How long have you smoked cigarettes every day?

Less than 5 years	1	THANK AND TERMINATE
5 years or more	2	CONTINUE FOR GROUP 3

S7. Approximately, how many cigarettes would you say you smoke every day?

Less than 15 cigarettes per day	1	THANK AND TERMINATE
15 or more cigarettes per day	2	CONTINUE FOR GROUP 3

S8. Have you ever tried using an e-cigarette or a vaping device?

Yes	1
No	2

S9. What is your current employment status?

Working full-time	1	
Working part-time	2	
Self-employed	3	
Retired	4	
Unemployed	5	
Student	6	
Other	7	
DK/NR	9	THANK AND TERMINATE

S10. (NOT TO BE ASKED OF YOUTH 16-19) Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes [READ LIST]?

Under \$20,000	1	<i>ENSURE GOOD MIX OF INCOME</i>
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
DK/NR	9	THANK AND TERMINATE

S11. What is the highest level of education that you have completed?

Some high school	1
High school diploma or equivalent	2
Registered apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Post graduate degree above bachelor's level	7

S12. To make sure that we speak to a diversity of people, could you tell me what is your ethnic background?

DO NOT READ

Caucasian	1	<i>ENSURE GOOD MIX OF ETHNICITY</i>
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
Southeast Asian (i.e. Vietnamese, etc.)	7	
Arab	8	
West Asian (i.e. Iranian, Afghan, etc.)	9	
Korean	10	
Japanese	11	
Indigenous (First Nations, Métis, or Inuit)	12	
Other (please specify)	13	
DK/NR	14	

S13. Have you participated in a discussion or focus group before? A discussion group brings together a few people in order to know their opinion about a given subject.

Yes	1	
No	2	SKIP TO S17
DK/NR	9	THANK AND TERMINATE

S14. When was the last time you attended a discussion or focus group?

If within the last 6 months	1	THANK AND TERMINATE
If not within the last 6 months	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S15. How many of these sessions have you attended in the last five years?

If 4 or less	1	CONTINUE
If 5 or more	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S16. And what was/were the main topic(s) of discussion in those groups?

IF RELATED TO TOBACCO, SMOKING, CIGARETTES, VAPING, NICOTINE, GOVERNMENT POLICY ON TOBACCO (INCLUDING SMOKING, CIGARETTES, VAPING, NICOTINE, ETC.), THANK AND TERMINATE

S17. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you... (READ LIST)

Very comfortable	1	MINIMUM 4 PER GROUP
Somewhat comfortable	2	CONTINUE
Not very comfortable	3	THANK AND TERMINATE
Not at all comfortable	4	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S18. Sometimes participants are asked to read text and/or review images during the discussion. Is there any reason why you could not participate?

Yes	1	THANK AND TERMINATE
No	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S19. The discussion group will take place on [INSERT DATE @ TIME] for up to 90 minutes and participants will receive [INSERT AMOUNT] for their time. Would you be willing to attend?

Yes	1	RECRUIT
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

PRIVACY QUESTIONS

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1) First, we will be providing the hosting facility and session moderator with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. This information will not be shared with the Government of Canada department organizing this research. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	GO TO P2
No	2	GO TO P1A

We need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. GO TO P1A

P1a) Now that I've explained this, do I have your permission to provide your name and profile to the facility?

Yes	1	GO TO P2
No	2	THANK & TERMINATE

P2) An audio and/or video tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

Do you agree to be audio and/or video taped for research purposes only?

Yes	1	THANK & GO TO P3
No	2	READ RESPONDENT INFO BELOW & GO TO P2A

It is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete the report.

P2a) Now that I've explained this, do I have your permission for audio/video taping?

Yes	1	THANK & GO TO P3
No	2	THANK & TERMINATE

P3) Employees from Health Canada and/or the Government of Canada may be onsite to observe the groups in-person from behind a one-way mirror.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK & GO TO INVITATION
No	2	GO TO P3A

P3a) It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups in person. They will be seated in a separate room and observe from behind a one-way mirror. They will be there simply to hear your opinions first hand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK & GO TO INVITATION
No	2	THANK & TERMINATE

INVITATION:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place the evening of [INSERT DATE AND TIME] for up to 90 minutes.

Do you have a pen handy so that I can give you the address where the group will be held? It will be held at: [PROVIDE FACILITY NAME AND ADDRESS].

TORONTO Monday, December 3, 2018	Honorarium: \$90
Consumer Vision	4:30 pm
2 Bloor Street West, 3 rd Floor	6:00 pm
Toronto, ON M4W 3E2	7:30 pm
T: 416.967.1596	
HALIFAX Tuesday, December 4, 2018	Honorarium: \$90
Corporate Research Associates (CRA)	4:30 pm
7071 Bayers Road	6:00 pm
Halifax, NS B3L 2C2	7:30 pm
T: 902.493.3820	
MONTREAL Wednesday, December 5, 2018	Honorarium: \$90
CRC Research	4:30 pm
1610 Saint-Catherine Street West, Suite 411	6:00 pm
Montreal, QC H3H 2S2	7:30 pm
T: 514.932.7511	
WINNIPEG Wednesday, December 5, 2018	Honorarium: \$90
NRG Research Group	4:30 pm
360 Main Street, Suite 1910	6:00 pm
Winnipeg, MB R3C 3Z3	7:30 pm
T: 800.301.7655	
VANCOUVER Thursday, December 6, 2018	Honorarium: \$90
CRC	4:30 pm
1398 West 7 th Avenue	6:00 pm
Vancouver, BC V6H 3W5	7:30 pm
T: 778.379.1140	

We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts may be checking respondents' identification prior to the group, so please be sure to bring some personal identification with you (for example, a health card, a student card, or a driver's license). If you require glasses for reading make sure you bring them with you as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at [INSERT PHONE NUMBER] at our office. Please ask for [NAME]. Someone will call you in the days leading up to the discussion to remind you.

So that we can call you to remind you about the discussion group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name

Last Name

Email

Daytime phone number

Evening phone number

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse THANK & TERMINATE.

Phase 3

FOCUS GROUP SUMMARY

- Recruit 10 for 8 to show
- Group 1: Youth (16-18) susceptible non-vapers
- Group 2: Young adult (19-24) susceptible non-vapers
- Ensure a good mix of gender, age, income, ethnicity, in each group

TORONTO Tuesday, March 19, 2019

GROUP 1: Youth (16-18) susceptible non-vapers

6:00 pm

GROUP 2: Young adult (19-24) susceptible non-vapers

7:30 pm

Respondent's name:

Interviewer:

Respondent's phone number:

Date:

Respondent's phone number:

Validated:

Respondent's email:

On quotas:

Hello, my name is _____ and I'm calling on behalf of Earnscliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada. We are looking for people who would be willing to participate in a discussion group. Participants will receive an honorarium for their participation. May I continue?

Yes CONTINUE

No THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a 'round table' discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

Yes CONTINUE

No THANK AND TERMINATE

READ TO ALL: "This call may be monitored or audio taped for quality control and evaluation purposes.

