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Evaluation of Public Education Tool and Resources for the Tobacco Cessation Program

Final Report

Prepared for Health Canada

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Canada 

Evaluation of Public Education Tool and Resources for the Tobacco Cessation Program Final Report

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Supplier name: Phoenix Strategic Perspectives Inc.
November 2022

This public opinion research report presents the results of 11 online focus groups conducted with Canadian adults, aged 35 to 64 years, who said they smoke cigarettes daily. Three sessions were conducted with those living in Ontario, two sessions with those living in Quebec (conducted in French), two sessions with those living in a Prairie province (Manitoba, Saskatchewan, and Alberta), two sessions with those living in Atlantic Canada (Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick), and one session each with those living in British Columbia and Northern Canada (Yukon Territory, Northwest Territories, and Nunavut). The research was conducted September 7 through 14, 2022.

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HC.cpab.por-rop.dgcap.SC@canada.ca or at:

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200 Eglantine Driveway, Jeanne Mance Building
AL 1915C, Tunney's Pasture
Ottawa, Ontario K1A 0K9

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Executive Summary

Health Canada commissioned Phoenix Strategic Perspectives (Phoenix SPI) to conduct qualitative public opinion research (POR) with Canadians aged 35 to 64 who smoke cigarettes daily to validate a series of tobacco cessation communication products.

1. Research purpose and objectives

The leading preventable cause of premature death in Canada continues to be tobacco. Each year, approximately 48,000 Canadians die from a tobacco-related disease. While tobacco use has decreased, a significant number of Canadians still use tobacco. The Government of Canada announced a target of less than 5% tobacco use by 2035 to reduce the death and disease burden of tobacco use. Public education and tobacco cessation communications products support efforts to reach this target.

The purpose of this qualitative research was to validate new tobacco cessation communication products for the upcoming marketing campaign. The objectives were to: 1) explore reactions to the communication products to identify potentially encouraging and/or stigmatizing elements; 2) determine if the call to action in the products is effective; and 3) assess whether viewing the products result in any immediate gains in knowledge or changes in personal intentions for cessation.

2. Methodology

To meet the objectives, 11 virtual focus groups were conducted with Canadian adults (aged 35 to 64) who indicated they smoke daily. Three sessions were conducted with those living in Ontario, two sessions with those living in Quebec (conducted in French), two sessions with those living in a Prairie province (Manitoba, Saskatchewan, and Alberta), two sessions with those living in Atlantic Canada (Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick), and one session each with those living in British Columbia and Northern Canada (Yukon Territory, Northwest Territories, and Nunavut). Participants received an honorarium of \$125. The fieldwork took place between September 7 and 14, 2022.

3. Highlights and key themes

Participants are aware of smoking cessation tools and supports and most frequently identified NRTs and “cold turkey” as tools they have tried during a quit attempt.

- Participants had no difficulty identifying smoking cessation tools and supports available to someone wanting to quit smoking. The most frequently mentioned tools, identified by many participants, were nicotine replacement therapies (NRTs) and prescribed medications.
- The most frequently identified smoking cessation tools *used* by participants themselves (each identified by many participants) were NRTs and “cold turkey”¹. When asked which tools or supports they *would* be most likely to use if they were to decide to quit tomorrow, the options chosen most frequently were no tools or support or cold turkey and vaping, followed by counselling with a quit coach, specific NRTs, including nicotine gum, inhalers,

¹ This was the term used by participants. In this context, participants meant that they stopped smoking cigarettes all at once (for a period of time) without the use of any smoking cessation tools.

lozenges, or the patch, prescription medications, such as Varenicline or Bupropion, consulting their doctor or pharmacist, and taking Cytisine (a natural health product).²

- Most participants that chose multiple options indicated that they did not intend to use any of the tools or supports together, or in combination, during the same attempt.

Overall reaction to the two ads participants were shown tended to be divided between positive and neutral/indifferent reactions. Specifically, many participants reacted positively to the ads, slightly more were neutral or indifferent, and a few reacted in an overall critical or negative way.

- Positive reactions to the ads were typically based on three things: the tone of the ads (described as positive, motivating, personable, and encouraging), the ads being short, clear, and to-the-point, and the inclusion of useful and/or new information.
- Indifferent or neutral reactions were typically based on the impression that the ads include nothing new, are too general/meaningless/not personally relevant, and are boring or bland.
- Critical reactions were most often based on the impression that the ads are too fast/too short, resulting in an inability to register the information.

Nearly half the participants said that these ads encouraged or motivated them to find out more about quit tools/supports and encouraged or motivated them to combine quit tools/supports.

- The reason identified most often to explain the motivation to find out more about quit tools/supports was curiosity generated by the newness of information in the ads, particularly the idea of combining approaches.
- The reason identified most often to explain the motivation to combine quit tools/supports was the idea that combining approaches can improve one's chances of success in quitting smoking.
- Participants who said they are **not** motivated to find out more about quit tools/supports or to combine them most often explained that they are not interested in quitting smoking.

Overall, most participants reacted positively to the two resource videos. Reactions that were not positive were more likely to be neutral/indifferent than negative, with some participants attributing their indifference or neutrality to not being ready or willing to quit smoking.

- Most participants' overall reaction to 'Your quit plan' tended to be positive and reactions that were not positive were more likely to be neutral/indifferent than negative. Positive reactions to the video were most often focussed on the following: the idea of implementing a quit plan/following a process, the proposed plan and its various steps/phases (described as 'comprehensive', 'well thought out', 'practical', 'detailed', 'concrete', 'relevant', and 'easy to follow'), and the inclusion of examples or details related to the various steps of the quit plan.
- Neutral or indifferent reactions to 'Your quit plan' were based on the following: not being ready/willing to quit smoking, experience (having tried to set/follow a quit plan and failing),

² Participants were presented with a list of potential tools or supports that someone *could* use to support their smoking cessation efforts. They were asked to identify the tools or supports they would consider using if they decided to quit tomorrow.

the impression that the video provides no new information, preference for the cold turkey approach, and a dislike of plans/writing things down.

- More than half the participants said that ‘Your quit plan’ encouraged or motivated them to find out more about making a quit plan as well as to use one. The reason identified most often to explain the motivation to do both was never having considered this before/the newness of the information.
- As was the case for ‘Your quit plan’, most participants’ overall reaction to ‘What’s the best way to quit smoking?’ tended to be positive, with reactions that were not positive more likely to be neutral/indifferent than negative. Positive reactions tended to focus on the following: the idea of combining options to improve the likelihood of success in quitting smoking, the impression that the information provided is comprehensive and useful, the options identified including ones not known before, and the inclusion of evidence/data/studies (e.g., combining methods can almost double or triple one’s chances of quitting smoking).
- Neutral or indifferent reactions to ‘What’s the best way to quit smoking?’ tended to be based on not being ready/willing to quit smoking, the impression that the video provides no new information, and being provided with several different options without any real guidance/direction.
- Most participants said that ‘What’s the best way to quit smoking?’ encouraged or motivated them to find out more about the best ways to quit smoking as well as use some of the referenced quit tools and/or combine them. In both instances, the reason identified most often (by many participants) was that combining approaches can improve one’s chances of quitting.
- Participants who said they were not motivated by either ‘Your quit plan’ or ‘What’s the best way to quit smoking?’ most often said they are not ready/willing to quit smoking. Lack of readiness to quit smoking was the main reason underlying the following: indifferent/neutral overall reactions to the resource videos; the resource videos being ineffective at keeping participants’ attention; information in the resource videos being described as not useful/relevant; and participants’ lack of motivation to find out more about resources and use them.

*After reviewing the **ads** and **resource videos**, a majority of participants said that their views on supports or tools used to quit smoking had changed since the beginning of the session.*

- Changes most often took the form of being more inclined to use or consider a quit plan and looking into combining various approaches.

A few themes emerged in a recurring fashion as part of participants’ positive assessments of the communications materials presented to them.

Three aspects of the ads and the videos tended to resonate positively with participants. This includes positive messaging, new information, and data/statistics/evidence.

Positive messaging was more likely to be identified as something participants liked in relation to the ads, but it was also something many reacted to positively to in the resource videos. Examples of positive messaging included the overall tone of the ads and videos (which was described as ‘positive’, ‘motivating’, ‘personable’, ‘encouraging’, ‘non-judgmental’), the focus on success and

overcoming challenges, and the focus on self-empowerment/helping people who smoke help themselves.

The impact of what participants referred to as positive messaging was evident in two ways. First, the reason most often given to explain why the resource videos encourage participants to find out more about the best ways to quit smoking as well as use some of the referenced quit tools and/or combine them was that combining approaches can improve one's chances of quitting. Second, the reason identified most often to explain why the ads motivate participants to combine quit tools/supports was also the idea that combining approaches can be successful or improve one's chances of success in quitting smoking.

The inclusion of new information was also a feature of the communications materials that elicited positive reactions from many participants. This included the idea of using a quit plan, reference to specific resources participants were not aware of before, such as Cytisine (a natural health product), and the idea that combining options can increase the likelihood of success. The impression that communications materials provide new information was identified as a reason why the materials grab participants' attention, why the materials are considered relevant/useful, and why the materials motivate them to learn more about resources. Conversely, one of the main reasons participants reacted neutrally or indifferently to the materials and were not interested in learning more about them was the impression that they do not provide any new information.

Finally, positive reaction to the inclusion of data/statistics/evidence was most obvious in relation to 'What's the best way to quit smoking?'. One of the main reasons explaining positive overall reactions to this resource video was the inclusion of evidence (e.g., combining methods can almost double or triple one's chances of quitting smoking). Some also described as new and/or useful/relevant to them the information that combining certain methods can almost double or triple one's chances of quitting smoking.

4. Limitations and use of the findings

The results from the virtual focus groups cannot be quantified or generalized to the full population of Canadians between the ages of 35 and 64 who smoke cigarettes on a daily basis (i.e., they are not statistically projectable), but they do offer detailed opinions about the issues explored through this research. As such, the results will be used by Health Canada to inform the development of tobacco cessation communication products and to identify potential topics of interest for future research.

5. Contract value

The contract value was \$87,693.65 (including applicable taxes).

6. Statement of political neutrality

I hereby certify as a Senior Officer of Phoenix Strategic Perspectives that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the *Communications Policy* of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not contain any reference to electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leader.



Alethea Woods
President
Phoenix Strategic Perspectives Inc.

Introduction

Background and objectives

The leading preventable cause of premature death in Canada continues to be tobacco. Each year, approximately 48,000 Canadians die from a tobacco-related disease. While tobacco use has decreased, a significant number of Canadians still use tobacco. According to recent data (2021 Canadian Community Health Survey [CCHS]), approximately one in 10 Canadians use tobacco and six in 10 people who smoke daily are between the ages of 35 and 64 years.³

The Government of Canada announced a target of less than 5% tobacco use by 2035 to reduce the death and disease burden of tobacco use. Reaching this target can be expected to save millions of lives and billions of dollars. Public education and tobacco cessation communications products support efforts to reach this target. The 2022-23 marketing campaign contained a few novel and nuanced approaches. Health Canada, therefore, commissioned public opinion research (POR) to validate these new products for the upcoming marketing campaign. The target audience for this research is Canadians aged 35 to 64 years who smoke daily.

The products tested included the following:

- two versions of a 15-second advertisement;
- two 2-minute resource videos: ‘Your quit plan’ and ‘What’s the best way to quit smoking?’; and
- four campaign landing page title options.

