

THE PERSISTENT SMOKER IN CANADA

FINAL REPORT

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PREPARED FOR: HEALTH CANADA

PREPARED BY: MILLWARD BROWN

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INTRODUCTION

Background

The Government of Canada's Federal Tobacco Control Strategy (FTCS) is championed by many parties working collaboratively towards reducing and possibly eliminating, tobacco use. Health Canada's Tobacco Control Programme (TCP) plays a leadership role in implementing the Strategy. The Tobacco Control Programme is responsible for the administration and enforcement of the [Tobacco Act \(1997\)](#) as well as developing the policies and programmes needed to support the objectives of the [FTCS](#).

The Tobacco Control Programme includes the Office of Research, Surveillance and Evaluation which surveys, monitors and analyzes tobacco use, its impacts upon the health of Canadians, knowledge, attitudes and behaviour of Canadians, the economics of tobacco and tobacco smoke chemistry. In addition, the Office directs research on biomarkers of tobacco use and toxicology of tobacco.

According to the latest results from the Canadian Tobacco Use Monitoring Survey (CTUMS), for data collected between February and December 2005, slightly fewer than 5 million Canadians aged 15 or older were current smokers. This represents 19% of the population aged 15 and over. (A current smoker is defined as a daily smoker or non-daily smoker (also known as occasional smoker), as determined from the response to the question "At the present time do you smoke cigarettes every day, occasionally, or not at all?")

Fifteen percent (15%) of Canadians aged 25 or older reported smoking daily. The 'persistent smoker' segment is a sub-population of daily smokers, representing about 13% of all smokers over the age of 26, or 16% of daily smokers. (There are about 507,570 Canadians over the age of 26 who are considered persistent smokers, and this represents about 2% of the over 26 adult population.)

The persistent smoker is a daily smoker who expresses no interest in or intent to quit smoking. The attitudes of this group are not well understood.

There is some understanding of the demographic and behavioural profile of persistent smokers. According to analysis of the most recent CTUMS data, the persistent smokers as a group have been smoking longer than the average daily smoker, and tend to smoke more cigarettes in a day. Moreover, they are considerably more likely to have their first cigarette immediately upon waking up in the morning. Demographically, they tend to skew male, less educated, possibly less likely to be working, and slightly less likely to live in an urban area. The data is summarized in the chart below:

	% of Smokers	
	Daily Smokers	Persistent Smokers
DEMOGRAPHIC PROFILE		
GENDER (%)		
Male		60
Female	n/a	40
Average Age (years)	43.8	48.8
Completed post-secondary education (%)	36	22
Worked in past twelve months (%)	80	71
Urban dweller (%)	80	75
BEHAVIOURAL PROFILE		
Have first cigarette within 5 minutes of waking (%)	22	44
Length of time smoked cigarettes (years)	28.2	33.6
Number of cigarettes smoked per day (number)	15.3	22.9

Beyond this, little is known about the attitudes which drive the behaviour of the persistent smoker, or why this group seems to remain untouched by smoking cessation messages and programs.

Research Objectives

The overall objective of this research was to gain a better understanding of the persistent smoker in order to provide information that could be incorporated into many aspects of tobacco control.

More specifically, the research was designed to:

- To explore qualitatively the knowledge, attitudes and behaviour of the persistent smoker
- To provide qualitative insights into the following questions:
 - What are the characteristics of the persistent smoker?
 - What influences persistent smokers?
 - What social influences impact the continuation of smoking and the lack of interest in quitting in this population?
 - Are there differences between persistent smokers and other daily smokers in levels of confidence in their ability to quit smoking and perceived barriers to quitting?
 - What are the social values of Persistent Smokers (exploratory)

METHODOLOGY

Approach

A total of fourteen (14) focus groups were held in a total of four markets across Canada in order to allow for the following:

- a mixture of larger and smaller markets
- regional distribution
- French and English markets.

The groups were held in the following markets:

- Halifax
- Trois Rivières
- Montreal
- Toronto
- Calgary

The groups were configured as follows:

	HALIFAX	TROIS RIVIÈRES	MONTREAL	TORONTO	CALGARY	TOTAL
Daily smokers	1 group	1 group	2 groups	1 group	2 groups	7 groups
Persistent smokers	1 group	1 group	2 groups	1 group	2 groups	7 groups
TOTAL	2 groups	2 groups	4 groups	2 groups	4 groups	14 groups

It was anticipated that by conducting groups with both daily smokers and persistent smokers, the research would begin to offer insight into how the persistent smoker is different, and the factors that drive those differences.

The groups in Halifax, Toronto and Calgary were done in English. Those in Trois Rivières and Montreal were conducted in French.

A total of 10 people were recruited for each session to ensure that 8 participated in each focus group. Each session lasted about 1-1/2 hours.

Screening Criteria:

A 'current daily smoker' was defined as someone who reports that they smoke cigarettes every day.

In order to be consistent with international research, the following five criteria were imposed for someone to be defined as a 'persistent smoker':

- Must be older than 25 years
- Must have smoked for at least five years
- Must be defined as a current daily smoker
- Must smoke 15 or more cigarettes per day
- Have made no quit attempts lasting 24 hours within the past year
- Have no intent to quit within the next six months

Each group included a mixture of males and females, and all were aged 26 or older. A good mix of ages was included in each group, although no attempt was made to structure the groups by age.

Each group was also screened to include a good mix of socio-economic backgrounds, as defined by education and household income.

It should be noted that participants were told during the screening process as well as at the start of each group that the study was being conducted on behalf of Health Canada.

Each participant received an incentive of \$75.

REPORTING PERSPECTIVE

This report summarizes the findings of the research.

Executive Summary

The Executive Summary provides a summary of the behavioural differences and attitudinal differences that were observed between daily smokers and persistent smokers.

Detailed Findings

The Detailed Findings section of the report summarizes the details of the qualitative research. The section deals with the common themes that emerged across the various markets. However, any differences by market or smoking behaviour are noted where appropriate. The differences that are noted are generalities, and should not be taken as definitive differences that apply to the smoking population as a whole.

Please note that this research was qualitative in nature, and as such, the results of this phase are not projectable to the general population. This also means that the statements made about the differences between daily smokers and persistent smokers tend to be generalizations about trends and perceptions rather than statistically reliable data.

Because the research was qualitative, the report does not reference any quantitative findings. However, in order to give some indication of the magnitude of the issues which arose, the report uses terms such as 'a few participants', 'some' or 'a number', 'many' or 'most'. In this report:

- 'a few' means that the issue or comment was voiced by enough people to warrant inclusion in the report, but it was not widespread across the participants as a whole
- 'some' or 'a number' is more than a few, but not the majority of the participants interviewed
- 'many' means more than half but not everyone
- 'most' means that almost everyone who was interviewed shared the opinion.

EXECUTIVE SUMMARY

Introduction

This report is based on the findings of 14 focus groups, seven with persistent smokers and seven with daily smokers. The groups, conducted between February 20th and March 2nd 2007, were held in Halifax, Toronto and Calgary in English and in Trois Rivières and Montreal in French. They were designed to help understand how persistent smokers are different from daily smokers. A ‘current daily smoker’ was defined as someone who reports that they smoke cigarettes every day. A ‘persistent smoker’ was defined as a daily smoker who also fit the following criteria:

- Must be older than 25 years
- Must have smoked for at least five years
- Must smoke 15 or more cigarettes per day
- Have made no quit attempts lasting 24 hours within the past year
- Have no intent to quit within the next six months

Please note that this research was qualitative in nature, and as such, the results of this phase are not projectable to the general population. This also means that the statements made about the differences between daily smokers and persistent smokers tend to be generalizations about trends and perceptions rather than statistically reliable data.

Behaviour Differences Define Persistent Smokers To Some Extent

The Canadian Tobacco Use Monitoring Survey (CTUMS) clearly indicates some of the behavioural differences between daily smokers and persistent smokers:

- persistent smokers started smoking at a younger age than daily smokers
- they smoke more cigarettes per day
- they are more likely to have a cigarette within five minutes of waking up in the morning.

These trends also emerged in the qualitative research, along with some other behavioural differences. For example, while daily smokers tended to say they do not smoke in their home or vehicle, particularly if they live with non-smokers, persistent smokers tended to say they smoke wherever and whenever they can. They do smoke in their vehicles, and virtually all of the persistent smokers interviewed smoke in their home. Some had strategies for dealing with the smoke in the house, in that they said they smoke in the garage, or only in a specific room, or that they put bowls of vinegar around the house to absorb the smell. On the whole, persistent smokers felt their home and their vehicle were the two places left where they could feel comfortable smoking.

The ban on smoking in public places has had an impact on the attitudes and behaviour of smokers. Persistent smokers clearly resent the ban. Some are very angry about what

they view as an infringement on their personal freedom. They resent the idea that they have to watch where they smoke, and who is around them when they do. They tend to associate the ban with the declining social acceptability of smoking, and feel the ban has contributed significantly to their sense that smokers as a group have been marginalized in society. To a large extent, daily smokers share this view.

The anger expressed by persistent smokers has extended to their behaviour. Some said they have rebelled against the declining acceptability of smoking by smoking more, and by reacting more aggressively to non-smokers who seem scornful of their smoking. Many persistent smokers said they have reacted to the ban on smoking in public places by no longer going to places such as bars or restaurants, or by going less often. To a large extent, they have put their desire to smoke ahead of their desire to go out. It is more important to them to be able to smoke than to go out to bars, with the result that they either stay home or socialize with smoking friends at house parties where they can both drink and smoke without worry.

By way of contrast, daily smokers seem to have had a different reaction to the declining social acceptability of smoking, and the ban on smoking in public places. While they, too, resent the ban, and don't like the feeling that smokers are being made to feel like second-class citizens, they exhibited a somewhat reluctant acceptance that the move was for the greater good. That is, they seemed more likely to acknowledge that non-smokers should have the right to breathe smoke-free air in public places, and more likely to concede that that in the long run, it is in their own best interests as well.

Like persistent smokers, some daily smokers said they had cut back on the frequency with which they go out to bars and restaurants. However, qualitatively this behaviour did not seem as definitive with the daily smokers. Rather, they were more likely to have altered their smoking behaviour than their social behaviour. They claimed to still go out to bars with their friends, but perhaps went less often, or were less likely to smoke when they did go. They found they were smoking less often, or having fewer cigarettes simply because of the inconvenience of going outside. (It should be noted, however, that some of these people said that when they did go out for a cigarette, they found themselves having two or three rather than just one, in order to 'compensate' for the fact that it might be a while before they could have another one.)

Overall, it appeared that daily smokers were better able to adapt to the ban in that they seemed to feel they could control their urge to smoke, and they had a feeling that the ban might help them eventually quit. Persistent smokers seemed uninterested in adapting.

Attitudes Also Differentiate Persistent Smokers

The moderators observed that this underlying anger, and the need to justify their smoking behaviour by saying they enjoy it, seemed to be a key characteristic of the persistent smoker. For the persistent smoker, smoking has almost emerged as a human rights issue; a number said something like 'It's my right to smoke, and no one else's business', and

they clearly resented anyone who appeared to interfere with that right. They are clinging to control over their own lives, and resist the attempts of others to control their behaviour through bans or lectures from non-smokers.

Their overall angry reaction to the ban on smoking in public places is reflective of the general attitudes that seemed to characterize the persistent smokers. As a group, they seemed more rebellious than the daily smokers. For example, while many of their reasons for starting to smoke were the same as those given by daily smokers, persistent smokers seemed more likely to say they started to smoke as a form of rebellion against their parents.

To a large extent, daily smokers and persistent smokers came up with the same list of things they like about smoking. However, qualitatively it appeared that persistent smokers named more positive aspects of smoking than daily smokers did. Many daily smokers said there is nothing they like about smoking, while very few persistent smokers said this.

