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# Qualitative Research Exploring Options for Warnings on Cigarettes – 2020

## Health Canada

*Final Report*

January 2021

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*Ce rapport est aussi disponible en français.*

**Qualitative Research Exploring Options for Warnings on Cigarettes – 2020  
Final Report**

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This public opinion research report presents the results of focus groups conducted by Quorus Consulting Group on behalf of Health Canada. The research study was done using qualitative focus groups. The research entailed a total of 28 online focus groups and 1 individual interview conducted with people who smoke cigarettes daily or occasionally, as well as youth non-smokers. The research was conducted between October 13 and November 10, 2020.

Cette publication est aussi disponible en français sous le titre : Recherche qualitative de 2020 sur les options de mises en garde sur les cigarettes

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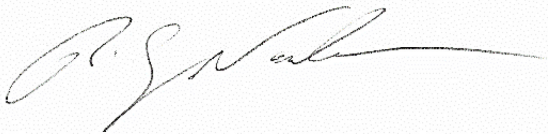


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Signed:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

Rick Nadeau, President  
Quorus Consulting Group Inc.

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# Executive Summary

## Background and Research Objectives

In accordance with Canada's Tobacco Strategy, the Government of Canada has announced a target of less than 5% tobacco use by 2035 to help reduce the death and disease burden associated with the use of tobacco products. Tobacco package labelling is a well-established strategy to raise awareness of the health hazards and effects associated with tobacco use. Recently, new measures to protect young persons and others from inducements to use tobacco products have also been introduced with the implementation of plain and standardized appearance measures for tobacco products and tobacco packaging.

As an extension of the current tobacco package labelling and plain and standardized appearance measures, Health Canada is exploring the concept of health warnings displayed on the filter overwrap of individual cigarettes. The objective of this measure is to protect Canadians, particularly young persons and others, from inducement to use tobacco products, and to enhance public awareness of the health hazards of using tobacco products.

This approach is novel on a global scale and the research base is currently limited, particularly in a Canadian context. Health Canada commissioned Quorus to conduct qualitative research through a series of focus groups to further explore opinions on the concept of warnings on individual cigarettes, to assess the effectiveness of specific warnings, and to assess options for how to display the warnings on cigarettes. Additionally, Health Canada is exploring new concepts for health warning labels for cigarette packages.

## Methodology

This report is based on 28 online focus groups and 1 individual interview that Quorus completed between October 13 and November 10, 2020. Participants were grouped according to the following segments: "Youth non-smokers" 15 to 19 year old non-smokers, "Youth" 15 to 19 year old smokers, "Young adults" 20 to 24 year old smokers, and, "Adult" smokers 25 years of age or older. In total, 188 individuals participated in the research. English sessions were conducted with participants in Toronto, Halifax/St. John's, Saskatoon/Regina, Vancouver, Nunavut and rural Alberta/Manitoba. French sessions were conducted with participants in Quebec City and Moncton.

Qualitative research is designed to reveal a rich range of opinions and interpretations rather than to measure what percentage of the target population holds a given opinion. The results are directional in nature; and the results of qualitative research are not statistically projectable to a specific target audience.

## Reactions to the Concept of Warnings on Individual Cigarettes

Participants were presented a series of images of what a package of cigarettes could look like in the future, including a new front-of-pack health warning concept, new placement for a health information message as an extension of the upper lip of the cigarette package and warnings displayed on the filter overwrap of individual cigarettes. Participants were first struck by the image on the cover of the package as well as by the message on the filter of individual cigarettes.

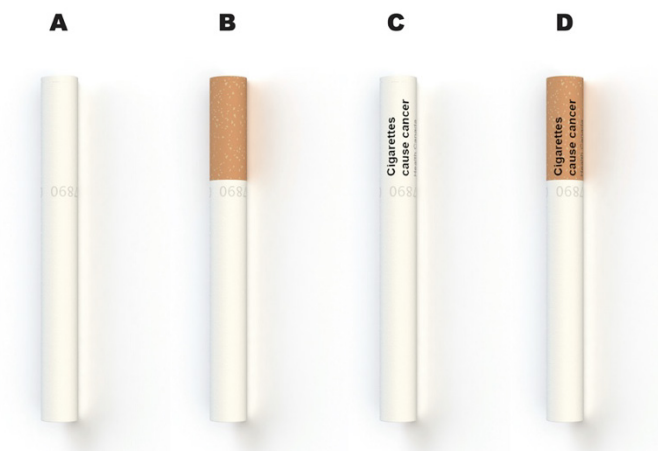
By the end of the sessions, participants had concluded that the addition of warnings on individual cigarettes made the overall health messaging on cigarette packages more complete and impactful, particularly among youth non-smokers, youth occasional smokers, or youth smokers wanting to quit smoking. Supporters of the idea explained that there cannot be enough messaging to discourage smoking. They also felt that the unavoidable placement of the messaging directly on cigarette filters will have a lasting impact on people who smoke. Conversely, when the information is limited to the package, the health warning can be placed out of sight after the cigarette has been pulled. Some youth participants also supported the idea because of the way that cigarettes are typically handed out individually in social situations, such as parties or events. In most of those situations, youth explained that they never saw the package and were not exposed to the front-of-pack health warning, while warnings directly on the cigarettes themselves might get them to think about the risks of smoking, making the cigarette less attractive.

Participants also felt there was a social element to how they reacted to the idea of messaging on each cigarette. While most smokers indicated they do not care what others around them think, there are some who do believe that the messaging will start conversations around quitting or it will be used as further ammunition for others to convince smokers to quit. There were also some specific messages tested that smokers would not want others around them seeing (e.g. Cigarettes harm sexual health; Cigarettes harm children).

Participants who smoke regularly seemed to feel that the approach was excessive, expressing that there was already enough “warning” on the package. Smokers seemed to feel that while they would definitely read the on-cigarette message the first time they saw it, they would probably ignore it moving forward. Smokers emphasized that they are aware of the health hazards of smoking and felt the additional messages on individual cigarettes would have little to no impact on their decision to continue smoking. While many young and adult smokers did not feel the messaging would have an impact on their own propensity to smoke, a few felt that it might be effective in dissuading youth from smoking. A few felt the messages would be more effective if they were motivational instead of informative, i.e. “Put it down!”, “Is it worth it?”, or “You can quit!”



**Figure A – Series of cigarette sticks shown to participants to demonstrate what cigarettes could look like in the future**



### Appeal and Attractiveness of Cigarettes with Warnings

The appeal and attractiveness of cigarettes with warnings was explored with all participants by presenting an image of four different cigarettes. Two of the cigarettes were displayed in a format as they are currently sold in Canada - one with a white filter and one with an imitation cork filter. The other two cigarettes are similar, however, each cigarette had a message displayed on the two types of filters. When asked which cigarette they would least want to smoke, participants were most likely to select the cigarette with the warning on the cork filter, followed by the cigarette with the warning on the white filter. The text on the cigarettes was a clear factor in determining the cigarette they would least want to smoke or be seen smoking.

Participants typically chose the white filter cigarette without a message when asked if one cigarette appeared less harmful than the others. Participants explained that it was mostly because of its simple design and that it is entirely white without a warning.

### Review of On-Cigarette Messages

The effectiveness of specific warning messages at: 1) warning participants about the health hazards of cigarettes and, 2) dissuading them from using cigarettes, was explored with all participants. Participants were presented with the following eighteen messages that could appear on the filter end of individual cigarettes. Messages were presented in three themes for discussion purposes. The order in which these themes were presented and discussed varied from group to group.

Theme A	Theme B	Theme C
<b>A1.</b> Cigarettes cause diseases <b>A2.</b> Cigarettes damage your organs <b>A3.</b> Cigarettes harm everyone <b>A4.</b> Cigarettes cause chronic bronchitis <b>A5.</b> Cigarettes cause cancer <b>A6.</b> Cigarettes harm children	<b>B1.</b> Cigarettes cause liver cancer <b>B2.</b> Cigarettes cause emphysema <b>B3.</b> Cigarettes harm sexual health <b>B4.</b> Cigarettes cause pancreatic cancer <b>B5.</b> Cigarettes cause leukemia <b>B6.</b> Cigarettes cause lip cancer	<b>C1.</b> 7000 chemicals in every puff <b>C2.</b> Poison in every puff <b>C3.</b> Tobacco smoke contains poison <b>C4.</b> Second-hand smoke is toxic <b>C5.</b> Each cigarette is harmful <b>C6.</b> Cigarettes are addictive

### *Common Reactions Across All Themes*

A few common reactions emerged from the messages proposed. All of the messages presented were considered at least somewhat effective by the majority of participants, both as an effective health warning and at dissuading them from smoking. Furthermore, how a message performed in terms of effectively warning someone about the health hazards of smoking tended to suggest how well it would perform in terms of being dissuasive. The better a message performed on one criteria, the better it would perform on the other.

Participants were more inclined to consider messages with “specific information” or “severe” forms of health conditions (e.g. Cigarettes cause leukemia) as more effective at warning them of the health risks and at dissuading them from smoking compared to messages that were seen as conveying more “general” information (e.g. Cigarettes cause diseases). Messages that were not only specific but also presented new information were also impactful.

Youth non-smokers tended to feel that all messages had some merit, and that all of them were believable. Smokers, irrespective of age, were more likely to suggest that certain messages would not be effective and should not be used by Health Canada. This was mostly because smokers felt the message was too general, over used, or common knowledge.

If participants did not recognize the health condition in the message, they mostly ignored it.

All of the messages were perceived as credible. The general credibility of messages was based on the perception that the information conveyed was considered either well known or established knowledge; it was something that they had heard many times before about smoking; or, because they had noticed that the message was coming from Health Canada. All age groups found Health Canada to be a recognized authority and credible source of information.

### *Comments Specific to the Messages in Theme A*

Participants, especially women and some youth, felt that A3 (Cigarettes harm everyone) and A6 (Cigarettes harm children) were effective since it made them think about the impact of smoking on those around them and not just on themselves.

The specificity of message A2 (Cigarettes damage your organs) made it a popular choice among participants who found it to be both effective at warning about the health hazards of smoking and at dissuading from smoking.

The specific nature of “chronic bronchitis” also struck a chord with some although not everyone knew what this condition was. As well, a few did not consider chronic bronchitis as a sufficiently detrimental or harmful consequence of cigarettes that would make them think twice about smoking.

Many participants ranked A5 (Cigarettes cause cancer) as an effective message, although a common sentiment was that it was a general message and did not present new information. An example of a generalized message that respondents did not consider effective was A1 (Cigarettes cause diseases).

#### *Comments Specific to the Messages in Theme B*

Messages B1 (Cigarettes cause liver cancer), B4 (Cigarettes cause pancreatic cancer), B5 (Cigarettes cause leukemia), and, B6 (Cigarettes cause lip cancer) were seen as effective for the specific nature of the information they conveyed (all related to cancer). Participants would gravitate to the one they seemed to relate to the most, either because someone they know/knew had the specific form of cancer, or by personal awareness of the severity of the cancer.

Message B6 (Cigarettes cause lip cancer) was one of the most effective health warnings and dissuasive messages among women, including female youth. These participants explained that lip cancer was the only disease listed that would have an impact on their physical appearance, whereas the other diseases were seen as causing internal health conditions.

Many, especially youth smokers and non-smokers, were affected by B3 (Cigarettes harm sexual health). While many were not quite certain how cigarettes could harm their sexual health, this information was both new and relevant to them and it was not the kind of message they would want others around them seeing.

Many participants, especially youth smokers and non-smokers, did not know what emphysema was, which lessened the effectiveness of B2 (Cigarettes cause emphysema).

#### *Comments Specific to the Messages in Theme C*

By far the most impactful and effective message in this group was C1 (7000 chemicals in every puff). It not only conveyed new information but also a powerful message. The number “7000” and the reference to “every puff” combined to make many participants think long and hard about cigarettes. Some smokers did call into question the credibility of the number – they felt that “7000” just seemed too perfect or too outlandish to be believable.

The messages that contained the word “poison” caught the attention of many participants although some felt that “Poison in every puff” (C2) sounded too much like a marketing slogan and therefore it came across as less serious.

Message C5 (Each cigarette is harmful) was almost always selected as a message that Health Canada should not consider, mostly because it is too general and common knowledge.

Message C6 (Cigarettes are addictive) was more likely to be considered effective among non-smokers who, when combining this information with other messages shown in this group, recognized that the harmful effects of cigarettes can persist far beyond the first cigarettes.

### Review of On-Cigarette Message Design Elements

The format and design of how warnings on the filter of individual cigarettes could be displayed was explored with all participants. Many participants felt warnings on the cigarettes with white filters were considered easier to read than the warnings on cigarettes with cork filters. Those who disagreed tended to find that the cork filter had a “highlighting” effect on the text which made it both more noticeable and easier to read.

When asked to indicate the cigarette they would least want to smoke, participants almost always chose the cigarettes with warnings with the largest font and in bold as this combination made the messages the clearest and easiest to read, thus making them less appealing.

Cigarettes that appeared less harmful than others were almost always the cigarettes with the warnings on the white filter with the smallest or least legible text.

### Message Attribution

Participants generally felt that the Health Canada attribution added credibility to the messaging. Health Canada was seen as the organization with the most authority in Canada to which the message should be attributed. This was true even among participants who said the attribution had no impact on how they viewed the information. Only a few participants felt that Health Canada faced a risk by having their name below each message, in terms of a possible perception that it might be seen as approving the cigarette or approving smoking.

### Review of Health Warning Concepts

Participants were presented with four health warning (HW) concepts for cigarette packages. Most participants found the concepts were effective at informing them of the health hazards and health effects of tobacco use though overall they lacked impact due to limitations of the images. Irrespective of the concept presented, most participants believed the images need to shock them

and none of the images presented did this sufficiently, mainly because they were not considered real pictures.

In terms of other label design aspects, the bright colours used on the health warning, such as the yellow background for the text and the orange background for the “WARNING” banner were considered effective at getting attention and novel compared to the designs on current cigarette packages.

In terms of the texts presented, participants expressed a clear preference for shorter texts in large fonts using impactful messaging. Many of the concepts were seen as having too much text which made them less likely to want to read it in full. As well, the main headline text needed to be specific and ideally provide new information to be impactful and draw attention.

For the most part, the information on the quitline (i.e., toll-free phone number, web address and tagline to inform of available cessation services) was considered noticeable, easy-to-read and well positioned. Many smokers were pleased to see it featured more prominently on the front of the package, in comparison with how quitline information is currently displayed on cigarette packages.

The information provided on the health warning concepts was considered credible and easy to understand.

Specific feedback for each of the draft HWs is summarized below:

#### **HW A – Each cigarette is harmful**

**General impression:** This concept received mixed reviews. For reasons largely associated with the text used, some participants felt this was the least effective of the four concepts, especially older participants who were dismissive of the information since they felt this was common knowledge.

**Image:** While some felt that the x-ray style imagery was both new and relevant, others did not find the image to be impactful. While some appreciated the use of the colour green to represent illness or poison, many others did not think that green in the graphic was appropriate since it reminded them of nature or that “green means go.” Participants were inclined to suggest that an image of an actual organ impacted by cigarette smoking would be more appropriate and impactful.

**Text:** The headline was not considered effective because it was too general and did not provide new information. On the other hand, the subtext was considered more insightful and should be featured more prominently. Many assumed that only the lungs were affected by smoking cigarettes so reading that chemicals enter the bloodstream and spreads to other organs was new, relevant and impactful information.

## HW B – Cigarettes cause stomach cancer

**General impression:** For many, this concept was the most effective of the four presented mostly because of the more “graphic” nature of the image used. Other elements that added to the effectiveness were: the specificity of the information; the information was considered new to many; the overall text was short; and, the text and image went well together.

**Image:** The imagery was perceived as the most graphic of all concepts tested. Nonetheless, a few participants suggested that an image of an actual stomach would be more effective at getting their attention and at dissuading them from smoking. Another suggestion to better connect smoking with stomach cancer was to include a cigarette or smoke in the image.

**Text:** Most participants felt that the title was eye-catching due to the large red font of the words “stomach cancer” set on a bright yellow background. The information was considered new among most participants, and complimentary to the image as a specific message being conveyed. Although the text was easy to understand, suggesting that the disease “can grow slowly” might remove any sense of urgency around quitting smoking.

## HW C – Cigarettes are addictive and harmful

**General impression:** Youth felt that this concept was targeting their demographic which made the information more relevant to them. Conversely, young and adult smokers did not feel the concept was very relevant to them.

**Image:** Many were not clear of the message being conveyed by the image. Most felt the image should be replaced because there was no clear connection to smoking and it could apply to a variety of other common conditions or ailments (e.g. headaches, depression, etc.). A few suggested an image of a real brain would be more impactful.

**Text:** For some participants, the title was not very impactful since they believed that everyone is already aware cigarettes are both addictive and harmful. A few felt the title did not relate directly with the subtext. This is another concept where the subtext was found to be more interesting and impactful than the headline. The subtext also tended to be new information to participants. A few suggested that the first sentence of the subtext might actually motivate youth to smoke: “10 seconds after you take a puff, nicotine reaches your brain.”

## HW D – Poison in every puff

**General impression:** This health warning was considered the second most effective among the four concepts, based primarily on layout and colouring, while providing a cohesive relationship between the image, title and subtext.

**Image:** The concept of an x-ray image drew attention and was interesting to participants, and the choice of colour in the image (a shade of brown) was generally seen as more effective over the green used in concept A which had a similar image.

**Text:** The use of and emphasis on the word “poison” is what connected the most with participants. Otherwise, the subtext was not particularly impactful, nor did it provide participants with any new

information. The line that reads “The nicotine is what keeps people smoking” seemed to some participants unrelated to the title.