The objectives for this research were as follows: 1) to explore reactions to the communication products to identify potentially encouraging and/or stigmatizing elements (e.g., messaging, imagery, etc.); 2) to determine if the call to action in the products is effective (i.e., will the target audience respond to the call to action, why/why not); and 3) to assess whether viewing the products result in any immediate gains in knowledge or changes in personal intentions for cessation.

Research results will be used by Health Canada to better understand how the overall campaign might be received by the target audiences—specifically, whether the campaign is clear, informative, helpful, and non-stigmatizing in its current format.

Methodology

To meet the objectives, a set of 11 virtual focus groups were conducted with Canadian adults (aged 35 to 64) who currently smoke daily. Three sessions were conducted with those living in Ontario, two sessions with those living in Quebec (conducted in French), two sessions with those living in the Prairie provinces (Manitoba, Saskatchewan, and Alberta), two sessions with those living in Atlantic Canada (Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick), and one session each with those living in British Columbia and Northern Canada (Yukon Territory, Northwest Territories, and Nunavut). All groups included a mix of participants by age (within the recruitment

³ Statistics Canada. Table 13-10-0096-01 Health characteristics, annual estimates. DOI: <https://doi.org/10.25318/1310009601-eng>

parameters), gender, education, ethnicity, income, length of time smoking cigarettes, living arrangement (with family, with roommates, on own), and community size (centres of under 100,000 people and centres of 100,000 or more). All participants received an honorarium of \$125. The fieldwork took place between September 7 and 14, 2022.

Notes to readers

- The focus group results provide an indication of participants' views about the issues explored, but they cannot be quantified or generalized to the full population of Canadians between the ages of 35 and 64 who smoke cigarettes on a daily basis.
- The research instruments can be found in the [Appendix](#) along with more information about the technical specifications of research and the marketing campaign materials tested as part of the research.

Detailed Findings

1. Smoking habits and cessation attempts

This section presents findings related to participants' smoking habits and cessation attempts.

Most participants have been smoking for over a decade

The length of time that participants have been smoking varied considerably, ranging from two to three years to almost 50 years. The largest single proportion, close to half, indicated that they have been smoking for over 20 years, with most of the rest saying they have been smoking somewhere between 11 and 20 years. In contrast, just a few participants indicated that they have been smoking for 10 years or less.⁴

Most participants smoke over five cigarettes per day

Most participants said they smoke over five cigarettes a day. Approximately one-third smoke between six and 10 cigarettes a day, and a similar proportion smoke between 11 and 20 cigarettes a day. The remaining participants were more likely to smoke five cigarettes or less a day (only a few said they smoke over 20 cigarettes a day). A few participants volunteered that the number of cigarettes they smoke per day can vary and sometimes depends on circumstances (e.g., the number of cigarettes smoked increasing on weekends/when not at work, when stressed).

Almost all participants have tried to quit smoking, and most have tried more than once

Almost all participants said that they have tried to quit smoking, and most reported trying to do so on more than one occasion. The largest single proportion, over one-third, indicated that they have tried to quit anywhere between two and five times, with most of the rest saying they have tried to quit more than five times. In addition, a few participants did not provide a number but specified that they have tried to quit many times. Few said they have tried to quit only once.

Routine and stress – most frequently identified challenges in trying to quit smoking

A number of challenges to quitting smoking were identified by participants, but the frequency with which they were identified varied. Two challenges to quitting were identified most often, each one by many participants. These included:

- **Habitualness/routine associated with smoking:** Many participants explained that smoking is part of a pattern of behaviour in their lives, associated with certain activities. Examples included having a cigarette when waking up in the morning, with coffee or tea, with alcohol, when socializing/going out with friends, when driving, when playing golf, on work breaks, after dinner, before going to bed, when relaxing, and as a reward for hard work.
- **Stress/stress relief:** Many participants described smoking as a way of coping with stress or a source of stress relief.

⁴ Ranges have been used to facilitate reporting of feedback on how long participants have been smoking, the number of cigarettes smoked per day, and the number of quit attempts. Participants usually provided an absolute number in response to these questions (e.g., 'I have been smoking for 15 years'). Such a participant is described above as someone who has been smoking for 'somewhere between 11 and 20 years'.

Challenges to quitting identified less often, but still with some frequency (i.e., mentioned by some participants) included living with someone who smokes, such as a spouse or partner, and lacking motivation to quit because smoking is enjoyable.

Infrequently mentioned main challenges (i.e., identified by no more than a few participants) included the following:

- Peer pressure
- Boredom, i.e., smoking when bored or to manage boredom
- Nicotine withdrawal/nicotine addiction
- Cravings
- Being around other people, including friends, who smoke
- Lack of will power
- The ritual activity linked to smoking, i.e., the hand-to-mouth motion.

None of the following were identified as challenges to quitting by participants: the cost of quitting, the consequences of quitting (e.g., fear of weight gain), or uncertainty regarding types of quit aids/what approach to take or how to use quit aids.

Participants collectively aware of a variety of smoking cessation tools and supports

Participants had no difficulty identifying smoking cessation tools and supports available to someone wanting to quit smoking cigarettes. The most frequently mentioned tools, identified by many participants, were nicotine replacement therapies (NRTs), including gums, patches, lozenges, inhalers, and sprays, as well as prescribed medications, including Chantix, Bupropion and Zyban⁵. Smaller numbers (some participants) identified vaping, and hypnosis as smoking cessation tools and supports. A host of other tools and supports were identified by individuals or no more than a few participants. These included the following:

- Help lines
- Support groups
- Books
- Acupuncture
- Yoga
- Sports/exercise
- Laser therapy
- Counselling/therapy
- Chewing gum
- Quit smoking plans
- Will power/cold turkey

NRTs and cold turkey approach used most frequently by participants in smoking cessation efforts

As noted above, almost all participants said that they have tried to quit smoking. The most frequently identified ways for doing this (each identified by many participants) were the use of

⁵ Both Bupropion, and the brand name, Zyban, were mentioned by participants.

NRTs (including gums, patches, lozenges, and sprays) and the cold turkey method.⁶ Two other ways identified less frequently, but by some research participants, were prescription medication(s) and vaping. All other ways tried by participants were identified by no more than a few participants and included the following:

- Hypnosis
- Laser therapy
- Chewing gum (i.e., regular chewing gum)
- Eating suckers/lollipops
- Natural products
- Sports/exercise
- Taking up a hobby
- Gradually cutting back on the number of cigarettes smoked
- Trying to avoid smoking triggers
- Switching to a brand of cigarette thought to be easier to wean oneself from.

Participants offered a variety of reasons for using tools/approaches

Participants were asked why they took the approach(es) they used when trying to quit smoking. Reasons provided included the following, none of which was provided by more than a few participants:

- Being told by friends/acquaintances that a certain approach works/might be successful (provided as a reason for using NRTs, medication, and hypnosis).
- Ease of access/easy to purchase (provided as a reason for using NRTs).
- Influenced by advertising/commercials (provided as a reason for using NRTs).
- Prescription/recommendation by a physician (provided as a reason for using prescription medications and NRTs).
- Looking for a quick fix/solution (provided as a reason for trying hypnosis).
- Looking for a tool that works as an anti-depressant (provided as a reason for using Chantix).
- Looking for an approach that is non-addictive and/or has no side effects (provided as a reason for trying counselling/therapy and natural products).
- Having tried everything else/nothing else working (provided as a reason for trying the cold turkey approach).
- The importance of will power/belief in the power of mind over matter (provided as a reason for trying the cold turkey approach).
- Looking for a progressive/gradual transition to quitting based on an approach that resembles the act of smoking (provided as a reason for trying vaping).
- Desire for an approach that is relaxing/soothing (provided as a reason for trying yoga).
- Desire to break patterns of behaviour/ habits (provided as a reason for trying sports/exercise).

⁶ Cold turkey was one of the most frequently identified ways participants used to try to quit smoking, but it was infrequently identified as a possible tool or support available to someone who wants to quit smoking. The likely reason is that most participants do not think of 'going cold turkey' as a tool or support.

Feedback regarding the perceived effectiveness of tools/approaches was mixed

Perhaps not surprisingly, feedback on the tools and approaches that worked best or were most effective was varied and sometimes mixed—that is, what worked with one participant did not work with another. The only approach identified as successful or effective with any regularity (i.e., by some participants) was the cold turkey approach.⁷ Among participants who described this approach as effective were a few women who noted that the only time(s) they were successful in quitting smoking for an extended period was during pregnancy.

Other approaches described as at least somewhat effective were identified by no more than a few individuals. These included vaping, prescription medication, NRTs (including the patch and gum), exercise/sports, and natural products. A few participants indicated that nothing they used was effective, while a few said that the approach they used was effective but also included negative side effects (e.g., nightmares, nausea, strep throat, rashes/itching).

Most participants said that they had not combined tools in their previous quit attempts, though many indicated that they have used different approaches in their smoking cessation efforts.

No consensus when it comes to using tools/supports in the future

As a follow-up to asking participants to identify the smoking cessation tools and supports that they *have used*, participants were asked which tools or supports they *would be most likely to use* if they decided to quit tomorrow. This was explored through an exercise in which participants were shown a list of potential tools or supports that someone could use to support their smoking cessation efforts and asked to select all the ones they would consider using. The list of tools and supports included the following:

- Nicotine gum, inhaler, or lozenges
- Nicotine patch
- Prescription medications: (such as Varenicline or Bupropion)
- Counselling with a quit coach
- Consulting your doctor or pharmacist
- Taking Cytisine (a natural health product)
- Vaping
- None or “cold turkey” approach (no tools or support)
- Other.

There was no noticeable difference in preferences, with each tool or support being chosen by at least some participants. That being said, the options chosen most frequently were none or cold turkey approach (no tools or supports) and vaping. These were followed, in descending order of frequency, by counselling with a quit coach, nicotine gum/inhaler/lozenges, the nicotine patch and prescription medications, such as Varenicline or Bupropion, consulting their doctor or pharmacist, and taking Cytisine (a natural health product). ‘Other’ tools and supports volunteered by participants were laser treatment, acupuncture, hypnosis, injections, and sports.

⁷ Since all participants in this research smoke regularly, it goes without saying that no approaches were effective in the sense of helping participants give up smoking for good.

Asked if they would use any of the tools or supports together, or in combination, during the same quit attempt, most participants said that they would not.

Mobile app top preference for information regarding smoking cessation

Participants were also asked to identify their preferred formats of information or supports to assist them in their smoking cessation efforts. This was also done via an exercise in which participants were shown a list of potential formats of information or support and asked to select all the ones they would prefer to use in their own quit efforts. The list included the following:

- Online web text (descriptions etc.)
- Online short web videos (2 mins)
- Step by Step questionnaires
- Self-help guide(s)
- Smoking telephone quit line
- Mobile App
- Chat Bot
- Text Messaging Support Services to quit smoking
- None of the above are appealing to me
- Other.

There were some noticeable differences in terms of participants' preferences.⁸ The format identified most often, and the only one identified by a majority of participants, was a mobile app. Reasons given for preferring a mobile app had to do with its perceived convenience and accessibility. This included ease of use, and frequent use of one's phone/constantly having one's phone at hand. It was also suggested that an app could allow people who smoke to track their progress in their smoking cessation efforts (e.g., tracking the amount of money saved by not buying cigarettes).