Both daily and persistent smokers said that smoking calms them down, helps them deal with stress. However, persistent smokers (more than daily smokers) also described smoking as comforting, familiar, something that makes them feel reassured, and this is a feeling they welcome. They used expressions such as “smoking is my teddy bear” or “it’s my baby sitter in times of stress”. In this respect, they seemed more reliant on cigarettes as a coping mechanism.

Both groups were also able to name a number of things they don’t like about smoking, including most of the health risks associated with smoking. However, the list of negatives from persistent smokers seemed to shorter than the one from daily smokers.

The list of negatives from daily smokers seemed to include more emotional negatives. For example, a number of daily smokers seemed distressed that cigarettes seem to control them. While virtually everyone in every group believed they are addicted to cigarettes, it seemed to be the daily smokers who were bothered by the hold they felt cigarettes had over them. Part of this concern was centred in the fact that most of the daily smokers interviewed want to quit smoking, and were having a very hard time doing so. In this respect, the moderators noted that the daily smokers seemed more likely than the persistent smokers to assume responsibility for their own behaviour, and to be more likely to express a sense of shame about their inability to quit.

Daily smokers also mentioned other social consequences of smoking that concern them, and there were indications that they are more likely than persistent smoker to be influenced by the opinions of others. For example:

- a few daily smokers said they have a hard time developing a sense of intimacy with non-smoking partners
- a number were concerned about being a role model for their children; they are very worried about passing the habit along to their children

- they seemed more likely than persistent smokers to say they dislike the lectures they receive from family and friends about their smoking.

The observation that persistent smokers seemed less bothered by these issues seemed to be a defining characteristic.

Qualitatively, it does not appear that lack of knowledge or information is an issue with persistent smokers; they seemed to be as likely as daily smokers to talk about the health risks associated with smoking. What was different was the way in which they responded to the information. For example, daily smokers clearly believe there is a strong link between smoking and various forms of cancer, and it worries them. Persistent smokers, on the other hand, understand there is a link, but they tend to say that smoking is no bigger a risk than a variety of other things, such as air pollution. That is, they did not necessarily deny the risks associated with smoking, but they tended to minimize the risk by saying there are other things that were just as bad.

Some persistent smokers did try to deny the risks. For example, a number of them cited personal examples of people who had smoked for years without ever getting cancer, or conversely, people who had never smoked but did get cancer or emphysema. They used these examples to rationalize their own behaviour, and to suggest that the dangers of smoking have been exaggerated.

The risks that can be associated with second-hand smoke were also well-known to the participants. The daily smokers seemed to take this information as one more reason to try to quit. Persistent smokers, however, tended to feel the dangers of second-hand smoke have been blown out of proportion. Again, they either deny the problem exists, or rationalize it to convince themselves that the dangers associated with smoking are no worse than the dangers associated with other issues.

This apparent rationalization may be part of the reason persistent smokers are not interested in trying to quit smoking. They claim to like the taste of cigarettes, and they enjoy the feeling that smoking gives them. At the same time, they are either rationalizing away the health risks, or indicating that they are willing to take the risk.

Out of an aided list of possible reasons to try to quit, and issues that might be barriers to quitting, one seemed to resonate with persistent smokers. Many are unwilling to try to quit because they don't believe they can. They expressed a fear of failure in a number of different ways, including:

- I know too many people who have tried and failed
- I tried to quit and it didn't work
- I won't be able to quit because I have an addictive personality
- I have no will power
- I'm resigned to the fact that I'm a smoker and always will be.

Some clearly understand that until they feel ready within themselves, they will never quit smoking, and most of the persistent smokers interviewed doubted they would ever be ready.

Persistent Smokers Seem To Be Ignoring The Messages

Like daily smokers, persistent smokers seem to have heard the various messages regarding the health risks for the smoker, the risks associated with second-hand smoke and the various steps one can take or aids one can use to quit smoking. Awareness of the messages does not appear to be the issue.

The issue appears to be the acceptance of the message. While daily smokers seem to be taking the messages to heart and are heading down the path toward quitting, persistent smokers are less likely to put any credibility in the messages. They tend to use their personal experience as a reference point rather than the evidence they are being given by external sources. They are particularly likely to suggest that the whole issue of second-hand smoke is greatly exaggerated.

In each focus group, participants were asked what they needed to hear or see before they would be encouraged to try to quit smoking. Persistent smokers were hard pressed to find anything that anyone could do. A number explicitly said there was nothing anyone could do because they enjoy smoking and are not prepared to give it up. A few said that no one else could influence them, that quitting would only happen if and when they are ready. Some persistent smokers suggested that everyone should stop talking about smoking because the various messages were having an effect opposite to the intended one; they said the more they hear about the dangers of smoking, the more they want to smoke.

A few persistent smokers suggested the only way they will quit smoking is if cigarettes are banned. Even then, many said they were sure they would be able to find a 'black market' for cigarettes.

Several (outside of Quebec) commented that they would think about quitting when someone else 'picked up the tab' for the stop smoking aids like the patch or laser treatment. They suggested that patches should be covered by Medicare in the same way that drug addicts are given free syringes and teenagers are given free condoms. They argued that if the government was serious about wanting people to quit smoking they would pay the cost.

Overall, it appears that messages regarding the health risks associated with smoking are not resonating as strongly as Health Canada might like. Smokers know the risks.

Daily smokers seem to be seeking help in quitting. They want positive messages that give them some hope that they can successfully quit, and they want to hear about the tools that might help them. To some extent, they are looking for a 'magic pill'.

Persistent smokers seem to be blocking out or ignoring the messages about the health risks, including the health risks associated with second-hand smoke. They don't want to hear these messages because they are not interested in quitting. Smoking seems to fill a need for them, a need that is both physical and emotional, and they do not seem likely to respond to any messages until that need no longer exists.

CONCLUSIONS

Overall, the observations of the moderators, and the qualitative results of this research suggests that there are some differences between daily smokers and persistent smokers in terms of their attitudes and behaviour towards smoking. These include:

- Persistent smokers are more engaged with their cigarettes than daily smokers are. They have been smoking longer, tend to smoke more cigarettes and smoke more frequently.
- Persistent smokers are angry about the declining social acceptability of smoking, while daily smokers seem more likely to have accepted it, albeit with resignation.
- Persistent smokers have responded to the ban on smoking in public places by backing away from locations where smoking is not allowed. They put their desire to smoke ahead of their desire to go out to bars, restaurants, etc. Daily smokers seem more likely to have responded by smoking less.
- There is some indication that persistent smokers started smoking out of rebellion against parents, and that part of their reason for still smoking is their rebellion against the marginalization of smokers. Qualitatively, this seems less evident among daily smokers.
- Persistent smokers claim to enjoy smoking, while daily smokers tend to say there is nothing they like about smoking.
- Persistent smokers get emotional comfort from the familiarity of cigarettes, while daily smokers are distressed by what they see as the cigarette controlling them
- Persistent smokers are able to name many of health risks associated with smoking, and to some extent they list these as things they don't like about smoking. More often, however, they rationalize the negatives by saying the health risks are not that great, or that other things such as air pollution, are just as great a risk. Some simply deny the risks, as it either doesn't match their personal experience, or they purport to believe the risks are exaggerated.
- Daily smokers seem to be listening to the messages. While they might not be ready to quit yet, they tend to believe they are headed in that direction. Persistent smokers, on the other hand, have no intention of quitting. Part of this seems to be rooted in their emotional as well as physical reliance on cigarettes, and part seems to be a fear of failure if they were to try to quit.
- Daily smokers seem to want positive messages that give them some hope that they can successfully quit.
- Persistent smokers don't seem to want to hear any messages because they are not interested in quitting. Smoking seems to fill a need for them, a need that is both physical and emotional, and they do not seem likely to respond to any messages until that need no longer exists.

DETAILED FINDINGS

BEHAVIOURAL DIFFERENCES BETWEEN DAILY SMOKERS AND PERSISTENT SMOKERS

By Definition, Persistent Smokers Smoke More

As noted in the Introduction, the Canadian Tobacco Use Monitoring Survey (CTUMS) provides statistically reliable data that indicates that persistent smokers are behaviourally different from daily smokers:

- they started smoking at a younger age
- they smoke more cigarettes per day
- they are more likely to smoke within minutes of waking up in the morning.

These data also emerged in the qualitative research. For example, the persistent smokers seemed more likely than the daily smokers to say they get up in the night to have a cigarette, sometimes an accompaniment to a trip to the bathroom, or to get a drink of water, but sometimes just to smoke a cigarette.

A number of the persistent smokers interviewed said they have their first cigarette of the day before they get out of bed in the morning, or while they are making the coffee, while many of the daily smokers said they wait until the coffee is made.

While the persistent smokers in the groups were a little more likely than the daily smokers to smoke a pack a day or more, almost everyone in each session described themselves as ‘moderate’ smokers as opposed to heavy or light smokers. That is, those who smoke a pack a day consider that to be average, while those who smoke less tend to consider the number they smoke to be typical behaviour. The only people who described themselves as light smokers were the few who smoked fewer than 5 cigarettes a day. Virtually everyone who said they considered themselves to be a moderate smoker justified their response by saying they know people who smoke more than they do.

If there was an exception to this it was in the Quebec markets, where the persistent smokers were more inclined to describe themselves as ‘good smokers’ or ‘real’ smokers, a description which suggested they recognized that they smoke more than average.

There Are Other Behavioural Differences

Qualitatively, it appeared that persistent smokers were more likely to smoke wherever they can, including their house/apartment and in their vehicle. This research suggested that the participants in the persistent smokers groups were more likely than those in the daily smoker groups to live alone or with only one other person. While this is something that would need to be confirmed through quantitative research, the idea that they do not live with other people might be a contributing factor to their smoking at home.

Not all of those who smoked at home did so throughout the house. Some persistent smokers said they go out onto the balcony or into the garage or a special ‘smoking room’ to smoke. A few described the way they have made their garage into their own space by adding a couch or chair, a TV, a lamp – accessories that make their space more comfortable for their smoking. For example, one man described going out the garage with his coffee, cigarette and newspaper every morning. He spreads out the paper on the freezer that is in the garage, and smokes a cigarette or two while he drinks his coffee and catches up on the news.

By way of contrast, daily smokers were more inclined to say they go outside to smoke, and that they do not smoke in the house, or in the vehicle. This is not to say that none of them smoked in the house, but the trend was to say they did not. Most of those who do not smoke in the house said they were concerned about exposing others, especially their children or grandchildren to both the second-hand smoke and the perception that smoking is OK behaviour. That is, daily smokers were more likely than persistent smokers to avoid smoking around kids because they did not want to think of themselves as a bad influence on them.

Persistent smokers were more likely to feel that second-hand is not as big a danger as it is made out to be. While they might choose not to smoke around babies and very young children, they seemed less likely to worry about smoking other non-smokers.

Both persistent smokers and daily smokers mentioned the same kinds of things in terms of what triggers a desire to smoke:

- morning coffee, tea, cola
- driving
- drinking beer, alcohol
- sitting at the computer at home
- watching TV in the evening
- talking on the phone
- boredom, having nothing to do
- after a meal
- when feeling stressed
- when needing a break
- when around other smokers

Almost everyone in each group – both persistent and daily smokers – had at least one parent who smoked. Indeed, many said both parents smoked, and several said that at least some of their siblings smoked. As will be seen later in this report, family behaviour seems to be a contributing factor to the reason why some people start smoking.

There was no clear evidence in the focus groups that daily smokers or persistent smokers are also likely to use other forms of tobacco. A few in each session said they occasionally have a cigar or cigarillo (Colts were mentioned several times), but there was no indication that persistent smokers were any more likely than daily smokers to do so.

However, a number of participants, particularly in Quebec indicated that they smoke marijuana regularly.

