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## **FINAL REPORT**

# **Tobacco Cessation Exploratory Research with Young Adults (aged 20-24) HC POR 12-02**

**Prepared for Health Canada  
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**Ce rapport est aussi disponible en français sur demande.**

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## EXECUTIVE SUMMARY

Health Canada commissioned Phoenix Strategic Perspectives Inc. to conduct focus group research with young adult smokers to explore issues related to tobacco cessation. A set of eight focus groups was held February 25-28, 2013, with two groups conducted in each of Toronto, Winnipeg, Montreal (French) and Halifax. The target audience was young adults, aged 20-24, who smoked either daily or occasionally.

The purpose and specific objectives of this research were to:

- Gain a better understanding of the awareness, knowledge, attitudes, beliefs and behaviours with respect to tobacco cessation and smoking among young adult smokers, aged 20-24
- Uncover social media habits of young adult smokers
- Gather opinions on *Break It Off* materials developed by the Canadian Cancer Society
- Identify preferred sources and methods of receiving tobacco cessation information

The findings will be used to support the development of materials for a smoking cessation campaign and to ensure that the messaging and tactics of the campaign resonate with young adult smokers, motivating them to quit smoking and remain smoke-free. The total cost of this research project was: \$57,517.10 including HST.

**This research is qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of young adult smokers.**

### Contextual Issues: Smoking Behaviour and Attitudes

#### Smoking Patterns and Behaviour

The majority of participants in each group indicated that they smoke on a daily basis. The number of cigarettes smoked each day varies, but most smoke in the range of 5 to 10 cigarettes a day. All participants said that they have smoked for at least two years, and most have smoked for five years or more.

Participants said that they typically smoke outside, most often at home, at a bar/dance club, or outside their work location. A few participants in most groups said they smoke in their home; locations cited include the garage, the kitchen, the washroom with a fan on, or in a room with a window open. A number of participants also smoke in their car while driving.

Participants who smoke at home said that they routinely engage in a variety of activities while smoking, including socializing with friends, talking on the phone, texting, surfing the web, engaging in social media, checking email, watching television, studying, and listening to music. Almost all of those who are currently employed or studying at school said they smoke while at work or at school. Those who work typically smoke on their breaks, while those at school typically smoke between classes. Whether at work or at school, participants said that they usually socialize with colleagues while smoking. Many participants also text or talk on their cell phones while smoking.

Smoking behaviour tends to follow set patterns, with participants collectively identifying a number of specific circumstances in which they smoke. The most commonly identified circumstances include smoking after a meal, while drinking alcohol or coffee, and while



socializing. Other frequently identified circumstances include when waking up in the morning, while driving, and while waiting for someone or something, particularly public transportation. Most participants also said that they tend to smoke when experiencing certain moods or emotional states, including anxiety/stress, boredom, depression, sadness, and anger. Circumstances identified less frequently include smoking after work or school, when fatigued, before sleep, while studying, when playing games/doing hobbies, while driving, and after sex.

### Attitudes towards Smoking

Participants in every group had no difficulty identifying the main advantages and disadvantages of smoking, from their perspectives. The only frequently identified advantages included the sheer pleasure of smoking, the relaxing/calming/soothing effect of smoking, and the social bonding that often accompanies smoking. The most frequently identified disadvantage was the impact of smoking on health. This encompassed both the short and longer-term health impacts of smoking, but primarily the former. Short-term impacts included shortness of breath, lack of endurance, difficulty exercising, and feeling bad/weak in general, physically. Longer-term impacts included cancer, heart disease, emphysema, as well as smoking's effect on life expectancy in general. In addition to health impacts, other frequently mentioned disadvantages included the cost of cigarettes, the smell/odour associated with smoking, and the effect smoking has on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles). Other disadvantages noted included smoker's cough, the impact of second-hand smoke on others, the social stigma attached to smoking, and the requirement to smoke outdoors.

## **Quit Attempts and Cessation Resources/Products**

### Most Important Reasons for Wanting to Quit Smoking

The most important reasons identified for wanting to quit smoking were the various impacts of smoking on health and physical fitness, both in the short and longer-term. Health-related reasons were identified by a majority of participants in every group. Two other frequently cited reasons for wanting to quit were the cost of smoking and the smell/odour associated with smoking. Numerous secondary reasons for wanting to quit were cited. Those identified most often included the impact of smoking on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles), the belief that one can quit if one wants to, being acquainted with people who have quit smoking and are happy, the desire to break an addiction, and the belief that the longer one waits, the harder it will be to quit.

### Barriers or Challenges to Quitting Smoking and Remaining Smoke-Free

Participants collectively identified a number of anticipated barriers or challenges to quitting smoking and remaining smoke-free. The most frequently identified challenge was related to breaking a pattern or routine. Specifically, this challenge included no longer smoking when getting together with friends and family who smoke, or when drinking alcohol (and to a lesser extent coffee). Participants in almost every group also identified dealing with stress without smoking as an anticipated challenge. Other routinely-identified challenges included dealing with changes in attitude (e.g. increased crankiness), the effect of certain "treatments"<sup>1</sup> (e.g. nausea, personality change), the cost of certain treatments, possible weight gain, taking on other bad habits (e.g. eating junk food), and difficulty breaking a

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<sup>1</sup> The word "treatment" is used loosely to describe procedures, tools, etc. to support smoking cessation. It is used here because that language was used occasionally by participants.



habit in general. No participant identified a lack of support as an anticipated challenge. With respect to their social network, participants did not feel that their friends and acquaintances would not support them in their efforts; rather, they were concerned about dealing with the temptation to smoke when getting together with friends who still smoked.

### Plans/Strategies to Quit Smoking

Many participants, at least a few in every group, said they have a plan (or elements of a plan) to quit smoking. Such “plans” however tended to be relatively simple and straightforward. For the most part, plans focused on two main strategies: quitting cold turkey and/or using nicotine replacement therapies such as the patch, gum, inhalers, lozenges, etc. Other routinely identified aspects of plans included the following: gradually reducing the number of cigarettes smoked (e.g. buying smaller packs of cigarettes, smoking fewer cigarettes each day), engaging in more physical activity (e.g. taking up a sport, participating in yoga or fitness classes), avoiding triggers to smoke (e.g. cutting back on drinking alcohol, going out with friends who smoke less often), consulting a physician or pharmacist about prescription medication, undergoing specific treatments (e.g. acupuncture, laser treatment, hypnosis), and finding substitutes for smoking (e.g. chewing gum, eating candy). Participants’ plans rarely included social support of any kind: however for those that did, they included quitting with someone else and having a support group. Finally, participants’ plans did not seem to be linked in a conscious way to overcoming the barriers they anticipate. This underscores the informal nature of their plans to quit smoking.

### Smoking Cessation Resources

A few participants in every group anticipated using some form of smoking cessation resource. These typically fell into two categories: substitutes for cigarettes and types of treatment. Substitutes for cigarettes mentioned by participants included nicotine replacement therapies (identified above), but also candy, regular chewing gum, and carrot sticks. Types of treatment identified included hypnosis, acupuncture, laser therapy, and prescription medication. As was the case with plans to quit smoking, social support resources did not tend to be on participants’ radar screens, at least not when it comes to resources they themselves would use. Specific resources that were identified included the website *J'arrête, j'y gagne !*, an influential quit smoking book (title unknown), and the strategy of quitting with someone else.

Awareness of smoking cessation resources beyond what participants themselves would use tended to be limited to other nicotine replacement therapies and forms of treatment/prescription medication. Some participants, however, did identify social support resources including websites in general, support groups, helplines, contests, and posters.

Interest in social support systems as a way to quit smoking and stay smoke-free was limited. While a few participants in most groups expressed some interest in social support systems, most found them to be of limited or no appeal. Participants tended to be more interested in in-person support than online support. Some participants explained their lack of interest by suggesting that the key to quitting smoking and staying smoke-free is individual discipline and resolve, meaning that quitting smoking tends to be an individual or solitary endeavour. Receptiveness to specific forms of support using social media was also limited, whether in the form of peer support through a Facebook page or website message board, Facebook messages delivered through the “News Feed”, Twitter posts, text messages, or support emails. There was also limited support for a telephone counsellor or quit coach.



### Most Convenient Ways to Access Info on Quitting Smoking

Participants in all groups identified three primary ways that would be most convenient to get information about quitting smoking: through Google, a physician or pharmacist, and Facebook ads. The following ways were mentioned less often, but still with some frequency: television, radio, YouTube, ads in public places such as bars/dance clubs, bus stops, subways, public washrooms, and billboards. Overall, participants tended to identify a mix of traditional media and social media as ways to get information about quitting smoking.

### Previous Quit Attempts

A majority of participants in every group indicated that they have tried to quit smoking in the past, and many have tried on numerous occasions. The approaches taken include quitting cold turkey, gradually reducing the number of cigarettes smoked each day, using nicotine replacement therapies (i.e. patch, gum, inhalers, lozenges), using prescription medication (i.e. Champix), leaving cigarettes at home when going out, reducing/cutting out coffee and/or alcohol, avoiding going out with friends who smoke, and increasing physical activity.

At least a few participants in most groups said they have tried electronic cigarettes, but with mixed results (i.e. some saying this approach helped and others saying it did not). No more than a few participants in any group said they would consider using electronic cigarettes to quit smoking. Among the techniques tried, none emerged as decidedly more effective than any other.

### **Impressions of Campaign Communication Tools**

Banner ads that were part of a quit smoking campaign shown to participants were of limited appeal. For many participants, the ads were ineffective at conveying the main message of the campaign or even that they pertained to smoking and quitting smoking. Of the two ads, there was a preference for the ad that included an image of a cigarette butt on the last frame. The cigarette butt was viewed as essential to linking the ad to smoking cessation. Many participants, however, were critical of the image of the young woman shown in the ad. They felt that her body language was too casual; it was seen to undermine the gravity of the ad and its message. For others, the campaign's main message was understood, but it did not resonate with them (i.e. it was not considered meaningful). These participants did not feel that they have been lied to or cheated on. They did not see themselves as “victims”; they choose to smoke and are well aware of the health risks and other harms.

Following the discussion of the banner ads, participants were asked for their impressions of the *Break It Off* website home page. Reaction to the home page was generally positive, with participants liking the messages and the clean, straightforward design and layout.

When asked to consider what type of resources and tools they would expect to find on the website, a variety of things was mentioned, ranging from shocking or disturbing pictures of the effects of smoking, to practical tools and “how-to guides” to quit smoking, to message boards and chat rooms for social exchanges.

Reaction to the relationship metaphor (i.e. that smoking is like a bad relationship) was mixed. Some participants understood the metaphor immediately and liked the concept. Many others understood the metaphor but did not feel that the concept resonated with





them. Some participants felt that the metaphor was more appropriate for younger audiences (i.e. teenagers, high school students). Others did not feel that they have been lied to or cheated on or did not understand the concept.

Participants in Montreal were asked for their reaction to the French name of this quit-smoking campaign (*Pour en finir*). Reaction tended to be neutral rather than positive or critical. The name made sense given the underlying theme of the site, but there was a widespread sense that something more captivating « accrocheur » should be attempted. Only a few participants provided suggestions which included « *Pour se sentir mieux* », « *Pour en finir avec la cigarette* », and « *Stop tabac* ».

## **Social Media Resources for Quitting**

Reaction to the web and social media resources was mixed.<sup>2</sup> While virtually all young adults use social media, participants only expressed moderate interest in the various digital resources. When it came to perceived effectiveness of the resources, participants tended to see them as another source of assistance that could be added to their toolkit.

Of the resources, the mobile app was preferred by most participants, but often with caveats (e.g. if it's well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in terms of helping them quit smoking included ease of access and convenience, as well as the fact that it is personalized. Suggested features included the following: notifications related to their smoking habits (e.g. reminders at certain times of day, times that are smoking triggers); cigarette counters; calculators designed to motivate (e.g. for each cigarette not smoked in a week, X days would be added to their life, or X dollars were saved); links to other resources; encouraging messages (i.e. "great job today, you reduced your smoking by X cigarettes"); and access to other app users (i.e. the ability to connect with other users to share experiences, etc.).

Turning to the other digital resources, many participants agreed that Facebook would be an effective vehicle for advertising *Break It Off*. However, as a smoking cessation resource, Facebook was generally viewed as ineffective. The main reason offered was privacy—participants did not necessarily want their interest in quitting smoking made public to everyone in their social network. When asked what they would expect to find on the campaign Facebook page, participants routinely pointed to smoking and smoking-related facts, practical information and tips on quitting and remaining smoke-free, as well as news articles or current information on the subject. Some participants thought they would subscribe to a smoking cessation texting service, but they expressed a desire to control the frequency and/or type of messages sent to them. Finally, some participants expressed at least moderate interest in watching testimonials via YouTube. They saw value in hearing the stories of other smokers, and in particular, former smokers. When asked whether they would record and upload their own video, most participants said they would not. A few speculated that they might upload a video if they were able to successfully quit smoking and remain smoke-free for a significant length of time. Presented with a contest format, and the incentive of a prize, receptiveness increased somewhat.

Reasons offered for why the various digital resources might not be useful included a preference for in-person support, the perception that they are inundated with information so these resources would be lost in the "noise", the view that quitting smoking takes

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<sup>2</sup> When presented in the context of *Break It Off*, reaction to the use of social media for smoking cessation resources and tools was somewhat more positive among some participants than when they were asked about such resources earlier.



willpower and discipline (not inspirational messages or tips), and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won't give them new information).

### Promotion

All participants use social media, but most pointed to traditional media when asked what would be the best way to reach them and their friends with the *Break It Off* campaign message. Suggestions routinely included communicating via mass media (TV, radio), posters (i.e. on public transit or at universities/colleges), billboards, and magazines. Some participants simply suggested that advertising in places where young people smoke or buy cigarettes would be effective. Others thought that advertising on YouTube and Facebook, or on popular mobile apps, like Angry Birds, or using QR codes and cell phone text messages to direct them to BreakItOff.ca would be effective ways of reaching young adults.

### **Conclusions**

The following key findings emerged from this study:

- *Socializing is a central dimension of smoking behaviour.* There is a social aspect to smoking that is central to the behaviours and attitudes towards smoking. “Socializing” is one of the main activities participants engage in when they smoke, one of the few perceived advantages of smoking, and one of the key anticipated barriers to quitting (i.e. the temptation to smoke when getting together with friends who smoke).
- *Use of social media while smoking is pervasive:* Using social media while smoking is one of the key forms of “socializing” while smoking, both at home and at work. In other words, in addition to smoking when getting together in-person, participants routinely engage in the following types of activities when they smoke: talking on the phone, texting, checking email, using Facebook, and watching YouTube.
- *Cell phone use while smoking is prevalent:* When it comes to specific activities that participants engage in while smoking, the cell phone dominates. This is not only because participants use their cell phones in a variety of ways (e.g. talking, checking messages, texting, downloading apps), but also because they take their phones with them wherever they go.
- *There is a limited social dimension to quitting smoking.* While there is an important social dimension to smoking, there appears to be a limited social dimension to quitting. Specifically, a lack of support from friends or family members is not an anticipated challenge when it comes to quitting smoking. Participants’ plans to quit smoking rarely include social support of any kind; social support resources do not tend to be among the resources they would use, and interest in social support systems as a way to quit smoking, including use of social media, is limited.
- *Mixed reaction to the Break It Off relationship metaphor.* Reaction to the metaphor was mixed. Some participants understood the metaphor and liked the concept. Conversely, many others understood the metaphor, but it did not resonate with them. Finally, some participants did not understand the concept until it was explained to them. When it was explained, a few participants liked the relationship metaphor, but many did not because they had not initially understood it.
- *Mixed reaction to website and social media resources:* While virtually all participants use social media, interest in the various digital resources for smoking



cessation was moderate. While this may appear paradoxical, participants offered clear reasons to explain their impression. This included a preference for in-person support versus online support, the perception that they are inundated with information via social media so these resources would be lost in the “noise”, the view that quitting smoking mainly takes willpower and discipline (not inspirational messages or tips), and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won't give them new information).

- *Widespread preference for mobile app:* Of the smoking cessation digital resources explored, the mobile app was preferred by most participants, but often with caveats (e.g. if it's well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in helping participants quit smoking include ease of access and convenience (i.e. young adults have their phones with them at all times), as well as the fact that the app is personalized (i.e. the app requires them to create a profile of their smoking habits).
- *Use of public transit is widespread among target audience:* In terms of where to place advertising of relevance to young adult smokers, it was apparent that most are routinely waiting (and smoking while waiting) for public transit of one form or another. This suggests that smoking cessation ads placed in such locations would be seen by the target audience, and would be relevant to what they are doing at that time (i.e. smoking).

Health Canada should review the specific suggestions outlined in the report regarding both the campaign ads and website, bearing in mind that participants provided feedback based on limited exposure to both and in a format that did not approximate reality (i.e. paper versus online). In the case of the website for example, participants were unable to explore the site, although many said they would visit it as a result of this study. It may be because of their limited exposure to the campaign ads and website that suggestions for improvement tended to be limited. In the case of the website, the only suggestion identified with any frequency was to incorporate a visual cue that this is a smoking cessation website. In the case of the ads, no suggestions for improving them were made with any frequency.

Moving forward, Health Canada should also consider the following, all of which emerged through participant feedback:

- When it comes to smoking, participants tend to live in the present. This was evident in the fact that most of the main disadvantages of smoking identified are ones participants are experiencing at the present time as opposed to ones they expect to face in the future. These disadvantages include short-term health issues, the cost of cigarettes, the odour associated with smoking and the impact of smoking on appearance. Given this, it is not surprising that the smoking cessation resources or features most likely to resonate with participants include the cigarette counter, the ability to track one's quit progress, and the ability to translate unsmoked cigarettes into dollars saved.
- In considering the use of social media and digital engagement tactics to reach young adult smokers:
  - It should be remembered that such media is primarily used as a means for entertainment or diversion. Therefore, it should not be taken for granted



that pervasive use of such media will guarantee success in providing smoking cessation resources.

- The frequency of Facebook posts, “Tweets”, texts or other informational or motivational messages to support quit efforts should be balanced as participants feel that too many messages will bombard them, leading to diminished uptake of resources.
- The campaign tactics should be crafted with sensitivity to the social media environment—that it is overloaded with marketers (social and commercial) trying to access this demographic. *Break It Off* social media resources will need to cut through the “noise” by using strong, visually appealing creative and witty copy to grab the attention of the target audience. Consideration should also be given to how young adults consume and use social media. Most of the participants said they use their smart phone or tablet to access social media, like Facebook and YouTube, as well as the Internet. Therefore, the limitations of mobile devices must be considered when developing smoking cessation resources in order to appeal to the audience. Lengthy text that is overly detailed or dull cannot be expected to appeal to this audience.
- While young adults are online and engaged in the digital environment, traditional advertising is still very important to them. Feedback from the groups suggests that young adults are likely to notice billboard and poster-style ads (or have been conditioned to) in places they go. An integrated approach to advertising and promotion using a combination of social media and traditional media is recommended in order to effectively reach this audience.

The mobile app offers the most promise out of the digital resources discussed during the groups as young adults carry their smart phones with them everywhere. The more personalization the *Break It Off* app offers, the more likely that it will be used as a smoking cessation tool among young adult smokers.

