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ANTI-SMOKING TRACKING STUDY
- FINAL REPORT -
Volume 1 -- Adults

Prepared for:
Health Canada

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BACKGROUND AND PURPOSE

INTRODUCTION

The National Strategy to Reduce Tobacco Use

The National Strategy to Reduce Tobacco Use was launched in 1985 to bring together all levels of government and health organizations in a comprehensive and collaborative effort. The mission of the National Strategy is *"to produce a generation of non-smokers by the year 2000"*. Seven strategic directions have been identified:

1) Legislation
2) Access to information
3) Availability of services and programs
4) Message promotion
5) Support for citizen action
6) Intersectoral policy coordination
7) Research and knowledge development

The overall objective of the strategy is to reduce the prevalence of smoking among Canadians 15+ from 29% in 1992 to 27% in 1996 and to 24% by the year 2000. Three primary goals have been adopted to achieve this objective:

Goal #1:	**Prevention**	To help non-smokers stay smoke-free
Goal #2:	**Cessation**	To encourage and help those who want to quit smoking to do so
Goal #3:	**Protection**	To protect the health and rights of non-smokers

The Tobacco Demand Reduction Strategy

Taxation of tobacco products has long been a primary weapon in the arsenal to reduce consumption. However, by the early 1990's, the growing discrepancy in tobacco prices between Canada and the U.S. had resulted in a high level of cross-border smuggling activity which jeopardized the effectiveness of taxation as a deterrent. In February of 1994, in order to increase its control over the distribution of tobacco products, the government reduced excise taxes and stepped up enforcement measures against smugglers. At the same time, it imposed a surcharge on tobacco manufacturers to fund its anti-tobacco strategy.

To minimize the impact of tax cuts on consumption and to increase the priority of tobacco control as a public health measure, a three-year Tobacco Demand Reduction Strategy (TDRS) was announced.

The TDRS has been developed in a manner consistent with the goals of The National Strategy to Reduce Tobacco Use, with its ultimate aim being:

> *"...through programs, public education and enforcement, to minimize the impact of the tax cuts on tobacco consumption. In so doing, the TDRS seeks to create a climate that marginalizes tobacco products and supports all product users in their attempts to quit."*

The TDRS has adopted the three primary goals of the National Strategy -- *Prevention*, *Cessation*, and *Protection*, in addition to setting the following additional specific objectives:

- To minimize increase in tobacco consumption expected in those groups most likely to take advantage of lower cigarette prices;
- To increase the priority of tobacco control as a public health measure in Canada;
- To increase public knowledge of the dangers associated with tobacco product use;
- To enhance public awareness of the health risks associated with environmental tobacco smoke (ETS); and
- To denormalize the use and marketing of tobacco products.

1995/96 Tobacco Campaign

As part of its commitment to reduce the levels of smoking among Canadians, the Research, Program Policy and Planning Directorate, Marketing and Partnerships Division of Health Canada developed a new public awareness campaign in 1994/95 to support the objectives of the Tobacco Demand Reduction Strategy. Specifically, the *"Break Free/Fumer c'est fini!"* campaign was replaced with a campaign that was more "hard-hitting" and that had a broader target audience than just youth. The new directions for the 1994/95 campaign are summarized below:

a) **Target Group:** The primary target group was defined as the general public; the secondary target group as teens 11-17 years of age, with somewhat more emphasis on those 15-17 years of age. (This represents a change from previous campaigns which primarily targeted teens, and occasionally their parents.)

b) **Communication Objectives:** The overall communication objective for the campaign was to "de-normalize" tobacco by increasing awareness among Canadians of the benefits of a tobacco-free society. This includes more forceful communication than in the past of the harmful effects of environmental tobacco smoke (ETS).

   The campaign was national in scope, with both television and print adapted for the Quebec region.

Three new executions were developed for the 1995/96 campaign, which continued to target the same groups and was designed to meet the same communication objectives as the 1994/95 campaign.

Importantly, both campaigns were developed based on a model for communication program development, as well as a research model for evaluating the impact of the communication program.

The traditional approach in the past, both for the development and evaluation of communication programs, has been to divide the universe into smokers and non-smokers, assuming that each group is homogeneous. The 1992 California Study, among others, suggested that this is not the case -- i.e., that all smokers are not equally committed to smoking, and that all non-smokers are not equally committed to staying non-smokers.

This concept resulted in the development of the "smoking continuum model" (considered to be applicable to both adults and teens) which incorporates the reported behaviour of individuals and, as appropriate, their attitudes towards smoking. The groups comprising the smoking continuum are described below, starting from the most committed smoker at the top, and ending with the most committed non-smoker at the bottom:

Group	Description
#1	Regular smokers who intend to continue smoking
#2	Regular smokers who intend to quit
#3	Occasional smokers
#4	Quitters
#5	Susceptible non-smokers (those who are not totally against smoking but who do not currently smoke)
#6	Emphatic non-smokers

In developing the communication programs, it was suggested that different communication strategies and different priorities were appropriate for the various groups.

Turning first to priorities, it was suggested that the two groups at the opposite ends of the "smoking continuum" be given lower priority in the short term than the remaining four groups. The reasons were:

- Emphatic non-smokers hold strong anti-smoking opinions, and of all the groups are least at risk with regard to smoking. And, communication developed for the other "prevention" groups can serve to reinforce the anti-smoking stance of this group.
- Regular smokers who intend to continue smoking represent the toughest challenge for communications, and it is possible that mass media advertising is not the best approach to use for this group.

The following lists the four remaining groups and the type of communication strategy that was deemed most appropriate for each:

Group	Description	Communication Strategy
#2	Regular smokers who intend to quit	Cessation
#3	Occasional smokers	Cessation
#4	Quitters	Prevention
#5	Susceptible non-smokers	Prevention

At the time of the development of this model, it was further hypothesized that one campaign would not necessarily meet the needs of all these groups, given the differences in their habits and behaviour, and probably also in their beliefs and attitudes about smoking and tobacco.

The overall purpose of the research is to track relevant behaviour and attitudes, and to provide input for decisions on any useful revisions to the campaign for subsequent years.

RESEARCH OBJECTIVES

The major objectives of the tracking study include measurement of:

- Attitudes and beliefs about smoking #1
- Identification of smoking #2
- Impact of the campaigns on knowledge, attitudes and behaviour. #3

METHOD

Telephone interviews were conducted with Canadians 11 years of age and over between March 4 and April 4, 1996.

A total of 2,158 interviews were completed with adults 18 years of age and older, and 1002 were completed with youth 11 - 17 years of age. For each target group, a random sample was initially conducted to determine the incidence of the various "smoking continuum" groups in the population. Then, groups of interest were augmented to yield more reliable base sizes for analysis:

	Adults	Teens
Random	1,705	798
Augment	453	204
Total	**2,158**	**1,002**

The sample was disproportionate by region as described in the table below, but was weighted in tabulation to reflect the true regional distribution of the population. The weighting process also took into account gender, age and smoking continuum incidence.

	Adults	Teens
English Canada	1,526	652
Québec	632	350
Total	**2,158**	**1,002**

With regard to the teen sample, parental permission to interview was obtained prior to administration of the survey for those under 15 years of age, and only those teens whose parent agreed to their participation in this study were included.

A copy of the study questionnaire has been included in the Appendix.

REPORT OVERVIEW

The analysis has been divided into two separate volumes, as follows:

Volume 1: Anti-Smoking Tracking Study Results -- Adults
Volume 2: Anti-Smoking Tracking Study Results -- Teens

The computer printouts have been provided under separate cover.

This report covers the findings for Volume 1.

EXECUTIVE SUMMARY: TOTAL ADULTS

EXECUTIVE SUMMARY -- TOTAL ADULTS

ATTITUDES AND BELIEFS

Level of Concern About Health-Related Issues

In 1996, adults continue to be more concerned about drugs in general than they are about cigarettes. Relative to 1995, there is a significant drop in the percentage who are concerned about *"staying off cigarettes"* (71% in 1995 vs. 67% in 1996) And this decrease in concern is seen in both regions of Canada, albeit the drop is larger in Québec than it is in English Canada.

Smoking Attitudes and Beliefs

There are only a few changes that have taken place since 1995, and these are detailed below:

- ***Social Environment of Smoking***
  - -- Relative to 1995, more adults believe that there are more teenagers smoking now than ever before (46% vs. 49% in 1996 "agree a lot").
  - -- Fewer adult smokers this year "agree a lot" that "*My smoking doesn't annoy people around me who don't smoke*" (21% in 1995 vs. 15% in 1996).

- ***Attitudes to ETS***
  - -- There is a slight drop, albeit significant, in the percentage of adults who strongly believe that second hand smoke is harmful to babies and children (88% in 1995 vs. 85% in 1996) and causes lung cancer in a non-smoker (66% in 1995 vs. 63% in 1996).

- ***Attitudes to Tobacco Companies***
  - -- A slight majority support a ban on sponsorship of events by tobacco companies, but are polarized on the issue of banning the sale and production of tobacco products by the year 2000. This represents a major attitudinal shift from last year, at which time, the majority of adults supported both a ban on sponsorship (62% "agreed" in 1995 vs. 51% in 1996) and a ban on the production of tobacco products (55% "agreed" in 1995 vs. 49% in 1996).

SMOKING CONTINUUM -- INCIDENCE

Seven key groups were identified in the adult population. These are:

	(2,158) %
Total Smokers	**32**
Total regular smokers	**27**
Emphatic smokers	11
Regular thinking of quitting	17
Occasional smokers	**5**
Total Former Smokers	**27**
Recent former smokers	3
Former smokers	24
Total Non-Smokers	**41**
Susceptible non-smokers	3
Emphatic non-smokers	37

Some notable results are:

- Among the adult population 18 years of age and over, the targeted smoking prevalence of 27% has not been achieved.
- Among regular smokers, the majority (63%) are contemplating quitting.
- Among former smokers, 11% have quit in the past year, and the majority more than a year ago.
- Among non-smokers, 7% are still "at risk" -- i.e., they have not completely rejected the possibility that they will be "smokers" in the next 12 months.

Gender

- In looking at how women and men in general fall out along the smoking continuum, we note that significantly more women than men have not smoked 100 cigarettes in their lifetime, and a higher proportion of women are "emphatic non-smokers". Conversely, more men than women are both regular and occasional smokers.

- A number of socio-demographic dimensions for women were identified as indicators of high risk: unemployment, low literacy, being a single parent. The results clearly show a high correlation between smoking and the factors identified. Specifically, the current smoking patterns of high-risk women are more similar to men than they are to other women -- i.e., more women in this high-risk group smoke both regularly and occasionally than do women in general, and fewer of them are strongly anti-smoking.

Age

The overall incidence of smoking is higher among those under 65 years of age, the majority of whom have smoked in the past and quit, or who have not ever smoked.

Regarding these younger adults, we note the following:

- **18 - 24 year olds**
  - -- Has one of the single largest group of non-smokers, and of "emphatic non-smokers" in particular; however, at the same time, this age group also has the largest group of non-smokers who are susceptible -- i.e., not completely anti-smoking (8% of this age group, vs. 3% of total adults).
  - -- The "regular smoker" group profile is similar to the total population with the exception of the number of "occasional smokers" -- more in this age group falling into this category than those in the general population.

- **25 - 34 year olds**
  - -- Very closely profile the 18 - 24 year olds, with the following exceptions: -- significantly more of them have given up smoking more than a year ago, and the proportion who are susceptible to smoking are more in line with the total population at 3%.

- **35 - 44 year olds**
  - -- This group mirrors the national average results with one exception -- fewer report that they are "emphatic smokers".
  - -- Relative to the 18 - 34 age group, more people who fall into this age category have smoked at one time or another and quit.

- **45 - 54 year olds**
  - -- This group reports a higher incidence of ever smoking (68%),but they also show a higher proportion of quitters a year or more ago (32% vs. 24% of total adults).

- **55 - 64 year olds**
  - -- Most notable about this group is that it contains one of the highest level of "emphatic smokers (16% vs. 11% of total adults). Beyond that, like 45 - 54 year-olds, over one-third have quit smoking, the vast majority more than a year ago.

Region

- The incidence of smoking is higher in Québec than it is in English Canada, and specifically, the proportion who fall into the regular smoker categories. As well, Québec accounts for significantly more "susceptible non-smokers" and fewer "emphatic non-smokers" than elsewhere in Canada.

- Within English Canada, the highest incidence of "regular smokers" is in the Atlantic region, which also reports a significantly lower incidence of quitters.

- Ontario mirrors the average English Canada profile for "current smokers" but shows a significantly larger group of "former smokers", adults who have successfully quit smoking more than a year ago. A lower proportion of the adults in the province are strongly anti-smoking relative to others in English Canada.

- In the Prairies, we note a smaller number (relative to total adults) who are "regular smokers thinking of quitting", such that they represent 50% of "regular smokers" vs. 62% among the total adult population. However, we do see a significantly larger group in the Prairies who are strongly anti-smoking.

- British Columbia is similar to the average Canadian adult profile, with one very notable exception -- far fewer in British Columbia are "emphatic smokers" (5% vs. 10% Canadian adult average).

SOCIAL INFLUENCES

Family and Friends

- In 1996, 58% of total adults report that members of their close or immediate family smoke. This is up from last year, when 52% reported smokers in their family.

- Most Canadian adults say that the majority of their friends who smoke say they should quit (73%).

Smokers

- Sixty percent of adult smokers report that someone has asked them to stop smoking in the past 6 months, up from 53% in 1995. On the most recent such occasion, the majority were asked by relatives to stop smoking (59%) -- particularly a spouse/partner (21%) or a child (19%). Another 23% say friends initiated this request.

- Fifty-five percent report that the individual who made the request to stop smoking was not successful (i.e., they did not stop smoking). However, 38% did cut down, and 17% said they did stop smoking -- the latter being situational cessation rather than long-term cessation of smoking. The only difference in the results between 1995 and 1996 is that more said they cut down this year than did so last year (31% in 1995 vs. 38% in 1996).

ASKING SOMEONE ELSE NOT TO SMOKE

- Just under 4 in 10 Canadians (37%) have asked someone not to smoke in the past 6 months, a drop from 41% in 1995.

- We also note that those who said they saw any of the 1996 ads (aided), were also more likely to have asked someone not to smoke than those who were not aware of any of the ads (40% vs. 35%).

- When we look at who they asked to stop smoking, we see a pattern different from that described in the preceding section. We see an almost equal proportion who have asked some unrelated person (particularly a friend) to stop smoking as have asked a relative to do so. This represents a slight shift from 1995, in that we now see an increase in the proportion who have turned their attention to family.

- The outcome of the request to stop smoking is similar to what we saw in the previous section: 47% said the person stopped smoking, and the rest said the request had no effect -- i.e., the person did not stop smoking.

- What is the most important reason for asking someone not to smoke? Among the total sample the top four reasons in rank order were:

You are concerned about the person's health	34%
You find tobacco smoke irritating	23%
You want to protect your own health	16%
You want to protect children	16%

The remaining reasons were:

You personally object to smoking	7%
You want to protect non-smokers	5%

CIGARETTE PRICES

- Among total adults, 33% believe that more people are smoking now as a result of the cigarette price drop in February 1994. Of the remainder, 51% believe that there has been no change in the number of smokers, and 10% believe that there are now fewer people smoking.

  Changes since the 1995 measurement period are that fewer people in 1996 believe that "more people are smoking", and conversely, more now say that "less people are smoking".

- When asked about their own smoking behaviour as a result of the price drop, most smokers continue to say they are smoking about the same amount (76%), albeit this is a slight drop from the 80% who gave this response in 1995. Of the remainder, 18% said they are smoking less, and only 6% say they are smoking more.

ADVERTISING -- ENGLISH CANADA

Unaided Awareness of Advertising

- Just over half of English-Canadian adults (52%) claimed to have seen any anti-smoking advertising.

- On a proven recall basis (that is when we can clearly identify that indeed people have seen particular ads based on their ability to describe them), there does not appear to be one single ad that stands out. The highest recall level reported is at 7% for the 1995 Health Canada "*Cocktail*" commercial. The other most frequently recalled ads are shown below:

	Total
	%
"Cocktail"	7
"School Yard"	6
"Poisons"	5
"Girl in Mirror" (Ontario ad)	5
"Not Much"	4
"Getting Hooked" (Québec ad)	3
Lung Association	3

- All other ads, including "*Lungs*" and "*Vignettes*" (the other two ads in the 1996 Health Canada 1996 campaign), show proven recall levels of 2% or less among adults in English Canada.

- Despite the activity level noted in advertising by different regions or provinces, there were no differences noted for "proven recall" levels for any of the Health Canada ads, either for the 1996 anti-smoking campaign, or for any previous campaigns.

Aided Awareness of Advertising

- After being read a description of each of the three ads in the 1996 Health Canada anti-smoking campaign, just under half (47%) of adults in English Canada indicate they have seen at least one of the ads.

  This represents a large drop from 1995, at which time 88% of English-Canadian adults said they had seen one or more of the television ads.

Reaction to the Advertising: Overview

Overall, despite the significant drop in advertising awareness levels, the 1996 campaign performed as well as the 1995 anti-smoking campaign on all key measurements.

Reaction to the Advertising: Intended Messages/Sponsorship

- The ads are seen by most Canadians to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	92%	71%
The ads have successfully brought out the issue of the harmfulness of tobacco	91%	69%
The ads very clearly get across the need to respect the health of non-smokers	87%	61%

- While the majority of adults also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads increase your concerns about the dangers of smoking	81%	60%
The ads discourage young people from starting to smoke	60%	29%

- Importantly, most see Health Canada as a credible source for these types of messages: 91% agree (71% "a lot") that *"The health and well-being of Canadians is Health Canada's*

motivation for sponsoring these ads". And in this regard, the 1996 campaign rates higher than the 1995 ads (65% "agree a lot" with this item).

Reaction to the Advertising: Ad Diagnostics

- Between 46%-50% of adults "agreed a lot" that the 1996 ads communicated something of personal relevance to them, and between 15%-21% also indicated that this represented new learning.

- These results clearly indicate that the 1996 campaign imparted new information and has done so in a way that people consider to be of personal value. This is not an insignificant result. In an environment where anti-smoking messages in general are not new, and one which is also crowded with other campaigns (provincial/regional), it becomes increasingly difficult to be "newsworthy" and relevant.

- Further supportive of these positive results, is that only between 11%-14% of adults "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.

- There is only one difference in how adults respond to the three ads, and that is fewer people indicated that "*Vignettes*" contained information that was new to them.

Reaction to the Advertising: Influence of Ads

- Of the adults who saw the advertising, 94% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 63% said it made them consider all of these groups.

- The ads were most successful in getting adults to consider the harmful effects of tobacco on children and infants (86%), followed by others around smokers (80%) and smokers themselves (74%).

  These data represent the status quo -- i.e., no difference in reactions to the 1995 and 1996 campaigns.

- When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 63% -- indicate the as would have some influence. And, as one would expect, somewhat fewer -- 53% -- indicate that the ads had some influence on themselves personally.

  The results in 1996, represent some promising changes from 1995:

  -- When it comes to assessing the influence of the ads on people "like themselves", we see an increase in the percentage who believe that influence to be "not start smoking" (36% in 1996, up from 31% in 1995).

-- There is also a significant increase in the percentage of people who say they are personally influenced by the ads (53% in 1996; 47% in 1995), and specifically, in reinforcing personal decisions not to smoke (40% in 1996; 34% in 1995).

Dialogue About Smoking Resulting From Seeing Ads

- Thirty percent of adults say that as a result of seeing one or more of Health Canada's ads they talked with someone about smoking and about the potential problems that smoking can cause. The majority of these people talked to smokers (79%), with 25% having a conversation with both smokers and non-smokers.

- The 1996 campaign results show a drop in the proportion who reported having a conversation with someone as a result of seeing the ads (35% in 1995; 30% in 1996). However, at the same time, there is an increase in the percentage who reported talking to smokers only as a result of these ads. Therefore, despite the decrease in the number who saw the advertising and had a conversation as a result of the ads, we see more people specifically targeting smokers only for a discussion.

Awareness of Advertising and Attitudes and Beliefs About Smoking

The table on the following page summarizes the differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	English Canada Adults	Aware of Ads	Not Aware of Ads
Total Sample:	(1,526)	(732)	(794)
	%	%	%
Social Environment of Smoking			
It is becoming socially unacceptable to be a smoker	64	67	62
More teens than ever before are smoking	50	54	47
Perceived Detriments or Benefits of Smoking			
Preventing teenagers from starting to smoke is very important	90	93	88
Smoking helps people keep their weight down	16	14	18
Too much fuss is made today about the dangers of smoking	14	12	15
Attitudes Re Quitting			
People who quit smoking will be able to do a lot more things	60	63	57
Attitudes to ETS			
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	68	59
Attitudes to Tobacco Companies/Retailers			
Sponsorship of sporting or cultural events by tobacco companies should be banned	36	40	33
By the year 2000, the production and sale of tobacco products should be banned in Canada	34	37	32
Self-Esteem (Non-Smokers only)			
I feel proud that I do not smoke	86	89	84

ADVERTISING -- QUÉBEC

Unaided Awareness of Advertising

- Just over three-quarters of Québec adults (77%) claimed to have seen any anti-smoking advertising.

- On a proven recall basis, the Québec provincial ad *"Getting Hooked"*, at 51% is recalled at levels way above any other ad. The "*Cocktail*" execution from Health Canada's 1995 campaign is the ad next most often recalled (20%), followed at equal levels by two other Health Canada executions -- "*Poisons*" (9%) and "*Not Much*" (8%). All other ads, including the "*Lungs*" and "*Vignettes*" executions have proven recall levels of 5% or lower:

	Total
	%
"Getting Hooked" (Québec ad)	51
"Cocktail"	20
"Poisons"	9
"Not Much"	8
"Lungs"	5
"School Yard"	5
"Vignettes"	3

- Far more Québecers claim to have seen any anti-smoking advertising in general, and also demonstrate higher proven recall in 1996 for both Health Canada's 1995 and 1996 campaigns.

Aided Awareness of Advertising

- After being read a description of each of the three ads that make up the 1996 Health Canada anti-smoking campaign, just under three-quarters (73%) of Québecers indicate they have seen at least one of the ads This represents a significant drop from 1995, at which time 89% of Québec adults said they had seen one or more of the television ads.

- As with unaided awareness of advertising, we again see significantly more adults in Quebec who recall the 1996 campaign, including those who claim to have seen all three ads. And, almost twice as many Québecers as English-Canadians recall each of the three ads in the 1996 campaign.

Reaction to the Advertising: Overview

- As with the results we have seen in English Canada, despite the significant drop in advertising awareness levels between the two campaigns, the 1996 ads performed as well as the 1995 anti-smoking campaign on all key measurements.

Reaction to the Advertising: Intended Messages/Sponsorship

- The ads are seen by most Québecers to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	90%	75%
The ads very clearly get across the need to respect the health of non-smokers	90%	75%
The ads have successfully brought out the issue of the harmfulness of tobacco	90%	73%

With regard to the last two items on the list above, the 1996 campaign is rated higher in both regards than was the case in 1995.

- While the majority of adults also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads increase your concerns about the dangers of smoking	73%	54%
The ads discourage young people from starting to smoke	71%	38%

- Importantly, most see Health Canada as a credible source for these types of messages: 93% agree (76% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*.

- More Québecers "agree a lot" on the following two issues:

	% Who "Agree a Lot":	
	Québec	English Canada
The ads very clearly get across the need to respect the heath of non-smokers	75	61
The ads discourage young people from starting to smoke	38	29

- However, fewer of them agree that "*The ads increase concerns about the dangers of smoking*" (54% vs. 61% of adults in English Canada).

- Importantly, in 1996, we no longer see a difference between the two regions when it comes to beliefs about Health Canada's motivations for sponsoring these ads -- in 1995, Québecers were more suspicious than English Canadians about Health Canada's underlying motives.

Reaction to the Advertising: Ad Diagnostics

- Between 48%-59% of adults "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 15%-19% also indicated that the information presented was new, something they did not know.

- Again, we consider these results to be positive, with a clear indication that the ads do a good job in communicating information that is both "newsworthy" and relevant. Interestingly, among Québecers, we note that "*Vignettes*" is equivalent to "*Lungs*" in being considered personally relevant, but ahead of the "*Poisons*" execution.

- Further supportive of these positive results, is that only between 9%-13% of adults "agree a lot" that they are tired of seeing any of the commercials.

- The only difference between the response in the two regions is for the "*Vignettes*" spot, and that is in Québec, more rated the ad as personally relevant than did so in English Canada. (As will be recalled, this particular ad was rated the lowest among English Canadians in this regard.)

Reaction to the Advertising: Influence of Ads

- Of the adults who saw the advertising, 96% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 66% said it made them consider all of these groups.

- When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 66% -- indicate the ads would have some influence. As one would expect, somewhat fewer -- 48% -- indicate that the ads had some influence on themselves personally.

- The results represent the status quo, with no differences in reaction to the 1995 and 1996 campaigns, with one exception, and that is how people expressed the influence they believe these ads will have on others like themselves:

	1995 %	1996 %
Not start smoking	31	39
Stop smoking	20	15

Dialogue About Smoking Resulting From Seeing Ads

- Thirty-five percent of Québecers say they had a discussion with someone about smoking and the potential problems smoking can cause as a result of seeing one or more of Health Canada's ads. The majority talked to smokers (83%), and 38% said they talked with both smokers and non-smokers. There is no change in these results from 1995.

- There is only one difference between the adults in the two regions, and that is more Québecers talked to both smokers and non-smokers than was the case in English Canada.

Awareness of Advertising and Attitudes and Beliefs About Smoking

- The following summarizes the differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	Québec Adults (631) %	Aware of Ads (473) %	Not Aware of Ads (159) %
Total Sample:			
Perceived Detriments or Benefits of Smoking			
Smoking helps people relax	21	18	29
Smoking can help people when they are bored	18	15	26
Attitudes Re Quitting			
I tend to admire people my age who quit smoking	79	82	73
People who quit smoking will be able to do a lot more things	65	69	56

- As will be noted, relative to English Canada, there are very few differences in attitudes and beliefs about smoking when the respective groups aware and not aware of the 1996 ads are compared. And the only commonality in the items between the adults in the two regions,

relates to their perceptions about quitters -- "*People who quit smoking will be able to do a lot more things*".

EXECUTIVE SUMMARY: ADULT SMOKING CONTINUUM GROUPS

EXECUTIVE SUMMARY: ADULT SMOKING CONTINUUM GROUPS

In this section, we summarize the findings for each of the 7 groups in the smoking continuum, focusing primarily on changes between 1995 and 1996 and on advertising.

EMPHATIC SMOKERS

Attitudes and Beliefs

- More emphatic smokers in 1996 than was the case in 1995 are concerned about "staying off cigarettes" (15% in 1996 vs. 10% in 1995).
- Decrease in the % of emphatic smokers who believe strongly that "*My smoking doesn't annoy others around me who don't smoke*" (21% "agreed a lot" in 1995 vs. 14% in 1996). This suggests an increased awareness among this group and more respect towards non-smokers.
- There is lower agreement this year that "*It's safe to smoke for a year or two*" (14% in 1995 "agreed a lot" vs. 9% in 1996).
- There is a softening in support for the ban on sponsorship of sporting or cultural events by tobacco companies, a drop from 26% "agreeing a lot" in 1995 down to 19% in 1996. This is the same pattern as we have noted among the total adult sample.

Social Influences

- 73% in this group (vs. 58% in the population) report that close family members smoke, and interestingly, roughly the same proportion (75%) also claim that their friends who smoke say they (the friend) should quit.
- 58% of emphatic smokers say they were asked by someone in the past 6 months to stop smoking, up from 45% in 1996, and this request was as equally likely to come from someone related or unrelated to them.
- There is a direct correlation with commitment to smoking and complying with the request to stop smoking. Therefore, it is not surprising that emphatic smokers were the least likely to stop smoking in any way (55% did not comply in any way).

Asking Someone Else Not to Smoke

- There is also a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- only 11% of emphatic smokers vs. 37% of the population did so.

- However, this group was the most successful of any in achieving their objective namely to get the person to stop smoking -- 71% reported that the person they asked to stop smoking did so vs. a 47% compliance rate reported by adults in general.
- Wanting to protect the health of a child was a reason given more frequently by this group than the population in general as a reason for asking someone to stop smoking (48% vs. 16% total adults).

Cigarette Prices

- As in 1995, the majority (71%) believe that there has been no change in the number of smokers since the price drop in February 1994, and only 20% think the number has increased.
- The majority of emphatic smokers continue to report that they are smoking the same amount themselves (85%) or less (10%), and only 5% say they are smoking more.

Advertising -- English Canada

Unaided Advertising Awareness:

- The results for emphatic smokers are no different than what we saw for total adults, with one exception -- emphatic smokers show higher proven recall levels for Health Canada's "*School Yard*" ad (12% vs. 6% for total adults).