There was some debate regarding whether it would be better to have the text and image in the same enclosure or if they should be in separate boxes (as in concepts B, C and D). The benefit of having them together, as in this concept, is that there it was seen to provide greater cohesiveness to the concept. The disadvantage is that some did like the visual impact of the bright colours behind the text in the other concepts.

#### **Qualitative Research Disclaimer**

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate “statistics” but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of quantitative research.

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## Background

Tobacco use is the leading preventable cause of death and disease in Canada. It contributes to a variety of diseases such as cancer, respiratory ailments and heart disease. Every year, more than 45,000 Canadians die from illnesses caused by tobacco use; that is about one Canadian every 12 minutes<sup>1</sup>.

In accordance with Canada's Tobacco Strategy, the Government is exploring initiatives to reduce death and disease associated with the use of tobacco products. Strategies include the health-related labelling of tobacco product packaging to raise awareness of the health hazards and effects associated with tobacco use. The provision of health-related information on tobacco products is recognized as one of the best approaches to inform users of the health risks of tobacco use.

Recently, additional measures have been introduced to limit the appeal and attractiveness of tobacco products. The measures of the *Tobacco Products Regulations (Plain and Standardized Appearance)* (PSA) came into force on November 9, 2019, to protect young persons and others from inducements to use tobacco products. Research has shown that plain and standardized packaging measures reduce the appeal and attractiveness of tobacco products, especially to youth.

As an extension of the current tobacco package labelling and PSA measures, Health Canada is exploring the concept of health warnings displayed on individual cigarettes, specifically on the filter overwrap. The objectives of the measure are to protect Canadians, particularly young persons and others, from inducement to use tobacco products and to enhance public awareness of the health hazards of using tobacco products. This approach is novel on a global scale and the research base is currently limited, particularly in Canada. This public opinion research aimed to further explore the concept of displaying health warnings on individual cigarettes in greater depth and thus contribute to the evidence in this area.

Additionally, according to 2018-19 data collected by the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS), students in Grades 7-12 may lack exposure to health warning labels displayed on tobacco packages, as 84% of those who have smoked in the past 30 days obtained their cigarettes from social sources. A health warning message displayed on each individual cigarette filter may reduce the appeal of the product and increase awareness of the health hazards of tobacco use for smokers in general, and particularly for youth who, by and large, are not exposed to the health warnings on cigarette packages. These messages may be impactful while individuals retrieve cigarettes from packaging, as well as during and after the act of smoking, as messages remain visible on the cigarette filter "butt" in ashtrays or elsewhere.

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<sup>1</sup> The Costs of Tobacco Use in Canada, 2012, The Conference Board of Canada (2017)



Health Canada is also considering new health-related pictorial label concepts for tobacco product packaging. The objective of tobacco package labelling is to increase awareness of the health hazards associated with tobacco use. Building on previous public opinion research conducted by Health Canada in this area, this research sought to obtain feedback on the overall effectiveness of the new concepts and perceptions of various label criteria to improve label development.

## Research Purpose and Objectives

Health Canada commissioned Quorus to conduct qualitative research through a series of focus groups to explore the perceptions of the concept of displaying warnings on the filter overwrap portion of individual cigarettes, how it may affect the appeal and attractiveness of cigarettes and how it may raise awareness of the health hazards associated with the use of this product. Health Canada also aimed to assess reactions to new concepts for pictorial health warning labels that may be displayed on tobacco product packages in the future.

The main objectives of the exploratory research were as follows:

- Explore Canadians' perceptions and opinions of individual cigarettes with health warning messages, including how this approach affects the appeal and attractiveness of cigarettes.
- Test health warning messages for individual cigarettes to assess their effectiveness at informing and educating Canadians about the health hazards and health effects of tobacco use, and how the messages affect the appeal of the product.
- Test potential health warning messages for individual cigarettes, exploring the impact of design elements on their noticeability and readability, and on the appeal of the product, including:
  - options for text size;
  - placement of text;
  - options for font style of text used; and,
  - colour of messages.

- Test a small selection of health-related pictorial labels for tobacco product packaging to determine if the concepts are:
  - noticeable;
  - credible and relevant for the target audiences;
  - in plain language and understood (in the intended way) by the target audiences;
  - culturally appropriate for the target audiences;
  - effective at informing and educating Canadians about the health hazards and health effects of tobacco use, and encourage tobacco cessation; and,
  - leaving a memorable impact on the target audiences.
- Further develop the understanding of attitudes towards health warning messages, improving on knowledge gained from previous POR.

Both the impacts of health warning pictorial labels and on-cigarette messaging were tested with a particular focus on generating insights into Canadian youth and young adult perceptions.

## Methodology

This report is based on 28 online focus groups and 1 individual interview that Quorus completed between October 13 and November 10, 2020. Participants were grouped according to the following segments: “Youth non-smokers” 15 to 19 year old non-smokers, “Youth” 15 to 19 year old smokers, “Young adults” 20 to 24 year old smokers, and, “Adult” smokers 25 years of age or older. In total, 188 individuals participated in this research. English sessions were conducted with participants in Toronto, Halifax/St. John’s, Saskatoon/Regina, Vancouver, Nunavut and rural Alberta/Manitoba. French sessions were conducted with participants in Quebec City and Moncton. More details can be found in the Methodology section of the report.

## Research Results

### How Youth Remember Getting Their First Cigarette

In all youth sessions, the discussion began with an exploration of how participants obtained their first cigarette.

Most youth smokers, in addition to youth who may have just smoked one or two cigarettes in their life, explained that their first cigarette was handed to them in a social situation and they never saw the package and were not exposed to the front-of-pack health warnings. These

situations ranged from the schoolyard, to intimate settings with a small group of friends to large gatherings including parties and events (e.g. a concert). The general consensus was that despite not necessarily having access to the cigarette packaging, youth felt they aware of the dangers of smoking prior to experiencing their first cigarette.

*I was just hanging out with some buddies, and they just gave it (a cigarette) to me. I don't know. I just took it. – Youth Smoker (Male / 19 / Daily Smoker / Rural)*

*it was at a party...and I ended up having a smoke, and ever since then I just started smoking. – Youth Smoker (Male / 19 / Daily Smoker / Urban)*

Some youth smokers could recall the images and themes they had seen on cigarette package warnings. As noted above, some youth explained that even though they did not see the package from which their first cigarette was pulled, they had previously seen cigarette packages. For instance, some had seen a parent's cigarette packages, while others had seen their friends' cigarette packages. The most common element recalled by both youth smokers and non-smokers was the graphic nature of the image used to convey the message.

*It was more like a situational thing where you got one at a party, or a buddy of yours passed you one. So I never really remembered looking at the package specifically...you kind of glance at them every now and then, like when you're in the store... – Youth Smoker (Male / 18 / Occasional Smoker / Urban)*

### General Reactions to Cigarette Package Mock-up

Participants were presented a series of images of what a package of cigarettes could look like in the future and then asked what caught their attention. Participants from all audiences most often said that their attention was caught by either the image of the brain on the cover of the package or by the message on the filter of individual cigarettes. Initial reactions did vary from one segment to another. For instance, youth non-smokers tended to first notice the image on the package. Comparatively, youth smokers tended to say that both the image on the package and the message on the cigarettes caught their attention. Smokers over the age of 20 were most likely to say that the message on each cigarette caught their attention. Among the smokers who indicated that the image on the cigarette package caught their attention, most explained that it was because it is was a new image they were not familiar with.

*I agree what sticks out the most is the actual print on the cigarette, not so much the package. I think we're a little bit desensitized to that because we've been seeing it for years already. – Adult Smoker (Female / 34 / Occasional Smoker / Urban)*

**Figure B – Series of images shown to participants to demonstrate what a package of cigarettes could look like in the future**



To a lesser extent, older smokers noticed the health information message (HIM) on the extended flap inside the package, noting the information it was providing was new and the fact that it was attached to the package instead of an insert that could be discarded. A few also noticed that the package was brown, that there was quit line information on the cover of the package and the prominent yellow banner featuring the word “WARNING”.

### Initial Reactions to the Concept of On-Cigarette Warnings

The initial reactions to the concept of cigarettes with warnings was explored with all participants. When specifically prompted to discuss the idea of having a message on each cigarette, participants were split in terms of their support. The general consensus was that cigarettes with messaging would have the potential to dissuade youth non-smokers as they would be informative for those who are not exposed to cigarette packaging. The addition of health warnings displayed on individual cigarettes was predominantly considered effective as both non-smokers and smokers expressed that they would read the messages. However, smokers did not believe that it would substantially impact their decision to smoke.

*I think it's important to give a little reminder of what a cigarette can cause...(It is) very small, but it has a lot of power to it. – Youth Non-Smoker (Male / 16 / Urban)*

Non-smokers were especially in favour of the idea whereas participants who smoke regularly seemed to feel that it was excessive, feeling that there was already enough “warnings” on the package. Some non-smokers and smokers argued that, not only did the packaging convey the necessary warnings, but that they were already well aware of the risks of smoking. Adding messaging to each cigarette won’t make a difference. A few were concerned about the aesthetic impact of having a message on their cigarettes and a few would want to avoid seeing an ashtray full of cigarette stubs with messages printed on them.

*... maybe for non-smokers, it will catch their attention, but people who have been doing it, maybe it won't process in their mind...because they already know the effects that cigarettes have on them. – Youth Non-Smoker (Female / 15 / Urban)*

*I think it's a bit too harsh. I think it's good that there is a message, but I think in each single cigarette, it might be a bit too much. – Adult Smoker (Female / 32 / Occasional Smoker / Urban)*

All youth non-smokers indicated they would read the message if they were handed a cigarette with text on it. Whether they liked the idea or not, smokers of all ages admitted that they would definitely read the on-cigarette message the first time they saw it but that they would probably ignore it moving forward if it were always the same message. This prompted some participants to suggest that there should be different messages. If it was not possible for each cigarette in a particular pack to display a different message, it was proposed that the messages should be different from pack-to-pack.

*I like it. It'd be cool if there were different messages every time. Not just the same one every time because then I would stop paying attention or caring... – Young Adult Smoker (Female, 22, Occasional Smoker, Urban)*

Some of the youth participants supported the approach because of the way cigarettes are typically handed out individually in social situations, such as parties or events. In other words, youth recognized that they do not necessarily see the warnings on the packages so having something on the cigarettes themselves might get them to think about the risks.

*Yeah, I like the approach, just because a lot of kids nowadays, they're just buying singular cigarettes from kids around school, so a lot of people don't even see full packs anymore. – Youth Smoker (Male / 16 / Occasional Smoker / Rural)*

Some female adult smokers felt that the idea of messages on cigarette filters was interesting, viewing it as an effective reminder of the hazards of smoking. There was a shared sentiment among these women regarding the benefits of additional encouragement to dissuade them from smoking.

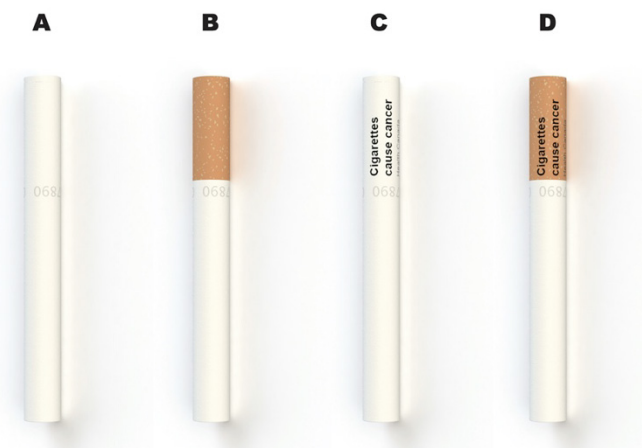
While many young and adult smokers did not feel the messaging would have an impact on their own decision to smoke, a few felt that it might be effective at dissuading youth from smoking.

*...it's actually a good idea because if you're either someone that's really young, or someone that's really trying to quit, it really makes you rethink it. – Youth Smoker (Female / 19 / Occasional Smoker / Urban)*

### Appeal and Attractiveness of Cigarettes with Warnings

The appeal and attractiveness of cigarettes with warnings was explored with all participants. When presented with the four cigarettes below, participants were most likely to select cigarette “D” when asked which one they would least want to smoke or be seen smoking, followed by cigarette C.

**Figure C – Series of cigarette sticks shown to participants to demonstrate what cigarettes could look like in the future**



The text on the cigarettes was a clear deciding factor for participants when asked which cigarette they would least want to smoke or be seen smoking. Some felt that the combination of the cork filter and the message made cigarette D the least attractive. More experienced smokers based their choice on their personal perception that cigarettes with cork filters are “usually stronger”, which some smokers either found appealing or unappealing. Most of those who felt cigarette C was the least appealing explained that it was because it was the one on which the text was most visible.

*I chose D just because with the colouring in the background, I find “cigarettes cause cancer” is bolder. And I'm more likely to look at it. – Young Adult Smoker (Female / 21 / Occasional Smoker / Urban)*

*I think C specifically mainly because the message stands out more in just the plain white cigarette. – Youth Smoker (Female / 19 / Daily Smoker / Urban)*

Participants typically chose cigarette “A” when asked if one cigarette appeared less harmful than the others, mostly because of its simple design and the fact that it is entirely white without a warning. The perception of cigarette “A” being the least harmful option was shared by the majority of participants regardless of age and smoking status. Some participants felt all cigarettes presented appeared equally harmful and no matter its appearance, all cigarettes are harmful.

*I think A would look less harmful because it’s just white, there’s no warning on it, there’s no different colours, and it’s just like plain. – Youth Non-Smoker (Female / 16 / Urban)*

A few of the participants expressed concerns about the ink being used to display the messages. They did not tend to volunteer that information but instead, only voiced their concern once the moderator specifically asked about it. They wondered if it was toxic or if it might stain their lips. Some acknowledged they were already putting toxic ingredients in their bodies with the cigarettes, so there was no need to inhale other ones through the ink. A few jokingly mused that the ink might be healthier than most of the other ingredients in the cigarette.

### Review of On-Cigarette Messages

The effectiveness of specific health-related messages at: 1) warning participants about the health hazards of cigarettes and, 2) dissuading them from using cigarettes, was explored with all participants. Participants were presented eighteen messages that could appear on the filter end of individual cigarettes. At this point in the exercise, participants were asked to focus specifically on the message and not how it might appear on a cigarette. For this exercise, participants were asked to rate each statement on two criteria:

- *How effective is this message at WARNING YOU about the health hazards of smoking?*
- *How effective is this message at DISSUADING YOU from smoking?*

The statements were presented in an online survey and were grouped as shown in the grid below. The order of the themes changed from one group to the next. While evaluating the messages, participants were reminded not to share any comments out loud. Once all ratings were obtained, a general discussion was held on a theme-by-theme basis. In other words, for purposes of the discussion, all the messages in Theme A were discussed at once. When that discussion was finished, the discussion moved on to the messages in the next theme, so on and so forth. An image showing cigarettes with the corresponding messages for that theme were shown to participants during the discussion. The cigarettes were shown with the messages appearing on the filter end of white cigarettes.

The results from the rating exercise are shown in graphs included in this section. These results are for directional purposes only since producing statistics is not the goal of qualitative research.

Theme A	Theme B	Theme C
<p><b>A1.</b> Cigarettes cause diseases</p> <p><b>A2.</b> Cigarettes damage your organs</p> <p><b>A3.</b> Cigarettes harm everyone</p> <p><b>A4.</b> Cigarettes cause chronic bronchitis</p> <p><b>A5.</b> Cigarettes cause cancer</p> <p><b>A6.</b> Cigarettes harm children</p>	<p><b>B1.</b> Cigarettes cause liver cancer</p> <p><b>B2.</b> Cigarettes cause emphysema</p> <p><b>B3.</b> Cigarettes harm sexual health</p> <p><b>B4.</b> Cigarettes cause pancreatic cancer</p> <p><b>B5.</b> Cigarettes cause leukemia</p> <p><b>B6.</b> Cigarettes cause lip cancer</p>	<p><b>C1.</b> 7000 chemicals in every puff</p> <p><b>C2.</b> Poison in every puff</p> <p><b>C3.</b> Tobacco smoke contains poison</p> <p><b>C4.</b> Second-hand smoke is toxic</p> <p><b>C5.</b> Each cigarette is harmful</p> <p><b>C6.</b> Cigarettes are addictive</p>

## Common Reactions Across All On-Cigarette Messages

### Perceptions of Effectiveness

All of the messages presented were considered at least somewhat effective by a majority of participants, both as an effective health warning and at dissuading them from smoking. The degree to which a particular message was perceived as effective at warning and dissuading smokers varied based on aspects discussed in detail below.

The ratings exercise showed a clear link between the two main “effectiveness” criteria. Messages that rated well on one criteria tended to rate similarly on the other criteria. Similarly, this was also the case for messages that did not rate as well on one criteria. In almost all cases, participants indicated that the cigarette they would least want to smoke or be seen smoking was also the cigarette that presented the message they considered the most dissuasive and most effective at warning them about the health hazards of smoking cigarettes.

### Specific Versus General Information

A few overarching themes dominated feedback on the messages. In particular, participants were more inclined to consider messages with “specific information” as more effective at warning them of the health risks and at dissuading them from smoking. Messages that were seen as conveying more “general” information were considered less informative and less likely to impact dissuasion across each segment. For instance, messages that referenced a specific ailment or condition (e.g. leukemia) were more impactful compared to messages that simply stated that cigarettes “cause cancer” or “cause disease.” Similarly, messages that referred to a “severe” health condition were among the most effective for both non-smokers and smokers.