- In considering how to develop and foster an online support community to engage young adult smokers in quitting, it should be noted that there is a widespread desire among participants to keep their smoking cessation efforts private as opposed to publicizing them. Related to this, participants want a personalized approach to quitting smoking that they can control.
- Humour resonates with this audience. Participants often observed that one of the main ways to catch their attention in a smoking cessation campaign would be through the use of humour. Related to this, one of the criticisms of the *Break It Off* campaign is that it lacks humour and portrays them (i.e. young adult smokers) as victims. This is not surprising considering the types of TV programs they watch for entertainment. According to the questionnaire participants completed prior to the groups, they tend to watch comedic, satirical, or reality-based programming. Incorporating humour into the campaign may appeal to young adult smokers.



More Information:

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To obtain more information on this study, please email [por-rop@hc-sc.gc.ca](mailto:por-rop@hc-sc.gc.ca).



## SOMMAIRE

Santé Canada a chargé Phoenix Strategic Perspectives Inc. d'effectuer, auprès de jeunes adultes qui fument la cigarette, une étude comportant des groupes de discussion afin d'examiner des enjeux liés à l'abandon du tabac. En particulier, huit séances de discussion en groupe ont eu lieu du 25 au 28 février 2013; deux dans chacune des villes suivantes : Halifax, Montréal (en français), Toronto et Winnipeg. La population cible de l'étude réunissait des jeunes adultes de 20 à 24 ans qui fument tous les jours ou à l'occasion.

Le but et les objectifs précis de l'étude étaient les suivants :

- Mieux comprendre le degré de sensibilisation, les connaissances, les attitudes, les opinions et les comportements des jeunes fumeurs de 20 à 24 ans en ce qui concerne le tabagisme et l'abandon du tabac
- Mettre en évidence les habitudes d'utilisation des médias sociaux des jeunes adultes qui fument
- Recueillir des commentaires sur le matériel *Pour en finir* conçu par la Société canadienne du cancer
- Déterminer les sources et les méthodes préférées en ce qui concerne l'obtention de renseignements sur l'abandon du tabac

Les observations découlant de l'étude serviront à soutenir l'élaboration de matériel pour une campagne d'abandon du tabac. Elles serviront aussi à faire en sorte que les messages et les stratégies de la campagne interpellent les jeunes adultes qui fument la cigarette et les motivent à cesser de fumer et à rester non-fumeurs. Le coût total de cette étude s'est élevé à 57 517,10 \$ TVH comprise.

**Il s'agit d'une étude de nature qualitative, et non quantitative. Dans ce contexte, les résultats donnent une idée des points de vue des participants au sujet des enjeux abordés, mais ils ne peuvent être généralisés à l'ensemble de la population des jeunes adultes qui fument la cigarette.**

### Contexte : comportement et attitudes liés au tabagisme

#### Habitudes et comportements liés à l'usage du tabac

La majorité des participants faisant partie de chaque groupe déclarent fumer tous les jours. En ce qui concerne le nombre de cigarettes que chaque participant(e) fume tous les jours, les réponses varient. Signalons toutefois que la plupart des participants fument entre cinq et dix cigarettes par jour. Tous les participants affirment fumer depuis au moins deux ans, et la plupart signalent qu'ils fument depuis au moins cinq ans.

En général, les participants fument dehors, le plus souvent à la maison, près d'un bar/boîte de nuit ou à l'extérieur de leur lieu de travail. Dans la plupart des groupes de discussion, quelques-uns des participants affirment qu'ils fument à l'intérieur de leur maison, certains précisant qu'ils fument dans le garage, dans la cuisine ou dans la salle de bain en faisant fonctionner un ventilateur, ou encore dans une pièce dont la fenêtre est ouverte. Un certain nombre de participants fument aussi dans leur voiture, en conduisant.

Les participants qui fument des cigarettes à la maison disent qu'ils font toutes sortes de choses en fumant, comme socialiser avec des amis, parler au téléphone, envoyer des textos, naviguer sur le Web, utiliser les médias sociaux, vérifier leurs messages électroniques, regarder la télévision, étudier ou écouter de la musique. Pratiquement tous les participants qui ont un emploi ou sont aux études à l'heure actuelle affirment fumer au



travail ou à l'école. Les participants qui travaillent fument habituellement pendant leurs pauses, tandis que ceux qui sont aux études fument habituellement entre les cours. Que ce soit au travail ou à l'école, lorsqu'ils fument des cigarettes, les participants socialisent habituellement avec des collègues. De plus, un grand nombre d'entre eux envoient des textos ou parlent au téléphone cellulaire en fumant.

En général, les comportements liés à l'usage du tabac suivent des tendances constantes. Les participants définissent collectivement un certain nombre de situations précises dans lesquelles ils fument la cigarette. Les situations suivantes sont le plus souvent mentionnées : après un repas, en buvant de l'alcool ou du café et dans les situations de socialisation. Voici d'autres situations signalées fréquemment : en se réveillant le matin, en conduisant et en attendant quelqu'un ou quelque chose, dont particulièrement le transport en commun. La plupart des participants ont aussi tendance à fumer dans certains états d'âme ou états émotifs, y compris l'anxiété/le stress, l'ennui, la dépression, la tristesse et la colère. Les situations soulignées moins souvent comprennent après le travail ou l'école, lorsqu'on est fatigué, avant de dormir, en étudiant, lorsqu'on joue à des jeux/en pratiquant des passe-temps, en conduisant et après les rapports sexuels.

### Attitudes à l'égard de la cigarette

Les participants n'ont eu aucune difficulté à définir les principaux avantages et inconvénients de la cigarette. Les seuls avantages signalés souvent au sujet de la cigarette tiennent au simple plaisir de fumer, à l'effet relaxant/calmant/apaisant de la cigarette et à la formation de liens sociaux qui accompagne souvent l'usage du tabac. Par ailleurs, les inconvénients signalés le plus souvent tiennent aux effets de la cigarette sur la santé. À ce sujet, les participants mentionnent surtout les effets à court terme, et aussi à long terme. Les effets à court terme comprennent l'essoufflement, le manque d'endurance, l'exercice physique difficile et l'impression d'avoir une mauvaise condition physique/d'être faible en général. Les effets à plus long terme signalés par les participants sont le cancer, les maladies du cœur, l'emphysème, de même que la réduction de l'espérance de vie, en général. En plus des effets sur la santé, les inconvénients que les participants sont le plus susceptibles de signaler touchent au coût des cigarettes, à leur odeur et à leurs effets sur l'apparence (p. ex., les dents jaunes, les taches de nicotine sur les doigts, le vieillissement/les rides). Les autres inconvénients signalés régulièrement sont la toux du fumeur, les effets de la fumée secondaire chez les autres, le stigmate social lié à l'usage du tabac, de même que l'obligation de fumer dehors.

### **Tentatives d'abandon du tabac et ressources ou produits pour cesser de fumer**

#### Raisons les plus importantes pour vouloir cesser de fumer

Les divers effets sur la santé et sur la condition physique, tant à court terme qu'à long terme, constituent les principales raisons de cesser de fumer invoquées par les participants. Une majorité de participants dans chaque groupe de discussion signalent des raisons liées à la santé. Le coût et l'odeur des cigarettes sont deux autres raisons que les participants invoquent souvent. De plus, les participants font état de nombreuses raisons secondaires pour vouloir cesser de fumer. Au nombre des raisons signalées le plus souvent figurent les effets de l'usage du tabac sur l'apparence (p. ex., les taches de nicotine sur les doigts, le vieillissement/l'apparition de rides, les dents jaunes), la croyance voulant qu'on peut cesser de fumer si on le veut, la connaissance de gens qui ont cessé de fumer et qui sont heureux, la volonté de se défaire d'une dépendance et la croyance voulant que plus on attend, plus il est difficile d'arrêter de fumer.



### Obstacles ou défis liés à l'abandon du tabac et à un mode de vie sans fumée

Collectivement, les participants signalent un certain nombre d'obstacles ou de défis envisagés dans le contexte de l'abandon du tabac et de l'adoption d'un mode de vie sans fumée. Changer une habitude ou une routine est le défi le plus souvent mentionné. Cela suppose qu'on ne fume plus avec les amis et les proches qui fument la cigarette ou qu'on ne fume plus en consommant de l'alcool (et dans une moindre mesure, en buvant du café). Dans presque tous les groupes de discussion, des participants ont également mentionné, parmi les défis, la nécessité de composer avec le stress sans fumer la cigarette. Les autres défis signalés régulièrement sont les changements d'attitude avec lesquels il faudrait composer (p. ex., une irritabilité accrue), les effets de certains « traitements »<sup>3</sup> (p. ex., la nausée, les changements de personnalité), le coût de certains traitements, la prise de poids possible, l'adoption d'autres mauvaises habitudes (p. ex., la malbouffe) et la difficulté à rompre une habitude, en général. Personne n'a dit envisager le manque de soutien comme défi. En effet, en ce qui concerne leur réseau social, les participants n'envisagent pas de ne pas bénéficier du soutien de leurs amis et connaissances. Le défi tient plutôt à la tentation de fumer qu'il faudrait maîtriser en présence d'amis qui fument toujours.

### Plans ou stratégies d'abandon du tabac

La plupart des participants, c.-à-d. au moins quelques-uns dans chaque groupe de discussion, affirment avoir un plan (ou miser sur des éléments d'un plan) pour arrêter de fumer. En revanche, ces « plans » ont tendance à être relativement simples et directs. De façon générale, ils sont principalement axés sur deux grandes stratégies : arrêter de fumer d'un seul coup et/ou recourir à des thérapies de substitution de la nicotine, comme le timbre, la gomme, les inhalateurs ou les pastilles. Voici certains des autres aspects de plans que les participants signalent régulièrement : réduire graduellement le nombre de cigarettes fumées (p. ex., acheter de plus petits paquets de cigarettes, fumer moins de cigarettes chaque jour), faire plus d'activité physique (p. ex., entreprendre un sport, prendre un cours de yoga ou de conditionnement physique), éviter les éléments déclencheurs ou les incitations à fumer (p. ex., réduire sa consommation d'alcool, sortir moins souvent avec des amis qui fument), consulter un médecin ou un pharmacien au sujet de médicaments d'ordonnance, commencer des traitements précis (p. ex., l'acupuncture, le traitement au laser, l'hypnose) et trouver des substituts à la cigarette (p. ex., mâcher de la gomme, manger des bonbons). Les plans des participants font rarement appel à une forme de soutien social. Les quelques plans qui font appel à ce genre de soutien prévoient l'abandon du tabac en compagnie de quelqu'un d'autre et le recours à un groupe de soutien. Enfin, les plans des participants ne semblent pas viser délibérément à surmonter les obstacles envisagés. Cette observation met en évidence la nature informelle des plans d'abandon du tabac des participants.

### Ressources pour l'abandon du tabac

Dans chaque groupe de discussion, quelques participants envisagent de recourir à une forme de ressource pour cesser de fumer. En général, les ressources se répartissent entre deux catégories : les substituts de cigarettes et des types de traitement. Les substituts de cigarettes comprennent les thérapies de substitution de la nicotine (indiquées ci-dessus), de même que les bonbons, la gomme à mâcher ordinaire et les bâtonnets de carotte. Les types de traitement mentionnés comprennent l'hypnose,

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<sup>3</sup> Nous utilisons le mot « traitements » dans un sens très large pour décrire des méthodes, outils, etc. pour soutenir l'abandon du tabac. Nous recourons à cette expression de cette façon parce que les participants l'ont fait, à l'occasion, dans les séances de discussion.





l'acupuncture, le traitement au laser et les médicaments d'ordonnance. Comme nous l'avons aussi observé pour les plans d'abandon du tabac, les participants ne semblent pas avoir les ressources de soutien social dans leur ligne de mire, du moins en ce qui concerne les ressources auxquelles ils pourraient faire appel. Ceci dit, les ressources mentionnées par les participants sont le site Web *J'arrête, j'y gagne!*, un ouvrage d'influence efficace pour cesser de fumer (dont le titre est inconnu), de même que la stratégie consistant à abandonner le tabac en compagnie de quelqu'un d'autre.

En dehors des moyens auxquels les participants auraient recours, la connaissance des ressources pour cesser de fumer s'arrête généralement aux autres thérapies de substitution de la nicotine et aux diverses formes de traitements et de médicaments d'ordonnance. Néanmoins, certains participants signalent les ressources faisant appel au soutien social, y compris les sites Web en général, les groupes de soutien, les services d'assistance téléphonique, les concours et les affiches.

Les systèmes de soutien social éveillent peu d'intérêt comme moyens de cesser de fumer et de demeurer un non-fumeur. Bien que quelques participants dans la plupart des groupes de discussion aient démontré un certain intérêt pour les systèmes de soutien social, la plupart des personnes interrogées estiment que ces groupes présentent peu ou pas d'intérêt. En général, les participants sont plus intéressés au soutien en personne qu'au soutien en ligne. À cet effet, certains précisent que leur manque d'intérêt tient à ce que la discipline et la détermination personnelles sont au cœur de l'abandon du tabac et d'une vie sans fumée. Autrement dit, l'abandon du tabac serait une démarche individuelle ou solitaire. Par ailleurs, les participants sont peu réceptifs à l'égard de certaines formes précises de soutien faisant appel aux médias sociaux, qu'il s'agisse d'entraide sur une page Facebook ou sur un site Web, de messages Facebook au moyen d'un fil de nouvelles, de messages Twitter, de textos ou de messages électroniques de soutien. Le recours à un conseiller téléphonique ou à un accompagnateur en abandon du tabac fait aussi l'objet d'appuis modestes.

#### Façons les plus commodes d'accéder à l'information sur l'abandon du tabac

Dans tous les groupes de discussion, les participants signalent le plus souvent trois moyens principaux considérés comme plus appropriés pour obtenir de l'information au sujet de l'abandon du tabac : Google, un médecin ou un pharmacien et les publicités Facebook. Les participants ont signalé les moyens suivants moins souvent, mais avec une certaine régularité : la télévision, la radio, YouTube, les publicités dans des lieux publics comme les bars/boîtes de nuit, les arrêts d'autobus, le réseau de métro, les toilettes publiques et les panneaux d'affichage. En général, les participants sont portés à indiquer un mélange de médias traditionnel et de médias sociaux comme moyens d'obtenir de l'information au sujet de l'abandon du tabac.



### Tentatives antérieures pour cesser de fumer

Une majorité de participants de chaque groupe ont déjà essayé d'arrêter de fumer, et bon nombre d'entre eux ont essayé plusieurs fois. Les approches utilisées comprennent le sevrage brutal, la réduction graduelle du nombre de cigarettes fumées chaque jour, l'utilisation des thérapies de substitution de la nicotine (c.-à-d. le timbre, la gomme, les inhalateurs, les pastilles), l'utilisation d'un médicament d'ordonnance (c.-à-d. Champix), la décision de laisser les cigarettes à la maison lorsqu'on sort, la réduction ou l'élimination de la consommation de café ou d'alcool, la décision d'éviter de sortir avec des amis qui fument la cigarette, de même que l'accroissement de l'activité physique.

Dans la plupart des groupes, quelques participants au moins affirment avoir essayé les cigarettes électroniques. Ils font toutefois état de résultats mitigés (c.-à-d. que certains affirment que ces dispositifs les ont aidés, tandis que d'autres disent le contraire). Dans chacun des groupes, quelques participants seulement affirment qu'ils envisageraient de recourir aux cigarettes électroniques pour cesser de fumer. Parmi les techniques que les participants ont essayées, aucune ne se révèle décidément plus efficace que les autres.

### **Impressions au sujet des outils de communication de la campagne**

Les bannières publicitaires d'une campagne d'abandon du tabac qui ont été soumises à l'examen des participants présentent un attrait modeste. De l'avis de nombreux participants, ces publicités ne parviennent pas à communiquer le message principal de la campagne, voire ne parviennent pas à établir qu'il est question de la cigarette et de l'abandon du tabac. Des deux publicités, c'est celle qui se termine par l'image d'un mégot de cigarette que les participants préfèrent. Le mégot de cigarette est perçu comme indispensable à l'établissement du lien entre la publicité et l'abandon du tabac. En revanche, un grand nombre de participants critiquent l'image de la jeune femme. Ils sont d'avis que son langage corporel est trop désinvolte; ils estiment que cet aspect compromet le caractère sérieux de la publicité et de son message. D'autres participants indiquent avoir compris le principal message de la campagne qui, toutefois, ne les interpelle pas (c.-à-d. qu'il n'est pas considéré comme significatif pour eux). Ces participants n'ont pas l'impression qu'on leur a menti ni qu'on les a trompés. Ils ne se voient pas comme des « victimes »; ils choisissent de fumer et sont très conscients des risques pour la santé et des autres méfaits.

À la suite des discussions au sujet des bannières publicitaires, les participants devaient présenter leurs impressions au sujet de la page d'accueil du site Web *Pour en finir*. Leurs réactions au sujet de cette page sont généralement favorables. En particulier, les participants aiment les messages, de même que la conception et la mise en page simples et épurées.

À la question de savoir quels genres de ressources et d'outils ils s'attendraient à trouver sur le site Web, les participants signalent un vaste éventail de choses, qui vont des photos choquantes ou troublantes représentant les effets de l'usage du tabac, aux outils pratiques et autres guides d'information, en passant par les forums et les clavardoirs pour les échanges sociaux.

Par ailleurs, les participants présentent diverses réactions à l'égard de la métaphore de la relation amoureuse (c'est-à-dire que le tabagisme ressemble à une mauvaise relation). Certains participants ont immédiatement compris la métaphore et apprécié le concept. Un grand nombre d'autres participants ont compris la métaphore, sans toutefois estimer que le concept les interpelle. À ce sujet, certains sont d'avis que la métaphore s'adresserait



davantage à un plus jeune public (c.-à-d. à des adolescents, des élèves du secondaire). Enfin, d'autres participants estiment qu'on ne leur a pas menti ou qu'on ne les a pas trompés, ou encore ils ne comprennent pas le concept.

Les participants de Montréal devaient présenter leurs réactions à l'égard du nom en français de la campagne d'abandon du tabac (*Pour en finir*). En général, les réactions se sont révélées neutres plutôt que favorables ou critiques. Il en ressort que le nom de la campagne a du sens, compte tenu du thème sous-jacent du site. Toutefois, selon une impression répandue, il faudrait tenter de trouver un nom plus accrocheur. À cet effet, quelques participants seulement ont formulé des suggestions de leur cru, dont les suivantes : *Pour se sentir mieux*, *Pour en finir avec la cigarette* et *Stop tabac*.

### **Ressources dans les médias sociaux pour l'abandon du tabac**

Les participants ont présenté diverses réactions aux ressources axées sur le Web et sur les médias sociaux<sup>4</sup>. Même si pratiquement tous les jeunes adultes utilisent les médias sociaux, les participants ne font état que d'un intérêt modéré à l'égard des diverses ressources numériques. En ce qui concerne l'efficacité perçue des ressources, les participants ont tendance à les tenir pour d'autres sources d'aide qui pourraient faire partie de leur boîte à outils.

Parmi les ressources à l'étude, c'est l'application mobile que préfèrent la plupart des participants, lesquels, toutefois, nuancent souvent leurs propos (p. ex., si c'est bien fait, si l'application cible leur groupe d'âge). Les raisons invoquées pour expliquer pourquoi l'application mobile serait la ressource la plus utile pour les aider à cesser de fumer comprennent la facilité d'accès et la commodité, de même que l'aspect personnalisé de l'application. Voici les caractéristiques que les participants ont suggérées : des rappels concernant leurs habitudes d'usage du tabac (p. ex., des rappels à certains moments de la journée où ils ressentent une forte envie de fumer), le compteur de cigarettes, des calculatrices conçues pour motiver (p. ex., pour chaque cigarette que quelqu'un ne fume pas au cours d'une semaine, X jours seront ajoutés à sa vie, ou X dollars seront économisés), des liens conduisant vers d'autres ressources, des messages d'encouragement (p. ex., « Excellent travail aujourd'hui : tu as réduit ta consommation de tabac de X cigarettes »), de même que la possibilité de communiquer avec d'autres utilisateurs de l'application (soit pour mettre en commun des expériences).