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (88% down to 48%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- While there is relatively high agreement among this group that the campaign has communicated its objectives, it is at lower levels than among total adults, with one exception -- emphatic smokers agree to the same extent that "*The ads very clearly get across the need to respect the health of non-smokers*" (57%).
- Emphatic smokers are also more suspicious than other groups about Health Canada's reasons for sponsoring the ads (51% "agree a lot" with the statement about Health Canada's motivation, vs. 71% of total adults).

Reaction to the Advertising -- Influence of Ads

- Among the emphatic smokers, 91% felt the ads would make people stop and think about the detrimental effects of smoking.

  With respect to the likelihood of considering the harmful effects of tobacco on the specific target groups, emphatic smokers were no different from total adults in their levels of agreement. However, relative to their reaction to the 1995 campaign, more emphatic smokers in 1996 say the ads have made people stop and think about the harmful effects of tobacco on infants and children (84% in 1996; 76% in 1995).

- Given the strong beliefs held by this group on the benefits of smoking, it is very promising to see the proportion who say the ads will influence others "like themselves" (52%) -- and specifically to cut down on smoking (30%).
- This conclusion is further reinforced by the fact that 32% said the ads would influence them personally, with 26% specifically saying that *"It has made it easier to cut down on smoking"*.
- Both these influences (on others and personaaly represent significant changes from the 1996 results, suggesting that there has been some progress made with this group of smokers, either resulting from the cumulative effect of the two years of the anti-smoking campaign or in response to the 1996 ads:

Dialogue About Smoking Resulting From Seeing Ads:

- 24% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- The results for emphatic smokers are no different than what we saw for total adults.

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (93% down to 73%).

Reaction to the Advertising – Intended Messages/Sponsorship

- While there is relatively high agreement among this group that the campaign has communicated its objectives, it is at lower levels than among total Québecers, with one exception: emphatic smokers agree to the same extent the "*The ads discourage young people from starting to smoke*" (45%).
- Comparing the results for this group across the two measurement periods, we note only one difference -- more in this group strongly agree that "*The ads have successfully brought out the issue of the harmfulness of tobacco*" this year than in 1995 (50%).

Reaction to the Advertising – Influence of Ads

- Emphatic smokers tend to be a bit more skeptical than the other groups that the ads will get people to stop and think about the harmful effects of tobacco on smokers themselves -- although it is still the case that a majority agreed with this. And fewer also believe that the ads are successful in getting people to consider others around smokers (73%).

  Relative to 1995 however, we see more in this group who believe that people will consider "smokers themselves" as a result of seeing the 1996 ads (69% in 1995 vs. 80% in 1996).
- Just over half of emphatic smokers believe that these ads will influence others "like themselves", with the most frequently mentioned influence being to cut down on smoking (27%).
- 23% said that the ads have made it easier for them personally to cut down on smoking, a significant increase from a year ago (13%).

Dialogue About Smoking Resulting From Seeing Ads:

- 25% talked to someone as a result of seeing the ads in 1996, significantly below the 35% we see for adults in general.

REGULAR SMOKERS THINKING OF QUITTING

Attitudes and Beliefs

- The changes that have occurred between 1995 and 1996 are detailed below. In summary, it appears that as this group moves towards their desired goal of quitting, more of them have embraced some of the more general concepts about the detriments of smoking and the social unacceptability of their habit.
- There is an increase in the number who strongly believe that "*It is becoming socially unacceptable to be a smoker*" (55% "agreed a lot" in 1995 vs. 63% in 1996).
- There are three attitudinal shifts that have taken place with regard to the perceived detriments or benefits of smoking:
  - ⇒ More regular smokers thinking of quitting strongly support the idea that "*Preventing teenagers from starting to smoke is very important*" -- 78% "agreed a lot in 1995 vs. 90% in 1996.
  - ⇒ There is a significant increase in the number of people in this group who strongly believe that smoking alleviates boredom -- in 1995, 12% "agreed a lot" vs. 20% in 1996.
  - ⇒ In 1996, fewer regular smokers thinking of quitting "agree a lot" that "*I prefer to smoke even if it means that I won't live as long*" (23% in 1995 vs. 17% in 1996).
- Although the majority (75%) in this group in 1996 firmly believe that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*", this is a large drop from the 85% who "agreed a lot" with this item in 1995.
- As we've seen with both emphatic smokers and the adult population at large, there is less strong support for a ban on tobacco company sponsorship of sporting or cultural events, down to 30% in 1996 from 42% in 1995.

Social Influences

- 76% in this group (vs. 58% in the population) report that close family members smoke, and interestingly, a slightly higher proportion (82% vs. 73% of total adults) also claim that their friends who smoke say they (the friend) should quit.
- 63% of regular smokers thinking of quitting say they were asked by someone in the past 6 months to stop smoking, a request more likely to have come from someone related to them.
- There is a direct correlation with commitment to smoking and complying with the request to stop smoking. Therefore, more regular smokers thinking of quitting than emphatic smokers complied in some way with this request (58% either stopped or cut down vs. 44% of emphatic smokers)

Asking Someone Else Not to Smoke

- There is also a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- twice as many regular smokers thinking of quitting (22%) than emphatic smokers said they have asked someone in the past 6 months to stop smoking.
- This group was more likely to have asked a spouse partner (22%) or a child (14% to stop smoking. They give as their main reasons for asking the individual to stop smoking "to protect a child" (39% vs. 34% for total adults) or concern about the individual's health (37%).
- And next to emphatic smokers, this group was the most successful in achieving their objective to get the person to stop smoking -- 51% vs. 71% for emphatic smokers reported success.

Cigarette Prices

- As in 1995, the majority (63%) believe that there has been no change in the number of smokers since the price drop in February 1994, and only 23% think the number has increased.
- The majority of regular smokers thinking of quitting continue to report that they are smoking the same amount themselves (74%) or less (20%), and only 7% say they are smoking more.

Advertising – English Canada

Unaided Advertising Awareness:

- The results for these smokers are no different than what we saw for total adults, with one exception -- regular smokers thinking of quitting show higher proven recall levels for Health Canada's "*Cocktail*" ad (12% vs. 7% for total adults).

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (93% down to 44%).

Reaction to the Advertising – Intended Messages/Sponsorship

- Compared to total adults, more in this group strongly endorse that Health Canada's motivation for sponsoring the ads is the health and well-being of Canadians, a change from their reaction to the 1995 campaign when fewer in this group held this view (58%).

Reaction to the Advertising -- Influence of Ads

- With regard to the ability of the ads to make people stop and think about the harmful effects of cigarette smoking, this group is different from the total population of adults in two key respects:
  1) More of them feel the ads communicated the detriments for all three target groups (i.e., children and infants, others around smokers, and smokers themselves).
  2) And, they are specifically higher on agreeing that the ads communicate the detriments of smoking to smokers themselves, as well as others around smokers.

  The latter represents a shift from last year, with more in 1996 responding that the ads made them think about others around non-smokers than was the case in 1995 (91% in 1996; 81% in 1995).
- Among the regular smokers thinking of quitting, 62% believed the ads would have some influence on people "like themselves", with the most frequently mentioned being to stop smoking (36%).

  These results show a change from last year, with more in 1996 believing that the ads are more likely to get people to stop smoking (28% in 1995) rather than just cutting down (26% in 1995 vs. 17% in 1996).
- 44% said these ads have had some personal influence, the most frequently mentioned being that it has made it easier for them to cut down on smoking.

Dialogue About Smoking Resulting From Seeing Ads:

- 25% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- The results for these smokers are no different than what we saw for total adults, with one exception -- regular smokers thinking of quitting show higher proven recall levels for Health Canada's "*Lungs*" ad (10% vs. 5% for total adults).

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (93% down to 76%).
- As with unaided awareness, we see significantly higher levels of recall for the "*Lungs*" execution among this group (49% vs. 40% of total adults).

Reaction to the Advertising -- Intended Messages/Sponsorship

- There is no difference between the reaction of this group and that of total adults.

Reaction to the Advertising -- Influence of Ads

- Comparatively more in this group believe the ads have made people stop and think about others around smokers, and generally more feel that the ads have successfully resulted in consideration of all 3 groups.
- A substantial majority (80%) say these ads will have an impact on others -- 37% saying people will stop smoking, and 32% that people will cut down on smoking.
- A majority also say that the ads have had some direct influence on them (58%). The single most frequently mentioned influence is that it has made it easier to cut down on their smoking. Importantly, though, 12% and 13% respectively cited the following:

  It makes it easier to stop smoking

  It helps in my choice not to smoke (i.e., reinforces the decision to quit)

Dialogue About Smoking Resulting From Seeing Ads:

- 31% talked to someone, at par with total adults.

OCCASIONAL SMOKERS

Attitudes and Beliefs

- More occasional smokers in 1996 than was the case in 1995 are concerned about "staying off cigarettes" (42% in 1996 vs. 29% in 1995).
- More occasional smokers in 1996 "agree a lot" that smoking is beneficial for weight control (22% vs. 9% in 1995) and to alleviate boredom (15% vs. 6% in 1995).
- As with the other smoker groups, we see a decline in strong agreement that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*" (88% "agreed a lot" in 1995 vs. 78% in 1996).
- In addition to a drop in support for banning tobacco company sponsorship that we have seen among the other smoking groups, we also see a softening in the position held about retailers among this group. In 1995, 94% "agree a lot" with the statement that "*Retailers should refuse to sell tobacco products to minors*", versus 87% who do so in 1996.
- As we've seen with both emphatic smokers and the adult population at large, there is less strong support for a ban on tobacco company sponsorship of sporting or cultural events, down to 30% in 1996 from 42% in 1995.

Social Influences

- 62% in this group (vs. 73%-76% of the other smokers) report that close family members smoke; anda slightly higher proportion 83% (vs. 73% of total adults) say that their friends who smoke feel they (the friend) should quit.
- 56% of occasional smokers say they were asked by someone in the past 6 months to stop smoking, and that this request was most likely to have come from a relative (68%).

  This represents a change from 1995, at which time only 49% reported being asked to stop smoking by someone related to them.
- As we've stated, there is a direct correlation with commitment to smoking and complying with the request to stop smoking. Therefore, it is not surprising that occasional smokers were the most likely to stop smoking in any way (67% vs. regular smokers thinking of quitting at 58% and emphatic smokers at 46%).

Asking Someone Else Not to Smoke

- There is also a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- 31% of occasional smokers did so in the past 6 months compared to 22% of regular smokers thinking of quitting and 11% of emphatic smokers.
- This group was no more successful than the population at large in achieving their objective to get the person to stop smoking.

- Occasional smokers were more likely to ask a spouse or partner to stop smoking (22% vs. 12% of adults), and to indicate that their primary concern for doing so was the smoker's health (48% vs. 34% of total adults).

Cigarette Prices

- As in 1995, the majority (65%) believe that there has been no change in the number of smokers since the price drop in February 1994, and only 24% think the number has increased.
- The majority of regular smokers thinking of quitting continue to report that they are smoking the same amount themselves (64%) or less (27%), and only 8% say they are smoking more.

Advertising -- English Canada

Unaided Advertising Awareness:

- A number of Health Canada's ads performed better among this group relative to total adults. These are demonstrated by higher proven recall levels for the following ads:
  - "*Poisons*" (10% vs. 5% for total adults)
  - "*Cocktail*" (13% vs. 7% for total adults)
  - "*School Yard*" (11% vs. 6% for total adults)

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (91% down to 57%).
- However relative to total adults, more occasional smokers than other groups say they recall the advertising (57% vs. 47%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- This group mirrors the results we have seen for the total English Canada adult population.

Reaction to the Advertising -- Influence of Ads

- This group believes strongly in the stopping power of the ads in general -- 96% said it has made people stop and think about the harmful effects of smoking cigarettes, and more of them also feel the ads have communicated the detriments for all three target groups.
- 79% believe the ads will influence people "like themselves" to either cut down on smoking (38%) or to stop smoking (38%).
- More in this group relative to total adults say these ads have had a personal impact, having made it easier to cut down. Nonetheless, this represents a loss of ground from last year in that more occasional smokers said the 1995 ads had a personal influence on them than did so in 1996 (55% in 1995; 43% in 1996).

Dialogue About Smoking Resulting From Seeing Ads:

- 30% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- A number of Health Canada's ads performed better among this group relative to total adults. These are demonstrated by higher proven recall levels for the following ads:

  "*Cocktail*" (38% vs. 20% for total adults)

  "*Doll House*" (8% vs.1 % for total adults)

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (95% down to 76%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- More occasional smokers this year than in 1995, agreed the ads have successful ly communicated the harmfulness of tobacco (51% in 1995 vs. 75% in 1996).

Reaction to the Advertising -- Influence of Ads

- This group responds to the advertising in the same way as the general population on their assessment of the "stopping power" of the ads. However, their position this year represents a change from their ratings of the 1995 campaign -- the majority feel the 1996 ads do make people stop and think about the harmful effects of cigarettes for children and infants and smokers themselves, albeit they rated the 1995 campaign higher in both respects.
- The majority of occasional smokers believe the ads will have some effect on people "like themselves" (58%) -- most believing this impact to be to get people to stop smoking (37%).

  Some interesting changes emerge here relative to last year. First, we see a drop in the percentage who say the ads will have some influence on others like themselves (78% in 1995). And second, the 1995 campaign was seen to be less focused on expected outcome as a result of seeing these ads. For example, the most frequently mentioned last years was that people would reduce their smoking as a result of seeing the ads (41% in 1995 vs. 10% in 1996) and secondarily, that they would stop smoking (33% in 1995). Therefore, although on one hand fewer occasional smokers believe other people will be influenced by the 1996 ads; on the other hand, they perceive that those who will be influenced by the ads will be far more likely to quit smoking rather than just cutting down.
- On a personal level, 50% feel the advertising "has made it easier (for them) to cut down on smoking".

Dialogue About Smoking Resulting From Seeing Ads:

- 32% talked to someone, at par with total adults.

RECENT FORMER SMOKERS

Attitudes and Beliefs

- Among this group who have quit smoking in the past year, we note four shifts in attitudes between 1995 and 1996. Overall, these shifts represent some loss in ground from the previous year, as fewer in this group strongly believe each of the following positions.
- In 1996, fewer recent former smokers strongly agree that "*It is becoming socially unacceptable to be a smoker*" (62% "agreed a lot" in 1995 vs. 44% in 1996).
- Less people now agree that second-hand smoke is harmful to the health of babies and children (90% "agreed a lot" in 1995 vs. 81% in 1996).
- Significantly fewer recent former smokers believe that "*People who quit smoking will be able to do a lot more things*" (71% "agreed a lot" in 1995 vs. 52% in 1996).
- As in the general population, we see a decline in support for banning tobacco company sponsorship of sporting or cultural events (43% "agreed a lot" in 1995 vs. 31% in 1996).

Social Influences

- 67% in this group (vs. 58% of total adults) report that close family members smoke; and proportionately more 82% (vs.73% of adults) say that their friends who smoke feel they (the friend) should quit.

Asking Someone Else Not to Smoke

- 31% of recent former smokers asked someone else not to smoke in the past 6 months, a level similar to the average we reported for total adults (37%).
- This group was no more or less successful than the population at large in achieving their objective to get the person to stop smoking.
- This group was more likely to ask a spouse or partner to stop smoking (28% vs. 12% of the population) and to give as a reason either because they want to protect children (32% vs. 12% of total adults) or because they are concerned about the individual's health (35%).

Cigarette Prices

- A slight majority (57%) believe that there has been no change in the number of smokers since the price drop in February 1994, and 30% think the number has increased.

  The latter represents a change from the 1995 results, at which time 42% of recent former smokers held the view that more people were smoking as a result of the drop in price.

Advertising -- English Canada

Unaided Advertising Awareness:

- A number of Health Canada's ads performed better among this group relative to total adults. These are demonstrated by higher proven recall levels for the following ads:

  "*Poisons*" (9% vs. 5% for total adults)

  "*Vignettes*" (5% vs. 2% for total adults)

  "*Not Much* " (9% vs. 4% for total adults)

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (96% down to 49%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- Recent former smokers are similar to emphatic smokers with fewer of them feeling that the ads successfully communicated that smoking is a serious health issue or discouraged young people from starting to smoke. They too are more suspicious of Health Canada's motivations for sponsoring these ads.
- Relative to their rating of the 1995 campaign, fewer in this group feel that this year's campaign has done as good a job in communicating the need to respect the health of non-smokers (60% in 1995 vs. 51% in 1996)..

Reaction to the Advertising -- Influence of Ads

- This group looks similar to adults, both in general and with respect to the three specific target groups.
- The majority -- 68% -- believe the ads <u>will</u> be successful in influencing people "like themselves", with the most frequently mentioned influence being to stop smoking (31%), with the remainder indicating that the ads are equally likely to get people to cut down on their smoking as they are not to start smoking at all.
- When they personalize the impact of the advertising, slightly fewer, 57%, indicate that these ads have had influence, with the most frequently mentioned being "It has helped in my choice not to smoke" (36%).
- A number of changes re: "influence" of ads have taken place. More believe it will help other people like themselves to cut down on their smoking (18% in 1996 vs. 7% in 1995); however fewer believe that the ads will make it easier for them personally to quit smoking (24% in 1995 vs. 13% in 1996).

Dialogue About Smoking Resulting From Seeing Ads:

- 36% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- The results for recent former smokers are no different than what we saw for total adults.

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (92% down to 77%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- This group mirrors the results we have seen for the total Québec adult population.

Reaction to the Advertising -- Influence of Ads

- There is no difference between this groups and total adults on their rating of the stopping power of the ads, nor are there any changes between the two measurement periods for recent former smokers.
- Recent former smokers are similar to total Québecers in the extent to which they believe the ads will change the behaviour of people "like themselves". The two most frequently mentioned influences being either "to not start smoking" (32%) or cessation (28%).
- 62% say these ads affected them personally -- 33% in making cessation easier and 23% in their choice not to smoke.

Dialogue About Smoking Resulting From Seeing Ads:

- 49% talked to someone, at par with total adults.

FORMER SMOKERS

Attitudes and Beliefs

- Fewer of the smokers strongly indicate that there is family pressure on them to maintain their non-smoking status (86% "agreed a lot" in 1995 vs. 70% in 1996), and also fewer of them say they associate with smokers (12% "agreed a lot" in 1995 vs. 8% in 1996).
- Fewer former smokers in 1996 strongly support the notion that smoking alleviates boredom (15% "agreed a lot" in 1995 vs. 10% in 1996).
- Although the vast majority believe that "*Retailers should not sell tobacco products to minors*", fewer hold that position in 1996 (87% "agree a lot") than did so in 1995 (94%). As well, the softening we have seen in the general population on support for the ban on tobacco company sponsorship is also evident in this group (54% "agreed a lot" in 1995 vs. 43% in 1996).
- Significantly more former smokers are proud of their non-smoking status in 1996 (87% "agree a lot") than was the case in 1995 (75%).

Social Influences

- 53% in this group (vs. 58% of total adults) report that close family members smoke; and 71% say that their friends who smoke feel they (the friend) should quit.

Asking Someone Else Not to Smoke

- 41% of recent former smokers asked someone else not to smoke in the past 6 months, a level similar to the average we reported for total adults (37%).
- This group was no more or less successful than the population at large in achieving their objective to get the person to stop smoking.

Cigarette Prices

- Just under half of former smokers (47%) believe that there has been no change in the number of smokers since the price drop in February 1994, and 34% think the number has increased.

Advertising -- English Canada

Unaided Advertising Awareness:

- The results for former smokers are no different than what we saw for total adults.

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (85% down to 47%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- Former smokers are similar to the total adult population in their reaction to the television advertising. Between the two campaigns, we note only one difference: the 1996 ads are considered to have done a better job in communicating the harmfulness of tobacco than was the case for the 1995 campaign (74% "agree a lot" in 1996; 66% in 1995).

Reaction to the Advertising -- Influence of Ads

- While the majority in this group feel the 1996 ads have made people stop and think about the negative effects of smoking on others, fewer of them (relative to total adults) believe that the ads have accomplished this for all three groups (55%). Specifically they rate the ads lower for two of the target groups -- children and infants around smokers and others around smokers -- than do other adults.

  In comparing the results for the two years, we note that the 1995 campaign was better rated by this group in getting people to consider children and infants.

- The majority of former smokers believe the ads will influence others "like themselves", with the most frequently mentioned being not to start smoking (43%). This represents some changes from last year -- first we see an increase in the the % who see the likelyt outcome as "not to start smoking (31% in 1995); second we see a decrease in the number who feel the outcome will be that people stop smoking (19% in 1995 vs 9% in 1996).

- At a <u>personal</u> level, 56% said the ads have had an influence -- primarily by reinforcing their decision not to smoke (51%).

Dialogue About Smoking Resulting From Seeing Ads:

- 29% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- A number of Health Canada's ads did not perform as well among this group as they did among adults in general. The following ads had lower proven recall levels:

  "*Poisons*" (3% vs. 9% for total adults)

  "*Cocktail*" (13% vs. 20% for total adults)

Aided Advertising Awareness:

- Claim lower level of recall for any ad (64% vs. 73% total), a pattern consistent with both their unaided awareness level and the results from last year (i.e., in 1995, this group had lower recall levels than any other at 80%).
- This group was less likely to have seen either the "*Lungs*" or "*Poisons*" executions than other Québec adults

Reaction to the Advertising -- Intended Messages/Sponsorship

- More former smokers rate the 1996 ads better on getting across the need to respect the health of non-smokers (67% in 1995 vs. 80% in 1996).

Reaction to the Advertising -- Influence of Ads

- There is no difference between this groups and total adults on their rating of the stopping power of the ads, nor are there any changes between the two measurement periods for recent former smokers.
- The majority (67%) believe the ads will have an effect on people "like themselves", particularly not to start smoking (52%). And in this regard, the 1996 are rated differently from those in 1995 -- more in 1996 see the ads as influencing others not to start smoking (38% in 1995), and less influential in getting people to stop smoking (38% in 1995 vs. 10% in 1996).
- On a personal level, 34% say it has reinforced their decision not to be smokers.

Dialogue About Smoking Resulting From Seeing Ads:

- 36% talked to someone, at par with total adults.

SUSCEPTIBLE NON-SMOKERS

Attitudes and Beliefs

- Fewer susceptible non-smokers report family pressure on them not to smoke (85% "agreed a lot" in 1995 vs. 64% in 1996), whereas we see an increase in the proportion of those who strongly believe that it is increasingly unacceptable to be a smoker (37% "agreed a lot" in 1995 vs. 50% in 1996).
- The only change here is that more in this group now strongly support the need to prevent teenagers from starting to smoke (76% "agreed a lot" in 1995 vs. 88% in 1996).
- More in this group report feeling pride about their non-smoking status than did last year -- 73% "agreed a lot" in 1995 vs. 86% in 1996.

Social Influences

- 59% in this group (vs. 58% of total adults) report that close family members smoke; and 70% say that their friends who smoke feel they (the friend) should quit.

Asking Someone Else Not to Smoke

- Just over half (51%) of susceptible non-smokers asked someone else not to smoke in the past 6 months, representing a significantly higher proportion than did so in the population at large (37%).
- This group however was no more or less successful than the average adult population in achieving their objective to get the person to stop smoking.

Cigarette Prices

- Susceptible non-smokers are more evenly split in terms of either seeing no change in the number of smokers (42%) or seeing an increase (40%) as a result of the February 1994 drop in the price of cigarettes.

Advertising -- English Canada

Unaided Advertising Awareness:

- This group is different from the others in only one respect -- they showed a higher proven recall level for the "*Lungs*" execution (5% vs. 2% for total adults).

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (88% down to 54%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- This group of non-smokers is different from the total adult population in only one regard -- more of them believe that the 1996 ads are successful in discouraging young people from smoking.
- Compared to their evaluation of the 1995 ads, more susceptible non-smokers believe that Health Canada's motivation for sponsoring the 1996 ads is the health and well-being of Canadians (81% "agree a lot in 1996; 53% in 1995).

Reaction to the Advertising -- Influence of Ads

- While no different from total adults in their assessment that the ads have made people stop and think about the harmful effects of smoking cigarettes, this group rates the ads higher on getting people to consider "smokers themselves" (87% vs. 74%).

  Moreover, relative to their evaluation of the 1995 campaign, the ads this year are considered to have done a better job in getting people to stop and think about all three target groups (52% in 1995; 71% in 1996), and most specifically, smokers themselves (65% in 1995; 87% in 1996).
- 71% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (64%).

  This shows a difference for the two campaigns, with more signaling that the 1996 campaign more single-mindedly will influence others not to start smoking (41% in 1995; 64% in 1996).
- 50% say the ads have influenced them personally not to start smoking.

Dialogue About Smoking Resulting From Seeing Ads:

- 30% talked to someone as a result of seeing the ads in 1996, a proportion no different statistically than what was reported for the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- This group is different from the others in only one respect -- they showed a higher proven recall level for the Health Canada's "*School Yard*" execution (10% vs. 5% for total adults).

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (91% down to 84%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- This year more agree that the ads have communicated both the harmfulness of tobacco (57% in 1995 vs. 74% in 1996) and the need to respect the health of non-smokers (55% in 1995 vs. 82% in 1996).

Reaction to the Advertising -- Influence of Ads

- The majority (73%) believe the 1996 ads will influence people not to start smoking, a significant increase over the rating of the 1995 ads (49%).
- However, when it comes to the "personal" influence of the ads, only 41% say that the ads reinforce their personal decision not to smoke. This too is a shift from the response to the 1995 ads, at which time 68% of susceptible non-smokers gave this same response.

Dialogue About Smoking Resulting From Seeing Ads:

- Relative to the 1995 results, fewer susceptible non-smokers talked to someone this year as a result of seeing the ads then did so last year (47% in 1995 vs. 30% in 1996).

EMPHATIC NON-SMOKERS

Attitudes and Beliefs

- Fewer emphatic non-smokers report that "*My family would prefer that I don't smoke*" (87% "agreed a lot" in 1995 vs. 76% in 1996). Also, more in this group strongly hold the position that teen smoking is on the increase -- 48% "agreed a lot" in 1995 vs. 56% in 1996.
- Probably linked to their perception that the number of teens smoking is increasing, more emphatic non-smokers strongly believe that "*Preventing teenagers from starting to smoke is very important*" (89% in 1995 "agreed a lot" vs. 93% in 1996).
- More in this group believe that people trying to quit need support and understanding (82% "agreed a lot" in 1995 vs. 86% in 1996), and also that life after cessation will allow people to be more active (62% "agreed a lot" in 1995 vs. 69% in 1996).
- As with other groups, we note a drop in support for government ban of tobacco company sponsorship of sporting or cultural events (53% in 1995 "agreed a lot" vs. 45% in 1996).
- There is a large increase in the percentage who "agree a lot" that they are proud to be non-smokers -- 76% in 1995 vs. 91% in 1996.

Social Influences

- This group is least surrounded by close family members that smoke -- 47% vs. 58% of the population. That coupled with the fact that the majority of their friends who smoke say they themselves should quit smoking, also probably contributes to the strong anti-smoking stance of this group.

Asking Someone Else Not to Smoke

- Far more emphatic non-smokers (51% vs. 37% of total adults) have asked someone else not to smoke in the past 6 months.
- This group however was no more or less successful than the average adult population in achieving their objective to get the person to stop smoking.

Cigarette Prices

- Emphatic non-smokers are like susceptible non-smokers in that they are evenly split in terms of either seeing no change in the number of smokers (41%) or seeing an increase (43%) as a result of the February 1994 drop in the price of cigarettes.

Advertising -- English Canada

Unaided Advertising Awareness:

- The results for emphatic non-smokers are no different than what we saw for total adults.

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (87% down to 46%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- Emphatic non-smokers are significantly more likely than average to agree that the ads have successfully communicated that smoking is a serious health issue for Canadians, and with Health Canada's motivation for sponsoring the ads.
- As we saw with susceptible non-smokers this group also more strongly believes in Health Canada's motivations for the 1996 campaign than was the case in 1995 (77% in 1996; 70% in 1995).

Reaction to the Advertising -- Influence of Ads

- This group mirrors the results for total adults on the stopping power of the ads and on the results for the specific target groups.
- The majority of emphatic non-smokers believe the ads will influence others (66%), particularly not to start smoking (54%).
- 58% say the ads have had a personal influence on them -- namely, to reinforce their decision not to smoke (57%).
- There are some notable differences in the reaction of this group of non-smokers to the two different campaigns. We see an increase in the proportion who believe these ads will influence others not to start smoking (54% in 1996 vs. 45% in 1995), and that is also reflected in their personal reaction to the ads -- more in 1996 say that it has helped in their choice not to smoke (57% in 1996; 46% in 1995).

Dialogue About Smoking Resulting From Seeing Ads:

- 35% talked to someone as a result of seeing the ads in 1996, at par with the total sample of adults.

Advertising -- Québec

Unaided Advertising Awareness:

- The results for emphatic non-smokers are no different than what we saw for total adults.

Aided Advertising Awareness:

- As with total adults, there is a significant drop in awareness between 1995 and 1996 (93% down to 74%).