ADDITIONAL CLARIFICATION IF NEEDED:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we're asking the right questions to meet our clients' research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

S1. Do you or any member of your household work for...

	Yes	No
A marketing research firm	1	2
A magazine or newspaper, online or print	1	2
A radio or television station	1	2
A public relations company	1	2
An advertising agency or graphic design firm	1	2
An online media company or as a blog writer	1	2
The government, whether federal, provincial or municipal	1	2
An association, organization or company whose activities relate in any way to tobacco, smoking, e-cigarettes or vaping	1	2
Smoking cessation company	1	2
Legal or law firm	1	2

IF “YES” TO ANY OF THE ABOVE, THANK AND TERMINATE.

S2. Could you please tell me which of the following age categories you fall into? Are you...

16-18 years	1	CONTINUE FOR GROUP 1
19-24 years	2	CONTINUE FOR GROUP 2
25-39 years	3	THANK AND TERMINATE
40-44 years	4	THANK AND TERMINATE
45-49 years	5	THANK AND TERMINATE
50-55 years	6	THANK AND TERMINATE
56+	7	THANK AND TERMINATE
Prefer not to say	9	THANK AND TERMINATE

S3. **DO NOT ASK** – NOTE GENDER (*ENSURE A GOOD MIX*)

Male	1
Female	2

S4. Do you normally (at least half the year) reside in the [INSERT CITY] area?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

S5. At the present time, do you use vaping products every day, occasionally, or not at all? Note that we are referring only to vape liquids with/without nicotine and not cannabis/marijuana/THC.

Every day	1	THANK AND TERMINATE
Occasionally	2	SKIP TO S5a, then Q7
Not at all	3	SKIP TO S6

S5a. Which of the following best describes how often you used vaping products in the past 30 days?

02 – I vaped them at least once a week, but not daily

06 – I vaped them less than weekly, but at least once in the past 30 days

SHOW IF SELECT CODE 2: How often did you vape?

03 – A couple times a week

04 – Weekends only

05 – Other (SPECIFY)

S6. Do you think in the future you might use vaping products?

Definitely not	1	THANK AND TERMINATE
Probably not	2	CONTINUE
Probably yes	3	CONTINUE
Definitely yes	4	CONTINUE

S7. At the present time, do you smoke cigarettes every day, occasionally, or not at all?

Every day	1	THANK AND TERMINATE
Occasionally	2	THANK AND TERMINATE
Not at all	3	CONTINUE

FOR BOTH GROUPS, MUST EITHER SAY “OCCASIONALLY” TO S5 OR SAY ANYTHING OTHER THAN “DEFINITELY NOT” TO S6 AND MUST NOT BE SMOKERS (S7).

S8. What is your current employment status?

Working full-time	1	
Working part-time	2	
Self-employed	3	
Retired	4	
Unemployed	5	
Student	6	
Other	7	
DK/NR	9	THANK AND TERMINATE

- S9. (NOT TO BE ASKED OF YOUTH 16-18) Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes [READ LIST]?

Under \$20,000	1	<i>ENSURE GOOD MIX</i>
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
DK/NR	9	THANK AND TERMINATE

- S10. (NOT TO BE ASKED OF YOUTH 16-18) What is the highest level of education that you have completed?

Some high school	1
High school diploma or equivalent	2
Registered apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Post graduate degree above bachelor's level	7

- S11. To make sure that we speak to a diversity of people, could you tell me what is your ethnic background?
DO NOT READ

Caucasian	1	<i>ENSURE GOOD MIX</i>
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
Southeast Asian (i.e. Vietnamese, etc.)	7	
Arab	8	
West Asian (i.e. Iranian, Afghan, etc.)	9	
Korean	10	
Japanese	11	
Indigenous (First Nations, Métis, or Inuit)	12	
Other (please specify)	13	
DK/NR	14	

- S12. Have you participated in a discussion or focus group before? A discussion group brings together a few people in order to know their opinion about a given subject.

Yes	1	
No	2	SKIP TO S15
DK/NR	9	THANK AND TERMINATE

S13. When was the last time you attended a discussion or focus group?

If within the last 6 months	1	THANK AND TERMINATE
If not within the last 6 months	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S14. How many of these sessions have you attended in the last five years?

If 4 or less	1	CONTINUE
If 5 or more	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S15. And what was/were the main topic(s) of discussion in those groups?

IF RELATED TO TOBACCO, SMOKING, CIGARETTES, VAPING, NICOTINE, GOVERNMENT POLICY ON TOBACCO (INCLUDING SMOKING, CIGARETTES, VAPING, NICOTINE, ETC.), THANK AND TERMINATE

S16. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you... (READ LIST)

Very comfortable	1	MINIMUM 4 PER GROUP
Somewhat comfortable	2	CONTINUE
Not very comfortable	3	THANK AND TERMINATE
Not at all comfortable	4	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S17. Sometimes participants are asked to read text and/or review images during the discussion. Is there any reason why you could not participate?

Yes	1	THANK AND TERMINATE
No	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S18. The discussion group will take place on [INSERT DATE @ TIME] for up to 90 minutes and participants will receive \$90 for their time. Would you be willing to attend?

Yes	1	RECRUIT
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

PRIVACY QUESTIONS

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

- P1) First, we will be providing the hosting facility and session moderator with a list of respondents' names and profiles (screener responses) so that they can sign you into the group. This information will not be shared with the Government of Canada department organizing this research. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	GO TO P2
No	2	GO TO P1A

We need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. GO TO P1A

- P1a) Now that I've explained this, do I have your permission to provide your name and profile to the facility?

Yes	1	GO TO P2
No	2	THANK & TERMINATE

- P2) An audio and/or video tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

Do you agree to be audio and/or video taped for research purposes only?

Yes	1	THANK & GO TO P3
No	2	READ RESPONDENT INFO BELOW & GO TO P2A

It is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete the report.

- P2a) Now that I've explained this, do I have your permission for audio/video taping?

Yes	1	THANK & GO TO P3
No	2	THANK & TERMINATE

- P3) Employees from Health Canada and/or the Government of Canada may be onsite to observe the groups in-person from behind a one-way mirror.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK & GO TO INVITATION
No	2	GO TO P3A

P3a) It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups in person. They will be seated in a separate room and observe from behind a one-way mirror. They will be there simply to hear your opinions first hand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

Do you agree to be observed by Government of Canada employees?

Yes	1	THANK & GO TO INVITATION
No	2	THANK & TERMINATE

INVITATION:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place the evening of Tuesday, March 19th for up to 90 minutes.

Do you have a pen handy so that I can give you the address where the group will be held? It will be held at: [PROVIDE FACILITY NAME AND ADDRESS].

TORONTO Tuesday March 19, 2019	Honorarium: \$90
	6:00 pm
Consumer Vision	7:30 pm
2 Bloor Street West, 3 rd Floor	
Toronto, ON M4W 3E2	
T: 416.967.1596	

We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts may be checking respondents' identification prior to the group, so please be sure to bring some personal identification with you (for example, a health card, a student card, or a driver's license). If you require glasses for reading make sure you bring them with you as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at **[INSERT PHONE NUMBER]** at our office. Please ask for **[NAME]**. Someone will call you in the days leading up to the discussion to remind you.