## New Information

Another key theme is that messages that provided new information to participants were more likely to be effective at warning them of the health risks and at dissuading them from smoking as due to their ability to grab attention. For instance, messages in Theme B such as B3 (Cigarettes harm sexual health) and B6 (Cigarettes cause lip cancer) were considered new information to many participants. These types of messages raised awareness among both non-smokers and smokers, beyond their current knowledge of certain health hazards of smoking, providing a fresh perspective on the benefits of quitting.

Youth non-smokers were generally more inclined to feel that all messages had some merit, both in terms of warning them of the health hazards of smoking and in terms of dissuading them from smoking. Smokers, irrespective of age, were more prone to selecting at least one or two messages that Health Canada should not consider because they were not effective at dissuading them from smoking. Overall, youth non-smokers felt all of the messages are relevant for everyone to realize, if they didn't already know, the health hazards of smoking when thinking about trying a cigarette.

Participants distinguished between “new information” and “unfamiliar information.” More specifically, participants who were not familiar with a particular health condition in a message mostly ignored the message. Lack of familiarity with certain conditions (e.g. emphysema) was more common among youth (smokers and non-smokers alike) although it was not exclusively seen in this segment.

Among smokers, including youth, messages that communicated information that has been seen as common knowledge were less likely to be seen as effective at warning or dissuading smokers, even if the message is communicating a serious consequence of smoking. The most frequently referenced examples of messages considered common knowledge were: C6 (Cigarettes are addictive), A5 (Cigarettes cause cancer) and C5 (Each cigarette is harmful). Participants explained that they have become immune to those messages.

## Credibility

Nearly all the messages were perceived as credible, or at least participants did not have any reason to doubt the veracity of any given statement. The one statement that had some participants questioning credibility was C1 (7000 chemicals in every puff) though despite this concern it was seen as one of the most effective messages. This message is explained in greater detail below. In other cases, participants did not so much question the credibility of a particular message but instead felt certain messages piqued their interest to find out more about a health condition with which they may not have been familiar. A good example of this was message B3 (Cigarettes harm sexual health) – participants did not question the credibility of the message, they were just curious about *how* it harms sexual health.

The general credibility of the messages stemmed from the fact that the information conveyed was either well known or established knowledge, it was something that they had heard many times before about smoking, or because they had noticed that the message was attributed to Health Canada. For the messages that were considered “common knowledge,” participants did not seem to feel that referencing Health Canada was important. Participants did accept that the messages presented were factual and did not express a specific need for proof or for a reference. They felt that the Health Canada attribution as the source of the information did reassure them and made the statements more credible. All age groups found Health Canada to be a recognized authority and a credible source of information.

Those less likely to believe that reference to Health Canada changed how they viewed the messages were also participants who were generally less likely to consider the messages impactful or effective – for them, it did not matter who the message came from or that a source was displayed.

## Specific Reactions to Theme A Messages

The messages tested as part of Theme A included:

- A1. Cigarettes cause diseases
- A2. Cigarettes damage your organs
- A3. Cigarettes harm everyone
- A4. Cigarettes cause chronic bronchitis
- A5. Cigarettes cause cancer
- A6. Cigarettes harm children

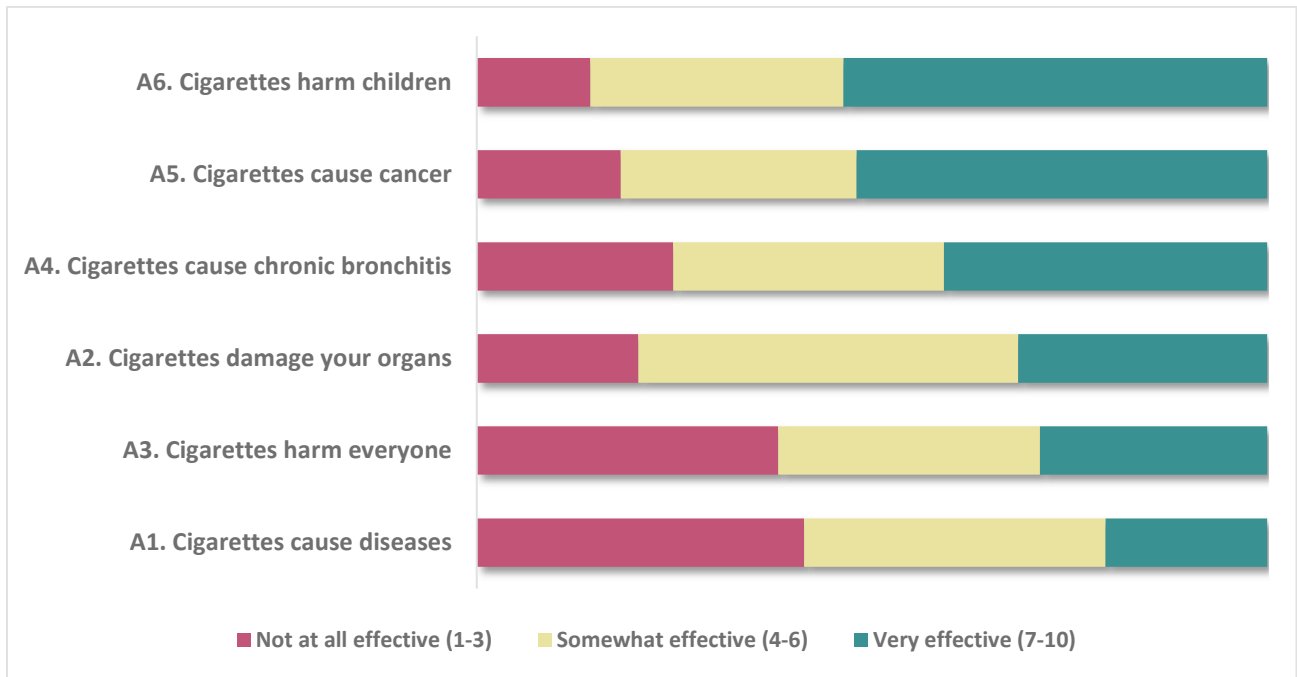
**Figure D – Series A featuring 6 themed messages for cigarette sticks shown to participants**



### **Summary of Message Ratings**

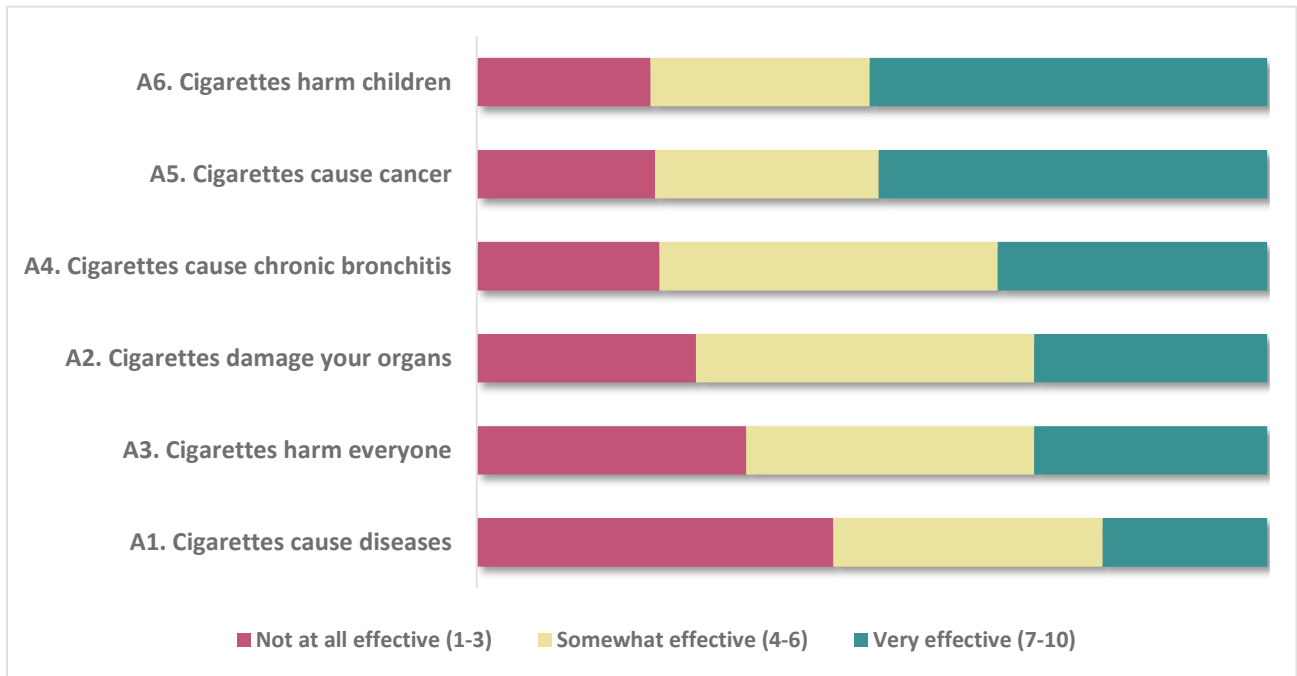
Both in terms of warning about the health hazards of smoking and in terms of being dissuasive, participants felt that A6 (Cigarettes harm children) and A5 (Cigarettes cause cancer) messages were the two most effective. This is followed by message A4 (Cigarettes cause chronic bronchitis), then A2 (Cigarettes damage your organs) and message A3 (Cigarettes harm everyone). The least effective was the message A1 (Cigarettes cause diseases). All messages resonated better with youth non-smokers compared to smokers.

**Figure E – Effectiveness at Warning About the Health Hazards – Theme A**



How effective is this message at **WARNING YOU** about the health hazards of smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

**Figure F – Effectiveness at Dissuading from Smoking – Theme A**



How effective is this message at **DISSUADING YOU** from smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

## **Detailed Discussion Findings on Messages**

### **Very effective messages**

Participants, especially women and some youth, expressed concern not just about the health impacts of smoking on themselves but also on those around them. For this reason, A6 (Cigarettes harm children) was particularly impactful and, to a lesser extent, so was A3 (Cigarettes harm everyone). Participants also explained that those messages were ones that they would not want others around them to see on their cigarettes. Those who felt these statements were less effective explained that the information was well known and that they would not smoke around children anyways. Some also felt that A3 (Cigarettes harm everyone) was too broad and overstating the harmful impact of smoking.

Message A5 (Cigarettes cause cancer) was polarizing. Among the statements presented in Theme A, it is the one considered to be conveying the most severe health impact so it was rated effective by some for that reason. However, some participants felt the messaging around the negative health effects of cigarettes and cancer was considered longstanding and frequently used and many felt this made the message less impactful. This message resonated the most with youth non-smokers, who typically viewed any form of cancer as a serious deterrent to smoking. Conversely, the message became less effective as participants increased in age, with adult smokers giving this message the lowest effectiveness ratings, not only among those in Theme A, but across all the messages tested.

### **Somewhat effective messages**

The specificity of messages A2 (Cigarettes damage your organs) and A4 (Cigarettes cause chronic bronchitis) made them popular choices for some participants. It is important to note however that not everyone knew what chronic bronchitis was while some did not see it as a severe, or sufficiently severe, consequence of using cigarettes.

*I said A2 and A4 as well...it's very specific (the message)...I have more of an image in my mind...when I read organs...bronchitis than I do reading children or cancer. – Young Adult Smoker (Female / 22 / Daily Smoker / Urban)*

### **Less effective messages**

Message A1 (Cigarettes cause diseases) was often rated least effective because it was considered too general and could be a message associated with so many other things other than smoking cigarettes. As well, the message did not speak to the severity of the diseases, which also lessened the effectiveness of the message.

## Specific Reactions to Theme B Messages

The messages tested as part of Theme B included:

- B1.** Cigarettes cause liver cancer
- B2.** Cigarettes cause emphysema
- B3.** Cigarettes harm sexual health
- B4.** Cigarettes cause pancreatic cancer
- B5.** Cigarettes cause leukemia
- B6.** Cigarettes cause lip cancer

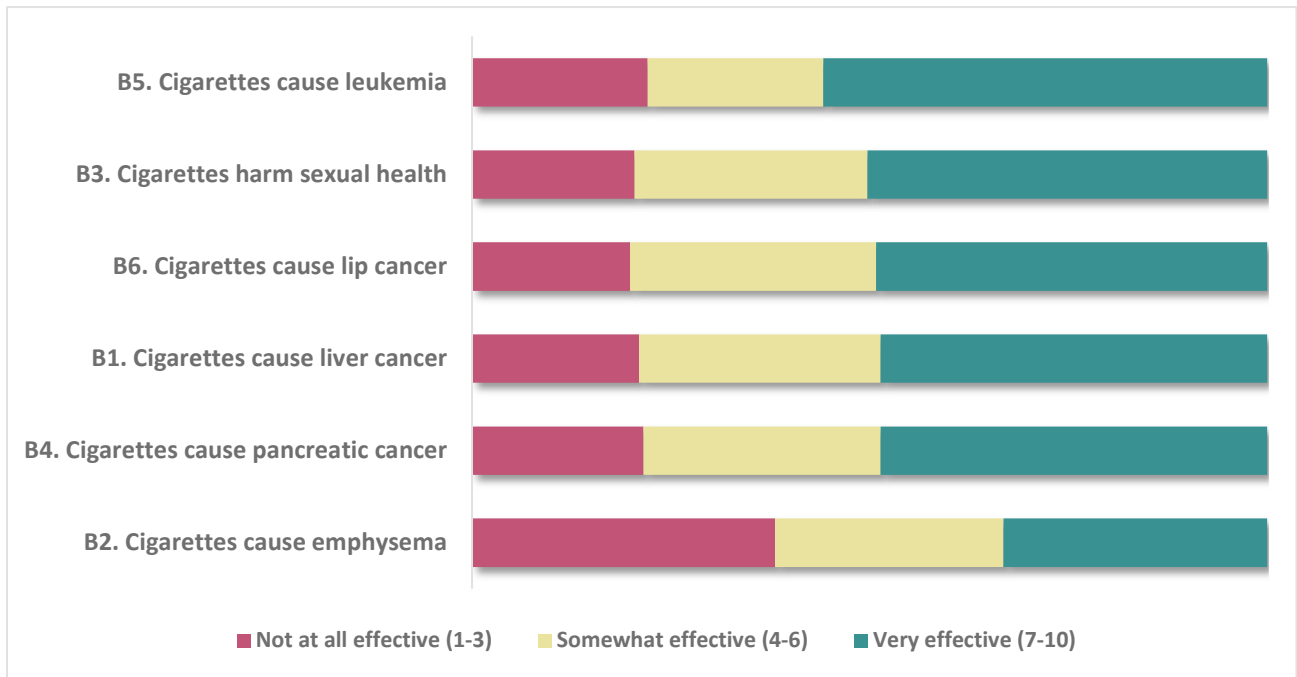
**Figure G – Series B featuring 6 themed messages for cigarette sticks shown to participants**



### **Summary of Message Ratings**

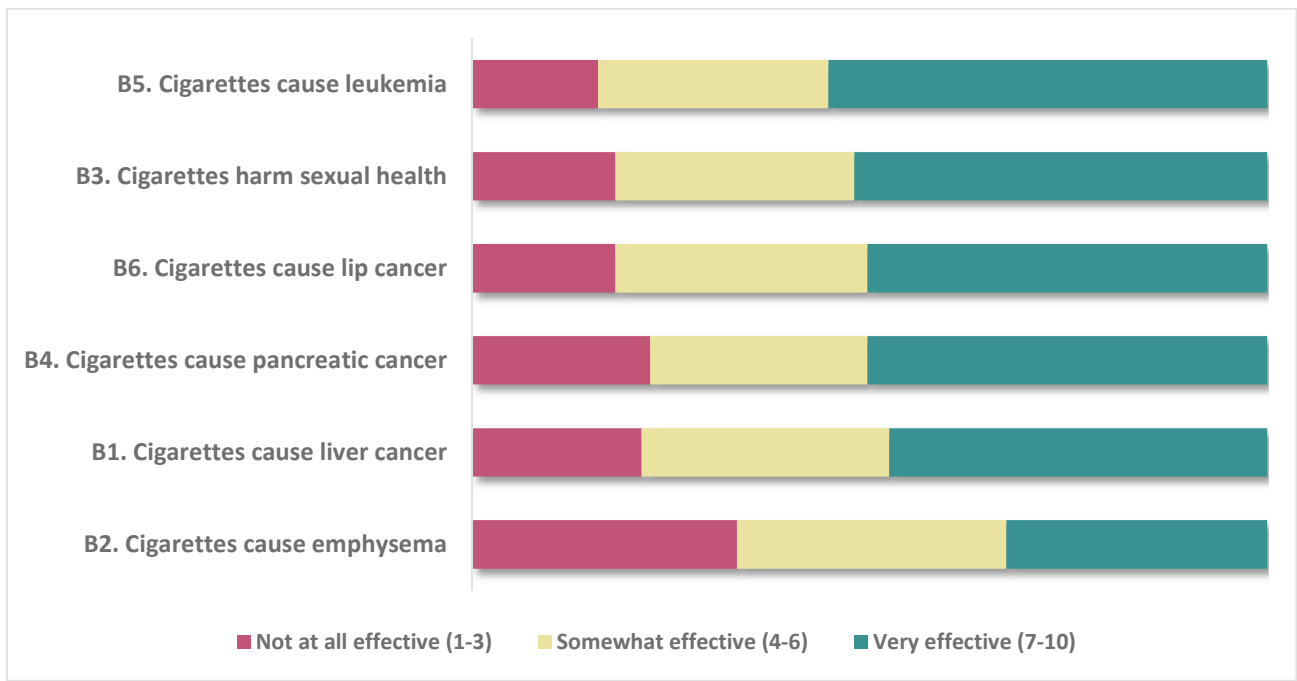
Nearly all the statements in Theme B were rated similarly in terms of effectiveness on both criteria, with message B2 (Cigarettes cause emphysema) performing less well compared to the other statements. In general, the specificity of the messages in this theme made them more relevant, informative and ultimately, more effective to participants. Effectiveness ratings were higher among youth non-smokers compared to smokers for nearly all these messages.