En ce qui concerne les autres ressources numériques, un grand nombre de participants sont d'accord pour dire que Facebook constituerait un moyen efficace de faire connaître la campagne *Pour en finir*. Cela dit, comme ressource pour l'abandon du tabac, Facebook est généralement considérée comme inefficace. La principale raison invoquée pour expliquer ce point de vue tient à la vie privée : les participants ne souhaitent pas nécessairement faire connaître leurs efforts pour cesser de fumer ou leur intérêt pour l'abandon du tabac auprès de l'ensemble de leur réseau social. À la question de savoir ce qu'ils s'attendraient à trouver dans la page Facebook de la campagne, les participants signalent régulièrement des faits liés à la cigarette et, plus largement, au tabagisme, des renseignements et des conseils pratiques au sujet de l'abandon du tabac et d'un mode de vie sans fumée, de même que des articles ou de l'information récente à ce sujet. Certains participants estiment qu'ils seraient susceptibles de s'inscrire à un service de textos pour cesser de fumer. Ils expriment toutefois une volonté de contrôler la fréquence des textos ou encore le type de messages qu'ils recevraient. Enfin, certains participants manifestent

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<sup>4</sup> Quand l'utilisation des médias sociaux comme ressources et outils d'abandon du tabac a été présentée dans le contexte de la campagne *Pour en finir*, les réactions de certains participants ont été un peu plus favorables que lorsqu'elle leur avait été plus tôt.



un intérêt au moins modéré pour le visionnement de témoignages sur YouTube. À ce sujet, ces participants estiment qu'il leur serait utile d'entendre les récits d'autres fumeurs, surtout ceux d'anciens fumeurs. À la question de savoir s'ils enregistreraient et téléchargeraient leur propre vidéo, la plupart des participants répondent par la négative. Quelques-uns supposent toutefois qu'ils pourraient le faire s'ils réussissaient à arrêter de fumer et à ne pas s'y remettre pendant une longue période. Lorsque nous leur avons présenté la formule du concours accompagné d'une mesure d'encouragement, comme un prix, les participants se sont montrés un peu plus réceptifs.

Les raisons que les participants ont formulées pour expliquer pourquoi les diverses ressources numériques pourraient ne pas se révéler utiles sont une préférence pour le soutien en personne, une perception selon laquelle les participants sont submergés d'information de sorte que ces ressources se perdraient dans la masse, le point de vue à l'effet qu'il faut de la volonté et de la discipline pour arrêter de fumer (plutôt que des conseils ou des messages d'inspiration), de même que le point de vue à l'effet qu'ils ont déjà des connaissances sommaires au sujet des ressources disponibles ou des sources à consulter pour obtenir de l'aide lorsqu'ils seront prêts à arrêter de fumer (autrement dit, il peut s'agir d'une nouvelle façon d'obtenir de l'information, mais ces ressources ne fournissent pas de nouveaux renseignements).

### Promotion

Tous les participants utilisent les médias sociaux, mais la plupart d'entre eux indiquent les médias traditionnels comme la meilleure façon de les rejoindre, leurs amis et eux-mêmes, afin de leur communiquer le message de la campagne *Pour en finir*. Les médias de masse (la télévision, la radio), les affiches (p. ex., dans le transport en commun, à l'université/au collège), les panneaux d'affichage et les magazines sont souvent suggérés comme moyen de communiquer le message de la campagne. Certains participants signalent simplement qu'il serait efficace de recourir à la publicité dans des endroits où les jeunes fument ou achètent des cigarettes. D'autres estiment que le recours à la publicité sur YouTube et Facebook ou encore, dans des applications mobiles populaires, comme Angry Birds, ou que le recours aux codes QR et aux textos pour téléphones cellulaires pour les diriger vers le site [pourenfinir.ca](http://pourenfinir.ca) constitueraient des moyens efficaces de rejoindre les jeunes adultes.

## **Conclusions**

Voici les principales constatations découlant de cette étude :

- *Les relations sociales constituent un aspect central du tabagisme* : L'aspect social de l'usage du tabac est un élément central des comportements et des attitudes liés à la cigarette. Maintenir des relations sociales constitue l'une des principales choses que font les participants lorsqu'ils fument. C'est aussi l'un des rares avantages perçus de la cigarette et l'un des principaux obstacles prévus dans le contexte de l'abandon du tabac (dans la mesure où la présence d'amis qui fument donne envie de fumer).
- *L'utilisation des médias sociaux en fumant est très répandue* : L'utilisation des médias sociaux en fumant est l'une des principales activités sociales auxquelles les participants prennent part lorsqu'ils fument, que ce soit à la maison ou au travail. Autrement dit, en plus de fumer lorsqu'ils se réunissent en personne avec d'autres jeunes, les participants font souvent ce qui suit pendant qu'ils fument : parler au téléphone, envoyer des textos, vérifier leurs messages électroniques, utiliser Facebook et visionner des vidéos sur YouTube.



- *L'utilisation du téléphone cellulaire en fumant est très fréquent* : En ce qui concerne les activités précises auxquelles les participants prennent part en fumant, le téléphone cellulaire occupe une très grande place, non seulement parce que les participants utilisent leur téléphone cellulaire de diverses façons (p. ex., pour parler, vérifier leurs messages, envoyer des textos et télécharger des applications), mais également parce que leur téléphone les accompagne partout où ils vont.
- *Dans le contexte de l'abandon du tabac, la dimension sociale est limitée* : Tandis que l'usage du tabac comporte une importante dimension sociale, dans le contexte de l'abandon du tabac, la dimension sociale semble limitée. Plus particulièrement, un éventuel manque de soutien de la part des amis et des proches ne compte pas parmi les défis prévus dans le contexte de l'abandon du tabac. Les plans des participants pour cesser de fumer prévoient rarement une forme de soutien social. De plus, les ressources de soutien social ne comptent généralement pas parmi les ressources auxquelles les participants se disent susceptibles de recourir. Enfin, comme moyens de cesser de fumer, les systèmes de soutien social, y compris l'utilisation des médias sociaux, n'éveillent qu'un intérêt minime chez les participants.
- *La métaphore de la relation amoureuse dans la campagne* Pour en finir *suscite diverses réactions* : Les participants présentent diverses réactions à l'égard de la métaphore. Certains d'entre eux comprennent la métaphore et apprécient le concept. Par contre, chez un grand nombre d'autres participants qui ont aussi compris la métaphore, le concept n'éveille pas de résonances. Enfin, d'autres participants n'ont pas compris le concept avant qu'on ne le leur explique. Par la suite, certains d'entre eux ont dit apprécier la métaphore de la relation amoureuse, mais un grand nombre ont affirmé ne pas l'aimer parce qu'ils ne l'avaient pas comprise au départ.
- *Le site Web et les ressources dans les médias sociaux suscitent toute une gamme de réactions* : Même si pratiquement tous les participants utilisent les médias sociaux, ils ne font état que d'un intérêt modéré à l'égard des diverses ressources numériques. Bien que ça semble paradoxal, ils ont invoqué des raisons claires pour expliquer leurs impressions à cet égard. Les raisons formulées sont la préférence pour le soutien en personne par rapport au soutien en ligne, une perception selon laquelle les participants sont submergés d'information dans les médias sociaux de sorte que ces ressources pourraient se perdre dans la masse, le point de vue à l'effet qu'il faut de la volonté et de la discipline pour arrêter de fumer (plutôt que des conseils ou des messages d'inspiration), de même que le point de vue à l'effet qu'ils ont déjà des connaissances sommaires au sujet des ressources disponibles ou des sources à consulter pour obtenir de l'aide lorsqu'ils seront prêts à arrêter de fumer (autrement dit, il peut s'agir d'une nouvelle façon d'obtenir de l'information, mais ces ressources ne fournissent pas de nouveaux renseignements).
- *Une préférence répandue pour l'application mobile* : Parmi les ressources numériques à l'étude dans le contexte de l'abandon du tabac, c'est l'application mobile que préfèrent la plupart des participants, lesquels, toutefois, nuancent souvent leurs propos (p. ex., si c'est bien fait, si l'application cible leur groupe d'âge). Les raisons invoquées pour expliquer pourquoi l'application mobile serait la ressource la plus utile pour les aider à cesser de fumer comprennent la facilité d'accès et la commodité (étant donné que les jeunes adultes ont toujours leur téléphone avec eux), de même que l'aspect personnalisé de l'application (dans la



mesure où l'application les invite à créer un profil de leurs habitudes d'usage du tabac).

- *L'utilisation des transports en commun est répandue dans la population cible* : En ce qui concerne l'affichage des publicités d'intérêt pour les jeunes fumeurs, il ressort de l'étude que ces jeunes attendent souvent (en fumant) une forme de transport en commun. Cette observation donne à penser que, si des publicités sur l'abandon du tabac étaient affichées dans ce type d'endroits, elles seraient vues par les membres de la population cible et auraient un rapport avec ce qu'ils sont en train de faire (c.-à-d. fumer).

Il faudrait que Santé Canada passe en revue les suggestions précises au sujet des publicités et du site Web de la campagne contenues dans le rapport, en n'oubliant pas que les participants ont formulé leurs commentaires suite à une exposition restreinte aux deux outils, dans un format (sur papier) qui est différent du format réel (en ligne). Par exemple, en ce qui concerne le site Web, les participants n'ont pu explorer le site, encore qu'un bon nombre d'entre eux aient indiqué qu'ils le visiteraient en raison de leur participation à l'étude. Leur exposition restreinte aux publicités et au site Web de la campagne pourrait expliquer que leurs suggestions d'amélioration des outils se soient révélées généralement limitées. En ce qui concerne le site Web, la seule suggestion formulée avec une certaine régularité a trait à l'intégration d'un indice visuel indiquant qu'il s'agit d'un site Web pour cesser de fumer. Par ailleurs, aucune suggestion d'amélioration des publicités n'a été formulée avec quelque régularité.

Dans une perspective d'avenir, Santé Canada devrait aussi tenir compte des observations suivantes, qui découlent de la rétroaction des participants :

- En ce qui concerne l'usage du tabac, les participants ont tendance à vivre le moment présent, comme en témoigne le fait que la plupart des grands inconvénients mentionnés par les participants sont des inconvénients vécus à l'heure actuelle, plutôt que des inconvénients attendus dans l'avenir. Ces inconvénients comprennent les problèmes de santé à court terme, le coût des cigarettes, de même que l'odeur de la cigarette et ses effets sur l'apparence. Cela dit, il n'est pas étonnant que les ressources ou outils pour l'abandon du tabac qui sont le plus susceptibles d'intéresser cette population soient le compteur de cigarettes, une fonction pour suivre ses progrès et une fonction pour traduire le nombre de cigarettes non fumées en dollars économisés.
- Quant au recours aux médias sociaux et aux tactiques numériques d'engagement pour rejoindre les jeunes adultes qui fument la cigarette...
  - Rappelons que ces médias constituent surtout des divertissements ou des distractions. Par conséquent, il ne faut pas tenir pour acquis qu'une utilisation généralisée de ces médias garantira une diffusion efficace des ressources pour l'abandon du tabac.
  - Il faut assurer un équilibre sur le plan de la fréquence d'envoi de messages sur Facebook ou Twitter, de textos ou d'autres messages d'information ou de motivation à l'appui des efforts d'abandon du tabac, car les participants estiment qu'ils pourraient se sentir submergés devant un trop grand nombre de messages, ce qui conduirait à une moindre utilisation des ressources.



- Il faudrait élaborer les tactiques inhérentes à la campagne de façon à ce qu'elles tiennent compte de l'environnement des médias sociaux, lequel est déjà surchargé d'efforts de spécialistes en marketing (social et commercial) pour avoir accès à cette population. Dans ce contexte, les ressources de médias sociaux s'inscrivant dans la campagne *Pour en finir* devront se distinguer des autres efforts analogues. Pour ce faire, il faudra faire appel à des éléments créatifs forts, attrayants sur le plan visuel et humoristiques afin d'intéresser les membres de la population cible. Il faudra aussi se pencher sur la façon dont les jeunes adultes consomment et utilisent les médias sociaux. La plupart des participants affirment utiliser leur téléphone intelligent ou leur tablette pour consulter les médias sociaux, comme Facebook et YouTube, de même qu'Internet. Par conséquent, il faudra tenir compte des limites des appareils mobiles pendant la conception de ressources pour l'abandon du tabac afin qu'elles intéressent la population cible. On ne doit pas s'attendre à ce qu'un long texte rempli de détails ou présenté sans imagination éveille l'intérêt des membres de cette population.
- Bien que les jeunes adultes naviguent sur Internet et prennent part au milieu numérique, les moyens publicitaires traditionnels continuent de revêtir beaucoup d'importance pour eux. La rétroaction formulée durant les séances de discussion donne à penser que les jeunes adultes sont susceptibles de remarquer des publicités présentées sur des panneaux d'affichage, de même que des affiches publicitaires (ou qu'ils ont été conditionnés à le faire) dans les endroits qu'ils fréquentent. Nous recommandons donc l'adoption d'une démarche intégrée de publicité et de promotion qui ferait appel à une combinaison de médias sociaux et traditionnels pour rejoindre les membres de cette population.
- Parmi les ressources numériques examinées pendant les séances de discussion, c'est l'application mobile qui semble la plus prometteuse, car les jeunes adultes apportent leur téléphone intelligent partout où ils vont. Plus l'application *Pour en finir* permettra une personnalisation des fonctions, plus les jeunes adultes seront portés à s'en servir comme outil d'abandon du tabac.
- Quant à la façon d'établir et de favoriser une communauté de soutien en ligne pour encourager les jeunes adultes à cesser de fumer, soulignons que bon nombre de participants ne souhaitent pas annoncer publiquement qu'ils tentent d'arrêter de fumer. Les participants veulent adopter une approche personnalisée d'abandon du tabac qu'ils pourront adapter à leurs besoins.
- L'humour interpelle ce public cible. À cet effet, les participants ont souvent fait observer que l'utilisation de l'humour constituerait l'une des principales manières de retenir leur attention dans le contexte d'une campagne d'abandon du tabac. Ils ont d'ailleurs critiqué le fait que la campagne *Pour en finir* manque d'humour et les décrit (les jeunes adultes) comme des victimes. Ce point de vue n'est pas étonnant, compte tenu des types d'émissions télévisées que les jeunes adultes regardent pour se divertir. Selon le questionnaire auquel les participants ont répondu avant les séances de discussion, ils sont enclins à regarder des émissions comiques, satiriques ou de la téléréalité. Dans ce contexte, l'intégration d'éléments d'humour à la campagne pourrait susciter l'intérêt des jeunes adultes qui fument.



Renseignements supplémentaires :

Nom du fournisseur : Phoenix Strategic Perspectives Inc.

N° du contrat avec TPSGC : HT372-123603/001/CY

Date d'attribution : 29-01-2013

Valeur du contrat : 57 517,10 \$

Pour de plus amples renseignements au sujet de cette étude, prière d'adresser un courriel à [por-rop@hc-sc.gc.ca](mailto:por-rop@hc-sc.gc.ca).





## INTRODUCTION

Health Canada commissioned Phoenix Strategic Perspectives Inc. to conduct focus group research with young adult smokers to explore issues related to smoking and tobacco cessation.

### Background and Objectives

In support of the renewed Federal Tobacco Control Strategy (FTCS) priorities, Health Canada will implement a five-year marketing awareness and outreach tobacco cessation campaign targeting young adult smokers aged 20-24. Currently 21% of young adults aged 20-24 smoke, which is a disproportionately high smoking rate when compared to the national average of 17%. To address this high rate of smoking, the campaign will explore partnership opportunities and innovative social media and digital engagement tactics to help young adults quit smoking and remain smoke-free.

The campaign elements will increase awareness and knowledge, and influence attitudes and behaviours, among young adult smokers on the health benefits of quitting and provide them with tools to assist them in quitting and remaining smoke-free. It will also develop and foster a supportive online community within a social networking environment to engage young adult smokers in dialogue as they make critical health choices.

The purpose of this research was to:

- Gain a better understanding of the awareness, knowledge, attitudes, beliefs and behaviours with respect to tobacco cessation and smoking among young adult smokers, aged 20-24.
- Uncover social media habits of young adult smokers.
- Gather opinions on *Break It Off* materials developed by the Canadian Cancer Society.
- Identify preferred sources and methods of receiving tobacco cessation information.

The research findings will be used to develop campaign materials and ensure that the messaging and tactics resonate with young adult smokers, driving them to quit smoking and remain smoke-free. The total cost of this research project was \$57,517.10, including HST.

### Research Design

To address the research objectives, a series of focus groups was undertaken. Information about the target audience and the methodology that applied to the focus groups is presented below.

#### Target Audience

The target audience for this research was young adults, aged 20-24, who smoked either daily or occasionally.



The following specifications applied to the focus groups:

- In total, eight focus groups were conducted, with two groups conducted in each of Toronto, Winnipeg, Montreal (French) and Halifax. These cities represent a cross-section of larger urban centres across Canada. Also, as per CTUMS 2011 data, Halifax and Winnipeg have a higher rate of smoking among 20-24 year olds.
- The focus groups were conducted February 25-28, 2013.
- There was a mix of participants by age (within the parameter identified above), gender, education, and employment status.
- Twelve participants were recruited for seven to eight to show per group. Turnout was excellent, with seven or eight participants taking part in every focus group. Consistent with recruitment specifications, a majority in every group were daily smokers.
- All participants received incentives of \$80.
- The groups were held in regular focus group facilities in all locations, with webcasting technology used in Toronto and Montreal for off-site observers.
- In advance of each session, participants were asked to complete a brief questionnaire to help support the group discussion.
- The first set of groups, which took place in Toronto served to pre-test the moderator's guide and overall approach. The approach worked well, with only a minor adjustment made to the guide before the subsequent focus groups.
- Health Canada was revealed as the sponsor of the study.

Phoenix ensured that all steps in the research complied with market research industry standards and guidelines, including those of the Marketing Research and Intelligence Association (MRIA).

**This research is qualitative in nature, not quantitative. As such, the results provide an indication of participants' views about the issues explored, but cannot be generalized to the full population of young adult smokers.**

Appended to this report are the following (in both official languages):

- Recruitment screener
- Moderator's guide
- Questionnaire completed by participants
- Screenshots of *Break It Off / Pour en finir* banner ads and website home page



## SMOKING BEHAVIOUR AND ATTITUDES

This section reports on participants' smoking patterns or behaviours and their attitudes towards smoking.

### **Most Smoke on Daily Basis; Varied Amount Smoked**

Most participants, a majority in every group, indicated that they smoke on a daily basis (consistent with the recruitment specifications for this study). The number of cigarettes smoked each day varies widely, ranging from as few as one or two a day to as many as 20 or more (i.e. a pack or more). Most participants smoke in the range of 5-10 cigarettes a day, while the remainder smoke more than 10 cigarettes daily.

Occasional smokers (i.e. those who do not smoke on a daily basis) tend to smoke on specific occasions. This includes weekends, when socializing, and when drinking alcohol. A few said they follow a specific pattern, such as smoking every second or third day (e.g. one day smoking, one day not).

