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

## **Executive Summary**

### **Prepared for Health Canada**

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**Canada** 

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

## Executive Summary

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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