Their Reasons For Starting To Smoke Were Not Very Different

In each focus group, participants were asked to describe how and why they started to smoke. For the most part, their responses did not differ greatly between the persistent smokers and the daily smokers. Key reasons given by both groups included:

- it was the thing to do/everyone smoked/it was accepted behaviour
- peer pressure/my friends smoked/I wanted to fit in/wanted to be part of the group
- it was a social thing/how you made friends/what you did at parties/group mentality
- for the image it gave me/it was cool/gave me a 'bad-boy'/'bad girl'/image/liked the look of a cigarette in my hand
- made me feel like a grown-up
- people I respected/admired smoked (including movie stars, sports heroes, family members)
- curiosity
- my parents/whole family smoked/part of 'normal life'
- I was dating a guy/girl who smoked/wanted to impress someone.

A few daily smokers and persistent smokers said they started smoking because it was the best way to get a break at work. That is, they claimed that while management allowed smokers to take a break for a cigarette, non-smokers were not given a break, or were not given as many breaks.

Qualitatively, it appears that persistent smokers might be more likely than daily smokers to say they started to smoke out of rebellion. A number said they started to smoke because they were told not to, or because they wanted to 'get back at' their parents for some reason. This type of comment did not seem as evident among daily smokers.

There were also some persistent smokers who said they started smoking because they believed it would help them deal with stress. A few said, for example, that they had had a major life crisis and started smoking and drinking to help them cope. Others said they either observed or heard from smokers that smoking would calm them down, help them deal with tension and worry. A few people hinted that they used tobacco when they stopped using other drugs. Some, but not all of these persistent smokers acknowledged that they are using cigarettes as a crutch.

Along these lines, the moderators observed that some persistent smokers, particularly those in the Quebec markets had suffered from or still suffer from addictions to other substances such as coffee, alcohol, or hard drugs such as cocaine or heroin. Tobacco was simply one of the substances they used.

The Smoking Ban Has Had A Different Impact On Behaviour

In each of the markets in which the groups were held there is now a widespread ban on smoking in public places such as the workplace, bars, restaurants and public transit. (The ban is more recent in Calgary and the Quebec markets than it is in Toronto or Halifax. In the latter two markets, a partial ban has been in effect for several years.) The ban on smoking in public places was mentioned spontaneously in virtually every group, and the way in which it was discussed seems to be one of the differentiating factors between persistent smokers and daily smokers.

Persistent smokers clearly resent the ban. In fact, some are very angry about it because they see it as an infringement on their personal freedom, and what they feel is their right to smoke. They clearly resent the idea that the government is telling them what they can and cannot do, and where they can and cannot smoke. Some also expressed indignation on behalf of the bars and restaurants which (they believe) are losing business because they can no longer cater to smokers. In Montreal, this latter view has led to 'band together' and rebel against the ban. One man cited the example of his local bar, where the manager lets patrons smoke in his private office.

Persistent smokers tend to associate the ban with the declining social acceptability of smoking. While many of those interviewed said 'smoking was the thing to do' or that 'everyone smoked' when they first started, this is no longer the case. They recognize that the majority of Canadians are now non-smokers, and they don't seem to like feeling that they are now in a minority. They particularly don't like to be made to feel like a 'second-class citizen' because they smoke. They feel that by imposing the ban, the government has forced smokers to adopt a different type of behaviour, and in doing so has ostracized or marginalized them. They described themselves as feeling like a criminal, an outcast, a 'bottom-feeder', or someone who is stupid, and they clearly don't like being made to feel this way.

Their anger seems to extend to their behaviour. That is, some persistent smokers overtly said they were rebelling against the declining social acceptability of smoking (as defined by the ban) by smoking more. (In some ways, this was a reflection of their initiation into smoking, in that they were rebelling against their parents when they started smoking.)

Persistent smokers also complained that the government is hypocritical in its actions. On the one hand it is making it increasingly difficult to smoke by banning smoking in public places, yet at the same time it is collecting 'millions of dollars in tax revenue'. Several also pointed out that there are other forms of behaviour that they believe are just as dangerous (e.g. drinking and driving, polluting auto fumes, wife abuse), yet the government has not taken the kinds of steps they have taken with respect to smoking. Some went so far as to suggest the government has exaggerated the health risks associated with smoking simply because it is trying to control the lives of citizens, or is catering to the non-smoking majority in an effort to get votes.

These views were also expressed by the daily smokers, although somewhat less vehemently. The objections of daily smokers to the ban were tempered with a somewhat reluctant acceptance that the move was for the greater good. That is, they seemed more likely to acknowledge that non-smokers should have the right to breathe smoke-free air in public places, and more likely to concede that in the long run, it is in their own best interests as well. Indeed, some daily smokers said outright that they appreciated being able to walk into a restaurant or bar, and not smell other people's smoke.

Both groups however, expressed deep concerns about the possible next step of government, which (they believe) would be to ban smoking in private vehicles or homes. This, they felt, would truly be a 'slap in the face' of democracy.

Daily smokers and persistent smokers seem to have responded differently to the ban in terms of their behaviour as well as their attitudes. Persistent smokers seem to have altered their social behaviour in that they claim to go to bars less often, nor do they go to movies or restaurants as often as they used to. Rather, they either stay home or go to house parties at the homes of friends who smoke. They have put their desire to smoke ahead of their desire to go out.

Persistent smokers have rejected the bars for a couple of reasons. (To a large extent, 'going out' meant going to a bar, thus this was typically the focus of the discussion.) Many enjoy the taste of a cigarette with a beer, and resent the fact that they cannot enjoy both at once if they are in a bar. The enjoyment of the beer is diminished if they can't have a sip of beer, then a drag on the cigarette, as they were used to doing.

Many persistent smokers said they no longer go to bars because of the inconvenience of having to step outside to have a cigarette. They offered a number of reasons:

- I went to the bar to relax, and it's not relaxing to have to get up every ten or fifteen minutes to go outside for a smoke
- I have to pay my tab if I leave, even if it's only for a few minutes to smoke
- I have to leave my friends and my drink to go outside to smoke
- We all go outside together and risk losing our table

Overall they felt it was easier to stay home where they can enjoy a beer and a cigarette together.

Daily smokers also exhibited some of this behaviour as well, particularly in the Quebec markets. However, qualitatively it did not seem as definitive with this group. Rather, they were more likely to have altered their smoking behaviour than their social behaviour. That is, they claimed to still go out to bars with their friends, but perhaps went less often, or were less likely to smoke when they did go. They found they were smoking less often, or having fewer cigarettes simply because of the inconvenience of going outside. It should be noted, however, that some of these people said that when they did go out for a cigarette, they found themselves having two or three rather than just one,

in order to 'compensate' for the fact that it might be a while before they could have another one.

Overall, it appeared that daily smokers were better able to adapt to the ban in that they seemed to feel they could control their urge to smoke. Persistent smokers seemed uninterested in adapting.

ATTITUDINAL DIFFERENCES BETWEEN DAILY SMOKERS AND PERSISTENT SMOKERS

Many Of The Positive Aspects Of Smoking Were Raised By Both Groups

The participants in each focus group were asked to explain what they like about smoking, both when they first started and now.

To a large extent, the things they liked when they first started were consistent between persistent smokers and daily smokers. Virtually everyone mentioned some physical pleasure in the form of a ‘head rush’ or buzz they got from a cigarette when they first started smoking. (Most also acknowledge that they do not get the same feeling from cigarettes now, except for possibly the first one in the morning.)

Most also said that when they started smoking they liked the image it gave them. The image was alternatively described as cool, grown-up or sophisticated, even sexy.

Many of the smokers interviewed said that when they started smoking they enjoyed the social aspect of it. They found that most of their friends smoked, and that being a smoker helped them fit into the group. Smoking became part of the ritual that was associated with groups of friends.

To a large extent, smokers’ opinions as to what they like about smoking have changed over time. As noted, not everyone still gets a ‘buzz’ from their cigarettes. Rather, they now say the physical benefit is an easing of stress or reduction of anxiety. They find smoking helps them control their emotions, particularly when they get stressed or upset. As one daily smoker said, the cigarette is her form of self-medicating. One persistent smoker described the experience of smoking as ‘getting him to his comfort zone’.

A few smokers believe they think more effectively when they smoke. One claimed to smoke to relieve pain.

Some, particularly persistent smokers claim they like the taste of cigarettes, particularly when they smoke while enjoying a coffee or beer. A few suggest the cigarette makes the coffee or beer taste better.

A few suggested that it is easier to control their weight when they are smoking.

A number of both persistent smokers and daily smokers said they enjoy the ‘down-time’ that smoking gives them. Even those who are not taking an official smoke-break at work say they associate smoking with a few minutes to themselves, a bit of time to themselves, or a short period when they are not multi-tasking. They welcome these few minutes as a break in a busy day.

Some persistent smokers said they enjoy smoking because it fills a void or a gap or a need in them. Some felt it was a physical need that was related to the addiction they have to cigarettes, while others described it as a way to fill time or ease boredom. Daily smokers seemed less likely to overtly articulate these reasons, although many daily smokers did admit that they smoke out of habit, particularly when they are not busy.

Some of the daily smokers acknowledged that there is nothing they like about smoking. They say they continue to smoke because they find it difficult to quit, but they do not enjoy it any more.

Daily Smokers Seem To Have More Concerns About Smoking

Just as there seemed to be a lot of similarities between daily smokers and persistent smokers in terms of what they like about smoking, there were some similarities in terms of what they don't like, or what concerns them about smoking. Both daily and persistent smokers said they dislike:

- the cost of cigarettes, particularly when they think about the proportion of the cost that is taxes
- the smell of tobacco smoke that lingers on hair, clothes, the car and the house
- the health effects or potential health effects, including:
 - smoker's cough
 - smoker's voice/raspy voice
 - high blood pressure
 - a general lack of energy
 - wheezing/lack of breath
 - the yellowing of teeth, fingers
 - the effect on skin/premature aging of skin/circles under eyes
 - the dizziness/nausea that occurs if you smoke too much
- the declining social acceptability of smoking, and the growing perception that non-smokers view smokers as people to be pitied or scorned/social stigma attached to smoking
- the smoking bans which means they must go outside to smoke
- the effect second-hand smoke has on others, especially children
- the addiction/habit.

Qualitatively, it appeared that daily smokers went beyond these concerns to name both a longer list and a broader range of things they dislike about smoking. For example, they tended to name even more health risks than those mentioned above, including:

- the risk of lung cancer
- the risk of heart attack/stroke
- chest pains
- the knowledge that smoking will shorten one's life.

Daily smokers also raised more emotional negatives. For example, a number of them were distressed that ‘cigarettes seem to control them’. That is, while virtually everyone in every group believed they are addicted to cigarettes, it seemed to be the daily smokers who felt the cigarettes had a hold over them that went beyond an addiction. Part of this concern was centred in the fact that most of the daily smokers interviewed want to quit smoking, and are having a very hard time doing so. Their addiction seems to have taken on a larger role in their lives than it has in the lives of persistent smokers because they are trying to overcome it. They know that smoking is an unhealthy practice, they want to quit but can’t, and in the end they are beginning to see themselves as self-destructive. In this respect, the moderators noted that the daily smokers seemed more likely than the persistent smokers to assume responsibility for their own behaviour, and to be more likely to express a sense of shame or a lack of self-respect regarding their inability to quit. The persistent smokers seemed to have accepted their addiction as something that is not as bad as other addictions, or as something they do not feel is worth fighting; they are simply not as worried about their addiction to cigarettes.

Daily smokers also mentioned other social consequences of smoking that concern them. A few said they have a hard time developing a sense of intimacy with non-smoking partners. A number mentioned a very real concern about being a role model for their children; they are very worried about passing the habit along to their children.

The daily smokers also seemed more likely than persistent smokers to say they dislike the lectures they receive from family and friends about their smoking. In this respect, there was some indication that daily smokers are more likely than persistent smokers to be influenced by the opinions of others, particularly those who express a concern about their health.