### **Considerable Variety in Length of Time Having Smoked**

Like the number of cigarettes smoked, the length of time participants have been smoking varies. All participants have been smoking for at least two years, and most have been smoking for five years or more. A smaller proportion have been smoking between five and fifteen years.

### **Main Smoking Locations – Home, Outside Work/School & Bar/Dance Club Patios**

Participants tend to smoke outside, most often at home (e.g. on a porch or balcony), at a bar/dance club (e.g. on a patio or on a sidewalk), or outside their work location. Some participants specified that they also smoke outside malls or shopping centres (e.g. on the sidewalk, in the parking lot), at bus stops, or outside a friend's home.

A few participants in most groups said they smoke in their home, with some specifying that they do so in the garage, in the kitchen or washroom with a fan on, or in a room with a window open. A number of participants also smoke in their car while driving.

The widespread tendency to smoke outside at a bar/dance club is not surprising for this age group – in the questionnaire completed prior to the focus groups, most participants identified a bar/dance club as one of the most common places they go in their spare time.

### **Participants Engaged in Various Activities While Smoking at Home**

Participants who smoke at home engage in a variety of activities while smoking. This routinely includes socializing with friends, talking on the phone, texting, surfing the web, engaging in social media, checking email, watching television, studying, and listening to music. Activities identified less frequently included reading and simply relaxing.



### **Main Activity While Smoking at Work or School – Socializing with Colleagues**

Almost all of those who are currently employed or attending school said they smoke while at work or at school. Those who work typically smoke on their breaks, while those who attend school typically smoke between classes. Whether at work or school, participants are usually socializing with colleagues or friends when smoking. Many participants are also texting or talking on their cell phones. Some participants said they are simply relaxing before returning to work or to class.

### **Most Common Smoking Times – After Meals, With Coffee, With Alcohol**

Smoking behaviour tends to follow set patterns, with participants collectively identifying a number of specific situations under which they smoke or tend to smoke. These situations fall into two general groups: specific circumstances (i.e. occasions), and specific moods/emotional states:

- *Specific circumstances:* Participants identified a number of specific circumstances under which they smoke. That said, three specific circumstances were identified most often: following a meal, when drinking alcohol or coffee, and when socializing. Moreover, these circumstances were routinely identified in combination (i.e. participants frequently identified all three as circumstances under which they smoke). This is perhaps not surprising given that these three activities can be complementary (i.e. eating, drinking, and socializing often go hand in hand). Other frequently identified circumstances include when waking up in the morning (either first thing or with a coffee), while driving, and while waiting for someone or something, particularly public transportation. Some participants specified that they smoke while waiting, simply to pass the time. The relatively widespread tendency to smoke while waiting for public transportation is underscored by the fact that most participants indicated, in the questionnaire completed prior to the groups, that they take public transportation.

Circumstances identified less frequently include smoking after work or school, while watching a movie at home, before going to bed, while studying, and while playing games or doing hobbies. Some participants said they tend to smoke when they see someone else smoking (in person or in a movie). A few participants specified that they smoke after sexual intercourse.

- *Specific moods/emotional states:* Most participants tend to smoke when they are in certain moods or emotional states. In other words, specific moods or states act as triggers or inducements to smoke. These include anxiety/stress, boredom, depression, sadness, anger, and fatigue. Participants sometimes specified that smoking under such circumstances has a calming, soothing, or relaxing effect.

### **Limited Perceived Advantages of Smoking**

Perhaps not surprisingly, participants see few advantages to smoking. The only frequently identified advantages cited in every group, include the sheer pleasure of smoking (including satisfying an urge or craving), the relaxing/calming/soothing effect of smoking, and the social bonding that often accompanies smoking. Regarding the latter, some participants observed that smoking is not only something they do with their friends but also the way they meet people, especially now that they must smoke outside (i.e. all smokers gather in the same area).



Advantages identified less frequently include weight control/appetite suppression, preventing other bad habits such as eating junk food, a way to get outside and get fresh air (because of the requirement to smoke outside), and a way to pass time/kill boredom. While not presented as a major advantage, a few participants mentioned that smoking is part of their daily routine and therefore habitual.

### **Wide Array of Perceived Disadvantages of Smoking – Impact on Health Tops List**

Participants had no difficulty identifying the main disadvantages of smoking, with the same ones identified in every group. The most frequently identified disadvantage was the impact of smoking on health. The focus was on both short and long-term impacts, but primarily the former. Impacts included shortness of breath, lack of endurance, difficulty exercising, and feeling bad/weak in general physically. When identifying these health impacts, some participants made it clear that they were speaking from personal experience (i.e. they were experiencing these short-term physical impacts of smoking).

The long-term health impacts that were identified include diseases such as cancer, heart disease, emphysema, as well as limiting life expectancy in general. Here again, some participants made it clear that they were speaking from personal experience as they have relatives who have suffered or are suffering the long-term health impacts of smoking. In other words, the long-term health effects are relevant to them. On the other hand, some participants indicated that while they recognize the long-term health impacts of smoking as a disadvantage, they are not relevant, because they see them as something that will not happen for many years, if at all.

The disadvantages of smoking that were most likely to be mentioned along with smoking's impact on health were the cost of cigarettes, the smell/odour associated with smoking, and the effect smoking has on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles). It is worth noting that, like the short-term health impacts, all of these disadvantages are relevant and immediately evident.

Other disadvantages routinely identified include smoker's cough, the impact of second-hand smoke on others, the social stigma attached to smoking, and having to smoke outdoors.





## QUIT ATTEMPTS AND CESSATION RESOURCES/PRODUCTS

This section reports on participants' attitudes and behaviours related to quitting smoking.

### Health Impacts – Top Reasons to Quit Smoking, Numerous Secondary Reasons

The most important reasons for wanting to quit smoking mirrored the main perceived disadvantages of smoking. The primary reason identified was the impact of smoking on health and physical fitness, both short and long-term. In fact, health-related impacts were identified by a majority of participants in every group. As was the case when identifying the disadvantages of smoking, examples of the short-term health impacts of smoking include shortness of breath, lack of endurance, and difficulty exercising without shortness of breath, while long-term impacts include diseases such as cancer, heart disease, and emphysema. Two other frequently cited primary reasons for wanting to quit were the cost of smoking and the smell/odour associated with smoking.

Numerous secondary reasons<sup>5</sup> for wanting to quit smoking were identified. The ones identified most frequently include the impact of smoking on one's appearance (e.g. yellow teeth, nicotine stains on fingers, aging/wrinkles), and not wanting to expose family members to second-hand smoke. Some participants also identified these as their most important reasons for wanting to quit. Secondary reasons infrequently include not wanting to set a bad example for one's children, the belief that one can quit if one wants to, acquaintance with people who have quit and are happier because of it, the desire to break an addiction, and the belief that the longer one waits, the harder it will be to quit.

Participant feedback mirrors assessments provided in the questionnaire they completed prior to the group sessions. In the questionnaire, participants were asked to use a 5-point scale (1 = not important at all; 5 = very important) to rate the importance to them of each of the following reasons to quit smoking:

- To improve health / reduce future harms to health (cancer, heart disease)
- To save money
- To stop premature aging/wrinkles
- To not feel like a social outcast
- To stop people from nagging me to quit
- To not smell like smoke/cigarettes
- To be physically active without getting short of breath
- To be physically active without coughing
- To stop my teeth from yellowing
- To prevent family members from being exposed to second-hand smoke.

Leading the way in terms of importance (scores of 4-5) were health-related reasons (i.e. improving health/reducing future harms to health, and being physically active without shortness of breath or coughing). These were followed by saving money, not wanting to smell like smoke/cigarettes, stopping premature aging/wrinkles, and stopping teeth from turning yellow<sup>6</sup>.

<sup>5</sup> In this context, "secondary" means "second in terms of importance", not "unimportant".

<sup>6</sup> As with the findings from the focus groups themselves, the results of the questionnaire completed prior to the groups apply only to participants and cannot be generalized to the full population of young adult smokers.



In both the pre-discussion questionnaire and the discussion itself, the only other reason to quit that was identified as important, was to prevent family members from being exposed to second-hand smoke.

### **Many Barriers to Quitting – Family and Friends Who Smoke, Drinking Alcohol Top List**

Participants collectively identified a number of anticipated barriers or challenges to quitting smoking and remaining smoke-free. However, the most frequently identified challenge had to do with breaking a pattern or routine. Specifically, this includes the challenge of no longer smoking when drinking alcohol (and to a lesser extent coffee) or when getting together with friends and family who smoke. In short, the key challenge is seen to be resisting the habitual inducements or triggers to smoke. Indeed, some participants specified that the challenge is compounded by the fact that they expect to have to see their friends less often and drink less frequently in order to be able to quit smoking.

Participants in almost every group also identified dealing with stress without smoking as a challenge they expect. Like getting together with friends and drinking alcohol or coffee, stress was often identified as an inducement to smoke. Consequently, dealing with stress without smoking also involves breaking a pattern or routine. Other routinely-identified challenges include dealing with changes in attitude (e.g. increased crankiness), the effect of certain treatments<sup>7</sup> (e.g. nausea, personality change), the cost of certain treatments, possible weight gain, taking on other bad habits (e.g. eating junk food), and difficulty breaking a habit in general.

Interestingly, no one identified lack of support as an anticipated challenge. Indeed, when it comes to their social network the problem is not that participants' friends and acquaintances will not support them in their efforts; rather, the challenge will be dealing with the temptation to smoke when getting together with friends who still smoke.

### **Most Have Elements of a Plan to Quit Smoking, but Plans Not Well Thought Out**

Most participants said they have a plan (or elements of a plan) to quit smoking. Such "plans" however tend to be relatively simple and straightforward strategies, not detailed plans. For the most part, they focus on two main strategies: quitting cold turkey and/or using nicotine replacement therapies or devices, such as the patch, gum (e.g. Nicorette), inhalers, lozenges, electronic cigarettes<sup>8</sup>, etc.

Other aspects of plans routinely identified include the following:

- Gradually reducing the number of cigarettes smoked: This plan includes strategies such as buying smaller packs of cigarettes, smoking fewer cigarettes each day, smoking every second day, then every third day, etc., and smoking no more than a specific number of cigarettes a day.
- Doing more physical activity: This includes taking up a sport, doing yoga, going to fitness classes, and taking walks.

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<sup>7</sup> The word "treatment" is used loosely to describe procedures, tools, etc. to support smoking cessation. It is used here because that language was used occasionally by participants.

<sup>8</sup> Even though electronic cigarettes may not be recognized as a nicotine replacement therapy or device, some participants did view them as such.





- Avoiding triggers/inducements to smoke: This includes lifestyle changes, such as cutting back on drinking alcohol and/or coffee, going out with friends who smoke less often, keeping oneself occupied (e.g. taking up a hobby), and changing daily patterns/ routines in general.
- Consulting a physician or pharmacist about prescription medication (e.g. Champix).
- Undergoing specific treatments: This includes acupuncture, laser treatment, and hypnosis.
- Finding substitutes to smoking: This includes chewing gum, eating candy, and eating carrot sticks.

Participants' plans do not tend to be linked in a conscious or clear way to overcoming the barriers they anticipate. They tend to hope, rather than believe, that their plans will help overcome the challenges they anticipate. This underscores the informal nature of their quit plans. The exception here involves participants whose plan is to avoid triggers/inducements to smoke. Their plan, whether cutting back on drinking alcohol or going out with friends who smoke less often, is clearly designed to address the main challenge they anticipate (i.e. resisting the habitual inducements or triggers to smoke).

### **Plan Elements Rarely Include Social Supports of Any Kind**

Participants' plans rarely include social support of any kind. The few participant plans that involve social support include quitting with someone else, finding a support group and changing house rules regarding smoking (i.e. when and where someone can smoke),

### **Varied Interest in Use of Smoking Cessation Resources**

At least a few participants in every group anticipate using some form of smoking cessation resource. These resources tend to fall into two main categories: substitutes for cigarettes, and forms of treatment:

- Substitutes for cigarettes: These resources typically include nicotine replacement therapies or devices, but also candy, regular chewing gum, and carrot sticks.
- Types of treatment: These include such things as hypnosis, acupuncture, laser therapy, and prescription medication.

In the minds of some participants, there was no clear distinction between a "quit plan" and "smoking cessation resources". Consequently, they reiterated elements of their quit plan when asked about resources they would use. Specifically, they identified new habits/activities including more sport/physical activity, yoga, hobbies, and trying to keep busy/occupied in general.

As was the case with quit plans, social support resources did not tend to be on participants' radar screens, at least not when it came to resources they themselves would use. Nevertheless, resources that were identified include the website «*J'arrête, j'y gagne!*», and quitting with someone else (identified above).



### **Limited Awareness of Cessation Resources beyond What Participants Would Use**

Awareness of smoking cessation resources beyond what participants themselves would use tended to be limited. Some participants identified nicotine replacement therapies, forms of treatment, or prescription medication they had not identified previously, but which had been identified by other participants. A number of participants identified health warning messages on cigarette packages as a smoking cessation resource, and some specifically identified the helpline on cigarette packages. Some participants identified social support resources including websites in general, support groups, helplines, contests, and posters.

### **Limited Interest in Social Support Systems to Help Quit Smoking**

Interest in social support systems as a way to quit smoking and stay smoke-free was limited. While a few participants in most groups expressed some interest in social support systems, most found them to be of limited or no appeal. To the extent that participants were interested in them, they tended to be more interested in in-person support rather than online support. The main reasons underlying preference for in-person support were familiarity and trust. That is to say, participants tend to want support from people they know (e.g. friends) or trust (e.g. a physician or pharmacist).

Some participants explained their lack of interest in social support systems by suggesting that the key to quitting smoking and staying smoke-free is individual discipline and resolve, meaning that quitting smoking tends to be an individual or solitary endeavour. It is interesting to note in this regard that while smoking has an important social dimension, smoking cessation tends to be seen as an individual endeavour.

Receptiveness to specific forms of support using social media was also limited, whether in the form of peer support through a Facebook page or website message board, Facebook messages through “News Feeds”, Twitter posts, text messages, or support emails. This was the case despite widespread use of Facebook and widespread ownership of smartphones reported in the questionnaire completed prior to the groups. Reasons routinely offered to explain limited receptiveness to such an approach include the following:

- Social media tends to be used for entertainment or diversion;
- A sense that information and resources are easily available so there is no need to provide them through social media outlets;
- Apprehension about being bombarded with information or motivational messages;
- A desire to keep one’s smoking cessation efforts private as opposed to publicizing them; and
- A preference for in-person contact with friends/acquaintances and/or health professionals.

### **Most Convenient Ways to Access Info on Quitting Smoking**

Participants in all groups most often identified three ways that would be most convenient for them to obtain information about quitting smoking: Google, a physician or pharmacist, and Facebook ads. The following ways were mentioned less often, but routinely in all groups: television, radio, YouTube, ads in public places such as bars/dance clubs, bus stops, subways, public washrooms, and billboards. A few participants in Montreal suggested placing information in « Centres de santé et de services sociaux » and on Health Canada’s website. In short, participants identified a mix of traditional media and social media as ways to get information about quitting smoking.



Some specific suggestions are consistent with participants' own reported behaviour. As noted already, the questionnaires completed prior to the groups revealed widespread use of Facebook by participants. Use of YouTube was just as widespread, as was reported use of public transportation and the frequenting of bars/dance clubs. Use of Twitter was much more limited.

### **Almost All Have Tried to Quit Smoking; Range of Steps Taken in Quit Attempts**

A majority of participants in every group have tried to quit smoking in the past, and many have tried on numerous occasions. The steps taken routinely include quitting cold turkey, gradually reducing the number of cigarettes smoked each day, using nicotine replacement therapies (i.e. patch, gum, inhalers, lozenges), using prescription medication (i.e. Champix), leaving cigarettes at home when going out, reducing/cutting out coffee and/or alcohol, avoiding going out with friends who smoke, and increasing physical activity.

At least a few participants in most groups said they have tried electronic cigarettes, but with mixed results (i.e. some saying they helped and others saying they did not). No more than a few participants in any group said they would consider using electronic cigarettes to quit smoking. Among techniques tried, none emerged as decidedly more effective than any other.



## IMPRESSIONS OF CAMPAIGN COMMUNICATION TOOLS

This section of the report describes participants' impressions of the communication tools that support the *Break It Off* campaign.

### Limited Recall of Anti-smoking or Smoking Cessation Campaigns

Before being exposed to the *Break It Off* campaign materials, participants were asked about past quitting smoking messages or campaigns. While many participants mentioned the health warning messages found on cigarette packages, very few participants recalled any actual tobacco cessation campaigns. Instead, they tended to point to random, standalone advertisements they had seen, and generally could not place these ads as part of any one particular anti-smoking or smoking cessation campaign. To the extent that anything was memorable about these advertisements, the more graphic elements of the ads, such as images of organs affected by smoking (e.g. hearts, lungs, tongues), someone speaking through a mechanical voice box, etc. were most memorable.

The types of advertising participants saw, read, or heard include the following: commercials featuring a man smoking through a hole in his throat, the Marlboro man speaking through a voice box, a woman aging prematurely due to the effects of smoking, a father missing his baby dancing while going outside to smoke a cigarette, the effects of second hand smoke, nicotine replacement therapies (e.g. Nicorette), and NYC Quits! (New York City's current anti-smoking ads).

Anti-smoking posters were pointed to as well, with participants referring to the sponsor or the location of the poster (e.g. Cancer Care (Manitoba) posters, local health authorities, and posters at Ryerson University, St. Mary's University (Butt it Out), high schools, bus stops and on buses).

### Mixed Impressions of Banner Ads

Banner ads (figures 1 and 2) that are part of the *Break It Off* smoking cessation campaign were shown to participants.<sup>9</sup> These ads would appear on websites visited by young adults, and direct those who click on them to the *Break It Off* website.



Figure 1: Banner Ad 1, female, cigarette on last frame

<sup>9</sup> Banner ads were presented to participants in print format and not digitally as they would appear when encountered as an animated ad on a website.



Figure 2: Banner Ad 2, male, no cigarette on last frame

Overall, the ads shown to participants were of limited appeal. They did not resonate with the young adults, nor did they motivate them to click through for more information. The ads were characterized by some participants as “boring” or “bland”, with many speculating that the ads would not have caught their attention. For most, the ads were ineffective at conveying the main message of the campaign, and it was unclear to some participants that they even pertained to smoking and quitting smoking. This was especially the case for the second ad which does not have the third frame showing a cigarette butt. However, it was also observed by some participants that the purpose of the first ad does not become evident until the final frame. A few people noted that, at first glance, the ads looked to be for clothing or dating sites.

Reaction to the relationship metaphor was mixed. Some participants understood the metaphor immediately, and liked the concept, saying that it was clever or witty. Many others understood the metaphor, and noted the obvious parallels between quitting smoking and ending a relationship, but did not feel that the concept resonated with them. Some participants felt that the metaphor was more appropriate for younger audiences (i.e. teenagers, high school students) who are more apt to “hook up” and “break up” with some frequency (which is how participants viewed attempts to quit smoking). Other participants did not feel that they had been lied to or cheated on. They did not see themselves as “victims”; they choose to smoke, and are well aware of the health risks. Finally, some participants, at least a few in most groups, did not understand the *Break It Off* concept. When it was explained to them, a few participants liked the relationship metaphor, but most did not, for the reasons already mentioned.