Following a mobile app, participants expressed a preference for self-help guides, online short web videos, and a step-by-step questionnaire. Although not identified as frequently as the mobile app, each of these was identified by at least a third of participants. Some participants identified text message support services, a smoking telephone quit line, and online web text, while only a few identified a chat bot. Support groups were volunteered by some participants as another format for receiving information and support.

Only a couple of participants indicated that none of these options were appealing to them.

2. Review of advertisements

This section of the report presents participants' impressions of the first set of tobacco cessation materials developed by Health Canada⁹: two short video advertisements (15 seconds each) that would appear on social media, YouTube, news websites, and possibly in public places. The ads were shown to participants consecutively and discussed as a set. The order in which the ads were presented was rotated across groups.

⁸ Due to time constraints, this exercise was not completed in all focus groups.

⁹ In advance of presenting the tobacco cessation communication products to be reviewed, participants were asked to keep in mind that the materials are not final products and that they might change in part as a result of their feedback.

Overall impressions divided between positive and neutral/indifferent reactions

Overall reaction to the ads tended to be divided between participants who reacted positively and participants whose reaction was neutral or indifferent. Specifically, many participants reacted positively to the ads, slightly more were neutral or indifferent, and a few reacted to the ads in an overall critical or negative way. A few participants who described their overall reaction as neutral or indifferent nonetheless identified aspects of the ads that they liked or reacted to positively.

Positive reactions to the ads were typically based on three things:

- The tone of the ads, which was described as positive, motivating, personable, and encouraging. Specific examples of what participants liked included the following:
 - The depiction of smiling people in the videos.
 - The assumption that people know *why* they want to quit, the problem being *how* to quit.
 - The emphasis on success/what worked.
 - The identification of options/different ways to quit smoking.
 - The absence of any judgment of people who smoke.
- The ads being short, clear, and to-the-point.
- The inclusion of useful and/or new information, including the idea of combining quit smoking approaches, depicting specific successful combinations through personal testimonials (i.e., ‘this is how I quit’), and the identification of new tools/methods (i.e., Cytisine).

A few participants reacted positively to design features of the ads, including the overall presentation (which was described as attractive and crisp and clean), the music, the use of colour (including the colour combinations), and the pacing of the ads.

A few participants who reacted positively to the ads also volunteered that they preferred one version over the other version. Most of those who expressed a preference said they preferred Version 2 (*I quit with a pharmacist advice...*), based on the impression that the people in the ad look happier because of their prominent smiles. Version 1 (*I quit with a quit coach...*) was preferred because of the reference to quitting with a friend, described as a ‘realistic’ scenario.

Indifferent or neutral reactions to the ads were typically based on the following impressions:

- They include nothing new/the focus is on things already known.
- They are too general/meaningless/not personally relevant.
- They are boring or bland, and there is nothing catchy/nothing that grabs one’s attention.

Critical reactions to the ads were expressed by some participants¹⁰, most often based on the impression that they are too fast/too short, resulting in an inability to register the information. Criticisms identified by no more than a few participants included the following:

- The absence of a voiceover.
- The handwriting at the beginning of the ads.

¹⁰ As reported above, few participants’ **overall** reaction to the ads was critical or negative, though certain specific aspects or features elicited critical reaction from participants whose overall reaction was positive or neutral. Taking this critical feedback into account explains the use of the expression ‘some’ participants in this context.

- The impression that no real guidance is offered on how to combine methods and which methods can be combined (e.g., if what you tried didn't work, try combining methods).
- The perceived lack of information in the ads.
- The perception that the ads start from the assumption that one wants to quit (i.e., they are presumptuous).
- The impression that the approach is too soft/not hard-hitting enough.

In addition, a few reacted critically to things that elicited neutral or indifferent reactions from other participants, specifically the impression that the ads include no new information, are not personally relevant, and are boring/not attention-grabbing.

Most do not find ads attention-grabbing, mainly because they are too short/too fast

When asked specifically if these ads would grab their attention, most participants said no. The two reasons most often given to explain why were that the ads are too short/too fast and that they are too bland, i.e., there is nothing in the ads that jumps out or that would grab their attention. Other reasons were identified by no more than a few participants and included the following:

- They provide no new information.
- No desire to quit smoking at the present time.
- Absence of personal resonance/meaning. For example... *These people have quit smoking, good for them but so what? I've quit before too. How long had these people smoked?, How long have they been smoke-free?*
- The ads seem to target older people who smoke (identified by a few younger participants).
- There is no speech/voiceover, meaning that one has to read text, something they do not like doing.
- The presentation seems unprofessional/too much like a PowerPoint presentation.

A few participants also observed that they do not tend to notice ads in general, and/or tend to skip ads when they are watching things online, occasionally adding that the shortness of these ads and/or the absence of speech makes them all the more likely to not notice them.

Participants who indicated that these ads would grab their attention provided the following reasons to explain why:

- A desire to quit smoking.
- The ads are positive, motivating, encouraging.
- The idea of combining methods is interesting/new and generates curiosity.
- They make one think about/reflect on quitting.
- Specific references to quit coaches and pharmacist advice.

Asked if they would click on these ads to 'learn more', some said that they would.

The Target audience for the ads were usually identified as adults who smoke and those who want to quit

Asked who these ads are aimed at, participants most often identified people who smoke cigarettes who are ready to quit or interested in quitting and adults (as opposed to younger people who smoke). Among those who pointed to the latter as the target audience, estimates of the actual age group aimed at included those 35 and older, those 45 and older, those 50 and older, and 'older' people in general. Perceived target audiences other than these were identified by individuals or no more than a few participants and included the following:

- People who smoke of all ages.
- Young people (because of the reference to vaping and its association with younger people).
- People with health issues who smoke.
- People who think the government can help them quit smoking.
- People unsuccessful at quitting smoking.

Various quit options available and combining approaches – most frequently identified messages in ads

Participants had no difficulty identifying messaging communicated by these ads. Two ideas or messages communicated by the ads were most often identified by participants: one was the idea that there are a variety of ways to quit/different resources available, and the other was the idea of trying a combined approach/that a combined approach can help someone quit smoking.

Other messages detected in these ads were identified by no more than a few participants, and focused on or revolved around the following ideas:

- Choice, e.g., choosing one's options, choosing what's right for oneself when trying to quit smoking, there's no magic bullet when it comes to quitting.
- Assistance/help, e.g., help is out there, ask for help, Health Canada can help you quit, you're not alone.
- Success in quitting, e.g., it can be done, 'this is how I quit', where there's a will there's a way.
- Health, e.g., people need to quit because of health issue, quitting will lead to a healthy life.

There was widespread agreement that the ads communicate their message effectively, though a few participants felt that effectiveness of communication was impeded either by the shortness of the ads (i.e., they are too fast/too short to allow them to properly register the information), or by the absence of a voiceover which requires that they read the text.

Virtual unanimity that ads are credible and clear/easy to understand

There was a consensus that the ads are credible, and with the exception of the meaning of Cytisine (which a few participants said was not clear to them), there were no issues with the clarity of these ads.

Nearly half said they are encouraged to find out more about quit tools/supports and combine them

Nearly half the participants said that these ads encouraged or motivated them to find out more about quit tools/supports and encouraged or motivated them to combine quit tools/supports.

a. Finding out more about quit tools/supports

The reason identified most often to explain the motivation to find out more about quit tools/supports was curiosity generated by the newness of information in the ads, particularly the idea of combining approaches. This was identified by many participants, and examples of new information included the information that tools can be combined, the reference to Cytisine, the idea of a quit coach, and support groups. Other reasons motivating participants to find out more about quit tools/supports were identified by individuals or no more than a few participants and included the following:

- A desire to quit smoking and the possibility that this information could help.
- Positive/encouraging tone of the ad.
- The depiction of successful combinations.
- The variety of approaches depicted.
- The fact that the ad makes one think/reflect about quitting, i.e., makes it top-of-mind.
- The credibility of the sponsor, i.e., Health Canada.

Those who said they are **not** motivated to find out more about quit tools/supports most often explained that they are not interested in quitting smoking. Other reasons participants are not motivated to find out more about quit tools/supports were identified by individuals or no more than a few participants and included the following:

- There is no new information in the ads, e.g., these are things they know and have tried.
- The ads are too short/fast.
- The ads lack information/details to orient one, e.g., what can be combined.
- Preference to not combine approaches.
- The idea of combining approaches seems too complicated.
- Absence of statistics/data on likelihood of being successful by combining approaches.
- There is no real call to action to motivate one to follow up.
- The absence of speech/a voiceover.
- Not being motivated by ads from the federal government.

b. Combining quit tools/supports

The reason identified most often to explain the motivation to combine quit tools/supports was the idea that combining approaches can be successful or improve one's chances of success in quitting smoking. Other reasons motivating participants to combine quit tools/supports were identified by individuals or no more than a few participants and included the following:

- The information that tools can be combined.
- The variety of approaches depicted.
- The idea of combining medication with non-medical support, i.e., a quit coach and social support, so that quitting is not a solo journey.

As was the case when it came to finding out more about quit tools/supports, those who said they are **not** motivated to combine quit tools/supports most often explained that they are not interested

in quitting smoking. Other reasons were identified by individuals or no more than a few participants and included the following:

- Combining approaches is something that has been tried, unsuccessfully.
- There is no guidance or orientation about what can and cannot be combined.
- They prefer simply to not combine approaches.
- The idea of combining approaches seems too complicated.
- Absence of statistics/data on the probability of success when combining approaches.
- The belief that the cold turkey approach is the only one that will ultimately work.
- The potential cost implications of combining approaches.

Many suggestions to improve the ads were offered, but there was no consensus

A variety of suggestions were offered to improve these ads, but all were mentioned by no more than a few participants. These included the following:

- Depicting people from different age groups in the ads.
- Adding the word 'and' between the approaches identified in the English versions to emphasize that success in quitting is a result of combining approaches.
- Lengthening the ads or creating a longer version.
- Describing Cytisine.
- Depicting all people as smiling (the smiles on the faces of people in Version 2: *I quit with a pharmacist advice...*, identified by some as a reason for preferring it to Version 1: *I quit with a quit coach...*).
- Including more action/movement/making the ads less static.
- Depicting real-life situations and people who look more like they smoke cigarettes.
- Depicting results of having quit smoking (e.g., someone running/exercising).
- Emphasizing the idea of combining approaches.
- Using better/catchier music.
- Using softer/less distracting music.
- Adding a quit smoking logo throughout the ads.
- Adding a call-to-action.
- Adding a telephone number alongside the website.
- Including a voiceover/narration.
- Improving the visuals in general by making it look less like a PowerPoint presentation.

3. Review of resource videos

This section of the report presents participants' reactions to and impressions of two resource videos designed to provide information on quitting smoking. One video provides information about a quit plan and the other provides information about smoking cessation resources. Participants were informed that these videos would appear on YouTube and on a new Health Canada website. They were also informed (and reminded when appropriate during the discussion) that these were not advertisements but resources that people could interact with, e.g., they could access, view, pause, and rewatch them. The videos were shown to participants and discussed one at a time. As was the case with the ads, the order of presentation of videos was rotated across groups.

Overview of findings

Overall, reactions to the two resource videos tended to be positive, and reactions that were not positive were more likely to be neutral/indifferent than negative. Specifically, a majority of participants indicated the following:

- Their overall impressions of both videos were positive.
- Both videos were effective in keeping their attention.
- The quit plan video encourages or motivates them to find out more about making a quit plan and the resources video encourages or motivates them to find out more about the best ways to quit.
- The quit plan video encourages or motivates them to use a quit plan and the resources video encourages or motivates them to use some of the referenced quit tools and supports and/or combine them.