Persistent smokers were more inclined to resist this type of nagging. Qualitatively, it appeared that persistent smokers were less likely to receive lectures about their smoking, possibly because they had fewer close family members who were non-smokers. However, some responded to lectures, or even comments about not smoking by getting aggressive. For example, one man in Toronto said he got into a physical fight with someone who asked him to stop smoking at a bus stop. Another in Montreal threatened to quit his job when he was told he could no longer smoke in the company’s trucks, and his employer eventually backed down.

Smoking Seems To Lead To Different Feelings In Persistent Smokers

On the surface, both daily smokers and persistent smokers said that smoking makes them feel calmer, less stressed. In this respect, they said that smoking fills a physical need that nothing else seems to be able to fill.

Persistent smokers seem to take this feeling one step further than daily smokers do. Persistent smokers described smoking as comforting, familiar, something that makes

them feel reassured. It was a feeling they welcomed. In describing this feeling, persistent smokers used expressions such as...

- “smoking is my teddy bear”
- “a cigarette is a friend between my fingers”
- “it’s my baby sitter in times of stress”
- “the cigarette is my best friend”.

Daily smokers took an almost opposite point of view. Rather than saying they welcomed the feelings that smoking gives them, they seemed to resent them. They described themselves as feeling guilty for being self-destructive, for smoking in front of their children, or for not being able to quit. They said they worry about their smoking because they are concerned about what impact it is having on their health. Some said they feel stupid when they smoke because they have the knowledge and information, yet they continue to smoke. They feel weak.

Both persistent and daily smokers said they sometimes feel like an outcast because of the declining social acceptability of smoking. However, while daily smokers seem to be re-directing that feeling into a desire to quit smoking, persistent smokers simply get angry. The persistent smokers were very vocal about their need to ‘get even’ with those who object to their smoking. A number described occasions when a non-smoker had objected to their smoking, and they responded by smoking more, or blowing the smoke in the direction of the non-smoker, or by simply refusing to move.

The moderators observed that this underlying anger, and the need to justify their smoking behaviour by saying they enjoy it, seemed to be a key characteristic of the persistent smoker. For the persistent smoker, smoking has almost emerged as a human rights issue; a number said something like ‘It’s my right to smoke, and no one else’s business’, and they clearly resented anyone who appeared to interfere with that right. They are clinging to control over their own lives, and resist the attempts of others to control their behaviour through bans or lectures from non-smokers.

Both Daily Smokers And Persistent Smokers Acknowledged That They Are Addicted

There was no doubt in the minds of most participants that they are addicted to cigarettes. Virtually everyone in the focus groups agreed that they are addicted.

They know they are addicted because of the way they feel if they do not have a cigarette when the urge hits:

- they feel angry
- they feel edgy, irritable, nervous
- they feel ‘depleted’.

They know they are addicted when they plan around their smoking behaviour. As noted earlier, many persistent smokers have changed their social behaviour because their desire to smoke is more important to them than their desire to go out to a bar, restaurant or movie. A number of both persistent and daily smokers said they make sure each evening that they have enough cigarettes to last them until morning, and if they don't, they will make a 'midnight run' to the corner store or gas station to buy a pack; they don't ever want to be without cigarettes.

A few said they know they are addicted when they try to hide from themselves (and others) the amount of money they are spending on cigarettes. One man explained by saying he will never buy just a pack of cigarettes. He will always add something such as a magazine or a bottle of juice to the purchase so that he can fool himself into thinking the total bill is split evenly among several products.

The Knowledge Is There

There was no indication in the focus groups that the persistent smokers were any less likely than daily smokers to be aware of the health risks associated with smoking. They cited things like:

- smoking speeds up your heart rate
- smoking increases your risk of lung cancer
- smoking increases your risk of stroke and/or heart disease
- smoking increases your blood pressure
- smoking slows your blood flow, or circulation
- smoking damages your skin, teeth
- smoking affects your taste buds
- smoking during pregnancy can be damaging to the baby.

The difference did not seem to lie in the information they had, but rather in the way in which they responded to the information.

For example, daily smokers clearly believe there is a strong link between smoking and various forms of cancer, particularly lung cancer, and it worries them. Persistent smokers, on the other hand, understand there is a link, but they tend to say that smoking is no bigger a risk than a variety of other things. A frequently heard comment was that the exhaust fumes from automobiles were as big an environmental risk, and probably more damaging to the lungs than cigarette smoke. That is, they did not necessarily deny the risks associated with smoking, but they tended to minimize the risk by saying there are other things that were just as bad.

Some persistent smokers did try to deny the risks. For example, a number of them cited personal examples of people who had smoked for years without ever getting cancer, or conversely, people who had never smoked but did get cancer or emphysema. They used

these examples to rationalize their own behaviour, and to suggest that the dangers of smoking have been exaggerated.

The risks that can be associated with second-hand smoke were also well-known to the participants. Moreover, the daily smokers – particularly those with children or grandchildren - seem to be taking this information as one more reason to try to quit. Persistent smokers, however, tended to feel the dangers of second-hand smoke have been blown out of proportion. Several commented that they felt children today are being brainwashed about the dangers of second-hand smoke in order to become ‘foot soldiers’ in the war against smoking.

By Definition Persistent Smokers Are Not Interested In Quitting

One of the key things that defines a persistent smoker is a lack of interest in quitting. The persistent smokers were recruited to the focus groups at least partially because they have not attempted to quit in the past year, and have no intention of trying to quit in the next six months.

This does mean they have never tried to quit. A number of persistent smokers in each group had made at least one attempt to quit smoking, although by their own admission, they did not seem to try very hard. They had various reasons for trying to quit, often due to pressure from external sources. Some of their reasons for quitting included:

- the cost of cigarettes/tried to save money
- entered a contest to win a trip if I quit
- was bribed by my boss to quit
- had surgery/was ill
- the birth of a grandchild, and a desire to not smoke around him
- had a new, non-smoking partner
- wanted to breathe easier, sleep without coughing, have more energy/stamina.

While some of the persistent smokers who tried to quit went ‘cold turkey’, others used various aids including the patch, zyban and nicotine gum. That is, they were clearly aware of the various products that are available to help them quit smoking.

Qualitatively, it appeared that the persistent smokers who made an attempt to quit did not last long without a cigarette, ranging from a day or two to perhaps a couple of months. They gave various reasons for starting to smoke again, including:

- I thought I could have just one cigarette with a beer
- I had a side effect from the aid I used
- I was too irritable, cranky and my family told me to have cigarette
- I got stressed and remembered how a cigarette made me feel.

Most seemed to feel that the combination of withdrawal symptoms and the deprivation of something they enjoyed outweighed the health, financial and social benefits of quitting.

Those persistent smokers who had not made any attempt to quit tended to say they had no desire to quit because they enjoy smoking. They like the feeling of calm it gives them and they believe it helps them cope. Many said they like the break in their day that they get when they smoke. A number described their enjoyment of the ritual of smoking, including the flicking of the lighter, the first puff of the cigarette, the feeling of the smoke in their lungs, even the feel of the cigarette between their fingers. As noted earlier, there is a certain degree of comfort, almost safety, attached to their smoking behaviour.

A few said they do not want to quit because smoking defines at least part of who they are. They felt they would not be true to themselves if they quit smoking. As one man said, 'I'd lose part of myself if I quit.'

A number of the persistent smokers also rationalized their lack of desire to quit by saying things such as:

- I'm too old to quit/what's the point at my age? (Moderator's note: this comment was typically heard from those over 60 years old)
- I don't believe the health risks are as bad as 'they' (i.e. Health Canada, the Heart & Stroke Association, the Cancer Society, etc.) say they are
- there are worse things than tobacco that I could be addicted to/ tobacco is not as bad as some other drugs
- I'll gain weight if I quit smoking.

However, qualitatively it appeared that the main reason persistent smokers are not interested in quitting is that they don't believe they can quit. There appeared to be a significant fear of failure that was expressed in a variety of ways, including:

- I know too many people who have tried and failed
- I tried to quit and it didn't work
- I won't be able to quit because I have an addictive personality
- I have no will power
- I'm resigned to the fact that I'm a smoker and always will be.

Some clearly understand that until they feel ready within themselves, they will never quit smoking, and most of the persistent smokers interviewed do not believe they will ever be ready. When asked by the moderator what it would take to get them to think about quitting, most persistent smokers gave extreme answers such as 'when I cough up a lung', or 'when my grandson is diagnosed with emphysema and the doctor says it is my fault'. Some expressed a fatalistic attitude, and said they have accepted the fact that smoking will eventually kill them. ("When my number is up, it's up.") To some extent, it appeared to the moderators that the persistent smokers were more afraid of suffering from a lengthy illness than they were of death itself.

Daily Smokers Seemed More Optimistic About Their Ability To Quit

Within the focus groups, it seemed that more daily smokers than persistent smokers had tried to quit, and the daily smokers seemed more likely to have tried to quit more than once.

Their reasons for quitting were not very different from those of persistent smokers:

- made a New Year's resolution
- promised a family member I'd try
- made a bet
- had a family member get very ill/die from lung cancer/had a heart attack
- I was ill/had surgery/couldn't smoke for a while
- I was pregnant
- cost of cigarettes.

Qualitatively, it appeared that daily smokers had tried a broader range of smoking aids than persistent smokers had, possibly because they were more serious in their attempt to quit smoking, and had generally made more attempts. Like persistent smokers, they mentioned the patch, gum and zyban, but daily smokers also mentioned hypnosis, laser treatment, keeping a diary and picking a quit date as strategies they had tried. It also appeared that the daily smokers were able to stop smoking for longer periods than the persistent smokers who had made an attempt to quit.

Their reasons for smoking again were also similar to those given by persistent smokers who went back to smoking. Some had side effects from the stop smoking aid they were using, some found they could not resist having a cigarette when faced with one of their 'triggers', some got stressed and others felt they simply were not ready mentally to maintain their attempt.

The daily smokers who had not made an attempt to quit explicitly admitted that they know they are rationalizing their behaviour. This is in contrast to the persistent smokers who rationalized their smoking but did not seem to acknowledge what they were doing. The daily smokers who had not tried to quit said they were in denial about the health effects or that they had become 'expert' at rationalizing to themselves their need for a cigarette. That is, they knew they were trying to 'fool' themselves into believing that smoking is not that bad because they wanted a cigarette in times of stress or to give them a break.

Like persistent smokers, some of the daily smokers who had not tried to quit also said they enjoy smoking and are simply not ready to give it up. However, as a group, daily smokers were much more optimistic that they will, indeed, quit some day.

REACTION TO MESSAGES

Participants Have Heard The Various Messages

In each focus group, participants were asked where they typically get information on general health issues (not necessarily related to tobacco or smoking). Both persistent and daily smokers have a variety of sources of information, including:

- the internet
- TV –news, programming and advertising
- the doctor
- friends/family members/word-of-mouth
- their drug store/pamphlets distributed through the drug store
- the material their children bring home from school.

Virtually no one in any of the groups said they ever go looking for information about tobacco or smoking, partly because they believe they know most of what there is to know, and partly because they don't want to hear it again. Most admitted that they have been told by their doctor (or another health professional) to stop smoking, and there is a certain amount of guilt, especially among daily smokers, that they have not done so.

However, even though they don't go looking for it, they clearly are seeing and hearing messages about tobacco. There are three key messages which smokers have heard:

- smoking is associated with serious health risks, including cancer, heart disease, stroke, emphysema, etc. *(In Alberta, there was some mention of Barb Tarbox, and her fight to keep teens from starting to smoke. In Quebec, there was mention of some U.S. commercials which show smokers who have had a tracheotomy, or who have lost their tongue or a limb to cancer.)*
- second-hand smoke is harmful to everyone, not just smokers *(In a number of the groups, the latest Health Canada commercial showing the smoke 'fingers' curling around the teddy bear was mentioned.)*
- there are various steps one can take, or aids one can use to help you quit smoking *(At the time of the focus groups, Pfizer was airing a commercial depicting a flight attendant who had tried to quit smoking without the patch, and explaining why this time she was going to use NicoDerm. This commercial was mentioned in virtually every English group, as the depiction of the smoker was considered to be right 'on target'. A few people also mentioned 'Gosmokefree.ca'.)*

Most of those interviewed, even persistent smokers, seem to have accepted to at least some extent that they will feel better if they quit smoking. Most admit to feeling some physical effects that they attribute to their smoking – a cough, trouble breathing, yellow fingers and teeth – and they believe that these would clear up if they quit. Persistent smokers, however, are not prepared to make the trade-off; they are hearing the message

but it is not resonating with them because they do not believe the benefits of quitting would outweigh the pleasure they feel they get from smoking.