Of the two ads, there was a preference for Banner Ad 1, the ad with the female and the cigarette butt. The third frame, the one with the cigarette butt, was viewed as essential to linking the ad to smoking cessation. Many participants, however, were critical of the image of the female. Some participants felt that her body language was too casual and her facial



expression did not convey distress. The image was seen to undermine the gravity of the ad and its message. Conversely, a few explained that her facial expression conveyed sadness when she should be happy that she ended her relationship with cigarettes. Others thought the female was too old looking, as despite being dressed young, she was not part of their peer group. The text itself was generally seen to be fine (i.e. clear, easy to understand), though as noted above some participants did not feel that they have been lied to or cheated on, and therefore do not consider this part of the text to be accurate.

Suggestions to improve the ad included the following: incorporating the word “relationship” in the text, adding more graphics to convey the message (e.g. money being stolen), using more colour in the presentation, using humour, and having the woman face a cartoon cigarette with “whom” she is breaking up (much like a comic strip), or smoking a cigarette in one frame, prior to the “break-up” (i.e. before and after). None of these suggestions were made frequently.

Having established that the banner ads are designed to direct visitors to the *Break It Off* website, participants were asked to consider what type of resources and tools they would expect to find if they clicked on them. A variety of things were mentioned, ranging from shocking or disturbing pictures of the effects of smoking, to practical tools and “how-to guides” to quit smoking, to message boards and chat rooms for social exchanges. More specifically, “practical tools” were seen to include facts, statistics, and information about smoking and the effects of smoking, success stories from young adults who quit smoking (seen by some participants to be motivational), cautionary tales or testimonials from those who have been negatively affected by smoking, and complete plans to quit smoking (i.e. the “how-to” guides mentioned above).

### Generally Favourable Reaction to Homepage

Following the discussion of the banner ads, participants were asked for their impressions of the *Break It Off* website home page (figure 3)<sup>10</sup>. They were told that the home page is where the banner ads would take them if they chose to click the ads for more information. Reaction to the home page was moderately positive, with participants liking the messages and the clean, straightforward design and layout. Other features of the home page that tested well were the cigarette counter and the messages themselves (i.e. “It’s not me, it’s you” and “Get it over with”).

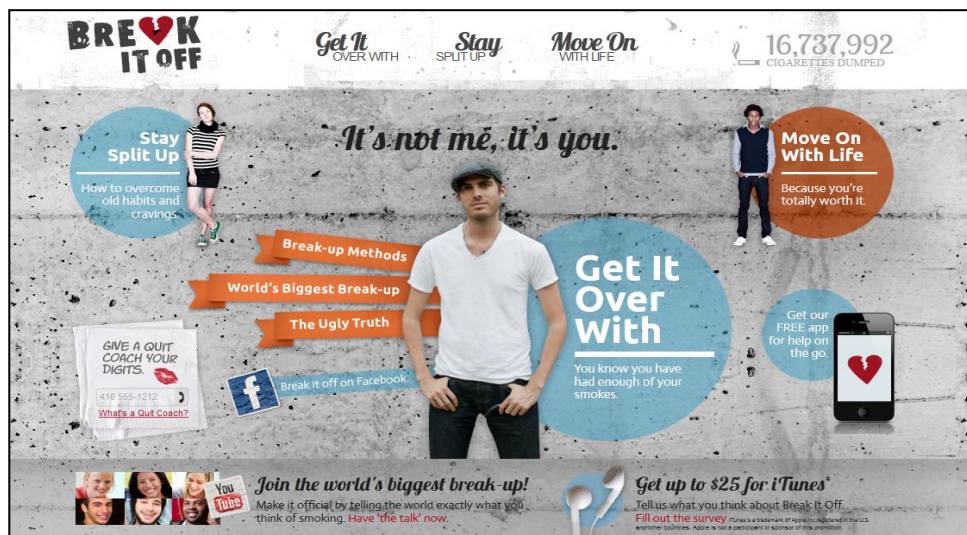


Figure 3: Home page

<sup>10</sup> A print version of the home page was used in the focus groups.



These impressions notwithstanding, suggestions for improvement were offered. These include the following:

- Incorporating a visual cue that this is the home page of a smoking cessation website. This was the only suggestion made with any frequency. Some participants felt that it was not immediately obvious that this is a smoking cessation website (just as it had not been immediately clear that the banner ads dealt with smoking cessation). It was suggested that the page include a cigarette with a line or X through it (like warning labels). This could be anywhere on the page, although one or two people pointed to the shirt of the guy in the centre of the page.
- Using text to convey that this is a smoking cessation resource (i.e. not a dating or clothing company website).
- Having happier expressions on the faces of the people profiled on the home page (i.e. a breakup should be liberating/a relief).
- Using more positive imagery to telegraph the benefits of quitting smoking.
- Making the cigarette counter more prominent with colour.
- Having more movement or activity incorporated on the page itself (e.g. include YouTube videos directly on the page or have rotating images of faces).
- Using facts to draw in visitors or pique curiosity (e.g. “Did you know that...after X days of not smoking your lung capacity increases by X%?”).





## SOCIAL MEDIA RESOURCES FOR QUITTING

After assessing the banner ads and *Break It Off* website home page, participants were asked for feedback on the web and social media resources. This included a possible *Break It Off* Facebook Page, mobile app, YouTube videos, as well as a text messaging resource.<sup>11</sup>

### Mixed Reaction to Social Media Resources

Reaction to the web and social media resources was mixed<sup>12</sup>. While virtually all of the young adults use social media, participants only expressed moderate interest in various digital resources. When it came to the perceived effectiveness of the resources, participants tended to see them as another source of assistance that could be added to their toolkit to assist them in quitting smoking and remaining smoke-free.

Reasons offered for why the various digital resources might not be useful to them include: a preference for in-person (versus online) support; the perception that they are inundated with information via social media so these resources would be lost in the “noise”; the view that quitting smoking mainly takes willpower and discipline (not inspirational messages or tips); and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won't give them new information).

#### Mobile App

Of the smoking cessation digital resources explored, the mobile app was preferred by most participants, but often with caveats (e.g. if it's well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in terms of helping them quit smoking include ease of access and convenience (i.e. young adults have their phones with them at all times), as well as the fact that it is personalized (i.e. the app requires them to create a profile of their smoking habits).

Suggested features to include in the app would be the following: notifications related to their smoking habits (e.g. reminders during certain times of day when smoking triggers are likely); cigarette counters; calculators designed to motivate (e.g. for each cigarette not smoked in a week, X days would be added to their life, or X dollars were saved); links to other smoking cessation resources; encouraging messages (i.e. “*great job today, you reduced your smoking by X cigarettes*”); and access to other app users (i.e. the ability to connect to other users to share quitting smoking experiences, etc.).

#### Facebook

Many participants agreed that Facebook would be an effective vehicle for advertising *Break It Off* and the digital resources available. However, as a digital smoking cessation resource, Facebook was generally viewed as ineffective. While some participants said they would visit the Facebook page out of curiosity, most would not “engage” by joining the community or “liking” the page. The main reason offered was out of privacy concerns—participants did not necessarily want their efforts or interest in quitting smoking made public to everyone in their social network.

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<sup>11</sup> Participants were presented with descriptions of the resources; feedback was not based on mock-ups or the actual digital resources.

<sup>12</sup> When presented in the context of *Break It Off*, reaction to the use of social media for smoking cessation resources and tools was somewhat more positive among some participants than when they were asked about such resources earlier.



When asked what they would expect to find on the *Break It Off* Facebook page, participants routinely pointed to smoking and smoking-related facts, practical information and tips on quitting and remaining smoke-free, as well as news articles or current information on the subject.

### *Text Messages*

Turning to text messages, participants were asked for their feedback on smoking cessation support delivered through mobile phone text messaging. Some participants thought that they would sign up or subscribe to this service. They felt that tips or motivational messages might be helpful when it comes to their quit attempts. That said, these participants expressed a desire to control the frequency of messages and/or the type of messages sent to them (e.g. texts of encouragement versus practical information). Those not interested in receiving motivational messages via texts mentioned that it might be an annoying way to receive smoking cessation information, much like spam, which they are inundated with on a daily basis. A few would be interested in a texting service if it was connected to the mobile app. Other suggestions for consideration focused on content: using humour to convey the break-up message or sending random useful facts about smoking and quitting smoking.

### *YouTube*

Some participants expressed at least moderate interest in watching web-based testimonials of young smokers like them via YouTube. They saw value in hearing the stories of other smokers, and in particular, former smokers. Specifically, participants said they would be interested in the experiences of former smokers, hearing about the approaches and resources that worked for them. A few suggested that video resources are better than resources that require reading. Others said their interest would depend on the tone or content of the video. Suggestions included ensuring the videos use music for background, that they are short in length (no more than 2-3 minutes), that a “teaser” video be available to draw in viewers, and that the video catalogue change with some frequency for interest.

When asked whether they would record and upload their own video, most participants said they would not, although a few speculated that they might upload a video if they were able to successfully quit smoking and remain smoke-free for a significant length of time. When presented with a contest format, and the incentive of a prize, receptiveness increased marginally.

### **Reaction to French Campaign Name Tends to be Neutral**

Participants in Montreal were asked for their reaction to the French name of this quit-smoking campaign « *Pour en finir* ». Reaction tended to be neutral rather than positive or critical. The name made sense given the underlying theme of the site, but there was a widespread sense that a more captivating term such as « *accrocheur* » should be attempted. Only a few participants had any suggestions of their own to make. These included: « *Pour se sentir mieux* », « *Pour en finir avec la cigarette* », and « *Stop tabac* ».



## PROMOTION

To conclude the discussion, participants were asked about the best ways to promote the *Break It Off* campaign, and whether they would consider visiting the *Break It Off* website.

### **Best Way to Reach Young Adults with Campaign Message – Traditional Media**

While all participants use the Internet and social media, they pointed to traditional media when asked what would be the best way to reach them and their friends with the *Break It Off* campaign message. Suggestions mentioned routinely included communicating via mass media (TV, radio), posters (i.e. on public transit or at universities/colleges), billboards, and magazines. Some participants simply suggested that advertising in places where young people smoke or buy cigarettes would be effective. Others thought that advertising on YouTube and Facebook, or on popular mobile apps, like Angry Birds, or using Quick Response (QR) codes and cell phone text messages to direct them to the *Break It Off* website would be effective ways of reaching young adults.

Regarding places to advertise, based on the questionnaire completed in advance of the focus group, most take public transportation (and listen to music or read while doing so), go to bars/dance clubs, attend concerts, and spend time at shopping malls. When on the Internet, most visit a variety of websites, including news, entertainment, banking, music, Internet mail, and weather. Sports websites were mentioned with less frequency, and relatively few pointed to dating websites. If participants are not watching television live, which many say they are doing, they are streaming or downloading their programs. Few participants said they watch recorded TV.

### **Most Participants Would Consider Visiting the *Break it Off* Website**

Most participants said they would consider visiting the *Break It Off* website. When asked why, many participants explained that they would do so out of curiosity, while some would be motivated to visit because the campaign concept is “catchy”. Those participants who would not visit the website offered a variety of reasons to explain why, including that the information appears to be dated, that the campaign itself seems to be targeted to a younger demographic, that the website is “drab” in appearance and not particularly appealing, and that it is not clear what the website is about.





## CONCLUSIONS

The following key findings emerged from this study:

- *Socializing is a central dimension of smoking behaviour.* There is a social aspect to smoking that is central to the behaviours and attitudes towards smoking. “Socializing” is one of the main activities participants engage in when they smoke, one of the few perceived advantages of smoking, and one of the key anticipated barriers to quitting (i.e. the temptation to smoke when getting together with friends who smoke).
- *Use of social media while smoking is pervasive:* Using social media while smoking is one of the key forms of “socializing” while smoking, both at home and at work. In other words, in addition to smoking when getting together in-person, participants routinely engage in the following types of activities when they smoke: talking on the phone, texting, checking email, using Facebook, and watching YouTube.
- *Cell phone use while smoking is prevalent:* When it comes to specific activities that participants engage in while smoking, the cell phone dominates. This is not only because participants use their cell phones in a variety of ways (e.g. talking, checking messages, texting, downloading apps), but also because they take their phones with them wherever they go.
- *There is a limited social dimension to quitting smoking.* While there is an important social dimension to smoking, there appears to be a limited social dimension to quitting. Specifically, a lack of support from friends or family members is not an anticipated challenge when it comes to quitting smoking. Participants’ plans to quit smoking rarely include social support of any kind; social support resources do not tend to be among the resources they would use, and interest in social support systems as a way to quit smoking, including use of social media, is limited.
- *Mixed reaction to the Break It Off relationship metaphor.* Reaction to the metaphor was mixed. Some participants understood the metaphor and liked the concept. Conversely, many others understood the metaphor, but it did not resonate with them. Finally, some participants did not understand the concept until it was explained to them. When it was explained, a few participants liked the relationship metaphor, but many did not because they had not initially understood it.
- *Mixed reaction to website and social media resources:* While virtually all participants use social media, interest in the various digital resources for smoking cessation was moderate. While this may appear paradoxical, participants offered clear reasons to explain their impression. This included a preference for in-person support versus online support, the perception that they are inundated with information via social media so these resources would be lost in the “noise”, the view that quitting smoking mainly takes willpower and discipline (not inspirational messages or tips), and the view that they already have cursory knowledge of resources or where to turn for help when they are ready to quit (i.e. this may be a new way to access information, but it won’t give them new information).
- *Widespread preference for mobile app:* Of the smoking cessation digital resources explored, the mobile app was preferred by most participants, but often with caveats (e.g. if it’s well done, if it targets their age group). Reasons offered for why the mobile app would be most useful in helping participants quit smoking include ease of access and convenience (i.e. young adults have their phones with them at all times), as well as the fact that the app is personalized (i.e. the app requires them to create a profile of their smoking habits).

- *Use of public transit is widespread among target audience:* In terms of where to place advertising of relevance to young adult smokers, it was apparent that most are routinely waiting (and smoking while waiting) for public transit of one form or another. This suggests that smoking cessation ads placed in such locations would be seen by the target audience, and would be relevant to what they are doing at that time (i.e. smoking).

Health Canada should review the specific suggestions outlined in the report regarding both the campaign ads and website, bearing in mind that participants provided feedback based on limited exposure to both and in a format that did not approximate reality (i.e. paper versus online). In the case of the website for example, participants were unable to explore the site, although many said they would visit it as a result of this study. It may be because of their limited exposure to the campaign ads and website that suggestions for improvement tended to be limited. In the case of the website, the only suggestion identified with any frequency was to incorporate a visual cue that this is a smoking cessation website. In the case of the ads, no suggestions for improving them were made with any frequency.

Moving forward, Health Canada should also consider the following, all of which emerged through participant feedback:

- When it comes to smoking, participants tend to live in the present. This was evident in the fact that most of the main disadvantages of smoking identified are ones participants are experiencing at the present time as opposed to ones they expect to face in the future. These disadvantages include short-term health issues, the cost of cigarettes, the odour associated with smoking and the impact of smoking on appearance. Given this, it is not surprising that the smoking cessation resources or features most likely to resonate with participants include the cigarette counter, the ability to track one's quit progress, and the ability to translate unsmoked cigarettes into dollars saved.
- In considering the use of social media and digital engagement tactics to reach young adult smokers:
  - It should be remembered that such media is primarily used as a means for entertainment or diversion. Therefore, it should not be taken for granted that pervasive use of such media will guarantee success in providing smoking cessation resources.
  - The frequency of Facebook posts, "Tweets", texts or other informational or motivational messages to support quit efforts should be balanced as participants feel that too many messages will bombard them, leading to diminished uptake of resources.
  - The campaign tactics should be crafted with sensitivity to the social media environment—that it is overloaded with marketers (social and commercial) trying to access this demographic. *Break It Off* social media resources will need to cut through the "noise" by using strong, visually appealing creative and witty copy to grab the attention of the target audience. Consideration should also be given to how young adults consume and use social media. Most of the participants said they use their smart phone or tablet to access social media, like Facebook and YouTube, as well as the Internet. Therefore, the limitations of mobile devices must be considered when



developing smoking cessation resources in order to appeal to the audience. Lengthy text that is overly detailed or dull cannot be expected to appeal to this audience.

- While young adults are online and engaged in the digital environment, traditional advertising is still very important to them. Feedback from the groups suggests that young adults are likely to notice billboard and poster-style ads (or have been conditioned to) in places they go. An integrated approach to advertising and promotion using a combination of social media and traditional media is recommended in order to effectively reach this audience.

The mobile app offers the most promise out of the digital resources discussed during the groups as young adults carry their smart phones with them everywhere. The more personalization the *Break It Off* app offers, the more likely that it will be used as a smoking cessation tool among young adult smokers.

- In considering how to develop and foster an online support community to engage young adult smokers in quitting, it should be noted that there is a widespread desire among participants to keep their smoking cessation efforts private as opposed to publicizing them. Related to this, participants want a personalized approach to quitting smoking that they can control.
- Humour resonates with this audience. Participants often observed that one of the main ways to catch their attention in a smoking cessation campaign would be through the use of humour. Related to this, one of the criticisms of the *Break It Off* campaign is that it lacks humour and portrays them (i.e. young adult smokers) as victims. This is not surprising considering the types of TV programs they watch for entertainment. According to the questionnaire participants completed prior to the groups, they tend to watch comedic, satirical, or reality-based programming. Incorporating humour into the campaign may appeal to young adult smokers.







**APPENDIX**





## Tobacco Cessation Exploratory Research with Young Adults (aged 20-24) (POR-12-02)

### Recruitment Screener

[Final: February 7, 2013](#)

#### Profile characteristics:

- A set of 8 focus groups to be conducted, with 2 in each of Toronto, Montreal (French), Halifax and Winnipeg.
- Target audience: young adult smokers, aged 20-24.
- 12 participants to be recruited for 8-10 to show per group.
  - 2/3s of each group to be daily smokers, 1/3 to be occasional smokers.
- All participants to say they are seriously considering quitting smoking in the next 6 months.
- In each group, there will be a mix of participants by age (within 20-24 year-old group), education, and employment status, and an approximately equal ratio of males to females.
- At least one-third of the respondents recruited for each group must never have attended a group discussion or in-depth interview before.
- All participants to be paid \$80 to participate.
- Where possible, webcasting will be available for the focus group sessions.
- Groups will be held at 6 pm and 8 pm in each city.
- The following presents the distribution of the focus groups:

February 25th  
Toronto  
Research House  
1867 Yonge Street  
2nd Floor  
416.488.2328

February 27  
Montreal  
Ad Hoc Research  
1250 Guy Street  
Suite 900  
514.937.4040

February 26  
Winnipeg  
NRG Research Group  
213 Notre Dame Avenue  
Suite 804  
204.989.8999

February 28  
Halifax  
Corporate Research Associates  
7071 Bayers Road  
Suite 5001  
902.493.3820

## Recruitment Screener

Hello, my name is \_\_\_\_\_. I'm calling on behalf of Phoenix, a public opinion research firm. We have been commissioned by Health Canada, a department of the Government of Canada, to conduct a series of discussion groups with young smokers in your area.

Is there anyone in your household 20-24 years of age who smokes cigarettes? If so, may I speak with this individual?

Yes	1	
No	2	THANK/DISCONTINUE

- ⇒ IF THE SMOKER IS SAME PERSON, CONTINUE.
- ⇒ IF IT IS SOMEONE ELSE WHO IS AVAILABLE, ASK TO SPEAK WITH HIM/HER AND REPEAT INTRODUCTION.
- ⇒ IF IT IS SOMEONE ELSE WHO IS NOT AVAILABLE, SCHEDULE CALL-BACK.

