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# ***Exploratory Research on Smoking Cessation***

## **Final Report**

### **Prepared for Health Canada**

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**Canada** 

# ***Exploratory Focus Group Research on Smoking Cessation***

Final Report

Prepared for Health Canada  
Supplier name: Phoenix Strategic Perspectives Inc.  
December 2018

This public opinion research report presents the results of a series of focus groups conducted by Phoenix SPI on behalf of Health Canada. The research was conducted with adult smokers and former smokers from October 29 to November 20, 2018.

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# 1. Executive Summary

Phoenix Strategic Perspectives (Phoenix SPI) was commissioned by Health Canada to conduct qualitative research to better understand the experiences related to smoking and cessation.

## 1.1 Methodology

In total, 20 focus groups were conducted in the following locations: Mississauga (October 29 and 30), Winnipeg (November 6 and 20), Edmonton (November 7 and 8), Montreal (November 13 and 14), and St. John's (November 14 and 15). The groups in Montreal were conducted in French; the groups in all other locations were conducted in English. In each city, four groups were held, two per evening, with current smokers on the first night and former smokers on the second night. Current smokers were segmented by age: aged 25 to 44, and aged 45 and older. All former smokers were aged 25 and older. One group of former smokers were daily or occasional vapers (at the time of the research). Current smokers had been smoking for at least five years and smoked at least 15 cigarettes a day. Former long-term smokers had smoked for at least five years, smoked at least 15 cigarettes per day, and had quit within the last three years. In all groups, there was a mix of participants by gender, age, ethnicity<sup>1</sup>, and education. More details about the methodology can be found in the Methodology section in the Introduction.

**This research was qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but they cannot be generalized to the full population of members of the targeted audience segments.**

## 1.2 Key Findings

### *Context*

Participants were unaware that they were all smokers or former smokers. Their status as a “smoker” or “former smoker” did not emerge in their self-description or in their description of their daily activities. Overall, very few participants identified themselves as a smoker or former smoker when describing their personality and values. To the extent that participants' smoking status emerged in any significant way during the initial exploratory discussion, it was in the context of health.

When asked about their daily life, participants identified a wide variety of challenges that they experience. These included financial challenges, such as making ends meet, saving money, paying bills, and the rising cost of living; employment-related challenges; family-related and domestic challenges, such as being a single parent, raising young children, and caring for elderly/sick parents/relatives; commuting; lack of time to do everything/finding enough time in the day and balance; and health issues, including chronic and acute issues. Notably, stress was routinely identified as a challenge and/or a by-product of these and other daily challenges.

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<sup>1</sup> There was a mix of participants who identified themselves as a member of a visible ethno-cultural group and who did not identify as such.

The first time smoking was explicitly mentioned with any frequency was in the context of discussing participants' present and future health. At this point, some smokers said they perceive themselves as generally healthy except for the fact that they smoke cigarettes (e.g. "outside of smoking, I'm healthy"). Although to a lesser extent, smoking was also mentioned by some former smokers as a reason they could be healthier. For example, a few participants noted that they are not as healthy as they could be right now because they are carrying extra weight due to quitting smoking. Conversely, some former smokers said that they feel healthier now because they have quit smoking.

### **Smoking behaviour**

Most current and former smokers started smoking cigarettes during their adolescence, although at least a few participants in some groups started later in life. Those who started later in life tended to have done so because of a boyfriend or girlfriend, a job (for smoke breaks), or while attending post-secondary school. Routinely-identified circumstances in which smoking began included: with friends, as a result of peer pressure, to be cool and/or rebellious, out of curiosity, as a result stress (e.g. in school), and due to living in smoking environment (everyone smoked). Coffee and alcohol were often identified as key smoking triggers.

Current smokers typically have a social circle of smokers, such as friends, acquaintances, and coworkers, but the social aspect of smoking is stronger among younger smokers than it is among older smokers. Many current smokers said they have made friends or acquaintances smoking, but younger smokers were more likely to say this, with older smokers sometimes noting that this happened in the past but not anymore. Those who have made friends as opposed to acquaintances regard smoking as the occasion for meeting them not the reason for the friendship.

There are few, if any, strong social cues for when to smoke. It is taken for granted, for example, that the work break is a smoking break, to the point where it is sometimes assumed that if you are not a smoker you don't need a break. The issue of smoke breaks was often raised, especially by younger smokers—in particular, among those working in the service sector or in trades.

Nearly all former smokers still interact with smokers. This has various effects including heightened sensitivity to the smell/odor of cigarettes and to the smell of smokers, a desire to avoid exposure to second-hand smoke, occasional cravings, frustration and resentment (usually in the early days of having quit), and self-consciousness or concern about being perceived as self-righteous.

Former smokers emphasized the importance of avoiding or managing smoking triggers by changing patterns and routines, but the lifestyle changes this involves were usually not considered major, were often temporary, and were perceived as having a limited impact on social interaction with smoking friends. Such adjustments include not joining people for a smoke break, going out to bars with smokers but not accompanying them when they go out to smoke, going out less often to bars and parties where smoking is likely to occur, and not allowing smoking in one's house.

Changes to the daily routines of former smokers include avoiding or reducing triggers (typically alcohol and coffee), eating more, no longer hiding or avoiding kids so as not to be caught smoking, not running to the corner store periodically to purchase cigarettes, making

healthier purchases, being freer in general/not having to find time to smoke, exercising more, doing less laundry (because their clothes don't smell of cigarettes anymore), and vaping. Many former smokers noted the additional time they found in their day by not having to smoke/think about smoking.

### **Smoking cessation**

Most current smokers have tried to quit smoking and they have used various cessation resources to do so. Typical aids included nicotine replacement gums, nicotine patches, prescription medication, and vaping. Other resources, generally mentioned by a few participants only, are acupuncture, hypnosis, and nicotine inhalers. When asked about their experiences using these smoking cessation resources, most participants were quick to mention what they did not like about what they tried (i.e. there was usually a negative reaction to the cessation aides used. For example, the taste of the gums was mentioned as a deterrent to using them. For the patch and prescription medications, participants mentioned side-effects, such as nightmares, and, for things like hypnosis or acupuncture, participants pointed to their lack of success.

Commonly-given reasons for lack of success quitting smoking include stress, continued exposure to smokers, and succumbing to triggers and cravings. Most current smokers said they think they will try again to quit, prompted mainly by health-related problems and considerations, as well as finances. That said, a few smokers expressed no desire to quit smoking because they enjoy it too much.

Most former smokers had tried to quit on more than one occasion, motivated most often by health-related and financial considerations (e.g. money spent on cigarettes could be saved by quitting). For those who tried once and succeeded on their first attempt—it was often a significant life event that motivated them to quit. For the most part, friends and family helped cessation efforts rather than hinder them and changes to their social life as a result of the cessation process were usually described as limited.

### **Feelings about smoking**

Participants were given a sheet of paper with numerous incomplete sentences and they were asked to complete the sentence with the first word or words that come to mind. What follows are the responses mentioned with the greatest frequency.

#### **Smokers**

- *The best thing about smoking is ...*
  - *Relief/relaxation/calms nerves*
  - *Taking a break/time to oneself*
  - *The social aspect*
  
- *Smoking makes me feel ...*
  - *Relaxed/relieved/calm*
  - *Gross/yucky/sick*
  - *Guilty*
  
- *When I think about quitting smoking...*
  - *I get anxious/stressed*
  - *I think about all the times I tried to quit*

- *Lighting a cigarette makes me feel ...*
  - *Relaxed/calm/soothed/less stressed*
  - *Trapped*
  - *Nothing/stupid/bad*
- *I haven't quit smoking because ...*
  - *It's hard/difficult*
  - *Weakness/lack of willpower*
  - *Stress*
  - *I enjoy it/don't want to*
  -

### **Former smokers**

- *The best thing about being a non-smoker is ...*
  - *Health/feeling better*
  - *Saving money*
  - *Not tasting/smelling like smoke*
- *The process of quitting smoking was ...*
  - *Hard/difficult*
  - *Not as hard as expected*
- *When I think about having quit smoking ...*
  - *I feel proud/happy*
- *The worst part about quitting smoking was ...*
  - *Dealing with cravings/triggers/breaking routines*
- *When I made the decision to quit smoking ...*
  - *I was determined/stuck to it*
- *Life without smoking is ...*
  - *Good/great/better*
- *I'll never smoke again because ...*
  - *Health-related reasons*
  - *There's nothing good about it*

### **Perceptions of vaping**

There was a widespread perception among current smokers that vaping is a new habit rather than a smoking cessation tool and that its health effects are still unknown. Most former smokers who vape started doing so before they quit smoking and they credit vaping with helping them quit smoking. Some former smokers vape regularly now, and others vape only when in social situations wherein they would have smoked cigarettes in the past. Looking ahead, many vapers think they will quit vaping at some point and most are vaping nicotine (very few use e-juices with no nicotine). In terms of what they get from vaping, former smokers who vape find it enjoyable and like the social connection, in addition to using it as a means to treat cravings.

### **Cigarette labelling**

Most smokers and former smokers did not believe that on-cigarette labelling would help in getting people to quit smoking. Views were divided about the two approaches but most participants favoured placing the warning on the filter as opposed to the portion of the cigarette containing the tobacco. The main reason for preferring the placement on the filter was that the message would remain, even after the cigarette was smoked (i.e. on the cigarette butts). In terms of perceived effectiveness, the main reason for placing it on the portion of the cigarette containing tobacco is that it is more visible (e.g. a message on the filter is less visible because the filter is either in one's mouth or between one's fingers and in either case the message is not visible). The health warnings perceived as most effective in the English-language groups were 'Smoking can kill you' and 'Smoking causes cancer'. The health warnings perceived as most effective in the French-language groups were 'Fumer cause le cancer' and 'Fumer peut causer la mort'.

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Alethea Woods  
President  
Phoenix Strategic Perspectives Inc.



## 2. Introduction

Phoenix Strategic Perspectives (Phoenix SPI) was commissioned by Health Canada to conduct exploratory qualitative research on smoking cessation.

### 2.1 Background and Objectives

Tobacco use is the leading preventable cause of disease and premature death in Canada. It is a contributing factor to serious chronic diseases, such as cancer, respiratory ailments and heart disease. Canada's Tobacco Strategy has set a goal of lowering tobacco use among Canadians to 5% by the year 2035. To realize this objective, Health Canada needs to prevent initiation of tobacco use as well as support users in their cessation efforts to quit tobacco long-term.

Statistics published by Health Canada indicate that half of current smokers have made a quit attempt in the past year.<sup>2</sup> With current Health Canada surveillance initiatives, the Department has been able to pinpoint how many cigarettes individuals smoke a day, how long they have been smoking, and at what age they tried their first cigarette, among other behavioural variables. While this behavioural information is important, the Tobacco Control Directorate (TCD) also wants to better understand the social experiences of smoking, including how smokers interact with each other, and how smoking fits into their lifestyles on an emotional level. This is an area that has not been widely researched by the TCD, with previous research conducted by the Directorate having focused on the question of "why do people smoke?".

The primary objective of this research, therefore, was to understand the positive and negative social impacts of smoking from the perspective of a smoker as well as the social trade-offs, if any, when quitting smoking or switching to vaping, and how they coped with them. The findings from the research project are intended to assist Health Canada in developing and refining new lines of messaging that focus on both positive and negative social implications of quitting smoking.

### 2.2 Methodology

A total of 20 in-person focus groups were conducted, with four groups in each of five locations: Mississauga, St. John's, Montreal, Winnipeg and Edmonton. The groups in Montreal were conducted in French and the groups in Mississauga, St. John's, Winnipeg and Edmonton were conducted in English. Participants were recruited by telephone using an opt-in database. The focus groups were held as follows: Mississauga (October 29 and 30), Winnipeg (November 6 and 20), Edmonton (November 7 and 8), Montreal (November 13 and 14), and St. John's (November 14 and 15). The target audience for these focus groups was Canadians aged 25 and older; specifically:

- Current smokers: Smokers who had been smoking for at least five years and who smoked at least 15 cigarettes a day.
- Former long-term smokers: Smokers who smoked for at least five years, smoked at least 15 cigarettes per day, and who had quit within the last three years.

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<sup>2</sup> <https://www.canada.ca/en/health-canada/services/canadian-tobacco-alcohol-drugs-survey/2015-supplementary-tables.html#a4>

- Former long-term smokers who vape at least occasionally: Former smokers who vaped at least once per week in the four weeks preceding the research.

The groups with current smokers were segmented by age, with one group in each city conducted with smokers between the ages of 25 and 44 years and the other with smokers aged 45 and older.

Each group included a mix of participants by gender, age, education, and ethnicity<sup>3</sup>. Efforts will be taken to ensure the gender mix reflects that of the actual population of smokers in Canada (based on the most recent Canadian Tobacco, Alcohol and Drugs Survey [CTADS] data available). In each group, a total of 10 individuals were recruited. Between five and 10 participants took part in each group, with eight participants most often in attendance. In all, a total of 164 adult smokers and former smokers took part in the research.

The focus groups lasted for two hours each. To thank participants for their participation, current smokers were paid an honorarium of \$100 and former longer-term smokers were paid an honorarium of \$125.<sup>4</sup> At the groups, all participants were asked for identification to verify their identity and consent forms were completed.

All steps of the project complied with *The Standards for the Conduct of Government of Canada Public Opinion Research*.

The investigators for this study were Philippe Azzie and Alethea Woods. Philippe moderated the groups in Mississauga, Winnipeg, and Montreal. Alethea moderated the groups in St. John's and Edmonton. Both senior researchers contributed to the preparation of the final report.

**This research was qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but they cannot be generalized to the full population of members of the targeted audience segments.**

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<sup>3</sup> There was a mix of participants who identified themselves as a member of a visible ethno-cultural group and who did not identify as such.

<sup>4</sup> Former smokers received a \$125 honorarium because this target audience is lower incidence (due to the eligibility criteria that were part of the research design) which makes recruitment more challenging. A larger incentive can be expected to increase the likelihood that someone meeting the profile of a former smoker would agree to participate.

## 3. Detailed Findings

### 3.1 Context

In advance of the discussion, participants were asked to complete a brief written exercise that involved writing down four or five things about themselves followed by a short description of the kinds of activities they did and places they went on the day prior to the focus group. This was followed by a roundtable discussion in which all participants shared what they had written down. Participants were unaware that they were all smokers or former smokers.

#### **Few references to smoking in descriptions of self or description of previous day**

Only a few current smokers identified themselves as smokers in their self-description, and none of the former smokers included any reference to their smoking status. References to smoking were equally rare in participants' descriptions of their day and typically referred to smoking a joint or vaping. To the extent that cigarette smoking emerged as a theme during the initial exploratory discussion, it was in the context of a discussion of health-related issues.

Feedback on the other issues explored during this initial discussion will be presented by audience (i.e. 'current smokers' and 'former smokers'). It should be noted that feedback on these issues provided by members of these two audiences tended to be very similar. As a result, the two sections are very similar in language, style, and content.

#### **3.1.1 Current smokers**

##### **Variety of daily challenges identified**

Participants identified a variety of challenges that they face on a daily basis. Routinely-identified challenges across locations and audiences fell into the following categories:

- *Financial challenges*: This included coping with the cost of living (e.g. food, gas, utilities, rent, bills, taxes, daycare costs), and the challenge of trying to save money/achieve financial stability (e.g. living from paycheque to paycheque, making ends meet, trying to avoid/manage debt).
- *Employment-related challenges*: These were identified by employed and unemployed participants. Challenges identified by employed participants included increased workloads/demands (sometimes as a result of reductions in personnel), dealing with co-workers and employees, and lack of job security (e.g. securing contracts/clients if self-employed). Challenges identified by unemployed participants included finding a job/well paying job and finding secure/permanent employment. Challenges related to finding/securing employment were more likely to be identified by younger smokers.
- *Family-related/domestic challenges*: Such challenges included issues related to the raising/rearing of children, such as being a single parent, inheriting a family (i.e. involvement with someone who has children from a previous relationship), dealing with young children (e.g. keeping calm when tired after a hard day's work, finding adequate daycare), and dealing with teenage children (e.g. keeping them motivated/focused on education). Such challenges also included starting a

family/planning to have children, caring for elderly or sick parents/relatives, and challenges related to a home/housing (e.g. finding a home/adequate housing, home renovations, and problems/issues with neighbours). Younger smokers were more likely to emphasize issues related to the early stages of child rearing (e.g. dealing with young children, daycare), as well as starting a family/planning to have children, and finding a home/adequate housing.

- *Commuting*: Daily challenges related to commuting were identified in all locations, though the specific issue emphasised sometimes differed by location. For example, in Mississauga the focus was on the distances and length of time it takes to commute. In Edmonton and St. John's the focus was primarily on public transportation and its inadequacies, while in Montreal the emphasis was on traffic problems caused by construction work and difficulty finding parking.
- *Coping with a busy life/lifestyle*: Coping with as busy lifestyle and simply finding the time to manage all of one's daily responsibilities (e.g. work, shopping, children) was routinely identified as a challenge.
- *Personal issues*: Challenges of a more personal nature usually related to health conditions or issues impacting health (both physical and mental health). This included chronic conditions/pain management (e.g. arthritis), medical conditions (e.g. ADHD), depression/lack of motivation, low self-esteem, addiction/dependency, and health issues related to aging. Other challenges of a personal nature included dealing with a divorce/separation, concern/worries over an estranged child, difficulty relaxing, and coping with winter.

Stress was routinely identified as a challenge and/or as a by-product of daily challenges faced by participants.

### **Anticipated future challenges tend to fall into same areas as current ones**

Looking to the future, smokers anticipated daily challenges in areas similar to ones they currently face. That being said, the challenge in question was sometimes different. Anticipated daily challenges included the following:

- *Financial challenges*: Financial security/stability was routinely identified as an anticipated future challenge, with a focus on the cost of living (e.g. rent increases, tax increases) and having the financial wherewithal or sufficient savings/money for one's retirement and old age. A specific challenge identified primarily by older smokers was helping pay for a child's post-secondary education.
- *Employment-related challenges*: This included finding work/employment, finding stable or permanent work, returning to the workforce after an absence (e.g. following stress leave, maternity leave), and finding/hiring qualified employees. In terms of finding employment, it was observed that this will become more and more difficult in the future as a result of increasing automation.
- *Family-related/domestic challenges*: In this area anticipated challenges tended to relate to three issues: raising children, caring for aging/elderly parents, and housing.
  - *Raising children*: Challenges identified in this area included helping children plan and launch their careers, coping with children eventually leaving home (i.e. becoming an 'empty nester'), raising children properly, and preoccupations about a child's success in life.