So that we can call you to remind you about the discussion group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name
Last Name
Email
Daytime phone number
Evening phone number

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse THANK & TERMINATE.

APPENDIX D: SURVEY METHODOLOGY REPORT

Survey Methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of 4,190 Canadians aged 13 and older using an online panel sample. A detailed discussion of the approach used to complete this research is presented below.

Questionnaire Design

The questionnaire for this study was designed by Earnscliffe, in collaboration with Health Canada, and provided for fielding to Leger. The survey was offered to respondents in both English and French and completed based on their preference. Respondents could not skip any of the questions as all questions required a response before continuing to the next question.

Sample Design and Selection

The sampling plan for the study was designed by Earnscliffe in collaboration with Health Canada, and the sample was drawn by Leger based on Earnscliffe's instructions. The surveys were completed using Leger's opt-in online research panel. Digital fingerprinting was used to help ensure that no respondent took the online survey more than once.

A total of 2,000 cases were collected as the sample of the general population. Oversamples were also collected for four groups, resulting in following sample sizes overall:

- Youth (aged 13-14), n=501;
- Youth (aged 15-19), n=523;
- Young adults (aged 20-24), n=548; and
- Smokers, n=1,662.

Data Collection

The online survey was conducted from February 11 to March 7, 2019 in English and in French. The survey was undertaken by Leger using their proprietary online panel.

Targets/Weighting

The sample for this study was comprised of a national core general population sample of Canadian residents plus additional oversamples among two target groups: smokers and Canadians aged 13-24. Specifically, we set targets to conduct:

- A core survey of 2,000 members of the Canadian general population (aged 15+) with specific regional quotas;
- An additional sample of 500 youth (aged 13-14);
- Oversampling to achieve a total sample of 500 youth (aged 15-19);
- Oversampling to achieve a total sample of 500 young adults (aged 20-24); and
- An oversample of an additional 1,000 smokers with specific regional quotas.

Using the most recent Census data from Statistics Canada, we estimated that the core sample of 2,000 general population respondents aged 15+ would naturally include approximately 133 youth and 161 young adults. Thus, we anticipated conducting an additional oversample of 367 interviews among youth and 339 among young adults.

Using the provincial incidence rates of smoking provided in the SoW, we expected that the core general population sample would naturally include approximately 260 smokers. As a result, we expected these two samples together to yield a combined total of 1,260 smokers aged 15+. We also expected the oversamples of youth and young adults to naturally include additional smokers of those ages, so the total number of smokers that we aimed to interview was in excess of the 1,260.

The following table provides more detailed information on our sampling approach:

	AC	QC	ON	MN/SK	AB	BC	Total
13-14 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Non-Smokers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>In Additional Oversample of 13-14</i>							
Smokers (Daily or Occasional)	11	19	31	5	17	14	97
Non-Smokers	29	101	165	23	44	42	404
Total 13-14 year-olds	40	120	196	28	61	56	501

	AC	QC	ON	MN/SK	AB	BC	Total
15-19 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	3	7	7	2	0	3	22
Non-Smokers	7	26	49	8	8	6	104
<i>Additional Oversample of 15-19</i>							
Smokers (Daily or Occasional)	5	21	27	3	5	6	67
Non-Smokers	23	98	131	25	28	22	327
<i>Additional Oversample of Daily Smokers</i>							
15-19 year-old Daily Smokers	0	0	1	1	0	1	3
Total 15-19 year-olds	38	152	215	39	41	38	523

	AC	QC	ON	MN/SK	AB	BC	Total
20-24 year-olds							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	6	11	16	2	6	5	46
Non-Smokers	3	36	46	6	7	8	106
<i>Additional Oversample of 20-24</i>							
Smokers (Daily or Occasional)	7	22	46	4	7	5	91
Non-Smokers	22	84	105	27	24	20	282
<i>Additional Oversample of Daily Smokers</i>							
20-24 year-old daily smokers	8	2	2	4	2	5	23
Total 20-24 year-olds	46	155	215	43	46	43	548

	AC	QC	ON	MN/SK	AB	BC	Total
Those Aged 25 years or older							
<i>In Base Sample of 15+</i>							
Smokers (Daily or Occasional)	30	125	153	36	40	34	418
Non-Smokers	100	391	536	91	92	95	1305
<i>Additional Oversample of 20-24</i>							
Smokers (Daily or Occasional)	N/A	N/A	N/A	1	N/A	N/A	1
Non-Smokers	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Additional Oversample of Daily Smokers</i>							
Daily smokers aged 25+	90	210	273	112	101	108	894
Total Aged 25 years or older	220	726	962	240	233	237	2618

	AC	QC	ON	MN/SK	AB	BC	Total
Total Smokers	160	417	556	170	178	181	1662
Total Non-Smokers	184	736	1032	180	203	193	2528
Total Sample	344	1153	1588	350	381	374	4190

The final data were weighted to replicate actual distribution of population aged 13 and older by region, age and gender according to the most recent Census (2016) data available and by the 2017 Canadian Tobacco, Alcohol and Drugs Survey (CTADS) to reflect the actual distribution of daily and occasional smokers. For the purposes of reporting, when examining the quantitative results among smokers, the sample includes smokers (who smoke daily and occasionally) as found in the general population sample and all oversamples and is weighted to correct for the overrepresentation of daily smokers and underrepresentation of occasional smokers. Thus, the data on smokers is reflective of the population of smokers as defined by both daily and occasional smokers.

Reporting

Bolded results presented in this report indicate that the difference between the demographic groups analysed are significantly higher than results found in other columns in same demographic analysis. In the text of the report, unless otherwise noted, differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test.

Due to rounding, results may not always add to 100%.

Quality Controls

Leger’s panel is actively monitored for quality through a number of approaches (digital fingerprinting, in-survey quality measures, incentive redemption requirements, etc.) to ensure that responses are only collected from legitimate Canadian panel members.

Results

FINAL DISPOSITIONS

A total of 19,660 individuals entered the online survey, of which 4,190 qualified as eligible and completed the survey. The response rate for this survey was 21.89%.

Total Entered Survey	19,660
Completed	4,190
Not Qualified/Screen out	7,955
Over quota	6,350
Suspend/Drop-off	1,163

Unresolved (U)	64824
Email invitation bounce-backs	1879
Email invitations unanswered	62945
In-scope - Non-responding (IS)	1163
Non-response from eligible respondents	N/A
Respondent refusals	N/A
Language problem	N/A
Selected respondent not available	N/A
Qualified respondent break-off	1163
In-scope - Responding units (R)	18495
Completed surveys disqualified – quota filled	6350
Completed surveys disqualified – other reasons	7955
Completed surveys	4190
Response Rate = $R/(U+IS+R)$	21.89%

NONRESPONSE

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys by joining an online opt-in panel. The notion of nonresponse is more complex than for random probability studies that begin with a sample universe that can, at least theoretically, include the entire population being studied. In such cases, nonresponse can occur at a number of points before being invited to participate in this particular survey, let alone in deciding to answer any particular question within the survey.