Reaction to the Advertising -- Intended Messages/Sponsorship

- Relative to adults in general, more in this group strongly endorse Health Canada's reasons for sponsoring these ads.
- Also, more in this group "agree a lot" that "*The ads very clearly get across the need to respect the health of non-smokers*" than did so in 1995 (64% in 1995 vs. 77% in 1996).

Reaction to the Advertising -- Influence of Ads

- Fewer emphatic non-smokers than the population in general believe these ads address all 3 target groups -- 56% vs. 66% total Québec. There was no such difference seen for their evaluation of last year's campaign (69% rated the ads as delivering against all three groups). So in their view the 1995 ads did a better job in addressing all of Health Canada's target groups than is the case for the 1996 series of commercials.

  The one group that this change is traceable to are "smokers themselves" -- fewer emphatic non-smokers agreeing that the 1996 campaign have made people stop and think about this particular target group.

- Emphatic non-smokers see the primary influence of the ads as being "not to start smoking", both for others (57%) and for themselves (47%).

  These findings represent a shift in the perceived impact on <u>others</u> -- more emphatic non-smokers this year feel the ads will influence people not to start smoking than did so last year.

Dialogue About Smoking Resulting From Seeing Ads:

- 42% talked to someone, at par with total adults.

MAIN FINDINGS

INTRODUCTION

The report is divided into the following main sections:

Attitudes and Beliefs

Smoking Continuum -- Incidence

Detailed Description of the Smoking Continuum Groups

Measures of Social Influence

Pricing

Advertising

Interpretive Notes

The following designations on the tables indicate observed differences between groups at two different confidence levels:

99% Confidence		95% Confidence	
Higher		Higher	
Lower		Lower	

ATTITUDES AND BELIEFS

Two sets of questions were posed to the adult survey participants:

1) **Level of concern regarding health-related issues,** including concerns about tobacco, drugs and alcohol, using the following four--point scale:

   Care a lot
   Care somewhat
   Care only a little
   Not care at all

2) **Specific attitudes and beliefs about tobacco and smoking.**
   People were asked to indicate their level of agreement with a variety of statements, using the following four-point scale:

   Agree a lot
   Agree a little
   Disagree a little
   Disagree a lot

In this chapter of the report, we provide an overview of the attitudes held by adults on the above issues, and also a comparison of the attitudes held by those in English Canada versus those in Québec. For each, we also look at what changes have occurred since 1995.

LEVEL OF CONCERN ABOUT HEALTH-RELATED ISSUES
(Reference: Tables 1a - 1b)

Total Adults

In 1996, adults continue to be more concerned about drugs in general than they are about *"staying off cigarettes"*, and least concerned about not overindulging in alcohol.

Relative to 1995, there is a significant drop in the percentage who are concerned about *"staying off cigarettes"* (71% in 1995 vs. 67% in 1996 say they *"care a lot"*). For all the other health-related issues, the level of concern has either stayed the same or increased. Those about which adults are more concerned are noted below:

	% Who "Care a Lot"	
	1995	1996
Staying away from drugs	85	87
Being fit	67	70
Controlling weight	51	57
Getting drunk	46	49

English Canada vs. Québec

Those in English Canada are more concerned about drugs and tobacco, as well as controlling weight and not getting drunk. More Québecers care about eating healthy food and being fit.

The decrease in concern we noted about "*staying off cigarettes*" among total adults shows up in both regions, albeit the drop in Québec is larger than what we see in English Canada:

	% Who "Care a lot"			
	English Canada		Québec	
	1995	1996	1995	1996
Staying off cigarettes	74	71	63	56

Increases in the percentage who care a lot are noted for the following, in each region:

	% Who "Care a lot"			
	English Canada		Québec	
	1995	1996	1995	1996
Controlling weight	53	59	46	51
Getting drunk	46	51	46	43
Being fit	67	68	66	74

TABLE 1a:
LEVEL OF CONCERN ABOUT HEALTH ISSUES
- 1996 -
(% Who "Care a lot")

	Total Adults (2,158) %	English Canada (1,526) %	Québec (632) %
Staying away from drugs	87	88	(83)
Staying off marijuana or pot	79	80	75 ↓
Eating healthy food	71	70	[75]
Being fit	70	68	[74]
Staying off cigarettes	**67**	**71**	(56)
Controlling weight	57	59	(51)
Getting drunk	49	51	(43)

TABLE 1b:
LEVEL OF CONCERN ABOUT HEALTH ISSUES
- 1995 vs. 1996 -
(% Who "Care a lot")

	Total Adults		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
	(2,906)	(2,158)	(2,142)	(1,526)	(764)	(632)
	%	%	%	%	%	%
Staying away from drugs	85	87 ↑	87	88	79	83
Staying off marijuana or pot	78	79	79	80	72	75
Staying off cigarettes	**71**	(67)	**74**	**71** ↓	**63**	(56)
Eating healthy food	69	71	68	70	73	75
Being fit	67	70 ↑	67	68	66	[74]
Controlling weight	51	[57]	53	[59]	46	51
Getting drunk	46	49 ↑	46	[51]	46	43

SMOKING ATTITUDES AND BELIEFS (Reference: Tables 2a - 4b)

Social Environment of Smoking

Total Adults

Most adults continue to report that neither their families nor their social circles are supportive of smoking. In keeping with this, the majority disagree that *"More adults than ever before are smoking"*. However, the majority perceive that smoking among teens is still on the increase.

Among adult smokers, there appears to be a sensitivity towards non-smokers -- 57% "agree a lot" that they *"Rarely smoke when they are the only smoker in the group"*, and 48% "disagree a lot" that *"My smoking doesn't annoy people around me who don't smoke"*.

Since 1995, the following changes have been noted:

- There is an increase in the percentage who believe that "*More teens than ever before are smoking*" (46% in 1995 vs. 49% in 1996 "agree a lot").

- There appears to be a decrease in those who "agree a lot" that *"My family would prefer that I don't smoke"* (83% in 1995 vs. 77% in 1996). These results are directly traceable to a higher percentage this year who did not wish to answer or said they did not know (3% in 1995 vs. 9% in 1996); thus when the answers are repercentaged on a base of "adults answering" rather than "total adults", there is no significant difference between the two years.

- Fewer adult smokers this year "agree a lot" that *"My smoking doesn't annoy people around me who don't smoke"* (21% in 1995 vs. 15% in 1996).

English Canada vs. Québec

Among Québecers, smoking is more socially acceptable in general and among their peer group, with fewer also "agreeing a lot" that there is family pressure on them related to smoking. Fewer Québecers perceive that teen smoking is on the increase while the reverse is true for adult smoking.

Looking at the results from 1995 vs. 1996, the changes we have discussed for total adults is replicated among adults in English Canada, including our commentary related to *"My family would prefer that I don't smoke"*.

The only change among the Québec adult population is with regard to family pressure not to smoke. In this case, even when the data is repercentaged on the base of Québec adults answering, we still see a significant decrease in the percentage reporting family pressure. (This suggests that family members have either given up on their attempts to influence these smokers or alternatively, smokers themselves are increasingly turning a "deaf ear" to their families' anti-smoking position.)

Perceived Detriments or Benefits of Smoking

Total Adults

Most Canadians accept the detriments of smoking for pregnant women. Further, the majority believe that smoking is detrimental for both adults and teens, although there is greater support for prevention of uptake among teens than related to "people my age".

The majority believe that smoking for a relatively short period of time (i.e., "a year or two") or occasional smoking is harmful to individuals. There is also agreement by the majority that tobacco is as addictive as hard drugs, and that in fact there is not *"Too much fuss being made about the dangers of smoking"*.

More adults believe that *"Smoking helps people relax"*, whereas fewer people believe that smoking keeps weight down or is a deterrent to boredom.

Most adult smokers recognize their addiction to tobacco, that their smoking habits are harmful to their health, and a significant number of smokers are willing to take the risk of a shorter life expectancy to keep on smoking.

There were no significant changes between 1995 and 1996.

English Canada vs. Québec

More in Québec believe the following about smoking:

	% Who "Agree a Lot"	
	English	Québec
Tobacco is not as addictive as other drugs such as heroin or cocaine	15	19
Too much fuss is made today about the dangers of smoking	14	21
Smoking can help people when they are bored	11	18
There is no harm in having an occasional cigarette	10	29
It's safe to smoke for a year or two	3	11

The vast majority of Québecers perceive that *"Preventing teenagers from starting to smoke is very important"*, but proportionately fewer do so in Québec (85%) than in English Canada (90%).

Not surprisingly, there are also notable differences between the two regions with regard to the beliefs of smokers about addiction to tobacco and the health effects:

	% Who of Smokers Who "Agree a Lot"	
	English	Québec
I believe that I am addicted to tobacco	71	63
My smoking is harming my own health	69	24

There are only two changes that have occurred between 1995 and 1996, and both of them occur in Québec. More Québecers strongly agree with each of the following statements:

-- *"Preventing teenagers from starting to smoke is very important"* (81% in 1995 vs. 85% in 1996)

-- *"There is no harm in having an occasional cigarette"* (22% in 1995 vs. 29% in 1996)

Attitudes to ETS

The majority of adults believe that second-hand smoke is harmful to babies and children, and that it can cause cancer in a non-smoker (although the latter belief is held to a lesser extent).

As shown below, there is a decrease from 1995 in the % who "agree a lot" with each of these statements about second-hand smoke:

	% Who "Agree a Lot"	
	1995	1996
Inhaling smoke from someone else's cigarettes harms the health of babies and children	88	85
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	66	63

The drop since 1995 re: ETS and its effect on the health of babies and children has occurred in both parts of Canada.

Attitudes Re Quitting

Total Adults

People generally seem to understand the difficulty of quitting smoking, and are supportive of those who are making an attempt to do so or who have successfully quit. However, although the majority do support the notion that life will be better after cessation, there are fewer who hold this position strongly.

English Canada vs. Québec

While fewer Québecers "agree a lot" that *"People who are trying to quit need a lot of support and understanding"*, more Québecers feel strongly that *"People who quit smoking will be able to do a lot more things"*.

Attitudes Towards Tobacco Companies and Retailers

Total Adults

Adult Canadians strongly endorse that *"Retailers should refuse to sell tobacco products to minors"*. A slight majority also support a ban on sponsorship of events by tobacco companies, but are polarized on the issue of banning the sale and production of tobacco products by the year 2000:

	% Agree		% Disagree	
	Total Agree	"Agree a lot"	Total Disagree	"Disagree a lot"
Sponsorship of sporting or cultural events by tobacco companies should be banned	51	38	45	28
By the year 2000, the production and sale of tobacco should be banned in Canada	49	33	48	28

This represents a major attitudinal shift from last year, at which time, the majority of adults supported both a ban on sponsorship (62% "agreed", of which 48% "agreed a lot") and a ban on the production of tobacco products (55% "agreed, of which 37% "agreed a lot").

English Canada vs. Québec

There is slightly less agreement among Québecers versus English Canadians about the responsibility of retailers to curtail sales to minors; however, there is significantly more support among this group for banning tobacco company sponsorship of events.

In English Canada there has been a drop from 1995 in support of all policy areas related to tobacco -- retailer responsibility, ban on sponsorship, and ban on the production and sale of tobacco products. In Québec, we see a softening in the position held last year in support for ban on sponsorship.

	% Who "Agree a lot"			
	English Canada		Québec	
	1995	1996	1995	1996
Retailers should refuse to sell tobacco products to minors	93	91	88	87
Sponsorship of sporting or cultural events by tobacco companies should be banned	45	36	57	44
By the year 2000, the production and sale of tobacco products should be banned	38	34	35	31

Self-Esteem

Eighty-nine percent of adult non-smokers "agree a lot" with the statement, *"I feel proud that I do not smoke"*, representing a significant increase from 1995. This self-esteem is higher among Québec non-smokers than their English counterparts, although both markets have increased quite remarkably since 1995.

TABLE 2a:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	English Canada	Québec
Total Sample:	(2,158) %	(1,526) %	(632) %
My family would prefer that I don't smoke	71	77	(54)
It is becoming socially unacceptable to be a smoker	58	64	(40)
More teens than ever before are smoking	49	50	45 ↓
Most of the people I associate with smoke cigarettes	17	17	17
More adults than ever before are smoking	9	8	[12]
Smokers Only	(860) %	(597) %	(263) %
I rarely smoke when I am the only smoker in a group	57	55	59
My smoking doesn't annoy people around me who don't smoke	15	15	16

TABLE 2b:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Adults		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
Total Sample:	(2,906)	(2,158)	(2,142)	(1,526)	(764)	(632)
	%	%	%	%	%	%
My family would prefer that I don't smoke	85	(71)	83	(77)	74	(54)
It is becoming socially unacceptable to be a smoker	59	58	66	64	38	40
More teens than ever before are smoking	46	49 ↑	46	50 ↑	45	45
Most of the people I associate with smoke cigarettes	19	17	19	17	19	17
More adults than ever before are smoking	10	9	8	8	15	12
Smokers Only	(912)	(860)	(673)	(597)	(239)	(263)
	%	%	%	%	%	%
I rarely smoke when I am the only smoker in a group	53	57	54	55	51	59
My smoking doesn't annoy people around me who don't smoke	21	(15)	20	(15)	22	16

TABLE 3a:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	English Canada	Québec
Total Sample:	(2,158) %	(1,526) %	(632) %
Women who are pregnant should not smoke	92	92	93
Preventing teenagers from starting to smoke is very important	88	90	(85)
People my age should care about not smoking cigarettes	76	76	75
Smoking helps people relax	22	22	21
Smoking helps people keep their weight down	16	16	17
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	15	19 ↑
Too much fuss is made today about the dangers of smoking	16	14	[21]
Smoking can help people when they are bored	13	11	[18]
There is no harm in having an occasional cigarette	15	10	[29]
It's safe to smoke for a year or two	5	3	[11]
Smokers Only:	(860) %	(597) %	(263) %
I believe that I am addicted to tobacco	69	71	63 ↓
My smoking is harming my own health	56	69	(24)
I prefer to smoke even if it means I won't live long	22	22	23

TABLE 3b:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Adults		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
Total Sample:	(2,906)	(2,158)	(2,142)	(1,526)	(764)	(632)
	%	%	%	%	%	%
Women who are pregnant should not smoke	93	92	93	92	94	93
Preventing teenagers from starting to smoke is very important	87	88	89	90	81	85
People my age should care about not smoking cigarettes	77	76	77	76	77	75
Smoking helps people relax	21	22	22	22	20	21
Smoking helps people keep their weight down	17	16	17	16	18	17
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	16	14	15	20	19
Too much fuss is made today about the dangers of smoking	15	16	14	14	18	21
Smoking can help people when they are bored	12	13	10	11	15	18
There is no harm in having an occasional cigarette	12	15	9	10	22	29
It's safe to smoke for a year or two	5	5	3	3	10	11
Smokers Only:	(912)	(860)	(673)	(597)	(239)	(263)
	%	%	%	%	%	%
I believe that I am addicted to tobacco	69	69	71	71	63	63
My smoking is harming my own health	59	56	71	69	29	24
I prefer to smoke even if it means I won't live long	25	22	25	22	26	23

TABLE 4a:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Adults (2,158) %	English Canada (1,526) %	Québec (632) %
Attitudes Re Quitting:			
People who are trying to quit need a lot of support and understanding	79	81	(74)
I tend to admire people of my age who quit smoking	78	78	79
People who quit smoking will be able to do a lot more things	62	60	65 ↑
Attitudes to ETS			
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	84	86
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	63	61
Attitudes to Tobacco Companies/Retailers			
Retailers should refuse to sell tobacco products to minors	90	91	(87)
Sponsorship of sporting or cultural events by tobacco companies should be banned	38	36	[44]
By the year 2000, the production and sale of tobacco should be banned in Canada	33	34	31
Self-Esteem (Non-Smokers only)			
I feel proud that I do not smoke	89	86	[97]

TABLE 4b:
SMOKING ATTITUDES AND BELIEFS
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Adults		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
Total Sample:	(2,906)	(2,158)	(2,142)	(1,526)	(764)	(632)
	%	%	%	%	%	%
Attitudes Re Quitting:						
People who are trying to quit need a lot of support and understanding	78	79	80	81	72	74
I tend to admire people of my age who quit smoking	78	78	78	78	79	79
People who quit smoking will be able to do a lot more things	61	62	62	60	61	65
Attitudes to ETS						
Inhaling smoke from someone else's cigarettes harms the health of babies and children	88	(85)	87	(84)	90	86 ↓
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	66	63 ↓	66	63	64	61
Attitudes to Tobacco Companies/Retailers						
Retailers should refuse to sell tobacco products to minors	91	90	93	91 ↓	88	87
Sponsorship of sporting or cultural events by tobacco companies should be banned	48	(38)	45	(36)	57	(44)
By the year 2000, the production and sale of tobacco should be banned in Canada	37	(33)	38	34 ↓	35	31
Self-Esteem (Non-Smokers only)						
I feel proud that I do not smoke	75	[89]	73	[86]	83	[97]

SMOKING CONTINUUM

INTRODUCTION

A total of 7 groups were used to classify the population 18 years of age and over, using a combination of behavioural and attitudinal questions. The following is a description of each of these 7 groups:

Group	Label	Behaviour and Attitude
#1	Emphatic Smokers	• *Have smoked 100 cigarettes* • *Smoke everyday* • *Are not considering quitting in next 6 months*
#2	Regular Smokers Thinking of Quitting	• *Have smoked 100 cigarettes* • *Smoke everyday* • *Are considering quitting in next 6 months*
#3	Occasional Smokers	• *Have smoked 100 cigarettes* • *Smoke some days only*
#4	Recent Former Smokers	• *Have smoked 100 cigarettes* • *Do not smoke now* • *Have stopped smoking within the past year*
#5	Former Smokers	• *Have smoked 100 cigarettes* • *Do not smoke now* • *Quit smoking more than 1 year ago*
#6	Susceptible Non-Smokers	• *Have <u>not</u> smoked 100 cigarettes* • *Do not completely reject the possibility they might become smokers in next 12 months*
#7	Emphatic Non-Smokers	• *Have <u>not</u> smoked 100 cigarettes* • *Very strongly reject the possibility that they will become smokers in next 12 months*

In the following sections we look at the incidence of each of these groups in the population overall, and by key demographic groupings.

TOTAL ADULTS

The table below shows the incidence of each group among adults 18 years of age and over:

	1996 (2,158) %
Total Smokers	**32**
Total regular smokers	**27**
Emphatic smokers	11
Regular thinking of quitting	17
Occasional smokers	**5**
Total Former Smokers	**27**
Recent former smokers	3
Former smokers	24
Total Non-Smokers	**41**
Susceptible non-smokers	3
Emphatic non-smokers	37

Some notable results are:

- Among regular smokers, the majority (63%) are contemplating quitting.
- Among former smokers, 11% have quit in the past year, and the majority more than a year ago.
- Among non-smokers, 7% are still "at risk" -- i.e., they have not completely rejected the possibility that they will be "smokers" in the next 12 months.

GENDER (Reference: Table 5)

Overall

In looking at how women and men in general fall out along the smoking continuum, we note that significantly more women than men have not smoked 100 cigarettes in their lifetime, and a higher proportion of women are "emphatic non-smokers". Conversely, more men than women are both regular and occasional smokers.

High-Risk Women

A number of socio-demographic dimensions for women were identified as indicators of high risk: unemployment, low literacy, being a single parent. The results summarized in Table 5 clearly show a high correlation between smoking and the factors identified. Specifically, the current smoking patterns of high-risk women are more similar to men than they are to other women -- i.e., more women in this high-risk group smoke both regularly and occasionally than do women in general, and fewer of them are strongly anti-smoking.

AGE (Reference: Table 6)

The overall incidence of smoking is higher among those under 65 years of age, the majority of whom have smoked in the past and quit, or who have not ever smoked.

Regarding these younger adults, we note the following:

- **18 - 24 year olds**
  - -- Has one of the single largest group of non-smokers, and of "emphatic non-smokers" in particular; however, at the same time, this age group also has the largest group of non-smokers who are susceptible -- i.e., not completely anti-smoking (8% of this age group, vs. 3% of total adults).
  - -- The "regular smoker" group profile is similar to the total population with the exception of the number of "occasional smokers" -- more in this age group falling into this category than those in the general population.

- **25 - 34 year olds**
  - -- Very closely profile the 18 - 24 year olds, with the following exceptions: -- significantly more of them have given up smoking more than a year ago, and the proportion who are susceptible to smoking are more in line with the total population at 3%.

- **35 - 44 year olds**
  - -- This group mirrors the national average results with one exception -- fewer report that they are "emphatic smokers".
  - -- Relative to the 18 - 34 age group, more people who fall into this age category have smoked at one time or another and quit.

- **45 - 54 year olds**
  - -- This group reports a higher incidence of ever smoking (68%),but they also show a higher proportion of quitters a year or more ago (32% vs. 24% of total adults).

- **55 - 64 year olds**
  - -- Most notable about this group is that it contains one of the highest level of "emphatic smokers (16% vs. 11% of total adults). Beyond that, like 45 - 54 year-olds, over one-third have quit smoking, the vast majority more than a year ago.

REGION (Reference: Table 7)

The incidence of smoking is higher in Québec than it is in English Canada, and specifically, the proportion who fall into the regular smoker categories. As well, Québec accounts for significantly more "susceptible non-smokers" and fewer "emphatic non-smokers" than elsewhere in Canada.

Within English Canada, the highest incidence of "regular smokers" is in the Atlantic region, which also reports a significantly lower incidence of quitters.

Ontario mirrors the average English Canada profile for "current smokers" but shows a significantly larger group of "former smokers", adults who have successfully quit smoking more than a year ago. A lower proportion of the adults in the province are strongly anti-smoking relative to others in English Canada.

In the Prairies, we note a smaller number (relative to total adults) who are "regular smokers thinking of quitting", such that they represent 50% of "regular smokers" vs. 62% among the total adult population. However, we do see a significantly larger group in the Prairies who are strongly anti-smoking.

British Columbia is similar to the average Canadian adult profile, with one very notable exception -- far fewer in British Columbia are "emphatic smokers" (5% vs. 10% Canadian adult average).

TABLE 5:
SMOKING CONTINUUM INCIDENCE
-- Among Adults --

	Total	Total	Women	
	Adults	Men	Total	At Risk
Base: Total Respondents	2,158	889	1,269	391
	%	%	%	%
Total Smokers	**32**	**36**	**29**	**38**
Total regular smokers	***27***	***30***	***25***	***32***
Emphatic smokers	11	12	10	15
Regular thinking of quitting	17	18	15	18
Occasional smokers	***5***	***6*** ↑	***4*** ↓	***6*** ↑
Total Former Smokers	**27**	**30**	**25**	**21** ↓
Recent former smokers	3	3	3	3
Former smokers	24	27	22	18 ↓
Total Non-Smokers	**41**	**35**	**47**	**41**
Susceptible non-smokers	3	3	3	3
Emphatic non-smokers	37	31	43	38 ↓

TABLE 6:
SMOKING CONTINUUM INCIDENCE
-- Among Adults --

	Total Adults	Age					
		18-24	25-34	35-44	45-54	55-64	65+
Base: Total Respondents	2,158	340	534	502	349	209	224
	%	%	%	%	%	%	%
Total Smokers	**32**	**39**	**36** ↑	**32**	**33**	**33**	**22**
Total regular smokers	***27***	***30***	***29***	***27***	***28***	***30***	***21*** ↓
Emphatic smokers	11	13	10	8 ↓	12	16 ↑	9
Regular thinking of quitting	17	17	19	19	16	14	12 ↓
Occasional smokers	***5***	***9***	***7*** ↑	***5***	***5***	***3***	***2*** ↓
Total Former Smokers	**27**	**11**	**19**	**29**	**35**	**37**	**37**
Recent former smokers	3	5 ↑	5	2	3	1	1
Former smokers	24	6	14	27	32	36	36
Total Non-Smokers	**41**	**51**	**46**	**40**	**32**	**31**	**41**
Susceptible non-smokers	3	8	3	3	2	4	2
Emphatic non-smokers	37	43 ↑	43	37	30	27	39

TABLE 7:
SMOKING CONTINUUM INCIDENCE
-- Among Adults --

	Total	English Canda				
	Adults	Total	Atl.	Ont.	Prair.	B.C.	Que.
Base: Total Respondents	2,158	1526	239	536	339	322	632
	%	%	%	%	%	%	%
Total Smokers	**32**	**31**	**35**	**33**	**28**	**28**	**36 ↑**
Total regular smokers	***27***	***26***	***31 ↑***	***27***	***23***	***23***	***31 ↑***
Emphatic smokers	11	10	11	11	12	(5)	12
Regular thinking of quitting	17	16	20 ↑	16	12 ↓	17	19
Occasional smokers	***5***	***5***	***4***	***5***	***5***	***5***	***5***
Total Former Smokers	**27**	**27**	**22 ↓**	**30**	**23**	**25**	**27**
Recent former smokers	3	3	3	3	3	3	3
Former smokers	24	24	19 ↓	27 ↑	20	23	24
Total Non-Smokers	**41**	**42**	**43**	**(37)**	**[49]**	**46**	**37 ↓**
Susceptible non-smokers	3	3	3	3	3	3	[6]
Emphatic non-smokers	37	39	40	35 ↓	[47]	44	(31)

SMOKING CONTINUUM GROUPS

INTRODUCTION

In the 1995 report, we summarized the distinctive characteristics of each of the 7 adult smoking continuum groups by:

Demographics
Smoking habits and history
Smoking attitudes and beliefs
Personal characteristics

This year, we will focus on any changes that have occurred since 1995 in the attitudes and beliefs held by each of the 7 groups.

The following table gives some insight into the attitudes of the individuals in each of the smoking continuum groups with regard to smoking. Specifically, it shows the percent of each group who "care a lot" about *staying off cigarettes*. As can be seen, this generally lines up with the level of commitment to smoking:

% Who "Care a Lot" About Staying Off Cigarettes

	1995 (2,906) %	1996 (2,158) %
Total Sample	71	(67)
Emphatic smokers	10	15 ↑
Regular smokers thinking of quitting	36	32
Occasional smokers	29	[42]
Recent former smokers	74	75
Former smokers	86	83
Susceptible non-smokers	71	69
Emphatic non-smokers	89	91

Notably, although the overall concern about smoking has dropped between the two measurement periods, more "emphatic smokers" and "occasional smokers" in 1996 "care a lot" about staying off cigarettes.

EMPHATIC SMOKERS

The narrative and charts on the following pages provide an overview of the attitudes and beliefs of "emphatic smokers".

Note on reading charts: The ***white*** bar on the charts show the 1995 data for the proportion of the smoking continuum group who "*agree a* lot" with each statement. The black bar on the charts show the proportion of the smoking continuum group in 1996 -- in this case, emphatic smokers -- who "*agree a lot*" with each statement. The gray bar shows the percentage of the total adult sample who in 1996 also "*agree a lot*" with the item. When no gray bar appears, it indicates that there was no significant difference between the ratings of these two groups in 1996.

For example, in 1995 10% of emphatic smokers "*agree a lot*" that *"More adults than ever before are smoking"*. In 1996, 9% are in agreement with this statement and this level of agreement is not statistically different from that of the sample of total adults -- hence, for simplicity, we have only shown the result for the emphatic smoker group itself.

Between 1995 and 1996, we note three shifts in attitudes and beliefs:

Social Environment of Smoking

Decrease in the % of emphatic smokers who believe strongly that "*My smoking doesn't annoy others around me who don't smoke*" (21% "agreed a lot" in 1995 vs. 14% in 1996). This suggests an increased awareness among this group and more respect towards non-smokers.