- *Caring for aging/elderly parents:* While this challenge was identified by younger and older smokers, a few younger smokers in Edmonton indicated that this challenge is enhanced by the fact that they are part of the ‘sandwich generation’ (i.e. people responsible for raising their own children while also looking after aging parents).
- *Housing:* Challenges in this area included having enough money to purchase a home, the increasing cost and limited availability of rental housing, and finding adequate/appropriate senior/retirement housing (identified almost exclusively by older smokers).
- *Health-related challenges:* Anticipated challenges in this area included challenges related to personal health as well as challenges related to the health care system. Anticipated challenges related to personal health included dealing with the side-effects of treatment for cancer, the worsening of an existing medical condition, and the availability and cost of healthy food. Two health-related challenges were identified primarily by older smokers: the general deterioration of physical health that accompanies old age, and the deterioration of mental health/possibility of dementia. Personal stress was often associated with health-related concerns, in particular mental health. Challenges related to the health care system included the cost, availability, and quality of health care services. Such issues were identified primarily in Montreal, where participants in both groups raised them.

In addition to the anticipated challenges identified above, the following were also mentioned by individuals or no more than a few participants:

- Staying on top of technological changes/developments as one gets older.
- Graduating from school/succeeding in the program one has enrolled in.
- Increasing crime/gun violence.
- The quality of the public school system.

### **Important aspects of smokers’ self-image include self-regarding and other-regarding virtues**

Smokers identified a number of traits or aspects as important or most meaningful in terms of how they see themselves and the same or similar traits were identified by smokers of all ages in all locations. These included a variety of ‘self-regarding’ and ‘other-regarding’ virtues which have been classified under these two headings below<sup>5</sup>.

- *Self-regarding virtues:* The most frequently identified self-regarding virtues identified by smokers as important to themselves included being hard working/having a strong work ethic, and responsibility (including financial responsibility). Other self-regarding virtues identified by smokers of all ages included integrity, flexibility, authenticity, wit/humour, being positive/having a positive outlook, resilience, and spirituality.
- *Other-regarding virtues:* The most frequently identified other-regarding virtues identified by smokers as important to themselves included honesty, trustworthiness/reliability, compassion/caring, and being helpful/altruistic. Additional other-regarding virtues identified by smokers of all ages included

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<sup>5</sup> Self-regarding virtues relate primarily to oneself, while other-regarding virtues relate primarily to one’s relations with others. While they are not mutually exclusive, they provide a useful distinction for categorizing participant feedback on this theme.

loyalty/faithfulness, generosity, patience, being forgiving, empathy, friendliness/sociability, being respectful, and being nurturing. While these other-regarding virtues were similarly likely to be identified, older smokers were more likely to anchor them concretely (e.g. 'caring for one's children', 'helping one's friends').

### **Family, friends, health, money/financial security – most important things**

Smokers identified a variety of things as important to them personally (i.e. as things they value) but four things led the lists across locations: family, friends, health, and money/financial security. Additional details regarding each are provided below.

- *Family*: In addition to referring specifically to 'family', participants also identified 'spouses and/or children', 'parenting/being a parent', 'raising their children', and their own parents as important to them.
- *Friends*: Reference to 'friends' often accompanied references to 'family' as important to participants (i.e. 'family and friends') but it was also often identified independently.
- *Health*: References to health and 'being healthy' sometimes included specific references to mental health as well as physical health.
- *Money/financial security*: Participants who referred to the importance of money did so with an emphasis on 'financial security' as opposed to 'the love of money', which is why such references are associated with the theme of financial security.

It is perhaps worth noting that there is a common element to these four things: they all provide stability to peoples' lives.

Other important things identified by smokers of all ages included travel, leisure/free time, knowledge/learning, work and career advancement, a strong work ethic, and intimacy/love/a special relationship (described as providing mental and emotional security). Other things identified as important included the following:

- Pets/animals
- Having goals/objectives
- Believing in something
- Community life/connectedness
- Privacy
- Having a home/home ownership
- Good food
- Humour
- Citizenship/community involvement
- Singing
- Enjoying life/having fun
- Being connected to the world through the Internet

### **Participants often echo challenges when describing who they are or want to be**

Smokers provided a variety of responses when asked who they want to be in the future and who they are now. In answering these questions, they often described themselves in ways that echoed current and anticipated challenges identified earlier.



When describing who they want to be in the future, a number of smokers said they would like to be better off financially (e.g. more stable and secure financially, debt free). Other things smokers said they would like to be included being happier, healthier, calmer/stress-free/worry-free, able to achieve a better balance between work and home life, and have more time for self-care/more time to themselves. Things identified mainly by younger smokers included being successful, going back to school, being more responsible, and being a homeowner. Things identified mainly by older smokers included being more altruistic and more involved in their community. When describing who they are now, a number of smokers characterized themselves as 'stressed'. This included younger smokers in Winnipeg and Mississauga, and older smokers in Mississauga, Edmonton and St. John's.

### **Discussion of personal health triggers first real reference to smoking**

Health and health-related issues had been previously identified by smokers in the context of current and anticipated challenges as well as in the context of things important to them. However, it was only with the introduction of the theme of personal health that smoking was explicitly mentioned with any frequency. In the context of this discussion, some self-identified as smokers (occasionally after another participant had done so) or related concerns about their health to their history as a smoker.

### **Most think of themselves as healthy, the main reason being they are not sick**

Most smokers described themselves as healthy or relatively healthy in general, though many added that they could be doing more in that regard. When probed as to why they consider themselves healthy, they usually pointed to the fact that they are not sick or ill (e.g. no diagnosis of illness from their family doctor, not taking any prescribed medication), and they do not feel sick or ill (i.e. no aches, pains, or red flags). Some also suggested that they are healthy because they are active/doing exercise (e.g. sports, cycling, walking), and trying to lead a generally healthy lifestyle (e.g. watching their weight, taking vitamins, going for regular medical check-ups).

Some smokers described themselves as generally healthy except for the fact that they smoke cigarettes (e.g. "outside of smoking, I'm healthy", "I'm doing my best but I'm a smoker") or added that their lifestyle could be healthier (e.g. if they could lose weight, drink less coffee and alcohol, get more exercise, quit smoking, and eat more healthy foods). Some smokers (primarily younger ones in St. John's, Edmonton, Winnipeg, and Montreal), pointed to the importance of eating healthily but added that eating healthily on a regular basis is expensive.

### **Health issues top-of-mind when thinking about the future**

A number of issues related to their personal health come to mind when smokers look ahead to the future. These included the following:

- The decline in physical and mental health that inevitably accompanies aging.
- The impact over time of an unhealthy lifestyle or arising from quality of life issues (e.g. working long hours, a sedentary lifestyle, lack of exercise, eating poorly/poor diet). As noted earlier, mainly younger smokers in Montreal, Winnipeg, St. John's and Edmonton recognized the importance of a healthy diet but observed that eating healthily on a regular basis is expensive. A few added that it takes time to prepare healthy meals and that they do not have the time to do this.

- Concern related to an existing condition or illness. This included the worsening of a chronic condition, treatment for cancer, and anticipated/upcoming surgeries or medical interventions.
- Family medical history/genetic history (e.g. history of bowel cancer).
- Weight gain/being overweight (sometimes associated with smoking and a poor lifestyle).
- Unforeseeable and unpredictable circumstances (e.g. an illness or an accident).
- Concerns over mental health, particularly the possibility of dementia or Alzheimer's disease.

A few older smokers said they are concerned about their health when they think of the future because they cannot afford to get sick.

Not surprisingly, current smokers often pointed to their smoking as a reason for concern about their health in the future. Current smokers in Montreal, Mississauga, and Winnipeg also expressed preoccupations over the potential health implications resulting from stress and stress-related conditions, such as insomnia and high blood pressure. Uncertainty regarding the viability of the health care system (e.g. will the care be there when I need it) was expressed by some smokers.

### 3.1.2 Former smokers

#### Variety of daily challenges identified

Types of daily challenges identified by former smokers were very similar across locations and included the following:

- *Financial challenges*: This included coping with the cost of living/rising cost of living (e.g. paying bills, paying taxes, paying down a mortgage, the costs of medications), and achieving financial security/stability (e.g. lack of money/limited savings, dealing with salary remaining stagnant/not keeping pace with cost of living, intermittent income). In some instances, the financial challenge was described as staying out of poverty.
- *Employment-related challenges*: Among former smokers who are employed, such challenges included increased workloads/demands, dealing with customers/clients or co-workers, having more than one job, and lack of job security. For those unemployed, challenges included finding a job/returning to the job market after an absence (e.g. maternity leave), finding a job in one's line of training, and finding secure/permanent employment.
- *Family-related/domestic challenges*: Such challenges included issues related to the raising/rearing of children, such as starting a family (i.e. a newborn child), dealing with young children (e.g. a teething child, finding adequate daycare), caring for a child with a disability/special needs, and having a child in the hospital. Such challenges also included caring for elderly parents, and challenges related to one's home/housing (e.g. finding a home/adequate housing, home repairs, and crime/living in an unsafe neighbourhood). Overall, family-related/domestic issues were less likely to be identified by former smokers who vape.



- *Commuting*: Daily challenges related to commuting were identified by former smokers in all locations, though as was the case with smokers, the specific issue emphasised sometimes differed by location. Issues identified in Mississauga included the time and distances involved in commuting, but also arranging carpooling for one's children. In Edmonton and St. John's the focus tended to be on problems/shortcomings of public transportation, while in Montreal the emphasis was on traffic problems.
- *Coping with a busy life/lifestyle*: Coping with as busy lifestyle and finding time to do everything in one's day was identified as a challenge. This included time management challenges in general, as well as finding a balance between work and family life, and finding time for oneself.
- *Personal issues*: Challenges of a more personal nature typically related to health conditions or health-related issues (both physical and mental health). These included chronic conditions/pain management (e.g. nerve damage), medical conditions (e.g. diabetes, cancer), depression/lack of motivation, addiction/dependency, sleep deprivation/deficiency, eating healthily (e.g. finding good produce at a reasonable price), and health issues related to aging. Other challenges of a personal nature included coping with winter, dealing with telecommunications companies, and limiting one's time on social media.

As was the case among smokers, stress was routinely identified as a challenge and/or as a by-product of daily challenges faced by participants.

### **Anticipated future challenges tend to fall into same areas as current ones**

Looking to the future, participants anticipated daily challenges in areas similar to the ones they currently face. That being said, the challenge in question was sometimes different. Anticipated challenges included the following:

- *Financial challenges*: Financial security/stability was routinely identified as an anticipated future challenge, with a focus on the cost of living and sufficient savings for retirement/old age (e.g. a retirement pension). Some former smokers identified the challenge of helping pay for a child's post-secondary education.
- *Employment-related challenges*: This included finding work/employment (including finding work in one's field of training and work in a new career path), and employment security/stability. In terms of finding employment, it was observed that this will become more and more difficult in the future as a result of increasing automation.
- *Family-related/domestic challenges*: Anticipated challenges in this area tended to relate to three issues: the raising/education of children, care of aging/elderly parents, and housing.
  - *Raising children*: Challenges in this area included motivating children in terms of their education, concern over their future career options/opportunities, raising children properly, and helping them prepare for the responsibilities of adult life.
  - *Caring for aging/elderly parents*: This included caring for aging or elderly parents in general (e.g. finding appropriate living accommodations) but also caring for a sick parent (e.g. cancer)

- *Housing*: Challenges in this area included having enough money to purchase a home, the increasing cost and limited availability of rental housing, and finding adequate/appropriate senior/retirement housing for oneself (typically identified by older participants).

Other anticipated challenges on the domestic front included the possibility of having a child/another child and having no family to look after one in old age.

- *Health-related challenges*: Anticipated challenges in this area included challenges related to personal health as well as challenges related to the health care system. Anticipated challenges related to personal health included the worsening of an existing condition, the general deterioration of physical health that accompanies old age (e.g. mobility issues), and the deterioration of mental health/possibility of dementia (both identified mainly by older participants), and the availability and cost of healthy food. Personal stress was often associated with health-related concerns, particularly mental health. Challenges related to the health care system included the cost, availability, and quality of health care services, including procedures/services that the public system will cover. Such issues were identified primarily in Montreal, where participants in both groups raised them.

In addition to the anticipated challenges identified above, the following were also mentioned by individuals or no more than a few participants:

- Staying on top of technological changes/developments as one gets older.
- Dealing with winter as one gets older.
- Dealing with clutter.

### **Important aspects of participants' self-image include self-regarding and other-regarding virtues**

Participants identified a number of traits or aspects as important or most meaningful in terms of how they see themselves and the same or similar traits were identified by former smokers in all locations. These included a variety of 'self-regarding' and 'other-regarding' virtues which have been classified under these two headings below.

- *Self-regarding virtues*: The most frequently identified self-regarding virtues identified by former smokers as important to themselves included being hard working/having a strong work ethic, and responsibility (including financial responsibility). Other self-regarding virtues identified across locations included integrity, flexibility, authenticity, wit/humour, being positive/having a positive outlook, resilience, and spirituality.
- *Other-regarding virtues*: The most frequently identified other-regarding virtues identified by participants as important to themselves included honesty, trustworthiness/reliability, compassion/caring, and being helpful/altruistic. Additional other-regarding virtues identified across groups and locations included loyalty/faithfulness, generosity, patience, being forgiving, empathy, friendliness/sociability, being respectful, and being nurturing.

### **Family, friends, health, money/financial security – most important things**

Participants identified a variety of things as important to them personally (i.e. things they value) but four things led the lists across locations and audiences: family, friends, health, and money/financial security. Additional details regarding each are provided below.

- *Family*: In addition to referring specifically to 'family', participants also identified 'spouses and/or children', 'parenting/being a parent', 'raising their children', and their own parents as important to them.
- *Friends*: Reference to 'friends' often accompanied references to 'family' as important to participants (i.e. 'family and friends') but it was also often identified independently.
- *Health*: References to health and 'being healthy' sometimes included specific references to mental health as well as physical health.
- *Money/financial security*: Participants who referred to the importance of money did so with an emphasis on 'financial security' as opposed to 'the love of money', which is why such references are associated with the theme of financial security.

Other important things identified by participants across all or most locations included travel, leisure/free time, knowledge/learning, work and career advancement, employment and a strong work ethic, and intimacy/love/a special relationship. Other things identified as important included the following:

- Pets/animals
- Success
- Having goals/objectives
- Believing in something
- Freedom
- Humour
- Citizenship/community involvement
- Enjoying life/having fun
- Warm weather.

### **Participants often echo challenges when describing who they are or want to be**

Former smokers provided a range of responses when asked who they want to be in the future and who they are now. In answering these questions, participants often described themselves in ways that echoed current and anticipated challenges identified earlier.

When describing who they want to be in the future, a number of former smokers said they would like to be better off financially (e.g. have more money, more financial stability/security, more financial autonomy). Other things former smokers said they would like included being happier, healthier, calmer/stress-free/worry-free, achieving a better balance between work and home life, and having more time to themselves/leisure time. Things identified specifically by former smokers who vape included being more educated, better trained, and more self-reliant. Things identified specifically by former smokers who do not vape included being more involved/engaged in their community and more affirmative/self-assertive. When describing who they are now, some former smokers in Mississauga who vape described themselves as stressed.

### **Discussion of personal health triggers first real reference to smoking**

Health and health-related issues had been previously identified by former smokers in the context of current and anticipated challenges as well as in the context of things important to them. However, it was only with the introduction of the theme of personal health that smoking was explicitly mentioned with any frequency. In the context of this discussion, participants sometimes self-identified as former smokers (occasionally after another

participant had done so) or related concerns about their health to their history as a former smoker.

### **Most think of themselves as healthy, the main reason being they are not sick**

Most former smokers described themselves as healthy or relatively healthy. When probed as to why they consider themselves healthy, they often pointed to the fact that they are active/doing exercise (e.g. sports, cycling, walking, yoga), and trying to lead a healthy lifestyle (e.g. watching their weight, watching what they eat). Among those who identified a healthy lifestyle as a reason for their good health, some identified quitting smoking as responsible, in part, for their being healthy (though others pointed to weight gain after quitting as adversely affecting their health).

Some also pointed to the fact that they are not sick or ill (e.g. no diagnosis of illness, no prescribed medication), and do not feel sick or ill (i.e. no aches, pains, or red flags), with some adding that they have a good family medical history.

### **Health issues top-of-mind when thinking about the future**

A number of issues related to their personal health come to mind when former smokers look ahead to the future. These included the following:

- The decline in physical and mental health that inevitably accompanies aging.
- The impact over time of an unhealthy lifestyle or arising from quality of life issues (e.g. working long hours, a sedentary lifestyle).
- Concerns over the impact on health of a stressful lifestyle.
- Concern related to an existing condition or illness.
- Weight gain/being overweight (sometimes associated with a sedentary or poor lifestyle).
- Unforeseeable and unpredictable circumstances (e.g. an illness or an accident).
- Concerns over mental health, particularly the possibility of dementia or Alzheimer's disease.

Uncertainty regarding the viability of the health care system (e.g. will the care be there when I need it) was also expressed by some former smokers. A few former smokers also expressed uncertainty about the long-term health effects of what is in our food (e.g. genetically-modified foods, use of pesticides, use of growth hormones).

## 3.2 Smoking behaviour

This section reports on participants' lives as smokers. In the case of current smokers, the focus is on their current smoking behaviours and patterns. In the case of former smokers, it is on their behaviours and patterns before they quit, and how these may have changed since they quit.