That being said, in order to provide some indication of whether the final sample is unduly influenced by a detectable nonresponse bias, the tables below compare the unweighted and weighted distributions of each sample's demographic characteristics.

All weighting was determined based upon the most recent Census data available from Statistics Canada. The variables used for the weighting of each sample were age and gender within each region for the general population sample.

TOTAL SAMPLE PROFILE: UNWEIGHTED VERSUS WEIGHTED DISTRIBUTIONS

	Online	
Region	Unweighted Sample (n)	Weighted Sample (n)
Atlantic	344	285
Quebec	1153	985
Ontario	1588	1609
Manitoba/Saskatchewan	350	272
Alberta	381	469
British Columbia/Territories	374	570

	Online	
Age	Unweighted Sample (n)	Weighted Sample (n)
13-14	501	105
15-19	523	282
20-24	548	312
25-34	465	643
35-54	988	1335
55-64	575	685
65+	590	828

	Online	
Gender	Unweighted Sample (n)	Weighted Sample (n)
Male	1946	2045
Female	2227	2130
Other gender identity/Prefer not to say	17	15

	Online	
Education (18 and older)	Unweighted Sample (n)	Weighted Sample (n)
Grade 8 or less	17	21
Some high school/High school diploma	164	908
Apprenticeship/Trade certification	245	266
College/CEGEP/non-university diploma	814	961
University certificate or diploma below Bachelor's level	268	313
Bachelor's degree	718	1000
Post-graduate degree	267	422
Prefer not to answer	24	30

	Online	
Household Income (16 and older)	Unweighted Sample (n)	Weighted Sample (n)
Under \$40,000	989	932
\$40,000 to just under \$80,000	1020	1186
\$80,000 and above	1124	1440
Prefer not to answer/Don't know	423	462

	Online	
Language Spoken Most Often	Unweighted Sample (n)	Weighted Sample (n)
English	3051	3031
French	950	958
Other	183	195
Prefer not to answer	7	7

	Online	
Employment (18 and older)	Unweighted Sample (n)	Weighted Sample (n)
Working full-time	1224	1576
Working part-time	343	367
Self employed	166	216
Unemployed, looking for work	150	157
Student	431	307
Retired	733	992
Not in the workforce	172	180
Other/Prefer not to answer	125	125

MARGIN OF ERROR

Respondents for the online survey were selected from among those who have volunteered to participate/registered to participate in online surveys. Because the sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated. The results of such surveys cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research for online surveys.

SURVEY DURATION

The online survey took an average of 14 minutes to complete.

APPENDIX E: FOCUS GROUP METHODOLOGY REPORT

Methodology

In Phase 1, a total of 15 in-person focus groups were conducted with three segments of the Canadian population: youth (16-19) non-smokers; young adult (20-24) non-smokers; and adult (40-55) smokers. Three sessions were conducted in each of the following locations across Canada: Toronto; Halifax; Montreal; Winnipeg; and, Vancouver. All groups were 1.5 hours in length. The groups in Montreal were conducted in French. All others were conducted in English.

In Phase 3, a total of 2 focus groups were conducted with two segments of the Canadian population: youth (16-18) and young adults (20-24) who occasionally vape or may be susceptible to trying it. The groups were conducted in Toronto. All groups were 1.5 hours in length. The groups were conducted in English.

Schedule and Composition of the Focus Groups

Phase 1

City	Group	Audience	Number of Participants	Date/Time
Toronto, ON	Group 1	Young adults (20-24) non-smokers	8	Monday, December 3, 4:30 pm
	Group 2	Youth (16-18) non-smokers	5	Monday, December 3, 6:00 pm
	Group 3	Adult (40-55) smokers	7	Monday, December 3, 7:30 pm
Halifax, NS	Group 1	Young adults (20-24) non-smokers	10	Monday, December 3, 4:30 pm
	Group 2	Youth (16-18) non-smokers	10	Monday, December 3, 6:00 pm
	Group 3	Adult (40-55) smokers	10	Monday, December 3, 7:30 pm
Montreal, QC	Group 1	Young adults (20-24) non-smokers	8	Monday, December 3, 4:30 pm
	Group 2	Youth (16-18) non-smokers	9	Monday, December 3, 6:00 pm
	Group 3	Adult (40-55) smokers	6	Monday, December 3, 7:30 pm
Winnipeg, MB	Group 1	Young adults (20-24) non-smokers	9	Wednesday, December 5, 4:30 pm
	Group 2	Youth (16-18) non-smokers	9	Wednesday, December 5, 6:00 pm
	Group 3	Adult (40-55) smokers	9	Wednesday, December 5, 7:30 pm
Vancouver, BC	Group 1	Young adults (20-24) non-smokers	9	Thursday, December 6, 4:30 pm
	Group 2	Youth (16-18) non-smokers	9	Thursday, December 6, 6:00 pm
	Group 3	Adult (40-55) smokers	8	Thursday, December 6, 7:30 pm

Phase 3

City	Group	Audience: Susceptible to vaping	Number of Participants	Date/Time
Toronto, ON	Group 1	Youth (16-18)	7	Tuesday, March 19, 6:00 pm
	Group 2	Young adults (20-24)	10	Tuesday, March 19, 7:30 pm

Recruitment

Participants were recruited using a five-minute screening questionnaire (included in Appendix C).

The target audiences for this study were members of the general population, 16 years and older. The screener contained a series of standard screening questions to ensure participants qualified based on their age and smoking or vaping behaviour. Additionally, we screened participants to ensure a good mix of: gender, age, household income, ethnicity, etc. This heterogeneous sample was used in order to ensure the group more closely replicated the segment of the population being studied.

Our fieldwork subcontractor, CRC Research, relied on their proprietary panel (database) to identify participants that fit the initial age and behavioural (non-smoker, smoker, susceptibility to vaping, etc.) requirements. They followed up with telephone calls to pre-qualify respondents.

CRC Research's panel is extensive with some 440,000 Canadians profiled. Potential group participants are recruited to their database via mixed-mode: following a proprietary online survey, referral, social media, link on their website, and print advertising.

CRC Research understands the nuances of qualitative recruiting and the importance of locating qualified, interested respondents. Their recruiting is undertaken in strict accordance with the Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research.

Reminder calls were made prior to the groups to confirm participants' intention to attend and to encourage higher rates of participation. As well, all participants received a cash honorarium of \$90 at the end of the group discussion. This amount is consistent with honorariums for groups of this duration being conducted in major urban centres and is in line with the amount proposed to the federal government for this contract.

A total of 10 participants were recruited for each group. Upon arrival at the focus group facility, all participants were required to provide photo identification to ensure they were the individual who had been recruited for that particular focus group.

All participants signed a document, prior to conducting the groups, acknowledging their consent to be video/audio recorded, for the purposes of review and analysis in preparation of this report. All groups were digitally recorded and live online streaming was made available for observers to view the groups remotely.

Moderation

For Phase 1 we relied on two qualified moderators. Given the timeline for the project, using two moderators allowed us to conduct all of the focus groups over the course of one week (4 nights).