**Figure H – Effectiveness at Warning About the Health Hazards – Theme B**



How effective is this message at **WARNING YOU** about the health hazards of smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

**Figure I – Effectiveness at Dissuading from Smoking – Theme B**



How effective is this message at **DISSUADING YOU** from smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

## **Detailed Discussion Findings on Messages**

### **Very effective messages**

Messages B1 (Cigarettes cause liver cancer), B4 (Cigarettes cause pancreatic cancer), B5 (Cigarettes cause leukemia), and, B6 (Cigarettes cause lip cancer) drew attention for the specific nature of the information they conveyed (all related to cancer). Participants indicated that they were drawn to messages that were personally relatable to them, either because someone they know/knew had the specific form of cancer, or by personal knowledge of the severity of the condition. For instance, many saw leukemia as a particularly unpleasant and painful form of cancer and “nobody wants that.”

Message B6 (Cigarettes cause lip cancer) was most often selected as one of the most effective health warnings and dissuasion messages by women, who explained that lip cancer was the only disease listed that would have an impact on their physical appearance whereas the other diseases were seen as internal health problems.

Many participants, especially youth smokers and non-smokers, drew attention to B3 (Cigarettes harm sexual health). While many were not quite certain how cigarettes could harm their sexual health, this information was both new and relevant to them and it was seen as not the kind of message they would want others around them seeing. A few youth explained how they just could not see themselves smoking a cigarette with that message on it at a party or at school.

Furthermore, youth and young smokers tended to consider long-term effects of smoking, such as “death”, as something that can be more easily dismissed. In contrast, participants viewed their sexual health as something that is important to them now and anything that might compromise it was deemed a more relevant risk than any long-term health effects of smoking cigarettes. A few youth participants, mostly women but also a few men, mentioned that the message was thought provoking, as this could impact their ability to have children in the future. Adult smokers were the segment that felt this message was the least effective. These participants were more likely to consider messages such as B5 (Cigarettes cause leukemia) and B1 (Cigarettes cause liver cancer) as effective, as they were more relatable.

### **Somewhat effective messages**

Many participants, particularly youth smokers and non-smokers, did not know what emphysema was, which lessened the effectiveness of B2 (Cigarettes cause emphysema). Adult smokers were more likely to be familiar with this condition and thus more likely to consider it effective, though overall it was the least effective of the set.



## Specific Reactions to Theme C Messages

The messages tested as part of Theme C included:

- C1. 7000 chemicals in every puff
- C2. Poison in every puff
- C3. Tobacco smoke contains poison
- C4. Second-hand smoke is toxic
- C5. Each cigarette is harmful
- C6. Cigarettes are addictive

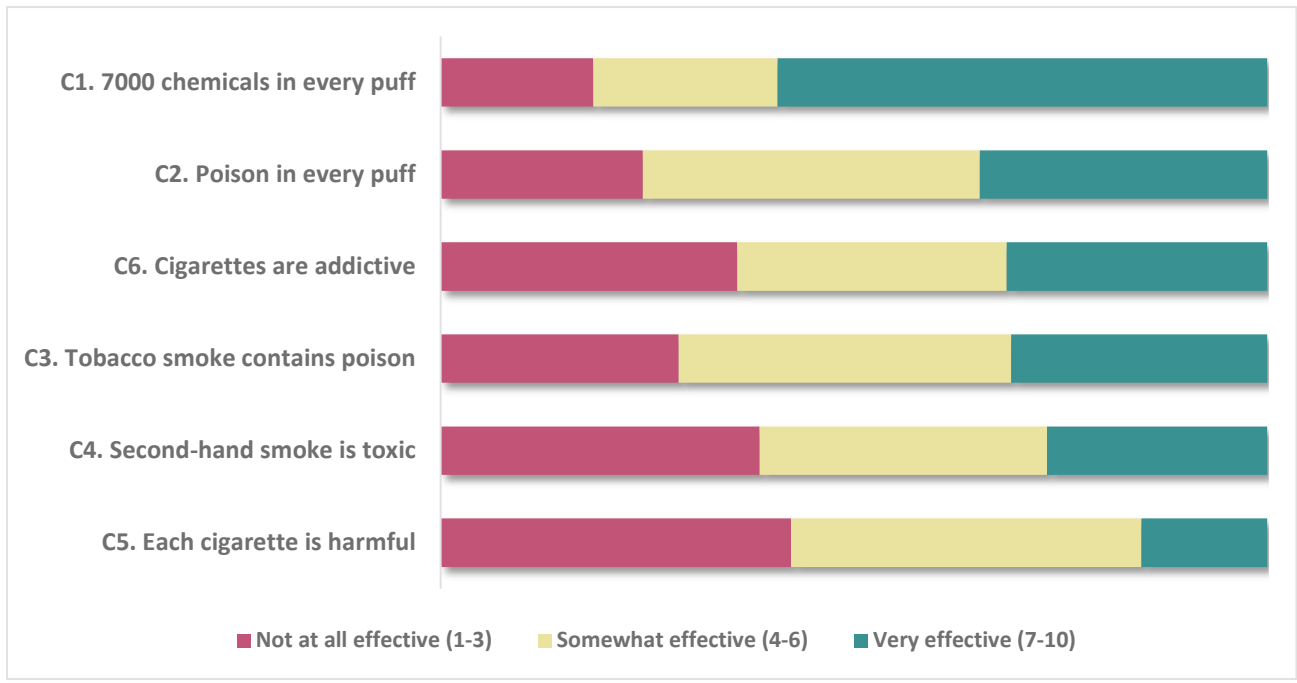
**Figure J – Series B featuring 6 themed messages for cigarette sticks shown to participants**



### **Summary of Message Ratings**

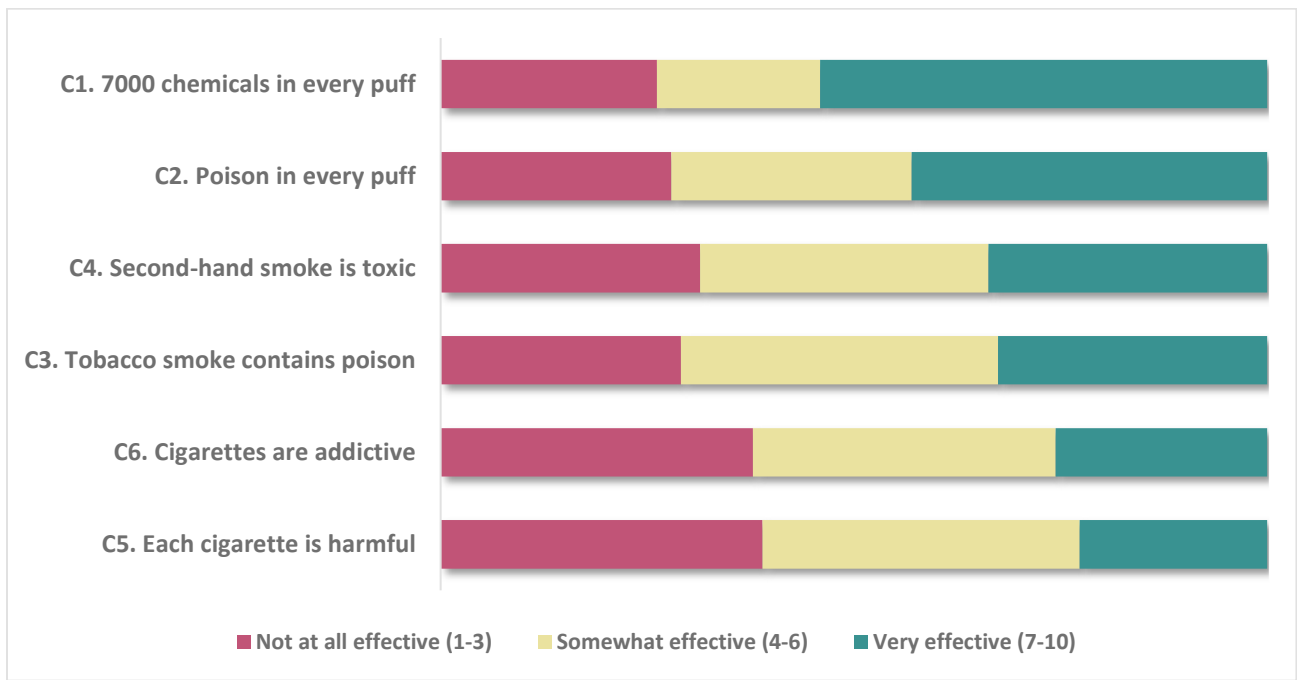
Rating results point to message C1 (7000 chemicals in every puff) as a dominant choice across all audiences as both an effective health warning and in terms of dissuading smoking. The two messages that referred to “poison” were rated as the next most effective messages with both C2 (Poison in every puff) and C3 (Tobacco smoke contains poison) receiving very similar ratings. Messages C6 (Cigarettes are addictive) and C4 (Second-hand smoke is toxic) were more likely to polarize participants. Message C5 (Each cigarette is harmful) had the lowest rating among Theme C messages and also when compared to the messages in Themes A and B. Similar to the messages in the other two themes, effectiveness ratings were consistently higher among youth non-smokers compared to smokers.

**Figure K – Effectiveness at Warning About the Health Hazards – Theme C**



How effective is this message at **WARNING YOU** about the health hazards of smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

**Figure L – Effectiveness at Dissuading from Smoking – Theme C**



How effective is this message at **DISSUADING YOU** from smoking? On a scale of 1 – Not at all effective to 10 – Very effective. \*Qualitative research findings, not statistically projectable to the Canadian population.

## **Detailed Discussion Findings on Messages**

### **Very Effective Messages**

A range of reactions surfaced when discussing the messages under Theme C. In this theme, C1 (7000 chemicals in every puff) clearly stood out as the most effective. The message was perceived to convey new information in a powerful way. The combination of the eye-catching number “7,000” and the reference to “every puff” was particularly effective with both criteria and made many participants contemplate their decision to smoke. A small number of smokers did question the veracity of the number though still felt the message was effective. These participants explained that they felt the number seemed too perfect or too outlandish to be believable. A few also questioned how a product that exposes someone to 7,000 chemicals could be allowed to be sold to consumers.

A few others felt we are all exposed to chemicals on a daily basis (e.g. pesticides, preservatives, etc.) and that some are more harmful than others. As such, knowing which chemicals of the 7,000 are actually harmful would perhaps be a more impactful message.

The messages that contain the word “poison” also drew the attention of many participants. Among these many participants, most perceived the word as more meaningful than saying there are chemicals in each cigarette. Also, when combined with “every puff”, it was a strong reminder that every puff makes a difference. A few youth participants felt that C2 (Poison in every puff) sounded too much like a marketing slogan and therefore it came across as less serious. A few youth smokers, who tended to look for “cool” experiences, felt this message sounded cool and actually would encourage them to smoke.

### **Somewhat effective messages**

Message C6 (Cigarettes are addictive) was somewhat more likely to be considered effective among youth non-smokers. Among these participants, the notion of being addicted to something was for many a strong disincentive to smoke. When this notion is then combined with other information conveyed through other messages in Theme C, such as “poison” and “7,000 chemicals”, participants recognized that the harmful effects of cigarettes can materialize and even persist far beyond the first cigarettes. Message C6 (Cigarettes are addictive) was rated among the lowest in terms of both effectiveness as a health warning and effectiveness at dissuading smokers.

### **Less effective messages**

Message C5 (Each cigarette is harmful) was almost always selected as a message that Health Canada should not consider, mostly because it is too general. The information was considered

well known and it was not perceived as a serious harmful effect of smoking, or at least not to the degree of severity of other harmful effects.

### Other Suggestions for Messages

Participants were asked if they could think of any other effective messages or themes that should be considered for warnings on cigarettes. Some of the suggestions included the following:

- Using more statistics, similar to how message C1 was crafted (7000 chemicals in every puff). Interesting statistics could include the number of deaths caused by smoking, the impact of smoking on life expectancy, and the impact of smoking on the rates of disease incidence (e.g. “X% of smokers get disease Y” or “smokers are X times more likely to get disease/condition Y compared to non-smokers”).
- Some suggested the idea of reminding smokers of how much money they spend on cigarettes.
- Messages should be descriptive or graphic, similar to the one referring to lip cancer.
- Messages that focus on short-term or immediate effects of smoking rather than on something that may or may not happen until much further in the future.
- Focus on the consequences of smoking on physical appearance.

### Review of On-Cigarette Message Design Elements

The format and design of how warnings could be displayed on the filter overwrap of individual cigarettes was explored with all participants.

### Font Size Evaluation

The following table summarizes the feedback provided during this first exercise:

<p><b>Easiest to read:</b> B1 Left <b>Most difficult to read:</b> B3 Right <b>Appears least harmful:</b> B3 Left <b>Least likely to want to smoke:</b> B1 Left and B1 Right</p>
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**Figure M – Series B featuring 3 font size variations of messages for cigarette sticks shown to participants**



The first set of images (series B) was shown to participants to explore the impact of font size on the noticeability and readability of messages, and how it affects the appeal of the product. Participants were shown an image that featured three pairs of cigarettes, presented in three rows. Each of the three rows had one cigarette with a white filter and one with a cork filter. A message, “Each cigarette is harmful”, was displayed on the filter end of each cigarette. Messages were displayed in three different font sizes, one unique for each row. The message was displayed in a standard sentence case format in black font.

Participants were asked which cigarette was the easiest to read, most difficult to read, which one they would least likely want to smoke or be seen smoking, and which one appeared the least harmful.

### **Clarity/Easy to read**

Most participants felt the cigarette with the white filter and message appearing in the largest font (B1 left in the image above) was considered the easiest to read. Overall, messages on the white filter (left side options) were considered the easier to read due to the contrast of black font on white paper. Some participants found the cork filter had a “highlighting” effect on the text which made it both more noticeable and easier to read. The cigarette with the message appearing in the smallest font and on a cork filter (B3 right) was considered the most difficult to read by most participants.

### **Perception/Appeal**

For participants who would not want to be seen with a cigarette with a health message showing in their hands, the least appealing cigarettes were almost always those in the top row with the largest font since these are the cigarettes on which the message was considered the clearest. These were also considered as the least appealing cigarettes for non-smokers who explained that the fact that they can easily read the message is more likely to have an impact on their decision to smoke a cigarette compared to a cigarette on which the message is more difficult to read.

When asked about selecting the cigarette they would least want to smoke, preferences for some participants were influenced by smoking habits. For example, cigarettes with a cork filter were perceived by some smokers as having a stronger taste something some found appealing, therefore were not selected as the least appealing cigarette. The legibility of the message had less impact on their choice.

For almost all participants, cigarettes with a white filter were seen as less harmful than the cigarettes with a cork filter. Specifically, some participants felt that the white cigarette with paler font (B3 left) was the least harmful, as it had the closest resemblance to a plain white cigarette.

## Font Style Evaluation

The following table summarizes the feedback provided during this second exercise:

<b>Easiest to read:</b> A1 Left
<b>Most difficult to read:</b> A2 Right
<b>Appears least harmful:</b> A2 Left
<b>Least likely to want to smoke:</b> A1 Right

**Figure N – Series A featuring 3 font style variations of messages for cigarette sticks shown to participants**



The second exercise (series A) explored the impact of font style on the noticeability and readability of messages, and how it affects the appeal of the product. Participants were shown an image that featured three pairs of cigarettes, presented in three rows. Each of the three rows had one cigarette with a white filter and one with a cork filter. A message, "Each cigarette is harmful", was displayed on the filter end of each cigarette. Messages were displayed in three different font styles, one for each row.

The first pair of cigarettes (A1) had the message presented in a bolded black text that was in all capital letters (all caps). The second pair of cigarettes (A2) had the message presented in a black text in a standard sentence case format. The third pair of cigarettes had the message presented in a bolded black text in a standard sentence case format. The font size was the same in all three pairs. Of note, the message was displayed over three lines in the first pair and over two lines for the other two pairs due to differences in the space required to display the message in different styles.

### **Clarity/Easy to read**

Overall, most participants agreed that all cigarettes in this section were generally easy to read. Mixed reactions were largely influenced by the capitalization, by the number of lines needed to convey the message, and the colour of the filters.

The messages on the cigarettes selected as the easiest to read by most respondents was the one with the white filter in the first pair (A1 left), mostly due to the contrast of the black font on white paper. Conversely, the message that participants found to be the most difficult to read was the cigarette with the cork filter (A2 right) which was in standard sentence case with no bolding. This message (A2 right) did not contrast well with the cork filter, it was considered less legible as it was not bolded and participants felt the font size was too small. Participants selecting the cigarette with the cork filter as the easiest to read (A1 right), found the contrast was better on the cork filter.

A small number of participants indicated that the font style in A1-left was perhaps too large and did not allow the message to be seen entirely on one side of the cigarette, requiring one to roll the cigarette a bit to see the entire message. For this reason, some participants selected A3 as the easiest to read. A few others did not select the A1 cigarettes because the capitalization of the letters left them feeling like the message was being yelled at them, that it was too aggressive a font style, and therefore opted for the cigarettes in the third row.