### 3.2.1 Current smokers

#### Various circumstances under which smokers first tried smoking

Most current smokers indicated that they started smoking during their adolescence (i.e. somewhere between their early and late teenage years), routinely identifying high school as the setting or context in which they started. Those who began smoking during adolescence pointed to the following circumstances in which they started:

- *Friends*: As described by participants, circumstances under which they began smoking routinely involved friends in two ways. First, friends were involved in or associated with the first opportunity or occasion for smoking (e.g. 'With friends', 'I started in the park with a friend', 'I was out with friends'). Second, friends were a reason for starting to smoke (e.g. 'My friends smoked', 'The influence of friends', 'I started in order to make friends').
- *Living in a smoking environment*: The circumstance of living or growing up in a smoking environment was often provided as a reason for starting to smoke. As suggested by participants, it made smoking seem normal (e.g. 'Everyone smoked', and familiar (e.g. 'My parents and siblings smoked', 'My father smoked, so I smoked', 'Tobacco was in the family', 'Cigarettes were on the dashboard of the car'). Some participants recalled that their first cigarette was given to them by a family member.
- *Peer pressure*: Peer pressure was often a reason if not 'the' reason for starting to smoke. While often identified in a stand-alone manner (i.e. 'peers', 'peer pressure'), it was also associated with friends, family members, and growing up in a smoking environment. As one older smoker put it 'Everyone smoked, and you were called a suck if you didn't'. School (typically high school) was often identified as the setting in which the influence of peers or peer pressure exerted itself.
- *To be cool*: The idea that it was 'cool' to smoke was one which many participants believed or were influenced by. As a result, a desire to be 'cool' or fit in with/be part of the cool set ('cool kids') was a motivating factor or reason to begin smoking. There was also often an element of peer pressure at work or a desire to impress people or a particular person (e.g. a girl/boy or a girlfriend/boyfriend).
- *To be rebellious*: A rebellious attitude (e.g. rebelling against authority), sometimes linked to a desire to be cool, was a motivating factor for some who began smoking during adolescence (e.g. 'in boarding school').
- *Curiosity*: Sheer curiosity was a motivation to try smoking (e.g. 'I bought some with friends at the local store', 'I found a pack at a camping site', 'I stole cigarettes from my parents to try them').

The impression that smoking was glamorous influenced one participant to begin smoking during adolescence, specifically as a result of watching the movie *Casablanca*.

Participants who started smoking later in life (e.g. in their 20s or even 30s) identified the following as circumstances in which they started.

- *Stress*: Dealing with stress was routinely identified by those who started smoking later in life as the reason they began, occasionally accompanied by the impression that smoking relieves stress. Stress related to school (i.e. post-secondary education) and work were most often the reason, but stress resulting from a personal tragedy was also identified (i.e. a friend suffering a serious accident).
- *Work environment*: While some participants began smoking later in life because of work-related stress, some others said they began as a result of a work environment in which they were exposed to smoking or smoking-related routines/behaviour (e.g. working in a bar, the work break as a smoking break).
- *Relationship*: Some who started smoking later in life began because of a relationship with someone who smoked (i.e. a boyfriend or girlfriend).
- *Boredom/loneliness*: A few participants who began smoking later in life identified boredom or loneliness as a reason they started (i.e. to have something to do/pass the time).

### **Typical smoking day – Where and when people smoke and what they are doing**

Not surprisingly, there was variety in participants' descriptions of what constitutes a 'typical' day for them in terms of smoking. That being said, there were basic patterns in types of situations or circumstances in which people 'typically' smoke. These included the following:

- As part of their morning routine, typically soon after waking up (e.g. 'first thing in morning') and often as a ritual associated with coffee (i.e. 'before', 'with', 'after' coffee) or preparing for work (e.g. 'when drying my hair').
- When commuting to work (e.g. driving, in traffic, waiting for bus).
- During lunch/the lunch break (e.g. 'before', 'with', after 'eating').
- On work breaks (identified or emphasized in particular by younger smokers working in the service sector or in trades but also by self-employed individuals).
- Driving home after work.
- After eating dinner.
- In the evening to relax or decompress.
- Just before going to bed.
- When studying (identified by students).
- Checking voicemail/texting/emailing/planning one's week.
- Outside (at work and home).

Some participants, particularly those who were unemployed, retired, or in school, described their typical day in less definite terms (e.g. 'I smoke whenever I can', 'when I need to', 'to kill time'). By contrast, some described a very regimented/time-based routine (e.g. 'every hour', 'every hour and a half', 'every four hours'). In some cases, this timeframe coincided with scheduled work breaks.

### **Stress and time of day – key circumstances under which people smoke more or less**

Circumstances under which participants tend to smoke more or less included the following:

- *Stressful days*: Participants often identified stressful circumstances or days that include stress as ones where they are likely to smoke more than usual. Given the



significance people assigned to stress in their lives, the implication is that this happens often.

- *Weekends vs. weekdays*: Some said they smoke more on weekends as a result of socializing or having more free time. On the other hand, some said they smoke more during the week, typically at work and/or as a result of dealing with stress. Weekends tend to be less stressful and involve more recreational activities which results in less smoking for these people.
- *Daytime vs. evenings*: Some said they smoke more during the day for a variety of reasons: work breaks as an opportunity to smoke, needing time to relax/decompress during the day, no longer smoking in their house, not wanting their children to see them smoke, and lack of time after work (e.g. running errands, spending time with family/children, preparing dinner). By contrast some said they smoke more in the evening, explaining that this is their time to relax/time to themselves.
- *Warmer vs. cooler weather*: Some said they smoke more in warm weather than cold weather because they only smoke outside. This was especially the case in Winnipeg and Edmonton.

Finally, some said their smoking routine changes very little.

### **Alcohol and socializing - Main activities associated with smoking**

Current smokers associate a host of other activities with smoking, but most often alcohol, specifically beer, and socializing. Other activities consistently associated with smoking included the following:

- Drinking coffee.
- Driving/car trips.
- Leisure activities (e.g. watching sports, movies, video games).
- The outdoors (e.g. parks, walking).
- Interacting on social media and/or using a computer.
- Vacations/holidays.
- Studying.
- Talking on the phone/texting.
- Running errands.
- In advance of circumstances in which smoking will not be possible for a while (e.g. going out to a restaurant or a movie).

Sexual intercourse was also an activity associated by some with smoking.

In the context of this discussion of activities associated with smoking, coffee and alcohol were often identified as key smoking triggers.

### **Nearly all have smokers in social circle**

Nearly all smokers, a majority in every group, said they have a social circle that includes smokers (i.e. friends, family members, partners, neighbours, acquaintances, and co-workers). The frequency with which they smoke with members of their social circle varies, ranging from 'never' to 'rarely' to 'occasionally' to 'regularly'/'frequently'. However, the frequency tends to depend on circumstances. For example, the frequency with which so-called 'social smokers' (i.e. those who tend to smoke when they socialize) smoke with

friends or acquaintances depends on how often they get together or go out with them (e.g. they might do so every weekend or only occasionally). Similarly, those who smoke mainly during smoke breaks at work might smoke 'frequently' with co-workers but 'rarely' with a family member or friends. Conversely, someone who smokes mainly at home might smoke 'frequently' with a spouse but 'rarely' with 'acquaintances and co-workers. Generally-speaking, older smokers were more likely to say they rarely smoke with others.

### **Few social cues or patterns decide when it's time to smoke**

There are few social cues or patterns for deciding when it's time to smoke were identified by current smokers. Social cues included using the expression 'puff' and raising the two fingers used to hold a cigarette to one's lips. Patterns included sending a text message, using circumstances in which a problem needs to be discussed or dealt with as an occasion to smoke, smoking outside immediately after a meal, and smoking after seeing someone smoking on television. These cues and patterns were more likely to be identified by younger smokers. For the most part, though, no social cues are needed. It is taken for granted, for example, that the work break is a smoking break, to the point where it is sometimes assumed that if one is not a smoker no break is needed.

### **Many say they have made friends smoking; some have lost friends because of it**

Many current smokers said they have made friends or acquaintances smoking, but younger smokers were more likely to say this, with older smokers sometimes noting that this happened in the past but not anymore.

Those who have made real friends as opposed to acquaintances regard smoking as the occasion, 'ice breaker', or 'door opener' for meeting them, not the reason for the friendship. Smokers have met eventual friends at bars, bingo halls, casinos, on smoke breaks at work, between classes, by noticing that they smoke the same brand, and by borrowing or lending a cigarette. In addition, many have met a partner (in some cases their current partner) because of smoking.

As a result of such encounters, smokers discovered that they shared common interests with these people. Some see this phenomenon as part of the social aspect of smoking, and even as part of being a member of a 'persecuted' minority (i.e. smokers will find each other because there are few places where it is legal to smoke).

On the other hand, some current smokers have lost friends and/or partners because of smoking. This includes the smoker being excluded (e.g. someone not wanting a partner who smokes, being excluded by non-smoking friends), but also the reverse (e.g. excluding a friend for being too judgmental about one's smoking).

### **Numerous changes made by smokers to their smoking habits**

Nearly all smokers said that they have made some kind of change(s) in their smoking habits. Routinely identified changes included the following:

- No longer smoking inside/in their homes or that of friends.
- No longer smoking in the car.
- Smoking less because living with a non-smoker partner.



- Smoking less because they have children (e.g. not wanting to expose them to second-hand smoke, not wanting their children to see them smoking).
- Trying to cut down by smoking half a cigarette at a time (sometimes throwing the other half away, sometimes not.)
- Purchasing a cheaper brand of cigarette.

Other changes included the following:

- Trying to cut down by taking up vaping.
- Paying more attention to cleanliness (e.g. because of their children they wash their hands and change their clothes after smoking).
- Avoiding coffee and alcohol because they are smoking triggers.
- Smoking less because it is colder.
- Smoking more because of stress.

### **3.2.2 Former smokers**

#### **Smoking history**

The length of time former smokers said they had been smoking before finally quitting ranged from approximately five to 45 years, with most indicating that they had smoked for at least 10 years before quitting. The length of time participants said they have been smoke-free ranged from several months to five years. This is consistent with the recruitment criteria for the groups with former smokers.

#### **Circumstances in which former smokers first tried smoking**

Former smokers pointed to the same circumstances as current smokers when asked how they started smoking. The experiences of former smokers did not differ from current smokers. We invite readers to refer to section 3.2.1 for a description of the circumstances in which smokers first tried smoking.

#### **Typical smoking day – Where and when people smoke and what they are doing**

Perhaps not surprisingly, former smokers described the same basic patterns as current smokers when asked about the types of situations or circumstances in which they tended to smoke. We invite readers to refer to section 3.2.1 for a description of typical smoking behaviour.

#### **Interactions with smokers**

Nearly all former smokers said they still interact with smokers or have smokers in their social circle. Generally-speaking, this has had limited effects on participants, including how they interact with these people. Effects identified include heightened sensitivity to the smell/odour of cigarettes/smokers (e.g. 'it smells', 'it stinks', 'it's disgusting'), a desire to avoid exposure to second-hand smoke, occasional cravings/temptations/urges, frustration and resentment (usually in the early days of having quit).

At the level of interaction, former smokers emphasized the importance of avoiding or managing smoking triggers by changing patterns and routines, but the lifestyle changes this

involved were usually not considered major and were perceived as having a relatively limited impact on social interaction with smoking friends. In other words, while former smokers often noted changes in their interaction with current smokers, these changes tended to involve adjustments, not wholesale changes. Such adjustments included not joining people for a smoke break, going out to bars with smokers but not accompanying them when they go out to smoke, trying to avoid encounters in enclosed/small places or keeping a distance when friends smoke, going out less often to bars and parties where smoking is likely to occur, and not allowing smoking in one's house. Some former smokers explained that they tend to be self-conscious or concerned about being perceived as self-righteous, and that their friends should respect their decision to stop smoking. This mutual desire not to offend has helped limit the impact on interactions.

Changes considered more significant include having to interact with certain friends by email, text, or online chat in order to avoid exposure to smoking, having to adjust one's workday to accommodate a co-worker because he/she takes regular smoke breaks that affect the work schedule, and no longer going out with friends where smoking is likely to occur. A few said they have lost friends as a result of quitting.

**Former smokers who vape:** Vapers were more likely than former smokers who do not vape to say that their interactions with smokers have not changed. By way of example, some vapers said that they still go out with their smoking friends (occasionally smoking a cigarette themselves) or they accompany them when they smoke and vape (instead of smoking a cigarette).

### Changes to daily routine

Changes to the daily routines of former smokers include various lifestyle changes that have limited impact on social interactions. These include avoiding or reducing triggers (typically alcohol and coffee), eating more, no longer hiding from or avoiding kids so as not to be caught smoking, not running to the corner store periodically to purchase cigarettes, making healthier purchases, being freer in general/not having to plan/find time to smoke, exercising more, doing less laundry (because their clothes don't smell of cigarettes anymore), not taking work breaks, and vaping (identified by vapers). Many former smokers noted that they are more productive/more energetic and have additional time in their day by not having to smoke/think about smoking.

Most former smokers have positive feelings or no regrets about changes to their routine because they feel the concrete benefits of having quit and do not want to risk a reversal that might result in smoking again. The only resentment expressed by some was resentment at the suggestion from coworkers or employers that they don't need to take a break at work because they don't smoke.

### 3.3 Smoking cessation

This section reports on participants' thoughts and experiences regarding smoking cessation.

#### 3.3.1 Current smokers

##### **Perceived success rate for quitting smoking has no impact on participants**

Smokers' estimates regarding the success rate for quitting smoking among smokers in Canada varied widely, ranging from as low as 5% to as high as 70%, with most placing it somewhere between 10-40%. Perceived success rates were lowest in St. John's where they did not exceed 25% and Mississauga where they did not exceed 35%. Although perceptions varied, there was a near-consensus among participants that their estimate had no impact on their own feelings about quitting (i.e. whether or not it will be difficult for them to quit). Only a few smokers said that their sense of the general success rate makes them optimistic or pessimistic about their own effort to quit smoking.

##### **Widespread awareness of various quit smoking aids/resources**

Current smokers are aware of a variety of quit smoking tools, resources, and aids available to someone who wants to quit smoking. Ones routinely identified included nicotine replacement therapies including gums, lozenges, and nicotine patches, prescription medication (e.g. Champix, Zyban), acupuncture, hypnosis, nicotine inhalers, sprays, laser treatment, counselling /support groups/helplines, and vaping.

When identifying tools, resources and aids, no one specifically mentioned Health Canada or Health Canada resources in an unprompted manner (though some may have been referring to Health Canada implicitly when identifying helplines). When prompted, however, at least a few participants in every group said they had heard of Health Canada's Quitline (noting that it can be found on cigarette packages), including a majority of younger smokers in all locations except Montreal. Among younger smokers in Winnipeg, mention was made of Health Canada sending out 'packages' with patches and gums.

Tools, resources and aids identified in specific locations included the following:

- The Primary Care Network (PCN) and 'Alberta Quits', by older smokers in Edmonton.
- *J'arrête j'y gagne*, by older smokers in Montreal.
- A motivational tracking app, by younger smokers in Winnipeg.
- Injections, by younger smokers in Mississauga.
- Nicotine toothpicks, by younger smokers in Montreal.

In the course of this discussion some participants in Edmonton and St. John's volunteered that tools, resources and aids can be expensive.

##### **Most smokers have tried to quit; various reasons explain their lack of success**

Most smokers (a majority in every group except older smokers in St. John's and younger smokers in Winnipeg) said they have tried to quit smoking. Commonly-given reasons for

lack of success include stress, continued exposure to smokers/cigarettes (e.g. living with smokers and/or smokers in their social circle, seeing people smoke, and easy access to cigarettes), succumbing to triggers and cravings (e.g. coffee, alcohol, partying/socializing), and lack of resolve/willpower/determination. Other reasons included the following:

- A tragic event or incident (e.g. breaking up with partner).
- Boredom/nothing else to do.
- Addiction/dependence.
- Peer pressure.
- Side effects of quitting (e.g. feeling sick, inability to sleep).
- The ineffectiveness of cessation tools, resources, aids.
- Lack of support.
- The need for a crutch/a constant/stability in one's life.

### Various measures taken to try to quit smoking

Measures taken to try to quit smoking generally included going 'cold turkey', trying to avoid the company of smokers, trying to avoid triggers (e.g. coffee, alcohol), reducing or cutting down gradually on the number of cigarettes smoked, engaging in other activities/diversions (e.g. exercise, reading, video games), and using smoking cessation aids/resources. Other measures identified included eating sunflower seeds, drinking water, vaping (unspecified), and smoking or vaping cannabis. Vaping, in general, was more likely to be identified by younger smokers.

A variety of smoking cessation tools, resources and aids were used or tried by participants in their smoking cessation efforts. Commonly-used ones included nicotine replacement gums, nicotine patches, prescription medication (e.g. Champix), and vaping. Use of other resources was limited (i.e. identified by no more than a few participants) and included things like acupuncture, hypnosis, nicotine inhalers, support groups, and plastic cigarettes.

Descriptions of experiences using quit smoking aids or resources tended to emphasize the 'negatives' or what participants did not like about them, typically their perceived ineffectiveness. This may not be surprising given that these participants have not been successful in their smoking cessation attempts. Positive and negative feedback on specific resources is summarized in Table 1 below. When reviewing feedback it should be kept in mind that participants might disagree about the effectiveness of various resources.

Table 1: Participants' views of smoking cessation aids

<b>Tool/aid/resources</b>	<b>Positive aspects</b>	<b>Negative aspects</b>
<i>Gum</i>	<ul style="list-style-type: none"> <li>● Readily available/accessible</li> <li>● Easy to use</li> <li>● Control of cravings</li> </ul>	<ul style="list-style-type: none"> <li>● Taste (a deterrent to use)</li> <li>● Ineffective</li> <li>● Cost</li> <li>● Must be chewed slowly</li> </ul>
<i>Patch</i>	<ul style="list-style-type: none"> <li>● Control of cravings</li> <li>● Calming effect</li> <li>● Reduced coughing</li> </ul>	<ul style="list-style-type: none"> <li>● Side effects (nausea, allergic reactions, nightmares, head aches)</li> <li>● Ineffective</li> </ul>
<i>Prescription medications</i>	<ul style="list-style-type: none"> <li>● Control of cravings</li> </ul>	<ul style="list-style-type: none"> <li>● Nightmares/strange dreams</li> <li>● Ineffective</li> </ul>
<i>Vaping</i>	<ul style="list-style-type: none"> <li>● Similar to smoking but without the same health hazards</li> </ul>	<ul style="list-style-type: none"> <li>● Absence of nicotine (when the individual chose nicotine-free vaping liquids)</li> </ul>

	<ul style="list-style-type: none"> <li>• Fewer chemicals than cigarettes</li> </ul>	<ul style="list-style-type: none"> <li>• No rush/buzz effect</li> </ul>
<i>Acupuncture</i>	<ul style="list-style-type: none"> <li>• Calming/soothing/relaxing</li> </ul>	<ul style="list-style-type: none"> <li>• Cost</li> <li>• Painful</li> <li>• Ineffective</li> </ul>
<i>Sprays</i>	None noted	<ul style="list-style-type: none"> <li>• Ineffective</li> <li>• Burning sensation in throat</li> <li>• Hick-ups</li> </ul>
<i>Plastic cigarettes</i>	None noted	<ul style="list-style-type: none"> <li>• Look silly</li> <li>• Feeling stupid</li> <li>• Ineffective</li> </ul>
<i>Counselling/support groups</i>	<ul style="list-style-type: none"> <li>• Camaraderie/support</li> </ul>	<ul style="list-style-type: none"> <li>• Ineffective</li> </ul>
<i>Hypnosis</i>	None noted	<ul style="list-style-type: none"> <li>• Ineffective</li> <li>• Cost</li> </ul>

### **Role of family and friends in quit attempts tends to be positive**

Smokers routinely said that their family and/or friends played a supportive role in their efforts to quit smoking. The role played by family and friends was usually described as helpful (especially family members), and mainly in the form of support and encouragement. Support from family members and friends who were themselves smokers included not smoking in their presence or in physical proximity to them, and not acting as enablers (e.g. offering them cigarettes).