Some, particularly younger smokers, said they do really feel any ill effects from smoking, and that until they do, they won't consider quitting. As one person said, "It doesn't stop me from playing squash three times a week".

Most also acknowledge that there is a wide variety of stop smoking aids available to help the smoker who is interested in quitting. In this respect, some of the messages about the process of quitting have some credibility, even with persistent smokers.

However, daily smokers and persistent smokers seemed to react differently to the messages about the serious health risks associated with smoking. Daily smokers seemed to be taking these messages to heart. They believe that the scientific community has definitively established a link between smoking and diseases like cancer and heart disease, and they believe that, as smokers, they are at greater risk of developing these diseases. Moreover, the thought that they will develop these kinds of health problems seems to be something that is leading them towards quitting.

Persistent smokers, on the other hand are less likely to put a lot of credibility into these messages. They rationalize their point of view by saying they know people who have smoked for years but never had a problem, or conversely, they know people who have developed cancer, but never smoked. They tend to use their personal experience as their reference point, rather than the evidence that they are being given by external sources.

Persistent smokers seem to have a somewhat fatalistic approach to life, and do not seem as fearful of death as others. Those who were not rationalizing the messages, then, seemed to dismiss them as unimportant.

The messages about second-hand smoke are also generating different reactions. The sub-text of these messages tends to be 'don't smoke around children'. This tends to lead to two messages. The first is that smoking around children sets a bad example. This message tends to generate feelings of guilt because virtually no one wants to be the role model that leads a child to start smoking. Qualitatively, it appeared that the presence of children or grandchildren in their lives seemed to be a greater factor than whether the smoker was daily or persistent, in determining the resonance of this message.

The second message regarding second-hand smoke is that people other than the smoker can be adversely affected by the smoke. Daily smokers seemed to have accepted this message, in that they were more likely than persistent smokers to say they don't smoke in the house or vehicle, and that they make a point of not smoking around non-smokers. They were also more likely than others to say they themselves found the smell of smoke repugnant.

Persistent smokers, on the other, tend not to believe what they are hearing about second-hand smoke. They believe this is an exaggerated concern that is being used to provide

the rationale for the ban on smoking in public places. They clearly feel that there are worse environmental issues than smoking, and tend to reject the idea that smoking is hurting anyone other than the smoker, with the possible exception of small children or babies. In this respect, the new Health Canada commercial has some resonance with persistent smokers, particularly those with children or grandchildren.

Persistent Smokers Are Not Sure There Is Any Message That Will Persuade Them To Give Up Smoking

In each focus group, participants were asked what they needed to hear or see before they would be encouraged to try to quit smoking. Daily smokers tended to say they need to be ready to quit. That is, they were not sure there is anything more that anyone can tell them that they don't already know. Several suspected that if they had a family member who was very ill, or who died as a result of smoking, it would have an impact on them. Similarly a number said that the presence of children (either their own children or their grandchildren) in their lives was forcing them to think more seriously about quitting for the reasons outlined above.

Persistent smokers, on the other hand were hard pressed to find something that anyone could do. A number explicitly said there was nothing anyone could do because they enjoy smoking and are not prepared to give it up. A few said that no one else could influence them, that quitting would only happen if and when they are ready. Some persistent smokers suggested that everyone should stop talking about smoking because the various messages were having an effect opposite to the intended one; they said the more they hear about the dangers of smoking, the more they want to smoke.

A few persistent smokers suggested the only way they will quit smoking is if cigarettes are banned. Even then, many said they were sure they would be able to find a 'black market' for cigarettes, or would find another substance to smoke. As one person suggested, "If I were stuck on a desert island without cigarettes, I think I'd smoke grass, the corn, anything."

Several also commented that they would think about quitting when someone 'picked up the tab' for the stop smoking aids like the patch or laser treatment. They suggested that patches should be covered by Medicare in the same way that drug addicts are given free syringes and teenagers are given free condoms. They argued that if the government was serious about wanting people to quit smoking they would pay the cost.

In this respect, as well, a number of daily and persistent smokers said that if there were a 'miracle pill' that allowed them to quit without feeling any withdrawal symptoms, they would try to quit. However, they also said that the fact that such a pill does not exist is evidence that the government and the anti-tobacco lobby do not really want them to quit.

On An Aided Basis, Most Messages Seemed To Fall On ‘Deaf Ears’

In each group, participants were asked to respond to a variety of possible messages that might be ones that could lead them to think about quitting. Their responses to some of these were consistent across the groups, and varied slightly between daily smokers and persistent smokers on others.

Their responses are summarized in the following chart.

POSSIBLE MESSAGE	RESPONSE
Advice from health professionals (e.g. doctor, nurse, dentist, dental hygienist, pharmacist) re: possible medical problems that could arise from smoking	<ul style="list-style-type: none"> - not likely to have any impact because smokers have this message before - no new news - for some, doctors are the only health professionals with credibility
Your family/friends complaining about your smoking because the second-hand smoke bothers them	<ul style="list-style-type: none"> - some effect on daily smokers, but most who have encountered this say they no longer smoke around non-smokers - a few persistent smokers claim to say they tell these people to move if the smoke bothers them
Your own concern about the impact of second-hand smoke on your family	<ul style="list-style-type: none"> - again, some effect on those with children or grandchildren - they don't want to force the smoke on someone (i.e. a child) who cannot choose to walk away
A concern related to pregnancy (e.g. impact on you (the mother), impact on fetus, impact on significant other, etc.)	<ul style="list-style-type: none"> - a number of the women in the daily smokers groups said they had quit during pregnancy out of concern for the fetus - a few of the persistent smokers said they had not quit during pregnancy, despite doctors' advice - some of the older women said they were not aware of the dangers when they had their babies - very few of the men in the groups had quit smoking while their wife/partner was pregnant
Your own concern about the impact of second-hand smoke on your pets	<ul style="list-style-type: none"> - this raised a few eyebrows in that it was news to some - most said that while it would concern them, they would not quit for the sake of the cat or dog
Your family/friends complaining about your smoking because they are concerned about you and your health	<ul style="list-style-type: none"> - this seems to resonate with daily smokers - qualitatively, persistent smokers did not seem to have the same network that was expressing this kind of concern, or they would not let their family/friends 'dictate' to them; they want to be accepted for who they are and what they do
The cost of cigarettes	<ul style="list-style-type: none"> - most agree that the cost is too high, particularly when they factor in the amount of the final cost that is taxes - most also acknowledged that they have kept buying cigarettes through every price increase over the last 20 years - most persistent smokers said they would give up or cut back on other things first before they would give up cigarettes; for them, cigarettes are a necessity
<i>CHART CONTINUES</i>	

POSSIBLE MESSAGE	RESPONSE
Environmental issues such as... <ul style="list-style-type: none"> • the smell of tobacco that gets into your house, car, clothes, hair, etc. • the fact that the chemicals from tobacco smoke lingers in carpets, furniture, draperies • you would not need to paint your walls as often, or clean your curtains and windows as often if you did not smoke in the house 	<ul style="list-style-type: none"> - not an issue for most - some have techniques for dealing with these, such as smoke in the garage, place bowls of vinegar around the house to absorb the smell, clean regularly
Concerns about abandoning social situations if you quit smoking? (e.g. fear that you will lose your friends if you stop smoking, fear that you won't appreciate social situations as much if you stop smoking)	<ul style="list-style-type: none"> - this was an issue for some, in that it is easier to keep smoking if your friends smoke - several said they went back to smoking after quitting because they were with friends and decided to have 'just one'. That one cigarette grew into a pack a day very quickly. - other than losing friends, most are not sure how to deal with this issue
Concern about the impact on your relationship with a significant other who does not want to quit smoking	<ul style="list-style-type: none"> - not applicable to most of those interviewed - some acknowledgement that it would definitely be more difficult to quit if someone else in the house was still smoking
Concern about failing/not succeeding in your quit attempts, and being perceived as a 'loser'	<ul style="list-style-type: none"> - big reason for persistent smokers. They say they are already made to feel stupid, or like 'second-class citizens' because they smoke, and they don't want to be held up for ridicule if they try and fail - a number said they would be more tempted to try to quit if they could do so without anyone knowing; the embarrassment of failure would be less if no one knew the attempt had been made
Concern about need to change existing routines to avoid temptation (e.g. relapse)	<ul style="list-style-type: none"> - also acknowledged as a barrier by both daily and persistent smokers - they know they would have to avoid situations that would trigger a desire for a cigarette and many are not yet sure they want to do that - giving up smoking could also mean giving up things like coffee, beer, going on break with co-workers, etc., which complicates the process
Knowing that food would taste better if you quit smoking	<ul style="list-style-type: none"> - most believe this to be true, but virtually no one saw it as a reason to quit
Fear that you will eat too much if you stop smoking	<ul style="list-style-type: none"> - clear barrier for some, particularly women - some had experienced a weight gain during previous attempts to quit, and were not sure the trade-off was worth it
Fear that you won't control stress as well if you stop smoking	<ul style="list-style-type: none"> - clear barrier for some, particularly those who had experienced severe irritability during previous attempts to quit, and were not sure the trade-off was worth it - one persistent smoker posed the question, "how do non-smokers cope with stress?"

Overall, it appears that messages regarding the health risks associated with smoking are not resonating as strongly as perhaps they used to. Smokers know the risks.

Daily smokers seem to be seeking help in quitting. They want positive messages that give them some hope that they can successfully quit, and they want to hear about the tools that might help them. To some extent, they are looking for a 'magic pill'.

Persistent smokers seem to be blocking out or ignoring the messages about the health risks, including the health risks associated with second-hand smoke. They don't want to hear these messages because they are not interested in quitting. Smoking seems to fill a need for them, a need that is both physical and emotional, and they do not seem likely to respond to any messages until that need no longer exists.

OTHER COMMENTS

Most Had Not Made Other Major Changes In Their Lives

In each session, participants were asked if they had ever made any other changes in their lives, such as losing weight, eating better or exercising more.

A few had done things such as lose a significant amount of weight, or given up alcohol or hard drugs. However, for the most part, it seemed clear that most of the participants had not tried to make a major change. That is, there was no apparent history of trying and failing, because there was no history of trying.

Contraband Cigarettes

In every market in which the focus groups were held, the issue of cigarettes that are available from Native Canadians was raised spontaneously by the participants. (That is, this topic was not included as part of the discussion guide.). Some in each group had tried these cigarettes, and while many of those who had tried them did not like them, virtually everyone agreed that the price was right. The whole notion of buying cigarettes from the Native community was perceived to be a ‘back-up plan’ if the price of regular cigarettes goes up, or if smoking is outlawed altogether.

This issue seemed particularly widespread in Quebec. In Montreal, and to a lesser extent in Trois-Rivières, usage of contraband cigarettes seemed high among heavy smokers. At least half in each group (both daily smokers and persistent smokers) claimed to buy them, at least occasionally. Some smoked them exclusively or almost exclusively, and this was despite a widespread feeling that the taste of these cigarettes is not as good as the taste of commercial cigarettes. However, there is a significant financial incentive, as contraband cigarettes can cost as little as a quarter or a fifth of the price of regular cigarettes if bought in bulk on Indian reservations. It also seemed obvious that there is a widespread network of resellers operating in several Montreal districts. This includes several small convenience stores which sell regular cigarettes, but also have “les indiennes”, (as they are commonly called) under the counter for trusted customers.