Both moderators attended the kick-off night of focus groups in Toronto. This ensured that both were aware of the flow of the focus groups and involved in any conversation about potential changes to the discussion guide or flow of conversation for each subsequent night.

In our experience, there is value in using multiple moderators (within reason) as it ensures that no single moderator develops early conclusions. Each moderator takes notes and summarizes their groups and after each night of groups, the moderators each provides the other with a debrief on the groups including the functionality of the discussion guide; any issues relating to recruiting, turnout, technology or the facility; and key findings including noting instances where they were unique and where they were similar to previous sessions. Together, they discuss the findings both on an ongoing basis in order to allow for probing of areas that require further investigation in subsequent groups and before the final results are reported.

A Note About Interpreting Qualitative Research Results

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

APPENDIX F: SURVEY INSTRUMENT

Adult Landing Page

Thank you for agreeing to take part in this survey. We anticipate that the survey will take approximately 18 minutes to complete.

[NEXT]

Adult Introduction

Background information

This research is being conducted by Earnscliffe Strategy Group, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 18 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

The final report written by Earnscliffe Strategy Group will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earnscliffe at research@earnsccliffe.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[CONTINUE TO Q1]

Section 1: Adult Screening

1. Are you?

Male	1
Female	2
Other	3
Prefer not to answer	9

2. In what year were you born?

[INSERT YEAR]

3. Which of the following provinces or territories do you live in?

Newfoundland and Labrador	1
Nova Scotia	2
Prince Edward Island	3
New Brunswick	4
Quebec	5
Ontario	6
Manitoba	7
Saskatchewan	8
Alberta	9
British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to answer [TERMINATE]	99

4. Are you a parent or legal guardian of a child that is under 18 years old? If so, how many children are in each of the following age categories?

None	ASSIGN TO GENPOP
Under 13 years of age	ASSIGN TO GENPOP IF <u>ONLY</u> CHILDREN <13
13-14 years of age	RANDOMLY SELECT AS GENPOP <u>OR</u> YOUTH (13-14)
15 years of age	RANDOMLY SELECT AS GENPOP <u>OR</u> YOUTH (15)
16-17 years of age	RANDOMLY SELECT AS GENPOP <u>OR</u> YOUTH (16-17)

[ALL CASES OF PARENTS OF CHILDREN AGED 13-17 ARE RANDOMLY DIVIDED INTO EITHER A GENPOP RESPONDENT OR A POTENTIAL TEEN RESPONDENT. THOSE SELECTED AS GENPOP SKIP TO Q8. THOSE SELECTED AS YOUTH CONTINUE TO YOUTH SCREENING.]

IF SELECTED FOR YOUTH INTERVIEW: Parent Page Consent

We would like to include your teenager in this very important study and are asking your permission to include them in our sample.

- ☐ Yes NEXT SCREEN
☐ No TERMINATE

Background information

This research is being conducted by Earnscliffe Strategy Group, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to assess the knowledge, attitudes and behaviours of Canadians. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions.

How does the online survey work?

- Your child is being asked to offer his/her opinions and experiences through an online survey.
- We anticipate that the survey will take 18 minutes to complete.
- Your child's participation in the survey is completely voluntary.
- Your child's responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

What about your child's personal information?

- The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your child's personal information such as demographic information to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.

- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your child's personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your child personal information has been handled improperly.

What happens after the online survey?

The final report written by Earncliffe Strategy Group will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earncliffe at research@earncliffe.ca.

Your assistance is greatly appreciated, and we look forward to receiving your child's feedback.

Teen Landing Page

13-15 YEAR-OLD TEENS ONLY (13-15): Your parent or legal guardian has given permission for you to participate in this very important study. Your participation is voluntary, so it is up for you to decide whether you are willing to answer, but we hope you do! Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. You can do the survey on your computer, laptop, tablet or phone. You can stop at any time, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

16-17 YEAR-OLD TEENS ONLY (16-17): Your parent or legal guardian has agreed to let us invite you to participate in this very important study. Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do! Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. You can do the survey on your computer, laptop, tablet or phone. You can stop at any time if you feel uncomfortable, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

Thank you for agreeing to take part. We anticipate that the survey will take approximately 18 minutes to complete.

[NEXT]

Teen Introduction

Background information

This research is being conducted by Earncliffe Strategy Group, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 18 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the *Department of Health Act* in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your personal information such as demographic information to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. For more information about these rights, or about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or privacy-vie.privee@hc-sc.gc.ca. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

The final report written by Earncliffe Strategy Group will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, you may contact Earncliffe at research@earncliffe.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.

[CONTINUE TO Q5]

Section 2: Youth Screening (13-17)

5. Are you?

Male	1
Female	2
Other	3

6. In what year were you born?

[INSERT YEAR]

7. In what month were you born?

January	1
February	2
March	3
April	4
May	5
June	6
July	7
August	8
September	9
October	10
November	11
December	12

Section 3: Current Behaviours

8. The first questions are about smoking, vaping, cannabis and alcohol. For each of the following, please indicate whether, at the present time, this is something you do every day, occasionally or not at all.
[RANDOMIZE]

PROGRAMMING NOTE: Vaping devices are usually battery-powered and may come with removable parts. Vaping devices are available in many shapes and sizes. Some are small and look like USB drives or pens, while others are much larger.

Vaping products have many names, including: mods, vapes, sub-ohms, vape pens, e-hookahs, tank systems, electronic cigarettes/e-cigarettes, or electronic nicotine delivery systems (ENDS). They may also be known by various brand names.

- a. Smoke cigarettes (including cigarettes that are bought ready-made as well as cigarettes that you make yourself with only tobacco)
 - b. Use vaping products containing nicotine
 - c. Use vaping products that do not contain nicotine
 - d. Smoke a cannabis cigarette or joint
 - e. [ALWAYS ASKED AFTER Q8d] Use cannabis in any other form such as vaping it
 - f. Drink alcohol
- | | |
|----------------------|---|
| Every day | 1 |
| Occasionally | 2 |
| Not at all | 3 |
| Prefer not to answer | 8 |

Don't know

9

9. And for each of the following, please indicate whether this is something you have ever tried – even if it was just once. [RANDOMIZE]

PROGRAMMING NOTE: Vaping devices are usually battery-powered and may come with removable parts. Vaping devices are available in many shapes and sizes. Some are small and look like USB drives or pens, while others are much larger.

Vaping products have many names, including: mods, vapes, sub-ohms, vape pens, e-hookahs, tank systems, electronic cigarettes/e-cigarettes, or electronic nicotine delivery systems (ENDS). They may also be known by various brand names.

- a. [IF Q8a>2] Smoked a cigarette, even just a few puffs
- b. [IF Q8b>2 AND Q8c>2] Used a vaping product containing nicotine, even just a few puffs
- c. [IF Q8b>2 AND Q8c>2] Used a vaping product that did not contain nicotine, even just a few puffs
- d. [IF Q8d>2 AND Q8e>2] Smoked a cannabis cigarette or joint, even just a few puffs
- e. [IF Q8d>2 AND Q8e>2] [ALWAYS ASKED AFTER Q9d] Used cannabis in any other form such as vaping it, even just a bit
- f. [IF Q8f>2] Drank alcohol, even just a few sips

Yes, have tried at least once

1

No, have never tried

2

Prefer not to answer

8

Don't know

9

10. Do you think in the future you might try each of the following? [RANDOMIZE]

PROGRAMMING NOTE: Vaping devices are usually battery-powered and may come with removable parts. Vaping devices are available in many shapes and sizes. Some are small and look like USB drives or pens, while others are much larger.