In some instances, support went further, with family members or friends who smoke reducing their own cigarette consumption (e.g. going ‘cold turkey’ for a while in the early days of a quit attempt as a show of support). Family members and friends who were smokers also helped by recommending smoking cessation resources. Finally, some said their family members were primarily helpful in getting them to try to quit in the first place (e.g. by ‘nagging’ them about their smoking).

On the other hand, some smokers described the role played by some family members or friends as a hindrance, sometimes unintentionally and sometimes deliberately. This included smoking in their presence (sometimes intentionally blowing smoke in their face), offering them cigarettes, purchasing cigarettes for them when running errands (usually a spouse who smokes), and making fun/sarcastic remarks about their efforts to quit smoking. One ‘nuisance’ of an unintentional nature included ‘checking-in’ periodically to ask about their progress in quitting. While described as well meant, such check-ins served as a reminder of how hard it was to quit.

### **Most think they will try again to quit, prompted mainly by health and financial considerations**

Most smokers said they think they will try again to quit, prompted mainly by health-related and financial considerations. These were identified in all locations and by both younger and older smokers. Motivations based on health considerations typically involved a sign or indication of a health issue or problem. Examples included difficulty breathing, Chronic Obstructive Pulmonary Disease (COPD), a health scare (unspecified), a physician advising them to quit, and a weakening voice. Financial considerations included balancing the cost of living against the cost of smoking (mostly in St. John’s), considerations of the amount of

money that could possibly be saved by quitting, increases in the cost of cigarettes, and the cost of smoking cessation resources.

Other motivations included the desire to start a family (i.e. have children), the 'nagging' of children and/or a spouse/partner, reflection on the amount of time devoted to smoking and the time that could be freed up by quitting, making cigarettes illegal, reducing the places where smoking is permitted the discovery of new cessation tools, and the gradual effect of smoking on physical appearance. Some were of the opinion that there would be no particular motivation that would prompt them but that it would be a matter of will or determination (i.e. resolving to quit once and for all). Conversely, a few said that it would require an external decision, such as making smoking illegal or further reducing the number of places where smoking is permitted. On the other hand, a few expressed no desire to quit smoking because they enjoy it too much.

When they try again to quit, most think their family members and friends would be supportive and provide encouragement, though some anticipate sarcastic jokes/comments from certain friends.

### **Most think they will use cessation tools when they try again to quit**

Most smokers who think they will try again to quit also think they will use or try some kind of smoking cessation tool, resource, or aid. Some specified that considerations about whether to use a tool or which one to use will depend on financial considerations (i.e. *what do they cost? are they affordable? are they subsidized?*), what might have emerged in terms of new methods (existing ones having proved ineffective), as well as their previous experience with quit smoking aids.

On the other hand, at least some participants in every group indicated that they would not use tools, resources or aids. The most frequently given reason was the primacy of will or determination in successfully quitting. Some participants who were of this opinion added that they have seen it happen and so they know that it is possible. Among these was a participant who had quit smoking for years as a result of going cold turkey. Other reasons for not wanting to use tools, resources or aids included the following: cost/financial considerations, past experience (e.g. bad side effects, lack of success/perceived ineffectiveness, and, in the case of vaping, the fear of replacing one addiction with another addiction.

### **3.3.2 Former smokers**

#### **Dependence vs. freedom – Key difference in life when smoking and life after quitting**

In advance of the discussion about their experiences quitting smoking, former smokers were given an exercise to complete which required them to answer two questions: *How did you see your life while smoking?* and *How do you see your life since quitting smoking?* Not surprisingly, participants answered these questions in various ways, but two common and complementary themes were evident in many participants' responses: the sense of entrapment and being dependent on smoking when they smoked, and the sense of greater freedom in their lives since they have stopped.

Examples of the sense of dependence on smoking included the following:

- I was only happy when smoking.
- I felt trapped.
- I scheduled my life around smoking.
- Whatever I did, I needed to factor in smoking.
- I smoked more out of habit than enjoyment.
- I was spending all my money on something bad.

Examples of the sense of greater freedom in their lives since they quit smoking included repeated references to being more independent, having more control, having more autonomy, and having more free time.

### **Most former smokers tried to quit more than once and tried different methods**

Most former smokers, a majority in every group, indicated that they had tried to quit smoking on more than one occasion. Not surprisingly, the number of quit attempts prior to the successful attempt varied, with older participants typically having attempted to quit more often than younger ones.

Former smokers who tried to quit on more than one occasion most often said they used a different strategy or process each time or on different occasions. The main reason being a trial and error approach or the search for something that would ultimately work (i.e. there is no reason to try the same thing if it did not work previously). Other reasons for trying something different included the negative side-effects associated with previous methods, and a desire to find an 'easier' process.

**Former smokers who vape:** There was no difference in the number of quit attempts and the likelihood of succeeding on a first attempt between former smokers who vape and those who do not. While most former smokers who tried to quit on more than one occasion said they used different techniques each time, those who currently vape were more likely to say this than those who do not. In other words, vapers were more likely than non-vapers to have tried a variety of smoking cessation devices in the course of their quit attempts.

### **Significant events/circumstances most often trigger successful quit attempt**

Whether they succeeded in quitting on their first attempt or not, it was usually a concrete event, circumstance, or realization that motivated the successful attempt. These most often involved health and/or financial issues.

Those who succeeded on their first attempt most often identified a significant life event or change in their own life. These included a cancer diagnosis for themselves or a friend, the loss of a relative to a smoking-related illness, a serious relationship with a non-smoker (sometimes strongly opposed to smoking), the birth of a child, a daughter's nagging, and experiencing serious financial problems. A few who succeeded in quitting on their first attempt explained that they reached a point where they were simply sick of smoking and resolved that they were done with it.

Among those who had made previous quit attempts, the motivation the time they were successful was usually different from what it had been previously. Such new or different motivations included the following:



- Health considerations: This included a cancer diagnosis for themselves or a friend, the loss of a relative to a smoking-related illness, definite signs of a problem (e.g. loss of breath/difficulty breathing, bringing up phlegm/feeling 'crap' in one's throat), a physician advising them to quit, and an existing medical condition exacerbated by smoking (e.g. nerve damage).
- Financial considerations (e.g. cost of living vs. cost of smoking).
- Vanity/changing looks/appearance (e.g. dry skin, more facial lines).
- New information related to the science of addiction (i.e. a life changing book on smoking).
- Realization that smoking does not relieve stress.
- Realization that one was addicted to smoking/lacked control over one's life.
- Vanity ('not wanting to be an old lady smoker').
- Feeling like an outsider/being the only smoker left in one's social circle.
- Receiving a fine for smoking in a smoke-free zone at university.
- Fed up with having to smoke outside/freeze while smoking.
- Deciding to quit for oneself instead of for others.
- Shame at having deceived a relative (i.e. nephew) about having quit smoking.
- Pregnancy/birth of a child.
- A preference for vaping.

### **Most were at least somewhat confident they could successfully quit**

Most former smokers said they were at least somewhat confident that they could quit the time they actually succeeded. The most frequently given reason underlying their confidence was their resolve to succeed. Other sources of confidence derived from the following:

- Concern for one's health and fear of what might happen health-wise if they did not quit.
- Witnessing the concrete health effects of smoking on others.
- Love for one's family/children/spouse.
- Fewer temptations to smoke as a result of being the last smoker in one's social circle.
- Trust/confidence in smoking cessation resources.
- Being sick of smoking/not enjoying it anymore.
- Being inspired by others/encouraged by their example (e.g. seeing one's father quit).
- Mutual support as a result of spouse trying to quit at the same time.
- Guilt/shame at having been the reason one's spouse began smoking.
- Family support/encouragement.
- Not wanting to be seen as/feel like a failure after having taken the decision.

Among those who were not confident they could quit, the point at which they began to think they would succeed was most often a point in time (e.g. two weeks without smoking, six months without smoking, one year without smoking), with some saying their confidence grew a little as each smoke-free day passed. Others were encouraged by seeing the amount of money in their bank account increase, the weakening of cravings, seeing friends who had smoked longer than themselves succeeding, and by having previously quit for a significant amount of time. Some former smokers admitted that they are still not confident that they are successful or that they will succeed.



### **Common features of quit processes: taking decision, keeping busy, avoiding triggers**

Not surprisingly, the processes and steps participants took to quit smoking were many and varied. However, three features were commonly identified as part of the process: taking the decision to quit, staying busy/being active during the quit process, and avoiding triggers.

- *Taking the decision to quit:* Former smokers often began the description of their cessation process by emphasizing the step of taking the decision to quit. Whether they quit 'cold turkey', used resources or aids, or consulted a physician, the decision to quit was a common first step. This routinely included setting a specific quit date or a time frame within which the cessation process would begin. Some described this as an important first step because ultimate success depends on being determined to quit. Some said that taking this step helped them prepare psychologically for what was to come. For example, as the date approached, they would go through the mental exercise of reminding themselves of their reasons for quitting or reflecting on the benefits as quitting.

The emphasis on 'deciding to quit' rather than 'thinking about quitting' as the initial step in the quit process is not surprising given the earlier emphasis on specific events or circumstances as the motivation behind quitting. In other words, it's almost as if the events in question left participants with nothing or nothing more to think about.

- *Staying busy/being active during the quit process:* This step was described in various ways (e.g. 'diverting oneself', 'staying active'), usually with an emphasis on fighting temptations or cravings. Some emphasized the importance in particular of keeping their hands busy through such things as diverse as crafts and video games. While this step was identified both by participants who quit 'cold turkey' and ones who used resources, it was more likely to be emphasized by the former. Those who used resources (e.g. the patch, sprays, gums, vaping, prescribed medications) were more likely to emphasize these as ways of dealing with cravings and withdrawal symptoms.
- *Avoiding triggers:* The importance of avoiding triggers was also commonly identified as a way of fighting temptations and cravings. The most commonly identified way of doing this was to change one's behaviour or routine (e.g. taking a nap instead of smoking, having an energy drink instead of smoking a cigarette, avoiding coffee and alcohol, avoid the company of smokers). In some instances, the preliminary step to avoiding triggers was to identify them. As was the case with keeping busy, avoiding triggers was more likely to be emphasized by participants who quit cold turkey, though it was also used by participants who used resources.

When it came to fighting temptations and cravings, some participants relied on methods other than (or in addition to) keeping busy and/or changing their routine. This included not budgeting for cigarettes (i.e. spending or saving money for other things) and relying on sheer willpower.

Some former smokers followed a prescribed path or approach (e.g. prescribed by a physician, a psychologist, recommended in a book). For example, one prescribed path was described as smoking to excess (e.g. a full pack of cigarettes) in order to feel disgusted and then gradually reduce the number of cigarettes smoked.

### Various measures taken to try to quit smoking

A number of former smokers said that they used quit smoking resources as part of their successful quit attempt, and most tried one or more resources on earlier unsuccessful attempts. Feedback on what they liked and did not like about the resources they have used echoed feedback provided by current smokers. Therefore, so as to avoid repetition, readers are referred to Table 1: Participants' views of smoking cessation aids in that section of the report.

The only real difference between feedback from current smokers and the feedback from former smokers (including those who vape) was that the latter provided additional information on what they like and dislike about vaping. This is included in Table 2 below.

Table 2: Former smokers' views of vaping as a smoking cessation aid

Positive aspects	Negative aspects
<ul style="list-style-type: none"> <li>● Flavours</li> <li>● Works/helps avoid smoking</li> <li>● Reduces stress</li> </ul>	<ul style="list-style-type: none"> <li>● Lack of research on health effects</li> <li>● Costly/expensive</li> <li>● Creates new habit</li> <li>● Headaches</li> </ul>

### Importance of willpower - main reason for not using resources/aids to quit smoking

As noted above, many former smokers indicated that they did not use any aids or resources as part of their cessation process. In explaining why, they most often pointed to the importance and primacy of willpower or resolve as a factor in successfully quitting. Some added that they have family members, friends, and acquaintances who quit smoking by going 'cold turkey' so they knew it could be done. There were also a few participants who said they themselves had quit 'cold turkey' before.

Other reasons included bad experiences with aids and resources used on earlier quit attempts (e.g. side effects), bad experiences described by friends who have used them, the impression that they do nothing to control cravings, the impression that they are ineffective and therefore a waste of money, and their cost (identified mainly in St. John's).

### Role of family and friends in cessation efforts

The role played by family members and friends in the quit attempts of former smokers was very similar to that described by current smokers (i.e. usually helpful and mainly in the form of support and encouragement, though in some instances family members or friends were a hindrance). So as to avoid repetition, readers are referred to the section of the report describing the role of family and friends in current smokers' cessation efforts.

That being said, a few examples of the assistance or hindrance provided by family or friends are noteworthy. Examples of assistance or helpfulness included the use of both the carrot and the stick (i.e. a spouse saying she did not want to live with a smoker and a parent who promised a participant a gift of \$5,000 if they quit). Also included in the category of assistance was a friend who introduced the participant to vaping. Examples of hindrances included friends actually trying to persuade a former smoker to start smoking again and co-workers telling a former smoker that they need a cigarette because they are 'grumpy'.

### **Most describe themselves as having been successful at quitting smoking**

Most former smokers consider themselves successful at quitting smoking. The most frequently given reasons to explain why, include the absence of any cravings or temptation to smoke, and the fact that they have not smoked for a certain amount of time (e.g. six months, one year, two years). Other reasons included not thinking about smoking in situations that would have acted as triggers in the past, trying a cigarette and being disgusted by the taste and/or smell, the impression that one could smoke an occasional cigarette without re-igniting the desire to smoke, and the fact that there has been no backtracking or setback yet in their smoking cessation journey.

Those who do not consider themselves successful at quitting or are uncertain pointed to it being too soon to tell, think they may have a genetic predisposition to smoking, and have previously been in the situation of having quit for an extended period of time only to begin smoking again.

### **Various coping strategies used to stay on track during cessation process**

Various strategies used to stay on track and smoke-free when trying to quit were identified by former smokers. Strategies described as working or working best included the following:

- *Keeping busy/occupying oneself*: Effective or helpful by keeping the mind, the body, and the hands occupied in ways that divert attention away from smoking (e.g. hobbies, exercise, video games, cleaning the house).
- *Eating candies*: Effective or helpful because of having something in one's mouth or something to suck on to deal with the oral fixation associated with smoking.
- *Chewing gum*: Effective or helpful by keeping one's mouth occupied in an activity that can be routinized (similar in this way to smoking).
- *Using a stress ball*: Effective or useful because it keeps one's hands busy and helps one cope with stress.
- *Rewarding oneself*: Spending money that would have been used to purchase cigarettes on something else which was viewed as effective or helpful because it is concrete proof/evidence of the financial benefits of quitting.
- *Writing down one's thoughts, including the benefits of quitting*: Effective or helpful as a mental exercise. It keeps the benefits of quitting top-of-mind and allows one to reflect on them periodically.
- *Practicing meditation/yoga*: Effective or helpful as a therapy to help one relax/reduce stress.
- *Praying*: Effective or helpful as a ritual to help one cope with stress.

One coping mechanism described as an effective way to cope with cravings but with negative consequences was eating/snacking. While effective in dealing with stress, temptations, and cravings, it also resulted in weight gain for some participants.

### **Many still use coping strategies**

A number of former smokers indicated that they still use coping strategies or do things that also work as coping strategies, if not regularly, at least on occasion. These include exercise, hobbies and pastimes, drinking water, eating candies, avoiding smokers, and vaping. Not surprisingly, vaping was identified by a number of former smokers who vape as a coping mechanism.

In the course of this discussion on coping strategies, the following were identified as situations in which participants might be susceptible to start smoking again:

- Stress/stressful situations
- A personal tragedy/calamity (e.g. break-up, loss of a loved one)
- Depression/loneliness
- A family gathering (due to the prevalence of smoking among family members)
- Serious partying
- Having a roommate or neighbour who smokes
- A reduction in the price of cigarettes
- Moving somewhere where smoking is permitted in bars and restaurants

### **Social dimension - main thing missed about smoking**

Although few things were included on the list, former smokers did identify things they miss about smoking. The only aspect identified with any frequency was the social dimension associated with smoking. Specifically, participants referred to the socializing that was involved in having a cigarette with another smoker. Other aspects included the 'rush' or 'buzz' associated with inhaling or puffing on a cigarette, coffee not tasting as good, the ritualistic nature of smoking, having time to oneself/a peaceful moment while smoking, and being 'cool' or perceiving oneself as such.

### **Changes to social and work life as a result of cessation journey tend to be small**

Changes to social life as a result of the cessation process were usually described as small or limited. As noted earlier, nearly all former smokers still interact with smokers or have smokers in their social circle. To the extent that there have been changes to their social life they tend to involve adjustments rather than major changes. That said, some former smokers identified changes they considered more significant, such as no longer going out to bars or parties with friends, having a smaller social circle, leaving their social circle, and in a few instances losing friends.

While not bitter or resentful about these changes, participants did on occasion express regret at having lost or lost touch with friends, with a few adding that they feel a bit guilty at times. Those who have experienced these changes believe however that such changes were necessary in order for them to be successful in their smoking cessation journey.

Similarly, changes in work life tended to be described as small or minimal. These included being more productive, no longer taking a work break because it is assumed that breaks are for those who smoke, and taking a break but no longer accompanying co-workers who smoke. A few former smokers who no longer take a work break expressed a little resentment at the assumption that one does not need a break at work if one does not smoke.