This considerably reduces the negative impact of smoking on their budget, while reinforcing the view that the Government is hypocritical about “the whole smoking thing” by seemingly tolerating such large-scale contraband.

APPENDIX

PROJECT #20209497

MILLWARD BROWN

February 15th, 2007

SCREENER - FINAL

HC POR-06-74

PWGSC #H4133-6-1812

Good morning/ afternoon/ evening. This is _____ from Millward Brown, an independent research firm. We are conducting a study on behalf of Health Canada with people in the area. Participation in the research is completely voluntary. Your answers will be kept confidential and will be used for research purposes only in accordance with laws designed to protect your privacy. We are not selling anything, rather we are simply interested in your attitudes and opinions. May I have a few moments of your time?

1. We are interested in people's occupations. Do you, or does any member of your household or immediate family, work in any of the following fields? (READ LIST)

	<u>No</u>	<u>Yes</u>
Marketing research, public relations, or advertising	<input type="checkbox"/>	<input type="checkbox"/>
The media (radio, television, newspapers, magazines, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
The health sector (doctors, nurses, dentists, hospitals, clinics)	<input type="checkbox"/>	<input type="checkbox"/>
Federal, provincial or municipal government health department/agency	<input type="checkbox"/>	<input type="checkbox"/>
Tobacco industry	<input type="checkbox"/>	<input type="checkbox"/>

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

2. **RECORD GENDER:**

Male	1
Female	2

CHECK QUOTAS

3. In which of the following age groups may I place you? (READ)

Under 18 years of age	1	THANK/DISCONTINUE
18 - 25 years of age	2	THANK/DISCONTINUE
26 - 34 years of age	3	
35 - 44 years of age	4	
45 - 54 years of age	5	
55 - 60 years of age	6	
65 years and over	7	

ALL MUST BE AGED 26 OR OLDER. ENSURE GOOD MIX OF AGES.

SMOKING STATUS

I am now going to ask some questions about cigarette smoking. This includes cigarettes that are bought ready-made as well as cigarettes that you make yourself.

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

Every day	1
Occasionally	2 THANK/DISCONTINUE
Not at all	3 THANK/DISCONTINUE

ALL MUST SMOKE CIGARETTES EVERY DAY TO QUALIFY

5. Have you smoked at least 100 cigarettes in your life?

Yes	1
No	2

6. How long have you been a smoker? (DO NOT READ)

Less than 5 years	1
5 – 10 years	2
11 – 15 years	3
16 – 20 years	4
More than 20 years	5

7. About how many cigarettes do you smoke in an average day? Would you say you smoke...

1 – 10 cigarettes per day	1
11 - 14	2
15 – 19	3
20 – 25 (about a pack)	4
26 -34 (pack and a half)	5
Two packs a day	6
More than 2 packs a day	7

8. In the past year, how many times have you stopped smoking for at least 24 hours because you were trying to quit smoking? *READ*

None	1
Once	2
Twice	3
Three times	4
More than three times	5
Not in the past year	6

9. And are you seriously considering quitting (smoking) within the next six months?

Yes	1
No	2
(DO NOT READ) Don't know/not sure	3

RECRUITER: CHECK QUALIFICATIONS BEFORE CONTINUING

1. To qualify as Daily Smoker – must say ‘Every day’ in Q.4 AND does not qualify as a Persistent Smoker. (i.e. might smoke fewer cigarettes/day, might have tried to quit, might be thinking of trying to quit)
2. To qualify as Persistent Smoker, must fit all of the following criteria:
 - a. Be a daily smoker (must say ‘every day’ in Q.4)
 - b. Have smoked for 5 years or more in Q.6
 - c. Smoke more than 15 cigarettes a day in Q.7
 - d. Made no attempt to quit in past year (must say ‘None’ in Q.8)
 - e. Have no intention of quitting in next six months (must say ‘No’ in Q.9)

10. In which of the following classifications does your total household before taxes income fall? [READ LIST, CHECK ONE]

Under \$25,000	1
\$25,000 - \$39,999	2
\$40,000 - \$49,999	3
\$50,000 - \$74,999	4
\$75,000 – or more	5

ENSURE GOOD MIX OF INCOME GROUPS.

11. What is the highest level of formal education you have completed? [DO NOT READ]

Primary school	1
Some high/ secondary school / CGEP	2
Graduated high/ secondary school / CGEP	3
Some community college technical college/ CEGEP	4
Graduated community college/ technical college/ CEGEP	5
Some undergraduate university	6
Graduated university or more	7
Other	8

ENSURE GOOD MIX OF EDUCATION CATEGORIES.

FOCUS GROUP HISTORY

12. In the past 12 months, have you attended a discussion group or interview that was arranged in advance and for which you received a small sum of money?

Yes	1	(THANK/DISCONTINUE)
No	2	

13. How many times have you ever participated in a discussion group or arranged interview?

Never	1	
Once or twice	2	(GO TO Q14)
Three times or more	3	(THANK/DISCONTINUE)

14. What were the topics of the discussion groups or arranged interviews? (RECORD)

**THANK/DISCONTINUE IF TOPIC RELATED TO SMOKING, TOBACCO USE,
TOBACCO PRODUCTS, TOBACCO PACKAGE LABELING**

INVITATION TO RESEARCH

We would like to extend an invitation to you to attend a discussion group scheduled for **DATE/LOCATION/TIME** which will last about 2 hours. The objective is to get your opinions on some issues related to tobacco use. All information collected will be used for research purposes only and administered in accordance with laws designed to protect your privacy. There will be absolutely no attempt to sell anything. We are interested only in your thoughts and opinions. We think it will be enjoyable and you would receive \$75.

Would you be interested in attending?

Yes
 No **TERMINATE**

Do you have a pen handy so that I can give you the address where the discussion group will be held? It will be held at _____. Please tell people you are there for a focus group. We would like to remind you that the group is at (TIME) on (DATE).

You will be asked to show photo identification when you get to the facility, so be sure to bring some with you.

If you use glasses for reading, or if you use a hearing aid, please bring them with you.

You will be asked to turn off your cell phone or pager during the discussion session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call so that we can get someone to replace you. You can reach us at ____ at our office. Please ask for _____. Someone will call you the day before to remind you about the discussion group.

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

RECONFIRMED BY: _____ DATE: _____

WILL ATTEND GROUP: _____ DATE: _____ TIME: _____

Questionnaire de dépistage

Bonjour/Bonsoir. Mon nom est _____ de LLM, une firme indépendante de recherche marketing. Nous menons une étude pour le compte de Santé Canada auprès des gens de votre secteur. Votre participation est strictement volontaire. Toutes vos réponses resteront confidentielles et seront utilisées pour des fins de recherche seulement, conformément aux lois sur la vie privée. Soyez assuré que nous ne vendons rien, nous sommes uniquement intéressés à vos attitudes et opinions. Puis-je prendre quelques minutes de votre temps?

1. Nous nous intéressons à l'occupation des gens. Est-ce que vous ou quelqu'un d'autre dans votre ménage ou famille immédiat, travaille dans le domaine de... **(Lire la liste.)**

La recherche marketing, une firme de relations publique, ou une agence de publicité	[]
Un média (radio, télévision, journal, magazine, etc.)	[]
Le secteur de santé (médecin, infirmière, dentiste, hôpital, clinique)	[]
Une agence/département de santé du Gouvernement fédéral, provincial, ou municipal	[]
L'industrie du tabac	[]

Si "oui" à l'un ou l'autre ci-dessus, remercier et terminer

2. **Enregistrer le sexe :**

Homme	1 → 5-6 par groupe
Femme	2 → 4-5 par groupe

3. Dans laquelle des catégories d'âge suivantes vous situez-vous? **(Lire la liste.)**

Moins de 18 ans	1 – Remercier et Terminer
18 – 25 ans	2 – Remercier et Terminer
26 – 34 ans	3
35 – 44 ans	4
45 – 54 ans	5 Bon mix de groupes d'âge
55 – 60 ans	6
Plus de 60 ans	7

(Tous doivent être âgés de 26 ans ou plus.)

USAGE DE LA CIGARETTE

Je vais commencer par des questions sur l'usage de la cigarette. Veuillez inclure les cigarettes que vous achetez toutes faites de même que celles que vous roulez vous-même.

4. Présentement, fumez-vous la cigarette tous les jours, à l'occasion, ou jamais?

Tous les jours	1
À l'occasion	2 – Remercier et Terminer
Jamais	3 – Remercier et Terminer

(Tous doivent fumer la cigarette tous les jours pour se qualifier.)

5. Avez-vous fumé au moins 100 cigarettes au cours de votre vie?

Oui	1	Non	2
-----	---	-----	---

6. Depuis combien de temps fumez-vous? **(Ne pas lire.)**

Moins de 5 ans	1
5 à 10 ans	2
11 à 15 ans	3
16 à 20 ans	4
Plus de 20 ans	5

7. Environ combien de cigarettes fumez-vous lors d'une journée ordinaire? Diriez-vous ...?

1 à 10 cigarettes par jour	1
11 à 14 cigarettes par jour	2
15 à 19 cigarettes par jour	3
20 à 25 (environ un paquet)	4
26 à 34 (un paquet et demi)	5
Deux paquets par jour	6
Plus de deux paquets par jour	7

8. Au cours de la dernière année, combien de fois avez-vous arrêté de fumer pour au moins 24 heures parce que vous essayiez d'arrêter de fumer? **(Lire.)**

Aucune	1
Une fois	2
Deux fois	3
Trois fois	4
Plus de trois fois	5
Pas au cours de la dernière année	6

9. Et est-ce que vous envisagez d'arrêter de fumer sérieusement au cours des six prochains mois?

- | | |
|--|---|
| Oui | 1 |
| Non | 2 |
| Ne sait pas/pas certain (Ne pas lire) | 3 |

Recruteur : Vérifier les conditions avant de continuer.

1. Pour se qualifier comme fumeur quotidien, doit répondre « tous les jours » à la Q.4 ET ne se qualifie pas comme fumeur invétéré (i.e., pourrait fumer moins de cigarettes par jour, pourrait avoir essayé de quitter, pourrait envisager de quitter).
2. Pour se qualifier comme fumeur invétéré, doit satisfaire tous les critères suivants :
 - a. Être un fumeur quotidien (doit répondre « tous les jours » à la Q.4)
 - b. Doit fumer depuis 5 ans ou plus à la Q.6
 - c. Doit fumer plus de 15 cigarettes à la Q.7
 - d. Ne doit pas avoir essayé d'arrêter de fumer au cours de la dernière année (doit répondre « aucune » à la Q.8)
 - e. Ne doit pas avoir l'intention d'arrêter au cours des 6 prochains mois (doit répondre « non » à la Q.9)

10. Dans laquelle des tranches de revenus suivantes se situe le revenu annuel total de votre ménage avant impôts? Serait-ce ... (**Lire la liste – Cochez-en un.**)

- | | |
|-----------------------|---|
| Moins de 25,000\$ | 1 |
| 25,000\$ - 39,999\$ | 2 |
| 40,000\$ - \$49,999\$ | 3 |
| 50,000\$- 74,999\$ | 4 |
| 75,000\$ - ou plus | 5 |

Bon mix de niveaux de revenus

11. Quelle est le dernier niveau de scolarité que vous avez complété? (**Ne pas lire.**)

- | | |
|---|---|
| École primaire | 1 |
| École secondaire/Cégep commencé | 2 |
| École secondaire/Cégep terminé | 3 |
| Collège/Cégep technique commencé | 4 |
| Collège/Cégep technique terminé | 5 |
| Université commencée | 6 |
| Université ou études supérieures complétées | 7 |
| Autre | 8 |

Bon mix de niveaux de scolarité

12. Au cours des 12 derniers mois, avez-vous participé à un groupe de discussion ou entrevue qui était arrangé à l'avance, et pour lequel vous avez reçu une rémunération?