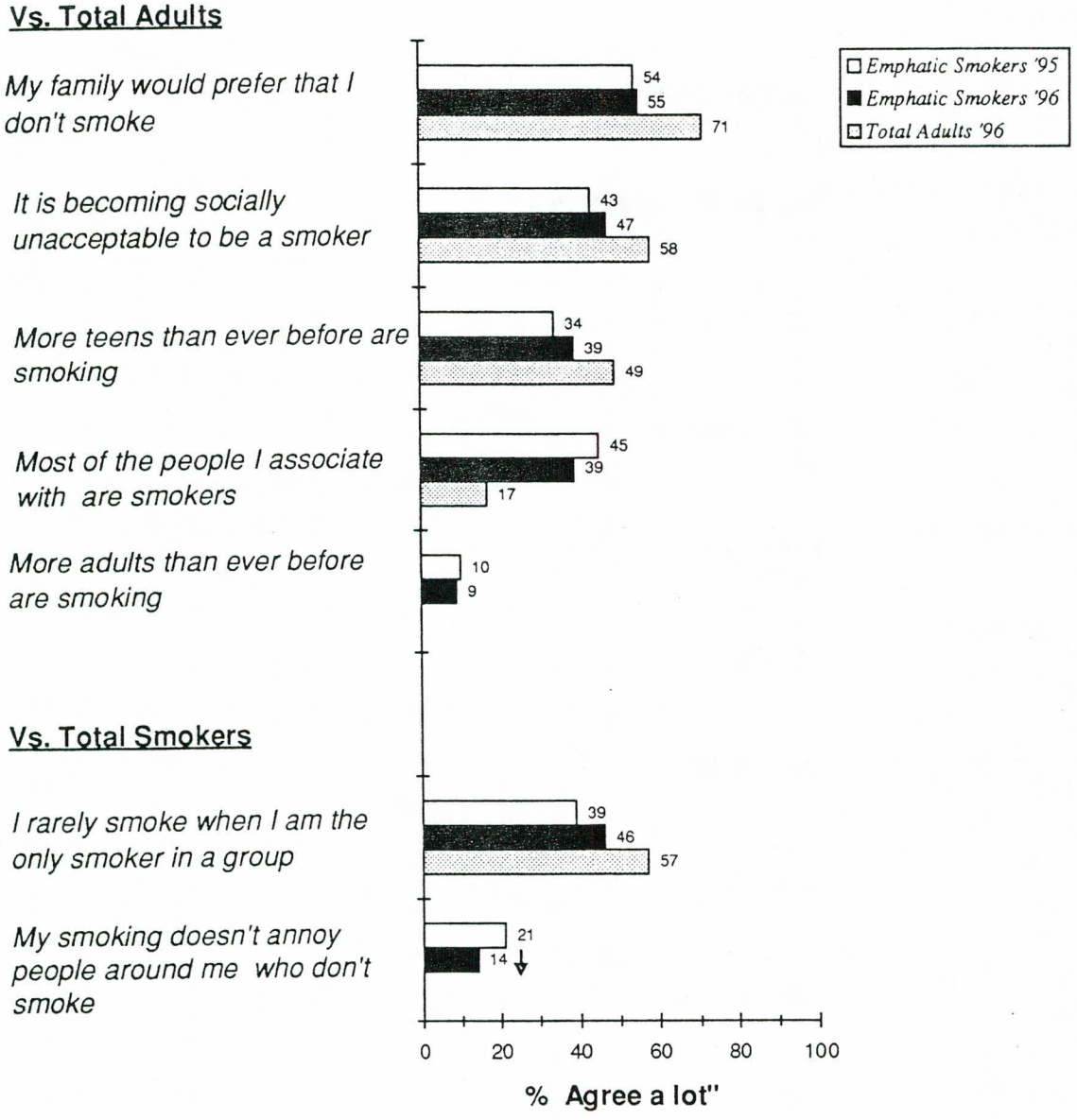
Perceived Detriments/Benefits of Smoking

There is lower agreement this year that "*It's safe to smoke for a year or two*" (14% in 1995 "agreed a lot" vs. 9% in 1996).

Attitudes Towards Tobacco Companies/Retailers

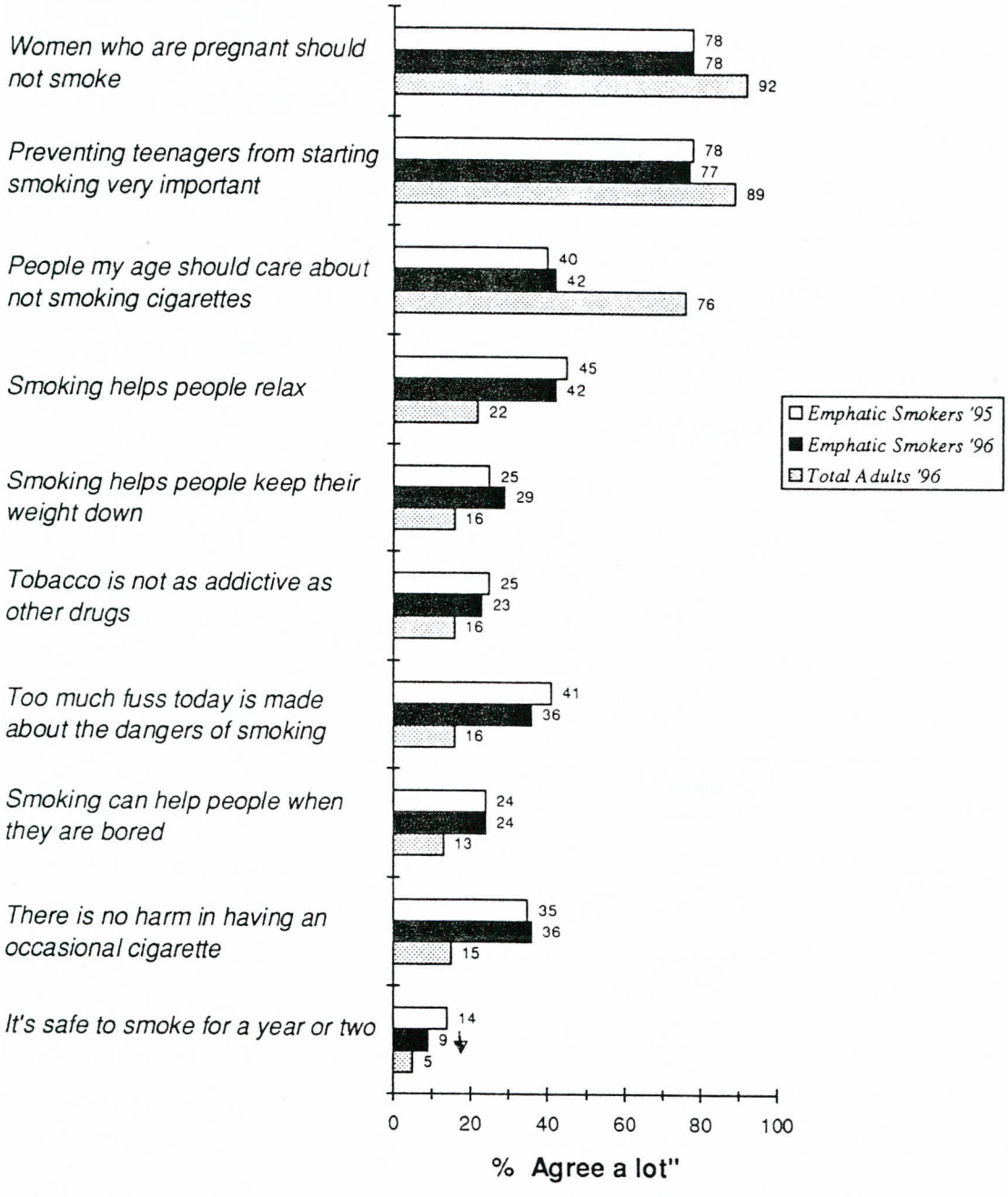
There is a softening in support for the ban on sponsorship of sporting or cultural events by tobacco companies, a drop from 26% "agreeing a lot" in 1995 down to 19% in 1996. This is the same pattern as we have noted among the total adult sample.

Emphatic Smokers
-- Social Environment of Smoking --



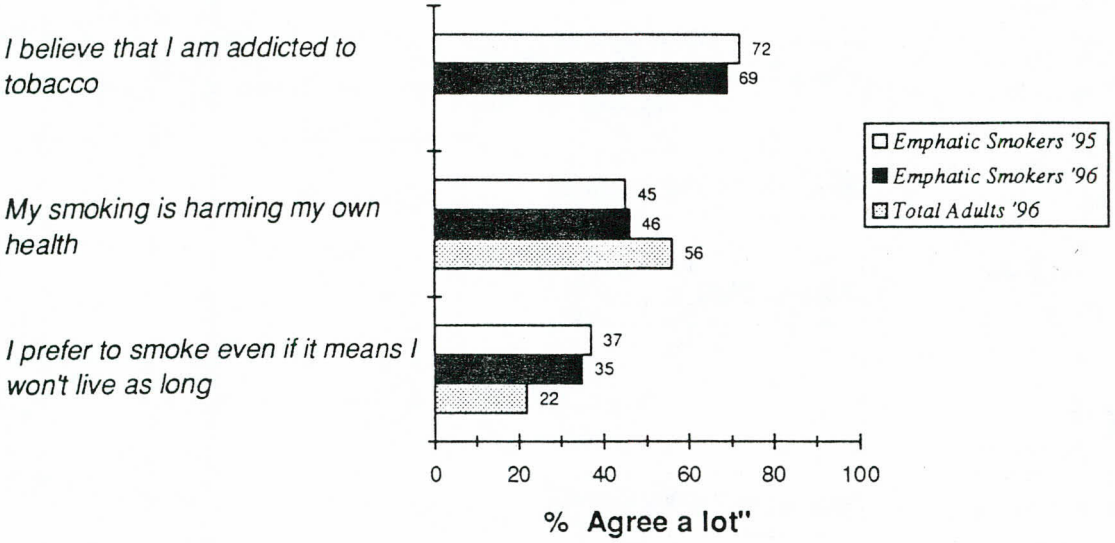
Emphatic Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults

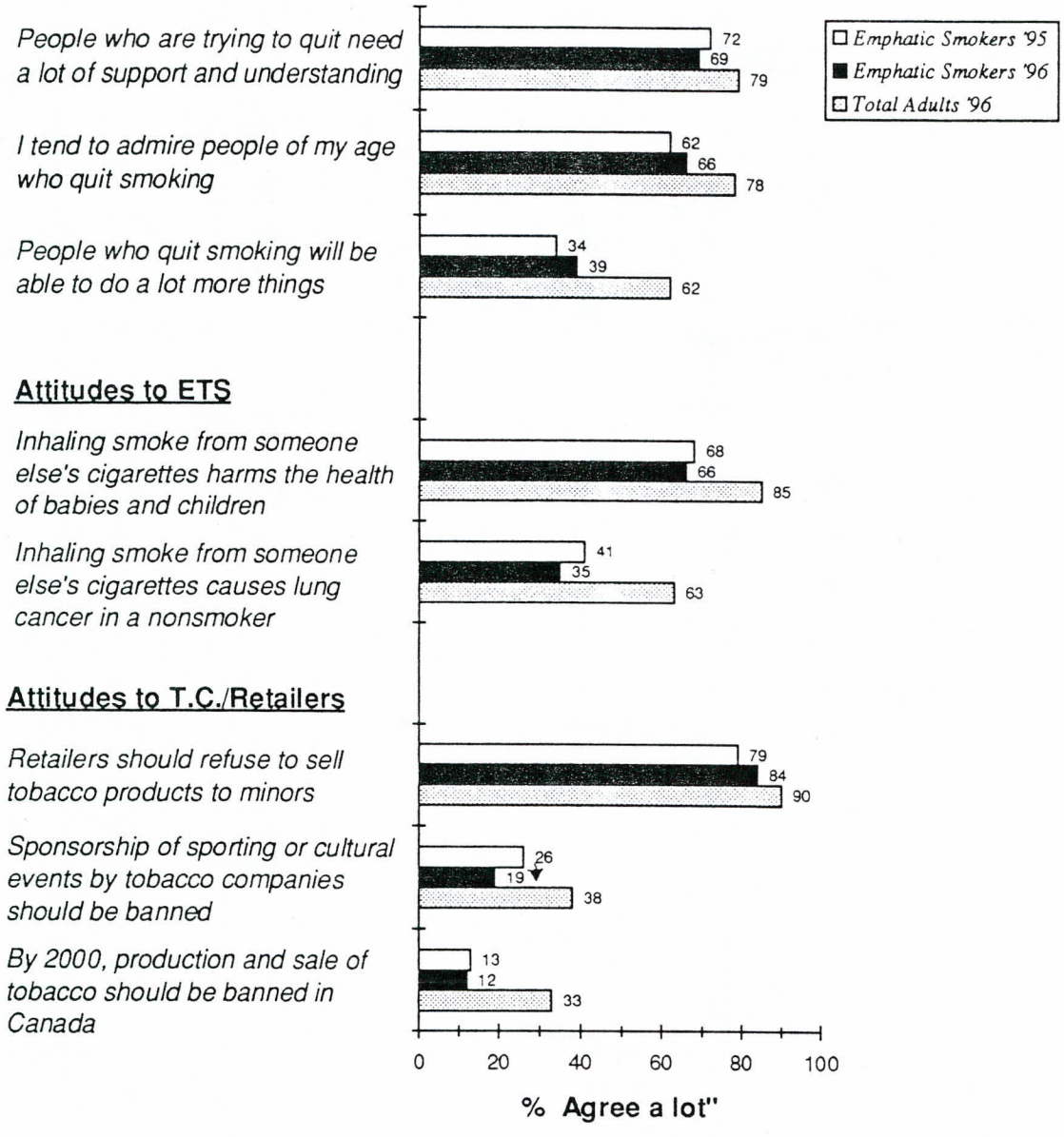


Emphatic Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Smokers



Emphatic Smokers
-- Other Attitudes --



REGULAR SMOKERS THINKING OF QUITTING

The changes that have occurred between 1995 and 1996 are detailed below. In summary, it appears that as this group moves towards their desired goal of quitting, more of them have embraced some of the more general concepts about the detriments of smoking and the social unacceptability of their habit.

Social Environment of Smoking

There is an increase in the number who strongly believe that "*It is becoming socially unacceptable to be a smoker*" (55% "agreed a lot" in 1995 vs. 63% in 1996).

Perceived Detriments/Benefits of Smoking

There are three attitudinal shifts that have taken place:

- More regular smokers thinking of quitting strongly support the idea that "*Preventing teenagers from starting to smoke is very important*" -- 78% "agreed a lot in 1995 vs. 90% in 1996.
- There is a significant increase in the number of people in this group who strongly believe that smoking alleviates boredom -- in 1995, 12% "agreed a lot" vs. 20% in 1996.
- In 1996, fewer regular smokers thinking of quitting "agree a lot" that "*I prefer to smoke even if it means that I won't live as long*" (23% in 1995 vs. 17% in 1996).

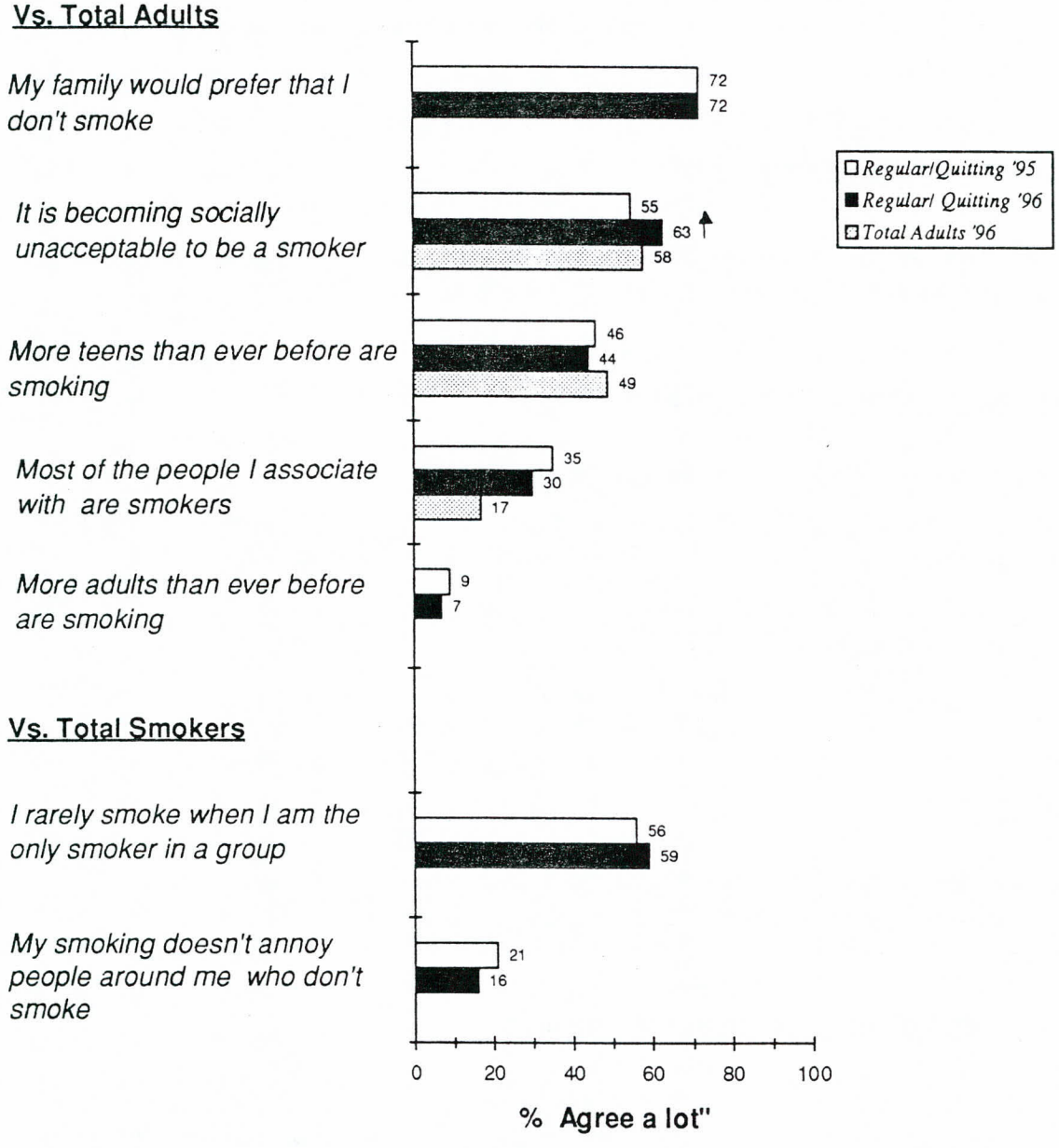
Attitudes to ETS

Although the majority (75%) in this group in 1996 firmly believe that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*", this is a large drop from the 85% who "agreed a lot" with this item in 1995.

Attitudes Towards Tobacco Companies/Retailers

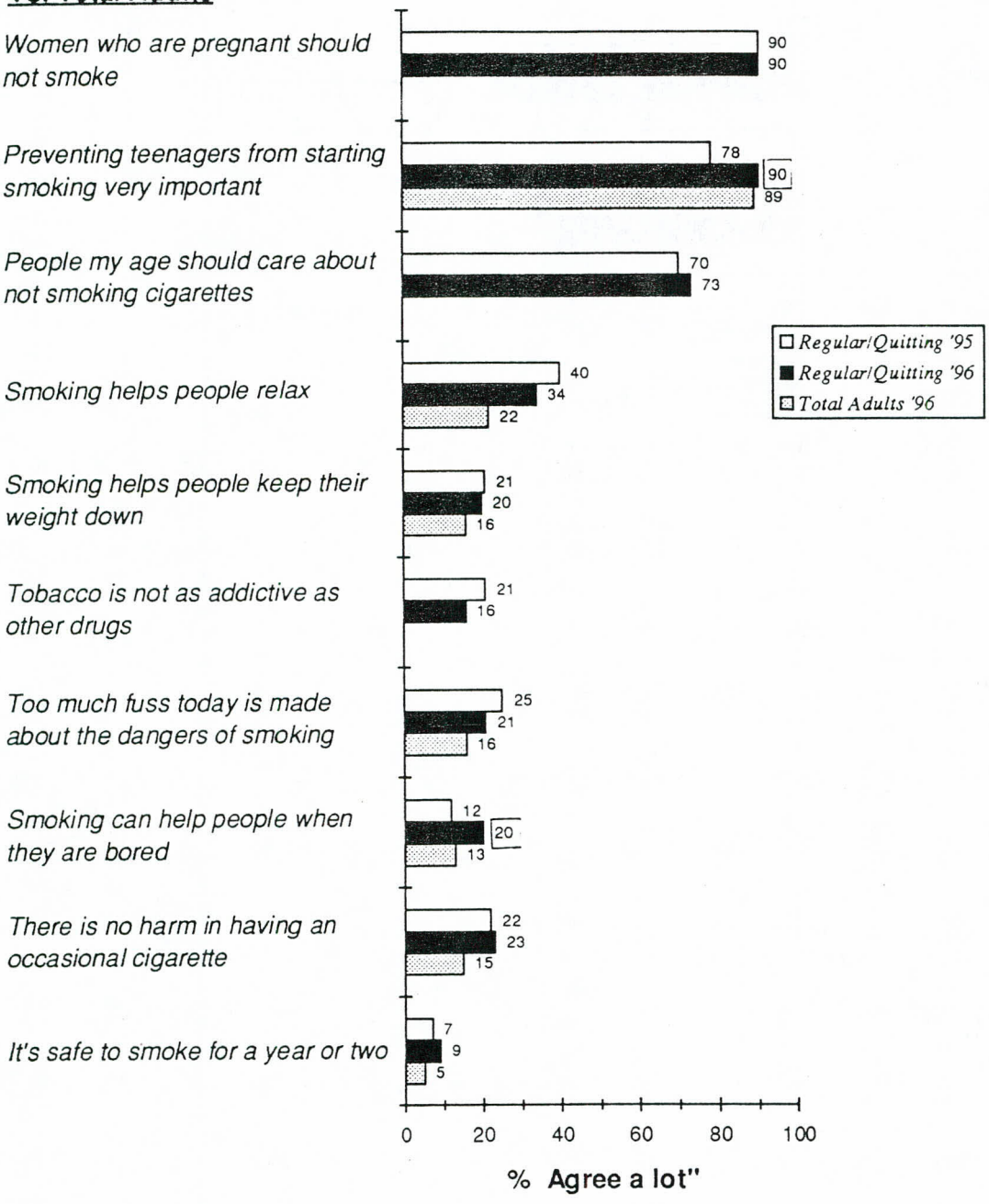
As we've seen with both emphatic smokers and the adult population at large, there is less strong support for a ban on tobacco company sponsorship of sporting or cultural events, down to 30% in 1996 from 42% in 1995.

Regular Smokers Thinking of Quitting
-- Social Environment of Smoking --



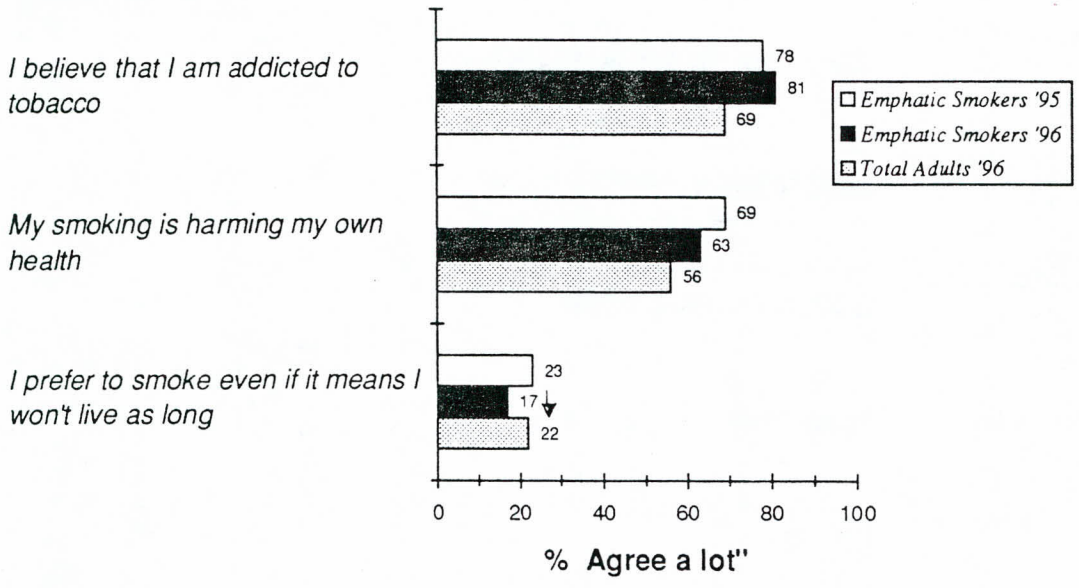
Regular Smokers Thinking of Quitting
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults

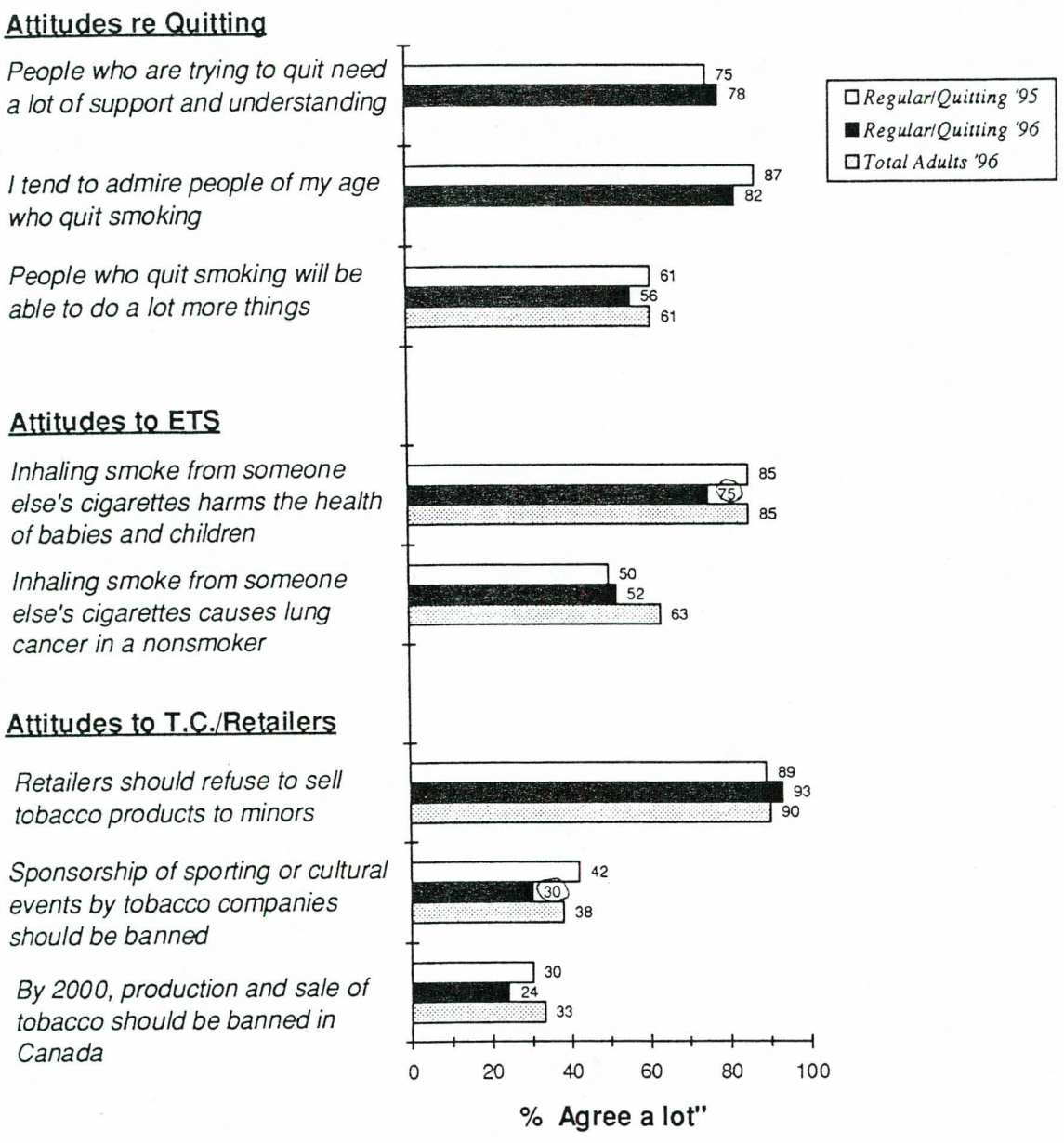


Regular Smokers Thinking of Quitting
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Smokers



Regular Smokers Thinking of Quitting
-- Other Attitudes --



OCCASIONAL SMOKERS

The changes between 1995 and 1996 suggest that this group of smokers now see more benefits to smoking for themselves and less harm to others:

Perceived Detriments/Benefits of Smoking

More occasional smokers in 1996 "agree a lot" that smoking is beneficial for weight control and to alleviate boredom:

	% Who "Agree a Lot"	
	1995	1996
Smoking helps people keep their weight down	9	22
Smoking can help people when they are bored	6	15

Attitudes to ETS

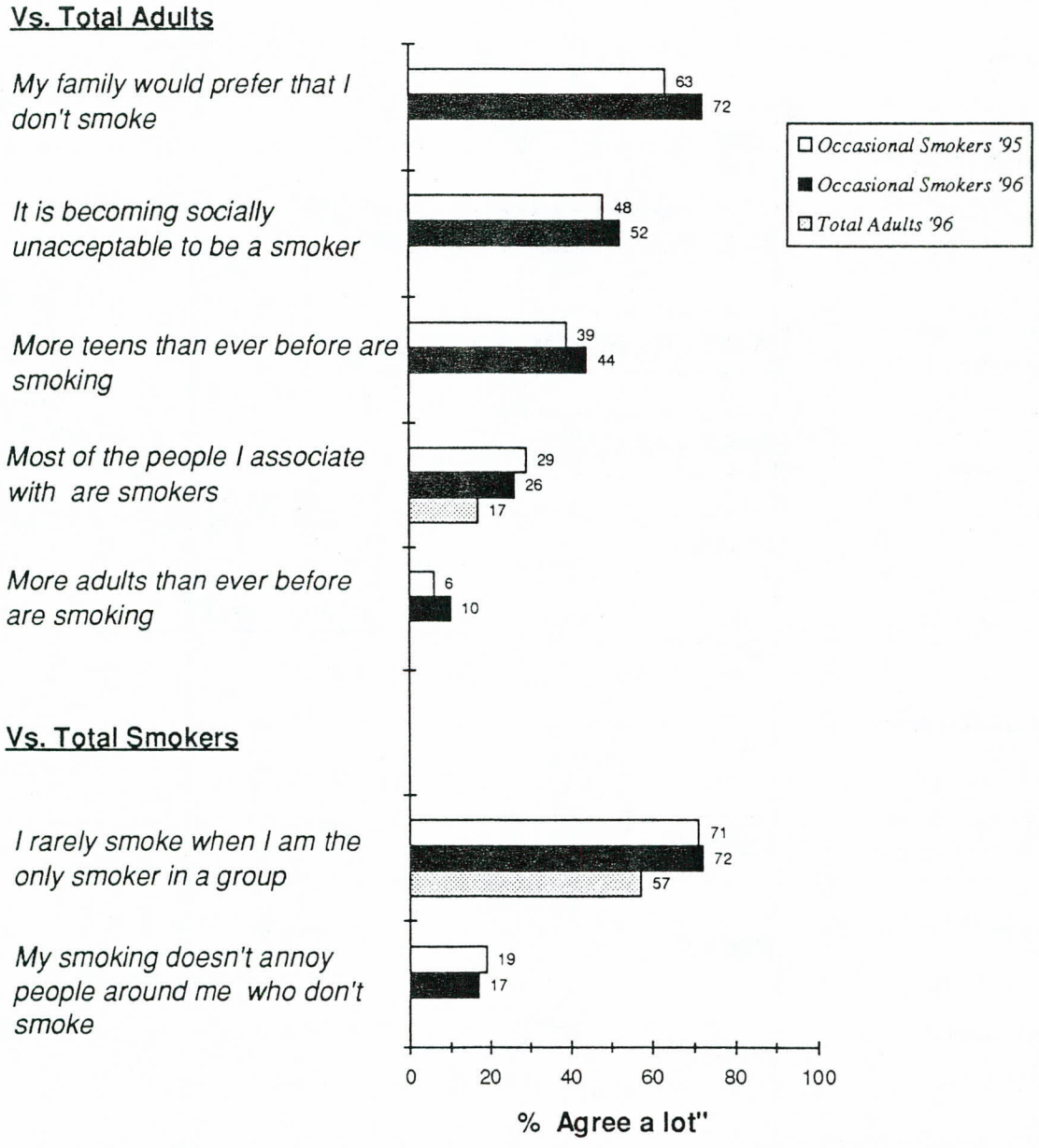
As with the other smoker groups, we see a decline in strong agreement that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*" (88% "agreed a lot" in 1995 vs. 78% in 1996).