While a majority of participants reacted positively to both videos, some expressed preferences for one or the other. Specifically, in four groups, reaction to the quit plan video was more positive than reaction to the resources video while in three groups reaction to the resources video was more positive than the reaction to the quit plan video. In four of the groups, reaction to both videos was equally positive (i.e., one was not preferred over the other).

Quit plan video: ‘Your quit plan’

Overall impressions of the resource video tend to be positive

Most participants’ overall reaction ‘Your quit plan’ tended to be positive and reactions that were not positive were more likely to be neutral/indifferent than negative. Positive reactions to the video were based on a number of things, but most often focussed on the following:

- The idea of implementing a quit plan/following a process or steps, which was described as ‘informative’, ‘good’, ‘useful’, and ‘new’.
- The proposed plan and its various steps/phases which were described as ‘comprehensive’, ‘well thought out’, ‘practical’, ‘detailed’, ‘concrete’, ‘relevant’, and ‘easy to follow’.
- The inclusion/provision of examples or details related to the various steps of the quit plan.

A host of other aspects of the video also elicited positive reactions, albeit from smaller numbers of participants. Specifically, some participants ascribed their positive reactions to the following:

- The focus on self-empowerment/helping people who smoke help themselves, including the boost at the end (i.e., ‘you can do this’).
- The focus on succeeding/overcoming challenges.
- Recognition that quitting is not easy/that there are real challenges that must be addressed.
- The overall approach and tone of the video, which was described as ‘positive’, ‘helpful’, ‘encouraging’, ‘non-judgmental’, ‘and non-condescending’.
- The use of icons.
- The reference to/emphasis on triggers.
- The video is easy to follow from start to finish.
- The video makes one think about quitting/keeps quitting top-of-mind by providing information to review and absorb.

- The host/narrator, described as ‘credible’ ‘calm’, ‘soothing’, ‘engaging’, ‘not pushy’ or ‘aggressive’, and coming across as a ‘coach’.

Neutral or indifferent reactions to the quit plan resource video were based on the following:

- Not being ready/willing to quit smoking.
- Past experience, i.e., having tried to set/follow a quit plan and not succeeding.
- The impression that the video provides nothing new/no new information.
- No need for a plan/reliance on the cold turkey approach.
- Dislike of plans/writing things down.

Few participants reacted critically to the video in general.¹¹ Critical reaction to the video was ascribed to the following aspects of the video, none of which were identified by more than a few participants:

- The idea of setting plans/setting a quit date.
- The impression that the video is overwhelming (i.e., it provides too much information/lots to digest).
- The impression that the video is too long/slow moving, resulting in loss of attention/trailing off (particularly if one is not ready to quit smoking).
- Difficulty following the narrator’s speech and the text at the same time.
- The tone of the narrator, including the feeling of being treated like a child and the feeling of being lectured to (e.g., don’t put off setting a quit date).
- Inability to relate to the narrator.

Majority describe ‘Your quit plan’ as effective in keeping their attention

More than half of the participants described ‘Your quit plan’ as effective in terms of keeping their attention in the sense that they would watch it from start to finish. Those who said that the video was not effective in this regard identified the following types of reasons to explain why:

- They’re not ready/willing to quit smoking.
- The impression that the video provides no new information.
- A desire to rely on the cold turkey approach to quitting when the time comes.
- The impression that the video is too long and slow moving.¹²
- Inability to relate to the narrator.

Variations on the idea of a quit plan – most frequently identified message in this video

Participants had no difficulty identifying messages communicated by ‘Your quit plan’. This most often included variations on the idea of a quit plan, such as the following: there’s a road map/steps to take to help; have or make a quit plan; and a plan will improve the likelihood of success in quitting

¹¹ As was the case with the ads, few participants’ **overall** reaction to the quit plan video was critical or negative, though certain specific aspects or features of the video elicited critical reaction from participants whose overall reaction was positive or neutral.

¹² When the video was described as too long and/or slow moving to hold their attention, participants were reminded that the video is a resource that they can access, pause, and rewatch. On a few occasions, this resulted in participants revising their estimate of it by saying that, as a resource, it is not too long (though they still might not watch it from beginning to end).

smoking. Other messaging identified in this video were identified by individuals or no more than a few participants and included the following:

- Quitting is doable.
- Quitting is in one's control.
- There is more to quitting than taking medications/prescriptions.
- Quitting isn't easy.
- Analyze oneself to develop a personalized plan to help quit smoking.

Near unanimity that 'Your quit plan' is credible and clear/easy to understand

There was a virtual consensus that 'Your quit plan' is credible, as well as clear and easy to understand. While a few participants re-iterated that they would not use a quit plan or that they have tried this unsuccessfully, they did not call into question the credibility of the video, or the information provided.

The idea of making a plan was most often identified as new and relevant/useful information

More than half of the research participants said that they learned something from 'Your quit plan' or found information that is useful/relevant to them. When identifying what they learned or what was relevant to them, participants most often pointed to the idea of using a quit plan (identified by many participants). Additional information described as new and/or useful/relevant was identified by no more than a few participants and included the following:

- Writing down/listing reasons for wanting to quit smoking.
- Identifying concerns.
- Identifying/knowing one's triggers.
- Setting a quit date.
- Getting support from an app.
- The idea of learning from experience/previous quit attempts.

A few participants said that, although they learned nothing new from 'Your quit plan', it is a good refresher/reminder about what to think about when trying to quit smoking.

Participants who described the information in 'Your quit plan' as not useful or relevant to them most often explained that they are not ready/willing to quit smoking.¹³ Other reasons identified infrequently included the following:

- One's experience, i.e., having tried a quit plan and failing.
- The impression that the video provides no new information.
- Preference for relying on the cold turkey approach because they don't believe a quit plan will help.
- Dislike of plans/writing things down, e.g., it is too complex/time consuming.

¹³ This reason and the others echo reasons given to explain neutral/indifferent reactions to 'Your quit plan'.

Majority encouraged to find out more about making a quit plan and using one

A majority of participants said 'Your quit plan' encouraged or motivated them to find out more about making a quit plan as well as to use one.

a. Finding out more about making a quit plan

The reason identified most often to explain the motivation to find out more about a quit plan was never having considered this before/the newness of the information. Other reasons participants were motivated to find out more about a quit plan were identified by no more than a few participants and included the following:

- A desire to quit smoking/find a way to quit smoking, e.g., there is nothing to lose by looking into a quit plan if and when they decide to quit.
- The suggestion that a quit plan can help improve one's chances of quitting.
- The idea of writing things down/making a plan is personally appealing/something that resonates, e.g., this is an approach taken in relation to other aspects of their lives.
- Curiosity about specific things mentioned in the video, such as apps, a quit coach, the online quit plan tool.
- The video makes one think about quitting/keeps quitting top-of-mind.
- The positive/helpful/encouraging tone of the video.

Participants who said they were **not** motivated by 'Your quit plan' to find out more about a quit plan tended to reiterate reasons given when explaining why the information in the video is not useful or relevant to them. Once again, the most frequently given reason was not being ready/willing to quit smoking, with the following being identified infrequently:

- Previous lack of success using a quit plan.
- Absence of new information.
- Planning to rely on the cold turkey approach/the impression that the cold turkey approach is the only one that is truly effective when it comes to quitting smoking.
- Lack of interest in plans/writing things down.
- Impression that a plan is too complex/time consuming.

b. Using a quit plan

Reasons provided by participants to explain why they are motivated to use a quit plan tended to echo reasons given for being motivated to find out more about a quit plan. The reason identified most often was never having considered using a quit plan. Other reasons were identified by no more than a few participants and included the following:

- The suggestion that a quit plan can help improve one's chances of quitting.
- A desire to quit smoking.
- The various stages/steps seem practical/doable.
- The idea of writing things down/making a plan is personally appealing/something that resonates.
- An emphasis on the psychology/psychological dimension of smoking cessation (e.g., reasons for quitting, triggers, concerns).
- The focus on self-empowerment, such as helping people who smoke help themselves.

In a similar way, reasons provided by participants to explain why they are **not** motivated to use a quit plan tended to echo reasons for not being motivated to find out more about one. The most frequently given reason was not being ready/willing to quit smoking, with the following being identified infrequently:

- Previous lack of success using a quit plan.
- Absence of new information.
- Planning to rely on the cold turkey approach.
- Lack of interest in plans/writing things down.
- Impression that a plan is too complex/time consuming.

Various suggestions to improve 'Your quit plan' were offered, but there was no consensus

A variety of suggestions were made to improve this video, but all were mentioned by no more than a few participants only. These included the following:

- Including a meaningful background (e.g., outside/natural environment).
- Restating the steps of the quit plan at the end of the video.
- Making it a bit shorter/speeding up the tempo/pace a bit.
- Showing the website address/watermark throughout video.
- Changing the color of the narrator's clothes for each step.
- Having the narrator adopt a less 'baby-like' or 'hokey' tone.
- Using different narrators, from different walks of life.
- Focusing more/putting more emphasis on reasons for quitting smoking.
- Using softer background music.
- Showing what an actual quit plan might look like.

Resources/tools video: 'What's the best way to quit smoking?'

Overall impressions of resource video tend to be positive

As was the case for 'Your quit plan', most participants' overall reaction to 'What's the best way to quit smoking?' tended to be positive, with reactions that were not positive more likely to be neutral/indifferent than negative. Positive reactions to 'What's the best way to quit smoking?' tended to focus on the following:

- The idea of combining options to improve the likelihood of success in quitting smoking, described by many participants as new information.
- The impression that the information provided is comprehensive and useful (e.g., numerous options for quitting identified, focus on approaches that work).
- The options identified include ones not known before, e.g., Varenicline, Bupropion, Cytisine/natural health products, group counselling, quit coach.
- The inclusion of evidence/data/studies (e.g., combining methods can double or triple one's chances of quitting smoking).

A host of other aspects of 'What's the best way to quit smoking?' also elicited positive reactions, although each item in the list below was mentioned by no more than a few participants. These included the following:

- Feeling addressed because the video targets people trying to quit smoking.

- The communicative approach/tone, which was described as positive, solution-focused/winning strategies, personable, and non-judgmental.
- The end of the video (the best way to quit smoking is the one that works for you).
- Information about vaping/option to vape (even if not approved).
- Recognition that certain approaches may not work for someone.

Neutral or indifferent reactions to ‘What’s the best way to quit smoking?’ tended to be based on not being ready/willing to quit smoking, the impression that the video provides no new information, and being provided with a number of options without any real guidance/direction (e.g., which tools can and cannot be combined).

No more than a few participants offered critical reaction to ‘What’s the best way to quit smoking?’, including:

- The vague/general reference to evidence, i.e., ‘studies show ...’.
- The mention/promotion of vaping, based on the view that if vaping is not approved by the government, it should not be promoted in the video.
- The impression that the video is too long/boring/dry/lecture-like.
- The impression that the narrator is not convincing/a bit smug (including the impression that his demeanor is a little too casual/off-the-cuff for the subject being dealt with).
- The impression that the focus is too much on ‘pharmaceuticals’ and not enough on the psychology of smoking and the importance of will power.