### **Perception/Appeal**

Similar to the previous set of cigarettes (images B1-B3), participants felt that the cigarettes that appeared less harmful than others were almost always the cigarettes with the white filter with the messages with the smallest or least legible text. The cigarette with the white filter and bolded, all-capitalized font style (A1-left) was selected by many as the one they would least want to smoke, mostly because the text would be easier to read and be more noticeable from a distance. Many participants also selected A1-right because the text is “highlighted” by the cork filter and this type of cigarette is also perceived by some to be stronger tasting which is less appealing to many smokers.



## Message Attribution Evaluation

The following table summarizes the feedback provided during this third exercise:

Easiest to read the words “Health Canada”: C1 Left  
Most difficult to read the words “Health Canada”: C3 Right

**Figure O – Series C featuring 3 message attribution variations for cigarette sticks shown to participants**



The final exercise (series C) in this section explored the impact of message attribution, and the impact of the format in which it was displayed on its noticeability and readability. Participants were shown an image that featured three pairs of cigarettes, presented in three rows. Each of the three rows had one cigarette with a white filter and one with a cork filter. A partially visible warning message with a “Health Canada” attribution was displayed on the filter end of the cigarettes in rows C1 and C3 in different font sizes. The cigarettes in row C2 did not display a “Health Canada” attribution.

### **Clarity/Easy to read**

The difference between each pair of cigarettes that displayed the attribution was subtle. However, participants did tend to feel that the font size in row C1 was larger or clearer, and felt the attribution was most difficult to read in row C3.

### **Perceptions of attribution**

Overall, the Health Canada attribution was perceived as adding credibility to the health warning message across all age segments. Health Canada was seen as the most obvious organization with the most authority in Canada to which the messages should be attributed, even among smokers who said the signature had no impact on how they viewed the information.

Participants were prompted to gauge whether Health Canada faced any perceived risks by having their attribution appear below each message on cigarette filters. Most participants could not see any risk for Health Canada. A few did say that perhaps Health Canada might be seen as approving the cigarette or approving smoking, especially if someone does not notice or pay attention to the health warning message, but these concerns were not common or shared by most participants.

Very few participants could think of a better, more relevant or more impactful alternative organization than Health Canada to which the message should be attributed. The few suggestions proposed included: The Hearth & Stroke Foundation, The Canadian Cancer Society, the World Health Organization, and the cigarette manufacturer.

## Review of Draft Health Warning Concepts for Cigarette Packages

Participants were presented with the following four draft health warning (HW) concepts for cigarette packages. The concepts were presented in a format that complies with current cigarette package labelling and PSA requirements (i.e., 75% Health Warning package coverage, drab brown packaging).

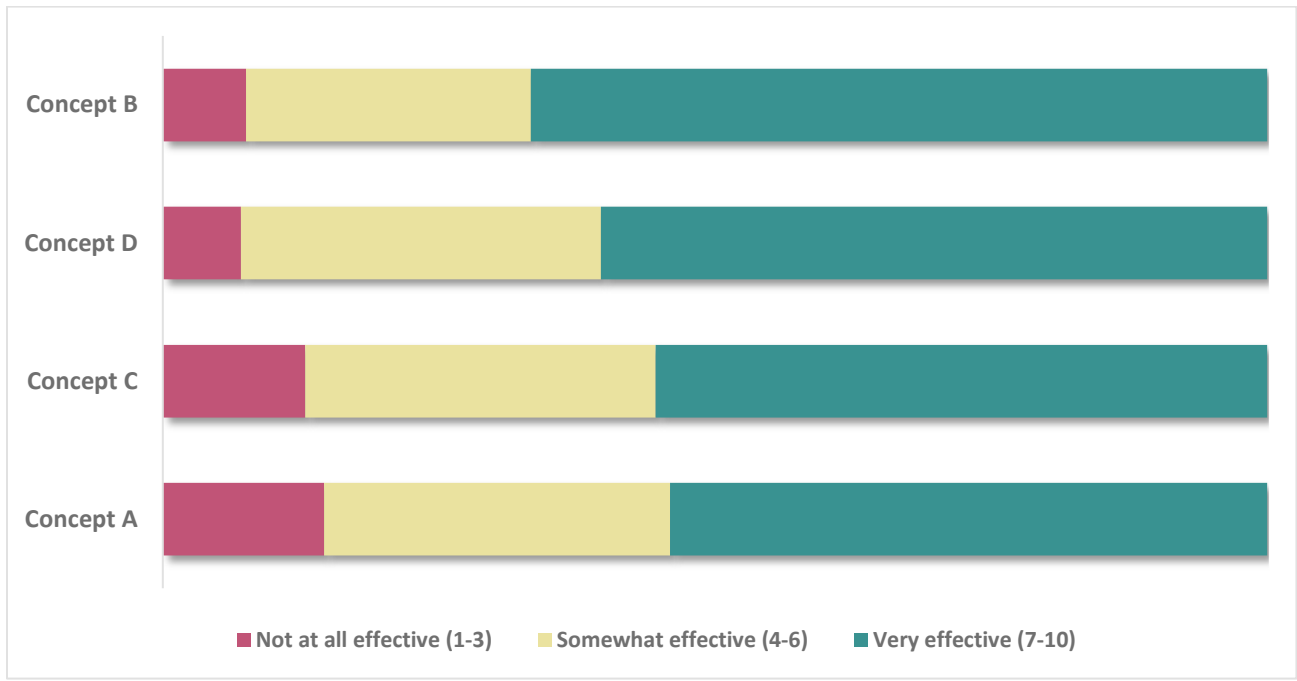
Figure P – Series of 4 health warning concepts for cigarette packaging shown to participants



Each concept was presented individually and in a different order from one focus group session to the next. After viewing each concept for about 15 to 20 seconds, participants were asked to rate the concept on the following criteria: *How effective is this health warning in terms of informing about the health hazards and health effects of smoking?* While evaluating each concept, participants were reminded not to share any comments out loud. Once all ratings were obtained, a general discussion was held on each concept.

The results from the rating exercise are shown in the figure below (presented here for directional purposes only since producing statistics is not the goal of qualitative research).

**Figure Q – Effectiveness of Health Warning Concepts**



*How effective is this health warning in terms of informing about the health hazards and health effects of smoking?*

*\*Qualitative research findings, not statistically projectable to the Canadian population.*

### Common Reactions Across Health Warning Concepts

When observed collectively, common sentiments and opinions were found across each of the four proposed concepts. These common views touched on a variety of aspects, including the overall design, imagery, text, ease of understanding and the credibility of the warning concepts as a whole.

### Effectiveness of Health Warning Concept

The ratings exercise showed that most participants felt the concepts were very effective at informing them of the health hazards and health effects of tobacco use. The degree to which participants found a particular HW to be effective varied by audience. Concept B (Stomach Cancer) was found to be the most effective.

### Noticeability

The bright colours used on the concepts, such as the yellow background for the text and the red background for the “WARNING” banner were considered effective at getting their attention and seen as novel compared to existing warning designs on cigarette packages.

Most participants believed that the image portion the health warnings that were presented did not shock them sufficiently and that element lessened the noticeability and overall effectiveness of the health warning. The main limitation was that none of the images presented were real pictures. As a result, many felt the images were not supporting the text as much as they could, and in some cases, the images were not clear as to what was represented. The general consensus was that graphic images, as lifelike as possible, would be more effective at dissuasion and at catching their attention.

### **Clarity/Easy to Understand**

In addition to preferring a cohesive presentation of the overall message including the image, title and subtext, participants had very specific preferences regarding the text featured in each concept. There was a clear preference for messaging that was concise and for information that was considered to be new or at least well-known information presented in a new way. Participants preferred shorter texts in large font in order to draw their attention and efficiently get the message across. Many participants felt that the proposed concepts had too much text and felt they would not likely take the time to read them fully if they appeared on packs.

Participants felt that the main headline message needed to be specific and ideally provide new information to be effective. This element is at its most effective in the concept featuring “Cigarettes cause stomach cancer” and least effective in the concept featuring “Each cigarette is harmful”. Overall, the messages were seen as more successful at conveying new information to youth, whereas long-term smokers were more likely to already be aware of the various risks of smoking cigarettes.

For the most part, the information in the quitline section was considered visible, legible and effectively placed. Many smokers were pleased to see it featured on the front of pack health warning, which was felt to not always be the case on current cigarette packages today, or that it is too small on current packages. The most common suggestion was to make the website and the phone number more prominent, while some felt that “You can quit. We can help.” should be more prominent. There was a suggestion to add a QR code for convenient access to assistance.

### **Credibility**

Each of the concepts were found to provide credible and easy to understand information. Perceptions of credibility focused on the source of information being attributed to Health Canada, which is broadly viewed as a reliable source for credible and accurate health information. Some participants also felt that a lot of the information conveyed through the concepts has been communicated to them in the past or elsewhere and as such the information is “well known.”

More specific reactions to the four concepts are presented in the following pages.

## Detailed Results for Concept A – Each cigarette is harmful

Figure R – Health warning concept A for cigarette packaging shown to participants



### Overall Impressions

The information presented in this health warning received mixed reviews among participants, largely based on the lack of impact of the header text compared to the subtext. The information presented in the title was considered too general and not new to most participants. This language was considered broad and commonly referred to as a blanket statement, lacking specificity.

Conversely, the subtext resonated more and was considered more insightful and often recommended to be the featured text on the packaging, in place of the current title. Interest in the subtext was largely driven by the perception among many participants that only the lungs were affected by smoking cigarettes. Some participants felt that the message was too passive, an example being the usage of the word “can” when describing the impacts of smoking on the whole body.

Though the information in the subtext was new, many participants dismissed this message due to the lack of a call to action from the title. For this reason, some participants felt that this was the least effective of the four concepts.

Several older participants were especially dismissive of the information since they felt this was common knowledge, although many felt that this would be important information for youth being introduced to the effects of smoking cigarettes. A few individuals with a connection to someone who experienced the effects of cancer could more easily relate to the idea that the effects of smoking “spread” throughout the body.

The image received mixed reviews – while some felt that the x-ray style imagery was relevant, others did not find the image to be impactful. The usage of more aggressive, graphic and lifelike imagery was considered more impactful compared to imagery that looks good and is informative.

### **Noticeability**

The title was not considered effective at grabbing the attention of most participants, as the knowledge that cigarettes are harmful was considered widely known. The subtext contained an effective message for those who would continue to read further.

From a design perspective, the yellow backdrop was eye-catching to participants. When paired with red and black text, the colours created a noticeable contrast, particularly when bolded to emphasize the message.

The image used would get most participant's attention, mostly because it is a new image, however it would not be particularly impactful or memorable.

### **Clarity/Easy to Understand**

The main message was well received among most participants but remained too general for many, causing some participants to feel that the title should not be included. This message detracted from the more effective text and could be replaced with the subtext to focus the reader on new and impactful information. Some participants felt that more specific information about harm to the body, as well as specific ties to chemicals would be far more effective. Finally, participants expressed mixed reactions as to whether the information was easy to understand, largely due to the image and colour choices within:

- The usage of green colouring in the image was seen by some as entirely appropriate and clearly connected to poison. A few noted that if someone is green, they are not the picture of health. Conversely, some perceived the colour green as being a passive, "green means go" message. Green was seen as a colour connected to nature and natural health rather than illness.
- A few participants were confused as to the specific organs that could be affected since the image and the text used were so broad. These individuals suggested including an image that conveys that more parts of the body are damaged beyond the brain and the heart, which seem to be the focus of the image used.

### **Credibility**

Overall, the participants felt the information was credible and this stemmed mostly from the fact that it was coming from Health Canada which was seen as a credible organization.

## Helps Inform About the Health Hazards and Effects of Smoking

In the end, this health warning concept made almost everyone learn about the health hazards of smoking, although it was not compelling for many participants.

The message was deemed more impactful among youth and young participants who were less aware of the effects of cigarettes spreading to various parts of the body, beyond the lungs.

## Participant Suggestions

In order to improve this concept, participants suggested the following:

- Remove the current title and feature the more impactful subtext that presents new information for some participants.
- Mention specific effects and their connections to specific chemicals to narrow the focus of the health warning.
- Remove the word “can” from the subtext to avoid passivity and assist in a call to action.
- Change the colour of highlights in the image from green to perhaps red to avoid confusion with a positive sentiment, while still representing toxic chemicals. The idea of red was not a perfect solution however since some participants noted that this would just represent blood flowing through the system and would not suggest that anything is wrong.
- Replace the x-ray style image with one of an actual damaged organ to use fear as a driver for change and to better catch people’s attention.

## Detailed Results for Concept B – Cigarettes cause stomach cancer

Figure S – Health warning concept B for cigarette packaging shown to participants





## Overall Impressions

This health warning elicited immediate positive responses regarding new, interesting and noticeable information. This concept was universally seen as an effective health warning to inform participants of the health hazards of smoking irrespective of gender or age.

The imagery was perceived as the most graphic of all concepts shown, which was commonly thought to elicit the desired effect of dissuasion among participants. That being said, some participants felt that the image could be even more effective if real organs were used in its place.

The approach of using specific information and targeting a single aspect of the body offered new insights, particularly as many were not aware of the effects that smoking can have on the stomach. Even among some participants that were aware, the concept was considered different from typical cigarette packaging.

The layout and pairing of the text and images were deemed effective among most participants, largely due to the complimentary nature and clarity of the message being conveyed. The appeal of targeting a specific disease with the title, text and imagery helped many participants avoid confusion.

There were some mixed feelings as to the impact of the text: “the disease can grow slowly over many years”. Some participants felt that this was a bold statement that helped rationalize the dangers of spreading disease, while some felt it could be perceived as passive. The latter could elicit feelings of no imminent danger for young smokers.

## Noticeability

The imagery used was considered the most graphic by nearly all participants, due to the perceived lifelike nature of the stomach. However, some participants felt that real-life imagery would have a greater impact on noticeability and dissuasion.

Several respondents considered the layout as both effective and successful at drawing attention to the various elements contained in the health warning. Bolding of the title and subtext in combination with bright and contrasted colours were seen as benefits by several participants in terms of drawing their attention to key messaging. More specifically, most participants felt that the title was eye-catching due to the large red font of the words “stomach cancer” set on a bright yellow background. Many referred to the length of the text being short, encouraging smokers to continue reading on after the title message.

## Clarity/Easy to Understand

Most participants felt that the message in this concept was very clear. The text and imagery worked well together, making the message easier to understand for nearly all participants.

The imagery was direct and emphasized a specific consequence of smoking cigarettes. This direct nature allowed respondents to understand what was being conveyed both faster and easier when compared to the other concepts. A few participants felt that the image could be improved by showing a cigarette in the person's hand since this would make the link between smoking and stomach cancer more direct.

Although the text was easy to understand, suggesting that the disease “can grow slowly” elicited some mixed reactions:

- There was some discussion as to how this would be interpreted for dissuasion of young smokers as it alludes to long-term effects. The words do not instill a sense of urgency.
- Many others felt this was a strong statement, due to the looming nature of the effects slowly spreading throughout the body.

*...it kind of like, not necessarily like scares me off but just like gives me a warning like, oh, like it could be deadly. And also like the wording is saying it can grow slowly over many years and spread to other organs. That's kind of alarming... – Youth Non-Smoker (Female / 15 / Urban)*

## Credibility

Overall, participants felt the information was credible as it came from Health Canada.

## Helps Inform About the Health Hazards and Effects of Smoking

The information in this health warning was relevant and new to most participants. It made a clear and concise point about a specific hazard of smoking cigarettes.

Most participants felt that this health warning was be the most effective of the health warnings presented in terms of dissuading them from smoking.

## Participant Suggestions

In order to improve this concept, participants suggested the following:

- Replace the image with an actual stomach, opting for more graphic imagery to grab their attention.

- Include the image of the cigarette to establish a clearer connection between smoking and the featured disease.
- Make language used for the spreading of disease as direct as possible, avoiding passive words that could dispel any belief that it is important to avoid or quit smoking now, rather than at some later point in time.

## Detailed Results for Concept C – Cigarettes are addictive and harmful

**Figure T – Health warning concept C for cigarette packaging shown to participants**



### Overall Impressions

This health warning resonated most with youth participants when compared to all other age segments, as it was widely understood that this was the target audience. The concept features a specific consequence of smoking “Nicotine can alter teen brain development” that most participants were unaware of. Although many older participants felt this health warning was not very relevant for them, they did appreciate how it could dissuade younger generations from starting to smoke.

The title, unlike the subtext, was not considered impactful since it did not provide any new information. The lack of cohesion or connection between the text and the imagery was an important discussion point for most participants. Many were unsure of the message being conveyed by the image. Many comments suggested that the image could be used to portray a variety of symptoms, conditions or ailments such as headaches, depression, etc. They basically could not see how smoking was having an impact on the person in the image.

While the subtext was interesting to many, there were mixed reactions to elements of the subtext, in particular the section that reads: “10 seconds after you take a puff, nicotine reaches your brain.” The usage of statistics to reinforce the new information being presented was seen as a positive

despite some confusion surrounding whether nicotine reaching the brain quickly would be seen as a negative. Some respondents felt the health warning would benefit from a specific mention of how smoking is impacting teen brain development.

### **Noticeability**

The title did not catch most participants' attention since it did not provide any new information for smokers.

The overall design for this health warning was well received. Regardless of personal relevance to the issue and regardless of the lack of interest in the title, almost all participants found the colour of the background and bolding of the text to be noticeable. The subtext font was small for a few participants and could potentially be more concise to streamline noticeability.