Vaping products have many names, including: mods, vapes, sub-ohms, vape pens, e-hookahs, tank systems, electronic cigarettes/e-cigarettes, or electronic nicotine delivery systems (ENDS). They may also be known by various brand names.

- a. [IF Q9a>1] Smoking a cigarette, even just a few puffs
- b. [IF Q9b>1 AND Q9c>1] Using a vaping product containing nicotine, even just a few puffs
- c. [IF Q9b>1 AND Q9c>1] Using a vaping product that did not contain nicotine, even just a few puffs
- d. [IF Q9d>1 AND Q9e>1] Smoking a cannabis cigarette or joint, even just a few puffs
- e. [IF Q9d>1 AND Q9e>1] [ALWAYS ASKED AFTER Q10d] Using cannabis in any other form such as vaping it, even just a bit
- f. [IF Q9f>1] Drinking alcohol, even just a few sips

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4
Prefer not to answer	8
Don't know	9

10A. [IF Q8a<3 OR Q9a=1] Have you smoked at least 100 tobacco cigarettes in your life?

Yes	1
No	2
Prefer not to answer	8
Don't know	9

[IF Q8a=1 or 2]

11. On average, how many cigarettes do you smoke per day? REQUIRE PRECISE NUMBER IN CIGARETTES NOT PACKS.

RECORD OPEN-END NUMERIC RESPONSE

ADD COLLAPSED RESPONSE:

Less than 1 cigarette a day	1
1-4 cigarettes a day	2
5-10 cigarettes a day	3
11-20 cigarettes a day	4
More than 20 cigarettes a day	5
Prefer not to answer	8
Don't know	9

[IF Q8a=2]

12. On the days that you do smoke, about how many cigarettes do you smoke? REQUIRE PRECISE NUMBER IN CIGARETTES NOT PACKS.

RECORD OPEN-END NUMERIC RESPONSE

ADD COLLAPSED RESPONSE:

Less than 1 cigarette a day	1
1-4 cigarettes a day	2
5-10 cigarettes a day	3
11-20 cigarettes a day	4
More than 20 cigarettes a day	5
Prefer not to answer	8
Don't know	9

[IF Q8a=3]

13. There may be different reasons why people do not smoke. For each of the following, please indicate how strongly you agree or disagree that this is a reason why you do not smoke. [RANDOMIZE]

- a. I want to avoid addiction
- b. I want to avoid the diseases associated with smoking
- c. I do not like the smell
- d. It's not socially acceptable or popular in my circle of friends
- e. It's expensive
- f. I do not enjoy smoking
- g. I do not see any good reason to smoke
- h. I quit smoking

Strongly disagree	1
Disagree	2
Neither agree nor disagree	3
Agree	4
Strongly agree	5
Prefer not to answer	8
Don't know	9

[IF Q8b=1]

14. On average, how many times in a typical day do you use an e-cigarette or vaping device with a liquid or cartridge containing nicotine? REQUIRE PRECISE NUMBER.

RECORD OPEN-END NUMERIC RESPONSE

ADD COLLAPSED RESPONSE:

Less than once a day	1
1-4 times a day	2
5-10 times a day	3
11-20 times a day	4
More than 20 times a day	5
Prefer not to answer	8
Don't know	9

[IF Q8b=2]

15. On the days that you do use an e-cigarette or vaping device with a liquid or cartridge containing nicotine, on average, about how many times do you use it? REQUIRE PRECISE NUMBER.

RECORD OPEN-END NUMERIC RESPONSE

ADD COLLAPSED RESPONSE:

Less than once a day	1
1-4 times a day	2
5-10 times a day	3
11-20 times a day	4
More than 20 times a day	5
Prefer not to answer	8
Don't know	9

[IF Q8b<3]

16. When you use an e-cigarette or vaping device with a liquid or cartridge containing nicotine, what is the content or concentration of nicotine? Please use each of the two drop-down menus below to indicate the number and unit of measure of nicotine.

[DROP-DOWN 1]

1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25

26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
Over 60	61
Prefer not to answer	98
Don't know	99

17. [DROP-DOWN 2]

mg/ml	1
mg	2
%	3
Other: Please specify	7
Prefer not to answer	8
Don't know	9

[IF Q8b<3]

18. Where do you usually get your vaping devices and or liquids that contain nicotine? Please select all that apply. [SELECT ALL THAT APPLY]

I buy it myself at a vape shop	1
I buy it myself at a convenience store	2
I buy it myself at other retail stores	3
I buy it myself online	4
I buy it from a friend	5
I ask someone to buy it for me	6
A family member gives/lends it to me	7
A friend gives/lends it to me	8
Someone else gives/lends it to me	9
Other (Specify): _____	88
Prefer not to answer	98
Don't know	99

[IF Q18=5 AND BETWEEN AGES OF 13-18]

19. Which of the following best describes the age of the friend you bought it from?

They are younger than you	1
They are your age	2
They are a year or two older than you	3
They are more than a couple of years older than you	4
Prefer not to answer	8
Don't know	9

[IF Q18=6 AND BETWEEN AGES OF 13-18]

20. Which of the following best describes the age of the person who bought it for you?

They are younger than you	1
They are your age	2
They are a year or two older than you	3
They are more than a couple of years older than you	4
Prefer not to answer	8
Don't know	9

[IF Q18=7 AND BETWEEN AGES OF 13-18]

21. Which of the following best describes the age of the family member who gave/lent it to you?

They are younger than you	1
They are your age	2
They are a year or two older than you	3
They are more than a couple of years older than you	4
Prefer not to answer	8
Don't know	9

[IF Q18=8 AND BETWEEN AGES OF 13-18]

22. Which of the following best describes the age of the friend who gave/lent it to you?

- | | |
|---|---|
| They are younger than you | 1 |
| They are your age | 2 |
| They are a year or two older than you | 3 |
| They are more than a couple of years older than you | 4 |
| Prefer not to answer | 8 |
| Don't know | 9 |

[IF Q18=9 AND BETWEEN AGES OF 13-18]

23. Which of the following best describes the age of the person who gave/lent it to you?

- | | |
|---|---|
| They are younger than you | 1 |
| They are your age | 2 |
| They are a year or two older than you | 3 |
| They are more than a couple of years older than you | 4 |
| Prefer not to answer | 8 |
| Don't know | 9 |

Section 4: Knowledge of Nicotine

24. How knowledgeable would you say you are about each of the following? [RANDOMIZE]

- a. The health impacts of **smoking**
- b. The health impacts of **nicotine**

- | | |
|--------------------------|---|
| Not knowledgeable at all | 1 |
| A little knowledgeable | 2 |
| Moderately knowledgeable | 3 |
| Very knowledgeable | 4 |
| Don't know | 8 |
| Prefer not to answer | 9 |