The discussion group will last up to two hours. People who take part will receive an honorarium in thanks for their time, and light refreshments will be served. Participation in the research is completely voluntary. All information collected in the discussion group will be used for research purposes only in accordance with laws designed to protect your privacy.

May I ask you a few questions to see whether you qualify for the research?

Yes	1	
No	2	THANK/DISCONTINUE

- 
1. Do you, or does any member of your household or immediate family, work in any of the following fields? (READ LIST)

Marketing research, public relations firm, or advertising agency  
The media (radio, television, newspapers, magazines, etc.)  
Federal, provincial or municipal government health department/agency  
Health care (e.g. hospitals, clinics, doctors, nurses, etc.)  
Tobacco industry (i.e. manufacturer, wholesaler, distributor or retailer – excluding clerks in convenience/grocery stores)  
Pharmaceutical industry

Yes	1	THANK/DISCONTINUE
No	2	



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

Every day	1	WATCH QUOTAS 2/3
Occasionally (less than every day)	2	WATCH QUOTAS 1/3
Not at all	3	THANK/DISCONTINUE

3. How long have you been smoking? (GET MIX, AS APPROPRIATE FOR AGE GROUP).

Less than 2 years	1
At least 2 years but less than 5 years	2
At least 5 years but less than 10 years	3
10 years or more	4

4. Are you seriously considering quitting smoking within the next six months?

Yes	1	
No	2	THANK/DISCONTINUE

5. Could you please tell me which of the following age groups you fall into...? (READ LIST. GET MIX)

Less than 20 years of age	1	THANK/DISCONTINUE
20-22 years of age	2	
23-24 years of age	3	
25 and over	4	THANK/DISCONTINUE

6. What is the highest level of formal education you have completed? (READ LIST IF USEFUL, GET MIX)

Completed some high school or less	1
Graduated high school	2
Some college/technical school/CEGEP	3
Graduated college/technical school/CEGEP	4
Some university	5
Graduated university	6
Post graduate degree	7

7. What is your current employment status? (READ LIST IF NECESSARY. GET MIX)

Employed full-time (30 hrs. or more/week)	1
Employed part-time (Under 30 hrs./week)	2
Self-employed	3
Unemployed	4
Student	5
Homemaker	6
Other (specify) _____	8

8. Have you lived in [INSERT NAME OF CITY] for the past two years or longer?

Yes	1	
No	2	THANK AND DISCONTINUE

9. How comfortable are you with expressing your views in a group setting, including reading and commenting on written materials? READ OPTIONS

Very comfortable	1	
Somewhat comfortable	2	
Not very comfortable	3	THANK AND DISCONTINUE
Not at all comfortable	4	THANK AND DISCONTINUE

10. In the discussion group, there will be a short written exercise. Are you comfortable reading and writing in English (French)?

Yes	1	
No	2	(THANK/DISCONTINUE)

11. Have you ever attended a discussion group or interview which was arranged in advance and for which you received a small sum of money?

Yes	1	
No	2	(GO TO END)

12. Have any of these discussion groups or interviews been related to smoking, tobacco products, or tobacco package labeling or design?

Yes	1	(THANK/DISCONTINUE)
No	2	

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

Less than 12 months ago	1	(THANK AND DISCONTINUE)
Over 12 months ago	2	

14. Have you attended more than five discussion groups or paid interviews in your lifetime?

Yes	1	(THANK AND DISCONTINUE)
No	2	

RECORD GENDER BY OBSERVATION (GET 50/50 SPLIT)

Female	1	
--------	---	--



Male 2

I would like to invite you to attend a discussion group on (DAY), (DATE), at (TIME). It will last approximately two hours. You will receive \$80 in thanks for your time, and light refreshments will be served. Would you be willing to attend?

Yes 1  
No 2 (THANK/DISCONTINUE)

Do you have a pen handy so that I can give you the address where the discussion group will be held? It will be held at \_\_\_\_\_. Please tell people you are there for a focus group. I would like to remind you that the group is at (TIME) on (DATE). If you use glasses for reading, please bring them with you.

The group will be video-taped for research purposes. You will be asked to sign a waiver to acknowledge this. All information collected will be used for research purposes only and administered in accordance with laws designed to protect your privacy.

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 so that we can get someone to replace you. You can reach us at \_\_\_\_ at our office. Please ask for \_\_\_\_\_. Someone will call you the day before to remind you about the discussion group.

Could I please confirm your name and phone number?

Finally, do you have any special requirements that we should be aware of due to a disability?

---

RESPONDENT'S NAME: \_\_\_\_\_  
HOME PHONE #: \_\_\_\_\_  
INTERVIEW TIME/LOCATION: \_\_\_\_\_

**Thank you.**







## Étude exploratoire sur l'abandon du tabac auprès de jeunes adultes (de 20 à 24 ans) (ROP-12-02)

### Questionnaire de sélection

[Version finale : 13 février 2013](#)

#### Caractéristiques des participants :

- Nous tiendrons une série de huit séances de discussion. En particulier, deux séances de discussion auront lieu dans chacune des villes suivantes : Toronto, Montréal (en français), Halifax et Winnipeg.
- Population cible : des jeunes adultes de 20 à 24 ans qui fument la cigarette.
- Nous recruterons 12 participants afin que huit à dix personnes se présentent dans chaque groupe.
  - Dans chaque groupe, les 2/3 des participants fumeront tous les jours, tandis que l'autre tiers des participants réunira des fumeurs occasionnels.
- L'ensemble des participants doivent affirmer qu'ils envisagent sérieusement de cesser de fumer au cours des six prochains mois.
- Dans chaque groupe, nous veillerons à établir une composition variée pour ce qui est de l'âge (dans le groupe des 20 à 24 ans), de la scolarité et de la situation d'emploi des participants, tout en veillant à ce qu'il y ait à peu près autant d'hommes que de femmes.
- Le tiers au moins des répondants recrutés pour chaque groupe n'auront jamais participé à une séance de discussion ou à une entrevue approfondie.
- Tous les participants recevront 80 \$ en contrepartie de leur participation.
- Dans la mesure du possible, il y aura diffusion Web des séances de discussion.
- Les séances auront lieu à 18 heures et à 20 heures dans chaque ville.
- Voici la répartition des séances de discussion :

25 février  
Toronto  
Research House  
1867, rue Yonge  
2<sup>e</sup> étage  
416.488.2328

27 février  
Montréal  
Ad Hoc recherche  
1250, rue Guy  
bureau 900  
514.937.4040

26 février

28 février

Winnipeg  
NRG Research Group  
213, av. Notre Dame  
Bureau 804  
204.989.8999

Halifax  
Corporate Research Associates  
7071, ch. Bayers  
Bureau 5001  
902.493.3820

## Questionnaire de sélection

Bonjour, je m'appelle \_\_\_\_\_. Je communique avec vous au nom de Phoenix, une maison de recherche sur l'opinion publique. Santé Canada, un ministère du gouvernement du Canada, nous a chargés de réaliser une série de séances de discussion auprès de jeunes fumeurs dans votre région.

Est-ce qu'il y a quelqu'un, chez vous, qui a entre 20 et 24 ans et qui fume des cigarettes? Si c'est oui, puis-je parler avec cette personne?

Oui 1  
Non 2 REMERCIER/METTRE FIN À L'ENTRETIEN

- ⇒ SI LE FUMEUR EST LE MÊME INTERLOCUTEUR, CONTINUER.
- ⇒ S'IL S'AGIT DE QUELQU'UN D'AUTRE QUI EST DISPONIBLE, DEMANDER À PARLER AVEC CETTE PERSONNE ET RÉPÉTER L'INTRODUCTION.
- ⇒ SI LA PERSONNE EN QUESTION N'EST PAS DISPONIBLE, PRÉVOIR LE MOMENT DU RAPPEL.

La séance de discussion pourrait durer jusqu'à deux heures. Les participants recevront une rétribution en guise de remerciement pour leur participation. De plus, des rafraîchissements seront servis. Vous êtes tout à fait libre de participer ou non à cette étude. Tous les renseignements recueillis lors de la séance seront utilisés exclusivement dans le cadre de l'étude et seront traités conformément aux lois visant à protéger les renseignements personnels.

Je dois vérifier si vous satisfaites aux critères de l'étude. Puis-je vous poser quelques questions?

Oui 1  
Non 2 REMERCIER/METTRE FIN À L'ENTRETIEN

- 
1. Est-ce qu'un membre de votre foyer ou de votre famille immédiate, y compris vous-même, travaille dans l'un des domaines suivants ? (LIRE LA LISTE)

Une maison d'études de marché, une agence de relations publiques ou une agence de publicité



Les médias (radio, télévision, journaux, revues, etc.)  
Un ministère ou un organisme de santé aux échelons fédéral, provincial ou municipal  
Services de santé (p. ex., hôpitaux, cliniques, médecins, infirmières, etc.)  
Industrie du tabac (c.-à-d. les fabricants, grossistes, distributeurs et détaillants – à l'exclusion des commis dans les dépanneurs ou épiceries)  
Industrie pharmaceutique

Oui	1	REMERCIER/FIN DE L'ENTRETIEN
Non	2	

2. À l'heure actuelle, est-ce que vous fumez des cigarettes tous les jours ou à l'occasion?

Tous les jours	1	SUIVI DES QUOTAS - 2/3
À l'occasion (pas tous les jours)	2	SUIVI DES QUOTAS - 1/3
Pas du tout	3	REMERCIER/FIN DE L'ENTRETIEN

3. Depuis quand fumez-vous la cigarette? (VEILLER À OBTENIR UNE COMPOSITION VARIÉE DANS LE GROUPE D'ÂGE).

Depuis moins de deux ans	1
Depuis au moins deux ans, mais moins de cinq ans	2
Depuis au moins cinq ans, mais moins de dix ans	3
Depuis 10 ans ou plus	4

4. Est-ce que vous envisagez sérieusement de cesser de fumer au cours des six prochains mois?

Oui	1	
Non	2	REMERCIER/FIN DE L'ENTRETIEN

5. Pourriez-vous me dire de quel groupe d'âge vous faites partie? Est-ce que vous avez...? (LIRE LA LISTE. VEILLER À OBTENIR UNE COMPOSITION VARIÉE)

Moins de 20 ans	1	REMERCIER/FIN DE L'ENTRETIEN
20 à 22 ans	2	
23 à 24 ans	3	
25 ans ou plus	4	REMERCIER/FIN DE L'ENTRETIEN

6. Quel est le niveau de scolarité le plus élevé que vous ayez atteint? (LIRE LA LISTE AU BESOIN; VEILLER À OBTENIR UNE COMPOSITION VARIÉE)

Études secondaires partielles ou moins	1
Diplôme d'études secondaires	2
Études partielles au collège/école technique/ cégep	3
Diplôme du collège/d'école technique/ du cégep	4
Études universitaires partielles	5
Grade universitaire	6
Diplôme d'études supérieures	7

7. Quelle est votre situation d'emploi, à l'heure actuelle? (LIRE LA LISTE AU BESOIN; VEILLER À OBTENIR UNE COMPOSITION VARIÉE)

Employé(e) à temps plein (30 heures ou plus par semaine)	1
Employé(e) à temps partiel (moins de 30 heures par semaine)	2
Travailleur ou travailleuse autonome	3
Sans emploi	4
Étudiant ou étudiante	5
Personne au foyer	6
Autre (préciser) _____	8

8. Est-ce que vous vivez à [AJOUTER LE NOM DE LA VILLE] depuis au moins deux ans?

Oui	1	
Non	2	REMERCIER/FIN DE L'ENTRETIEN

9. Dans quelle mesure êtes-vous à l'aise de partager votre opinion en groupe, p. ex., lire des documents et les commenter? LIRE LES OPTIONS

Tout à fait à l'aise	1	
À l'aise	2	
Pas très à l'aise	3	REMERCIER/FIN DE L'ENTRETIEN
Pas du tout à l'aise	4	REMERCIER/FIN DE L'ENTRETIEN

10. Dans le cadre de la séance de discussion, il y aura un bref exercice à faire par écrit. Êtes-vous à l'aise de lire et d'écrire en anglais (en français)?

Oui	1	
Non	2	(REMERCIER/METTRE FIN À L'ENTRETIEN)



11. Avez-vous déjà participé à un groupe de discussion ou à une entrevue organisée à l'avance et reçu une somme d'argent en échange de votre participation?

Oui	1	
Non	2	(PASSER À LA DERNIÈRE SECTION)

12. Est-ce que l'une des entrevues ou séances de discussion auxquelles vous avez participé traitait de tabagisme, de produits du tabac ou des étiquettes ou de la conception des emballages des produits de tabac?

Oui	1	(REMERCIER/METTRE FIN À L'ENTRETIEN)
Non	2	

13. À quand remonte votre dernière participation à un groupe de discussion ou à une entrevue ?

À moins de 12 mois	1	(REMERCIER ET METTRE FIN À L'ENTRETIEN)
Il y a plus de 12 mois	2	

14. Est-ce que vous avez participé à plus de cinq séances de discussion ou entrevues rétribuées au cours de votre vie?

Oui	1	(REMERCIER ET METTRE FIN À L'ENTRETIEN)
Non	2	

INSCRIRE LE SEXE SELON VOS OBSERVATIONS (OBTENIR UNE RÉPARTITION 50/50)

Femme	1	
Homme	2	

J'aimerais vous inviter à participer à une séance de discussion qui aura lieu le (JOUR DE LA SEMAINE) (DATE), à (HEURE). La séance durera environ deux heures. Vous recevrez 80 \$ en guise de remerciement pour votre participation et des rafraîchissements seront servis. Est-ce que vous aimeriez participer à cette rencontre ?

Oui	1	
Non	2	(REMERCIER/METTRE FIN À L'ENTRETIEN)

Avez-vous un crayon à portée de la main? Je vais vous donner l'adresse où aura lieu la séance. Elle aura lieu au \_\_\_\_\_. À votre arrivée, veuillez indiquer qu'on vous attend pour participer à un groupe de discussion. Permettez-moi de

vous rappeler que la rencontre aura lieu à (HEURE), le (DATE). Si vous avez besoin de lunettes pour lire, veuillez les apporter.

Nous enregistrerons la discussion sur bande vidéo pour les besoins de l'étude. Nous vous demanderons de signer un formulaire de renonciation indiquant que vous êtes au courant que la séance sera enregistrée sur bande vidéo. Tous les renseignements recueillis ne seront utilisés que pour les besoins de l'étude et seront traités conformément aux lois visant à protéger les renseignements personnels.

Étant donné que nous n'invitons qu'un petit nombre de personnes, votre participation est très importante pour nous. S'il vous est impossible de vous présenter, pour une raison ou pour une autre, veuillez communiquer avec nous afin que nous puissions trouver un remplaçant. Vous pouvez nous joindre à nos bureaux au \_\_\_\_\_. Veuillez demander \_\_\_\_\_. Quelqu'un vous téléphonera la veille de la séance de discussion pour vous rappeler la rencontre.

Puis-je confirmer votre nom et votre numéro de téléphone ?

En terminant, est-ce que vous avez des besoins spéciaux liés à une incapacité dont nous devrions être au courant?

---

NOM DU RÉPONDANT : \_\_\_\_\_

N<sup>o</sup> DE TÉLÉPHONE À LA MAISON : \_\_\_\_\_

HEURE/LIEU DE LA RENCONTRE : \_\_\_\_\_

**Merci.**



## Moderator's Guide

**Final Version: February 22, 2013**

### A. Introduction (5 minutes)

- Introduce moderator/Phoenix
  - Thanks for attending/value your being here
  - Explain general purpose of focus group discussions:
    - Gauge *opinions* about issues/ideas/products
    - Not a knowledge test; no right or wrong answers (interested in opinions)
    - Okay to disagree; want people to speak up if hold different view
  - Tonight, we're conducting research on behalf of Health Canada. We will be discussing issues related to smoking and quitting smoking.
    - More specifically, we will be asking about your attitudes, knowledge and behaviours about quitting and staying smoke-free.
    - I'll be asking you questions about the use of social media resources that may help you quit and remain a non-smoker.
    - I'd also like to take some time to discuss your media consumption habits – the places you are most likely to be responsive to messages about quitting smoking resources.
    - We'll also be taking a look at a quit smoking campaign website homepage and a few ads and I'll be asking you questions about them to help us better understand the resources or tools that would help you and others to quit smoking.
  - Thank you for taking the time to complete the questionnaire in the waiting room. I'll collect them at the end of the discussion tonight.
  - Looking for candour and honesty; comments treated in confidence; reporting in aggregate form only; taping and note-taking for report writing purposes only; observers behind one-way glass.
  - If you have a cell phone, please turn it off.
  - Any questions? ACCEPT BRIEF QUESTIONS BUT DO NOT LINGER.
  - Roundtable introduction: Please tell us your first name and one of your favourite interests or hobbies.
-

## B. Context: Smoking Behaviour & Attitudes (35 minutes)

When we recruited you for this study, all of you said you smoke cigarettes. These first questions are about your smoking patterns or behaviours and your attitudes towards smoking.

1. How many of you smoke on a daily basis? (HAND COUNT) For those of you who do, approximately how many cigarettes do you smoke a day? For those who don't, how often do you smoke?

2. How long have you been smoking cigarettes?

3. Smoking is prohibited in a lot of places. In general, where do you smoke?

Probe: - at home, while driving, indoors, outside

4. For those of you who said you smoke at home, what are you doing while smoking?

Probe: - watching TV, surfing the web, on mobile/texting, on the phone, reading, socializing with roommates/friends, other?

5. For those of you who are currently employed or are students, do you smoke while at work or at school? If so, what are you doing while smoking?

Probe: - on mobile/texting, talking with friends/coworkers, on Facebook, Twitter, mobile apps

6. When do you smoke?

Probe: - when you wake up/go to bed; after a meal; when drinking alcohol; with coffee; when on the phone; when bored; when nervous; when studying; when waiting for someone or something, when waiting for bus/train/transit, driving

### ROTATE NEXT TWO QUESTIONS:

7. When you think about smoking cigarettes, what would you say are the main advantages? That is, why do you smoke, what do you get out of smoking? USE FLIP CHART

Probe : - fun/pleasurable  
- relaxing/calming  
- keeps alert/increases concentration  
- curbs appetite/helps maintain/lose weight  
- social bonding/experience  
- other advantages?





8. And when you think about smoking cigarettes, what would you say are the main disadvantages of smoking? USE FLIP CHART

Probe :- causes cancer

- heart disease
- other diseases
- premature aging/wrinkles
- smoker's cough/harder to exercise
- nicotine stains
- cost
- social stigma
- having to smoke outdoors
- smell
- other disadvantages?

### C. Quit Attempts and Cessation Resources/Products (30 minutes)

When we recruited you for this group, all of you also said that you're seriously considering quitting smoking in the next six months. We're now going to talk about your thoughts about quitting smoking.

9. What's the most important reason you want to quit smoking? Why?

Probe :- health; physical fitness

- smell (on clothing, hair)
- high cost
- stop premature aging/wrinkles
- most of my friends don't smoke
- partner doesn't smoke

10. Do you anticipate any barriers or challenges to quitting smoking and remaining smoke-free? If so, what?

Probe: - lack of support, no motivation, same routine, friends who smoke, living with someone who smokes

11. Do you have a plan to quit? If so, what are the key parts of your plan? Do you think your plan will help you to overcome these barriers?