### 3.4 Feelings about smoking

This section reports on feedback related to participants' feelings about smoking (in the case of current smokers) and having quit smoking (in the case of former smokers). Participants' feelings were elicited through an exercise in which they were given a sheet of paper with numerous incomplete sentences and asked to complete the sentence with the first word or words that came to mind. What follows is an analysis of feedback provided by participants, beginning with the feedback provided by smokers to the set of sentences they were asked to complete.

#### 3.4.1 Current Smokers

The sentences smokers were asked to complete included the following:

- *The best thing about smoking is....*
- *Smoking makes me feel...*
- *Lighting a cigarette makes me feel...*
- *When I think about quitting smoking, ...*
- *I haven't quit smoking because...*

- ***The best thing about smoking is ...***

Current smokers most often completed this sentence by describing the effect, feeling, or sensation produced by or derived from smoking, typically described as 'relief', 'relaxation', 'calming', and 'soothing' or variations on such terms. Smokers in every location described such feelings, sensations, or effects, with those in St. John's most likely to do so and those in Montreal least likely to. Younger and older smokers were similarly likely to describe this as the best thing about smoking. A few participants described or referred to other effects or sensations produced by smoking which included a 'buzz effect', 'nicotine rush', and 'satisfaction of a craving'.

This was followed at a distance by impressions that the best thing about smoking is 'having time to oneself'/'taking a break' and the 'social aspect/dimension of smoking', with the former identified more often than the latter. While smokers in both age groups were similarly likely to identify the social aspect of smoking as the best thing about it, younger smokers were more likely to identify 'having time to oneself'/'taking a break'. That said, it should be noted that these responses are not necessarily mutually exclusive since 'taking a break' might occur in a social or group setting (e.g. during a work break).

The only other feeling identified with any frequency was that there is 'nothing' good about smoking, or that the best thing about it is quitting. At least a few smokers in every location said this. Other feelings regarding the best thing about smoking included the taste and doing it after a meal.

- ***Smoking makes me feel ...***

The act of smoking is more likely to produce positive than negative feelings, with most completing this sentence the same way they completed the previous one (i.e. by describing feeling of being 'relaxed', 'relieved', 'calm', and 'soothed'). Smokers in every location described such feelings, with those in Mississauga most likely to do so and those in Winnipeg least likely to. Younger and older smokers were similarly likely to describe the

feeling caused by smoking in this way. This was followed at a distance by references to smoking making participants feel 'good', 'happy', 'satisfied', or 'content'. Other positive feelings or sensations were identified infrequently and included feeling 'cool', 'in control', 'free', and 'more focused'.

Although most smokers associated positive or good feelings with smoking, some did not. Among negative feelings associated with smoking, feeling 'guilty' led the way, followed by others that included feeling 'gross', 'yucky', 'sick', 'dirty', 'tired'/'sluggish', 'bad', 'disgusting', 'alone', 'upset', and 'shitty'. There were no notable differences by location or age regarding negative feelings associated with smoking.

- ***Lighting a cigarette makes me feel ...***

Here again, smokers expressed feelings similar to those expressed in completing the previous sentence. By a wide margin they most often referred to feelings of 'relaxation', 'calmness', 'relief', being soothed', and feeling 'good' or 'happy'. This was the case across locations and age groups. Other positive feelings identified infrequently included feeling 'cool', 'reflective', 'excited', 'normal', 'a rush', and 'in control'.

Negative feelings produced by lighting a cigarette were expressed much less frequently and included feeling 'guilty', 'trapped', 'dirty', 'stupid', 'bad', 'disgusted', 'gross', 'sad', 'addicted', and 'anxious'. Some participants said smoking makes them feel 'nothing'. Smokers in St. John's and Winnipeg were most likely to express negative feelings.

- ***When I think about quitting ...***

Smokers were much more likely to express negative or pessimistic than positive or optimistic thoughts when reflecting on quitting. Leading the way were feelings of anxiety, stress, or panic, followed by pessimistic or defeatist feelings associated with the perceived difficulty or improbability of succeeding. This included 'lacking willpower', 'thinking about how hard it will be', 'thinking about previous failed quit attempts', 'thinking about something else', and 'not being ready yet'. While smokers in each location expressed such feelings, these were more likely to be expressed by older smokers.

Positive feelings focused almost equally on optimism regarding the possibility of succeeding (e.g. 'I think it's possible', 'I know I can do it', 'I am hopeful', 'I think I should try again') and on the positive outcome of quitting in terms of health and/or monetary savings. Some participants noted that they 'do not think about it', 'feel torn', or 'would not know what to do'. There were no noticeable differences by location or age among smokers expressing positive thoughts about quitting.

- ***I haven't quit smoking because ...***

Smokers expressed two main feelings when completing this sentence: being unable to quit and being unwilling to quit. Feelings associated with being unable to quit were expressed through references to it being 'hard' or 'difficult', statements such as 'I can't', 'I lack the willpower', 'I lack discipline', and explanations such as 'I'm addicted', 'It's too late', 'I'm surrounded by smokers', and 'having too much stress in my life'. Unwillingness to quit was expressed through categorical statements to that effect (i.e. 'I don't want to') and references to 'enjoying smoking'. Both feelings (i.e. not being able to quit and not being willing to quit) were offered across locations and age groups, but not wanting to quit was more likely to be



advanced as a reason by older smokers. A host of other reasons were provided but none was identified by more than a few smokers. They included the following:

- Not being ready yet/not motivated.
- Fear of weight gain.
- Fear of change.
- Fear of mood swings.
- Thinking there's still time to quit.
- No need/no sign of ill effects yet.
- Stupidity (i.e. doing something that is clearly bad for oneself).
- It being a habit/the one constant that helps get one through the day.
- The impression that smoking would be replaced with another addiction/'crutch'.
- Family member quit and died of cancer.

A few smokers said they have never thought about quitting and a few others said they do not know why they haven't quit yet.

### **Different views and mixed feelings on people who have quit smoking**

In every group, smokers expressed differences of opinion regarding people their age who have quit smoking, and some individuals held mixed views about such people. Words or adjectives routinely used to describe such people included both positive and negative or critical expressions.

Negative or critical impressions were routinely expressed in every group through different, but synonymous, expressions which included 'self-righteous', 'judgmental', 'preachy', 'born again', and 'nags'. Sometimes such people were also described as hypocritical because they were seen as judging people for doing something they themselves once did. The only other critical or negative expression used to describe such people was 'cranky'. Such critical expressions were used in all groups with the exception of Montreal, where the most critical statement made about former smokers was that they 'were never real smokers'.

Positive expressions used to describe such people were more wide-ranging in scope than negative ones and included the following: 'disciplined', 'persevering', 'brave', 'willpower', 'strong', 'free'/'freer', 'smart', 'lucky', 'happy', 'healthy/healthier', 'richer', 'better smelling', 'proud', 'successful', and 'better looking skin/fewer lines'. The expression 'lucky' was used only by older smokers in Winnipeg and Edmonton, while references to 'better looking skin/fewer lines' were made only in Montreal.

In every location except St. John's some participants described how they themselves felt about such people, using complimentary expressions like 'admiration', 'envy'/'envious', 'respect', and 'deserving congratulations'.

### **3.4.2 Former smokers**

The sentences former smokers were asked to complete included the following:

- *The best thing about being a non-smoker is ...*
- *The process of quitting smoking was ...*
- *When I think about having quit smoking, ...*
- *The worst part about quitting smoking was...*
- *When I made the decision to quit smoking, ...*

- *Life without smoking is...*
- *The day I realized I broke the habit ...*
- *Staying quit...*
- *I'll never smoke again because ...*

- ***The best thing about being a non-smoker is ...***

Former smokers most often completed this sentence by referring to the health effects of quitting in general (e.g. 'being healthy/healthier', 'feeling better') or by referring specifically to being able to breathe better/increased lung capacity. The most frequently identified benefits after health were the money saved as a result of quitting, freedom/not being dependent on smoking, and not smelling like cigarette smoke. Saving money was more likely to be identified in Winnipeg and St. John's than other locations. Other things identified as the best thing about quitting were identified infrequently and included the following:

- Heightened sense of taste and smell.
- Being more productive at work.
- A sense of accomplishment.
- Not coughing.
- Not having to hide to smoke.

- ***The process of quitting smoking was ...***

Nearly all former smokers completed this sentence either by describing the process of quitting as 'difficult/more difficult' than expected or 'easy/easier than expected', though they were much more likely to do the former than the latter. Vapers and non-vapers were similarly likely to describe the quitting process as difficult or easy and the only difference by location was that no one in Montreal described the process as easy or easier than expected. Other descriptions of the quitting process were provided by no more than a few participants and included references to it being a result of 'willpower'/'going cold turkey', 'long', 'ongoing', and 'stressful'.

- ***When I think about having quit smoking ...***

Most former smokers described themselves as either 'proud' or 'happy'/'content'/'glad'/'satisfied' when they think about having quit smoking. Other reactions elicited by reflecting on having quit were identified infrequently and included the following:

- Wonder at why they ever started smoking in the first place.
- Impressions that it was a good decision or the best decision they ever made.
- Amazement that they succeeded.
- Amazement at how long it took them to quit.
- Expressions of hope that it will last.
- Wishing vaping had existed earlier (identified by a vaper).

**Former smokers who vape:** While vapers and non-vapers were similarly likely to describe themselves as proud, non-vapers were much more likely than vapers to describe themselves as 'happy'/'content'/'glad'/'satisfied'.



- **The worst part about quitting smoking was ...**

Former smokers most often identified the worst part about quitting smoking as coping with cravings and triggers (i.e. things they associate with smoking such as coffee and alcohol). Related to this, a smaller number identified the worst thing as breaking habits/routines associated with smoking or finding something else to do/keeping busy. A host of other things identified as the worst part of quitting were identified infrequently and included the following:

- Weight gain.
- Being in the company of smokers.
- Mood changes/being moody.
- Reducing social outings or losing social connections.
- Sticking to it/not backtracking.
- Thinking about the possibility of failing.
- Losing the 'smoke break'.
- Losing a way of coping with stress.
- Feeling sick.

A few participants in all locations except Montreal indicated that the worst part of quitting was 'nothing'. There were no other noticeable differences by location.

**Former smokers who vape:** Non-vapers were more likely than vapers to identify both coping with cravings/triggers and breaking habits/routines as the worst part about quitting smoking.

- **When I made the decision to quit smoking ...**

Former smokers most often completed this sentence with references to 'determination'/'sticking to it', followed by references to it being a 'good decision', 'being proud', and 'not being hopeful of success'. Other feelings elicited by reflecting on the decision to quit touched on different themes, including the following:

- The significance of the decision ('It was a milestone').
- The impact or effect of the decision ('Stress level went down', 'Life started to improve', 'Felt free', 'Wife and kids were thrilled', 'Became more irritable').
- The attitude once the decision was taken ('Stayed positive', 'Thought of my health').
- The approach taken after the decision ('Contacted my doctor', 'Did it on my own terms', 'Reduced gradually', 'Was not sure where to start').

Some participants completed this sentence with a focus on the 'moment' or 'reason' for deciding to quit. This included health issues ('Because of bronchitis', 'Diagnosed with cancer', 'Couldn't breathe anymore', 'Having a baby') and the cost of cigarettes.

- **Life without smoking is ...**

Former smokers are of the opinion that their life has changed as a result of quitting smoking, almost always for the better. Indeed, nearly all of them completed this sentence by describing positive outcomes or consequences of life without smoking, mainly through references to life being 'good', 'great', 'better', or 'improved'. Others identified more specific improvements including being better off in terms of health and/or financially, being more productive, stress-free, having more control over their lives, being guilt-free, being able to do more exercise/activities, and being more socially active. A few said their life has not

changed much while a few others described life without smoking negatively as being 'empty' and resulting in 'eating more'/'gaining weight'.

- ***The day I realized I broke the habit ...***

As was the case when completing the sentence *When I made the decision to quit smoking ...*, former smokers completed this sentence either by describing their feeling/reaction on the day this became evident to them or by identifying the moment or event that convinced them they were successful. Feelings of pride/accomplishment and happiness/contentment/satisfaction led the way in terms of attitudes or reactions, with a couple of participants specifying that they rewarded themselves on the day they realized they had quit smoking (e.g. a vacation). Other reactions included amazement, relief, a feeling of having lost a weight/baggage, and a few 'realizations'. These included realization of one's own inner strength, the realization that this would be an ongoing battle, and the realization that one habit had been substituted for another (i.e. vaping for smoking).

Moments or events that convinced participants they were successful included timeframes (e.g. one year without smoking, two weeks without smoking), loss of cravings/triggers not kicking in under circumstances in which they usually would, trying a cigarette and finding the taste awful/disgusting, going out without a pack of cigarettes, throwing a pack away or giving it to a friend, and no longer thinking about smoking.

- ***Staying quit ...***

Most former smokers completed this sentence in one of four ways, expressed with similar frequency: by referring either to the difficulty or ease of staying quit, or by expressing either resolve/confidence or caution/hope regarding the likelihood of staying quit. Expressions of resolve/confidence took the form of agreeing with the phrase 'staying quit' (e.g. 'yes', 'definitely', 'absolutely') or by completing it with words such as 'for good', 'is for me', and 'is my choice'. Expressions of caution or hope took the form of reacting to the phrase with expressions like 'We'll see', and 'Hopefully'), or by completing it with words such as 'happens one day at a time', and 'is a struggle at times'.

**Former smokers who vape:** While vapers and non-vapers were similarly likely to describe staying quit as difficult, vapers were more likely to describe it as easy/easier than they thought.

Some completed the sentence by referring to the benefits of staying quit. This included the impression that staying quit is 'awesome', 'great', 'rewarding', 'keeps one fit', 'saves money', and 'sets an example for one's children'. Other ways of completing the sentence included the words 'is a healthy/rational decision', 'is an accomplishment/'something to be proud of' and 'is easier with vaping'.

- ***I'll never smoke again because ...***

Reasons for never smoking again focused on four considerations. The reason identified most often was health/health considerations, followed by monetary considerations (i.e. money saved, cigarettes being expensive), family considerations (i.e. planning a family, for one's spouse and children, to be a good model for children), and because there is nothing good about smoking (e.g. it's a bad habit, it is gross/disgusting, life is better without it, it does not reduce stress).

Reasons identified less frequently included the impression that smoking is 'not cool', not wanting to smell, the impression that one deserves better, not wanting to reverse a major accomplishment, and not wanting to enslave oneself after having broken free. There were no noticeable differences in these reasons by region or vaping status with one exception: monetary considerations (i.e. money saved, the cost of cigarettes) were more likely to be identified by vapers. A few former smokers expressed uncertainty about never smoking again, and a few others said the reason they will never smoke again is out of fear of a relapse.

### **Former smokers tend to be divided in feelings towards people who smoke**

Former smokers tend to be divided in their feelings about people their age who smoke. Most groups included a mix of people who are either critical or judgmental of such people and others who sympathize with them or feel it is not their business to judge them. Such participants either state categorically that they sympathize with or don't judge smokers, or describe them in more neutral non-judgmental terms such as 'stressed', 'addicted/hooked', 'sad'/unhappy', 'lacking confidence', and 'taking a risk'.

Those who are critical or judgmental tended to use strong language, describing smokers as 'annoying', 'smelly'/dirty', 'weak', 'dumb', 'stupid', 'ignorant', 'crazy', and 'outdated'. Vapers were most likely to describe smokers as 'smelly' and alone in describing them as 'outdated'. Groups in which participants were uniformly critical of smokers included both groups in Edmonton and vapers in St. John's.

### **Impact of quitting, quit process, and outcome—all things former smokers wish they had known before starting on cessation journey**

Former smokers collectively identified a variety of things they wish they had known before starting on their smoking cessation journey. Such things fell into three categories: things related to the impact of smoking on their lives, things related to the quit process, and things related to the outcome/result.

The impact of smoking on their lives:

- That their anxiety was heightened by smoking.
- How big a crutch smoking was in their life/how dependent they were.
- The amount of money they spent on cigarettes.
- The health damage done to themselves by smoking.

The quit process:

- That the process would not be as difficult as they thought.
- How hard/long it would take/that there are no instant rewards.
- That the government pays for some therapies (only identified in Montreal).
- The resource that would ultimately help them be successful.
- A better understanding of withdrawal/withdrawal symptoms.

**Former smokers who vape:** Only identified by vapers were withdrawal symptoms, that smoking triggers would have no (or less) impact because they vape, and the difference that using a good vaping device makes.

The outcome/result:

- How good they feel now that they no longer smoke.
- That they would get through the process successfully.
- More awareness of the concrete health benefits of quitting.

### **Take the decision – main advice to people thinking of quitting**

Encouragement to take the decision to quit smoking was the most frequently offered piece of advice to someone thinking about quitting, with some participants noting that the most important step in quitting is deciding to do so or committing to it. Other pieces of advice offered to those thinking about quitting included the following:

- Consideration of the benefits of quitting, particularly the health and financial benefits.
- Being realistic by taking into account that quitting might be difficult.
- Reflecting on the motivations for quitting, with an emphasis on quitting for oneself rather than for others.
- Being honest with oneself about the degree to which one really wants to quit and recognizing the importance of being genuinely motivated.
- Consideration of what is available in terms of resources, including vaping.

### **Keep busy and change routines – Main advice to people who are in the process of quitting**

Keeping oneself busy or active (e.g. sports, exercise, hobbies/pastimes) and changing one's habits/routines were the most frequently offered pieces of advice to someone in the process of quitting smoking. Other routinely offered advice included understanding one's smoking triggers (so as to avoid or minimize the urge to smoke), choosing resources and aids that work for you/trying different resources/methods, staying focused/disciplined, and taking it one day at a time. Other pieces of advice included the following:

- Don't give up/lose hope.
- Eat vegetables.
- Consume water.
- Avoid alcohol.
- Read the book 'Easy Way to Quit Smoking'.
- Use a quit smoking motivational app.

**Former smokers who vape:** Advice only identified by vapers was to use/consider using a vaping device and reduce consumption of cigarettes gradually.

## 3.5 Perceptions of vaping

This section reports on issues related to vaping or e-cigarettes.

### 3.5.1 Current Smokers

#### Most smokers have tried vaping

Most current smokers, a majority in most groups, said they have tried vaping but only a few said they do so on a daily basis. Circumstances in which current smokers have tried vaping included using it as a smoking cessation device, out of curiosity or because a friend or relative offered them an opportunity to try it, and as part of a promotional event. Situations in which occasional vaping occurs include when it is too cold to smoke outside, in the company of family members who do not smoke, and when stressed.