The image was not considered eye-catching by many participants, some of whom did not even notice the smoking element of the image, which, if made more prominent, could make the concept more intriguing.

### **Clarity/Easy to Understand**

It was clear among nearly all participants that this health warning was targeting youth (from early teens to late teens), rather than adult smokers. The usage of a statistic was well received by many participants and was considered a successful approach to introduce and inform smokers of new information. A few noted that this concept could be improved if it more clearly explained what effect smoking cigarettes is having on the brain.

Most participants felt that the image should be replaced since it is far too ambiguous and could apply to a variety of other conditions or ailments (e.g. headaches, depression, etc.).

For some participants, the title was not very impactful, as it was seen as common knowledge that cigarettes are both addictive and harmful. A few also felt the title did not relate directly to the subtext.

There were mixed interpretations of the subtext statement: "10 seconds after you take a puff, nicotine reaches your brain":

- Most participants felt that this information was new information that was both interesting and impactful, particularly among youth.
- A few participants suggested that the first sentence of the subtext might actually motivate youth to smoke.
- Similarly, a few adult smokers who had no intention of quitting felt that this was positive information since it demonstrated that the nicotine was effective.

## **Credibility**

Overall, most participants felt the information was credible as it came from Health Canada. A few questioned the credibility of the statistic and would want to see a reference that supported this fact.

## **Helps Inform About the Health Hazards and Effects of Smoking**

Most participants said this health warning helped them understand the hazards and effects of smoking because, whether or not it resonated with them, it was still new information.

While many participants agreed the health warning helped them understand the hazards of smoking, the level of agreement was more limited when it came to dissuading them from smoking. Many youth found this warning to be motivating, as it directly targets their age group. Most older participants suggested that the concept was not particularly important for them but that the message would be successful among youth smokers.

## **Participant Suggestions**

In order to improve this concept, participants suggested the following:

- Replace image with a real brain to increase graphic nature of the health warning, while targeting specific ailments to increase impact of the message.
- Make the smoking element link to the image more prominent to avoid confusion as to the cause of the effects to the brain.
- Use an alternative statistic that provides information on specific effects on teen brain development to avoid the potential positive association with the speed of nicotine reaching the brain when smoking.
- Use an alternative title that better connects the image and the subtext, making the concept more complete and cohesive.

## Detailed Results for Concept D – Poison in every puff

Figure U – Health warning concept D for cigarette packaging shown to participants



### Overall Impressions

This health warning was considered the second most effective among the four concepts, based primarily on layout and colouring, while maintaining a cohesive relationship between the image, title and subtext. This concept was effective at informing participants of the health hazards of smoking irrespective of gender or age, despite not presenting new information to participants.

The cohesive layout was preferred by some participants as their attention was drawn to the concept as a whole, rather than being focused on strictly the text or the image separately. The disadvantage came in the form of the loss of the visual impact of the bright colours used in the background for the message portion of other concepts. Overall, the use of red and black text on a grey background was clear and effective for most respondents although it did not jump out quite in the same way as the text in the other concepts. The message was well understood by nearly all participants, with particular attention placed on the usage of bold text for the word “poison”. Similarly, the bolding of the subtext “toxic chemicals can cause disease and death” created the same effect.

As with other concepts presented to participants, a lack of a real image was considered a notable limitation by many participants. However, the choice of colour of the internal pathways for the image was generally thought to be more effective than the green used in the similar image from concept A.

### Noticeability

Some participants explained that the only words they were motivated to read were the ones that were in red and that this was enough for them to understand what the concept was all about.

Use of the colour brown in the image was generally preferred over the green used in the same image concept A had featured. A few participants did however prefer the green and the association with poison.

There were mixed feelings as to the presentation of the warning label:

- A few participants preferred the yellow and black presentation for the message as they felt the label was more noticeable and pleasing to the eye.
- A few participants preferred the traditional association they had towards red as a warning indicator with white text.

### **Clarity/Easy to Understand**

This health warning was widely considered clear and easy to understand. The use of and emphasis of the word “poison” resonated strongly with most participants. The subtext did not provide participants with new information and did not add to the impact of the overall message. In particular, the subtext that reads “The nicotine is what keeps people smoking” was perceived to be unrelated to the title and the second part of the subtext and prompted some to suggest that it could be removed. This in turn would give more space to the parts of the text that they believe mattered the most.

The lack of a real image was a concern for participants. Similar to what was noted for the other concepts, real images are seen as more impactful and this one in particular did not seem to clearly convey what the text is communicating, in particular the reference to poison is not entirely clear to some.

There was some debate among participants as to the layout of the image and text enclosures for presenting the health warning, as well as the usage of colours and their effects on the clarity of the concept:

- Some participants felt it was more effective to have the text and image in the same enclosed space as it created cohesiveness between the message and the image.
- Additionally, others preferred the visual impact of the bright colours behind the text in concepts A, B and C, feeling that the eye was drawn more to the text using that format.
- Some participants however felt that the use of the grey background with text in black and red allowed them to focus on both the image and text simultaneously, further supporting the clarity of the “big picture” message.

## Credibility

Overall, participants felt the information was credible as it came from Health Canada.

## Helps Inform About the Health Hazards and Effects of Smoking

Most respondents revealed this health warning would be effective in terms of informing them of the health hazards of smoking and dissuading them from smoking. The information in this health warning was interesting to most participants, despite not being presented with new information.

## Participant Suggestions

In order to improve this concept, participants suggested the following:

- Replace the subtext for “The nicotine is what keeps people smoking” to something related to the title, or replace it entirely and use the space to make the other text larger.
- Replace the image with real-life organs, using something more graphic to better relay the notion of “poison” which is the main focus of the message.

## Interplay Between On-Cigarette Messaging and Other Labelling Elements

At the end of each session, participants were asked whether they felt that the concept of warnings on individual cigarettes added to the existing health messaging already found on tobacco packages. Most participants felt that the approach of warnings on individual cigarettes made the overall messaging more complete and impactful, particularly among non-smokers, occasional smokers, or smokers wanting to quit smoking.

Some felt that there cannot be enough messaging warning about the dangers of tobacco use and that any opportunity to raise awareness of the health effects of smoking can contribute to reducing smoking rates. Adult smokers felt they were generally more aware of the negative health effects associated with smoking cigarettes after years of exposure to previous health warnings on cigarette packages. Conversely, youth with less exposure to cigarette package warnings would be exposed to an additional tool to raise awareness about the health hazards of smoking.

*I think it's more of an effort to put smoking into a bad light, not that it already isn't. I think most people do know that. Smoking is bad. So, if you just throw on more warning signs, more messages that say this is bad, it does deter more people, in my opinion. Again, I don't think it's going to be the game changer. But I do think it could be something that could be implemented. –*

*Youth Smokers (Male / 19 / Occasional / Urban)*

Some felt that the unavoidable nature of the messaging on cigarettes will have an impact on smokers whereas if the information is only on the package, the health warning is out of sight after



the cigarette has been pulled. The repeated reminder of a warning on each cigarette becomes an unavoidable element in the smoking experience and increases exposure to otherwise avoidable information in the routine interaction with the packaging. Each puff represents an opportunity to spread awareness and have a positive impact on those who are contemplating quitting or those just being introduced to smoking.

*I think it's good that it's there because like I said, when you go for a cigarette, I don't know about you, but I put them back in my pocket or I'm not staring at that pack. Staring at that message on that filter that's going from my fingers to my mouth and it catches my eye, that's a good thing. –*

Adult Smoker (Male / 41 / Daily smoker / Urban)

Participants generally felt that this form of messaging will get through to those who are not necessarily exposed to the cigarette package warnings. This was thought to be particularly effective for youth who may be offered a cigarette in commonplace social situations without seeing the package, and missing out on exposure to health warnings on the package. This was seen by some participants as an additional line of defense for youth non-smokers.

*I think that most people that buy cigarettes frequently are like acclimated to just ignoring whatever the package says since they know it's negative and they don't really want to read that before they smoke it. But having it on the cigarette, it would be kind of like a constant reminder. Every time you take a puff, you can't ignore it. You're going to see it. – Youth Non-Smoker (Male / 19 / Urban)*

Participants felt that the messaging and warning text makes the cigarette less attractive. Additionally, the current plain white cigarettes do not appear as harmful according many smokers in comparison to cigarettes with warnings. The text would be seen by others around them, and while most smokers said they don't care what others around them think, there are some who do believe that the messaging will start conversations around quitting or be used as further motivation for others to convince smokers to quit.

*It's almost like the risks are unavoidable by having them on the cigarettes themselves. – Youth Non-Smoker (Female / 19 / Urban)*

Participants who smoked generally felt that they are already sufficiently aware of the health hazards of smoking and feel the additional measure would have no impact on their likelihood to quit smoking. As such, it was generally accepted that there was an inherent limitation to how effective the proposed health warnings could be at dissuading or informing adult smokers.

*I agree. I think it does have an effect maybe for the first few seconds that you open it up and then your finger covers that portion anyway, and then eventually you probably get a little bit more desensitized to it. It does impact me for a few seconds... – Adult Smoker (Female / 36 / Occasional smoker / Urban)*

A few participants in various groups felt the messages on cigarettes would be more effective if they were motivational instead of informative, i.e. “Put it down!”, “Is it worth it?”, or “You can quit”. A few participants also mentioned seeing images of a smoking patient suffering would be more impactful as a health warning on cigarette packages. Seeing video segments of smoking patients suffering would also be impactful.

# Methodology

The research methodology consisted of 28 online focus groups and 1 individual interview. Quorus was responsible for coordinating all aspects of the research project including designing and translating the recruitment screener and the moderation guide, coordinating all aspects of participant recruitment, coordinating the online focus group platform and related logistics, moderating all sessions, and delivering required reports at the end of data collection.

The target population for this research consisted of Canadians at least 15 years of age who smoke cigarettes either daily or occasionally or not at all. More specifically, the research targeted a mix of the following types of individuals:

- Youth non-smokers (age 15-19)
- Youth smokers (age 15-19)
- Young adults smokers (age 20-24)
- Adults smokers (age 25+)

Participants invited to participate in the focus groups were recruited by telephone from the general public as well as from an opt-in database. To augment recruitment, a general advertisement targeting Canadian smokers was posted in social media channels and online but no specific references were made to the Government of Canada, to Health Canada or to the nature of the study in a few centres. Those interested in participating in a focus group were asked to contact the recruitment team and from that point on the full screening process was undertaken.

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualify for the research program and to ensure a good representation of ages, gender and diversity within each segment. An additional target was added after recruitment had begun, aiming for small quotas of rural participants where possible. Ultimately, 3 rural specific groups were conducted with participants in Alberta/Manitoba. Specific questions were also added to identify people who smoke. According to the Canadian Tobacco, Alcohol and Drugs Survey (CTADS), current cigarette smokers were individuals who say they smoke “every day” or “occasionally” in response to the following question: “At the present time do you smoke cigarettes every day, occasionally or not at all?”

In addition to the general participant profiling criteria noted above, additional screening was done to ensure quality respondents, such as:

- No participant (nor anyone in their immediate family or household) worked in an occupation that has anything to do with a tobacco or e-cigarette company, a legal or law firm, federal or provincial government departments/agencies, nor in advertising, marketing research, public relations or the media (radio, television, newspaper, film/video production, etc.).
- In addition, consideration was given to excluding a participant who has worked in any such occupation in the past 5 years, as appropriate to the specific research objectives.

- No participants acquainted with each other were knowingly recruited for the same study, unless they are in different sessions that are scheduled separately.
- No participant was recruited who has attended a qualitative research session within the past six months.
- No participant was recruited who has attended five or more qualitative research sessions in the past five years.
- No participant was recruited who has attended, in the past two years, a qualitative research session on the same general topic as defined by the researcher/moderator.

Data collection consisted of online focus groups, each lasting 2 hours. For each focus group, Quorus attempted to recruit 10 participants to achieve 8 to 10 participants per focus group. Challenges were encountered recruiting youth smokers, particularly in Moncton and Alberta/Manitoba. Generally, youth are reluctant to admit to smoking cigarettes especially those 15 years of age since they need the consent of a parent or guardian to participate. Recruiters also faced the challenge of recruiting cigarette smokers when many are vaping instead.

The focus on rural participants presented additional recruitment challenges in conjunction with the difficulties of recruiting youth smokers. A group for youth non-smokers, youth smokers and young adult smokers with participants from Nunavut were rescheduled to rural Alberta/Manitoba largely because of Internet connection challenges and language challenges.

All focus groups were held in the evenings on weekdays or Saturdays during the day using the Zoom web conferencing platform, allowing the client team to observe the sessions in real-time. The research team used the Zoom platform to host and record sessions (through microphones and webcams connected to the moderator and participants electronic devices, i.e. laptops and tablets) enabling client remote viewing. Recruited participants were offered an honorarium of \$100 for their participation.

The recruitment of focus group participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.
- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensure that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the

sponsoring department or agency and research supplier, informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was for the Government of Canada/Health Canada. Participants were informed of the recording of their session in addition to the presence of Health Canada observers/ listeners. Quorus ensured that prior consent was obtained at the recruitment stage and before participants entered the focus group room. Electronic consent forms were developed by Quorus and by Health Canada and were obtained from each online focus group participant prior to any recording. Furthermore, all participants 15 years of age were provided a parental/guardian consent form which needed to be completed, signed and returned electronically by one of their parents or guardians prior to their participation in their focus group.

A total of 28 online focus groups and 1 individual interview were conducted across Canada with 188 Canadians, a mix of smokers and non-smokers, as per the table below:

**Figure V – Summary of focus group schedule and details**

Location	Segment	Language	Number of participants	Date and Time*
Toronto, ON	Youth non-smokers (15-19 years old)	English	6	October 13 – 5:00 PM
Toronto, ON	Youth smokers (15-19 years old)	English	10	October 13 – 7:00 PM
Toronto, ON	Young adult smokers (20-24 years old)	English	10	October 14 – 5:00 PM
Toronto, ON	Adult smokers (25+ years old)	English	9	October 14 – 7:00 PM
Halifax, NS / St. John's, NL	Youth non-smokers (15-19 years old)	English	10	October 15 – 4:30 PM / 5:00 PM
Halifax, NS / St. John's, NL	Youth smokers (15-19 years old)	English	6	October 15 – 6:30 PM / 7:00 PM
Halifax, NS / St. John's, NL	Young adult smokers (20-24 years old)	English	8	October 17 – 11:30 AM / 12:00 PM
Halifax, NS / St. John's, NL	Adult smokers (25+ years old)	English	7	October 17 – 2:00 PM / 2:30 PM
Quebec City, QC	Youth non-smokers (15-19 years old)	French	6	October 19 – 5:00 PM
Quebec City, QC	Youth smokers (15-19 years old)	French	6	October 19 – 7:00 PM

<b>Quebec City, QC</b>	Young adult smokers (20-24 years old)	French	8	October 20 – 5:00 PM
<b>Quebec City, QC</b>	Adult smokers (25+ years old)	French	6	October 20 – 7:00 PM
<b>Moncton, NB</b>	Youth non-smokers (15-19 years old)	French	6	October 21 – 5:00 PM
<b>Moncton, NB</b>	Youth smokers (15-19 years old)	French	1	November 4 – 7:00 PM
<b>Moncton, NB</b>	Young adult smokers (20-24 years old)	French	5	October 22 – 5:00 PM
<b>Moncton, NB</b>	Adult smokers (25+ years old)	French	6	October 22 – 7:00 PM
<b>Saskatoon / Regina, SK</b>	Youth non-smokers (15-19 years old)	English	8	October 24 – 12:00 PM
<b>Saskatoon / Regina, SK</b>	Youth smokers (15-19 years old)	English	4	October 24 – 2:30 PM
<b>Saskatoon / Regina, SK</b>	Young adult smokers (20-24 years old)	English	5	October 26 – 5:00 PM
<b>Saskatoon / Regina, SK</b>	Adult smokers (25+ years old)	English	6	October 26 – 7:00 PM
<b>Vancouver</b>	Youth non-smokers (15-19 years old)	English	8	October 27 – 4:00 PM
<b>Vancouver</b>	Youth smokers (15-19 years old)	English	6	October 27 – 6:00 PM
<b>Vancouver</b>	Young adult smokers (20-24 years old)	English	9	October 28 – 4:00 PM
<b>Vancouver</b>	Adult smokers (25+ years old)	English	6	October 28 – 6:00 PM
<b>Rural Alberta / Manitoba</b>	Youth non-smokers (15-19 years old)	English	9	November 9 – 5:00 PM / 6:00 PM
<b>Rural Alberta / Manitoba</b>	Youth smokers (15-19 years old)	English	3	November 10 – 4:00 PM / 5:00 PM
<b>Rural Alberta / Manitoba</b>	Young adult smokers (20-24 years old)	English	5	November 10 – 6:30 PM / 7:30 PM
<b>Nunavut</b>	Adult smokers (25+ years old)	English	3	October 31 – 2:30 PM
<b>Quebec City, QC</b>	Youth smokers (15-19 years old)	French	6	November 2 – 5:00 PM

\*all times are local times

All online focus groups conducted in French were moderated by Rick Nadeau, one of Quorus' bilingual senior researchers on the Government of Canada Standing Offer. Groups conducted in English were split between Rick Nadeau and Eva Gastelum, another of Quorus' bilingual senior researchers on the Government of Canada Standing Offer.