Oui 1 – **Remercier et Terminer** Non 2

13. Combien de fois avez-vous participé à un groupe de discussion ou entrevue qui était arrangé à l'avance?

Jamais 1
 Une ou deux fois 2 – **Passer à la Q14**
 Trois fois ou plus 3 – **Remercier et Terminer**

15. Quel(s) en étai(en)t le(s) sujet(s)?

(Remercier et Terminer s'il s'agit de fumer, du tabac, des produits du tabac, des emballages des produits du tabac.)

Invitation

Nous aimerions vous inviter à participer à un de nos groupes de discussion prévu le 21/22/26 février, qui durera environ 2 heures. Le but est d'obtenir vos opinions concernant les questions reliées au tabac. Toute information ainsi recueillie sera utilisée pour fins de recherche seulement et administrée selon les lois faites pour protéger votre vie privée. Personne ne tentera de vous vendre quoi que ce soit. Nous sommes uniquement intéressés à vos idées et opinions. Nous croyons que vous trouverez la séance agréable et vous recevrez une rétribution de **75\$** pour vous remercier de votre participation.

Êtes-vous intéressé à participer?

Oui 1 Non 2 – **Terminer**

Veillez prendre un stylo et du papier pour noter l'heure et l'adresse des séances. Le groupe de discussion aura lieu chez :

Legendre Lubawin Marketing, 1172-A St-Mathieu (la porte en bas, au niveau de la rue), Montréal :

- le mercredi, **21 février**, à 17h30 : fumeurs quotidiens

- le mercredi, **21 février**, à 19h30 : fumeurs invétérés

- le jeudi, **22 février**, à 17h30 : fumeurs quotidiens

- le jeudi, **22 février**, à 19h30 : fumeurs invétérés

Groupe PDG Group, 302 rue Bonaventure, Trois-Rivières, QC :

- le lundi, **26 février**, à 17h30 : fumeurs quotidiens

- le lundi, **26 février**, à 19h30 : fumeurs invétérés

Dites à l'hôtesse que vous venez pour la discussion de groupe. Encore une fois, le groupe est à ____, le __ février.

Chaque participant devra amener une pièce d'identité avec photo au groupe de discussion pour fins d'identification.

Si vous avez besoin de lunettes pour lire, ou d'un appareil pour l'ouïe, assurez-vous de les apporter.

Avant de commencer, on vous demandera de fermer votre téléphone cellulaire ou téléavertisseur, pendant la discussion.

Nous n'invitons qu'un petit nombre de personnes et votre participation est très importante pour nous. Si, pour quelque raison, vous ne pouviez participer, veuillez nous appeler aussitôt afin que nous puissions trouver quelqu'un d'autres pour vous remplacer. Vous pouvez nous rejoindre au _____. Demander à parler à _____. Quelqu'un vous appellera la veille de l'entrevue pour vous la rappeler.

[Enregistrer:]

NOM: _____

ADRESSE: _____

TÉL (rés.) _____ TÉL (bur.) _____

RÉCONFIRMÉ PAR: _____

DATE: _____

GROUPE: _____ DATE: _____

Project #20209497

DISCUSSION GUIDE – FINAL

1. *Introduction Of Moderator & Project (5 minutes)*

Before we begin, could I ask you to turn off any cell phones or pagers you might have with you.

My name is Allison Scolieri, and I work for an independent research firm called Millward Brown. This research project is being conducted for Health Canada. We are not asking you for any confidential information about you (including your full name), and your individual responses are never revealed to anyone. This session is being audiotaped, as I want to give you my full attention for the duration of the group. The tape gives me a record I can review so that I can write a detailed report for my client. There are observers behind the mirror from Health Canada; they are here to listen and learn. We want your open and honest opinions, and the reasons for your opinions.

One thing which you all have in common is that you are all smokers, and today we are going to talk about the issue of smoking, and some of your behaviour and opinions with respect to it. Please be honest in your opinions. In this kind of research there are no right or wrong answers, and everyone's opinion is valuable.

2. *Introduction of Participants (5 minutes)*

Let's begin by having you introduce yourself by your first name, and tell us a bit about yourself – are you married or single, do you have any children, what do you do for a living, what do you like to do in your spare time?

3. *Smoking Behaviour (20 minutes)*

I want to start the discussion by getting some of your basic behaviour with respect to smoking.

- how long have you smoked? How old were you when you started smoking? (*Moderator: record age at which started*)
- how much do you smoke now? Has your consumption increased or decreased in the last year or so? Why?
- where do you smoke? (*probe: at home, in the car, at work, outside, etc*) How do you handle smoking given the bans on smoking in public places? Has your behaviour changed since these bans came into effect? *If so, how?*
- who are you with when you smoke? Do your friends/family members/colleagues smoke? IF YES, Does your smoking influence them? Does their smoking influence you? *If so, how?* IF FAMILY/FRIENDS DON'T SMOKE, what do they think of your smoking?

- What else are you doing when you smoke? (probe: driving, having a coffee, having a beer, working outside, at home relaxing, waiting for someone/something, etc.)
- When do you smoke? What time of day? Day of the week?
- How do you describe your smoking behaviour? (*if necessary, probe for descriptions such as heavy smoker, moderate smoker, addicted smoker, etc.*)
- You were all invited to this session because you smoke cigarettes. Do you use any other tobacco products? (e.g. pipe, cigars, cigarettos, little cigars, water pipes, chewing tobacco) *if yes*, how does your use of those products compare with your use of cigarettes?

4. ***Attitudes Toward Smoking (30 minutes)***

- You said that you were XX years old when you started smoking. Why did you start smoking? Can you describe the circumstances? What were your feelings about smoking when you first started? What did you like about it? What didn't you like?
- Why do you continue to smoke? How does it make you feel to smoke? What are the emotions attached to it? (probe for: makes me feel stress-free, guilty, relaxed, an outcast, sexy, cool, etc.)
- Have your feelings about smoking changed from the time you first started? What do you like about it now? What don't you like?
- Think about your reasons for smoking. How would you describe the smoking experience? For example, would you say it is...
 - A social experience or an individual one?
 - A voluntary experience or involuntary?
 - Something that makes you feel good, or something that makes you feel bad?
 - An experience on its own, or something you do in conjunction with something else?
 - Any other ways you would describe the smoking experience?
- Do you consider yourself addicted?
 - *If yes*, why? What tells you that you are addicted?
 - *If no*, how do you think someone who is addicted would behave? How would they be different from you? What would they do? What would they think?
- What do you know about smoking?
 - What does it do for you? That is, what are the benefits to you as a smoker?
 - What does it do to you? Are there any disadvantages to smoking? *If yes*, What are the disadvantages of smoking?

- Do you have any concerns about your smoking?
 - *If yes, what concerns do you have? (if necessary, probe for concerns about their own health as well as concern about second hand smoke affecting family, pets, home, etc.)*
 - *If no, does anyone else have concerns about your smoking (i.e. a spouse, other family member, health professionals, etc)? what are their concerns? Why don't you share those concerns?*

5. **Quitting Behaviour/Attitudes (20 minutes)**

- have you ever tried to cut back on your smoking or quit entirely?
 - *If not, why not?*
 - *If yes, how many times have you tried to quit? What prompted the decision to try to quit?*
 - *If tried to cut back, how did you go about it? Why did you try to cut back, rather than quit?*
 - *how did you go about trying to cut back or quit? What was your experience? what tools, if any, did you use? What tools were effective?*
 - *Who, if anyone, gave you advice on quitting? Did you pay attention to their advice? If not, why not?*
- Have any of your friends/family members tried to quit? Were they successful? Describe their experience.
 - *If they were successful, did they put pressure on you to quit? If yes, what is or was your response?*
- Do you think you would benefit in any way if you quit smoking? How would you benefit? What would be the 'downside' of quitting?
- What stops you from trying to quitting? Why do you continue to smoke?
- What would need to happen to get you to think about quitting (*probe: major health issue for you? Major health issue for someone close to you? Price of tobacco going up? Decrease in stress?, etc.*)
- how much influence does or could each of the following have on your decision to try to quit:
 - advice from health professionals (e.g. doctor, nurse, dentist, dental hygienist, pharmacist) re: possible medical problems that could arise from smoking? Why? What specific medical problems concern you the most?
 - your family/friends complaining about your smoking because the second-hand smoke bothers them?
 - your own concern about the impact of second-hand smoke on your family? What specifically concerns you?
 - a concern related to pregnancy (eg. impact on you (the mother), impact on fetus, impact on significant other, etc.)
 - your own concern about the impact of second-hand smoke on your pets?
 - your family/friends complaining about your smoking because they are concerned about you and your health?
 - the cost of cigarettes?

- environmental issues such as...
 - the smell of tobacco that gets into your house, car, clothes, hair, etc.
 - the fact that the chemicals from tobacco smoke lingers in carpets, furniture, draperies
 - you would not need to paint your walls as often, or clean your curtains and windows as often if you did not smoke in the house
 - concerns about abandoning social situations if you quit smoking? (e.g. fear that you will lose your friends if you stop smoking, fear that you won't appreciate social situations as much if you stop smoking)
 - concern about impact on your relationship with a significant other who does not want to quit smoking?
 - concern about failing/not succeeding in your quit attempts, and being perceived as a 'loser'?
 - concerns about need to change existing routines to avoid temptation (e.g. relapse)
 - knowing that food would taste better if you quit smoking
 - fear that you will eat too much if you stop smoking
 - fear that you won't control stress as well if you stop smoking
- how confident are you that you will eventually quit (assuming you want to quit)? Why do you say that?
 - *If not confident in quitting*, have you ever been successful in making other changes in your life (eg. Losing weight, exercising more, etc.)
 - Do you make New Year's resolutions? *If yes*, do you keep them?

6. **Information/Messages About Smoking (30 minutes)**

- Where do you get information about health-related issues generally? (not necessarily related to smoking)
- Do you ever seek out information on smoking or tobacco? Why/why not?
 - *If yes*, where do you seek information about smoking and/or tobacco? What are your sources of information? (*Probe for peers, media, doctor, etc.*)? Why?
- What messages do you hear about smoking?
 - What are the messages/warnings? (*probe: health risks re: heart, respiratory disease, cancer, etc; social risks re: smell of tobacco on your clothes, skin, breath, stains on fingers, teeth, etc.; risks to others from second hand smoke*)
 - Where do you see or hear these messages? (*probe: ads, cigarette package warnings, doctor, family members, etc.*)
 - What impact, if any do these messages have on you? Why? Do you find them credible? Informative? Persuasive? Why/why not?

- *(To be asked in Persistent Smoker Groups as a final attempt to extract information)* As you know, this project is being sponsored by Health Canada. The Department is clearly interested in helping people to quit smoking, and have provided a lot of information on the dangers of smoking, quitting tips, and the dangers of second-hand smoke. The data they collect on a regular basis suggests that their measures are having some impact; fewer Canadians are smoking now than was the case ten years ago. However, from what you are telling me, it sounds like these messages are not resonating with you. I'd like to know two things:
 - Do you recall seeing or hearing these messages?
 - Why don't these messages get through to you?
 - What do you need to hear in order to convince you that you should think about quitting?

Any other comments?

Thank you for your participation.

GUIDE D'ENTRETIEN (FUMEURS)

1. Présentation de l'Animateur et du Projet (5 minutes)

Avant de commencer, puis-je vous demander de fermer vos téléphones cellulaires ou téléavertisseurs si vous en avez sur vous.

Mon nom est Pierre Legendre et je travaille pour une firme de recherche indépendante qui s'appelle Legendre Lubawin Marketing. Nous réalisons ce projet de recherche pour le compte de Santé Canada. Nous ne vous demanderons aucune information confidentielle (même pas votre nom au complet), et vos réponses individuelles ne seront jamais révélées à qui que ce soit. Cette discussion fait l'objet d'un enregistrement audio, car je veux être en mesure de vous donner toute mon attention pendant la durée du groupe. La bande audio me permet d'avoir des notes auxquelles je peux me référer lorsque j'écrirai un rapport détaillé pour mon client. Il y a des observateurs derrière le miroir qui représentent Santé Canada; ils sont là pour écouter et apprendre. Nous recherchons vos opinions franches et honnêtes et les raisons de ces opinions.