Attitudes Towards Tobacco Companies/Retailers

In addition to a drop in support for banning tobacco company sponsorship that we have seen among the other smoking groups, we also see a softening in the position held about retailers:

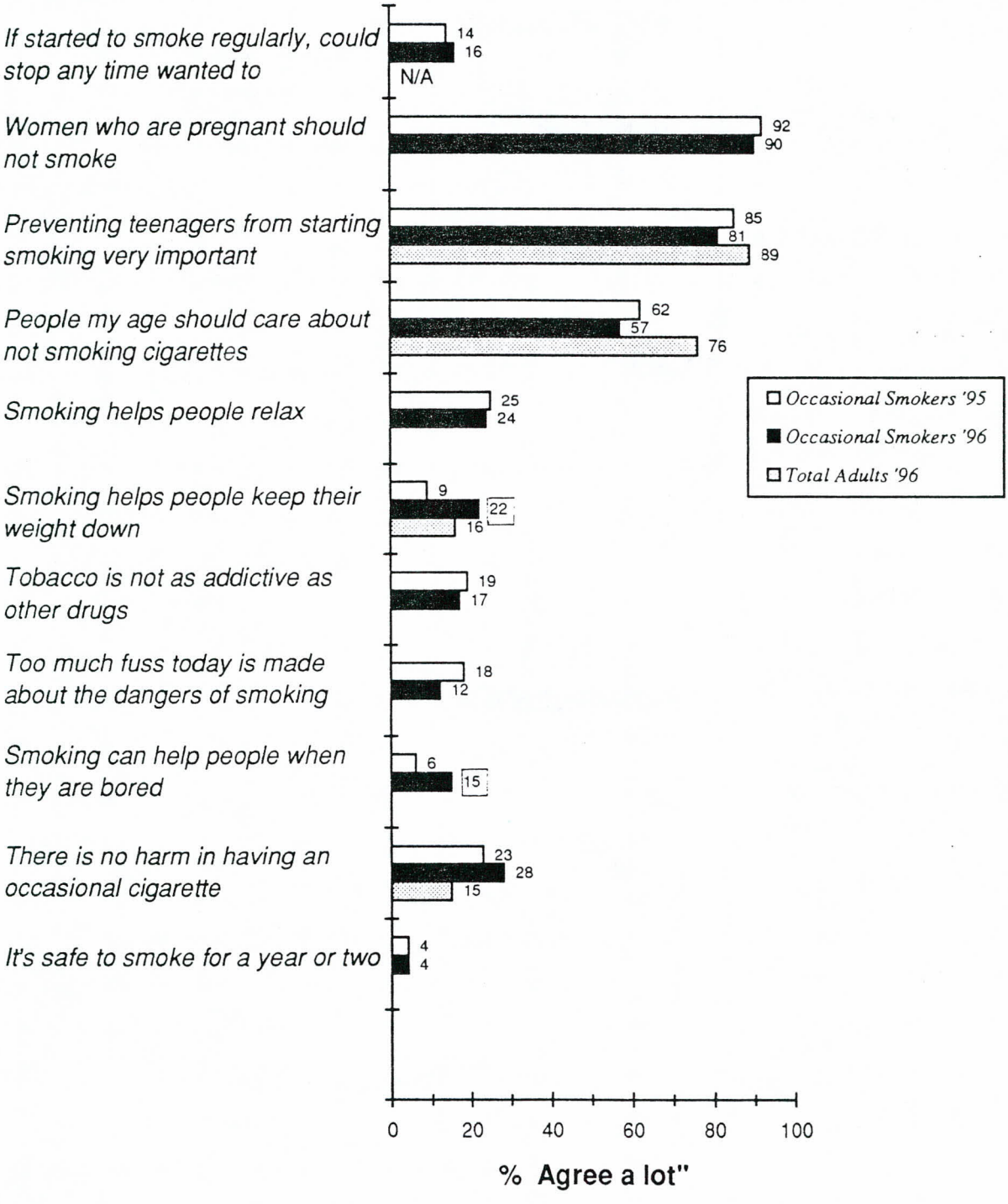
	% Who "Agree a Lot"	
	1995	1996
Sponsorship of sporting or cultural events by tobacco companies should be banned	43	29
Retailers should refuse to sell tobacco products to minors	94	87

Occasional Smokers
-- Social Environment of Smoking --



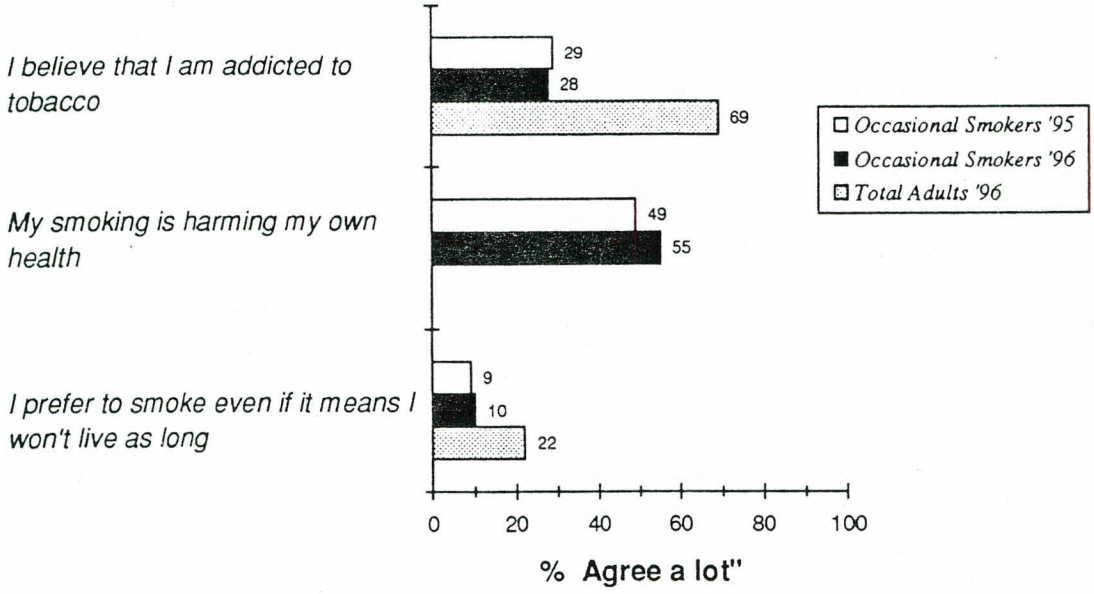
Occasional Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults

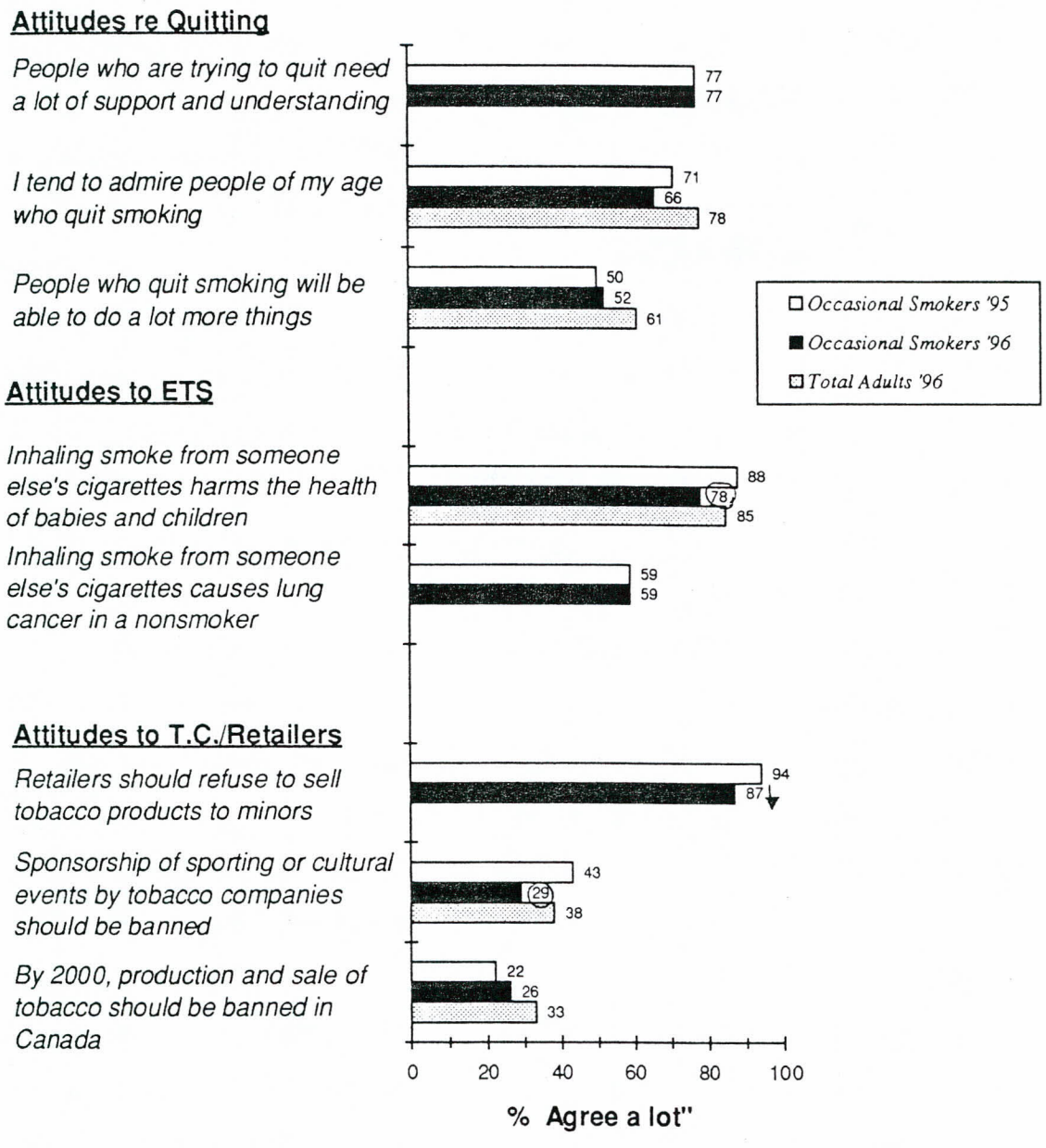


Occasional Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Smokers



Occasional Smokers
-- Other Attitudes --



SUMMARY OF SMOKER GROUPS (Reference: Tables 8 - 10)

The tables on the following pages show the % of total adults vs. total smokers who "agree a lot" with each statement. And for ease of comparison, we have also summarized the results for each of the 3 "smoker" groups.

Total Adults vs. Total Smokers

On almost all attitudinal measurements, smokers are different from the adult population in general.

Social Environment of Smoking

More smokers are surrounded by others who share their habits and report less pressure exerted on them from family members to stop smoking. As well, fewer smokers than adults in general are willing to admit that teen smoking is on the increase.

Importantly, there is no difference between the smoker group and the adult population in general when it comes to their views that it is becoming increasingly unacceptable to be a smoker.

Perceived Detriments/Benefits of Smoking

As one would expect, more smokers perceive the benefits of smoking as outweighing its harmful effects.

Regarding the perceived benefits, smoking is seen as a relaxant, beneficial in keeping weight down and in relieving boredom.

As part of the "denial" syndrome with regard to the ill effects of tobacco, fewer in this group hold strong views on concern about the impacts of smoking for pregnant women, teenagers, or generally for people "their age". Moreover, they are more likely to believe that:

- -- Too much fuss is being made about the inherent danger of tobacco
- -- Tobacco is not as addictive as other drugs
- -- It is not harmful to either have an occasional cigarette or to smoke for a year or two.

Attitudes to ETS

In keeping with their beliefs that smoking is not as detrimental as "others may say", fewer in this group accept the premise that second-hand smoke is harmful to babies and children, or that it can result in lung cancer for a non-smoker. Importantly though, in both cases, more smokers agree than disagree.

Attitudes re Quitting

Generally, smokers are supportive and understanding of people who quit, and admire those who do so -- albeit at lower levels than the total population.

Attitudes Towards Tobacco Companies/Retailers

Smokers are no different from the population at large in supporting retail responsibility in keeping tobacco products out of the hands of minors. They are however different in their attitudes towards tobacco companies, with fewer smokers than adults in general supporting either a sponsorship ban or a ban on the production and sale of tobacco products.

Differences Between the Smoker Groups

Below we summarize the differences between the three smoker groups -- emphatic smokers, regular smokers thinking of quitting, occasional smokers. This is an important comparison because it clearly points out that "smokers" are not a homogeneous group, and that in fact their commitment to continuing to be a smoker and their "regularity" of smoking cigarettes very much impacts on the values they hold.

Social Environment of Smoking

As one would expect, *emphatic smokers* are more likely than either of the other two smoker groups to believe that smoking is socially acceptable, to be in environments where smoking is the norm, and to "light up" even when they are the only smoker in the group.

Regular smokers thinking of quitting show clear signs of being pressured to stop smoking by family members and demonstrate a greater acceptance of the societal pressure exerted on them not to smoke.

Occasional smokers, like *regular smokers thinking of quitting*, experience family pressure not to smoke, and seem to associate with fewer smokers. Of all the smoker groups, they are the most respectful of the rights of non-smokers.

Importantly, there is no difference in the perception of the three smoker groups on the status of teen or adult smoking, nor in accepting the fact that their smoking is annoying to non-smokers.

Perceived Detriments/Benefits of Smoking

Emphatic smokers, in all regards are sold on the benefits of smoking, and less accepting of all the negative consequences of smoking including the detrimental effect on their personal health and life expectancy.

Regular smokers thinking of quitting are at the stage where, as a group, fewer of them buy into the benefits of smoking and more of them view smoking as addictive and harmful to them personally, and to the population at large.

Occasional smokers, are distinct from the total smoker population in that they see fewer absolute benefits from smoking. As well, more support the attention that is focused on the detrimental effects of smoking, partly because fewer of them believe that "*It is safe to smoke for a year or two*". Far fewer in this group either believe that they are addicted to tobacco or are willing to trade off life expectancy for smoking.

Attitudes to ETS

Emphatic smokers are the group that least accept the negative effects of second-hand smoke, and *occasional smokers* are the most likely group to accept these negative consequences.

Attitudes re Quitting

Emphatic smokers are far less supportive and sympathetic to people who quit smoking than the other two smoker groups, and far fewer *emphatic smokers* believe that people who quit smoking will improve their lives.

Both *regular smokers thinking of quitting* and *occasional smokers* are similar in their beliefs that those who try to quit need support and understanding, and also that quitting will allow people to do a lot more things. Where these two groups diverge though is when it comes to their "admiration" for people who have quit. The vast majority of *regular smokers thinking of quitting* say they admire these people, whereas *occasional smokers* are more like *emphatic smokers* -- i.e., fewer agreeing strongly with this sentiment.

Attitudes Towards Tobacco Companies/Retailers

Regular smokers thinking of quitting and *occasional smokers* are very similar in their support of policies related to tobacco companies, both more in agreement with bans than are *emphatic smokers*.

Regular smokers thinking of quitting are more supportive than either of the other two smoker groups on retailer responsibility in not selling tobacco products to minors.

TABLE 8:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	Smokers			
		Total	Emph	RTQ	Occ.
	(2,158) %	(860) %	(335) %	(325) %	(200) %
My family would prefer that I don't smoke	71	(66)	(55)	[72]	72 ↑
It is becoming socially unacceptable to be a smoker	58	56	(47)	[63]	52
More teens than ever before are smoking	49	(42)	39	44	44
Most of the people I associate with smoke cigarettes	17	[32]	[39]	30	26 ↓
More adults than ever before are smoking	9	9	9	8	10
I rarely smoke when I am the only smoker in a group	--	57	(46)	59	[72]
My smoking doesn't annoy people around me who don't smoke	--	15	14	16	17

TABLE 9:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	Smokers			
		Total	Emph	RTQ	Occ.
	(2,158) %	(860) %	(335) %	(325) %	(200) %
Women who are pregnant should not smoke	92	(86)	(78)	[90]	90
Preventing teenagers from starting to smoke is very important	88	(84)	(77)	[90]	81
People my age should care about not smoking cigarettes	76	(60)	(42)	[73]	57
Smoking helps people relax	22	[35]	[42]	34	(24)
Smoking helps people keep their weight down	16	[24]	29 ↑	20 ↓	22
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	18 ↑	[23]	16	17
Too much fuss is made today about the dangers of smoking	16	[25]	[36]	21 ↓	(12)
Smoking can help people when they are bored	13	[20]	24 ↑	20	15 ↓
There is no harm in having an occasional cigarette	15	[28]	[36]	23	28
It's safe to smoke for a year or two	5	[8]	9	9	4 ↓
I believe that I am addicted to tobacco	--	69	69	[81]	(28)
My smoking is harming my own health	--	56	(47)	[63]	55
I prefer to smoke even if it means I won't live long	--	22	[35]	(17)	(10)

TABLE 10:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Adults	Smokers			
		Total	Emph	RTQ	Occ.
	(2,158) %	(860) %	(335) %	(325) %	(200) %
Attitudes Re Quitting:					
People who are trying to quit need a lot of support and understanding	79	(75)	(69)	78	77
I tend to admire people of my age who quit smoking	78	(74)	(66)	[82]	(66)
People who quit smoking will be able to do a lot more things	62	(50)	(39)	[56]	52
Attitudes to ETS					
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	(72)	(66)	75	78 ↑
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	(47)	(35)	52 ↑	[59]
Attitudes to Tobacco Companies/Retailers					
Retailers should refuse to sell tobacco products to minors	90	89	(85)	[93]	87
Sponsorship of sporting or cultural events by tobacco companies should be banned	38	(26)	(19)	30 ↑	29
By the year 2000, the production and sale of tobacco should be banned in Canada	33	(20)	(12)	24 ↑	26 ↑

RECENT FORMER SMOKERS

Among this group who have quit smoking in the past year, we note four shifts in attitudes between 1995 and 1996. Overall, these shifts represent some loss in ground from the previous year, as fewer in this group strongly believe each of the following positions:

Social Environment of Smoking

In 1996, fewer recent former smokers strongly agree that "*It is becoming socially unacceptable to be a smoker*" (62% "agreed a lot" in 1995 vs. 44% in 1996).

Attitudes to ETS

Less people now agree that second-hand smoke is harmful to the health of babies and children (90% "agreed a lot" in 1995 vs. 81% in 1996).

Attitudes re Quitting

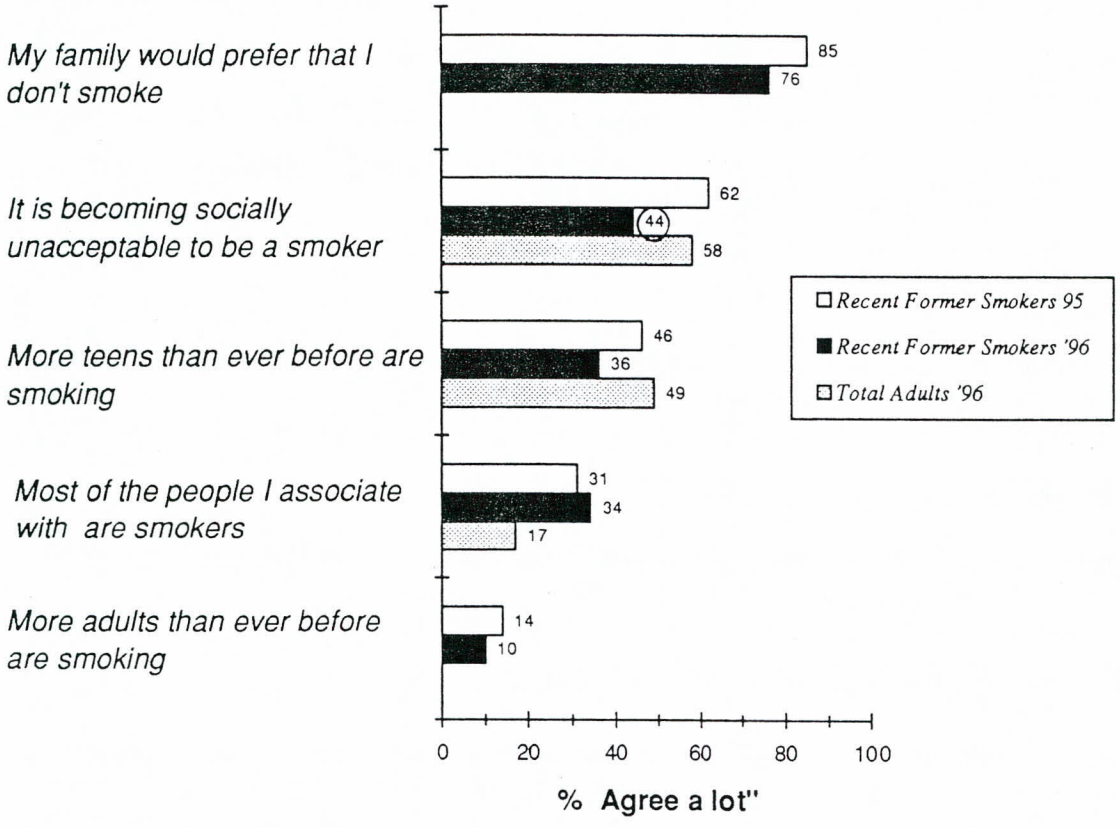
Significantly fewer recent former smokers believe that "*People who quit smoking will be able to do a lot more things*" (71% "agreed a lot" in 1995 vs. 52% in 1996).

Attitudes Towards Tobacco Companies/Retailers

As in the general population, we see a decline in support for banning tobacco company sponsorship of sporting or cultural events (43% "agreed a lot" in 1995 vs. 31% in 1996).

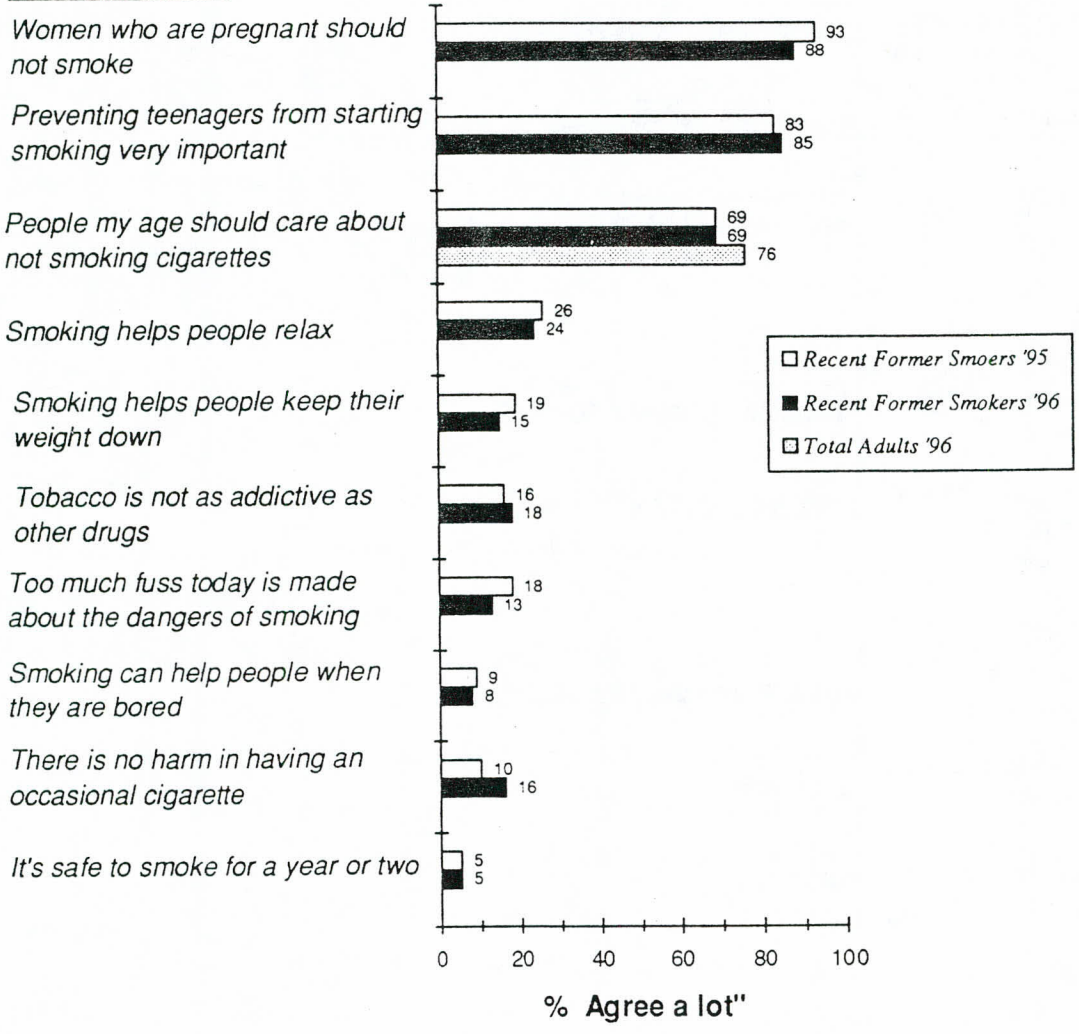
Recent Former Smokers
-- Social Environment of Smoking --

Vs. Total Adults

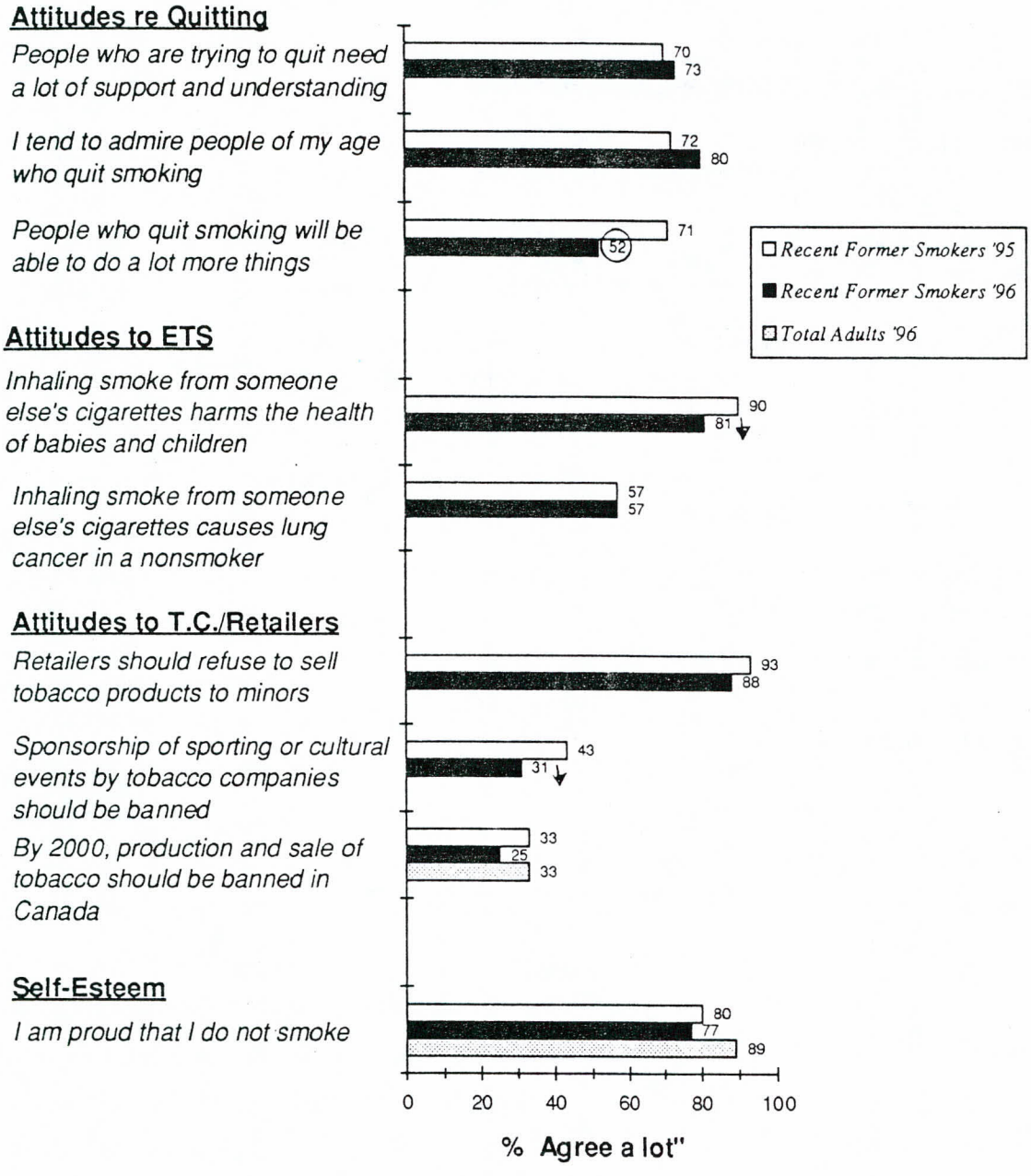


Recent Former Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults



Recent Former Smokers
-- Other Attitudes --



FORMER SMOKERS

The changes that have occurred between 1995 and 1996 are shown below:

Social Environment of Smoking

Fewer of the smokers strongly indicate that there is family pressure on them to maintain their non-smoking status (86% "agreed a lot" in 1995 vs. 70% in 1996), and also fewer of them say they associate with smokers (12% "agreed a lot" in 1995 vs. 8% in 1996).