#### Knowledge of vaping focused mainly on health issues and features of e-cigarettes

When asked what they know about vaping, current smokers most often identified health-related issues or specific characteristics of e-cigarettes or vaping devices.

- Health-related issues: Participants often pointed to the perceived unknown health effects of vaping and/or lack of research on it. Many also said they have heard that it is not as bad as smoking (e.g. it is supposed to be better for you than smoking, contain fewer toxins than cigarettes, be non-carcinogenic, and contain fewer chemicals than cigarettes. Most participants who provided such feedback reported it as what they have heard (i.e. they are not sure that it is less harmful than smoking). Some on the other hand suggested that it is 'no better than' or 'almost as bad as' smoking, occasionally associating it with the condition known as 'popcorn lung'.<sup>6</sup>
- Specific features of vaping: Participants routinely identified specific characteristics they believe relate to vaping. These included the following: there are multiple flavours, there are different types of devices, they are battery-operated, they produce no second-hand smoke, one inhales vapour, they are cheaper than cigarettes, they smell better than cigarettes, one can vape with or without nicotine, the ingredients are glycerine based/contain propylene.

A number of current smokers mentioned that vaping is used as a smoking cessation technique or that people have successfully quit smoking because of vaping. Other comments about vaping included the following:

- There is a vape culture.
- It is very popular among young people and they don't believe there are age restrictions.
- There is growing concern in general about the uptake of vaping among young people.
- It is omnipresent and easily available.
- It looks silly/stupid.
- It is more socially acceptable than smoking and considered 'cool'.
- The devices sometimes explode or catch fire.

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<sup>6</sup> Popcorn lung is the common term for the medical condition known as bronchiolitis obliterans. This condition damages the small airways in the lung. Source: <https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/risks.html#a4>.

Some older smokers indicated that they know little or nothing about vaping.

The most commonly identified sources of information about vaping included word-of-mouth, often from acquaintances who vape (e.g. friends, co-workers, family members, young people/teens), social media, the news, and the Internet (e.g. YouTube, PubMed, online discussion groups/forums). Other sources included vape shops, ads about vaping, convenience stores, television, and physicians.

### **Mainly critical impressions of vaping among current smokers and non-smokers**

Impressions about vaping elicited from current smokers' smoking and non-smoking acquaintances included positive, critical and neutral feedback, but it was most likely to be critical or negative than positive. Moreover, participants were usually better able to report feedback from cigarette smokers than non-smokers.

Negative or critical impressions included the following:

- Health-related impressions:
  - The health effects of vaping are unknown
  - There is no evidence yet that vaping is less harmful than smoking.
  - Vaping is bad, even if not necessarily as bad as smoking
- Vaping is a new habit/new form of addiction.
- Vaping does not help one to quit smoking.
- Vaping is a gateway to smoking (identified only by non-smokers).
- The concentration of nicotine inhaled by vaping can be as bad as in a cigarette.
- One can get hooked on both vaping and smoking.
- Vaping can produce water on the lungs.
- Vaping looks silly, stupid, juvenile.
- Vapers look down on smokers/think they are more fashionable/on the cutting edge.

Positive impressions of vaping included the following:

- Vaping does/can/might help people quit smoking.
- It smells good/tastes good.
- It is more socially acceptable than smoking.
- It doesn't make one smell.
- One can vape indoors.
- It is cheaper than smoking (i.e. one can save money).
- It does not produce second-hand-smoke (identified mainly by non-smokers).

Neutral-like comments included the following:

- Vaping does not provide the same effect as smoking.
- Vaping is very popular.
- Vaping is an alternative to smoking.

### **Widespread perception of vaping as a new habit rather than a smoking cessation tool**

Most current smokers believe that vaping does not help people quit smoking or are uncertain about this, sometimes pointing to lack of evidence/proof about its effectiveness in this regard. Asked more specifically if they see vaping as a short-term transition tool to

quitting or as a new habit, the widespread assumption among both younger and older smokers was that it is more of a substitute for smoking or a new habit than a smoking cessation tool. Reasons for this impression included the following:

- It reproduces/imitates the same behaviour/habits as smoking (e.g. the oral fixation, the hand motion).
- Many smokers vape with nicotine so it does not break the addiction or eliminate the addictive element.
- Even if one does not vape with nicotine, the liquids contain chemicals that provide a 'hit' or 'rush' like smoking so that it still results in a form of chemical addiction.
- People often vape more frequently than they smoke which indicates a new form of addiction.
- People often smoke and vape, so that vaping supplements rather than replaces smoking.
- People often keep vaping even after quitting cigarettes.

Most of those who did not identify vaping as a new habit said they were unsure about its effectiveness as a smoking cessation device and re-iterated their concerns or apprehensions regarding the long-term health implications of vaping.

Smokers who think that vaping can help people quit smoking base their impression on people they know who have quit smoking as a result of vaping, as well as on the ability to gradually decrease the amount of nicotine through vaping.

### **Most have not considered vaping as a smoking cessation tool**

Most current smokers said they have not considered vaping as a way to help them quit smoking. The most frequently given reasons were uncertainty regarding its long term health effects/lack of research, and the impression that it would be replacing one bad habit with another or substituting one addiction for another. Other reasons included the following:

- The perceived cost implications.
- Word-of-mouth/evidence from acquaintances that it does not work.
- Not liking it and negative experiences with vaping (e.g. headaches, coughing).
- Not wanting to rely on a 'crutch' to quit smoking.
- Dislike of the 'persona' or 'image' associated with vaping and the vaping culture.
- The perceived difficulty/annoyances associated with the technique (e.g. choosing gadgetry, having to clean it/upgrade it).

Some current smokers also noted that they have already tried it as a way to quit smoking and it did not work.

Those who have considered vaping as a way to help them quit smoking cigarettes gave the following reasons why: hearsay that it can help one quit, word-of-mouth from friends that it helped them quit, the impression that it is less harmful than smoking, the possibility of gradually reducing nicotine intake, that it imitates the act of smoking (hopefully dealing in this way with cravings), and their perception that vaping is marketed as a smoking cessation tool so why not give it a try. The only group in which most participants said they would consider vaping as a cessation tool was the group of younger smokers in Mississauga.



### 3.5.2 Former smokers

#### **Former smokers similar to current smokers regarding what they know about vaping and where they get their information**

Former smokers are very similar to current smokers in terms of what they know about vaping and where they get their information or knowledge. As a result, and in order to avoid repetition, readers are referred to the corresponding section of the report for current smokers.

#### **Most former smokers have not tried vaping**

Most former smokers said they have not tried vaping, though at least a few in each group acknowledged having tried vaping. Some former smokers vape regularly now, and others vape only when in social situations wherein they would have smoked cigarettes in the past. Only in Montreal did most former smokers say they have tried vaping.

#### **Feedback on vaping from acquaintances mirrors that reported by current smokers**

Impressions about vaping from former smokers' smoking and non-smoking acquaintances was very similar to that reported by current smokers. As a result, and in order to avoid repetition, readers are referred to the corresponding section of the report for current smokers.

#### **Widespread impression that vaping is a new habit, not a smoking cessation tool**

Asked what role they think vaping plays in helping people quit smoking cigarettes, former smokers routinely said it plays little or no role, or indicated that they did not know. Reasons for thinking it plays little or no role included the following:

- It reproduces the mechanics of smoking so it reinforces the attachment to smoking (i.e. it is another way to smoke rather than a way to quit).
- Many people vape with nicotine, so there is no perceived difference between vaping and smoking.
- Even if one gradually reduces the concentration of nicotine, the perception is that people typically vape more frequently and for much longer each time than they smoke so the result is still the same.
- Observation that friends/acquaintances have all failed to quit smoking through vaping.
- One is still inhaling chemicals so it is not reducing one's exposure to chemicals

Asked more specifically if they think vaping is a transition tool towards smoking cessation or a new habit, there was near unanimity that it is a new habit, sometimes described as trading one addiction for another. In addition to re-iterating some of the points identified above, the following points were also made:

- People usually continue vaping after quitting cigarettes.
- People often vape more frequently than they smoked.
- No one they know has ever quit vaping.
- Vaping is a growing industry which suggests that it is seen as a substitute for cigarettes.

### **Most are unsure about health effects of vaping**

Most former smokers expressed uncertainty as to whether or not vaping is less harmful than smoking regular cigarettes in terms of health effects. Some think it is less harmful, often adding that this does not mean that it does not pose health risks because the long-term health effects of vaping are still unknown. Reasons for thinking it is less harmful to health than smoking include the impression that it contains fewer chemicals, that the composition of chemicals in the glycerine contained in vaping liquids is less harmful than chemicals in tobacco, and that the nicotine in an e-cigarette is heated rather than burned.

A few former smokers suggested that vaping could be as harmful as smoking, precisely because the assumption that it is safer might induce people to vape more often or more intensely (resulting in the inhalation of more chemicals). It was also suggested that vaping with nicotine is a bigger health risk than smoking because they believe people typically vape more frequently and for longer periods of time than they smoke a cigarette. Finally, it was suggested that vaping causes 'popcorn lung' which suggests that it is no safer than cigarettes.

### **3.5.3 Former smokers who vape**

#### **Most heard about vaping by word-of-mouth and began before quitting smoking**

Former smokers who currently vape most often first heard about vaping by word-of-mouth (e.g. friend, relative, co-worker, fellow student), but also through the Internet, social media, by seeing someone vaping, in a convenience store, and through ads in a magazine. Most former smokers who vape started doing so before they quit smoking and nearly always as a smoking cessation aid. This included most participants in every group except Montreal, where half said they began vaping after quitting smoking.

#### **Vaping usually assigned key role in successful quit attempt**

Nearly all those who began vaping before they quit smoking assign it a role, typically a crucial one, in helping them quit smoking. Assigning a key role to vaping was especially the case among vapers in Mississauga and Winnipeg, most of whom described vaping as the main thing that helped them become smoke-free. Descriptions of the role played by vaping included weaning them off nicotine gradually and providing them with a crutch (e.g. physical and psychological support) by allowing them to replicate the act of smoking.

#### **Transition from smoking to vaping varies**

The process of transitioning from smoking cigarettes to vaping varied. As described by participants, the paths taken included the following:

- *Wholesale sudden transition:* Some participants said that their transition from smoking to vaping took place all at once. In other words, they smoked their last cigarette and switched immediately and completely to vaping with nicotine. They then gradually reduced the concentration of nicotine over time. In some instances, participants specified that they began the process by vaping more than they smoked (i.e. their nicotine intake with the vape initially increased), followed by gradual reduction of the concentration of nicotine.

- *Smoking – cold turkey – vaping*: Some participants said their initial step was to try to quit smoking cold turkey and when this was not successful, turned directly to vaping. As described by some participants, the interlude between going ‘cold turkey’ and beginning to vape included learning/enquiring about vaping and vape products and eventually purchasing them.
- *Gradual transition from smoking to vaping*: Some participants followed a path of gradual transition from smoking to vaping. This included going back and forth between smoking and vaping, gradually substituting vaping for smoking, and gradually reducing the concentration of nicotine in their vape fluid (i.e. from 18 mgs down to 8 mgs down to 2 mgs). The most structured transition described involved a process of reducing the consumption of cigarettes by one a day and compensating by a corresponding increasing of one e-cigarette a day until the transition was complete (i.e. day 1: 6 cigarettes/1 vape; day 2: 5 cigarettes/2 vapes; day 3: 4 cigarettes/3 vapes; day 4: 3 cigarettes/4 vapes, etc.).
- *Smoking – unsuccessful smoking cessation aid – vaping*: Some participants described the transition to vaping as based on trial and error. They tried to quit smoking using a smoking cessation aid other than vaping which did not work (e.g. made them sick, side effects) at which point they decided to try vaping.

### **First vaping experience and reasons for not vaping as a smoking cessation tool**

Vapers who began vaping only after they quit smoking provided the following kinds of reasons to explain why they had not tried it as a smoking cessation tool:

- Reluctance to rely on a cessation device so much like smoking.
- Fear of substituting one dependence for another.
- Knew nothing/too little about it at the time.
- Resolve to quit cold turkey/assumption they didn’t need help.

Circumstances in which these participants first vaped involved being given the opportunity by a family member, friend or acquaintance, usually in a social setting (e.g. a party, a bar).

### **Social aspect of vaping compared to that of smoking**

The social aspect of vaping was usually described as similar to that of smoking by vapers who started vaping after they quit smoking. In other words, as ‘social’ activities they were not seen as fundamentally different. Ways in which it was described as different from smoking included it being more ‘socially acceptable’, more tied in to a ‘culture’ than smoking, more of a ‘fad’ associated with young people.

### **Varied reasons for vaping**

All vapers (i.e. those who began before quitting smoking and those who began after) were asked why they vape now. Reasons included stress relief, relaxation, the social dimension, being able to vape indoors, replicating the act of smoking without the dangers, simply liking/enjoying it, a way of dealing with boredom, and a way to fight cravings/the temptation to smoke. Most vapers who credit it with helping them quit smoking said they think it helps them remain smoke-free and fear a relapse if they do not have vaping as a ‘crutch’.

### **Limited changes to social life and daily routine as result of vaping**

Most vapers said they see little or no change to their social life or daily routine since they started vaping. Changes to daily routine included vaping indoors and not taking 'vape' breaks at work. By contrast some vapers continue to take a work break and vape while their co-workers smoke. Changes to social life included going out more often and being part of the vaping 'subculture' (including 4/20 or cannabis subculture). Those who see themselves as part of that subculture or a 'vape community' tend to be younger vapers and usually males.

**Many vapers think they will quit vaping some day**

When asked if they think they will ever stop vaping, many vapers said yes. The main reasons given were apprehension about the possible long-term health effects of vaping and the lack of research related to this. Other reasons included not wanting to be controlled by it (e.g. substituting one addiction for another, depending on a 'crutch'), and the impression of inevitably becoming bored with it over time. Reasons offered by those who said they would not quit, or did not expect to quit, included that they enjoy it, they vape only occasionally, it is relaxing, and they see no reason to stop. Some said they do not know if they will quit or not.

### 3.6 Cigarette labelling

This section reports participant feedback related to a potential new type of health warning that would be printed directly on individual cigarettes. Current smokers were shown five mock-ups, each one containing a different health warning. The mock-ups included two alternatives showing where the health warning could be placed: on the filter or on the portion of the cigarette containing tobacco. Former smokers were shown a printed laminated sheet of five mock-ups with labels on the filter and on the tobacco portion, and with five different health messages.

#### **Widespread critical reaction to new health warning**

Most participants did not believe that on-cigarette warnings would be effective in convincing people to stop smoking. Typical spontaneous reactions include laughter, surprise, as well as anger and cynicism. The most frequently given reason informing critical reactions to this idea was that it would be ineffective because the health warning information provided is already known to smokers and will be included on the front and back of cigarette packages. Consequently, some participants believed that adding the same information on individual cigarettes is superfluous or 'overkill' as it is seen to provide no additional value. It was also suggested that the approach is superfluous because when someone opens a pack of cigarettes it is clear that they are going to smoke. In other words, if someone is not dissuaded from purchasing cigarettes or opening the pack by the health warning on the exterior, they will not be dissuaded from smoking because an additional warning appears on each cigarette.

Criticism of this approach was also based on the impression that it would increase the cost of cigarettes (the cost of labelling each cigarette by the manufacturer being passed on to the consumer), and that this approach would have smokers ingesting ink in addition to tobacco products/chemicals.

Participants who reacted positively to this approach acknowledged that the warnings contain no new information but suggested that this type of labelling could be effective in helping young smokers quit or preventing young people from starting to smoke. It was suggested for example that young people are sensitive to issues of image and that smoking a cigarette with a health warning on it may not be appealing or seen as 'cool'.

Participants most likely to react positively to this approach included former smokers who vape in Montreal and Mississauga, and current smokers in Montreal (both younger and older smokers).

#### **Divided views on best style/approach to warning**

Views were divided about the two approaches (i.e. whether the warning should be placed on the filter or the portion of the cigarette containing the tobacco), but most favoured placing it on the filter. The main reason for including it on the filter is that the message would remain, even after the cigarette was smoked (i.e. on the cigarette butts). In terms of perceived effectiveness, the main reason for placing it on the portion of the cigarette containing tobacco is that it is more visible (e.g. a message on the filter is less visible because the filter is either in one's mouth or between one's fingers and in either case the message is not visible).

Notably, some smokers expressed their preference based on negative reactions to the approach in question. For example, preference for placing the warning on the portion containing tobacco was so that they would not have an ink product in their mouth/on their lips. Conversely, preference for placing it on the filter was so that they would not have to see it when smoking.

### Most effective warning message

The health warning most frequently perceived as most effective in the English-language groups was ‘Smoking can kill you’ followed at a distance by ‘Smoking causes cancer’. The health warnings perceived as most effective in the French-language groups were ‘Fumer cause le cancer’ and ‘Fumer peut causer la mort’. Below is the list of health warnings in each language.

Table 3: Health warnings in both languages

Smoking causes cancer	Fumer cause le cancer
Tobacco smoke is toxic	La fumée de tabac est toxique
Smoking causes oral cancer	Fumer cause le cancer bucal
Smoking can kill you	Fumer peut causer la mort
This product is addictive	Ce produit cause la dépendance

## 3.7 Conclusions

This exploratory research yielded some interesting conclusions concerning experiences related to smoking and cessation.

- Significance of stress:**

Stress was a recurring theme in this study. It was routinely identified as an important daily challenge by current and former smokers in relation to various aspects of their lives (e.g. finances/cost of living, work/employment, family life, personal issues). It also informs many participants’ self-description. Specifically, when describing ‘who they are’, a number characterized themselves as ‘stressed’ and when describing ‘who they want to be’ in the future, a number of them said they would like to be calmer/stress-free. Among current smokers it was also identified as a reason to begin smoking, a reason quit attempts to date have failed, a reason they tend to smoke more than usual, what they feel when they think about quitting, and a reason for concern about their health in the future. Among former smokers it was identified as a circumstance under which they might potentially begin smoking again. It is also noteworthy that the most frequently identified thing current smokers said they like about smoking is the way it makes them feel relaxed, calm, or soothed because it suggests that smoking produces a feeling that helps them cope with their stress, regardless of whether it actually reduces stress in reality.
- The social aspect of smoking:**

The findings suggest that the social aspect of smoking is clearly an important part of the smoking experience, especially among younger smokers. Current smokers routinely associated smoking with socializing, often smoke with others or in the company of others, and have made friends and acquaintances through smoking. In short, the social aspect of smoking tends to be a key part of the smoking lifestyle, and smoking with others is often habitual, especially among younger smokers. That being said, the social

dimension of smoking tends to fit into the lifestyle of smokers in the sense of providing the context or opportunity for smoking rather than the reason for, or the benefit derived from, smoking. For example, relatively few current smokers identified the social aspect of smoking or socializing as ‘the best thing about smoking’ and few former smokers identified losing social connections as ‘the worst part about quitting’.