Vous avez tous en commun le fait que vous êtes fumeurs. Aujourd'hui nous allons parler de la question de la cigarette et de vos comportements et opinions à ce sujet. Veuillez être honnête et ouvert. Dans ce genre de recherche il n'y a pas de bonnes ni de mauvaises réponses et l'opinion de tous est importante.

2. Présentation des Participants (5 minutes)

J'aimerais commencer en vous demandant de vous introduire en me donnant votre prénom et en me parlant un peu de vous – êtes-vous marié ou célibataire, avez-vous des enfants? Quelle est votre occupation? Qu'est-ce que vous aimez faire pendant vos moments de loisirs?

3. Comportement de fumeur général – Passé et Présent (20 minutes)

Pour commencer, permettez-moi de vous poser quelques questions sur votre comportement actuel de fumeur.

- Depuis combien de temps fumez-vous? Quel âge aviez-vous quand vous avez commencé à fumer? (Animateur : Enregistrer l'âge)
- Quelle quantité fumez-vous? Est-ce que votre consommation a augmenté ou diminué au cours de la dernière année? Pourquoi?
- Où fumez-vous? Approfondir (à la maison, dans l'auto, au travail, dehors, etc.) Comment composez-vous avec les interdictions de fumer dans les lieux publics? Est-ce que votre comportement a changé depuis la mise en vigueur de ces règlements? Si oui, de quelle façon?

- Avec qui êtes-vous lorsque vous fumez? Est-ce que vos amis / membres de votre famille / collègues fument? Si oui, est-ce que le fait que vous fumiez les influence? Est-ce que leur comportement de fumeurs vous influence? Si oui, comment? Si LA FAMILLE / LES AMIS NE FUMENT PAS, que pensent-ils du fait que vous fumez?
- Que faites-vous d'autre lorsque vous fumez? (e.g. conduire, prendre une tasse de café, prendre une bière, travailler dehors, relaxer à la maison, attendre quelqu'un / quelque chose, etc.)
- Quand fumez-vous? Quel moment de la journée? Quel jour de la semaine?
- Comment décriviez-vous votre comportement de fumeur? (*Si nécessaire, rechercher des descriptions telles que gros fumeur, fumeur en modéré, dépendant, etc...*)
- Vous avez tous été invités ici parce que vous fumez la cigarette. Utilisez-vous d'autres produits du tabac? (exemple: pipe, cigares, cigarettos, mini cigares, pipe à eau, tabac à chiquer) *Si oui*, de quelle façon vous consommez-vous ces produits par rapport à la cigarette?

4. *Attitudes face à la cigarette (30 minutes)*

- Vous aviez dit que vous aviez xx ans quand vous avez fumé votre première cigarette? Pourquoi avez-vous commencé à fumer? Quelles étaient les circonstances? Qu'est-ce que vous avez ressenti face à votre première cigarette? Comment vous sentiez-vous? Qu'est-ce que vous-avez aimé? Pourquoi? Qu'est-ce que vous n'avez pas aimé?
- Pourquoi est-ce que vous continuez de fumer? Comment vous sentez-vous en tant que fumeur? Quelles sont les émotions rattachées à la fumée? (Approfondir des dimensions telles que l'absence de stress, la culpabilité, se sentir relaxe, rebelle, sexy, cool, etc.)
- Est-ce que vos sentiments face à la cigarette ont changé depuis le temps où vous avez commencé? Qu'est-ce que vous en aimez maintenant? Qu'est-ce que vous n'en aimez pas?
- Pensez aux raisons pour lesquelles vous fumez. Comment décrieriez-vous votre expérience? Par exemple, est-ce que vous diriez que c'est...
 - Une expérience sociale ou individuelle?
 - Une expérience volontaire ou involontaire?
 - Quelque chose qui vous fait vous sentir bien ou quelque chose qui fait vous sentir mal?
 - Une expérience en soi ou quelque chose que vous faites en même temps qu'autre chose?
 - Est-ce qu'il y a d'autres façons que vous décrieriez votre expérience de fumeurs?

- Est-ce que vous considérez que vous avez une accoutumance?
 - *Si oui*, pourquoi? Qu'est-ce qui vous dit que vous avez une accoutumance?
 - *Si non*, de quelle façon pensez-vous que se comporterait quelqu'un qui est accoutumé? En quoi serait-il différent du votre? Qu'est-ce qu'il ferait? Qu'est-ce qu'il penserait?
- Qu'est-ce que vous savez de la cigarette?
 - Qu'est-ce qu'elle vous apporte? Quels sont les avantages de fumer?
 - Qu'est-ce qu'elle vous fait? Est-ce qu'il ya des inconvénients à la cigarette? Quels sont-ils?
- Est-ce que le fait de fumer vous préoccupe?
 - *Si oui*, quelle sont vos préoccupations? (*Si nécessaire, aborder les préoccupations eu égard à leur santé de même que les effets de la fumée secondaire sur leur famille, animaux domestiques, domicile etc...*)
 - *Si non*, est-ce que d'autres personnes sont préoccupées (*exemple : un conjoint, un autre membre de la famille, un professionnel de la santé, etc...*)? Quelles sont leurs préoccupations? Pourquoi ne les partagez-vous pas?

5. *Cessez de fumer (20 minutes)*

- Avez-vous déjà essayé de réduire votre consommation ou de cesser complètement?
 - *Si non*, pourquoi pas?
 - *Si oui*, Combien de fois avez-vous essayé de cesser de fumer? Qu'est-ce qui avait provoqué la décision d'essayer de cesser?
 - *Si vous avez essayé de diminuer*, comment vous y êtes-vous depuis? Pourquoi avez-vous essayé de diminuer plutôt de cesser?
 - Comment vous y êtes-vous pris pour diminuer ou cesser? Quelle a été votre expérience? Quels outils avez-vous utilisés? Quels outils avez-vous trouvés efficaces?
 - Qui, le cas échéant, vous a donné des conseils pour cesser de fumer? Les avez-vous écoutés? *Si non*, pourquoi?
- Est-ce que vous avez des amis ou des membres de votre famille qui ont déjà essayé d'arrêter de fumer? Est-ce qu'ils réussissent. Veuillez décrire leur expérience.
 - S'ils sont réussis, est-ce qu'ils ont exercé des pressions pour ce que vous cessiez? *Si oui*, Comment réagissez-vous/ avez-vous réagi?
- Pensez-vous que vous bénéficieriez de quelque façon que ce soit si vous arrêtiez? Comment? Quels seraient les aspects négatifs?
- Qu'est-ce qui vous empêche d'arrêter? Pourquoi continuer de fumer?
- Qu'est-ce qui devrait arriver pour que vous arrêtiez? (*approfondir : problème de santé sérieux pour vous? Pour quelqu'un de proche? Une augmentation du prix du tabac? Une réduction de votre stress? etc...*)

- Quelle influence est-ce que les personnes ou les choses suivantes pourraient avoir sur votre décision d'arrêter?
 - L'avis de professionnels de la santé (e.g. médecin, infirmière, dentiste, hygiéniste dentaire, pharmacien, concernant les problèmes médicaux associés à la fumée? Pourquoi? Quels problèmes médicaux spécifiques vous préoccupent le plus?
 - Le fait que votre famille/vos amis se plaignent que votre habitude les dérange à cause de la fumée secondaire?
 - Votre préoccupation personnelle concernant l'impact de la fumée secondaire sur votre famille? Qu'est-ce qui vous préoccupe spécifiquement?
 - Une préoccupation liée à la grossesse (par exemple, quel impact sur vous (en tant que mère) l'impact sur le fœtus, l'impact sur un être cher, etc.)
 - Votre propre préoccupation concernant l'impact de la fumée secondaire sur vos animaux de compagnie?
 - Le fait que votre famille/vos amis vous disent que votre habitude de fumer les préoccupe pour votre santé?
 - Le coût des cigarettes?
 - Des questions environnementales telles que ...
 - l'odeur du tabac qui s'incruste dans votre maison, votre auto, vos vêtements, vos cheveux, etc.
 - le fait que des produits chimiques liés à la fumée du tabac pénètrent les tapis, les meubles, les rideaux
 - le fait que vous n'auriez pas à repeindre les murs de votre maison aussi souvent ou devoir nettoyer vos rideaux et fenêtres aussi souvent si vous ne fumiez pas dans la maison
 - la crainte de devoir laisser tomber certaines situations sociales si vous arrêtez de fumer? (par exemple, la peur de perdre vos amis si vous cessiez de fumer, la crainte de ne pas pouvoir apprécier autant certaines situations sociales si vous deviez cesser de fumer)
 - L'impact sur votre relation avec un être cher qui ne veut pas que vous arrêtez?
 - La crainte de ne pas réussir dans votre tentative d'arrêter et d'être perçu comme un "perdant"?
 - la crainte de devoir changer des routines existantes pour éviter la tentation (recommencer à fumer)
 - savoir que les aliments vont goûter meilleur si vous arrêtez de fumer
 - la crainte que vous allez manger trop si vous arrêtez de fumer
 - la crainte que vous ne pourrez pas contrôler votre stress aussi bien si vous arrêtez de fumer

- Jusqu'à quel point êtes-vous confiant que vous allez éventuellement cesser de fumer (en assumant que vous désiriez cesser)? Qu'est-ce qui vous fait dire cela?
- *Si non confiant*, avez-vous déjà réussi à faire d'autres changements importants dans votre vie (exemples : perdre du poids, faire plus d'exercice)?
- Est-ce que vous prenez des résolutions du nouvel an? *Si oui*, est-ce que vous les tenez?

6. *Information/ messages sur le tabac (30 minutes)*

- Où vous renseignez-vous en général sur les questions de santé? (pas nécessairement reliées au tabac)
- Avez-vous déjà recherché des informations sur la fumée et/ou le tabac? Quelles sont vos sources d'information? (*Approfondir : collègues, médias, médecins, etc...*) Pourquoi?
- Quels messages recevez-vous sur le tabac?
 - Quels sont les messages/avertissements? (*approfondir : risques pour la santé tels que maladies cardiaques, respiratoires, cancer, etc... risques sociaux, tels que l'odeur du tabac sur vos vêtements, la peau, l'haleine, les tâches sur les doigts, les dents, etc... Les risques pour les autres provenant de la fumée secondaire*)
 - Où est-ce que vous voyez ou entendez ces messages (*approfondir : publicité, paquets de cigarettes, médecin, membres de la famille*).
 - Quel est l'impact de ces messages sur vous? Est-ce qu'ils en ont? Pourquoi? Les trouvez-vous crédible? Informatifs? Convaincants? Pourquoi / Pourquoi/ pourquoi pas?
 - (*À poser dans les groupes de fumeurs invétérés comme tentative ultime d'obtenir de l'information*)

Comme vous les savez, cette étude est menée pour le compte de Santé Canada. Le ministère est évidemment intéressé à aider les personnes à arrêter de fumer, et ont diffusé un lot d'information sur les dangers du tabac, des conseils pour arrêter de fumer et sur les dangers de la fumée secondaires. Les données qu'ils recueillent suggèrent que ces messages ont eu un certain impact. Moins de Canadiens fument aujourd'hui qu'il y a dix ans. Cependant, selon ce qu'ils me disent, il semble que ces messages ne vous touchent pas.

J'aimerais savoir trois choses.

- Vous souvenez-vous d'avoir entendu ou vu ces messages?
- Pourquoi est-ce qu'ils ne vous touchent pas?
- Qu'est-ce que vous devriez entendre pour vous convaincre d'envisager d'arrêter de fumer?

Avez-vous d'autres commentaires?

Merci de votre participation.