



Health
Canada

Santé
Canada

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

Executive Summary

Prepared for Health Canada

Supplier Name: Phoenix SPI

Contract Number: CW2236506

Award Date: 2022-07-25

Contract Value: \$87,693.65 (including applicable taxes)

Delivery Date: 2022-11-30

Registration Number: POR #018-22

For more information on this report, please contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca

Ce rapport est aussi disponible en français.

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

Executive Summary

Prepared for Health Canada

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.

This publication may be reproduced for non-commercial purposes only. Prior written permission must be obtained from Health Canada. For more information on this report, please contact Health Canada at:

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

Communications and Public Affairs Branch
Health Canada
200 Eglantine Driveway, Jeanne Mance Building
AL 1915C, Tunney's Pasture
Ottawa, Ontario K1A 0K9

Catalogue number:

H14-420/2022E-PDF

International Standard Book Number (ISBN):

ISBN 978-0-660-46025-3

Related publications (registration number: POR 018-22):

Catalogue number (Final report, French) H14-420/2022F-PDF

ISBN 978-0-660-46026-0

© His Majesty the King in Right of Canada, as represented by the Minister of Health, 2022.

Cette publication est aussi disponible en français sous le titre : *Évaluation d'outils et de ressources de sensibilisation pour le Programme de renoncement au tabac*

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

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.

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, 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.

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.

- 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), 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.