While former smokers often said that quitting smoking affected their social life or interactions with others, these impacts were rarely described as negative in any significant way. In terms of lifestyle changes resulting from quitting, former smokers were much more likely to attribute importance to changes made to their daily habits and routines in order to avoid triggers and cravings. While this often involved limiting exposure to smokers, this was more likely to take the form of adjustments in their social relations than major changes. For their part, current smokers usually expressed little concern over the possible social trade-offs of quitting.

- ***Reasons for quitting:***

Success at quitting smoking was often associated with concrete life events or circumstances, such as health-related issues. In this regard, it is worth recalling that the first time smoking emerged in an explicit way in the discussion with both smokers and former smokers was in the context of a discussion of personal health. By contrast, in the context of describing their daily routine at the beginning of the focus group session smokers never mentioned smoking. In addition, successful quit attempts were frequently associated with the resolve and determination to quit resulting from these concrete circumstances, and the decision to quit was often identified as the key starting point to a successful quit attempt, regardless of the means subsequently taken to quit.

- ***Vaping:***

There was a widespread assumption that vaping is a new habit rather than a smoking cessation tool. This was confirmed in a concrete way by the behaviour of vapers, most of whom began vaping before they quit yet continue to vape now that they no longer smoke cigarettes. There was also widespread acknowledgement that the long-term health effects of vaping are not known.

- ***Labelling of cigarettes:***

The widespread reaction to the idea of labelling individual cigarettes with health warnings was that this was ‘overkill’ and that it would not be effective with current smokers, though it might perhaps deter some people from starting to smoke. This reaction tends to underscore the significance assigned to concrete events in peoples’ lives as a reason for quitting. Information and knowledge are important but, in and of themselves, may not be sufficient in terms of motivational power. This is clearly the case with both the current and former smokers involved in this research. Current smokers are smoking despite the information included on health warnings and former smokers did not quit because of them.



## 4. Appendix

### 4.1 Screener

INTRO: Hello/Bonjour, my name is [RECRUITER]. I'm calling from Decision Point Research, a Canadian research company. We're organizing a series of discussion groups on behalf of the Government of Canada to explore issues of relevance to Canadians.

Would you prefer that I continue in English or French? / Préférez-vous continuer en français ou anglais?

RECRUITER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt."

Is there anyone in your household aged 25 and older? If so, may I speak with this individual?

No	THANK/DISCONTINUE
Yes:	
Same person	CONTINUE WITH DESCRIPTION
Someone else	1. ASK TO SPEAK TO INDIVIDUAL 2. REPEAT INTRO 3. GO TO DESCRIPTION
Not available	SCHEDULE CALL-BACK

DESCRIPTION: As I mentioned, we're conducting a research study for the Government of Canada to discuss issues of importance to Canadians. The groups will last up to two hours and people who take part will receive a cash gift to thank them for their time. Participation is completely voluntary and your decision to participate or not will not affect any dealings you may have with the Government of Canada. We are interested in your opinions only. The format is a "round table" discussion led by a research professional from Phoenix SPI with up to 10 participants. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.\* More information about the handling and use of your personal information will be provided by email in advance of the research.

Would you be interested in taking part in this study?

Yes	CONTINUE
No	THANK/DISCONTINUE

**\*PRIVACY: IF ASKED:**

The personal information you provide to the Government of Canada is governed in accordance with the Privacy Act and will not be linked with your name on any document including the consent form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you

think your personal information has been handled improperly. The final report written by Phoenix SPI will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

Before we invite you to attend, I need to ask you a few questions to make sure we are getting a good mix of people for each discussion group. This will take 5 minutes. May I continue?

Yes CONTINUE  
No THANK/DISCONTINUE

1. Record gender by observation. [60/40 SPLIT]

Male  
Female

2. We've been asked to speak to participants of all different ages. May I have your age please? [GET MIX]

Under 25 THANK/TERMINATE  
25-30  
31-34 }  
35-40 } Current smokers: 25-44 years  
41-44 }  
45-50 }  
51-54 }  
55-64 } Current smokers: 45+ years  
65-74 }  
75+ THANK/TERMINATE

RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY: "Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours."

3. Do you, or any member of your immediate family, work for...? [READ LIST]

...a marketing research, public relations, or advertising firm?  
...the media (radio, television, newspapers, magazines, etc.)?  
...the federal or provincial government?  
...an alcohol, cannabis, tobacco or e-cigarette company?

Yes THANK/TERMINATE IF YES TO ANY  
No CONTINUE

4. Which, if any, of the following apply to you? [ROTATE AND READ LIST; RECORD YES/NO]

I sometimes drink alcoholic beverages.\*  
I like to play video games.\*  
In my spare time, I like to volunteer.\*

- I prefer to pay my bills online.\*
- I travelled outside of Canada or within Canada in the last year.\*
- I use social media.\*
- I submitted a personal income tax return last year.\*
- I used to smoke cigarettes every day. [FORMER SMOKER]
- I have tried cannabis.\*
- I have tried an e-cigarette or vaping device.\* [VAPER]
- I smoke cigarettes every day. [CURRENT SMOKER]

\*ASK Q5 AND THEN THANK+TERMINATE UNLESS THE INDIVIDUAL ALSO IS A FORMER OR CURRENT SMOKER.

5. Could you please tell me what is the last level of education that you have completed?  
[GET MIX]

- Some high school
- Completed high school
- Some college/technical school/CEGEP
- Graduated college/technical school/CEGEP
- Some university
- Graduated university
- Graduate studies

6. Do you identify as a member of a visible ethno-cultural group? [GET MIX]

- Yes
- No

[IF “I used to smoke cigarettes” at Q4]

7. You mentioned that you used to smoke cigarettes every day.

a. How long ago did you quit? [READ LIST IF HELPFUL]

- Less than one year ago
  - One to 2 years
  - Three years
  - Four or more years
  - Haven't quit (just don't smoke daily anymore)
- THANK/TERMINATE  
THANK/TERMINATE

b. For how many years had you been smoking before you quit for the last time?

- Fewer than 5 years
  - Five or more years
- THANK/TERMINATE

c. When you were smoking, on average, how many cigarettes a day did you smoke? Would you say:

- Fewer than 15\*
- 15 or more\*\*

\*THANK/TERMINATE

**\*\*[FORMER SMOKER – GO TO Q16, UNLESS VAPE AT Q4]**

[IF “I tried vaping” + “I used to smoke cigarettes” at Q4]

8. You mentioned that you’ve tried an e-cigarette or vaping device. Which of the following best describes how often you’ve used an e-cigarette or vaping device in the past 30 days? [READ LIST]

Every day

At least once a week, but not daily

Less than weekly\*

I have used them, but not in the past 30 days\*

\*THANK/TERMINATE

- 8b. What do you vape? [READ LIST; ACCEPT ALL THE APPLY]

E-liquids without nicotine\*\*

E-liquids with nicotine\*\*, or

Cannabis      THANK/TERMINATE IF ONLY CANNABIS

**\*\*[FORMER SMOKER WHO VAPES – GO TO Q16]**

[IF “I smoke cigarettes” at Q4]

9. You mentioned that you smoke cigarettes every day.

- a. For how many years have you been smoking?

Fewer than 5 years

THANK/TERMINATE

Five or more years

- b. On average, how many cigarettes a day do you smoke? Would you say:

Fewer than 15\*

15 or more\*\*

\*THANK/TERMINATE

**\*\*[CURRENT SMOKER – GO TO Q16]**

\*ASK FOLLOW-UP QUESTIONS FOR 2 ADDITIONAL Q4 BEHAVIOURS. IF MORE THAN 2 BEHAVIOURS ARE SELECTED AT Q4, SELECT 2 AT RANDOM AND ASK THE APPROPRIATE QUESTIONS BELOW.

[IF “Play video games” at Q4]

10. In a typical week, how much time do you spend playing video games? [READ LIST]

Less than 7 hours

7 to 14 hours

15 to 20 hours  
More than 20 hours a week

**[IF “Pay bills online” at Q4]**

11. You mentioned that you prefer to pay your bills online. Do you pay bills....[READ LIST]

through your financial institution’s website?  
through the biller’s website?  
using a mobile app or browser?

**[IF “Volunteer” at Q4]**

12. In the last year, have you spent time volunteering for any of the following? [READ LIST]

A non-profit or charitable organization  
A sports or recreation organization  
A social services organization  
A religious organization

**[IF “Travel” at Q4]**

13. You mentioned that you travelled in the last year. For what reason or reasons did you travel within or outside of Canada? [DO NOT READ LIST]

For business or work-related reasons  
For holidays, leisure or recreation  
To visit friends or relatives  
To shop  
To go to school or to study  
For medical or health reasons  
Other

**[IF “Use social media” at Q4]**

14. Which social media, if any, do you use on a daily basis? [READ LIST]

Facebook  
Instagram  
Twitter  
YouTube  
Snapchat  
Tumblr  
Pinterest

**[IF “Submitted tax return” at Q4]**

15. Which of the following best describes how you completed your most recent personal income tax return? [READ LIST]

You completed the tax return by yourself

Someone else completed your return

16. Using a five-point scale where “1” means strongly disagree and “5” means strongly agree, to what extent do you agree or disagree with the following statements:

I have a wide circle of friends.

I prefer to spend time with a group than by myself.

I am comfortable being at the center of attention.

I prefer to solve problems by talking rather than thinking about them.

\*THANK/TERMINATE IF SCORES OF 1-2 FOR ALL 4 STATEMENTS.

17. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes

CONTINUE

No

GO TO Q21

18. When did you last attend one of these discussion groups or interviews? [DO NOT READ UNLESS HELPFUL]

Within the last 6 months

THANK/TERMINATE

6 months to under 2 years

CONTINUE

2 or more years

GO TO Q20

19. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: \_\_\_\_\_

THANK/TERMINATE IF RELATED TO TOBACCO, SMOKING OR VAPING

20. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5

Five or more

THANK/TERMINATE

21. Participants will be asked to look at some items and voice their opinions in front of others. Do you feel comfortable doing this?

Yes

CONTINUE

No

THANK/TERMINATE

22. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes

CONTINUE

No

THANK/TERMINATE

23. There may be some people from the Government of Canada who have been involved in this project observing the session in-person or remotely via a webcam set-up. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes  
No

CONTINUE  
THANK/TERMINATE

Thank you. We would like to invite you to attend one of the discussion groups, which will be lead by a researcher from the national public opinion research firm, Phoenix SPI. The group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last two hours. Following your participation, you will receive [\$100 / \$125] to thank you for your time.

24. Are you willing to attend?

Yes  
No

CONTINUE  
THANK/TERMINATE

25. May I have your email address so that we can also send you an email message with the address where the group will be held, as well as a consent form to read and bring with you to the focus group?

Yes: ENTER EMAIL ADDRESS: \_\_\_\_\_

No: That's fine. Do you have a pen handy so that I can give you the address where the group will be held? It will be held at [INSERT FACILITY ADDRESS] at [TIME] on [DATE].

At the facility, you will be asked to produce photo identification, so please remember to bring something with you (for example, a driver's license). In order to participate, you will also be asked to provide the signed consent form we will send by email in advance.

If you use glasses to read, please bring them with you.

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 us so that we can get someone to replace you. You can reach us at [INSERT NUMBER] at our office. Please ask for [INSERT NAME].

Someone from our company will call you the day before to remind you about the session. To do that, we need to have your contact information.

First name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_  
Evening phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

Thank you!



## 4.2 Moderator's Guide

### Introduction (5 minutes)

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending/value your being here.
  - Tonight, we're conducting research on behalf of the Government of Canada.
  - We will be seeking your opinion on a variety of issues affecting Canadians.
  - The discussion will last approximately 2 hours.
  - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
  - A discussion group is a "round table" discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone's opinion is important and should be respected.
  - We encourage you to speak up even if you feel your opinion might be different from others around the table. Your opinion may reflect that of other Canadians who are not here tonight.
- Explanations.
  - Comments treated in confidence.
    - Please note that anything you say during these groups will be held in confidence. We do not attribute comments to specific people. Our report will summarize the findings from the groups, but it does not mention anyone by name.
    - We encourage you to not provide any identifiable information about yourself.
    - The final report can be accessed through the Library of Parliament or Archives Canada.
  - Your responses will in no way affect your dealings with the Government of Canada.
  - The session is being audio-video recorded. The recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
    - Recording is for report writing purposes / verify feedback.
  - Observers.
    - There are people from the Government of Canada involved in this project who will be observing tonight's session in person from behind the one-way mirror, or online.
    - Purpose: oversee the research process and see your reactions first-hand.
- Any questions?
- Roundtable introduction: Please tell us your first name.

## Current Smokers

### Context (30 minutes)

Before we start the discussion, I'm going to pass around a sheet of paper. I'd like everyone to write down 4 or 5 things about yourself and a short description of your day yesterday. Be sure to include the kinds of activities you did, as well as the places you went, like work or the grocery store, for example. [EXERCISE 1]

Ok, now that everyone looks to be done, let's do a roundtable. I'd like you to share about yourself. What did you write in your booklet? MODERATOR: LOOK FOR COMMON WORDS.

You've told us a bit about your personality and your daily life... now,

1. What challenges do you have in your day? MODERATOR: KEEP FOCUSED ON DAILY CHALLENGES NOT LIFE LONG CHALLENGES. What about in the future...what challenges, if any, do you anticipate facing in your daily life?
2. What aspects, or parts, of you and how you see yourself are most important to you...mean the most to you? IF NEEDED, PROMPT WITH: For example, someone might think of themselves as a caring friend, an athlete, or a religious person.
3. What types of things are important to you personally...what do you value?

Prompt with if needed: money, travel, friends, health

4. When you think about the future, what kind of person do you want to be? MODERATOR: ADJUST AS NEEDED WITH OLDER PARTICIPANTS. And, before we move on, what type of person are you now?
5. What about your personal health? Some of you said this is important [ADJUST BASED ON Q3]. Are you generally a healthy person? And, looking into the future, how do you see your health?

IF AFTER THIS DISCUSSION NO ONE HAS RAISED SMOKING: What you all have in common, and part of the reason you're here, is that you all smoke cigarettes. How important is smoking in your life? Why do you say that? [EXPLORE; PROMPT AS NEEDED]

### Smoking Behaviour (15 minutes)

[IF NOT READ ABOVE: What you all have in common, and part of the reason you're here, is that you all smoke cigarettes.]

NOTE TO MODERATOR: The focus in this section is having participants tell us about their life as a smoker. Keep the discussion as free flowing as possible. USE THE QUESTIONS BELOW AS A PROMPT ONLY.

6. How did you start smoking? That is, what were the circumstances or situation in which you first tried smoking? [KEEP BRIEF]

7. Let's walk through a typical day for you...where and when do you smoke? What are you doing when you're smoking? Do you smoke more or less on certain days? Is it different during the week than on weekends? How so?
8. Who in your social circle smokes cigarettes ... any friends, co-workers, acquaintances or family members? Who do you smoke with? How often do you smoke with others? When you're with the people in your social circle who smoke, how do you decide it's time for a cigarette? Are there specific social cues, or patterns based on what you're doing? MODERATOR: IF NEEDED – For example, does your co-worker pop by your desk or send you a text message when he or she is going to have a cigarette?
9. Aside from your typical day, are there other activities that you tend to do while smoking or that you associate with smoking?
10. Have you made new friends while smoking, or lost friends due to your smoking? What about dating?

Follow-ups:

10a. For those of you who have made friends while smoking, tell me a bit about this – what were the circumstances or the situation in which you made these friends? Apart from smoking, what interests do you share with these friends? Is smoking the main reason why you are friends and does this keep you continuing to smoke?

10b. For those of you who have they lost friends, what happened? Was it your friend that removed him/herself from the group or were you “excluded” from the group because of your smoking?

11. Generally speaking, have you made any changes in your smoking behaviour? If so, what have you done and why? MODERATOR: THESE CAN BE RECENT CHANGES OR CHANGES MADE LONG AGO.

### **Feelings about Smoking (15 minutes)**

You've talked to me about where and when you smoke...now I want to discuss what, or how, you feel about smoking. Before we do, I'm going to pass around another sheet of paper [EXERCISE 2]. On the page, there are several statements that I'd like you to read and complete. Just write down the first thing that comes to mind—it can be a single word or a phrase. GIVE PARTICIPANTS 5 MINUTES TO COMPLETE THE EXERCISE.

Now, let's talk about what you wrote. We'll start with .... ROTATE STATEMENTS.

- The best thing about smoking is....
- Smoking makes me feel...
- When I think about quitting smoking, ...
- Lighting a cigarette makes me feel...
- I haven't quit smoking because...

FOR EACH STATEMENT, ASK:

12. How did you complete the sentence? MODERATOR: LOOK FOR COMMON THEMES. Did anyone else put something similar? A ROUND TABLE IS NOT NEEDED, BUT MAKE SURE YOU HEAR FROM EVERYONE.

13. Why did you complete the sentence this way?

MODERATOR: For “When I think about quitting smoking” and “I haven’t quit smoking because”, explore what they fear (if anything) about quitting smoking—specifically: what they fear they will have to change in their life or give up if they quit smoking – e.g., certain friends, activities, etc. If fear of “not being able to quit” is mentioned, note it and move on to these social trade-offs.

14. When you think of former smokers, what words or adjectives would you use to describe someone your age who quit smoking? PROBE FOR REASONS WHY.

#### **Cessation Resources and Tools (15 minutes)**

Changing topics, we’re now going to talk about your thoughts about quitting smoking. USE THE QUESTIONS BELOW AS A PROMPT ONLY.

15. To start, what’s your general sense of the success rate for quitting smoking among smokers in Canada? If you had to guess, what percentage of smokers who try to quit are successful and stay quit? How does this make you feel about quitting smoking? MODERATOR: EXPLORE IF THEIR PERCEPTIONS AFFECT WHETHER OR NOT THEY THINK IT IS/WILL BE DIFFICULT FOR THEM TO QUIT.