Probe: - cut down, cold turkey, prescription medications, Nicotine Replacement Therapies/NRT (patch, gum, inhalers), support groups, online support/message board.

12. When you think about quitting, are there any smoking cessation aids or resources that you think you might use? Would you only use one? A combination? Why? What would you use?

13. What resources or tools do you think are available, even if they aren't part of your current plan?

- Probe: - in-person support groups  
- online support groups/message boards  
- one-on-one counseling  
- prescription medications  
- NRT products (patch, gum)  
- other (list)

14. Do you think a **social support system** would be useful to help you quit and stay smoke-free? Are you more inclined to seek support online? In person support?

Ask specifically:

- Online peer support through Facebook page, website message board
- Facebook messages through news feed
- Twitter posts (tweets of encouragement & tips)
- Text message (encouragement & tips)
- Support emails
- Telephone counselor or Quit Coach
- Other

15. Where would be the most convenient way to get information about quitting smoking?

Probe: campus health centre, doctor's office, pharmacy, online (what kind of websites, message boards? Facebook, Twitter, YouTube?)

Now I'm going to ask a few questions about previous quit attempts.

16. a) Has anyone here tried to quit smoking in the past? (HAND COUNT)

b) If so, how often have you tried to quit smoking?

c) What did you do to try and quit?

d) Did you use one or a combination of small steps or approaches? Which one(s)?

e) Was any one approach more effective than another? What was helpful?

Probe: - support from others, NRT, one-to-one counseling



## D. Impressions of Campaign Communication Tools (20 minutes)

Changing topics somewhat, I'd like you to think about some past quitting smoking messages or campaigns that you have encountered.

17. Can anyone recall any anti-smoking or smoking cessation campaigns? If so, what do you recall about what you saw/read/heard? What were the main messages that you recall, if any? KEEP BRIEF

18. What about it was memorable? Did it make you think of quitting smoking? Did you try to quit?

Probe: - contest, incentive to quit, interesting or catchy tag line, interesting medium – TV, web, social media?

### a) Banner Ads

I'm now going to show you two banner ads that might appear on websites you visit. The ads are part of a quit smoking campaign geared towards people your age.

SHOW AND HAND OUT BANNER AD 'A' (girl/cigarette on last frame) and 'B' (guy, no cigarette on last frame).

19. What's your overall impression of the ads? Do you think the image of the cigarette on the ad with the girl makes the ad more impactful? Does it make the message clearer? Does it detract from the message?

20. Does either ad make you want to click through for more information?

21. What would you expect to find when you click on the ad? What kind of information/resources/tools/help would you expect to find?

22. Could either of these ads be improved in any way?

23. Would either ad make you crave a cigarette?

### b) Website

I'd now like to show you a screen shot of the website that the ads would take you to if you clicked on them. This is the home page of the campaign's website, Breakitoff.ca. [HAND OUT SCREEN SHOT]. Take a minute to look at the home page.


24. Looking at the home page, is it clear that it's a quit smoking website? What is the main message being conveyed? Any others?

25. Do you understand the relationship metaphor? It's the concept of comparing quitting smoking to breaking off a bad relationship.

### E. Social Media Resources for Quitting (25 minutes)

As you may have noticed from the home page, this is a digital campaign, meaning that the resources are web and social-media focused. I'd like to ask you a few questions about some of these resources. [POINT OUT RESOURCES: FACEBOOK, MOBILE APP, YOUTUBE].

26. Let's start with... (INSERT TOOL NAME. POINT ON HAND-OUT)

- a) Break It Off Facebook Page 
  - i) Would you visit the Facebook page?
  - ii) Would you 'like' the page and follow the group?
  - iii) What kind of information would you expect to find on the page?  
(Probe: tips on how to quit, tips on how to stay smoke-free)
  - iv) How often would you want to see something in your News Feed?
  - v) How useful do you think it would be in terms of helping you quit smoking?
  
- b) Break It Off Mobile App
  - i) What feature(s) would you expect or want the App to have?
  - ii) What feature do you think would be most useful in terms of helping you quit smoking?
  
- c) Video Contest
  - i) Are you interested in watching other people's videos about their quitting smoking journey?
  - ii) Do you think it would help you quit smoking (knowing you are not alone)?
  - iii) Would you submit your own personal quitting smoking video? What if it was part of a contest or some sort of incentive?

Another quitting smoking resource could be support delivered through mobile phone text messaging.

27. Texting

- i) What do you think of receiving tips and inspirational messages via text message?
- ii) How likely would you be to sign up for this free service (standard text message rate would apply)?
- iii) What type of messages would you find helpful in staying smoke-free?
- iv) Do you think this resource could help you quit smoking?

28. Overall, which of these resources do you think would be most useful in terms of helping you quit smoking? Why do you say that?

- Probe:- Facebook page
- Mobile app
  - Video contest
  - Texting



Campaign Name (Montreal Only)

29. As you can see, the French name of this quit-smoking campaign is **(Pour En Finir)**. What do you think of the name? Does it make sense to you? Do you have any suggestions for a better name?

**F. Promotion (5 minutes)**

30. What would be the best way to reach you and your friends with this campaign message?

Probe: - through friends on Facebook, Twitter, someone's blog, online banner ads, doctor/nurse, campus health centre, magazine ad, transit ad, quitting smoking event, campus event

31. Would you consider visiting BreakItOff.ca? Why/why not?

ASK IF E-CIGARETTES NOT PREVIOUSLY MENTIONED

32. One last question... no one mentioned e-cigarettes as an aid to quitting smoking. Has anyone used e-cigarettes for that purpose? How did that go? Would anyone consider using e-cigarettes to quit smoking?

**Conclusion**

33. Do you have any final comments or ideas you'd like to offer before we conclude?

**THANK YOU VERY MUCH FOR YOUR TIME AND THOUGHTFUL FEEDBACK.  
IT IS VERY MUCH APPRECIATED.**

**I WILL NOW COLLECT THE QUESTIONNAIRE YOU FILLED OUT IN THE WAITING ROOM. IF YOU HAVE NOT YET COMPLETED IT, PLEASE TAKE A QUICK MOMENT TO FINISH IT NOW.**

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**Descriptions of Online Resources (FOR USE BY MODERATOR, AS NEEDED):**

**Facebook**

During the Break It Off campaign, the Facebook 'Break it off on Facebook' link allowed users to easily "break up" with smoking on Facebook as it appeared as a relationship status change in their friend's news feeds. However, Break It Off **could** have a Facebook page where you can connect with others who are trying to quit or who have quit smoking. The site has a wall for posting, quizzes, information, and other tools to help you quit smoking and to stay quit.

**Mobile App**

This is a free mobile app you can download for your smartphone. You can use it to help avoid smoking triggers as they happen. The app has tools to help you deal with cravings to smoke, to track your progress when you decide to quit, and to deal with slip-ups.

**YouTube**

You can upload videos about your decision to quit smoking. These videos can be accessed on the Break It Off website and through YouTube directly. The idea behind the videos is that publicizing your decision to quit smoking can increase your chances of staying quit for good. As well, hearing someone else's story about smoking and quitting smoking may help motivate you to quit or help you stay the course on your quit attempt.

**Call A Quit Coach**

Quit Coaches are specially trained counselors who can help you get through your smoking break-up. Their services are free and completely confidential. When a valid phone number is entered and submitted, a Quit Coach would call you on that number.

**Cigarette Counter (number found in the top right hand corner of the website)**

The Break it Off mobile app provides feedback to the user including cigarettes not smoked. The counter on the Break It Off website is fed from the mobile app (over 14.5M as of Feb 18, 2013).



## Guide de discussion

**Version définitive : 26 février 2013**

### A. Introduction (5 minutes)

- ❑ Présenter l'animateur et présenter Phoenix.
- ❑ Remercier les participants d'être présents/signaler que leur participation est très importante pour nous.
- ❑ Expliquer l'objectif général des séances de discussion :
  - Les discussions de groupe servent à jauger les *opinions* au sujet d'enjeux, d'idées, de produits, etc.
  - Il ne s'agit pas d'une évaluation des connaissances; il n'y a pas de bonnes ou de mauvaises réponses (ce sont vos opinions qui nous intéressent).
  - Il est permis d'être en désaccord; nous souhaitons vous entendre si vous avez un autre point de vue à partager.
- ❑ Ce soir, nous réalisons une étude pour le compte de Santé Canada. Nous aborderons des questions liées à la cigarette et à l'abandon du tabac.
  - ❑ Plus particulièrement, nous allons aborder vos attitudes, vos connaissances et vos comportements dans le contexte de l'abandon du tabac et d'un projet de vie sans fumée.
  - ❑ Je vais vous poser des questions au sujet de l'utilisation de ressources offertes dans les médias sociaux qui pourraient vous aider à cesser de fumer et à demeurer un non-fumeur.
  - ❑ J'aimerais aussi que nous prenions quelques minutes pour discuter de vos habitudes d'utilisation des médias – les endroits où vous êtes le plus susceptibles de répondre aux messages portant sur les ressources d'abandon du tabac.
  - ❑ De plus, nous allons jeter un coup d'œil à la page d'accueil du site Web d'une campagne sur l'abandon du tabac, de même qu'à quelques publicités, puis je vais vous poser des questions à ce sujet, parce que nous souhaitons mieux comprendre les ressources ou les outils susceptibles de vous aider et d'aider d'autres personnes à cesser de fumer.
- ❑ Je vous remercie d'avoir pris le temps de répondre au questionnaire dans la salle d'attente. Je vais les recueillir ce soir, à la fin de notre discussion.
- ❑ Nous vous demandons d'être francs et honnêtes; les commentaires seront traités de manière confidentielle; seuls des résultats globaux seront communiqués; nous ferons un enregistrement vidéo et nous prendrons des notes uniquement pour les besoins de la préparation du rapport; il y a des observateurs derrière le miroir sans tain.
- ❑ Veuillez éteindre la sonnerie de votre téléphone cellulaire si vous en avez un.

- ❑ Avez-vous des questions? ACCEPTER DES QUESTIONS RAPIDES SANS TOUTEFOIS S'ATTARDER.
  - ❑ Tour de table pour les présentations : Veuillez nous dire votre prénom et l'un de vos intérêts ou passe-temps préférés.
- 

## **B. Contexte : comportement et attitudes dans le contexte du tabagisme (35 minutes)**

Lorsque nous vous avons invités à participer à cette étude, vous avez tous affirmé que vous fumez la cigarette. Les premières questions que nous aborderons ce soir touchent à vos habitudes ou comportements d'usage du tabac et à vos attitudes à l'égard de la cigarette.

1. Combien d'entre vous fument tous les jours? (COMPTER) Maintenant, pour ceux d'entre vous qui fument tous les jours, combien de cigarettes environ fumez-vous chaque jour? Et pour ceux qui ne fument pas tous les jours, à quelle fréquence fumez-vous?

2. Depuis quand fumez-vous des cigarettes?

3. Il est interdit de fumer dans beaucoup d'endroits. En général, où fumez-vous?

Pistes : - à la maison, en conduisant, à l'intérieur, dehors

4. Pour ce qui concerne ceux d'entre vous qui fument à la maison, que faites-vous lorsque vous fumez?

Pistes : - regarder la télévision, naviguer sur le Web, utiliser un téléphone mobile/envoyer des textos, parler au téléphone, lire, socialiser avec des colocataires/amis, autre chose?

5. Et pour ce qui concerne ceux d'entre vous qui ont un emploi ou qui sont aux études à l'heure actuelle, est-ce que vous fumez au travail ou à l'école? Si c'est oui, que faites-vous lorsque vous fumez?

Pistes : - utiliser le téléphone mobile/envoyer des textos, parler avec des amis/collègues, utiliser Facebook, Twitter ou des applications mobiles.

6. Quand fumez-vous?

Pistes : - lorsque vous vous réveillez/lorsque vous vous couchez; après un repas; en buvant de l'alcool; avec un café; au téléphone; lorsque vous vous ennuyez; lorsque vous êtes nerveux/nerveuses; lorsque vous étudiez; lorsque vous attendez quelqu'un ou quelque chose; lorsque vous attendez l'autobus/le métro/le transport en commun; en conduisant





ASSURER UNE ROTATION DES DEUX PROCHAINES QUESTIONS :

7. En pensant à la cigarette, quels en seraient les principaux avantages, selon vous? Autrement dit, pourquoi fumez-vous, que retirez-vous de l'usage du tabac? UTILISER LE TABLEAU-PAPIER

Pistes : - le plaisir/c'est agréable  
- l'effet relaxant/calmant  
- tient éveillé/accroît la concentration  
- contrôle l'appétit/aide à maintenir son poids/à perdre du poids  
- les liens sociaux/l'expérience sociale  
- autres avantages?

8. Et en pensant à la cigarette, quels en seraient les principaux inconvénients, selon vous? UTILISER LE TABLEAU-PAPIER

Pistes : - cause le cancer  
- les maladies du cœur  
- les autres maladies  
- le vieillissement prématuré/les rides  
- la toux du fumeur/il est plus difficile de faire de l'exercice  
- les taches de nicotine  
- le coût  
- le stigmatisme social  
- l'obligation de fumer dehors  
- l'odeur  
- autres inconvénients?

### **C. Tentatives d'abandon du tabac et ressources ou produits pour cesser de fumer (30 minutes)**

Lorsque nous vous avons invités à participer à cette discussion de groupe, vous avez tous affirmé que vous envisagez sérieusement de cesser de fumer au cours des six prochains mois. À ce moment-ci, nous allons discuter de vos réflexions au sujet de l'abandon du tabac.

9. Quelle est la raison la plus importante pour laquelle **vous** souhaitez cesser de fumer? Pourquoi?

Pistes : - la santé; la condition physique  
- l'odeur (des vêtements, des cheveux)  
- le coût élevé  
- pour enrayer le vieillissement prématuré/l'apparition des rides  
- la plupart de mes amis ne fument pas  
- mon conjoint/ma conjointe ne fume pas

10. Est-ce que vous envisagez des obstacles ou des défis dans le contexte de l'abandon du tabac et d'une vie sans fumée? Si c'est oui, lesquels?

Pistes : - le manque de soutien, l'absence de motivation, la routine, les amis qui fument, vivre avec quelqu'un qui fume

11. Est-ce que vous avez un plan pour cesser de fumer? Si c'est oui, quels en sont les éléments clés? Est-ce que vous pensez que votre plan vous aidera à surmonter ces obstacles?

Pistes : - réduire, le sevrage à froid, les médicaments d'ordonnance, les thérapies de substitution de la nicotine/TSN (timbre, gomme, inhalateurs), les groupes de soutien, le soutien/les forums en ligne.

12. En songeant à cesser de fumer, est-ce qu'il y a des moyens ou des ressources pour l'abandon du tabac auxquels vous envisagez de recourir? Envisagez-vous de recourir à une ressource? À plusieurs? Pourquoi? Quels sont les moyens ou ressources que vous utiliseriez?

13. Quels sont les outils ou ressources qui sont disponibles, à votre avis? Veuillez signaler tous les moyens disponibles, même s'ils ne font pas partie de votre plan actuel.

Pistes : - groupes de soutien en personne  
- groupes de soutien/forums en ligne  
- counseling individuel  
- médicaments d'ordonnance  
- produits de TSN (timbre, gomme)  
- autre (liste)

14. À votre avis, est-ce qu'un **système de soutien social** pourrait vous aider à cesser de fumer et à vivre sans fumée? Seriez-vous plus enclins à chercher du soutien en ligne? Du soutien en personne?

Plus particulièrement :

- De l'entraide sur une page Facebook, sur un babillard d'un site Web
- Des messages Facebook au moyen d'un fil de nouvelles
- Des messages Twitter (par exemple, des messages d'encouragement et des conseils)
- Des textos (des encouragements et des conseils)
- Des messages électroniques de soutien
- Un conseiller téléphonique ou un accompagnateur en abandon du tabac
- Autre chose

15. Quelle serait la façon la plus commode d'obtenir de l'information au sujet de l'abandon du tabac?

Pistes : centre de santé sur le campus, bureau du médecin, pharmacie, information en ligne (quel genre de sites Web, de forums? Facebook, Twitter, YouTube?)



Maintenant, j'aimerais vous poser quelques questions au sujet de vos tentatives antérieures pour cesser de fumer.

16. a) Est-ce que certains d'entre vous ont déjà essayé d'arrêter de fumer? (COMPTER)
- b) Si c'est oui, combien de fois avez-vous essayé de cesser de fumer?
- c) Qu'est-ce que vous avez fait pour essayer de cesser de fumer?
- d) Est-ce que vous avez recouru à une seule démarche ou à une combinaison de petites étapes ou de démarches? À quelle(s) démarche(s) avez-vous recouru?
- e) Est-ce que l'une des démarches s'est révélée plus efficace que les autres? Qu'est-ce qui vous a aidés?

Pistes : - le soutien des autres, TSN, counseling individuel

#### **D. Impressions au sujet des outils de communication de la campagne (20 minutes)**

Nous allons un peu changer de sujet. J'aimerais que vous réfléchissiez à d'anciens messages ou à d'anciennes campagnes dont vous avez pris connaissance dans le contexte de l'abandon du tabac.

17. Est-ce que quelqu'un se souvient de campagnes antitabac ou de campagnes pour cesser de fumer? Si c'est oui, quels sont vos souvenirs au sujet de ce que vous avez vu/lu/entendu? Quels sont les principaux messages dont vous vous souvenez, le cas échéant? VEILLER À CE QUE CE SOIT BREF
18. Quels en étaient les aspects mémorables? Est-ce que ces campagnes vous ont conduits à envisager de cesser de fumer? Est-ce que vous avez essayé?

Pistes : - concours, incitation à cesser de fumer, slogan intéressant ou accrocheur, médium intéressant – télévision, Web, médias sociaux?

#### **a) Bannières publicitaires**

Je vais maintenant vous montrer deux bannières publicitaires qui pourraient apparaître sur des sites Web que vous consultez. Ces publicités font partie d'une campagne d'abandon du tabac qui cible les gens de votre âge.

MONTRER ET DISTRIBUER LES BANNIÈRES PUBLICITAIRES "A" (fille/cigarette dans la dernière image) et "B" (gars, pas de cigarette dans la dernière image).

19. Quelle impression générale les publicités vous ont-elles laissée? À votre avis, est-ce que l'image de la cigarette qui fait partie de la bannière avec la fille fait en sorte que la publicité est plus percutante? Est-ce qu'elle rend le message plus clair? Est-ce qu'elle détourne l'attention du message?

20. Est-ce que l'une ou l'autre des publicités vous donne le goût de cliquer pour obtenir de plus amples renseignements?
21. Quelles seraient vos attentes si vous cliquiez sur la bannière? Quel genre d'information/de ressources/d'outils/d'aide vous attendriez-vous à trouver?
22. Pourrait-on améliorer l'une ou l'autre de ces publicités, d'une façon ou d'une autre?
23. Est-ce que l'une ou l'autre des publicités vous donnerait le goût de fumer une cigarette?

#### b) Site Web

À ce moment-ci, j'aimerais vous montrer une image du site Web auquel vous conduiraient les bannières publicitaires si vous cliquiez sur elles. Il s'agit de la page d'accueil du site Web de la campagne [pourenfinir.ca](http://pourenfinir.ca) [DISTRIBUER LA CAPTURE D'ÉCRAN]. Prenez un instant pour regarder la page d'accueil.