Perceived Detriments/Benefits of Smoking

The only change here is that fewer former smokers strongly support the notion that smoking alleviates boredom (15% "agreed a lot" in 1995 vs. 10% in 1996).

Attitudes Towards Tobacco Companies/Retailers

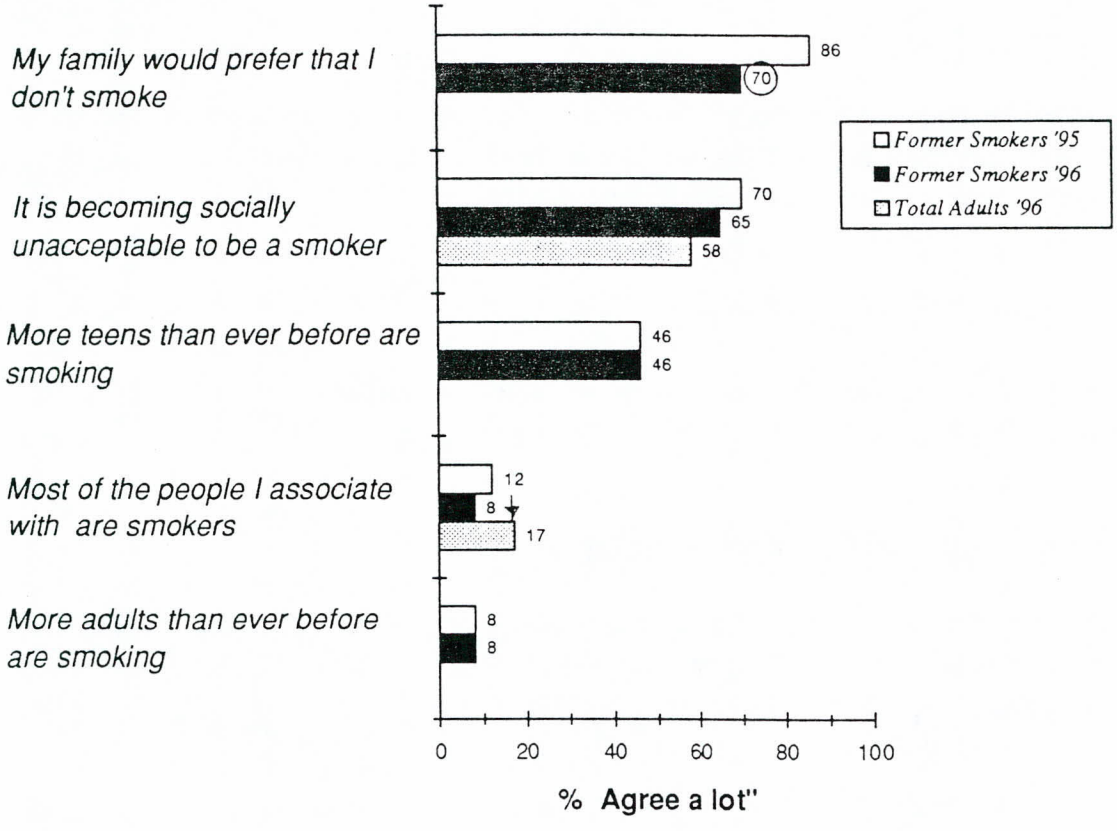
Although the vast majority believe that "*Retailers should not sell tobacco products to minors*", fewer hold that position in 1996 (87% "agree a lot") than did so in 1995 (94%). As well, the softening we have seen in the general population on support for the ban on tobacco company sponsorship is also evident in this group (54% "agreed a lot" in 1995 vs. 43% in 1996).

Self-Esteem

Significantly more former smokers are proud of their non-smoking status in 1996 (87% "agree a lot") than was the case in 1995 (75%).

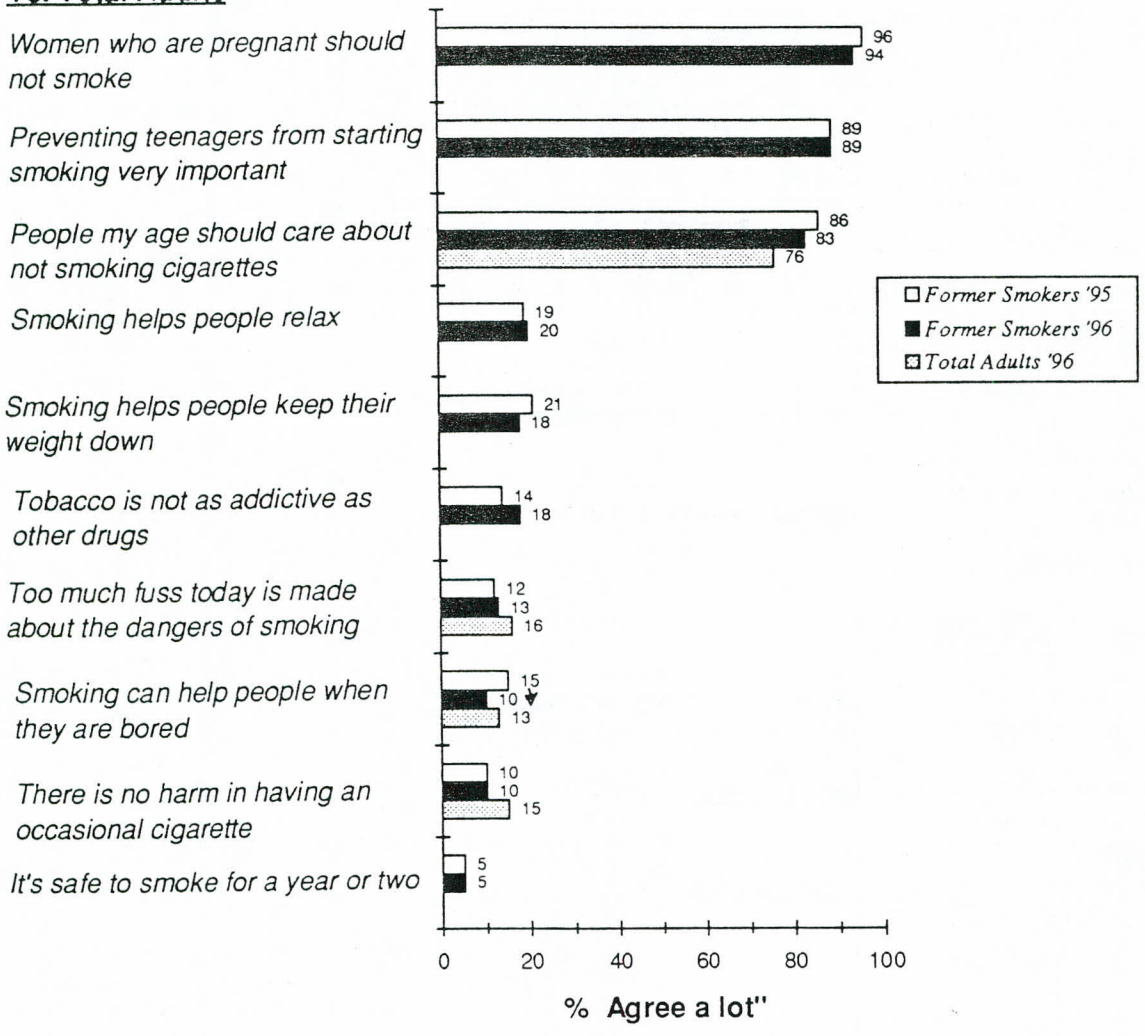
Former Smokers
-- Social Environment of Smoking --

Vs. Total Adults

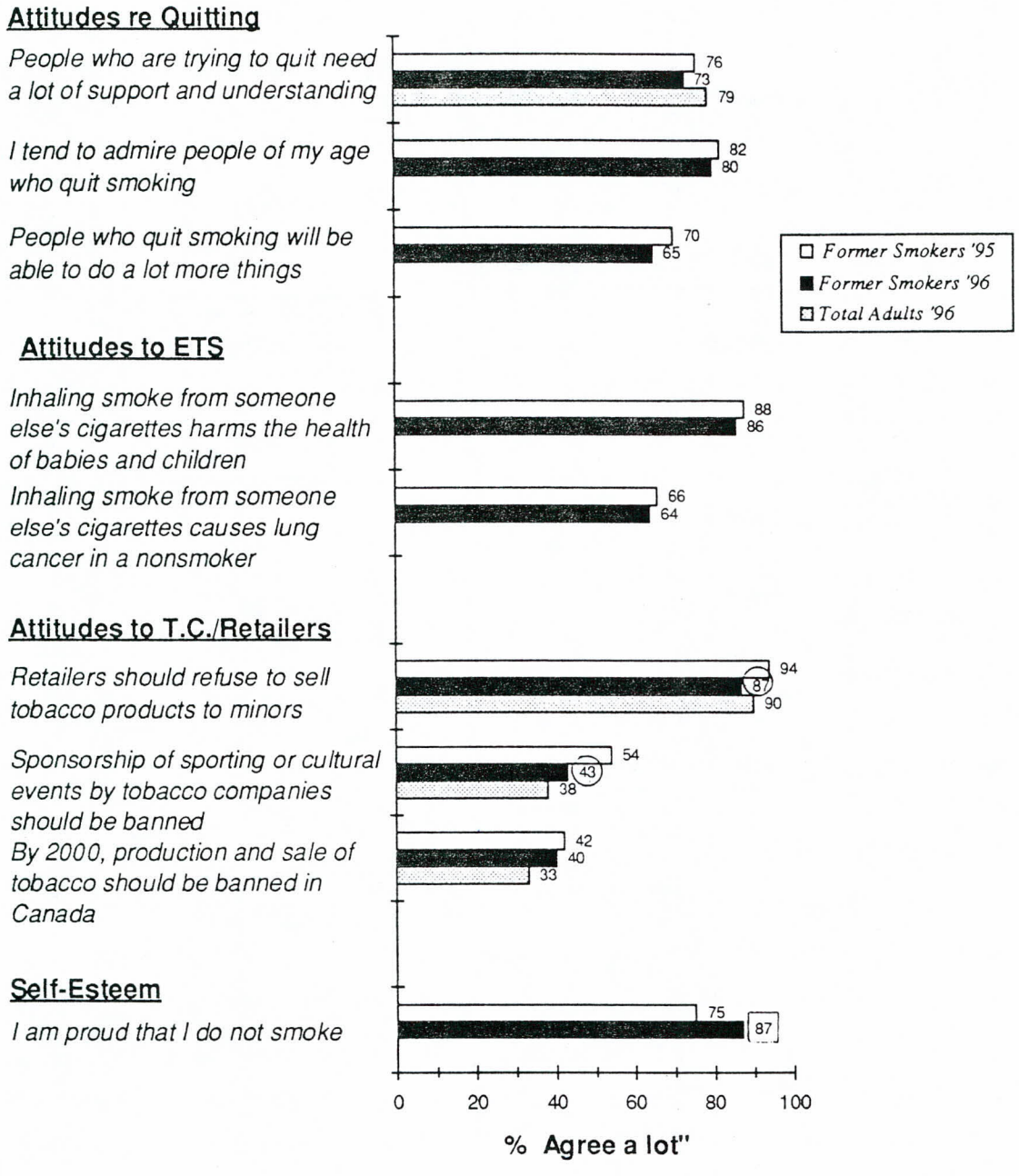


Former Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults



Former Smokers
-- Other Attitudes --



SUMMARY OF QUITTER GROUPS (Reference: Tables 11 - 13)

The graphs on the following pages summarize the attitudes of total quitters relative to total adults, and the proportion within each quitter group who "agree a lot" with each of the statements about smoking.

Total Adults vs. Total Quitters

Social Environment of Smoking

More quitters strongly support the increasing social unacceptability of smoking, and as a group they are also less likely to be surrounded by people who smoke. Fewer of those who have quit smoking perceive that teen smoking is on the increase.

Perceived Detriments/Benefits of Smoking

More quitters strongly support the belief that pregnant women should not smoke, nor should people their age.

Although they agree to the same extent as does the general population that smoking helps relax people and keep their weight down, fewer agree that smoking relieves boredom.

More quitters believe that there is harm in having an occasional cigarette, and fewer accept that too much fuss is being made about the dangers of smoking.

Attitudes re Quitting

The only difference between this group and the adult population in general is that fewer quitters believe that "*People who are trying to quit need a lot of support and understanding*".

Attitudes Towards Tobacco Companies/Retailers

Quitters are more supportive than adults in general of both a ban on tobacco company sponsorships and a ban on the production and sale of tobacco products. However, fewer of them endorse that retailers should have the responsibility to curtail the sale of tobacco products to minors, albeit the vast majority do support this position.

Self-Esteem

The vast majority say they are proud not to be a smoker, although this sentiment is stronger among those who have not smoked 100 cigarettes in their lifetime..

Differences Between the Quitter Groups

As we saw with the smoker groups, quitters are also not a homogeneous group, with some notable differences in attitudes between those who have recently quit (i.e., in the past year) and those who have successfully stopped smoking for more than a year.

Social Environment of Smoking

Fewer *recent former smokers* strongly agree that it is becoming socially unacceptable to smoke, and more of them relative to *former smokers* associate with others who smoke. As well, fewer *recent former smokers* believe that teen smoking is on the increase.

Perceived Detriments/Benefits of Smoking

The two groups of quitters are more in agreement than disagreement about the detriments and benefits and differ only on the following:

- More of the *former smokers* strongly believe that neither pregnant women nor people their age should smoke cigarettes.
- More of the *recent former smokers* hold the belief that there is no harm in having an occasional cigarette

Attitudes re Quitting

More *former smokers* affirm that quitting smoking will allow people to do more things.

Attitudes Towards Tobacco Companies/Retailers

There is more support among *former smokers* than those who have more recently quit for banning both tobacco company sponsorships and production of tobacco products.

Self-Esteem

More of the *former smokers* are proud of maintaining their non-smoking status than *recent quitters*.

TABLE 11:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults (2,158) %	Quitters Total (632) %	Quitters Recent (150) %	Quitters Former (482) %
My family would prefer that I don't smoke	71	70	76	70
It is becoming socially unacceptable to be a smoker	58	[63]	(44)	[65]
More teens than ever before are smoking	49	45 ↓	36 ↓	46 ↑
Most of the people I associate with smoke cigarettes	17	(11)	[34]	(8)
More adults than ever before are smoking	9	9	13	8

TABLE 12:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	Quitter		
		Total	Recent	Former
	(2,158) %	(632) %	(150) %	(482) %
Women who are pregnant should not smoke	92	94↑	88↓	94↑
Preventing teenagers from starting to smoke is very important	88	89	85	89
People my age should care about not smoking cigarettes	76	[82]	(69)	[83]
Smoking helps people relax	22	21	24	20
Smoking helps people keep their weight down	16	17	15	18
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	18	18	18
Too much fuss is made today about the dangers of smoking	16	13↓	13	13
Smoking can help people when they are bored	13	(10)	8	10
There is no harm in having an occasional cigarette	15	(11)	16↑	10↓
It's safe to smoke for a year or two	5	5	5	5

TABLE 13:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Adults	Quitters		
		Total	Recent	Former
	(2,158) %	(632) %	(150) %	(482) %
Attitudes Re Quitting				
People who are trying to quit need a lot of support and understanding	79	(73)	73	73
I tend to admire people of my age who quit smoking	78	80	80	80
People who quit smoking will be able to do a lot more things	62	64	(52)	[65]
Attitudes to ETS				
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	85	81	86
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	64	57	64
Attitudes to Tobacco Companies/Retailers				
Retailers should refuse to sell tobacco products to minors	90	(87)	88	87
Sponsorship of sporting or cultural events by tobacco companies should be banned	38	42 ↑	(31)	[43]
By the year 2000, the production and sale of tobacco should be banned in Canada	33	[38]	(25)	[40]
Self-Esteem				
I am proud that I don not smoke	--	(86)	(77)	[87]

SUSCEPTIBLE NON-SMOKERS

There a total of four changes that have occurred between 1995 and 1996:

Social Environment of Smoking

Fewer susceptible non-smokers report family pressure on them not to smoke (85% "agreed a lot" in 1995 vs. 64% in 1996), whereas we see an increase in the proportion of those who strongly believe that it is increasingly unacceptable to be a smoker (37% "agreed a lot" in 1995 vs. 50% in 1996).

Perceived Detriments/Benefits of Smoking

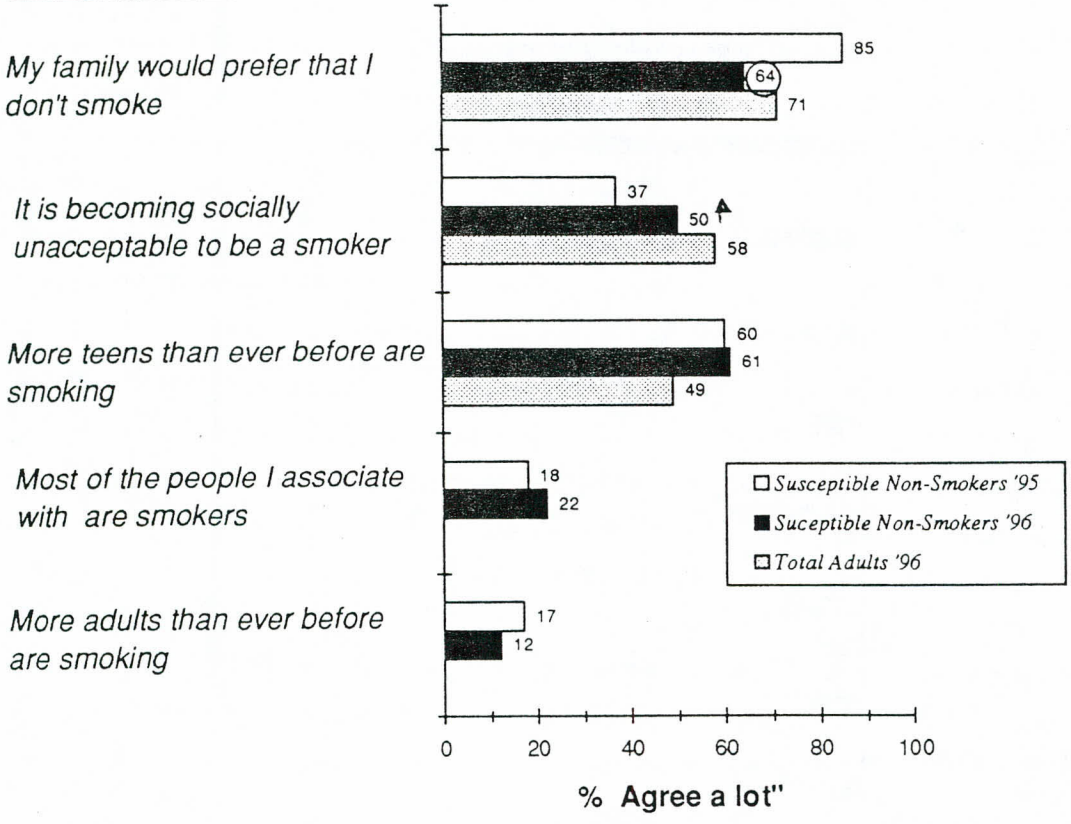
The only change here is that more in this group now strongly support the need to prevent teenagers from starting to smoke (76% "agreed a lot" in 1995 vs. 88% in 1996).

Self-Esteem

More in this group report feeling pride about their non-smoking status than did last year -- 73% "agreed a lot" in 1995 vs. 86% in 1996.

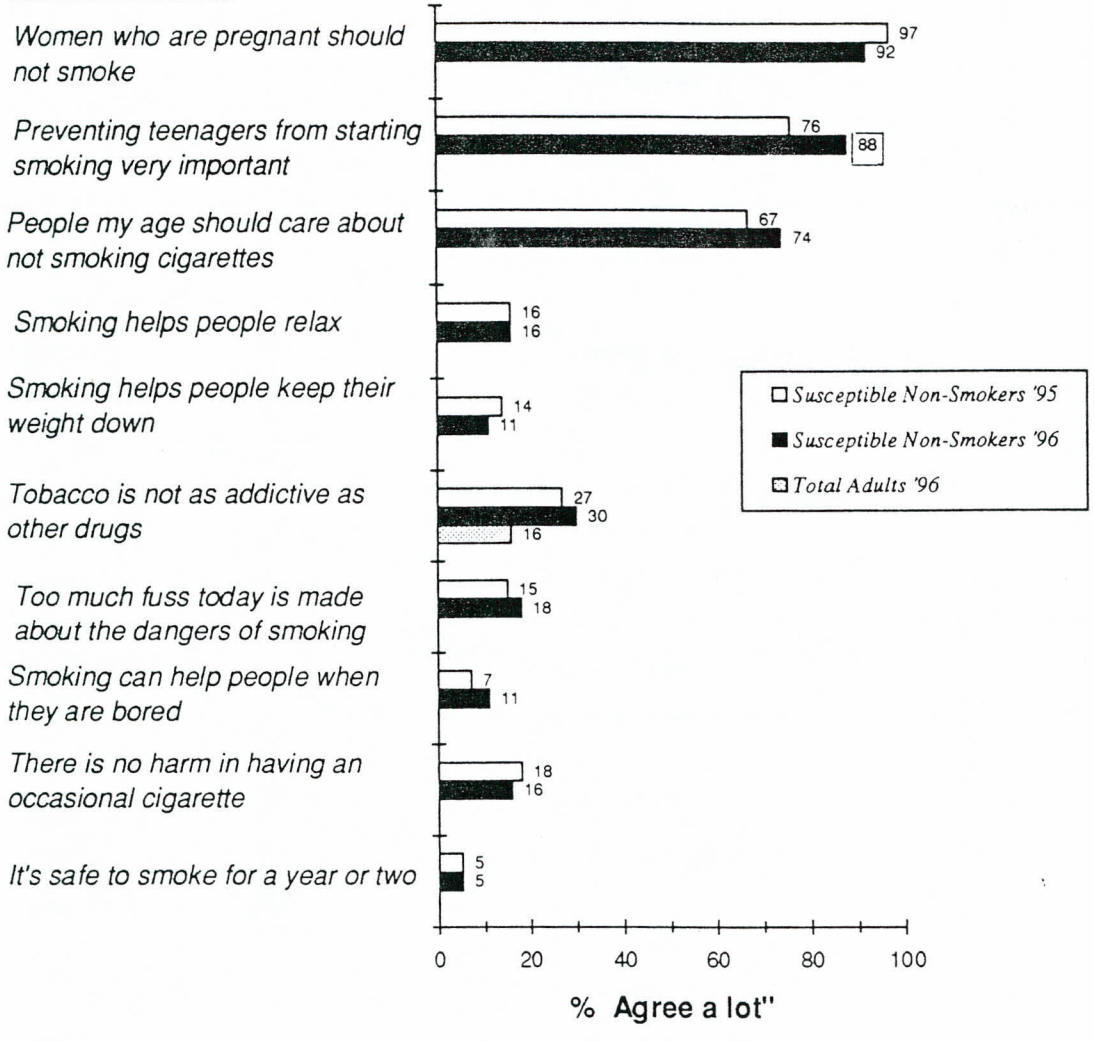
Susceptible Non-Smokers
-- Social Environment of Smoking --

Vs. Total Adults

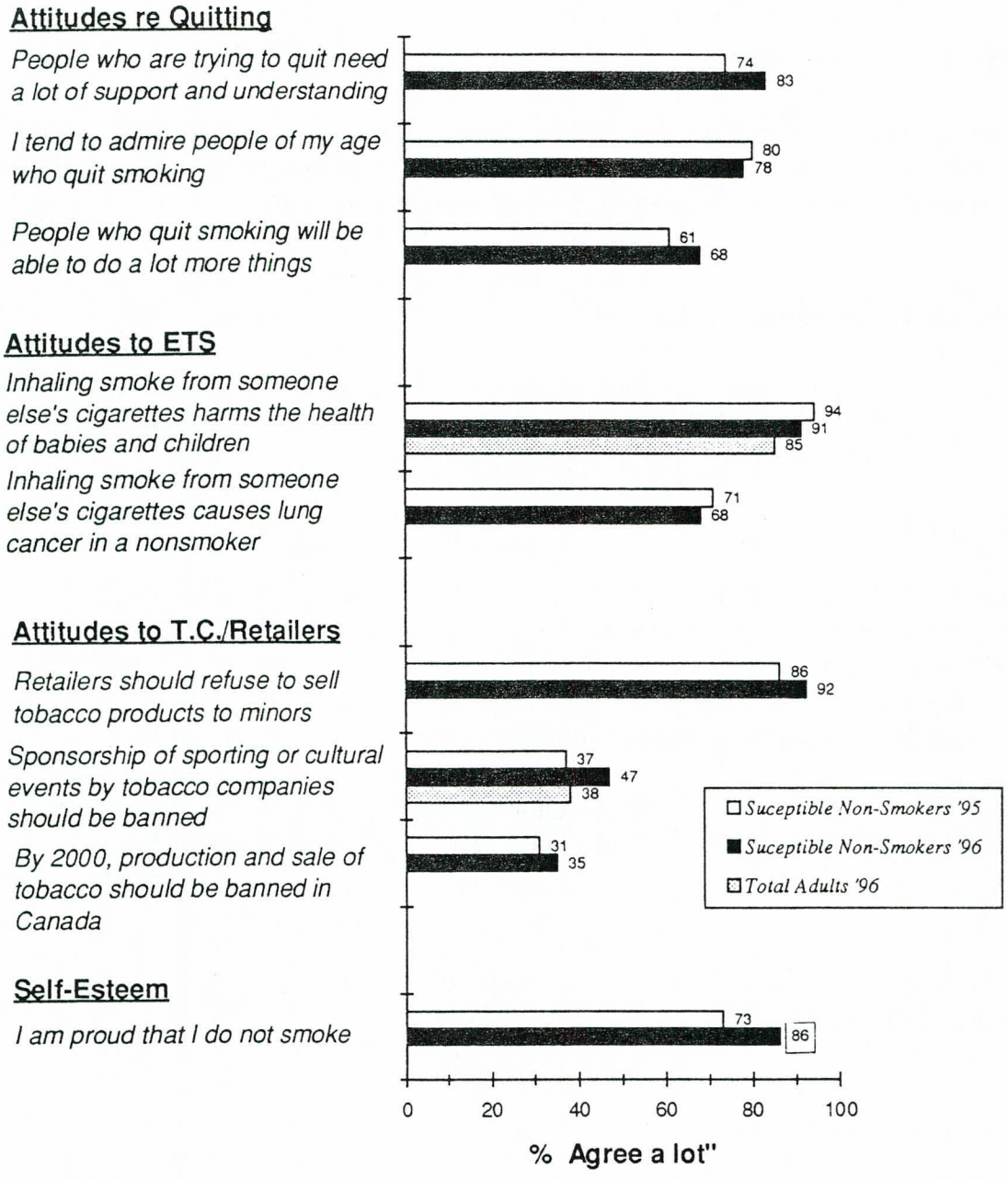


Susceptible Non-Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults



Susceptible Non-Smokers
-- Other Attitudes --



EMPHATIC NON-SMOKERS

Between 1995 and 1996, the following shifts have occurred:

Social Environment of Smoking

Fewer emphatic non-smokers report that "*My family would prefer that I don't smoke*" (87% "agreed a lot" in 1995 vs. 76% in 1996). Also, more in this group strongly hold the position that teen smoking is on the increase -- 48% "agreed a lot" in 1995 vs. 56% in 1996.