Majority describe ‘What’s the best way to quit smoking?’ as effective in keeping their attention

More than half the research participants described ‘What’s the best way to quit smoking?’ as effective in terms of keeping their attention in the sense that they would watch it from start to finish. Those who said that ‘What’s the best way to quit smoking?’ was not effective in this regard identified the following to explain why:

- Not being ready/willing to quit smoking.
- An inability to relate to the narrator.
- The impression that the video provides no new information.
- An impression that the effectiveness of the cold turkey approach is downplayed/a desire to rely on the cold turkey approach to quitting when the time comes.
- The impression that the video takes too long to introduce the idea of combining approaches.

Combining approaches and the number of options available – most frequently identified messages in ‘What’s the best way to quit smoking?’

Participants had no difficulty identifying messaging communicated by this video. Two messages were identified most often (each by many participants). One was the idea that combining approaches can be successful/improve one’s chances of quitting, and the other was that there are many tools/options for quitting smoking.

Messages identified by no more than a few participants included the following:

- One should try various options when trying to quit smoking.
- There is more than one approach to quitting.
- Everyone’s situation is unique when it comes to quitting smoking.

- Find out what works for you.
- Keep trying to quit.

Near unanimity that 'What's the best way to quit smoking?' is credible and clear/easy to understand

There were no issues with the clarity of 'What's the best way to quit smoking?' and with one exception, no issues related to its credibility. Regarding the latter, a few participants did not like the reference to vaping given that it is not an approved smoking cessation technique. Without calling into question the credibility of the video, it was suggested that the reference to 'studies show ...' is too general or vague. Similarly, without calling into question the clarity or ease of understanding of the video, it was suggested that the video contains a lot of information that would need to be reviewed in order to be properly processed or digested by viewers.

The idea of combining approaches most often identified as new and relevant/useful information

The majority of participants said that they learned something from 'What's the best way to quit smoking?' or found information that is useful and relevant to them. In explaining what they learned or what was relevant to them, participants most often pointed to the idea of combining approaches (identified by many participants).

Some participants identified specific information that they described as new and/or useful/relevant to them, including information about Varenicline, Bupropion, Cytisine/natural health products, and group counselling. Some also described as new and/or useful/relevant to them the information that combining certain methods can double or triple one's chances of quitting smoking.

Participants who described the information in 'What's the best way to quit smoking?' as not useful nor relevant to them most often explained that they are not ready to quit smoking.¹⁴ Other reasons identified infrequently included the following:

- Experience, i.e., having tried different approaches to quitting and failing.
- The impression that the video provides no new information.
- Being provided with different options but without any real guidance (e.g., which tools can and cannot be combined).

Majority encouraged to find out more about the best ways to quit and use/combine tools/supports

More than half the research participants said that 'What's the best way to quit smoking?' encouraged or motivated them to find out more about the best ways to quit smoking as well as use (or at least investigate this as a possibility) some of the referenced quit tools and/or combine them.

a. Finding out more about best ways to quit

The reason identified most often (by many participants) to explain the motivation to find out more about the best ways to quit was that combining approaches is recommended and can improve one's chances of quitting. Some said they were motivated to find out more because of learning about resources they had not heard about before, such as Varenicline, Bupropion, Cytisine/natural health products, and group counselling.

¹⁴ This reason and the others that follow echo reasons given to explain neutral/indifferent reactions to the video.

Other reasons participants were motivated to find out more about ways to quit were identified by no more than a few participants and included the following:

- A desire to quit smoking/find a successful way to quit smoking.
- The specific reference to evidence showing that combining approaches can help improve one's chances of quitting.
- The encouraging/hopeful tone of the video.

Participants who said they were **not** motivated to find out more about ways to quit tended to reiterate reasons given when explaining why the information in the video is not useful or relevant to them. Once again, the most frequently given reason was not being ready to quit smoking, with the following being identified infrequently:

- Experience, i.e., having tried various/numerous approaches to quitting and not succeeding.
- The impression that the video provides no new information.
- Being provided with different options but without any real guidance about which tools can and cannot be combined.
- Planning to rely on the cold turkey approach/the impression that the cold turkey approach is the only one that is truly effective when it comes to quitting smoking.

b. [Using/combining resources/tools](#)

Reasons provided by participants to explain why they are motivated to use some of the referenced quit tools/resources and/or combine them tended to be the same reasons given for being motivated to find out more about the best ways to quit. The reason identified most often was the idea that combining approaches can improve one's chances of quitting.

Other reasons were identified by no more than a few participants and included the following:

- A desire to quit smoking.
- Learning about approaches/strategies they did not know about before.
- A desire to try natural options/approaches to quitting.
- The credibility of the information, i.e., based on data/evidence.

In a similar way, reasons provided by participants to explain why they are **not** motivated to use some of the referenced quit tools/resources and/or combine them tended to mirror the reasons for not being motivated to find out more about them. Once again, the most frequently given reason was not being ready to quit smoking, with the following being identified infrequently:

- Experience, i.e., having tried different approaches to quitting and not succeeding.
- The video provides no new information.
- Lack of guidance/direction about which tools can and cannot be combined.
- Planning to rely on the cold turkey approach based on the impression that it is the only one that is truly effective.

Some suggestions offered to improve 'What's the best way to quit smoking?'

A variety of suggestions were made to improve this video, but all were mentioned by no more than a few participants:

- Provide a meaningful background/some meaningful context.

- Begin immediately with the information that combining approaches can improve success in quitting smoking.
- Provide information on what/how to combine options (including what can and cannot be combined).
- Include more references to data/statistics regarding success rates.
- Remove the reference to vaping.
- Use a more credible/relatable narrator.
- Include a version of the ad with success stories/testimonials from people representing different age groups.
- Use a less didactic/lecture-like approach.
- Add a quit line phone number.
- Use softer background music.

4. Preferences regarding name for landing page

This brief section of the report presents participants' reactions to potential names/titles for the advertising campaign's webpage on Health Canada's website. Participants' preferences were solicited via an exercise in which they were shown the potential names/titles and asked to select the one they preferred. The four options were the following:

- *Equipped to quit smoking*
- *Your way to be smoke-free*
- *Quit with confidence*
- *Tools for a smoke-free life*

In response, participants were most likely to choose *Tools for a smoke-free life*. This was followed in by *Quit with confidence*, *Your way to be smoke free*, and *Equipped to quit smoking*. In addition to being the overall favourite, *Tools for a smoke-free life* was more likely to be chosen than any other option in nearly half of the groups. When probed about their reason for preferring *Tools for a smoke-free life*, participants tended to focus on the word 'tools' and the idea of 'fixing things' or 'problem-solving'.

5. Overall reaction to communications materials

This brief section reports on the extent to which participants' opinions towards/views on smoking cessation supports or tools changed because of the materials they were shown as part of the focus group.

Majority say their views on supports/tools have changed because of materials shown

After reviewing the materials, participants were asked if their opinions towards/views on supports or tools used to quit smoking changed since the beginning of the session. In response, more than half the participants (including at least a few in every group) said that their views had changed after having reviewed the materials. Such changes most often took the form of being more inclined to use/consider a quit plan and looking into combining various approaches (many adding that they did not know that doing so was safe and/or that they did not know that combining approaches could increase the likelihood of success).

Changes identified less frequently included the following:

- Being more likely to investigate what is available in terms of smoking cessation strategies.
- Being more likely to investigate natural health quit options.
- Looking into the use of Varenicline.
- Planning to re-evaluate one's plan to rely on the cold turkey approach when quitting.
- Looking into group counselling/social supports.
- Being more hopeful/positive about what is available in terms of smoking cessation tools.
- Devoting more attention to reasons why previous quit attempts have failed.
- Recognizing the importance of having a quit plan, not just using tools.
- Feeling more knowledgeable/aware/better educated in general.
- Being more curious in general about quit options.

Close to half say their views on the tools they would try have changed because of the materials

Participants were also asked if there were any changes in which tools they would try to support their quit efforts as a result of the materials they were shown. In response, close to half (at least a few participants in most groups) said that their views had changed in one way or another. Such changes most often took two forms (each one identified by many participants). One was being more likely to combine or consider combining approaches (e.g., natural/herbal options¹⁵ + quit coach, natural/herbal options + support groups). The other was being more inclined to use or consider using a quit plan.

Some participants said that they would consider the use of natural health products to help them in their smoking cessation efforts because of seeing the materials.

Other changes identified by only a few participants included looking into/inquiring about specific strategies (including Cytisine, Varenicline, Bupropion, quit coaches, and support groups), being more likely to consider NRTs, and consulting with a physician on smoking cessation strategies.

A few participants said that while there was no real change in what they would try to support their quit efforts, they feel better informed because of the materials they were shown.

¹⁵ Participants tended to use 'natural' and 'herbal' interchangeably, although 'natural' was mentioned more frequently than 'herbal'.


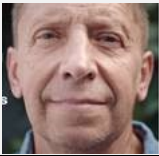
Appendix

Materials Tested



Ads:



Version 1:

SCENE	TEXT ELEMENTS
010	You know why you want to quit smoking
020	What about how?
030 	I quit with A quit coach Nicotine patches
050 	I quit with A friend Vaping
060	Combine the right tools and support to improve your chances of success!
070	Canada.ca/quit-smoking

Version 2:

SCENE	TEXT ELEMENTS
010	You know why you want to quit smoking
020	What about how ?
040 	I quit with Pharmacist advice Medication
050 	I quit with A support group Cytisine
060	Combine the right tools and support to improve your chances of success!
070	Canada.ca/quit-smoking

Resource Videos:

1: Your quit plan



Scene	Spoken Elements	On-Screen Action
010		Branded intro. Title appears:

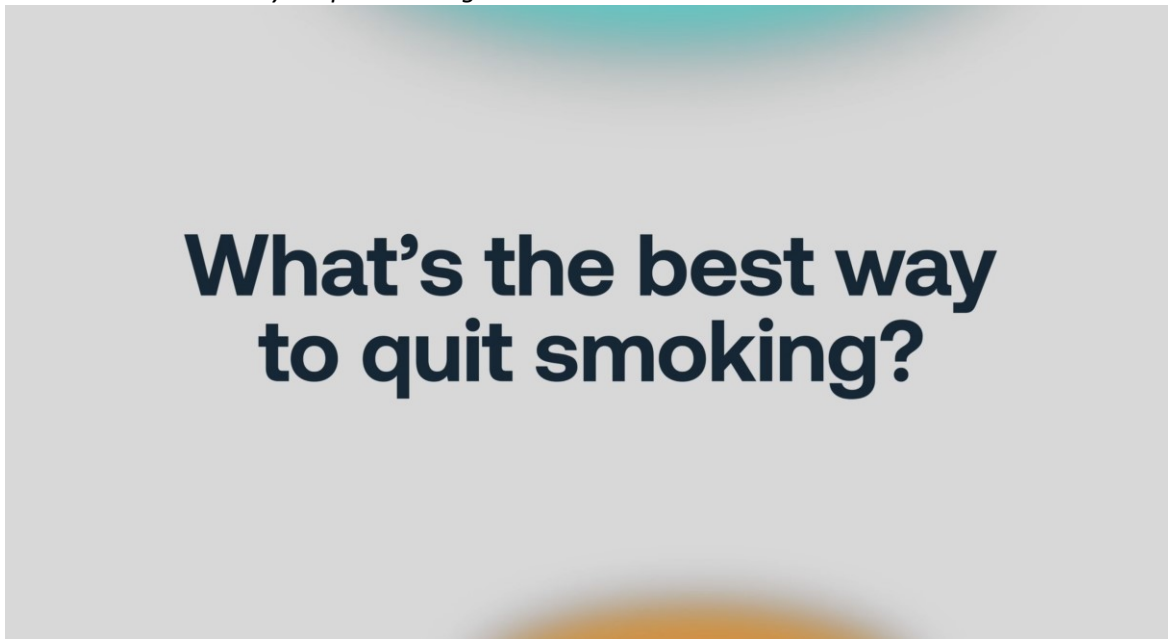
		Your quit plan
020	<p>If you're looking to quit smoking, making a quit plan can improve your chances.</p> <p>But what <i>is</i> a quit plan?</p> <p>Basically, it's a set of steps you can use to prepare your next quit attempt. A quit plan will help you think through challenges and how to overcome them. And if you've tried to quit before, you can use what you've learned in the past to help make this quit attempt successful.</p>	<p>Open on host in front of light textured backdrop. They are standing, addressing the camera directly, and gesture with their hands to help make their point. Motion graphics and text elements appear in the space around them.</p> <p>What is a quit plan?</p> <p>7 steps</p>
030	<p>So how do you make one? Let's walk through some of the key steps together.</p> <p>First, list your reasons for wanting to quit smoking. Is it for your health? Your family? Being reminded of your reasons can help keep you motivated.</p>	<p>Text element appears: How do you make a quit plan?</p> <p>1. Clearly state your reasons for quitting</p> <p>Motion graphics build out depicting the process and making a clear statement.</p>
040	<p>Also, think about any concerns you might have and how you can deal with them.</p> <p>Let's say, you're afraid it'll be hard. You could plan to ask someone you trust for support.</p> <p>Concerned about withdrawal symptoms? You might plan to call your doctor, or maybe the quitline.</p> <p>Next, identify your personal triggers. Is it stress? Seeing others smoke? Your coffee break? Understanding where and in what</p>	<p>Text element appears: 2. Identify your concerns and how to deal with them</p> <p>Motion graphics build out depicting the process and worrying and then triggers.</p> <p>Text element appears: 3. Identify your triggers</p>