24. Lorsque vous regardez la page d'accueil, est-ce qu'il apparaît clairement que c'est un site Web pour cesser de fumer? Quel est le principal message communiqué? Est-ce qu'il y en a d'autres?
25. Est-ce que vous comprenez la métaphore de la relation amoureuse? C'est un concept qui fait une comparaison entre cesser de fumer et mettre fin à une mauvaise relation.

### E. Ressources dans les médias sociaux pour l'abandon du tabac (25 minutes)

Comme vous l'avez peut-être remarqué dans la page d'accueil, il s'agit d'une campagne numérique. Autrement dit, les ressources mettent l'accent sur le Web et sur les médias sociaux. J'aimerais vous poser quelques questions au sujet de certaines de ces ressources. [MONTRER LES RESSOURCES : FACEBOOK, APPLICATION MOBILE, YOUTUBE].

26. Nous allons commencer par... (AJOUTER LE NOM DE L'OUTIL. MONTRER SUR LE DOCUMENT À DISTRIBUER)

#### b) La page Facebook Pour en finir

- i) Est-ce que vous visiteriez cette page Facebook?
- ii) Est-ce que vous signalerez que vous « aimez » la page et est-ce que vous suivriez le groupe?
- iii) Quel genre d'information est-ce que vous vous attendriez à trouver dans cette page?  
(Pistes : conseils sur les façons de cesser de fumer, conseils pour demeurer un non-fumeur)
- iv) À quelle fréquence est-ce que vous souhaiteriez recevoir quelque chose dans votre fil de nouvelles?
- v) À votre avis, dans quelle mesure pensez-vous que cet outil serait utile pour vous aider à cesser de fumer?



- b) L'application mobile Pour en finir
- i) Quelles sont les caractéristiques auxquelles vous vous attendriez ou que souhaiteriez trouver dans l'application?
  - ii) Et à votre avis, quelle caractéristique serait la plus utile pour vous aider à cesser de fumer?
- c) Le concours vidéo
- i) Est-ce que vous aimeriez visionner des vidéos traitant du parcours d'abandon du tabac d'autres personnes?
  - ii) À votre avis, est-ce que ces vidéos vous aideraient à cesser de fumer (en sachant que vous n'êtes pas les seuls dans cette situation)?
  - iii) Est-ce que vous seriez susceptibles de soumettre vos propres vidéos sur l'abandon du tabac? Et le feriez-vous dans le cadre d'un concours ou d'un autre programme d'incitation?

Une autre ressource pour l'abandon du tabac pourrait offrir du soutien au moyen de l'envoi de messages textes pour téléphones mobiles.

#### 27. Les textos

- i) Que pensez-vous de recevoir des conseils et des messages d'inspiration par messagerie texte?
  - ii) Dans quelle mesure seriez-vous susceptibles de vous inscrire à ce service gratuit (les tarifs courants pour textos s'appliqueraient)?
  - iii) Quel genre de messages vous seraient utiles pour vous aider à demeurer un non-fumeur?
  - iv) Pensez-vous que cette ressources pourrait vous aider à cesser de fumer?
28. Dans l'ensemble, laquelle de ces ressources serait la plus utile pour vous aider à cesser de fumer, à votre avis? Et pourquoi donc?

Pistes : - page Facebook  
- application mobile  
- concours vidéo  
- textos

#### Nom de la campagne (à Montréal seulement)

29. Comme vous le voyez, dans sa version française, cette campagne d'abandon du tabac s'appelle (**Pour en finir**). Que pensez-vous de ce nom? Est-ce que ce nom a du sens, selon vous? Avez-vous un meilleur nom à suggérer?

#### **F. Promotion (5 minutes)**

30. Quelle serait la meilleure façon de vous rejoindre, vos amis et vous, pour vous communiquer le message de cette campagne?

Pistes : - par l'intermédiaire d'amis sur Facebook, au moyen de Twitter, du blogue de quelqu'un, de bannières publicitaires en ligne, d'un médecin/d'une infirmière, d'un centre de santé sur le campus, d'une publicité dans un

magazine, d'une publicité affichée dans un moyen de transport en commun ou dans le cadre d'un évènement pour l'abandon du tabac ou d'un évènement sur le campus

31. Est-ce que vous envisageriez de consulter le site [pourenfinir.ca](http://pourenfinir.ca)? Pourquoi/pourquoi pas?

QUESTION À POSER S'IL N'A PAS ÉTÉ QUESTION DES CIGARETTES ÉLECTRONIQUES

32. Une dernière question... dans le cadre de notre discussion, il n'a pas été question des cigarettes électroniques comme moyen de favoriser l'abandon du tabac. Est-ce que quelqu'un s'est déjà servi des cigarettes électroniques à cette fin? Comment ça s'est passé? Est-ce que quelqu'un envisagerait de recourir aux cigarettes électroniques pour cesser de fumer?

**Conclusion**

33. En terminant, aimeriez-vous formuler d'autres commentaires ou d'autres idées?

**MERCI BEAUCOUP POUR LE TEMPS QUE VOUS NOUS AVEZ CONSACRÉ ET POUR VOS PRÉCIEUSES OBSERVATIONS.  
NOUS APPRÉCIONS VIVEMENT VOTRE PARTICIPATION.**

**JE VAIS MAINTENANT REPRENDRE LE QUESTIONNAIRE AUQUEL VOUS AVEZ RÉPONDU DANS LA SALLE D'ATTENTE. SI VOUS NE L'AVEZ PAS ENCORE REMPLI, VEUILLEZ PRENDRE QUELQUES INSTANTS POUR LE FAIRE MAINTENANT.**

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## Descriptions des ressources en ligne (À L'USAGE DE L'ANIMATEUR, AU BESOIN) :

### Facebook

Au cours de la campagne Pour en finir, le lien Facebook « Pour en finir sur Facebook » a permis aux utilisateurs « d'en finir » facilement avec la cigarette sur Facebook en changeant leur statut de relation dans le fil de nouvelles de leurs amis. Ceci dit, Pour en finir **pourrait** aussi conduire à une page Facebook vous permettant de joindre d'autres personnes qui essaient de cesser de fumer ou qui ont arrêté de fumer. Le site comprend un babillard pour l'affichage, des jeux-questionnaires, de l'information et d'autres outils pour vous aider à cesser de fumer et à vivre sans fumée.

### Application mobile

Il s'agit d'une application mobile gratuite que vous pouvez télécharger pour votre téléphone mobile. Vous pouvez vous en servir pour vous aider à éviter les éléments qui déclenchent chez vous l'envie de fumer lorsqu'ils se présentent. L'application comprend des outils pour vous aider à composer avec les envies de fumer, à suivre vos progrès quand vous décidez de cesser de fumer et à composer avec les petits dérapages.

### YouTube

Vous pouvez télécharger des vidéos au sujet de votre décision de cesser de fumer. Il est possible d'avoir accès à ces vidéos sur le site Web de Pour en finir, de même que directement sur YouTube. L'idée sous-tendant ces vidéos tient à ce que la diffusion de votre décision d'arrêter de fumer peut améliorer vos chances d'abandonner pour de bon. Dans la même veine, en écoutant l'histoire de quelqu'un d'autre au sujet de la cigarette et de l'abandon du tabac, vous pourriez trouver la motivation dont vous avez besoin pour cesser de fumer ou pour garder le cap sur votre projet d'abandon du tabac.

### Appeler un accompagnateur en abandon du tabac

Les accompagnateurs en abandon du tabac sont des conseillers spécialisés qui peuvent vous aider à vivre votre séparation avec la cigarette. Leurs services sont gratuits et entièrement confidentiels. Suite à la saisie et à l'envoi d'un numéro de téléphone valide, un accompagnateur en abandon du tabac communiquera avec vous à ce numéro.

### Compteur de cigarettes (le nombre affiché dans le coin supérieur droit du site Web)

L'application mobile Pour en finir offre de la rétroaction aux utilisateurs, y compris le nombre de cigarettes abandonnées. Le compteur apparaissant sur le site Web Pour en finir se fonde sur les données enregistrées au moyen de l'application mobile (plus de 14,5 millions de cigarettes abandonnées en date du 18 février 2013).







# “Break It Off” Screen Shots

Homepage:

**BREAK IT OFF**

*Get it OVER WITH*    *Stay SPLIT UP*    *Move on WITH LIFE*

14,717,696 CIGARETTES DUMPED

*It's not me, it's you.*

**Stay Split Up**  
How to overcome old habits and cravings.

**Move On With Life**  
Because you're totally worth it.

**Get It Over With**  
You know you have had enough of your smokes.

Break-up Methods  
World's Biggest Break-up  
The Ugly Truth

Get our FREE app for help on the go.

GIVE A QUIT COACH YOUR DIGITS.  
(416)-555-1212  
What's a Quit Coach?

Break it off on Facebook.

Join the world's biggest break-up!  
Make it official by telling the world exactly what you think of smoking. Have 'the talk' now.

Canadian Cancer Society / Société canadienne du cancer

Canada

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Homepage french:

**POUR EN FINIR**

*Finissez -EN Demeurez SÉPARÉ Reprenez VOTRE VIE*

**14,717,696**  
CIGARETTES ABANDONNÉES

**Demeurez séparé**  
Comment venir à bout des vieilles habitudes et des envies de fumer.

**Reprenez votre vie**  
Parce que vous en valez parfaitement la peine.

*Ce n'est pas moi, c'est toi.*

Méthodes de rupture  
La plus grande séparation au monde  
L'horrible vérité

**Finissez -en**  
Vous le savez que vous en avez assez de la cigarette.

Procurez-vous notre appli gratuite afin d'obtenir de l'aide sur le pouce.

DONNEZ VOTRE NUMÉRO À UN ACCOMPAGNATEUR EN ABANDON DU TABAC.  
(418)-555-1212  
Qu'est-ce qu'un accompagnateur en abandon du tabac?

Finissez-en sur Facebook.

Joignez-vous à la plus grande séparation au monde!  
Rendez la séparation officielle en disant au monde entier ce que vous pensez de la cigarette. Commencez LA discussion maintenant.

Société canadienne du cancer / Canadian Cancer Society

Canada

2012 Société canadienne du cancer. Tous droits réservés. Téléassistance pour fumeurs: 1-877-513-5333. Contributeurs. Nous joindre. Trucs juridiques.



Standard Ad (425x600):

**BRE♥K  
IT OFF**

You've been lied to, cheated on and stolen from.

**BRE♥K  
IT OFF**

It's time to end this thing once and for all.

**BRE♥K  
IT OFF**

Dump smoking now at [BreakItOff.ca](http://BreakItOff.ca)

Canadian Cancer Society / Société canadienne du cancer

Canada

Standard Ad (425x600) French:

**POUR EN FINIR**

On vous a menti, trompé, volé.

Il est temps d'en finir une fois pour toutes.

Écrasez la cigarette maintenant à [poudenfinir.ca](http://poudenfinir.ca)

Société canadienne du cancer Canadian Cancer Society

Canada

The Weather Network Ad (300x600):





The Weather Network Ad (300x600) French:

**On vous a menti, trompé, volé.**

Écrasez la cigarette maintenant à [pourenfinir.ca](http://pourenfinir.ca)

**Il est temps d'en finir une fois pour toutes.**

Écrasez la cigarette maintenant à [pourenfinir.ca](http://pourenfinir.ca)

**POUR EN FINIR**

Société canadienne du cancer / Canadian Cancer Society

Canada





## **Participant Instructions**

Thank you for agreeing to participate in tonight's focus group. Please complete this short questionnaire before we begin the discussion. The questionnaire starts on the following page, and will be used to get a sense of your thoughts and opinions to support the group discussion.

Please answer the questions to the best of your ability, but do this on your own. If you are unsure about something, just leave it blank.

When the focus group begins, please bring your questionnaire with you. The moderator might ask you to refer to it from time to time, and will collect it at the end of the group.

If you have any questions, please ask the host/hostess.

Thank you.

## Health Canada Focus Group

1. How important **to you, as a person aged 20-24**, are each of the following reasons to quit smoking?

	Not at all important 1	2	3	4	Very important 5
To improve health / reduce future harms to health (cancer, heart disease)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To save money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To stop premature aging/wrinkles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To not feel like a social outcast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To stop people from nagging me to quit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To not smell like smoke/cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be physically active without getting short of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To be physically active without coughing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To stop my teeth from yellowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To prevent family members from being exposed to second-hand smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Do you take public transportation? (*check one*)

- No  
 Yes

If yes, what do you do while on public transportation? (*check all that apply*)

- Listen to music  
 Read  
 Text  
 Email  
 Use Social Media (list which one(s)): \_\_\_\_\_  
 Other (please list): \_\_\_\_\_

3. What kinds of websites do you visit? *(check all that apply)*

- |  |                                  |  |
|--|----------------------------------|--|
| <input type="checkbox"/> News          | <input type="checkbox"/> Banking | <input type="checkbox"/> Music         |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Weather | <input type="checkbox"/> Internet Mail |
| <input type="checkbox"/> Sports        | <input type="checkbox"/> Dating  |  |
| <input type="checkbox"/> Other _____   |                                  |  |

4. How do you **primarily** watch television? *(check one)*

- Live TV (turn the TV on and watch)  
 Recorded TV (PVR/taped shows)  
 Streaming/download (computer, podcast, smartphone)

5. What types of shows do you watch?

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6. Do you use Facebook? *(check one)*

- Daily  
 2-3 times per week  
 1 time per week  
 Less than 1 time per week  
 I don't use Facebook

**If you use Facebook, do you?** *(check all that apply)*

- |                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Update your status:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Comment on posts:    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Share others' posts: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

7. Do you use Twitter? *(check one)*

- Daily  
 2-3 times per week  
 1 time per week  
 Less than 1 time per week  
 I don't use Twitter

**If you use Twitter, do you? (check all that apply)**

Follow others:       Yes     No  
Post tweets:         Yes     No  
Retweet:              Yes     No

8. Do you watch videos on YouTube? *(check one)*

Daily  
 2-3 times per week  
 1 time per week  
 Less than 1 time per week  
 I don't use YouTube

9. What device(s) do you use **primarily** for **social media**? *(check one)*

Desktop/laptop computer       Tablet       Smartphone  
 Other \_\_\_\_\_

10. What device(s) do you use **primarily** for **web surfing**? *(check one)*

Desktop/laptop computer       Tablet       Smartphone  
 Other \_\_\_\_\_

11. Where are the places you go, or events you attend, in your spare time? *(check your three most common)*

Mall                       Library                       Sporting event               Bookstore  
 Concert                   Bar/dance club               Friend's house               Campus/school event

Other (please list): \_\_\_\_\_

**Thank you.**

## **Directives pour les participants**

Nous vous remercions d'avoir accepté de participer à la discussion de groupe, ce soir. Nous vous prions de répondre à ce court questionnaire avant le début de la discussion. Le questionnaire, qui débute à la prochaine page, nous permettra de nous faire une idée de vos pensées et opinions à l'appui de la discussion de groupe.

Veillez répondre aux questions seul(e), sans aide, en faisant de votre mieux. Si vous n'êtes pas certain(e) de quelque chose, laissez l'espace en blanc.

Lorsque la séance de discussion commencera, veuillez apporter votre questionnaire avec vous. L'animateur pourrait vous demander de le consulter de temps à autre. Il reprendra le questionnaire à la fin de la séance.

Si vous avez des questions, veuillez vous adresser à l'hôte/hôtesse.

Merci.

## Séance de discussion de Santé Canada

1. Quelle est l'importance de chacune des raisons de cesser de fumer présentées ci-dessous pour **vous, comme personne de 20 à 24 ans**?

	Aucune importance 1	2	3	4	Grande importance 5
Pour améliorer mon état de santé / réduire les futurs effets néfastes sur le plan de la santé (cancer, maladie du cœur)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour économiser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour enrayer le vieillissement prématuré/les rides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour ne pas me sentir comme un rebut de la société	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour qu'on arrête de me harceler pour que j'arrête	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour éviter de sentir la fumée/la cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour être en mesure de faire de l'activité physique sans manquer de souffle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour être en mesure de faire de l'activité physique sans tousser	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour enrayer le jaunissement de mes dents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pour éviter que mes proches soient exposés à la fumée secondaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autre (veuillez préciser) : _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Est-ce que vous utilisez le transport en commun? (*cochez une réponse*)

- Non  
 Oui

Si c'est oui, que faites-vous pendant vos déplacements en transport en commun?  
(*cochez toutes les réponses pertinentes*)

- Écouter de la musique  
 Lire  
 Envoyer des textos  
 Envoyer des messages électroniques  
 Utiliser les médias sociaux (indiquer lesquels) : \_\_\_\_\_   
Autre chose (veuillez préciser) : \_\_\_\_\_

3. Quels types de sites Web consultez-vous? (cochez toutes les réponses pertinentes)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Nouvelles       | <input type="checkbox"/> Opérations bancaires | <input type="checkbox"/> Musique               |
| <input type="checkbox"/> Divertissements | <input type="checkbox"/> Météo                | <input type="checkbox"/> Courrier sur Internet |
| <input type="checkbox"/> Sports          | <input type="checkbox"/> Sites de rencontre   |  |
| <input type="checkbox"/> Autre _____     |   |  |

4. De quelle façon regardez-vous **principalement** la télévision? (cochez une réponse)

- La télé en direct (c.-à-d. allumer la télé et la regarder)
- La télé enregistrée (avec un enregistreur personnel de vidéo/des émissions enregistrées)
- La diffusion en flux/le téléchargement (ordinateur, balado, téléphone intelligent)

5. Quels types d'émissions regardez-vous?

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6. Est-ce que vous utilisez Facebook? (cochez une réponse)

- Tous les jours
- 2 ou 3 fois par semaine
- Une fois par semaine
- Moins d'une fois par semaine
- Je n'utilise pas Facebook

**Si vous utilisez Facebook**, est-ce que vous...? (cochez toutes les réponses pertinentes)

mettez votre statut à jour :

Oui  Non

formulez des commentaires sur des contributions :

Oui  Non

partagez les contributions d'autres personnes :

Oui  Non

7. Est-ce que vous utilisez Twitter? (cochez une réponse)

- Tous les jours
- 2 ou 3 fois par semaine
- Une fois par semaine
- Moins d'une fois par semaine
- Je n'utilise pas Twitter

**Si vous utilisez Twitter**, est-ce que vous...? (cochez toutes les réponses pertinentes)

suivez d'autres personnes :  Oui  Non  
publiez des micromessages :  Oui  Non  
partagez des micromessages :  Oui  Non

8. Est-ce que vous regardez des vidéos sur YouTube? (cochez une réponse)

Tous les jours  
 2 ou 3 fois par semaine  
 Une fois par semaine  
 Moins d'une fois par semaine  
 Je n'utilise pas YouTube

9. De quel(s) appareil(s) vous servez-vous **principalement** pour accéder aux **médias sociaux**? (cochez une réponse)

Ordinateur de bureau/portatif  Tablette  Téléphone intelligent  
 Autre \_\_\_\_\_

10. De quel(s) appareil(s) vous servez-vous **principalement** pour **naviguer sur le Web**? (cochez une réponse)

Ordinateur de bureau/portatif  Tablette  Téléphone intelligent  
 Autre \_\_\_\_\_

11. Dans vos temps libres, quels sont les lieux que vous visitez ou les événements auxquels vous participez? (cochez les trois plus courants)

Centre commercial  Bibliothèque  Événement sportif  Librairie  
 Concert  Bar/boîte de nuit  Chez un(e) ami(e)  
 Événement scolaire/sur le campus  
 Autre (veuillez préciser) : \_\_\_\_\_

**Merci.**