25. How concerned are you about the health effects or health hazards of nicotine on its own?

- | | |
|----------------------|---|
| Not at all concerned | 1 |
| Not very concerned | 2 |
| Somewhat concerned | 3 |
| Very concerned | 4 |
| Prefer not to answer | 8 |
| Don't know | 9 |

26. How harmful do you feel nicotine is to the health of those using products with nicotine in it?

Not at all harmful	1
A little harmful	2
Moderately harmful	3
Harmful	4
Very harmful	5
Prefer not to answer	8
Don't know	9

27. To the best of your knowledge, for each of the possible health impacts listed below, please indicate whether you feel it is related to smoking tobacco cigarettes, related to nicotine on its own, related to both, or related to neither. [RANDOMIZE]

- a. Addiction
- b. Attention or cognition effects
- c. Bad breath
- d. Cancer
- e. Effects on unborn children (i.e. brain, lung development)
- f. Effects on appearance (i.e. wrinkly skin, yellowing teeth, fingers)
- g. Gum disease/tooth loss/mouth disease
- h. Headaches
- i. Heart diseases (i.e. attack, angina, strokes)
- j. Heart problems (i.e. circulation, blood clots, elevated heart rate)
- k. Impotence/sexual dysfunction
- l. Lung diseases (i.e. asthma, emphysema, bronchitis)
- m. Lung problems (i.e. respiratory problems/difficulty breathing/shortness of breath/coughing)
- n. Poisoning
- o. Poor physical condition/loss of energy
- p. Sudden Infant Death Syndrome (SIDS)
- q. (Specify): _____

Related only to smoking tobacco cigarettes	1
Related only to nicotine on its own	2
Related to both	3
Related to neither	4
Prefer not to answer	8
Don't know	9

Section 5: Impressions of Nicotine

28. Please indicate how strongly you agree or disagree with each of the following statements. [ASK BLOCKS IN A FIXED ORDER, BUT RANDOMIZE WITHIN EACH BLOCK.]

[FIRST BLOCK. RANDOMIZE WITHIN BLOCK.]

- a. Nicotine is a naturally occurring substance
- b. Nicotine can be synthetically manufactured (made in a chemical lab)
- c. Nicotine is found naturally in tobacco plants
- d. Nicotine is a substance added to cigarettes during the manufacturing process

[SECOND BLOCK. RANDOMIZE WITHIN BLOCK.]

- e. If nicotine was removed from cigarettes, cigarettes would be less harmful
- f. If nicotine was removed from vaping products, vaping products would be less harmful
- g. [SMOKERS] I really don't think about the level of nicotine in cigarettes
- h. [VAPERS] I really don't think about the level of nicotine in vaping products
- i. I don't see any problem with young people using vaping products with nicotine
- j. I don't see any problem with young people using vaping products without nicotine
- k. I don't see any problem with young people taking up smoking cigarettes
- l. I don't see any problem with young people using nicotine replacement therapies
- m. My sense is that most people who are vaping are not vaping with nicotine
- n. My sense is that most people who are vaping don't know if the vaping product contains nicotine

[THIRD BLOCK. RANDOMIZE WITHIN BLOCK.]

- o. Vaping is socially acceptable
- p. Smoking regular cigarettes is socially acceptable
- q. Vaping is embarrassing/not cool
- r. [SMOKERS] People close to me are upset at my smoking
- s. [VAPERS] People close to me are upset at my vaping
- t. [NON-SMOKERS] People close to me would be upset if I smoked
- u. [NON-VAPERS] People close to me would be upset if I vaped

Strongly disagree	1
Somewhat disagree	2
Neither agree nor disagree	3
Somewhat agree	4
Strongly agree	5
Prefer not to answer	8
Don't know	9

Section 6: VLNC Concept Testing

The next questions are about a potential new product called a “very low nicotine content” cigarette.

A very low nicotine cigarette is a tobacco cigarette that is still smoked but has the vast majority (95% or more) of the nicotine removed from it. Right now, each cigarette typically contains 12-13 mg of nicotine. A very low nicotine content (VLNC) cigarette could have less than 1 mg of nicotine in it. All other aspects of smoking a cigarette would be the same, with the exception of the nicotine level. Note that the very low nicotine content cigarette is not the same as “light” or “mild” products that used to be available in Canada.

29. How favourable or unfavourable an opinion do you have of this concept of very low nicotine content (VLNC) cigarettes?

Completely unfavourable opinion	1
Unfavourable opinion	2
Neutral opinion	3
Favourable opinion	4
Completely favourable opinion	5
Prefer not to answer	8
Don't know	9

30. If a very low nicotine content cigarette were to become available in Canada, do you think you might try smoking it?

Definitely not	1
Probably not	2
Probably yes	3
Definitely yes	4
Prefer not to answer	8
Don't know	9

[IF Q8a<3 AND IF Q30 IS BETWEEN 2 AND 4]

31. Based on what you know about a very low nicotine content (VLNC) cigarette, if they were made available alongside regular nicotine cigarettes, which of the following would you do?

Would entirely replace current cigarettes smoked	1
Would partially replace current cigarettes smoked	2
Would be in addition to current cigarettes smoked	3
Would try it but likely go back to my current cigarettes smoked	4
Prefer not to answer	8
Don't know	9

32. Thinking of the friends or family of yours who are currently smokers, how likely would you be to recommend they try a very low nicotine content (VLNC) cigarette instead of a regular cigarette?

Not at all likely	1
Not very likely	2
Somewhat likely	3
Very likely	4
Not applicable (i.e. don't have friends or family who smoke)	5
Prefer not to answer	8
Don't know	9

[IF Q8a>2]

33. Thinking of smokers who might choose to smoke or switch to very low nicotine content (VLNC) cigarettes, how do you expect the total number of cigarettes (both regular and VLNC) they smoke in a day would change, if at all?

The number of cigarettes smoked would decrease a lot	1
The number of cigarettes smoked would decrease a little	2
Just as many cigarettes would be smoked	3
The number of cigarettes smoked would increase a little	4
The number of cigarettes smoked would increase a lot	5
Prefer not to answer	8
Don't know	9

[IF Q8a<3]

34. Thinking of yourself, if you chose to smoke or switch to very low nicotine content (VLNC) cigarettes, how do you expect the total number of cigarettes you smoke in a day would change, if at all?

The number of cigarettes I smoke would decrease a lot	1
The number of cigarettes I smoke would decrease a little	2
I would smoke just as many cigarettes	3
The number of cigarettes I smoke would increase a little	4
The number of cigarettes I smoke would increase a lot	5
Prefer not to answer	8
Don't know	9

35. Based on the information you've just been provided about very low nicotine content (VLNC) cigarettes, how harmful to your health do you think they are in comparison to regular cigarettes?

A lot less harmful	1
A little less harmful	2
Just as harmful	3
A little more harmful	4
A lot more harmful	5
Prefer not to answer	8
Don't know	9

36. And based on this information you've just been provided about very low nicotine content (VLNC) cigarettes, how addictive do you think they are in comparison to regular cigarettes?