16. What quit smoking aids or resources are available to someone who wants to quit smoking?

Probe: vaping, NRT, prescription medications, counselling, online support groups, apps?

17. IF NOT MENTIONED: Is anyone aware of tools offered by Health Canada? Has anyone heard of the Quitline?

18. Has anyone ever tried to quit smoking? [HAND COUNT]

For those who have,

19. Why do you think your quit attempt(s) didn’t stick...why wasn’t it successful?

Probes (if needed): withdrawal, stress, triggers, no quit plan

20. What did you do to try to quit smoking cigarettes? What role, if any, did your friends and family play? Did they help or hurt your efforts?

Probe: resources/aids, how friends/family helped/hindered efforts

For those who used smoking cessation aids,

21. What was your experience...what did you like? What didn't you like? Why? GO THROUGH RESOURCES/AIDS ONE AT A TIME.

For everyone,

MODERATOR: ADJUST LANGUAGE AS NEEDED IF THERE ARE PEOPLE WHO HAVE TRIED TO QUIT.

22. Do you think you'll ever be ready to try to quit smoking (again)? If so, what do you think will be the thing that prompts or motivates you to try?

23. What role, if any, do you think your friends and family will play if you decide to quit smoking (again)?

Probe: Do you think they will help or hurt your efforts/progress

24. Do you think you'll use smoking cessation aids or resources when you're ready to quit (this time)? If not, why not?

Probe: role of willpower/views on aid/resources

### Perceptions of Vaping (15 minutes)

Vaping was mentioned earlier, but now I'd like to spend a few minutes discussing e-cigarettes and vaping devices.

CLARIFY USE OF TERMINOLOGY IF NEEDED BUT ONLY AFTER Q25. Vaping is the act of using an e-cigarette or vaping device. E-cigarettes are battery-powered smoking devices which are sometimes designed to look like regular cigarettes and are complete systems on their own (just add vape juice). Vaping device is used to refer to customizable devices with tanks, coils and batteries.

25. Let's start with a very general question...what do you know about vaping? When we're talking about vaping, keep in mind that we're not talking about cannabis vaporizers and *vape* products.

26. Where do you get your information about vaping?

Probe: vape shops, online/YouTube, medical professionals, friends/acquaintances

27. Have any of you tried an e-cigarette or vaping device? For those who have, is this something you do on a daily basis? If not, under what circumstances, or in which situations, would you or did you vape? KEEP BRIEF

28. If you've ever talked about vaping with other smokers or non-smokers in your life, what do they think about it? What impressions of vaping do they hold? NOTE DIFFERENCES BY SMOKING STATUS.

Probe: positive/negative impressions

29. ADJUST AS NEEDED IF SMOKING CESSATION WAS MENTIONED PREVIOUSLY. What role, if any, do you think vaping has in helping people quit smoking cigarettes? WAIT FOR TOP-OF-MIND FEEDBACK AND THEN ASK FOLLOW-UP: Is vaping a short-term transition tool like the patch and other NRTs? If not, why not?

Probe: vaping as a substitute for smoking cigarettes, a new habit

30. Have any of you considered vaping as a way to help you quit smoking cigarettes? [HAND COUNT] Why is that? FOR THOSE WHO HAVEN'T CONSIDERED VAPING: What's stopping you from trying vaping as a way to help you quit?

Probe as needed: lack of data on long-term health effects, not convinced it will help/fear of becoming addicted to vaping (trading one addiction for another), start-up cost of vaping, self-consciousness/perceptions of vapers, dislike of smell, perception that vaping might be as bad as cigarettes for their health, not knowing how to move from cigarettes to vaping

### Cigarette Labelling (20 minutes)

The last thing we're going to look at tonight are mock-ups of health warnings for cigarettes. Is everyone familiar with the health warnings currently found on the front and back of cigarette packages? SHOW AN EXAMPLE TO ENSURE A SHARED UNDERSTANDING. We want your feedback on a potential new type of health warning for cigarettes that Health Canada is looking at. This warning would be printed directly on individual cigarettes. It would not replace the health warning on the cigarette packages. Here are five mock-ups that use a sticker to show where the health warning could be placed. Each has a different health warning slogan or message on it. PASS AROUND THE MATERIALS. I also have cigarette packages filled with cigarettes containing the warnings that I'll pass around so you can see how the labelling on the cigarettes would look in the package.

#### MODERATOR

Testing materials –

- 1 bag per participant. Each bag will contain 5 cigarettes.
- 2 of the cigarettes will have a label on the filter
- 3 of the cigarettes will have a label on the tobacco portion
- Each cigarette will have a different slogan

31. First, what do you think of this approach...putting health warnings on individual cigarettes? Why do you say that?

Probe: overall impressions and reasons

32. What, if anything, do you like about this approach? Why?

33. What, if anything, don't you like about this approach? Why?
34. Is there one format or layout that you prefer over the other? If so, which one and why?  
Is there a different place on the cigarette for this message that would make it more noticeable or more likely for you to read? Why is that? Would it make it more likely that you would read the message?
35. Which of these five slogans do you think is most effective in terms of getting you to think about the health effects of smoking? Why is that?
36. Is there one of these five slogans that you think should not be used? Why is that?
37. Do you believe that these messages are real health effects of smoking? Why/why not?  
Would these messages influence your smoking behaviour in any way?

**GO TO CONCLUSION SECTION**



## Former Smokers

### Context (30 minutes)

Before we start the discussion, I'm going to pass around a sheet of paper. I'd like everyone to write down 4 or 5 things about yourself and a short description of your day yesterday. Be sure to include the kinds of activities you did, as well as the places you went, like work or the grocery store, for example. [EXERCISE 1]

Ok, now that everyone looks to be done, let's do a roundtable. I'd like you to share about yourself. What did you write in your booklet? MODERATOR: LOOK FOR COMMON WORDS.

You've told us a bit about your personality and your daily life... now,

1. What challenges do you have in your day? MODERATOR: KEEP FOCUSED ON DAILY CHALLENGES NOT LIFE LONG CHALLENGES. What about in the future...what challenges, if any, do you anticipate facing in your daily life?
2. What aspects, or parts, of you and how you see yourself are most important to you...mean the most to you? IF NEEDED, PROMPT WITH: For example, someone might think of themselves as a caring friend, an athlete, or a religious person.
3. What types of things are important to you personally...what do you value?

Prompt with if needed: money, travel, friends, health

4. When you think about the future, what kind of person do you want to be? MODERATOR: ADJUST AS NEEDED WITH OLDER PARTICIPANTS. And, before we move on, what type of person are you now?
5. What about your personal health? Some of you said this is important [ADJUST BASED ON Q3]. Are you generally a healthy person? And, looking into the future, how do you see your health?

### Smoking Behaviour (10 minutes)

What you all have in common, and part of the reason you're here tonight, is that you all used to smoke cigarettes. I'd like to start with a few questions about your smoking behaviours or patterns before you quit.

6. For how long did you smoke cigarettes before you quit? On average, how many cigarettes did you smoke in a day? And, for how long have you been smoke-free?
7. Can you recall how you first started smoking cigarettes? What were the circumstances or situation in which you first tried smoking?
8. Does anyone in your social circle still smoke cigarettes ... any friends, acquaintances or family members? What affect, if any, does this have on you? IF NOT MENTIONED: Does this change how you interact with them? If so, how?

9. Thinking back to when you were smoking, where and when did you smoke? KEEP BRIEF
10. Now that you don't smoke, how, if at all, has your daily routine changed? How do you feel about this change to your routine? Is this a permanent or temporary change? Why is that?

**FOR THE VAPER GROUPS (GROUP 4 IN EACH CITY), RE-ORDER SECTIONS AND START WITH 'FEELINGS ABOUT SMOKING CESSATION' AND THEN GO TO 'SMOKING CESSATION'.**

### **Smoking Cessation (25 minutes)**

New exercise: I would like to do a brief exercise with you before we talk more about smoking. I am going to hand out a piece of paper that has two questions on it. Please take a few minutes to complete this on your own then we will discuss.

Now I'd like to talk about your experiences quitting smoking.

11. Most people don't quit smoking on their first attempt. How many times did you try to quit before you were successful? For those who tried more than once, did you use the same process, strategy or quit plan each time? Why is that?
12. What triggered your decision to quit? For those who made a few quit attempts before you were successful, were the motivators different each time? If so, what triggered your decision to quit the last time, the time you were successful?
13. How confident were you that your quit attempt(s) would be successful?
  - a. For those who believed you could successfully quit smoking, why do you think that was? Where did this confidence come from?
  - b. For those who were not confident at the start of your quit attempt(s), when did you start to believe you could successfully quit smoking? What do you think helped your confidence grow?
14. Everyone's quit process is fairly unique, but what I'd like to do is walk through the general steps you took to quit smoking, including the quit smoking aids or resources you might have used. PROBE ABOUT VAPING AND QUITLINE IF NOT MENTIONED. USE FLIPCHART TO RECORD STEPS + RESOURCES. A ROUND TABLE IS NOT NEEDED, BUT MAKE SURE YOU HEAR FROM EVERYONE. LOOK FOR COMMON STEPS + RESOURCES.

Prompt (if needed): think about, decide to quit, make a quit plan to help you, talk to a medical professional, find a support group, tell friends/family, change behaviour to avoid triggers

15. For those who used quit smoking aids or resources, what did you like about them? And, what didn't you like? GO THROUGH RESOURCES/AIDS ONE AT A TIME.

16. IF ANYONE DID NOT USE A RESOURCE/AID, ASK: Quitting smoking isn't easy. Why did you choose to quit smoking without help from any quit smoking aids or resources?

Probe: role of willpower, use of aids/resources perceived as weak

17. What role, if any, did your friends and family play in your quit attempts? WAIT FOR TOP-OF-MIND FEEDBACK AND THEN ASK: Did they help or hinder your progress? How did they do that? MODERATOR: LOOK FOR CONCRETE EXAMPLES.

Would you consider yourself "successful" at quitting smoking? Why/why not?

18. How did you decide that you were "successful"? Was there a specific measure or milestone that prompted you to realize you had broken the habit?

Prompt (if needed): days without having a cigarette, lack of cravings

19. Still thinking about your experience quitting, what sort of coping strategies did you use to stay on track and smoke-free? Which ones worked best for you personally? Why do you think that is? PROBE ABOUT CRAVINGS IF NOT MENTIONED: Do you still experience cravings? How do you handle this? FOR THE VAPER GROUPS, IF NOT MENTIONED, PROBE ABOUT VAPING AND ITS ROLE IN PARTICIPANTS' LIFE AS A FORMER SMOKER.

20. Now that you've been quit for a while, does it get any easier? Does anyone still use coping strategies? If so, what do you use? Do you think you will always need these coping strategies? Are there situations where you fear you might be susceptible to starting to smoke again? If so, which ones?

21. Is there anything you specifically miss about smoking (aside from the nicotine)? How do you cope with this?

22. When you started on your smoking cessation journey, did your social life change? If so, in what ways? IF NOT MENTIONED: What about your work life.... has it changed in any way? If so, in what ways? How do you feel about these changes? Prompt if needed: Bitter? Resentful? Envious of those who smoke?

23. How have you coped with the ways in which your social life changed during your smoking cessation journey? What impact have these changes had on your process of quitting smoking? Did they hinder or help you on your journey? Do you think these changes to your social life will be lifelong, permanent changes? If not, how long do you think these changes will last/or did they last?

How has your life changed since quitting smoking?

24. Did anyone think they would have to make these changes to their life when they decided to quit? Why/why not? How did you come to terms with having to make these changes? What helped you accept them?

If participants mention they used smoking as a way to relieve stress, please probe on if their stress level has changed since quitting. If they still experience stress, how are they now coping with it instead of smoking?

### **Feelings about Smoking Cessation (20 minutes)**

[ADJUST LANGUAGE FOR VAPER GROUPS] You've talked to me about your quit attempts...Now I'm going to pass out another sheet of paper [EXERCISE 2]. On the page, there are several statements that I'd like you to read and compete. Just write down the first thing that comes to mind—it can be a single word or a phrase. GIVE PARTICIPANTS 5 MINUTES TO COMPLETE IT.

Now, let's talk about what you wrote. We'll start with .... ROTATE STATEMENTS.

- The best thing about being a non-smoker is ...
- The process of quitting smoking was ...
- When I think about having quit smoking, ...
- The worst part about quitting smoking was...
- When I made the decision to quit smoking, ...
- My life without smoking ...
- The day I realized I broke the habit ...
- Staying quit...
- I'll never smoke again because ...

FOR EACH STATEMENT, ASK:

25. How did you complete the sentence? MODERATOR: LOOK FOR COMMON THEMES. Did anyone else put something similar? A ROUND TABLE IS NOT NEEDED, BUT MAKE SURE YOU HEAR FROM EVERYONE.

26. Why did you complete the sentence this way?

27. When you think of smokers, what words or adjectives would you use to describe someone your age who smokes cigarettes? PROBE FOR REASONS WHY.

28. What's the one thing you know now that you wish you'd known before you started on your smoking cessation journey?

29. What advice you would give someone who is thinking about quitting? And, what about someone who is currently in the process of quitting...what advice would you give this person?

### Understanding of Vaping (15 minutes)

Vaping was mentioned earlier, but now I'd like to spend a few minutes discussing e-cigarettes and vaping devices.

CLARIFY USE OF TERMINOLOGY IF NEEDED BUT ONLY AFTER Q30. Vaping is the act of using an e-cigarette or vaping device. E-cigarettes are battery-powered smoking devices which are sometimes designed to look like regular cigarettes and are complete systems on their own (just add vape juice). Vaping device is used to refer to customizable devices with tanks, coils and batteries.

#### [NON-VAPERS]

30. Let's start with a very general question...what do you know about vaping? When we're talking about vaping, keep in mind that we're not talking about cannabis vaporizers and *vape* products.

31. Where do you get your information about vaping?

Probe: vape shops, online/YouTube, medical professionals, friends/acquaintances

32. Have any of you ever tried an e-cigarette or vaping device?

33. If you've talked about vaping with smokers or other non-smokers in your life, what do they think about it? What impressions of vaping do they hold and why? NOTE DIFFERENCES BY SMOKING STATUS.

Probe: positive/negative impressions

34. ADJUST AS NEEDED IF SMOKING CESSATION WAS MENTIONED PREVIOUSLY. What role, if any, do you think vaping has in helping people quit smoking cigarettes? Does anyone know someone who successfully quit smoking for a period of time, let's say a year or so, and later took up daily vaping, with or without nicotine? What do you think of this? WAIT FOR TOP-OF-MIND FEEDBACK AND THEN ASK FOLLOW-UP: Is vaping a short-term transition tool like the patch and other NRTs? If not, why not?

Probe: vaping as a substitute for smoking cigarettes, a new habit

35. Do you think that vaping is less harmful than smoking regular cigarettes when it comes to the health effects? Why?

#### [VAPERS]

When we recruited you for this study, all of you said that you vape, at least occasionally.

36. How did you first learn or hear about vaping?

37. Did you start vaping before or after you completely quit smoking cigarettes?

Probe: as a smoking cessation aid?

38. For those who started vaping **before** you quit smoking...did vaping play a role in your smoking cessation journey? If so, what kind of role? Was it one of many things you tried, or was it the thing you would credit with helping you become smoke-free? How did you transition from smoking to vaping...what was the process?

39. For those who started vaping **after** you quit smoking cigarettes:

a) What stopped you from trying vaping as a way to help you quit? Probe as needed: lack of data on long-term health effects, not convinced it would help, not knowing how to move from cigarettes to vaping

b) What were the circumstances or situation in which you first tried vaping? Is the social aspect of it the same or different than smoking? Do you plan on quitting vaping at some point? If not, why not? Prompt: Is vaping part of your social identity? For those who think you'll quit vaping at some point, how will you make that decision?

For everyone...

40. Why do you vape now...what do you get out of it?

Probe: community/vaping culture, hobby/experimenting with different device modifications or different flavours of vape juice

41. Do you think you will ever stop vaping? Why is that?

42. Since you started vaping, how, if at all, has your daily routine changed? Probe: changes in daily habits, patterns of behaviours. What about your social life? Probe: changes to your circle of friends, who you spend time with, the things you do with your friends, the places you hang-out.

### Cigarette Labelling (10 minutes)

The last thing we're going to look at tonight are mock-ups of health warning for cigarettes. Is everyone familiar with the health warnings currently found on the front and back of cigarette packages? SHOW AN EXAMPLE TO ENSURE A SHARED UNDERSTANDING. We want your feedback on a potential new type of health warning for cigarettes that Health Canada is looking at. This warning would be printed directly on individual cigarettes. It would not replace the health warning on the cigarette packages. Here are two mock-ups which use a sticker to show where the health warning could be placed. IF PARTICIPANTS ASK, PASS AROUND THE BAGS AND CIGARETTE PACKAGES FOR PARTICIPANTS TO TAKE A CLOSER LOOK. KEEP IT BRIEF.

#### MODERATOR

Testing materials –

- 2 bags of cigarette samples
- 1 laminated sheet per participant of the slogans
- 2 cigarette packages with cigarettes containing the five warnings in various layouts

43. First, what do you think of this approach...putting health warnings on individual cigarettes? Why do you say that?

Probe: overall impressions and reasons; preferred format/layout

44. What, if anything, do you like about this approach? Why?

45. What, if anything, don't you like about this approach? Why?

I'm now going to pass around a sheet of paper with five slogans that could appear in this health warning. PASS AROUND THE SLOGANS. ONCE EVERYONE HAS A SHEET AND HAS LOOKED AT IT, ASK:

46. Is there one of these five slogans that you think would be more effective than others?  
Is there one that should not be used?

**GO TO CONCLUSION SECTION**



**Conclusion (5 minutes)**

We've covered a lot tonight and I really appreciate you taking the time to come and share your opinions. I'm going to leave the room now to check with the observers to see if there are any last questions for you. When I come back, I'm going to ask whether any of you has last thoughts that you want to give the Government of Canada about this topic.

MODERATOR WILL LEAVE THE ROOM AND CHECK WITH OBSERVERS TO SEE IF THERE ARE LAST QUESTIONS.

Thank you very much for your time. This concludes the discussion group. 1<sup>ST</sup> GROUP ONLY, ADD: When you leave the room, please don't discuss the topic. Participants for the second group will be in the waiting room.