Focus groups conducted in English were moderated as follows:

- Rick Nadeau – Toronto, Vancouver
- Eva Gastelum – Halifax/St. John's, Saskatoon/Regina, Alberta/Manitoba, Nunavut



# Appendices

## Recruitment Screener

### Specifications

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- 29 online focus groups will be conducted with Canadians in the following locations:
  - Toronto (English)
  - Halifax/St. John's (English)
  - Quebec City (French)
  - Moncton (French)
  - Saskatoon/Regina (English)
  - Vancouver (English)
  - Nunavut (English)
- Recruit 10 participants per group
- Participants to be paid \$100
- 4 online groups will be held with participants in each region, split based on participants' age and smoking status, two groups with youth, one with young adults and one with adults:
  - "Youth non-smokers" is defined as anyone from age 15 to 19 years old, non-smoking.
  - "Youth smokers" is defined as anyone from 15 to 19 years old and smokes cigarettes daily or occasionally.
  - "Young adult smokers" is defined as anyone from 20 to 24 years old and smokes cigarettes daily or occasionally.
  - "Adult smokers" is defined as anyone 25 years or older and smokes cigarettes daily or occasionally.
- All times are stated in local area time unless specified otherwise.

<p><b>Group 1</b> <b>Toronto</b> October 13 5:00 pm Youth non-smokers (15-19)</p>	<p><b>Group 2</b> <b>Toronto</b> October 13 7:00 pm Youth smokers (15-19)</p>	<p><b>Group 3</b> <b>Toronto</b> October 14 5:00 pm Young adult smokers (20-24)</p>	<p><b>Group 4</b> <b>Toronto</b> October 14 7:00 pm Adult smokers (25+)</p>
<p><b>Group 5</b> <b>Halifax/St. John's</b> October 15 4:30 pm / 5:00 pm Youth non-smokers (15-19)</p>	<p><b>Group 6</b> <b>Halifax/St. John's</b> October 15 6:30 pm / 7:00 pm Youth smokers (15-19)</p>	<p><b>Group 7</b> <b>Halifax/St. John's</b> October 17 11:30 pm / 12:00 pm Young adult smokers (20-24)</p>	<p><b>Group 8</b> <b>Halifax/St. John's</b> October 17 2:00 pm / 2:30 pm Adult smokers (25+)</p>

**Group 9  
Quebec City**

October 19  
5:00 pm  
Youth non-smokers  
(15-19)

**Group 10  
Quebec City**

October 19  
7:00 pm  
Youth smokers (15-19)

**Group 11  
Quebec City**

October 20  
5:00 pm  
Young adult smokers  
(20-24)

**Group 12  
Quebec City**

October 20  
7:00 pm  
Adult smokers (25+)

**Group 13  
Moncton**

October 21  
5:00 pm  
Youth non-smokers  
(15-19)

**Group 14  
Moncton**

October 21  
7:00 pm  
Youth smokers (15-19)

**Group 15  
Moncton**

October 22  
5:00 pm  
Young adult smokers  
(20-24)

**Group 16  
Moncton**

October 22  
7:00 pm  
Adult smokers (25+)

**Group 17  
Saskatoon/Regina**

October 24  
12:00 pm  
Youth non-smokers  
(15-19)

**Group 18  
Saskatoon/Regina**

October 24  
2:30 pm  
Youth smokers (15-19)

**Group 19  
Saskatoon/Regina**

October 26  
5:00 pm  
Young adult smokers  
(20-24)

**Group 20  
Saskatoon/Regina**

October 26  
7:00 pm  
Adult smokers (25+)

**Group 21  
Vancouver**

October 27  
4:00 pm  
Youth non-smokers  
(15-19)

**Group 22  
Vancouver**

October 27  
6:00 pm  
Youth smokers (15-19)

**Group 23  
Vancouver**

October 28  
4:00 pm  
Young adult smokers  
(20-24)

**Group 24  
Vancouver**

October 28  
6:00 pm  
Adult smokers (25+)

**Group 25  
Nunavut**

October 29  
5:00 pm (EDT)  
Youth non-smokers  
(15-19)

**Group 26  
Nunavut**

October 29  
7:00 pm (EDT)  
Youth smokers (15-19)

**Group 27  
Nunavut**

October 31  
12:00 pm (EDT)  
Young adult smokers  
(20-24)

**Group 28  
Nunavut**

October 31  
2:30 pm (EDT)  
Adult smokers (25+)

**Group 29  
Quebec City**

November 2  
5:00 pm  
Youth smokers (15-19)

**IMPORTANT: IF A HOUSEHOLD HAS MEMBERS WHO FALL INTO MORE THAN ONE OF “YOUTH”, “YOUNG ADULT” OR “ADULT” CATEGORIES, WE WANT TO AVOID RECRUITING TWO PEOPLE FROM THE SAME HOUSEHOLD – WE CAN RECRUIT ONE AS A BACKUP IF THEY WOULD BE IN SEPARATE GROUPS. IT IS DEFINITELY NOT ALLOWED IF THEY WOULD BE IN THE SAME FOCUS GROUP.**

## Questionnaire

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### A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a Canadian market research company. We're planning a series of online discussion groups on behalf of the Government of Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

**[INTERVIEWER 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." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]**

**[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR.]**

As I was saying – we are planning a series of online discussion groups on behalf of the Government of Canada with people in your area. 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. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using an online web conferencing platform similar to Zoom or Skype, led by a research professional with about eight other participants invited the same way you are being invited. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

**[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation. For more information about our privacy practices, please contact Health Canada's Privacy Coordinator at 613-948-1219 or [privacy-vie.privee@hc-sc.gc.ca](mailto:privacy-vie.privee@hc-sc.gc.ca)."]**

1. Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	<b>CONTINUE</b>
No	2	<b>THANK/DISCONTINUE</b>

## B. Qualification

### FOR YOUTH GROUPS – 15-17 YEARS OLD (SMOKERS AND NON-SMOKERS)

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2. Are you the parent or guardian of a child who is between the ages of 15 and 17 years old or is there someone else in the household who is? If so, may I speak with this person?

No	1	<b>CONTINUE</b>
Yes, self	2	<b>GO TO YOUTH 15-19 SCREENER, SECTION C2</b>
Yes, someone else	3	<b>ASK TO SPEAK TO THAT PERSON AND REPEAT INTRO</b>

### FOR YOUTH GROUPS – 18-19 YEARS OLD (SMOKERS AND NON-SMOKERS)

---

3. Is anyone in your household either 18 or 19 years old? If so, may I speak with this person?

No	1	<b>CONTINUE</b>
Yes, self	2	<b>GO TO Q17 IN YOUTH 15-19 SCREENER, SECTION C2</b>
Yes, someone else	3	<b>ASK TO SPEAK TO THIS PERSON AND REPEAT INTRO</b>

### FOR YOUNG ADULTS 20-24 GROUPS (SMOKERS) AND ADULTS 25+ (SMOKERS)

---

4. Is anyone in your household 20 years of age or older who smokes cigarettes? If so, may I speak with this person?

No	1	<b>THANK &amp; TERMINATE</b>
Yes, self	2	<b>CONTINUE</b>
Yes, someone else	3	<b>ASK TO SPEAK TO SMOKER AND START AGAIN</b>

## C. SCREENER QUESTIONS

### C1. YOUNG ADULTS 20-24 GROUPS (SMOKERS) AND ADULTS 25+ (SMOKERS)

I'd like to tell you about the study to see if you might be interested in taking part in an online discussion group. The groups will last up to two hours and will be conducted in the evening (during the day if Saturday). People who take part will receive a cash gift to thank them for their time. The format is a group discussion held using an online web conferencing platform that will be quite similar to Zoom or Skype, and it will be led by a research professional with about eight other participants randomly invited like yourself. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will want your reactions to concepts and materials that you will need to properly see. All opinions will remain anonymous and participation is voluntary. The information collected will be used for research purposes only and handled according to the *Privacy Act* of Canada. The full names of participants will not be provided to the government or any other organizations other than the research firms involved. The study is being conducted to help Health Canada evaluate different labelling options on cigarettes and on cigarette packages.

5. Would you be interested in taking part in this study?

Yes	1	
No	2	<b>THANK &amp; TERMINATE</b>

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

- Yes 1
- No 2 **THANK & TERMINATE**

7. Record gender by observation.

- Female 1 **RECRUIT 5 PER GROUP**
- Male 2 **RECRUIT 5 PER GROUP**

8. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** \_\_\_\_\_

AGE	GROUP	RECRUITMENT SPECIFICATIONS
20-24	YOUNG ADULT SMOKERS GROUPS	GOOD MIX OF AGES IN EACH GROUP
25+	ADULT SMOKERS GROUPS	25-34 35-44 45-54 55-64 65-74 75+

} Mix of ages

} 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.”

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

- ...a marketing research, public relations, or advertising firm? 1
- ...the media (radio, television, newspapers, magazines, etc.)? 2
- ...the federal or provincial government? 3
- ...a tobacco or e-cigarette company? 4
- ...a smoking cessation company? 5
- ...a legal or law firm? 6

**IF YES TO ANY, THANK & TERMINATE**

10. At the present time, do you smoke cigarettes every day or occasionally?

- Every day 1
- Occasionally 2
- VOLUNTEERED:**
- Not at all 3 **THANK & TERMINATE**

11. How long have you been smoking? **[GET MIX, AS APPROPRIATE FOR AGE GROUP]**

- |                   |   |
|-------------------|---|
| Less than 2 years | 1 |
| 2-5 years         | 2 |
| 6-10 years        | 3 |
| 11-20 years       | 4 |
| Over 20 years     | 5 |

**GO TO DEMOGRAPHICS AND INDUSTRY QUESTIONS**

**C2. 15-19 YEARS OLD SMOKERS AND NON-SMOKERS**

**ASK PARENTS OR GUARDIANS OF YOUTH 15-17 YEARS OLD:**

We are conducting a research study for Health Canada that includes youth 15 to 19 years of age. The study is being conducted to help the department evaluate different labelling options on cigarettes and on cigarette packages. For this study, we're organizing online discussion groups which are scheduled to run for 2 hours in the evening (during the day if Saturday). The online discussion groups involve a small number of teens who will be asked to look at a variety of labelling options for cigarette products and then share their opinions with others in the discussion group. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will be gauging reactions to concepts and materials. All opinions will remain anonymous and participation is voluntary. Those who take part will receive \$100 for their time. The information collected will be used for research purposes only and handled according to the *Privacy Act* of Canada. The full name of your child will not be provided to the government or any other third party.

12. May we have your permission to ask your child some questions, including questions about his or her smoking habits, to see if he or she qualifies for the discussion group which will take place on **[INSERT DATE]** at **[TIME]**?

- |                                |   |                     |
|--------------------------------|---|---------------------|
| Yes                            | 1 |                     |
| No                             | 2 | <b>RETURN TO Q3</b> |
| Yes but they are not available | 3 | <b>RESCHEDULE</b>   |

Thank you. Before I speak with your child, I have a few more questions for you.

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

- |   |   |
|---|---|
| ...a marketing research, public relations, or advertising firm? | 1 |
| ...the media (radio, television, newspapers, magazines, etc.)?  | 2 |
| ...the federal or provincial government?                        | 3 |
| ...a tobacco or e-cigarette company?                            | 4 |
| ...a smoking cessation company?                                 | 5 |
| ...a legal or law firm?   | 6 |

**IF YES TO ANY, THANK & TERMINATE**

14. The discussion group will be video-recorded. These recordings are used to help analyze the findings and write 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 child's name nor his/her specific comments will appear in the research report. Is this acceptable?

- Yes 1
- No 2 **THANK & TERMINATE**

15. There may be some people from Health Canada involved in this project observing the session. They will not take part in the discussion and they will not know your child's name full name. Is this acceptable?

- Yes 1
- No 2 **THANK & TERMINATE**

16. What is your child's first name? **RECORD:** \_\_\_\_\_

Thank you. Now I would like to speak to **[INSERT NAME OF CHILD]** to make sure **[SHE/HE]** is interested and feels comfortable about taking part in a group discussion. Once I've done that, I would like to speak to you again.

17. **YOUTH 15-17 YEARS OLD:** Hi **[INSERT NAME OF CHILD]**, I'm **[RECRUITER]** of **[RESEARCH FIRM]**, a Canadian research company. Your mother/father/guardian gave me permission to talk to you about a research study.

**YOUTH 15-19 YEARS OLD:** We are conducting research with young people ages 15 to 19 for Health Canada, to help the department evaluate different labelling options on cigarettes and on cigarette packages.

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

- Every day 1
- Occasionally 2
- Not at all 3 **CONTINUE FOR YOUTH NON-SMOKERS**

I'd like to tell you a little bit about the study to see if you might be interested in taking part. For this study, we're organizing online discussion groups, each of which is scheduled to run for 2 hours in the evening (during the day if Saturday). The online discussion group involves a small number of teens like you who will be asked to look at different labelling options on cigarettes and on cigarette packages then asked to share their opinions with others in the discussion group. The use of a computer or a tablet (not a smartphone) in a quiet room is necessary for participation, as the moderator will want your reactions to concepts and materials that you will need to properly see. All opinions will remain anonymous and participation is voluntary. Those who take part will receive a cash gift for their time. The information collected will be used for research purposes only and handled according to the *Privacy Act* of Canada. The full names of participants will not be provided to the government or any other third party, other than the research firms.



19. Would you be interested in taking part in this study?

- Yes 1
- No 2      **THANK & TERMINATE**

20. Before we invite you to participate, 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 1
- No 2      **THANK & TERMINATE**

21. We are looking to include people of various ages in the group discussion. May I have your age please?

- |              |   |   |             |
|--------------|---|---|-------------|
| 15 years old | 1 | } | Mix of ages |
| 16 years old | 2 |   |             |
| 17 years old | 3 |   |             |
| 18 years old | 4 |   |             |
| 19 years old | 5 |   |             |

22. **ASK 18-19 YEARS OLD:** Do you, or any member of your immediate family, work for ...? **[READ LIST]**

- ...a marketing research, public relations, or advertising firm? 1
- ...the media (radio, television, newspapers, magazines, etc.)? 2
- ...the federal or provincial government? 3
- ...a tobacco or e-cigarette company? 4
- ...a smoking cessation company? 5
- ...a legal or law firm? 6

**IF YES TO ANY, THANK & TERMINATE**

## D. DEMOGRAPHICS AND INDUSTRY QUESTIONS

23. Do you currently live in... [READ LIST]

- |   |   |                   |
|---|---|-------------------|
| A city or metropolitan area with a population of at least 100,000 | 1 | <b>GO TO Q25</b>  |
| A city or town with a population of 10,000 to 100,000             | 2 | <b>GO TO Q25</b>  |
| A town or rural area with a population under 10,000               | 3 | <b>RURAL AREA</b> |

**FOR EACH GROUP, RECRUIT AT LEAST TWO INDIVIDUALS WHO LIVE IN RURAL AREAS.**

24. Do you have access to a stable internet connection, capable of sustaining a 2 hour-long online video conference?

- |     |   |                              |
|-----|---|------------------------------|
| Yes | 1 |                              |
| No  | 2 | <b>THANK &amp; TERMINATE</b> |

25. **ASK ADULTS 18+ ONLY:** Could you please tell me what is the last level of education that you have completed? [READ LIST]

- |  |   |
|--|---|
| Some high school                         | 1 |
| Completed high school                    | 2 |
| Some college/technical school/CEGEP      | 3 |
| Graduated college/technical school/CEGEP | 4 |
| Some university                          | 5 |
| Graduated university                     | 6 |
| Graduate studies                         | 7 |

26. While we are all Canadians (or People in Canada come from many racial or cultural backgrounds), you may identify with more than one group on the following list. *Please select a group or groups that best apply to you.*

- |  |    |
|--|----|
| European (British, French, Portuguese, Spanish, Russian, etc..)                | 1  |
| Chinese  | 2  |
| South Asian (e.g. from India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan)  | 3  |
| Southeast Asian (e.g. from Vietnam, Thailand, Malaysia, Laos, Indonesia, etc.) | 4  |
| Australasia (Pacific Islands, New Zealand, Australia)                          | 5  |
| Middle Eastern   | 6  |
| Central Asian (e.g. Kazakhstan, Mongolia, etc.)                                | 7  |
| Japanese   | 8  |
| Korean   | 9  |
| Black / African  | 10 |
| Caribbean / West Indian  | 11 |
| Filipino   | 12 |
| Latin American   | 13 |
| North American Aboriginal origin (that is First Nations, Métis or Inuit)       | 14 |
| Another group  | 15 |

**RECRUIT AT LEAST TWO PER GROUP WHO ARE OF NON-EUROPEAN DESCENT OR WHO ARE OTHER VISIBLE MINORITIES (I.E. CHINESE OR SOUTH ASIAN, BUT COULD INCLUDE ABORIGINAL PEOPLE OR AFRO-CANADIANS AS WELL).**

27. 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 1
- No 2 **GO TO Q31**

28. When did you last attend one of these discussion groups or interviews?

- Within the last 6 months 1 **THANK & TERMINATE**
- Over 6 months ago 2

29. 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 OR VAPING**

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

- Fewer than 5 1
- Five or more 2 **THANK & TERMINATE**

31. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with others your age? Are you...

**READ OPTIONS**

- Very comfortable 1 **MIN 5 PER GROUP**
- Fairly comfortable 2
- Not very comfortable 3 **THANK & TERMINATE**
- Very uncomfortable 4 **THANK & TERMINATE**

32. Participants will be asked to provide their answers through an online web conferencing platform using a computer or a tablet (not a smartphone) in a quiet room. It is necessary for participation, as the moderator will be gauging reactions to concepts and materials. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

- Yes 1 **THANK & TERMINATE**
- No 2

**TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS DIFFICULTIES PARTICIPATING IN AN ONLINE WEB CONFERENCE, A SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY.**

33. 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 1  
No 2 **THANK & TERMINATE**

34. There may be some people from Health Canada involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes 1  
No 2 **THANK & TERMINATE**

## E. INVITATION TO PARTICIPATE

### **PARTICIPANTS 16+:**

Thank you. We would like to invite you to attend one of the online discussion groups, which will be led by a researcher from the national public opinion research firm, Quorus Consulting Group. 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 to thank you for your time.