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	situations you smoke will help you prepare.	
050	<p>When a craving hits, it will be easier to resist if you have a strategy in place for what to do instead. Some people go for a walk, others might grab a healthy snack.</p> <p>Nicotine replacement therapy and other medications can help reduce the frequency and severity of cravings.</p>	<p>Text element appears: 4. Plan your response to cravings</p> <p>Motion graphics build out depicting the process and responding to cravings.</p> <p>Nicotine replacement therapy can reduce cravings</p>
060	<p>And, of course, you'll need to decide how you want to quit. Combining the right tools and support can give you the best chance of success. If you tried quitting before, what helped, what didn't? What could you do differently?</p> <p>Will you cut down over time or stop smoking all at once? Will you do it on your own or get support from friends, family or an app?</p> <p>Will you use approved quit aids such as prescription medication? Nicotine patches or gum? Connecting with a quit coach?</p>	<p>Text element appears: 5. Decide your overall approach</p> <p>Motion graphics build out depicting the process and cutting down vs cold turkey, then various quit aids.</p> <p>Text element appears: 6. Choose which quit aids you will use</p>
070	And finally, pick a date to quit. Give yourself enough time to prepare, but don't put it off.	<p>Text element appears: 7. Set a date to quit</p> <p>Motion graphics build out depicting the process and picking a date.</p>
080	Those are the basics of a quit plan.	Motion graphics build out depicting writing down a plan or creating one online.

	You can create your own or visit our quit plan tool to make your plan online.	
090	Having a plan can help you resist cravings, overcome challenges and stay motivated. And remember, you can do this!	The host wraps the story up.
100		Text elements appear: Make your plan at Canada.ca/quit-smoking Branded extro and FIP elements.

2: 'What's the best way to quit smoking?'



Scene	Spoken Elements	On-Screen Action
010		Branded intro. Title appears: What's the best way to quit smoking?
020	Nicotine gum, the patch, quitting cold turkey. These are just <i>some</i> of the ways	Open on host in front of light textured backdrop. They are standing, addressing the camera directly, and gesture with their

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	that people quit smoking. Maybe you've tried some yourself?	hands to help make their point. Motion graphics and text elements appear in the space around them.
030	<p>But did you know that you can combine certain quit aids together?</p> <p>Studies suggest that the right combination of tools and support can almost triple your chances of quitting smoking!</p> <p>Could these methods be right for you?</p> <p>Let's take a look at what the evidence suggests could help...</p>	<p>Text element appears: The right tools and support</p>
040	<p>One winning strategy is combining nicotine replacement therapies (or NRTs). When you combine the patch, which is long-acting, with any short-acting NRT like nicotine gum, inhalers or lozenges, you can almost triple your chances of success!</p>	<p>Motion graphics build out depicting the methods and combinations.</p> <p>Text elements appear: Almost triples your chances of success</p>
050	<p>Equally effective is pairing prescription varenicline medication with expert advice or support – whether that's one-on-one or group counselling, calling a quit line, or talking to your healthcare provider.</p>	<p>Motion graphics build out depicting the methods and combinations.</p> <p>Text elements appear: Varenicline medication + Counselling (One on One, Group Counselling, Call a quitline, Healthcare provider)</p>
060	<p>Some methods can help a lot on their own. Choosing any one form of NRT – say the patch or nicotine gum – can almost double your chances. The same can be said for prescription bupropion medication and for counselling sessions, say with a Quit Coach.</p>	<p>Motion graphics build out depicting the methods.</p> <p>Text elements appear: Some methods on their own almost double your chances</p>

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070	<p>Other newer methods, including getting support through text messages, and using the natural health product Cytisine, have also been shown to improve your chances.</p>	<p>Motion graphics build out depicting the methods.</p> <p>Text elements appear: Other methods can improve your chances</p>
080	<p>What about vaping?</p> <p>While vaping products have not been approved in Canada as a quit smoking aid at this point, some studies have found vaping nicotine can be more effective than NRT or counseling alone.</p> <p>If you're unable to quit smoking using approved methods, switching completely to vaping can significantly reduce your exposure to the toxic chemicals from tobacco smoke.</p>	<p>Motion graphics build out depicting a vaping product.</p> <p>Text elements appear: Canadians are attempting to quit smoking by vaping</p>
090	<p>While many people <i>eventually</i> succeed by quitting suddenly without assistance, you know: "cold turkey," - it can be rough and require multiple tries.</p> <p>Willpower is important but as we've seen, it doesn't have to be your <i>only</i> tool.</p>	<p>Motion graphics build out depicting the methods.</p> <p>Text elements appear: The thing about cold turkey...</p>
100	<p>The good news is that you have a lot of options - whether you try something again, try something new or try a combination of things.</p> <p>There's no wrong way to quit. The best way to quit smoking is the one that works for you!</p>	<p>The host wraps the story up.</p>

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110		Text elements appear: Learn more at Canada.ca/quit-smoking Branded extro and FIP elements.
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Technical specifications

A set of 11 virtual focus groups was conducted with Canadians aged 35 to 64 who said they smoke cigarettes on a daily basis. Three groups were conducted with residents of Ontario, two groups respectively with residents of Quebec (French), the Atlantic region (Newfoundland, Nova Scotia, Prince Edward Island, and New Brunswick), and the Prairies (Manitoba, Saskatchewan, and Alberta), and one group respectively with residents of British Columbia and Northern Canada (Yukon Territory, Northwest Territories, and Nunavut).

Recruitment adhered to the Government of Canada's *Standards for the Conduct of Government of Canada Public Opinion Research – Qualitative Research*. Participants outside the of three Territories were recruited by telephone through CRC Research's opt-in database of 450,000 adults aged 18+ (CRC Research was responsible for recruitment as a subcontractor). Canadians living in the Territories were recruited by Elemental Data Collection (also responsible for recruitment) via random digit dialling (RDD). The same recruitment screener was used for populations. The identity of the client was revealed (i.e., the Government of Canada) during the recruitment interview.

When recruiting, individuals were offered the option to conduct the recruitment interview in English or French. All individuals recruited were fluent in the language in which the focus group was conducted. For the groups held with those residing in Quebec, the primary language of all recruited individuals was French and elsewhere it was English.

During the recruitment interview, potential participants were informed of their rights under the *Privacy Act, Personal Information Protection and Electronic Documents Act* and *Access to Information Act*. This included informing participants of the purpose of the research; that participation is completely voluntary; and that all information collected would be used for research purposes only. Verbal consent was also obtained from each participant prior to recording the virtual session.

These groups lasted 90 minutes and a total of 78 individuals participated in this research. All groups included a mix of participants by age (within the recruitment parameters), gender, education, ethnicity, income, length of time smoking cigarettes, living arrangement (with family, with roommates, on own), and community size (centres of under 100,000 people and centres of 100,000 or more people).

The fieldwork took place between September 7 and 14, 2022. All participants were paid an honorarium of \$125 to thank them for taking part in the research.

Research instruments

1. Recruitment Screener

Eligibility

INTRODUCTION:

Hello/Bonjour, my name is [INSERT]. I'm calling from Phoenix Strategic Perspectives, a Canadian public opinion research firm. Would you prefer to continue in English or French? / Préférez-vous continuer en français ou en anglais?

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

We're organizing a series of online discussion groups on behalf of the Government of Canada to explore issues of relevance to Canadians. Is there anyone in your household between the ages of 35 and 64? If so, may I speak with this individual?

- 01. No: THANK/DISCONTINUE
- 02. Yes:
 - a. Same person CONTINUE WITH "INFORMATION"
 - b. Someone else 1. ASK TO SPEAK TO INDIVIDUAL
 - i. REPEAT "INTRODUCTION"
 - ii. GO TO "INFORMATION"
 - c. Not available SCHEDULE CALL-BACK

INFORMATION:

The objective of these focus groups is to get feedback from Canadians on a number of communication products developed by the Government of Canada. Participation is completely voluntary and your decision to participate or not will not affect any dealings you may have with the Government of Canada. We are interested in your opinions and your experiences. No attempt will be made to sell you anything and at no point will you be asked to share personal information. The information collected will be used for research purposes only and handled according to the Privacy Act of Canada.* The format is an online discussion** with up to eight participants led by a research professional from Phoenix Strategic Perspectives. People who take part will receive a cash gift to thank them for their time. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

May I continue?

- 01. Yes [CONTINUE]
- 02. No** [THANK AND TERMINATE]

NOTES TO RECRUITERS:

- A. *IF ASKED: The personal information you provide is governed in accordance with the Privacy Act and will not be linked with your name on any document including the consent form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly. The final report written by Phoenix SPI will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>.)
- B. **IF A POTENTIAL PARTICIPANT INDICATES THAT PARTICIPATING ONLINE IS NOT POSSIBLE FOR THEM (E.G., DUE TO LACK OF COMFORT, NO INTERNET ACCESS, NO COMPUTER, ETC.), SAY: Thank you for letting us know. You yourself do not need to have a computer and internet connection to participate. If you have a friend or family who could provide you with access to a computer, a high-speed Internet connection, and a Webcam for the online session, you would be able to participate. Would this be possible?
- C. IF AN INDIVIDUAL QUESTIONS THE VALIDITY OF THE RESEARCH, INVITE HIM/HER TO GO ONLINE TO CRIC RESEARCH VERIFICATION SERVICE AND ENTER PROJECT NUMBER: 20220801-PH954.

EN: <https://www.canadianresearchinsightscouncil.ca/rvs/home/>

FR: <https://www.canadianresearchinsightscouncil.ca/rvs/home/?lang=fr>

The focus group will take place online on the (INSERT DATE/TIME) and will last up to **an hour and a half (1.5 hours)**.