- | | |
|-------------------------|---|
| A lot less addictive | 1 |
| A little less addictive | 2 |
| Just as addictive | 3 |
| A little more addictive | 4 |
| A lot more addictive | 5 |
| Prefer not to answer | 8 |
| Don't know | 9 |

37. Please indicate how strongly you agree or disagree with each of the following statements about very low nicotine content (VLNC) cigarettes. [RANDOMIZE. RANDOMLY DIVIDE INTO TWO BLOCKS. DISPLAY ONE BLOCK AT A TIME.]

- a. If regular cigarettes were still available, non-smokers who would otherwise not try smoking would decide to start smoking very low nicotine content (VLNC) cigarettes.
- b. If regular cigarettes with nicotine were unavailable, non-smokers who would otherwise not try smoking would decide to start smoking very low nicotine content (VLNC) cigarettes
- c. Very low nicotine content (VLNC) cigarettes would help smokers who are trying to quit
- d. If nicotine is removed from cigarettes, something else would be added to replace it
- e. If very low nicotine content (VLNC) cigarettes were to become available in Canada as the only type of cigarette available, it would increase the number of regular cigarettes sold on the black market
- f. Smoking a very low nicotine content (VLNC) cigarette would be acceptable in my social circles
- g. Smoking a very low nicotine content (VLNC) cigarette would be just as enjoyable for smokers as smoking a regular cigarette
- h. If regular cigarettes were still available, people would only choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes if they were less expensive than regular cigarettes
- i. I don't see any reason why someone would choose very low nicotine content (VLNC) cigarettes instead of regular cigarettes

- | | |
|----------------------------|---|
| Strongly disagree | 1 |
| Somewhat disagree | 2 |
| Neither agree nor disagree | 3 |
| Somewhat agree | 4 |
| Strongly agree | 5 |
| Prefer not to answer | 8 |
| Don't know | 9 |

38. Based on the description provided, do you feel very low nicotine content (VLNC) cigarettes have more benefits or drawbacks for smokers?

Have drawbacks and no benefits	1
Have drawbacks that outweigh the benefits	2
Have benefits and drawbacks that are equal	3
Have benefits that outweigh the drawbacks	4
Have benefits and no drawbacks	5
Prefer not to answer	8
Don't know	9

[FOR PRE-TEST ONLY FOLLOW Q38 WITH: Do you find this question easy to understand Y/N]

39. People can get nicotine in a variety of forms. How harmful do you feel nicotine is, or would be, to the health of those using each of the following products with nicotine in it? Please use a 5-point scale where '1' means not at all harmful, and '5' means very harmful. [RANDOMIZE]

- a. Regular cigarettes
- b. Nicotine gum
- c. Nicotine spray
- d. Nicotine lozenge
- e. Nicotine patch
- f. Nicotine inhaler
- g. Vaping a product containing nicotine
- h. Very low nicotine content (VLNC) cigarettes

Not at all harmful	1
A little harmful	2
Moderately harmful	3
Harmful	4
Very harmful	5
Prefer not to answer	8
Don't know	9

Section 7: Information Sharing

[ASK OF PARENTS WITH CHILDREN 13-17]

40. Among the following topics, which ones have you discussed with your teenage child/children, if any? Check all that apply. [RANDOMIZE]

Drug use	1
Opioids	2
Smoking	3
Vaping	4
Nicotine	5
Cannabis	6
Alcohol	7
None of the above	8
Prefer not to answer	88
Don't know	99

[ASK OF TEENS 13-17 ONLY]

41. Among the following topics, which ones have you already had a discussion with one of your parents or legal guardian about, if any? Check all that apply. [RANDOMIZE]

Drug use	1
Opioids	2
Smoking	3
Vaping	4
Nicotine	5
Cannabis	6
Alcohol	7
None of the above	8
Prefer not to answer	88
Don't know	99

Section 8: Demographics

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

42. What is the language you speak most often at home?

English	1
French	2
Other (SPECIFY)	3
Prefer not to answer	9

43. Are you an Indigenous person, that is, First Nations (North American Indian), Métis or Inuk (Inuit)?

Yes	1
No	2
Prefer not to answer	9

44. [ASK 18+ ONLY] What is the highest level of education that you have completed?

Grade 8 or less	1
Some high school	2
High school diploma or equivalent	3
Registered apprenticeship or other trades certificate or diploma	4
College, CEGEP or other non-university certificate or diploma	5
University certificate or diploma below bachelor's level	6
Bachelor's degree	7
Post graduate degree above bachelor's level	8
Prefer not to answer	9

45. [ASK 16+ ONLY] Which of the following categories best describes your total household income for 2018?
That is, the total income of all persons in your household combined, before taxes?

Under \$20,000	1
\$20,000 to just under \$40,000	2
\$40,000 to just under \$60,000	3
\$60,000 to just under \$80,000	4
\$80,000 to just under \$100,000	5
\$100,000 to just under \$150,000	6
\$150,000 and above	7
Prefer not to answer	8
Don't know	9

46. [ASK 18+ ONLY] Which of the following categories best describes your current employment status? Are you...

Working full-time, that is, 35 or more hours per week?	1
Working part-time, that is, less than 35 hours per week?	2
Self-employed?	3
Unemployed, but looking for work?	4
A student attending school full-time?	5
Retired?	6
Not in the workforce? [Full-time homemaker, unemployed, not looking for work]	7
Other	8
Prefer not to answer	9

47. What are the first three digits of your postal code?

[INSERT FIRST THREE DIGITS OF POSTAL CODE. FORMAT A1A]

Prefer not to answer

9

48. We may conduct follow-up qualitative research to better understand opinions on this topic. This may take the form of a moderated in-person discussion or a moderated online community of individuals like yourself. Participants would receive an honorarium as a thank you for their time.

Participating in the next phase of research is completely voluntary. If you are interested, you will be required to provide your first name, last name, a contact telephone number and your email address to be screened for the research. Please note that this information will not be used for any analysis of your responses and will only be used if you are selected to be among those invited to participate in a subsequent qualitative phase of research.

Would you be interested in participating?

Yes

No [END SURVEY]

[PRE-TEST ONLY ADD QUESTIONS A THRU J]

- A. Did you find any aspect of this survey difficult to understand? Y/N
- B. [IF A=YES] If so, please describe what you found difficult to understand.
- C. Did you find the way of the any of the questions in this survey were asked made it impossible for you to provide your answer? Y/N
- D. [IF C=YES] If so, please describe the problem with how the question was asked.
- E. Did you experience any difficulties with the language? Y/N
- F. [IF E=YES] If so, please describe what difficulties you had with the language.
- G. Did you find any terms confusing? Y/N
- H. [IF G=YES] If so, please describe what terms you found confusing.
- I. Did you encounter any other issues during the course of this survey that you would like us to be aware of? Y/N
- J. [IF I=YES] If so, what are they?

This concludes the survey. Thank you for your participation!

Looking for information about nicotine? Visit <https://healthycanadians.gc.ca/>.