35. Are you interested and available to attend?

Yes 1  
No 2 **THANK & TERMINATE**

To conduct the session, we will be using a screen-sharing application called **[PLATFORM]**. **We will need to send you by email the instructions to connect.** The use of a computer or tablet (not a smartphone) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion. If you use glasses to read or a device for hearing, please wear them.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, please call 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]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

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

**15 YEAR OLDS ONLY:**

In the next few days, we will be sending your parent or legal guardian a letter by email. The letter will have instructions on what you need to do to participate in the online discussion group, as well as a consent form that your parent or guardian must sign and return to us in advance of the group. Now I need to talk to your parent/guardian again. Would you please put **[HER/HIM]** back on the phone?

Thank you for allowing me to speak with **[INSERT NAME OF CHILD]**. **[SHE/HE]** would like to participate in the study.

To conduct the session, we will be using a screen-sharing application called **[PLATFORM]**. **We will need to send you by email the instructions to connect.** The use of a computer or a tablet (not a smartphone) in a quiet room is necessary since the moderator will want to show material to participants to get their reactions – that will be an important part of the discussion.

We recommend that you or your child click on the link we will send you a few days prior to your session to make sure they can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

In the next few days, we would like to send you a letter by email. The letter will have instructions on what your child needs to do for the online discussion group, as well as a consent form that you must sign and return to us in advance of the group. To send the letter, may we please have your contact information?

**PARENT/GUARDIAN**

First name \_\_\_\_\_

Last Name \_\_\_\_\_

Email \_\_\_\_\_

Day time phone number \_\_\_\_\_

Night time phone number \_\_\_\_\_

Thank you!

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

## Moderation Guide

### Qualitative testing of on-cigarette warnings – Fall 2020

#### A. Introduction (8 minutes)

Thank you all for joining the webconference!

- Introduce moderator/firm and welcome participants to the focus group.
  - Thanks for attending/value you being here.
  - Tonight/today, we're conducting research on behalf of Health Canada.
  - We will be seeking your opinion on various aspects of cigarette package labelling.
  - 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. We will also be asking you to answer survey questions from time to time to help guide the discussion.
  - My job is to facilitate the discussion, keeping us on topic and on time.
  - Your job is to offer your opinions on the concepts I'll be showing you tonight/today. Your honest opinion is valued – I am not the one who developed the concepts I'll be showing you tonight so please feel free to share what you like and what you think might need improving.
  - There are no right or wrong answers. This is not a knowledge test.
  - Everyone's opinion is important and should be respected.
  - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other Canadians who are not in the room tonight/today.
  - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. As well, in the list of participants, we will make sure only your first name appears (moderator can edit the names of participants as needed to remove last names).
  - In a few moments, I will share my screen with everyone so that you can see some visual concepts we will be discussing.
- **We will be making regular use of the chat function.** To access that feature, please scroll over the bottom of your screen until the command bar appears. There you will see a function called "chat". It will open a chat screen on the far right of your screen. I'd like to ask you to use chat throughout our discussion tonight. Let's do a quick test right now - please open the chat window and send the group a short message (e.g. Hello everyone). If you have an answer to a question and I don't get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.
- Explanations.
  - Comments treated in confidence.

- Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
- The 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 individuals from Health Canada involved in this project who are watching this online and this is only so they can hear the comments first-hand.
- Any questions?
- Please note that the moderator is not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.
- If you are not speaking, I would encourage you to **mute your line** to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
  
- **Roundtable introduction:** To get us started off, I'd like to hear a little bit from each of you. Please tell us your first name and what you enjoy doing in your spare time.



## *B. General Reactions to On-Cigarette Warnings (10 minutes)*

### **YOUTH GROUPS ONLY:**

- **SMOKERS:**

- Do you remember where or how you got your first cigarette? Was the cigarette just handed over to you or did you hold and see the package?
- Did you remember seeing any of the warnings or pictures on the packages or inside the packages? If so, what went through your mind at the time? How did that make you feel?

- **NON-SMOKERS:**

- Some of you may have smoked a cigarette at one point or another. Do you remember where or how you got your first cigarette? Was the cigarette just handed over to you or did you hold and see the package?
- Did you remember seeing any of the warnings or pictures on the packages or inside the packages? If so, what went through your mind at the time? How did that make you feel?

As I mentioned, tonight/today we'll be talking about health warnings on cigarette packages. Have a look at the sequence of images I am showing up on the screen right now.

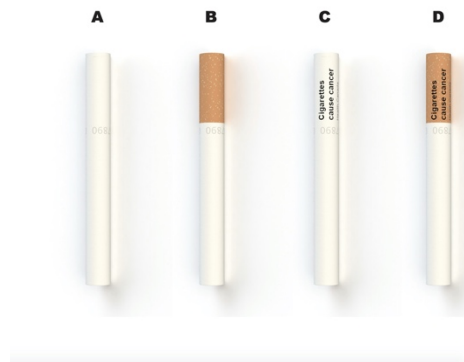
**[MODERATOR TO SHOW PARTICIPANTS IMAGES OF A MOCKED-UP PACKAGE WITH THE NEW PACKAGING, AND A BLOW-UP OF THE FINAL IMAGE SHOWING AN OPEN PACKAGE WITH THE FILTERS CLEARLY SHOWING WITH SOME TEXT]**



- What, if anything, is catching your attention?
- Some of you have noticed that there is a warning on each individual cigarette. What do you think of this approach? Why do you say that?
  - What, if anything, do you like about this approach? Why?
  - What, if anything, don't you like about this approach? Why?
- So if you were to open a pack of cigarettes and you were to see those warnings, what happens next? What would be going through your mind? **YOUTH ASK:** So if someone hands you a cigarette and you were to see a warning on the cigarette, what happens next? What would be going through your mind?

**PROBE AS NEEDED:**

- Does it make you more interested in wanting to smoke that cigarette? Does it make you want to pick it up or curious about trying it? Why/why not?
  - And how would any of this change the second time around and you see the same thing?
  - Which cigarette would you least like to smoke – with or without health warnings on them? Why?
- MODERATOR TO SHOW THE FOLLOWING IMAGE TO PARTICIPANTS:**



- How would you feel being seen smoking cigarettes with a health warning on them?
  - Would you like to be seen with this cigarette? Why or why not?
- Does it make them more, less or as attractive as cigarettes without health warnings on them? Why?
  - **IF LESS ATTRACTIVE:** Does this even matter to you?
- Do you think one of these cigarettes would be less harmful than the others?
- **PROBE IF NOT ALREADY DISCUSSED:** Would any of you have any questions or concerns about the ink being used for the messages?

**C. Review of On-Cigarette Messages (40 minutes)**

Let’s now turn our attention to the different messages that are being considered for cigarettes.

**MODERATOR TO SHOW A VISUAL OF EACH MESSAGE SEPERATELY AND THEME BLOCKS WILL BE PRESENTED RANDOMLY EACH SESSION.**

- **Eighteen (18) messages will be tested (Grouped into 3 themes – themes are for internal purposes only and will not be shared with participants):**

Theme A	Theme B	Theme C
<b>A1.</b> Cigarettes cause diseases <b>A2.</b> Cigarettes damage your organs <b>A3.</b> Cigarettes harm everyone <b>A4.</b> Cigarettes cause chronic bronchitis <b>A5.</b> Cigarettes cause cancer <b>A6.</b> Cigarettes harm children	<b>B1.</b> Cigarettes cause liver cancer <b>B2.</b> Cigarettes cause emphysema <b>B3.</b> Cigarettes harm sexual health <b>B4.</b> Cigarettes cause pancreatic cancer <b>B5.</b> Cigarettes cause leukemia <b>B6.</b> Cigarettes cause lip cancer	<b>C1.</b> 7000 chemicals in every puff <b>C2.</b> Poison in every puff <b>C3.</b> Tobacco smoke contains poison <b>C4.</b> Second-hand smoke is toxic <b>C5.</b> Each cigarette is harmful <b>C6.</b> Cigarettes are addictive

We have eighteen (18) different messages that we would like to run by you. For each one, I’d like you to do the following:

- I will have a short survey appear on your screen. Answer all the questions on that screen and once you are finished, click “Submit.” **[MODERATOR TO CLARIFY WHEN THE SURVEY SWITCHES FROM ONE QUESTION TO THE OTHER]**
  - *How effective is this message at warning you about the health hazards of smoking?*
  - *How effective is this message at dissuading you from smoking?*

Not at all effective					Very effective				
1	2	3	4	5	6	7	8	9	10

- When everyone is finished rating the first block of messages, I’ll show everyone the next block.
- This is an individual exercise so please refrain from voicing any opinions or reactions out loud as you do this exercise.
- When everyone is finished, we’ll talk about it as a group.

**[INTERNAL PROCESS:** Using the polling feature in Zoom, a series of 6 messages (each representing a theme) will be presented to participants and for each message, participant will be asked to provide a rating. This is repeated for the next two blocks and is repeated for each of the two questions. In total, respondents will work through 6 blocks of questions.

The moderator sees when all six questions in a given block have been answered by everyone. At that point, they will present the next block of questions, so on and so forth.]

Ok, it looks like everyone is finished. **[DISCUSSION - ALLOW UP TO 10 MINUTES PER BLOCK]**. Let’s start with this first block of messages **MODERATOR TO SHOW ALL MESSAGES FOR BLOCK A, B OR C ON THE SAME PAGE, ONE BLOCK AT A TIME:**

1. Which two or three messages do you think are most effective in terms of getting you to think about the health effects of smoking? Why is that? Which are most effective at dissuading you from smoking? Why is that?
2. Is there any message on this page that should not be used at all? Help me understand your choice.
3. Do you believe all these messages?
  - **IF NOT:** Which one and what leads you to feel that the information is not believable?
  - **IF YES:** What leads you to feel that the information is believable?
4. **[ONLY EXPLORE FOR THE FIRST SET OF MESSAGES PRESENTED]** What impact, if any does reference to Health Canada have on the information being conveyed?
5. Is anything confusing or unclear?
6. What information, if any, is new to you?
7. Which cigarette would you least like to smoke or be seen smoking? Why or why not?
8. Do you think one of these cigarettes would be less harmful than the others?

**REPEAT SEQUENCE FOR THE NEXT BLOCK OF MESSAGES**

**AFTER ALL THREE BLOCKS HAVE BEEN PRESENTED AND DISCUSSED:**

- Do you have any suggestions for any other messages that you think would be effective at dissuading you from smoking?

***D. Review of On-Cigarette Message Design Elements (15 minutes)***

Let's now turn our attention to different ways of presenting the warnings on cigarettes. This exercise would really be easier if I could give you a life-size cigarette so that you could see the differences between the options but we will do our best with images on the screen. Just keep in mind the actual size of a cigarette.

***Text Size (5 minutes)***

**MODERATOR TO SHOW A VISUAL OF 3 FONT SIZES OF A SINGLE TEXT FOR PARTICIPANTS TO ASSESS (SIZE B1, SIZE B2 AND SIZE B3).**



- Which of the three options is easiest to read?
- Are any of them difficult to read?
  - **IF NEEDED:** We are showing a cigarette that is entirely white and one where we see the cork filter – is the text easier to read on one compared to the other?

- Is any option more noticeable than the others or are they all equally noticeable? By noticeable, I mean that they get your attention.
- Which cigarette would you least like to smoke or be seen smoking? Why or why not?
- Do you think one of these cigarettes would be less harmful than the others?

### Font Types (5 minutes)

**MODERATOR TO SHOW A VISUAL OF 3 FONT TYPES OF A SINGLE TEXT FOR PARTICIPANTS TO ASSESS (TYPE A1, TYPE A2 AND TYPE A3).**



- Which of the three options is easiest to read?
- Are any of them actually difficult to read? Which one and in which way?
- Is any option more noticeable than the others or are they all equally noticeable? By noticeable, I mean that they get your attention.
- Which cigarette would you least like to smoke or be seen smoking? Why or why not?
- Do you think one of these cigarettes would be less harmful than the others?

### HC Attribution (5 minutes)

**MODERATOR TO SHOW A VISUAL OF 3 OPTIONS FOR HC ATTRIBUTION FOR PARTICIPANTS TO ASSESS (C1, C2 AND C3).**



- What impact, if any does reference to Health Canada have on the information being conveyed?
- Is it a good idea for Health Canada to be referenced below the message?
  - **IF NEEDED:** Are there any risks to Health Canada of doing that? What are the benefits?
  - Would the message have more impact or be more meaningful to you if the message came from someone else? Who/what organization comes to mind?
- When you look at the cigarettes at the top and at the bottom of the page (ignoring the ones in the middle), which of these is easiest to read?
  - Are any of them actually difficult to read?
  - Do any of these options leave you with the impression that Health Canada is condoning smoking?

### E. Review of Health Warning Concepts (30 minutes)

Now I'd like to review versions of health warnings that *could* appear on cigarette packaging.

**Health warnings (HWs)** provide information about health hazards and health effects of smoking.

- This information is currently found on the outside cover of a package of cigarettes, **[POINT TO WHERE THIS IS FOUND ON THE PACKAGE]** and is in English on one side and French on the other.

**MODERATOR TO SHOW A VISUAL OF EACH CONCEPT SEPERATELY AND RANDOMLY.**

- **Four (4) HW concepts will be tested:**
  - **HW A:** Each cigarette is harmful
  - **HW B:** Cigarettes cause stomach cancer
  - **HW C:** Cigarettes are addictive and harmful
  - **HW D:** Poison in every puff



We have four concepts that we would like to run by you. For each one, I'd like you to do the following:

- Take a minute to look at the first concept and then I will present a polling question asking you to rate the health warning. Once you have entered your answer, be sure to click "Submit." **IF YOU NEED TO LOOK AT THE CONCEPT AFTER THE SURVEY QUESTION POPS UP ON YOUR SCREEN, YOU JUST NEED TO CLOSE THAT WINDOW, LOOK AT THE CONCEPT AGAIN, AND THEN CLICK ON "POLLING" AT THE BOTTOM OF YOUR SCREEN TO GET HAVE THE SURVEY WINDOW APPEAR AGAIN.**



- *How effective is this health warning in terms of informing about the health hazards and health effects of smoking?*

Not at all effective					Very effective				
1	2	3	4	5	6	7	8	9	10

- When everyone is finished rating the first concept, I'll show everyone the second concept, and so on.
- This is an individual exercise so please refrain from voicing any opinions or reactions out loud as you do this exercise.
- When everyone is finished, we'll talk about it as a group.

Ok, it looks like everyone is finished. **[DISCUSSION - ALLOW UP TO 6 MINUTES PER HW]**. Let's start with the first health warning I showed you:

1. What's your first impression of this health warning? What, if anything, caught your attention and why?

**Probe if not raised by participants:**

- Does the main message catch your attention?
- By focusing specifically on the design of the concept, do you have any feedback on the layout, the image, the colours used, etc.
  - **AS NEEDED:** In what ways, if at all, are the design features helpful?
- **IF ANYONE SAYS THE HW IS TOO LONG:** How can we shorten the text and make sure the message still gets through?

2. Now let's focus specifically on the information:

Is the text clear and easy to read? If not, why not? **[Ask for comments on font size and contrast.]**

Is anything confusing, unclear or incomplete?

- Would you understand the message/text without seeing the picture?

Is the information credible? Do you believe what it is saying? Why/why not?

- **IF NOT:** What leads you to feel that the information is not believable?

3. Do the text and image work well together?

- Does the picture tell you anything without the words? If so, what does it say? If no, why not?
- **IF NOT:** What picture would you suggest instead?

4. Does it make you think about, or help you understand, the risks of smoking? Why/why not?

5. Is any of this information new to you? If so, what?

**REPEAT SEQUENCE FOR THE NEXT HW.**

**ASK THE FOLLOWING ONCE AFTER EXPLORING THE FOUR HW CONCEPTS - MODERATOR POINTS TO THE QUITLINE SECTION OF THE HW WITH THEIR CURSOR:**

6. Do you have any comments on the quitline section – the area that shows a tagline, a quitline phone number and a website?
  - **IF NOT MENTIONED:** Is it readable? Easy to understand? Noticeable?

***F. Interplay Between On-Cigarette Messaging and other labelling elements (including HWs, HIMs and TS) (8 minutes)***

We've now had the chance to look at different messages that could be on the cigarettes, as well as different HWs. **[MODERATOR TO SHOW IMAGE FROM "SECTION B" AGAIN]**

- Does adding the warning on cigarettes make the overall messaging more complete, impactful and relevant?

**AS NEEDED:**

- Do the warnings on the cigarettes help the messages on the packages be more effective? When you think of the overall impact, is the pack of cigarettes with messages on the cigarettes more effective compared to the pack of cigarettes without the messages?
- Does it make any difference whether the cigarettes are labelled or not?

***G. Conclusion (2 minutes)***

We've covered a lot today/tonight and I really appreciate you taking the time to share your opinions. I'm going to quickly check with the observers to see if there are any last questions for you. In the meantime, please consider any last suggestions or thoughts that you want to share with the Government of Canada about what we discussed tonight/today.

**MODERATOR WILL CHECK WITH OBSERVERS TO SEE IF THERE ARE LAST QUESTIONS.**

Does anyone have any last thoughts or feedback to share with the Government of Canada about the topic? Thank you very much for your time. This concludes the discussion group.