1. Are you interested in taking part in this study?

01. Yes

[CONTINUE]

02. No

[THANK AND TERMINATE]

2. Before we invite you to attend, I need to ask you a few questions to ensure we have a good mix of participants. This will take 5 minutes. May I continue?

01. Yes

[CONTINUE]

02. No

[THANK AND TERMINATE]

[WHEN TERMINATING A CALL WITH SOMEONE, SAY: Thank you for your cooperation. We already have enough participants who have a similar profile to yours, so we are unable to invite you to participate.]

3. How do you identify your gender? This refers to current gender which may be different from sex recorded at birth and may be different from what is indicated on legal documents. [DO NOT READ LIST; GET MIX]

01. Man
02. Woman
03. Non-Binary
04. Prefer not to say [THANK AND TERMINATE]
4. Into which of the following age groups do you currently fall? Are you...? [READ LIST; STOP WHEN A RESPONSE IS PROVIDED]
01. Under 35 [THANK AND TERMINATE]
02. 35-39
03. 40-49
04. 50-59
05. 60-64
06. 65+ [THANK AND TERMINATE]
07. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]
5. Do you or anyone in your immediate family/household work or have ever worked ...? [READ LIST]
- a. In marketing research, public relations, or advertising
b. In the media (i.e., radio, television, newspapers, magazines, etc.)
c. For a federal or provincial government department or agency¹⁶
d. For a tobacco or e-cigarette company
e. In the tobacco industry
f. For a company that produces smoking cessation aids
g. For a legal or law firm
h. In healthcare or a related field
01. Yes [THANK AND TERMINATE]
02. No [CONTINUE]
03. Prefer not to say [THANK AND TERMINATE]
6. At the present time, do you smoke cigarettes every day? This includes cigarettes that are bought ready-made, as well as cigarettes that people make themselves. This does not include cannabis cigarettes or joints.
01. Yes [CONTINUE]
02. No [THANK AND TERMINATE]
03. Prefer not to say [THANK AND TERMINATE]
7. The focus groups are going to be online sessions held over the Internet. Participants will need to have access to a computer, a high-speed Internet connection, and a Webcam to participate in the group. The Webcam will need to be turned on for the duration of the session. Would you be able to participate under these conditions?
01. Yes [SKIP TO Q9]
02. No [CONTINUE]

¹⁶ This question was modified for recruitment of participants living in Northern Canada—specifically, those who work for a territorial government department or agency were eligible to participate in the study.

03. Prefer not to say [CONTINUE]
8. [IF Q7=02 OR 03] You yourself do not need to have a computer and internet connection to participate. If you have a friend or family who could provide you with access to a computer, a high-speed Internet connection, and a Webcam for the online session, you would be able to participate. Would this be possible?
01. Yes [CONTINUE]
02. No [THANK AND TERMINATE]
03. Prefer not to say [THANK AND TERMINATE]
9. In which province or territory do you live? This information is needed to make sure you are assigned to a focus group that takes place in your time zone. [DO NOT READ LIST] [FOR THE GROUPS IN ATLANTIC CANADA, THE PRAIRIES, AND THE NORTH, AIM FOR A MIX OF PARTICIPANTS FROM EACH OF THE PROVINCES/TERRITORIES.]
01. British Columbia
02. Alberta [PRAIRIES GROUPS]
03. Saskatchewan [PRAIRIES GROUPS]
04. Manitoba [PRAIRIES GROUPS]
05. Ontario
06. Quebec
07. New Brunswick [ATLANTIC GROUPS]
08. Newfoundland [ATLANTIC GROUPS]
09. Northwest Territories [NORTHERN GROUP]
10. Nova Scotia [ATLANTIC GROUPS]
11. Nunavut [NORTHERN GROUP]
12. Prince Edward Island [ATLANTIC GROUPS]
13. Yukon Territory [NORTHERN GROUP]
14. Prefer not to say [THANK AND TERMINATE]
10. How long have you been smoking cigarettes? [READ LIST; GET MIX]
01. Less than 2 years
02. 2-5 years
03. 6-10 years
04. 11-20 years
05. Over 20 years
06. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]
11. At present, do you vape every day, occasionally, or not at all? [READ LIST] IF ASKED: Vaping/vapes are also referred to as e-cigarettes, vape pens, tanks, or mods.
01. Every day
02. Occasionally
03. Not at all
04. [DO NOT READ] Prefer not to say

12. Which of the following best describes you? [READ LIST BUT NOT THE EXAMPLES IN PARENTHESES. ONLY OFFER THE EXAMPLES IF ASKED; STOP READING WHEN A RESPONSE IS PROVIDED; GET MIX]
01. Caucasian or White
 02. Indigenous
 03. South Asian (e.g., Indian, Pakistani, Sri Lankan, Bangladeshi, etc.)
 04. East Asian (e.g., Chinese, Korean, Japanese, Taiwanese, etc.)
 05. Southeast Asian (e.g., Filipino, Vietnamese, Cambodian, Indonesian, etc.)
 06. Middle Eastern, West and Central Asian (e.g., Israeli, Iranian, Lebanese, Afghan, Palestinian, etc.)
 07. North African (e.g., Egyptian, Moroccan, Algerian, etc.)
 08. Black Caribbean (e.g., Jamaican, Haitian, Trinidadian/Tobagonian, etc.)
 09. Black African (e.g., Nigerian, Ethiopian, Congolese, etc.)
 10. Latinx (e.g., Colombian, Salvadorian, Peruvian, etc.)
 11. Multiracial, please specify: _____
 12. I identify as: _____
13. Which of the following best describes your living arrangement? [READ LIST; GET MIX]
01. I live on my own
 02. I live with roommates
 03. My household includes only my immediate family
 04. My household includes my immediate and extended family
 05. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]
14. Which of the following best describes the size of your community? [READ LIST; GET MIX]
01. A small to medium population centre of less than 100,000 people
 02. A large urban population centre of 100,000 or more people
 03. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]
15. What is the highest level of education that you have completed? [READ LIST; STOP WHEN A RESPONSE IS PROVIDED; GET MIX]
01. Some high school
 02. High school diploma or equivalent
 03. Registered apprenticeship or other trades certificate or diploma
 04. College, CEGEP or other non-university certificate or diploma
 05. University certificate or diploma below bachelor's level
 06. Bachelor's degree
 07. Post graduate degree above bachelor's level
 08. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]
16. Which of the following best describes your total household income last year, before taxes, from all sources for all household members? [READ LIST; STOP WHEN A RESPONSE IS PROVIDED; GET MIX]

- 01. Under \$30,000
- 02. \$30,000 to just under \$40,000
- 03. \$40,000 to just under \$50,000
- 04. \$50,000 to just under \$60,000
- 05. \$60,000 to just under \$80,000
- 06. \$80,000 to just under \$100,000
- 07. \$100,000 and above
- 08. [DO NOT READ] Prefer not to say [THANK AND TERMINATE]

17. By participating in this focus group, you will be asked to discuss with other participants and share your opinion on various topics related to smoking. You may also be asked to read/review images/video during the meeting. How comfortable do you feel in such an environment?

- 01. Very comfortable
- 02. Somewhat comfortable
- 03. Not very comfortable [THANK AND TERMINATE]
- 04. Not at all comfortable [THANK AND TERMINATE]

B. Industry and Consent

18. 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 your participation?

- 01. Yes [CONTINUE]
- 02. No [SKIP TO 22]
- 03. Prefer not to say [THANK AND TERMINATE]

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

- 01. Within the last 6 months [THANK AND TERMINATE]
- 02. Over 6 months ago [CONTINUE]
- 03. Prefer not to say [THANK AND TERMINATE]

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

- 01. RECORD: _____ [THANK/TERMINATE IF RELATED TO SMOKING/TOBACCO/VAPING/NICOTINE]

21. How many discussion groups have you attended in the past 5 years?

- 01. Fewer than 5 [CONTINUE]
- 02. 5 or more [THANK AND TERMINATE]

22. The discussion group will be recorded. The recordings will be used only by the research professional to assist in preparing a report on the findings and they will be destroyed once the report is final. Do you agree to be recorded for research purposes only?

- 01. Yes [SKIP TO Q24]
- 02. No [CONTINUE]
- 03. Prefer not to say [CONTINUE]

23. It is necessary for the analysis process for us to record the session as the moderator needs this material to complete the report. The recordings will be used solely to assist with writing the report and will not be shared. Now that I've explained this, do I have your permission for recording?

- 01. Yes [CONTINUE]
- 02. No [THANK AND TERMINATE]
- 03. Prefer not to say [THANK AND TERMINATE]

24. Representatives from Government of Canada may observe the discussion to hear your opinions first-hand. They may take notes and confer with the moderator. They will not have access to any of your personal information, such as your full name, and they will not take part in the discussion. Do you agree to be observed by employees of the Government of Canada?

- 01. Yes [CONTINUE]
- 02. No [THANK AND TERMINATE]
- 03. Prefer not to say [THANK AND TERMINATE]

C. Invitation to Participate

You qualify to participate in one of our virtual discussion groups. The discussion will be led by a researcher from the public opinion research firm, Phoenix SPI. The group will take place on [DAY OF WEEK], [DATE], at [TIME], and will last **an hour and a half** [1.5 hours]. You will receive an honorarium of **\$125** for your time.

25. Are you willing to participate?

- 01. Yes [CONTINUE]
- 02. No [THANK AND TERMINATE]
- 03. Prefer not to say [THANK AND TERMINATE]

26. We will provide the focus group moderator with a list of participants' names so that they can sign you into the group. We will provide your first name and the first letter of your last name as well as your responses to this questionnaire. Do we have your permission to do this? I assure you it will be kept strictly confidential.

- 01. Yes [GO TO INVITATION]
- 02. No [CONTINUE]
- 03. Prefer not to say [CONTINUE]

27. We need to provide the focus group moderator with the names of the people attending the focus group because only the individuals invited are allowed in the session and the moderator must have this information for verification purposes. Your first name will be visible when you join the focus group session. Now that I've explained this, do I have your permission to provide your name and profile to the moderator?

- 01. Yes [CONTINUE]
- 02. No [THANK AND TERMINATE]
- 03. Prefer not to say [THANK AND TERMINATE]

INVITATION:

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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].

May I have your email address so that we can also send you an email message with the information you will need about the FOCUS GROUP?

Yes: ENTER EMAIL ADDRESS: _____

Information regarding how to participate will be sent to you by email in the coming days. The email will come from Phoenix SPI and the address will be research@phoenixspi.ca. You will be asked to log into the online session 15 minutes prior to the start time. **If you do not log in on time, you may not be able to participate and you will not receive an honorarium.**

Someone will call you the day before to remind you about the session. So that we can call you to remind you about the focus group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name: _____
Last Name: _____
Daytime phone number: _____
Evening phone number: _____

Thank you very much for your assistance!

2. Moderator Guide

INTRODUCTION: 5 minutes

→ Introduce moderator/firm and welcome participants to the focus group.

TECHNICAL CHECK; CONFIRM SOUND AND VIDEO QUALITY.

- Thank you for attending/value your being here.
- Tonight, we're conducting research on behalf of Health Canada.
- We'll be asking for your opinions on some videos and images developed for an upcoming marketing campaign on quitting smoking.
- The discussion will last up to 90 minutes.
- I'd like you to leave your camera on for the duration of the session. Cameras turning on and off is distracting.

→ Describe focus group.