Perceived Detriments/Benefits of Smoking

Probably linked to their perception that the number of teens smoking is increasing, more emphatic non-smokers strongly believe that "*Preventing teenagers from starting to smoke is very important*" (89% in 1995 "agreed a lot" vs. 93% in 1996).

Attitudes re Quitting

More in this group believe that people trying to quit need support and understanding (82% "agreed a lot" in 1995 vs. 86% in 1996), and also that life after cessation will allow people to be more active (62% "agreed a lot" in 1995 vs. 69% in 1996).

Attitudes Towards Tobacco Companies/Retailers

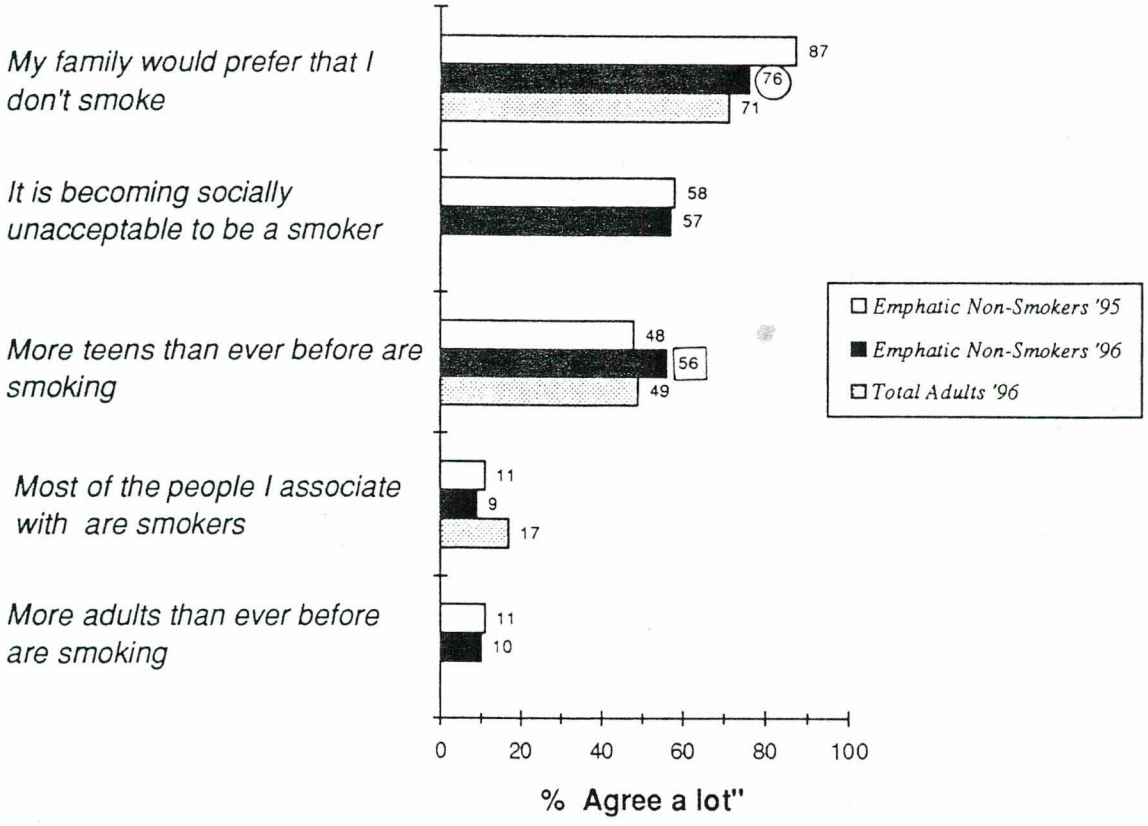
As with other groups, we note a drop in support for government ban of tobacco company sponsorship of sporting or cultural events (53% in 1995 "agreed a lot" vs. 45% in 1996).

Self-Esteem

There is a large increase in the percentage who "agree a lot" that they are proud to be non-smokers -- 76% in 1995 vs. 91% in 1996.

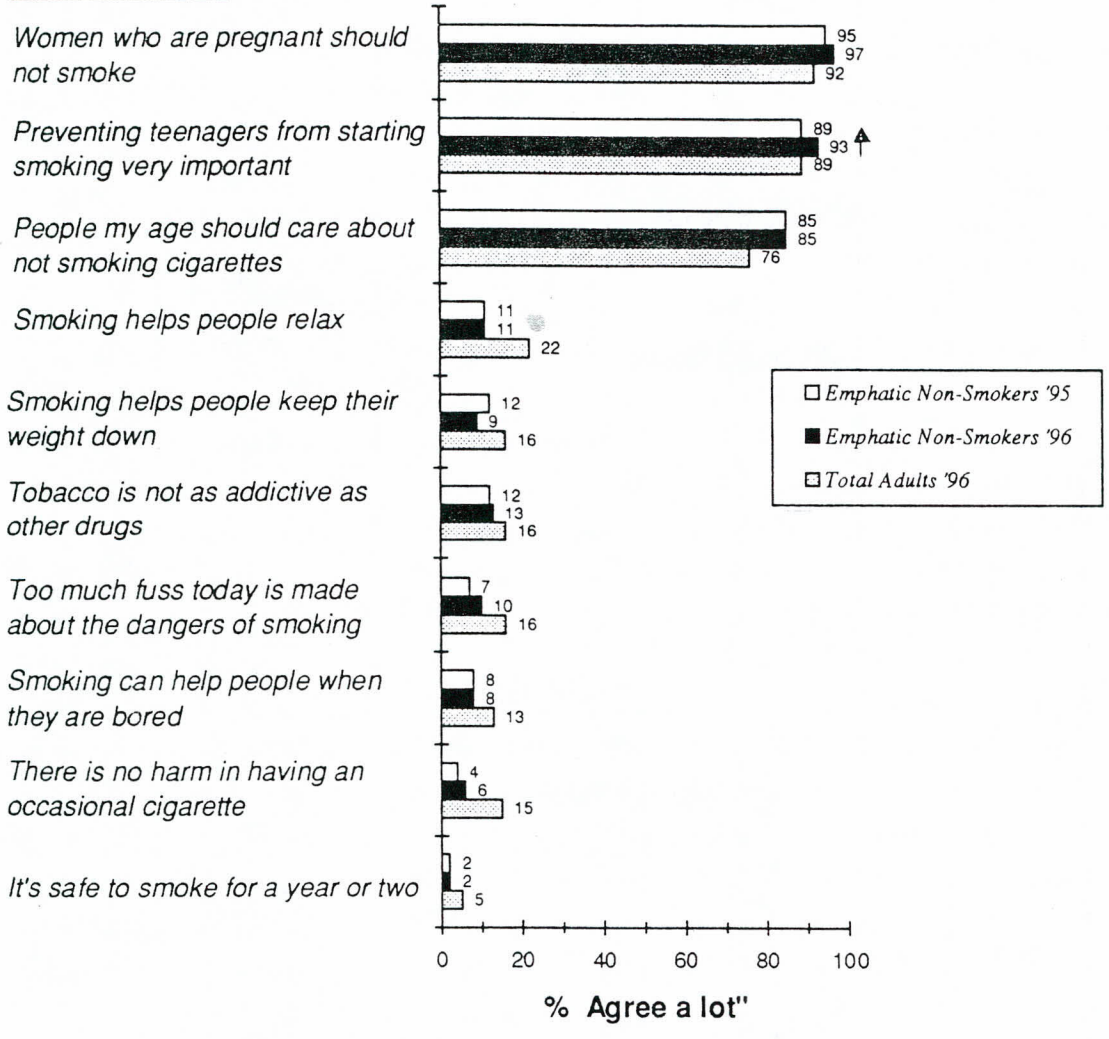
Emphatic Non-Smokers
-- Social Environment of Smoking --

Vs. Total Adults

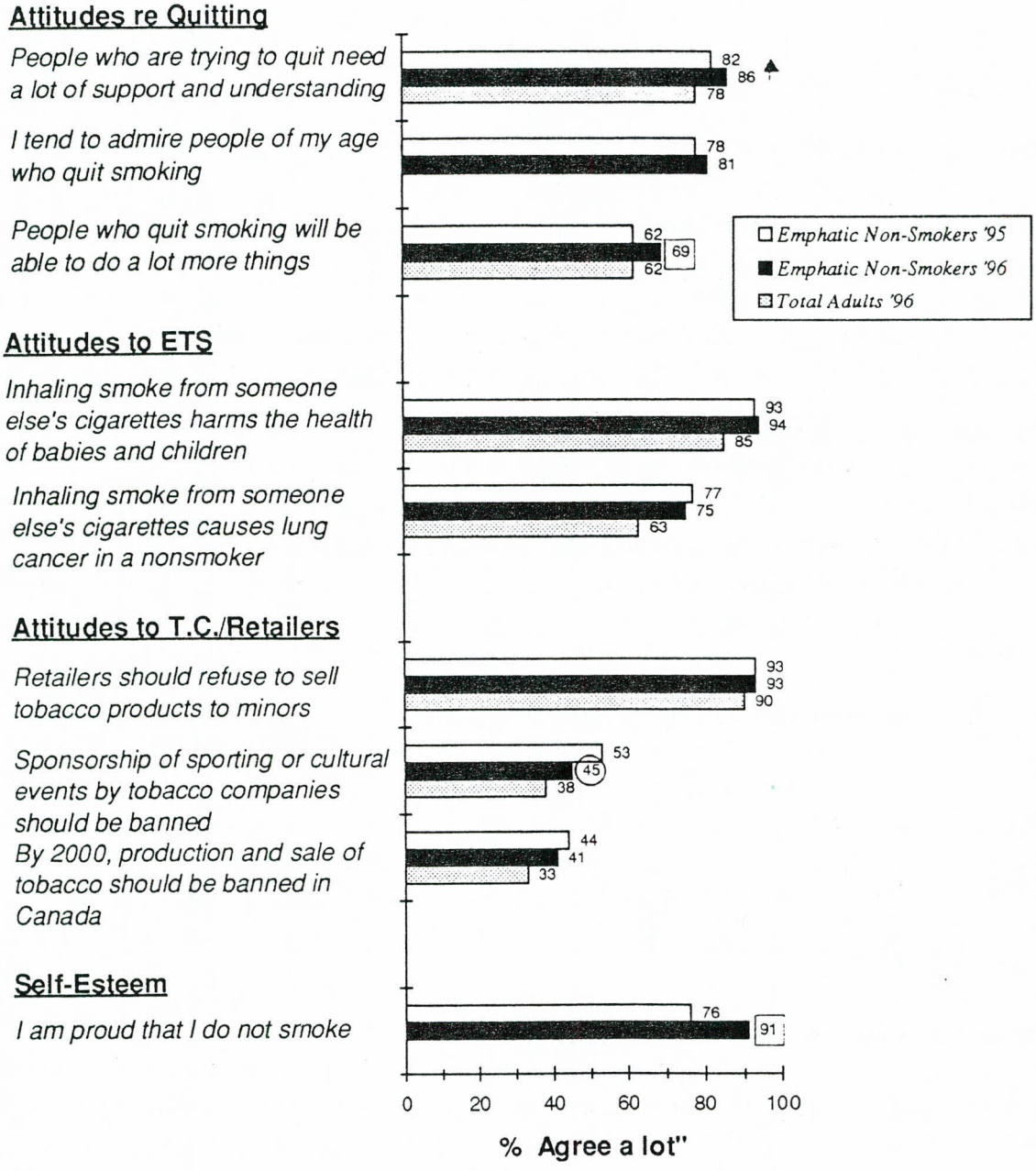


Emphatic Non-Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Adults



Emphatic Non-Smokers
-- Other Attitudes --



SUMMARY OF NON-SMOKER GROUPS (Reference: Tables 14 - 16)

The following pages detail the comparisons between the non-smoker adult groups and the general population.

Total Adults vs. Total Non-Smokers

Social Environment of Smoking

More non-smokers indicate family pressure on them not to smoke and less association with smokers.

When it comes to their perception of teenage smoking, more non-smokers than the general population strongly believe that smoking is on the increase among teenagers.

Perceived Detriments/Benefits of Smoking

In almost all regards, non-smokers are different from the adult population in general. Significantly more non-smokers agree that there are detriments associated with smoking and significantly fewer agree with any of the potential benefits of smoking.

Attitudes to ETS

Non-smokers hold the strongest views on the harmful effects of second-hand smoke among the adult population.

Attitudes re Quitting

Across the board, non-smokers are more supportive in their attitudes towards people who have quit or are trying to quit, and more of them also believe that "*People who quit smoking will be able to do a lot more things*".

Attitudes Towards Tobacco Companies/Retailers

More non-smokers strongly support all policies related to curtailing the sale of tobacco products and ban on the tobacco industry.

Self-Esteem

More in this group are proud of their non-smoking status than are those in the former smoker groups.

Differences Between the Non-Smoker Groups

To remind the reader, a pre-condition for inclusion in the non-smoker category was that an individual had not smoked a total of 100 cigarettes in their lifetime, and that requirement held true for both "susceptible" and "emphatic" non-smokers. Nonetheless, there are some differences between these two groups of non-smokers, most notably in their views about the detriments of smoking cigarettes..

Social Environment of Smoking

Fewer *susceptible non-smokers* report family pressure not to smoke, and more say they associate with people who smoke than do *emphatic non-smokers*..

Perceived Detriments/Benefits of Smoking

The two groups of non-smokers are not different in their views on the benefits of smoking. Rather, they differ on their overall perception of the addictiveness of tobacco and the danger it represents. This is illustrated by the following:

- Far more of the *susceptible non-smokers* support the view that "*Tobacco is not as addictive as other drugs such as heroin or cocaine*".
- More *susceptible non-smokers* hold the belief that "*There is no harm in having an occasional cigarette*" and "*Too much fuss is made today about the dangers of smoking*"

In light of these attitudes, it is also not surprising that relative to *emphatic non-smokers* fewer of those in the *susceptible* group strongly support either of the following: "*People my age should care about not smoking cigarettes*" and "*Preventing teenagers from starting to smoke is very important*".

TABLE 14:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults	Non-Smokers		
		Total	Sucept.	Emph.
	(2,158) %	(666) %	(165) %	(501) %
My family would prefer that I don't smoke	71	[75]	(64)	[76]
It is becoming socially unacceptable to be a smoker	58	56	50	57
More teens than ever before are smoking	49	[57]	61	56
Most of the people I associate with smoke cigarettes	17	(10)	[22]	(9)
More adults than ever before are smoking	9	10	12	10

TABLE 15:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Adults (2,158) %	Non-Smokers Total (666) %	Non-Smokers Sucept. (165) %	Non-Smokers Emph. (501) %
Women who are pregnant should not smoke	92	94 ↑	(88)	[94]
Preventing teenagers from starting to smoke is very important	88	[92]	88 ↓	93 ↑
People my age should care about not smoking cigarettes	76	[84]	(74)	[85]
Smoking helps people relax	22	(12)	16	11
Smoking helps people keep their weight down	16	(10)	11	9
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	14	[30]	(13)
Too much fuss is made today about the dangers of smoking	16	(10)	[18]	(10)
Smoking can help people when they are bored	13	(8)	11	8
There is no harm in having an occasional cigarette	15	(7)	[16]	(6)
It's safe to smoke for a year or two	5	3	5 ↑	2 ↓

TABLE 16:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Adults	Non-Smokers		
		Total	Sucept.	Emph.
	(2,158) %	(666) %	(165) %	(501) %
Attitudes Re Quitting				
People who are trying to quit need a lot of support and understanding	79	86	83	83
I tend to admire people of my age who quit smoking	78	81	78	81
People who quit smoking will be able to do a lot more things	62	69	68	69
Attitudes to ETS				
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	94	91	94
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	74	68	75
Attitudes to Tobacco Companies/Retailers				
Retailers should refuse to sell tobacco products to minors	90	93	92	93
Sponsorship of sporting or cultural events by tobacco companies should be banned	38	45	47	45
By the year 2000, the production and sale of tobacco should be banned in Canada	33	41	35	41
Self-Esteem				
I am proud that I don not smoke	--	91	86	91

MEASURES OF SOCIAL INFLUENCE

In the study we included a number of measures of social influence (beyond they measures referred to in the previous chapter):

- Everyone in the study was asked:
  - -- Do people in your close or immediate family smoke? (yes or no)
  - -- Do any of your friends who smoke say they should quit? (yes or no)

- Smokers were also asked the following:
  - -- In the past 6 months, has someone ever asked you not to smoke? (yes or no)
  - -- [If yes:] Who was the person who most recently asked you to do this?
  - -- [If yes:] And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

- We also believed that whether an individual smoked or not, there may be occasions or situations in which they might ask someone else not to smoke. To ascertain this, the following series of questions was asked of everyone:
  - -- In the past 6 months, have you ever asked someone not to smoke? (yes or no)
  - -- [If yes:] Who was the person you most recently asked not to do this?
  - -- What is the one most important reason that you might ask someone not to smoke?

    You want to protect your own health
    You want to protect children
    You personally object to smoking
    You want to protect non-smokers
    You are concerned about that person's health
    You find tobacco smoke irritating
  - -- And the last time you asked someone not to smoke, were you successful -- that is, did the person stop smoking or not? (yes or no)

SOCIAL INFLUENCES

In this section we will report on the results from the 1996 study and note any changes that have occurred since 1995.

Family and Friends (Reference: Table 17)

In 1996, 58% of total adults report that members of their close or immediate family smoke. Current smokers and those who have recently quit report higher levels.

This is up from last year, when 52% reported smokers in their family, and interestingly, this increase is traceable to the *susceptible non-smoker* group, more of whom now indicate being in contact with smokers (43% in 1995 vs. 59% in 1996).

Canadians say that the majority of their friends who smoke say they should quit (73%). Higher proportions are reported by *regular smokers thinking of quitting* (82%), by *occasional smokers* (83%), and *recent former smokers* (82%).

Smokers (Reference: Table 18)

Sixty percent of smokers report that someone has asked them to stop smoking in the past 6 months, up from 53% in 1995. Notable is that roughly the same proportion in all three smoker groups reported being asked by someone not to smoke; however, the largest increase in reporting this occurrence is among *emphatic smokers* (45% in 1995 vs. 58% in 1996 say they were asked by someone not to smoke).

On the most recent such occasion, the majority were asked by relatives to stop smoking (59%) -- particularly a spouse/partner (21%) or a child (19%). Another 23% say friends initiated this request.

Fifty-five percent report that the individual who made the request to stop smoking was not successful (i.e., they did not stop smoking). However, 38% did cut down, and 17% said they did stop smoking -- the latter being situational cessation rather than long-term cessation of smoking. The only difference in the results between 1995 and 1996 is that more cut down this year than last (31% in 1995 vs. 38% in 1996).

The differences between the smoker groups in 1996 are as follows:

- *Emphatic smokers* were equally likely to be asked to stop smoking by a relative or someone unrelated to them, whereas more *regular smokers thinking of quitting* and *occasional smokers* were asked to stop smoking by a relation.

  This represents a change from 1995 for *occasional smokers* -- in 1995, 49% reported being asked by a relative to stop smoking. In 1996, this has increased to 68%.

- Across the three smoker groups, a spouse/partner or child were equally likely to have initiated the request to stop smoking. This again represents a change among *occasional smokers*, as we see an increase in child-initiated requests (9% mentioned a child in 1995 vs. 21% in 1996).
- There is a direct correlation with commitment to smoking and complying with the request to stop smoking -- least likely to have done so are *emphatic smokers* (55% did not stop in any way), and most likely are *occasional smokers* (33% did not stop in any way).

ASKING SOMEONE ELSE NOT TO SMOKE (Reference: Table 19)

Just under 4 in 10 Canadians (37%) have asked someone not to smoke in the past 6 months, a drop from 41% in 1996. As one would expect, there is a direct correlation between the likelihood of someone making such a request and their commitment to smoking or to not smoking: the incidence of asking others not to smoke went from a low of 11% among *emphatic smokers*, up to a high of 50% among *non-smokers*.

We also note that those who said they saw any of the 1996 ads (aided), were also more likely to have asked someone not to smoke than those who were not aware of any of the ads (40% vs. 35%).

When we look at who they asked to stop smoking, we see a pattern different from that described in the preceding section. We see an almost equal proportion who have asked some unrelated person (particularly a friend) to stop smoking as have asked a relative to do so (52% vs. 48%, respectively). This represents a slight shift from 1995, in that we now see an increase in the proportion who have turned their attention to family (43% in 1995 vs. 48% in 1996 said they asked someone related to them to stop smoking).

Regular smokers thinking of quitting, *occasional smokers*, *recent former smokers*, and *susceptible non-smokers* are the groups most likely to have requested a spouse/partner to stop smoking (between 20% - 28% vs. 12% average for total adults).

The outcome of the request to stop smoking is similar to what we saw in the previous section: 47% said the person stopped smoking, and the rest said the request had no effect -- i.e., the person did not stop smoking.

Nonetheless, a very interesting pattern emerged with regard to which group was more successful in getting someone else to stop smoking. The group that was far more successful than the others are regular smokers -- 56% of whom report that they were successful, and particularly *emphatic smokers* (71% reported that the person they asked to stop smoking did so).

What is the most important reason for asking someone not to smoke? Among the total sample the top four reasons in rank order were:

You are concerned about the person's health	34%
You find tobacco smoke irritating	23%
You want to protect your own health	16%
You want to protect children	16%

The remaining reasons were:

You personally object to smoking	7%
You want to protect non-smokers	5%

Notable are the following:

-- *Smokers* and *recent former smokers* more often give as their reason "to protect children"

-- *Occasional smokers* most often cite concern about the smokers' health as a motivation for asking them to stop smoking

TABLE 17:
SOCIAL INFLUENCES ON SMOKING

	Total Adults (2,158) %	Smokers			Quitters		Non-Smokers	
		Emphatic (335) %	Regular/ Quitting (325) %	Occas. (200) %	Recent Former (150) %	Former (482) %	Suscept. (165) %	Emphatic (501) %
% saying people in close family smoke	**58**	73	76	62	67 ↑	53 ↓	59	47
% saying friends who smoke say they (friends) should quit	**73**	75	82	83	82	71	70	69 ↓

TABLE 18:
SOCIAL INFLUENCES ON SMOKING

	Total Smokers	Smokers: Emphatic	Smokers: Regular/ Quitting	Smokers: Occasional
	(860)	(335)	(325)	(200)
	%	%	%	%
% saying someone has asked them to stop smoking in the past 6 months	60	58	63	56
Base: Those who have been asked not to smoke	(500)	(187)	(204)	(109)
Who most recently asked them not to smoke:				
Total Relative	**59**	**50**	**62**	**68** ↑
Spouse/partner	21	18	22	25
Child	19	(13)	21	21
Parent	11	8	12	12
Brother/sister	4	5	3	4
Other relative	5	6	5	7
Total Unrelated	**41**	[50]	**38**	**32** ↓
Friend	23	28 ↑	21	22
Other unrelated person	18	22 ↑	18	11 ↓
Action Taken				
Did not stop smoking	45	[55]	42	(33)
Cut down on smoking	38	(26)	[44]	45
Stopped smoking	17	20	14	22

TABLE 19:
RESPONDENT INITIATED REQUEST TO SOMEONE NOT TO SMOKE

	Total Adults (2,158) %	Smokers: Emphatic (335) %	Smokers: Regular/ Quitting (325) %	Smokers: Occas. (200) %	Quitters: Recent Former (150) %	Quitters: Former (482) %	Non-Smokers: Suscept. (165) %	Non-Smokers: Emphatic (501) %
% who have asked someone not to smoke in past 6 months	**37**	(11)	(22)	31	34	41 ↑	[51]	[50]
***Base:** Asked someone not to smoke*	**(769)**	(39*)	(70)	(65)	(54)	(207)	(84)	(250)
Who asked to stop smoking:	**%**	%	%	%	%	%	%	%
Total Related	**48**	**42**	**56**	**50**	**57**	**46**	**57**	**46**
Spouse/partner	**12**	12	[22]	[22]	[28]	13	20 ↑	8
Parent	**9**	15	6	5	3	6	13	11
Child	**9**	10	14	10	5	11	4	9
Brother/sister	**7**	2	4	7	15 ↑	6	7	8
Other relative	**10**	4	10	7	7	11	13	11
Total Unrelated	**52**	**58**	**44**	**50**	**43**	**54**	**43**	**54**
Friend	**37**	43	37	40	34	35	37	38
Other	**15**	15	7 ↓	10	9	20	6 ↓	16

TABLE 19 (Cont.):
RESPONDENT INITIATED REQUEST TO SOMEONE NOT TO SMOKE

		Smokers			Quitters		Non-Smokers	
	Total Adults	Emphatic	Regular/ Quitting	Occas.	Recent Former	Former	Suscept.	Emphatic
Base: *Asked someone not to smoke*	(769) %	(39*) %	(70) %	(65) %	(54) %	(207) %	(84) %	(250) %
Outcome of request not to smoke								
Person stopped smoking	47	[71]	51	40	(30)	43	45	49
Person did not stop smoking	53	(29)	49	61	[71]	57	55	51
Most important reason for asking not to smoke								
You are concerned about person's health	34	35	37	48 ↑	35	31	41	33
You find tobacco smoke irritating	23	9 ↓	19	(9)	22	27	19	24
You want to protect your own health	16	1 ↓	--	16	11	18	19	20
You want to protect children	16	[48]	[39]	25 ↑	[32]	13	11	(10)
You personally object to smoking	7	--	--	--	1	5	6	10
You want to protect non-smokers	5	7	5	1	--	6	4	4

TABLE 20:
PERCEIVED IMPACT OF FEBRUARY 1994 PRICE DROP

	Total Adults (2,158) %	Smokers: Emphatic (335) %	Smokers: Regular/ Quitting (325) %	Smokers: Occas. (200) %	Quitters: Recent Former (150) %	Quitters: Former (482) %	Non-Smokers: Suscept. (165) %	Non-Smokers: Emphatic (501) %
Perception of # of People Smoking								
No change in # smoking	51	[71]	[63]	[65]	57	47↓	42↓	(41)
More people are smoking	33	(20)	(23)	(24)	30	34	40↑	[43]
Less people are smoking	10	(6)	11	9	9	11	14	9
Don't know	6	3↓	3↓	2↓	3	8	4	7
Personal Smoking Behaviour								
Base: Smokers	(860) %	(335) %	(325) %	(200) %				
Smoking about the same	76	[85]	74	(64)				
Smoking less	18	(10)	20	[27]				
Smoking more	6	5	7	8				

PRICING

Another area we covered related to the drop in the price of cigarettes. All study participants were asked the first question below, and all smokers were asked the second as well:

1) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that . . .

   More people are smoking
   Less people are smoking
   There has been no change in the number of people you see smoking?

2) And what about you? Would you say that you are smoking more, less or about the same now as you were before the drop in the price of cigarettes?

CIGARETTE PRICES (Reference: Table 20)

Among total adults, 33% believe that more people are smoking now as a result of the cigarette price drop in February 1994. Of the remainder, 51% believe that there has been no change in the number of smokers, and 10% believe that there are now fewer people smoking.

Changes since the 1995 measurement period are that fewer people in 1996 believe that "more people are smoking" (38% gave this as their opinion in 1995 vs. 33% in 1996), and conversely, more now say that "less people are smoking" (8% in 1995 vs. 10% in 1996).