- This is a "virtual" organized discussion.
- My job is to facilitate the discussion, keeping us on topic and on time.
- Your job is to offer your opinions. There are no right or wrong answers.
- I won't be correcting any statements.
- I'd like to hear from everyone, so we have a range of opinions.
- I'll try to call on you, but feel free to wave if you want to contribute. Please be considerate and try not to interrupt others.

→ Explanations.

- Comments treated in confidence.
 - Anything you say during these groups will be kept anonymous.
 - Our report summarizes the findings but does not mention anyone by name.
 - We encourage you to not provide any identifiable information about yourself.
 - The final report will be available through Library and Archives Canada.
- The session is being video recorded.
 - Recording is for report writing purposes/verify feedback.
 - Recordings remain in our possession and will not be released to anyone, even to the Government of Canada, without your written consent.
- There are people involved in this project who will be observing tonight's online session.
 - Purpose: oversee the research process and see your reactions first-hand
 - They may also take their own notes on tonight's session but these again will not mention anyone by name

→ Any questions?

→ Roundtable introduction: Let's start with everyone introducing themselves, first name only, please.

Before I show you the materials, I'd like to ask you a few questions about yourselves.

SMOKING HABITS AND CESSATION ATTEMPTS: 25 minutes

What you have in common, and the reason you are here this evening, is that you all smoke cigarettes.

1. How long have you been smoking cigarettes and how many cigarettes do you typically smoke a day?
2. Has anyone ever tried to quit smoking? [HAND COUNT] How many times have you tried to quit?
3. What do you consider your main challenges to quitting smoking? IF PARTICIPANTS DO NOT HAVE ANY TOP-OF-MIND RESPONSES, ASK: What about [INSERT: emotional / financial / access-related / social] challenges or consequences?

Probes (if needed): lack of support, no motivation, routine, friends who smoke, living with someone who smokes, cost of quitting, consequences of quitting (fear of weight gain, etc.), unsure of types of quit aids/what approach to take or how to use quit aids?

4. What quit smoking tools or supports are available to someone who wants to quit smoking? List any, not just those you have personally tried. [DO NOT PROBE; LOOKING FOR TOP-OF-MIND RESPONSES]

For those who have tried to quit,

5. What did you do to try to quit smoking cigarettes? Why did you take this approach?

Probe: cut down or stopped all cigarettes at once (i.e., cold turkey), relied on support from friends or family, made a quit plan, used resources/quit aids¹⁷ or other tools/ supports

6. Thinking about the tools and approaches you have tried, what worked and what didn't (including if you combined tools and supports)? Why do you think that was the case? Was any approach or tool more effective than another? IF MULTIPLE METHODS USED, ASK WHY: Why did you use more than one tool/approach [ADJUST LANGUAGE AS NEEDED BASED ON FEEDBACK]?

For everyone, I'm now going to ask you to complete some exercises.

Exercise 1: [POST ON WHITEBOARD/SHARE] Here's a list of potential **tools or supports** that someone could use to support their smoking cessation efforts. If you were to decide to quit tomorrow, which would you most likely use to support your quit efforts and why? Please select all that you would consider using from the items listed on the screen. [REVIEW RESULTS AND NOTE ANY NOTICEABLE PREFERENCES. ASK FOR REASONS WHY TOP RANKED TOOLS ARE PREFERRED. ASK IF ANY WOULD BE INTENDED TO BE USED TOGETHER, IN COMBINATION DURING THE SAME ATTEMPT OR SIMPLY REFLECT SEPERATE, DESIRABLE OPTIONS]

Probe: Here are some tools and supports people currently use [POST ON WHITEBOARD/SHARE]

¹⁷ Nicotine Replacement Therapies (patch, gum, inhalers), approved medications, or natural health products.

1. Nicotine gum, inhaler, or lozenges
2. Nicotine patch
3. Prescription medications: (such as Varenicline or Bupropion)
4. Counselling with a quit coach
5. Consulting your doctor or pharmacist
6. Taking Cytisine (a natural health product)
7. Vaping
8. None or “cold turkey” approach (no tools or support)
9. Other

REVIEW OF TOBACCO CESSATION MATERIALS: 50 minutes

As I mentioned, this evening we'll be reviewing tobacco cessation communications products developed by Health Canada for an upcoming marketing campaign. Please keep in mind that the materials we will be asking you to review are not final and may change, in part because of the feedback we will receive from focus groups like this one.

1. ADVERTISEMENTS [15 minutes]

The first thing I'm going to show you are two short advertisements. The ads would appear on social media, YouTube, news websites and possibly in public places. I'm going to show them to you consecutively, one right after the other. Please keep your reactions to yourself until we've seen both versions. [ROTATE PRESENTATION ACROSS GROUPS]

8. What is your overall impression of these ads? Why do you say that?

Probe: - positive/neutral/negative
- likes/dislikes and reasons why
- anything bother you /inappropriate/offensive/stigmatizing
- anything encouraging/motivating/informative

9. Would these ads grab your attention? Why/why not?

Probe: - would you watch until the end?
- are they memorable?
- do you feel these ads address you/speak to you?
- who are these ads aimed at?

10. Would you click on this ad to “learn more”?

11. What message do these ads communicate? Anything else? Do they communicate the message effectively? Why/why not?

12. Is the message credible? If yes, why? If not, why not?

Probe: - idea that combining tools and supports is effective
- specific tools/supports examples used
- Health Canada as the messenger

13. Are they clear and easy to understand? If not, why not?

Probe: What did the lists next to the image of the faces represent to you?

14. Do these ads encourage or motivate you to find out more about quit tools and supports to help you quit smoking? [HAND COUNT] Why/why not?

Probe: - missing information
- change emphasis/focus
- Specific information used in the call to action – i.e., does learn more at the end encourage you to click or do anything?

15. Do these ads encourage or motivate you to combine quit tools and supports? [HAND COUNT] Why/why not?

Probe: - missing information
- change emphasis/focus

16. Do you have any suggestions on how these ads could be improved?

Probe: What the ad is asking you to do “learn more”? Imagery used? Specific language used?

II.RESOURCE VIDEOS [25 minutes]

I am now going to show you two resource videos designed to provide information on quitting smoking. These would appear on YouTube and on Health Canada’s website (canada.ca/quit-smoking) We’ll look at them one at time. Each one is just under three minutes long. Here’s the first one. [ROTATE PRESENTATION ACROSS GROUPS]

17. What is your overall impression of this video? Why do you say that?

Probe: - positive/neutral/negative
- likes/dislikes and reasons why
- anything bother you/inappropriate/offensive/stigmatizing
- anything encouraging/motivating

18. How effective is it in terms of keeping your attention? Would watch it from start to finish?

Probe: - do you feel this video resonates with you?
- who is this video aimed at?
- what is the video asking of you, the viewer? is it clear?

19. What main message does this video communicate? Do you recall any other messages?

20. Is the video credible? If not, why not?

21. Is it clear and easy to understand? If not, why not?

22. Did you learn anything from this video? If so, what?

23. Is the information in this video useful or relevant to you? Why/why not?

Probe: - what information is most useful?

24. ADJUST LANGUAGE TO VIDEO: Does this video encourage or motivate you to find out more about [making a quit plan/the best ways to quit] to help you quit smoking? [HAND COUNT] Why/why not?

Probe: - missing information
- change emphasis/focus
- format/length

25. Does this video encourage or motivate you to use a quit plan/ or use some of the referenced quit tools and supports/ and/or combine tools/supports? [HAND COUNT] Why/why not?

Probe: - missing information
- change emphasis/focus
- format/length

26. Do you have any suggestions on how this video could be improved?

Here's the second one [SHOW SECOND VIDEO AND REPEAT QUESTIONS 17-26]

III. CAMPAIGN LANDING PAGE TITLES [10 minutes]

The final thing I'm going to show you are potential titles for the advertising campaign's webpage on the Health Canada website. Imagine that if you saw one of the ads we showed earlier and clicked on it so that you would be taken to the home or landing page of a website. On the website, you would find links to information to help people to quit smoking, as well as the resource videos I just showed you. What we're looking for is your feedback on a potential title for the home or landing page of the website. There are four versions, which I'm going to present to you all at once. [PRESENT OPTIONS ON SCREEN]. I'd like you to read these titles on your own, in silence, and in a moment, I will ask you to identify the **one** you consider best suited to the homepage. Once everyone is finished, we'll discuss the titles as a group.

Titles:

- **Equipped to quit smoking**
- **Your way to be smoke-free**
- **Quit with confidence**
- **Tools for a smoke-free life**

ALLOW A MOMENT FOR PARTICIPANTS TO REVIEW THE TITLES THEN PROCEED WITH POLL.

I'm going to read each title and ask you about it if it was your favourite. READ LIST STARTING WITH THE TITLE MOST OFTEN IDENTIFIED AND ENDING WITH THE ONE LEAST OFTEN IDENTIFIED.

27. What is it you like about this title? What makes it better than the others?

Probe: - what works/doesn't work across all titles;

- neg/neutral/positive
- what encourages you to read the page?
- what best fits the page?

28. Do you have any suggestions to improve [INSERT PREFERRED VERSION]?

OVERALL REACTION TO COMMUNICATIONS MATERIALS: 10 minutes

Now that you have seen these materials,

29. Has anyone's opinions towards / views on supports or tools used to quit smoking changed as a result of the ads or resource videos? If so, how?

Probe:

- more knowledgeable about quit aids/approaches?
- more likely to try a new/different approach to smoking cessation?
- more likely to make a quit plan?
- more/less likely to combine tools and resources? (to use more than one thing)
- [TIME PERMITTING] more/less confident that they can quit smoking?
- [TIME PERMITTING] more determined to try to quit smoking?

At the beginning of the session, I asked if you were to decide to quit tomorrow, which tools or support would you most likely use to support your quit efforts and why?

30. Now that you've seen the ads and resource videos, has your opinion changed? If so, how?

Probe: - any changes in how likely it is that you would use specific tools or supports/ in your preferences? In the likelihood that you would combine tools and supports?

[IF TIME PERMITS] Here's another short exercise.

EXERCISE 2: [POST ON WHITEBOARD /SHARE] Now here's a list of potential **formats of information** or support to assist someone in their smoking cessation efforts. Again, I would like you to select the formats that you would prefer to use as supports in your own quit efforts. [REVIEW RESULTS AND NOTE ANY NOTICEABLE PREFERENCES. ASK FOR REASONS WHY TOP RANKED SOURCES ARE PREFERRED.]

1. Online web text (descriptions etc.)
2. Online short web videos (2 mins)
3. Step by Step questionnaires
4. Self-help guide(s)
5. Smoking telephone quit line
6. Mobile App
7. Chat Bot
8. Text Messaging Support Services to quit smoking
9. Other
10. None of the above are appealing to me

7. Where would you go to get support, advice, or information to help you quit smoking? [DO NOT PROBE; LOOKING FOR TOP-OF-MIND RESPONSES] What do you consider to be credible sources?

FINAL WORD

SHOW CLOSING SLIDE:

Whatever you're going through, **remember that you are not alone**. Wellness Together Canada is here to support you:

<https://www.wellnesstogether.ca/en-CA>

And

You can quit. We can help.
1-866-366-3667
gosmokefree.gc.ca/quit

We've covered a lot tonight and I really appreciate you taking the time to share your opinions. The honorarium will be available via e-transfer or cheque; we'll contact you tomorrow to determine your preference. On behalf of Health Canada, I would like to thank you for your time and participation today.

You can all log out now. Have a great evening!