Perceptions of the impact of the price drop continue to vary as a function of smoking status:

- -- The majority of smokers (63% - 71%) believe that there has been no change in the number of smokers since the price drop in February 1994. Only 20% - 24% think the number of smokers has increased.
- -- Non-smokers, however, are more evenly split in terms of seeing either no change in the number of smokers (41% - 42%) or seeing an increase (40% - 43%).
- -- The only difference between the two measurement periods is seen for the quitters: fewer recent former smokers believe that more people are now smoking (42% in 1995 vs. 30% in 1996), a view they share with former smokers (41% in 1995 felt more people were smoking vs. 34% in 1996).

When asked about their own smoking behaviour as a result of the price drop, most smokers continue to say they are smoking about the same amount (76%), albeit this is a slight drop from the 80% who gave this response in 1995. Of the remainder, 18% said they are smoking less, and only 6% say they are smoking more.

ADVERTISING

In this chapter, we look at the impact of the anti-smoking advertising campaign on adult Canadians, separately for those in English Canada and those in Québec.

For reference, we list below the various advertising-related questions that were asked.

Unaided Advertising Awareness

1) The next few questions are about advertising. Thinking about advertising on television, have you seen any ads about not smoking cigarettes recently? (yes or no)

2) Please tell me everything you can remember about the last advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show?

3) What was the ad trying to tell you about smoking?

4) Have you seen any other ads about not smoking cigarettes recently? (yes or no)

5) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show?

6) What was the ad trying to tell you about smoking?

Aided Advertising Awareness

1) I am going to read you a description of several different TV ads about not smoking cigarettes that are sponsored by Health Canada. For each one, I'd like you to tell me whether you have seen it or not.

This TV ad shows the inside of a cancerous lung. The announcer talks about the many hazardous chemicals the lung has inhaled from tobacco smoke. Very laboured breathing is heard throughout the ad. At the end of the commercial, the announcer tells us that the lung belongs to a non-smoker.

This TV ad shows various bottles of poisons and toxic chemicals. Each poison or chemical is labeled as being "light", "ultra light", or "extra mild". Beautiful music plays in the background. The ad then shows a package of light cigarettes, and the announcer says no matter what they are called they will still kill you.

This TV ad shows people who suffer from various illnesses like coronary disease, lung cancer, emphysema and asthma. Through each of these scenes there is a hazy smoke that can be seen. The announcer explains that these people are all non-smokers who suffer from the effects of second-hand smoke.

Reaction to the Advertising

1) For each statement I read you, please tell me if you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that it describes this ad.

   It told you something you didn't know.
   What it said and showed had meaning to you personally.
   You are getting tired of seeing it.

2) Please indicate to what extent you agree or disagree with each of the following statements. (4-point scale)

   The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads.
   The ads very clearly get across the need to respect the health of non-smokers.
   The ads have successfully brought out the issue of the harmfulness of tobacco.
   The ads discourage young people from starting to smoke.
   The ads make you think smoking is a serious health issue for Canadians.
   The ads increase your concerns about the dangers of smoking.

3) Do you think these ads made people stop and think about the harmful effects of smoking cigarettes . . .

   For smokers themselves?
   For children and infants around smokers?
   For others around smokers?

4) What would you say is the likely influence of ad(s) like this/these on people like yourself? Would this/these ad(s) influence someone like yourself to want to . . .

   <u>Not</u> start smoking
   Stop smoking
   Cut down on smoking
   Start smoking
   Keep on smoking
   Keep on smoking but change where I smoke
   No influence at all

5) I am going to read to you a list of possible reactions people might have to these ads. Which, if any, applies to you after seeing it/them?

   It has made it easier to quit smoking
   It has made it easier to cut down on smoking
   It has made it easier not to start smoking
   It has helped in my choice not to smoke
   No influence at all

Dialogue about Smoking Resulting from Seeing Ads

1) As a result of these ads, have you talked to someone about smoking and the potential problems smoking can cause? (yes or no)

2) Who were these people? (Both smokers and nonsmokers, Smokers only, Nonsmokers only)

We have also included in this section, any differences noted in attitudes and beliefs about smoking held by those aware of advertising vs. those not aware of advertising.

ENGLISH CANADA

UNAIDED AWARENESS OF ADVERTISING (Reference: Tables 21 - 31)

Total Adults

Just over half of English-Canadian adults (52%) claimed to have seen any anti-smoking advertising.

On a proven recall basis (that is when we can clearly identify that indeed people have seen particular ads based on their ability to describe them), there does not appear to be one single ad that stands out. The highest recall level reported is at 7% for the 1995 Health Canada "*Cocktail*" commercial. The other most frequently recalled ads are shown below:

	Total
	%
"Cocktail"	7
"School Yard"	6
"Poisons"	5
"Girl in Mirror" (Ontario ad)	5
"Not Much"	4
"Getting Hooked" (Québec ad)	3
Lung Association	3

All other ads, including "*Lungs*" and "*Vignettes*" (the other two ads in Health Canada's 1996 campaign), show proven recall levels of 2% or less among adults in English Canada.

There are a couple of points we would like to make about the unaided advertising recall results:

- Despite the activity level noted in advertising by different regions or provinces, there were no differences noted for "proven recall" levels for any of the Health Canada ads, either for the 1996 anti-smoking campaign, of for any previous campaigns.

- The following are some regional differences noted for the Atlantic provinces and British Columbia:
  - -- In the Atlantic, there is significantly higher level of "claimed" advertising recall (60% vs. 52% among English-Canada adults), and this is directly related to higher recall of the Maritime provinces' own current anti-smoking campaign. Eight percent of Maritimers demonstrate "proven recall" for each of the two ads "*Pregnant Woman*" and "*Old Man*".
  - -- In British Columbia, we see a significantly higher recall of the ad "*Girl in Mirror*" than elsewhere in English Canada (10% vs. 5%).

- By smoking continuum group, we note the following differences:

  ◊ Relative to total adults, the 1996 ads performed differently by group:
  - -- "*Poisons*": higher "proven recall" among *occasional smokers* (10%) and *recent former smokers* (9%)
  - -- "*Lungs*": higher "proven recall" among *susceptible non-smokers* (5%)
  - -- "*Vignettes*": higher "proven recall" among *recent former smokers* (5%)

  ◊ Two ads from Health Canada's 1995 campaign also performed better among some groups than others:
  - -- "*Cocktail*": higher "proven recall" among *occasional smokers* (13%) and *regular smokers thinking of quitting* (12%)
  - -- "*Not Much*": higher "proven recall" among *recent former smokers* (9%)

  ◊ Health Canada's "*School Yard*" ad is most memorable with *emphatic smokers* (12%) and *occasional smokers* (11%).

Tables 23 - 31 show the actual elements of each ad recalled, divided into content recall (what was said and shown) and message -- i.e., what people believe to be the main idea that was being communicated in the ad.

TABLE 21:
UNAIDED ADVERTISING AWARENESS
-- English Canada --

	Total Adults	Atl.	Ont.	Prair.	B.C.
Base: Total Respondents	1,526	329	536	339	322
	%	%	%	%	%
Claimed to have seen any advertising	**52**	**60**	**50**	**54**	**51**
Proven Recall					
Health Canada *1996* Campaign					
Poisons	5	5	4	5	4
Lungs	2	2	2	2	1
Vignettes	2	1	3	1	1
Health Canada *1995* Campaign					
Cocktail	7	6	8	5	6
Not Much	4	4	4	3	4
Doll House	1	1	1	2	--
Health Canada Other					
School Yard	6	5	5	7	7

TABLE 21:
UNAIDED ADVERTISING AWARENESS (Cont'd)
-- English Canada --

	Total Adults	Atl.	Ont.	Prair.	B.C.
Base: Total Respondents	1,526	329	536	339	322
	%	%	%	%	%
Ontario					
Girl in Mirror	5	(1)	5	2↓	[10]
Pool of Chemicals	2	1	3	1	**
Quebec					
Getting Hooked	3	4	2	4	2
Maritimes					
Pregnant Woman	2	8	1	2	**
Old Man	1	8	--	--	**
Lung Association	3	4	3	5	2

TABLE 22:
UNAIDED ADVERTISING AWARENESS
-- English Canada --

	Total Adults	Smokers: Emphatic	Smokers: Regular/ Quitting	Smokers: Occas.	Quitters: Recent Former	Quitters: Former	Non-Smokers: Suscept.	Non-Smokers: Emphatic
Base: Total Respondents	1,526	229	228	140	107	332	93	397
	%	%	%	%	%	%	%	%
Claimed to have seen any advertising	**52**	**57**	[61]	[65]	**57**	(42)	**42** ↓	**52**
Proven Recall								
Health Canada *1996* Campaign								
Poisons	5	3	4	[10]	[9]	5	2	4
Lungs	2	4	3	4	2	1	5 ↑	1
Vignettes	2	2	2	1	5 ↑	1	--	2
Health Canada *1995* Campaign								
Cocktail	7	8	[12]	[13]	11	5	2	5
Not Much	4	5	5	4	[9]	5	5	3
Doll House	1	1	**	3	--	**	--	2
Health Canada Other								
School Yard	6	[12]	4	[11]	7	(3)	2	8

TABLE 22:
UNAIDED ADVERTISING AWARENESS (Cont'd)
-- English Canada --

		Smokers			Quitters		Non-Smokers	
	Total Adults	Emphatic	Regular/ Quitting	Occas.	Recent Former	Former	Suscept.	Emphatic
Base: Total Respondents	1,526	229	228	140	107	332	93	397
	%	%	%	%	%	%	%	%
Ontario								
Girl in Mirror	5	4	6	9↑	7	(2)	9	5
Pool of Chemicals	2	1	1	1	--	2	2	2
Quebec								
Getting Hooked	3	3	2	3	5	2	2	3
Maritimes								
Pregnant Woman	2	1	3	1	2	1	--	2
Old Man	1	1	1	1	2	1	--	1
Lung Association	3	2	[7]	4	7↑	2	2	3

TABLE 23:
ELEMENTS/MESSAGES RECALLED FOR "POISONS"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(121) %	(70) %	(51) %
Content			
Shows bottles of poisons/chemicals labeled light, mild, extra light	90	90	88
Shows pack of cigarettes labeled extra light and says no matter what they are labeled they will still kill you	78	79	78
Message			
Smoking will kill you/suck the life right out of you	38	44	27
Smoking is bad/dangerous/unhealthy	35	29	43
Cigarettes contain poisons/tar/toxins	27	23	33
Cigarettes are full of chemicals	23	21	23
Don't start smoking/say no	9	14 ↑	2
Smoking causes heart/lung/respiratory diseases	7	4	10
Smoking is like drinking poisons/chemicals	6	9	2

* *Major Mentions*

TABLE 24:
ELEMENTS/MESSAGES RECALLED FOR "LUNGS"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(56) %	(31)** %	(25)** %
Content			
Shows blackened lungs of non-smokers	100	100	100
Message			
Second-hand smoke is bad/unhealthy for babies/children/people	34	39	28
Smoking is bad/dangerous/unhealthy	32	26	40
Smoking causes heart/lung/respiratory diseases	20	16	20
Don't start smoking/say no	9	13	4
Smoking will kill you/suck the life right out of you	9	6	12
If you smoke, quit	7	13	--

* *Major Mentions*
** *Caution: small base size*

TABLE 25:
ELEMENTS/MESSAGES RECALLED FOR "VIGNETTES"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(45)** %	(29)** %	(16)** %
Content			
Shows a man, a woman , a girl, and a baby with chronic diseases -- all non-smokers	80	72	94
Shows a woman in a restaurant smoking and eating at the same time	18	28 ↑	--
Message			
Second-hand smoke is bad/unhealthy for babies/children/people	62	45	94
Smoking is bad/dangerous/unhealthy	16	24 ↑	--
Don't start smoking/say no	16	24 ↑	--
Second-hand smoke causes cancer	11	14	6
Second-hand smoke causes heart/lung/respiratory diseases	11	14	6
Smoking is dumb/makes you look dumb	7	10	--
Smoking is not cool/glamorous	7	10	--

* *Major Mentions*
** *Caution: small base size*

TABLE 26:
ELEMENTS/MESSAGES RECALLED FOR "COCKTAIL"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(219) %	(108) %	(112) %
Content			
Shows man drinking glass of cigarette juices -- he blows out smoke	62	64	60
Shows man in bar squeezing cigarettes into a glass	62	65	58
Shows man in bar squeezing cigarettes into his hand to make tobacco juice	35	32	38
Message			
Smoking is bad/dangerous/unhealthy	32	33	29
Cigarettes contain poisons/tars/toxins	30	20	38
Smoking is like drinking poisons/chemicals	24	26	21
Cigarettes are full of chemicals	20	18	21
Smoking is dirty/repulsive/ugly	13	11	13
Smoking will kill you/suck the life right out of you	11	15	6
Smoking causes heart/lung/respiratory diseases	8	6	10
Don't start smoking/say no	7	7	6
If you smoke, quit	5	5	4

* *Major Mentions*

TABLE 27:
ELEMENTS/MESSAGES RECALLED FOR "NOT MUCH"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(109) %	(63) %	(46)** %
Content			
Shows baby in a crib and shows smoke coming under door and through keyhole into baby's room	87	86	91
Shows baby's parents starting to smoke again -- ½ pack a day	53	52	52
Says by the time the baby is a year old he will have inhaled smoke from 7,000 cigarettes	24	33	11
Message			
Second-hand smoke is bad/unhealthy for babies/children/people	78	83	72
Smoking is bad/dangerous/unhealthy	15	21	7
Don't start smoking/say no	6	8	4
Second-hand smoke can kill	5	5	4

* *Major Mentions*
** *Caution: small base size*

TABLE 28:
ELEMENTS/MESSAGES RECALLED FOR "SCHOOL YARD"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(118) %	(94) %	(25)** %
Content			
Shows girl turning into cigarette when she lights up	60	61	56
Shows youths in school -- the one smoking turns into a cigarette	27	27	28
Shows youth/teens in schoolyard playing basketball	20	(15)	40
Shows girl throwing cigarette into garbage	5	6	--
Message			
Smoking is bad/dangerous/unhealthy	40	41	36
Don't start smoking/say no	23	26	12
Smoking is not cool/glamorous	19	22 ↑	4
Smoking makes you stink/gives you bad breath	10	9	16
Don't need to smoke to have fun/personal decision	9	7	12
Smoking is addictive/will get you hooked	8	6	16
Smoking will kill you/suck the life right out of you	7	5	8
If you smoke, quit	5	6	--
Smoking is dirty/repulsive/ugly	5	3	8
Other			
Ads are aimed at young people	15	19 ↑	--
Message from Health Canada	7	6	8

* *Major Mentions*
** *Caution: small base size*

TABLE 29:
ELEMENTS/MESSAGES RECALLED FOR "GIRL IN MIRROR"*
- 1996 -

	Total Adults
Base: Those recalling ad	(80)
	%
Content	
Shows girl smoking and looks in mirror -- she turns old and ugly	100
Message	
Smoking is bad/dangerous/unhealthy	44
Smoking ages you/shortens your life	34
Smoking will kill you/suck the life right out of you	24
Don't start smoking/say no	16
Smoking is not cool/glamorous	8
Smoking causes heart/lung/respiratory diseases	6
Smoking makes you stink/gives you bad breath	5
Other	
Ads are aimed at young people	9

* *Major Mentions*

TABLE 30:
ELEMENTS/MESSAGES RECALLED FOR "GETTING HOOKED"*
- 1996 -

	Total Adults	English Canada	Québec
Base: Those recalling ad	(323) %	(42)** %	(281) %
Content			
Shows teen saying she doesn't want to get/stay hooked	52	38 ↓	58
Shows teen walking; one girl asks another for a smoke and she says I don't smoke/not cool	43	33	44
Shows youths on hooks smoking	41	(19)	44
Shows teens talking about not smoking/how it can harm you	12	12	8
Shows girls saying I don't have to smoke to have fun	5	12	5
Message			
Smoking is addictive/will get you hooked/create a dependency	36	(17)	38
Don't start smoking/say no	33	38	32
Smoking is bad/dangerous/unhealthy	20	24	19
Don't want to start smoking/will get hooked	20	7 ↓	22
Don't need to smoke to have fun/personal decision	11	5	12
Other			
Ads are aimed at young people	14	21	13

* *Major Mentions*
** *Caution: small base size*

TABLE 31:
ELEMENTS/MESSAGES RECALLED FOR "LUNG ASSOCIATION"*
- 1996 -

	Total Adults
Base: Those recalling ad	(57)
	%
Content	
Shows mother in wheelchair smoking and coughing with daughter watching	74
Shows smoking is the #1 killer in Canada -- it kills 40,000 people a year	26
Message	
Smoking is bad/dangerous/unhealthy	42
Don't start smoking/say no	33
Smoking will kill you/suck the life right out of you	16
Second-hand smoke is bad/unhealthy for babies/children/people	16
Smoking causes heart/lung/respiratory diseases	12
If you smoke, quit	7
Other	
Ads are aimed at young people	9

* *Major Mentions*

AIDED AWARENESS OF ADVERTISING (Reference: Tables 32 - 33)

Total Adults

After being read a description of each of the three ads in the 1996 Health Canada anti-smoking campaign, just under half (47%) of adults in English Canada indicate they have seen at least one of the ads.

This represents a large drop from 1995, at which time 88% of English-Canadian adults said they had seen one or more of the television ads.

Note: Just as we saw no differences between the regions on unaided awareness of the 1996 ads, so again none exists on an aided basis.

Smoking Continuum Groups

There is only one difference between the average we have reported for total adults in 1996 and the smoking continuum groups -- more *occasional smokers* than other groups say they recall the advertising (57% vs. 47%).

The overall picture is as we have noted for adults -- i.e., in every smoking continuum group there is a large drop in awareness over the two measurement periods.

TABLE 32:
TOTAL ADVERTISING AWARENESS
-- English Canada --

	Total Adults	Atl.	Ont.	Prair.	B.C.
Base: Total Respondents	1,526	329	536	339	322
	%	%	%	%	%
Aware of any 1996 Health Canada ad	**47**	**49**	**46**	**45**	**51**
Aware of all 3 ads	**4**	**7**	**3**	**5**	**4**
Poisons	24	28	21	25	28
Lungs	23	24	24	21	23
Vignettes	21	25	21	20	19

TABLE 33:
TOTAL ADVERTISING AWARENESS
-- English Canada: Adults --

	Awareness of Any	
	1995	1996
	%	%
Total Adults	**88**	**47**
Smoking Continuum:		
Emphatic smokers	88	48
Regular smokers/thinking of quitting	93	44
Occasional smokers	91	57
Recent former smokers	96	49
Former smokers	85	47
Susceptible non-smokers	88	54
Emphatic non-smokers	87	46

REACTION TO THE ADVERTISING: Overview

Overall, despite the significant drop in advertising awareness levels, the 1996 campaign performed as well as the 1995 anti-smoking campaign on all key measurements.

REACTION TO THE ADVERTISING: Intended Messages/Sponsorship (Reference: Tables 34a - 34b)

Total Adults

The ads are seen by most Canadians to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	92%	71%
The ads have successfully brought out the issue of the harmfulness of tobacco	91%	69%
The ads very clearly get across the need to respect the health of non-smokers	87%	61%

While the majority of adults also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads increase your concerns about the dangers of smoking	81%	60%
The ads discourage young people from starting to smoke	60%	29%

Importantly, most see Health Canada as a credible source for these types of messages: 91% agree (71% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*. And in this regard, the 1996 campaign rates higher than the 1995 ads (65% "agree a lot" with this item).

Smoking Continuum Groups

Distinctive differences for each of the groups are noted below:

- **Smoker groups**

Emphatic Smokers

While there is relatively high agreement among this group that the campaign has communicated its objectives, it is at lower levels than among total adults, with one exception -- emphatic smokers agree to the same extent that *"The ads very clearly get across the need to respect the health of non-smokers"* (57%).

Emphatic smokers are also more suspicious than other groups about Health Canada's reasons for sponsoring the ads (51% "agree a lot" with the statement about Health Canada's motivation, vs. 71% of total adults).

Regular Smokers Thinking of Quitting

Compared to total adults, more in this group strongly endorse that Health Canada's motivation for sponsoring the ads is the health and well-being of Canadians, a change from their reaction to the 1995 campaign when fewer in this group held this view (58%).

Occasional Smokers

This group mirrors the results we have seen for the total English Canada adult population.

- **Quitters**

Recent Former Smokers

Recent former smokers are similar to emphatic smokers with fewer of them feeling that the ads successfully communicated that smoking is a serious health issue or discouraged young people from starting to smoke. They too are more suspicious of Health Canada's motivations for sponsoring these ads.

Relative to their rating of the 1995 campaign, fewer in this group feel that this year's campaign has done as good a job in communicating the need to respect the health of non-smokers (60% in 1995 vs. 51% in 1996).

Former Smokers

Former smokers are similar to the total adult population in their reaction to the television advertising. Between the two campaigns, we note only one difference: the 1996 ads are considered to have done a better job in communicating the harmfulness of tobacco than was the case for the 1995 campaign (74% "agree a lot" in 1996; 66% in 1995).

- **Non-Smokers**

Susceptible Non-Smokers

This group of non-smokers is different from the total adult population in only one regard -- more of them believe that the 1996 ads are successful in discouraging young people from smoking.

Compared to their evaluation of the 1995 ads, more susceptible non-smokers believe that Health Canada's motivation for sponsoring the 1996 ads is the health and well-being of Canadians (81% "agree a lot in 1996; 53% in 1995).

Emphatic Non-Smokers

Emphatic non-smokers are significantly more likely than average to agree that the ads have successfully communicated that smoking is a serious health issue for Canadians, and with Health Canada's motivation for sponsoring the ads.

As we saw with susceptible non-smokers this group also more strongly believes in Health Canada's motivations for the 1996 campaign than was the case in 1995 (77% in 1996; 70% in 1995).

TABLE 34a
% WHO "AGREE A LOT" WITH STATEMENTS ABOUT ADS
-- English Canada: Adults --

	1995	1996
Base: Aware of Ads	1,952	732
	%	%
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	65	71
The ads make you think smoking is a serious health issue for Canadians	N/A	71
The ads have successfully brought out the issue of the harmfulness of tobacco	67	69
The ads very clearly get across the need to respect the health of non-smokers	61	61
The ads increase your concerns about the dangers of smoking	N/A	60
The ads discourage young people from starting to smoke	N/A	29

TABLE 34b:
% WHO "AGREE A LOT" WITH STATEMENTS ABOUT ADS
-- English Canada --

		Smokers			Quitters		Non-Smokers	
Base: Aware of Ads	Total Adults (732) %	Emphatic (113) %	Regular/ Quitting (105) %	Occas. (77) %	Recent Former (54) %	Former (147) %	Suscept. (48) %	Emphatic (188) %
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	**71**	(51)	73	71	58 ↓	71	81	77 ↑
The ads make you think that smoking is a serious health issue for Canadians	**71**	(47)	64	70	(54)	75	66	78 ↑
The ads have successfully brought out the issue of the harmfulness of tobacco	**69**	(57)	65	68	64	74	74	72
The ads very clearly get across the need to respect the health of non-smokers	**61**	57	64	68	51	63	63	58
The ads increase your concerns about the dangers of smoking	**60**	(32)	56	62	52	64	66	66
The ads discourage young people from starting to smoke	**29**	(18)	28	34	17 ↓	35	42 ↑	27

REACTION TO THE ADVERTISING: Ad Diagnostics (Reference: Tables 35a - 35b)

Total Adults

Between 46%-50% of adults "agreed a lot" that the 1996 ads communicated something of personal relevance to them, and between 15%-21% also indicated that this represented new learning.

These results clearly indicate that the 1996 campaign imparted new information and has done so in a way that people consider to be of personal value. This is not an insignificant result. In an environment where anti-smoking messages in general are not new, and one which is also crowded with other campaigns (provincial/regional), it becomes increasingly difficult to be "newsworthy" and relevant.

Further supportive of these positive results, is that only between 11%-14% of adults "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.

There is only one difference in how adults respond to the three ads, and that is fewer people indicated that "*Vignettes*" contained information that was new to them.

Smoking Continuum Groups

Due to small base sizes, we cannot look at the results for the three ads by each of the seven smoking continuum groups separately; so for purposes of comparison, we have analyzed the data by smokers, quitters, and non-smokers.

- **Smoker groups**

  For each of the three ads, more in this group say that they are tired of seeing it. When it comes to "new learning", they rate "*Vignettes*" better in this regard than adults in general, and "*Poisons*" less so.

  Importantly though, this group is no different from the others in agreement that these ads contained information that was personally relevant.

- **Quitters**

  This group differs from the average only for the "*Vignettes*" spot -- fewer "agree a lot" both that this commercial told them something new, or that the commercial has worn out with them.

- **Non-Smokers**

  For all three commercials, fewer non-smokers indicate that they are tired of seeing them.

TABLE 35a:
% WHO "AGREE A LOT" WITH DIAGNOSTIC STATEMENTS ABOUT ADS
-- English Canada: Adults --

	Lungs	Poisons	Vignettes
Base: Aware of Ads	360	387	333
	%	%	%
What it said and showed had meaning to you personally	46	49	50
It told you something you didn't know	21	20	15
You are tired of seeing it	11	11	14

TABLE 35b:
% WHO "AGREE A LOT" WITH DIAGNOSTIC STATEMENTS ABOUT ADS
-- English Canada: Adults --

	Total Adults	Smokers	Quitters	Non-Smokers
Poisons	(387) %	(152) %	(114) %	(121) %
What it said and showed had meaning to you personally	49	50	50	46
It told you something you didn't know	20	(13)	20	25
You are tired of seeing it	11	[18]	11	7 ↓
Lungs	(360) %	(143) %	(103) %	(114) %
What it said and showed had meaning to you personally	46	46	47	45
It told you something you didn't know	21	23	18	22
You are tired of seeing it	11	[22]	9	(4)
Vignettes	(333) %	(138) %	(97) %	(98) %
What it said and showed had meaning to you personally	50	47	47	54
It told you something you didn't know	15	[21]	(9)	16
You are tired of seeing it	14	[23]	9 ↓	9 ↓

REACTION TO THE ADVERTISING: Influence of Ads
(Reference: Tables 36a - 38b)

Total Adults

Of the adults who saw the advertising, 94% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 63% said it made them consider all of these groups.

The ads were most successful in getting adults to consider the harmful effects of tobacco on children and infants (86%), followed by others around smokers (80%) and smokers themselves (74%).

These data represent the status quo -- i.e., no difference in reactions to the 1995 and 1996 campaigns.

When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 63% -- indicate the as would have some influence. And, as one would expect, somewhat fewer -- 53% -- indicate that the ads had some influence on themselves personally.

The results in 1996, represent some promising changes from 1995:

-- When it comes to assessing the influence of the ads on people "like themselves", we see an increase in the percentage who believe that influence to be "not start smoking" (36% in 1996, up from 31% in 1995).

-- There is also a significant increase in the percentage of people who say they are personally influenced by the ads (53% in 1996; 47% in 1995), and specifically, in reinforcing personal decisions not to smoke (40% in 1996; 34% in 1995).

Smoking Continuum Groups

- **Smoker groups**

Emphatic Smokers

-- Among the emphatic smokers, 91% felt the ads would make people stop and think about the detrimental effects of smoking.

With respect to the likelihood of considering the harmful effects of tobacco on the specific target groups, emphatic smokers were no different from total adults in their levels of agreement. However, relative to their reaction to the 1995 campaign, more emphatic smokers in 1996 say the ads have made people stop and think about the harmful effects of tobacco on infants and children (84% in 1996; 76% in 1995).

-- Given the strong beliefs held by this group on the benefits of smoking, it is very promising to see the proportion who say the ads will influence others "like themselves" (52%) -- and specifically to cut down on smoking (30%).

-- This conclusion is further reinforced by the fact that 32% said the ads would influence them personally, with 26% specifically saying that *"It has made it easier to cut down on smoking"*.

-- The 1996 results suggest that there has been some progress made with this group of smokers, either resulting from the cumulative effect of the two years of the anti-smoking campaign or in response to the 1996 ads:

	1995 %	1996 %
Influence on people like yourself		
Some influence	39	52
Cut down on smoking	20	30
Personal reaction to ads		
Some influence	22	32
It has made it easier to cut down on smoking	16	26

Regular Smokers Thinking of Quitting

-- With regard to the ability of the ads to make people stop and think about the harmful effects of cigarette smoking, this group is different from the total population of adults in two key respects:

1) More of them feel the ads communicated the detriments for all three target groups (i.e., children and infants, others around smokers, and smokers themselves).
2) And, they are specifically higher on agreeing that the ads communicate the detriments of smoking to smokers themselves, as well as others around smokers.

The latter represents a shift from last year, with more in 1996 responding that the ads made them think about others around non-smokers than was the case in 1995 (91% in 1996; 81% in 1995).

-- Among the regular smokers thinking of quitting, 62% believed the ads would have some influence on people "like themselves", with the most frequently mentioned being to stop smoking (36%).

These results show a change from last year, with more in 1996 believing that the ads are more likely to get people to stop smoking rather than just cutting down:

	1995 %	1996 %
Stop smoking	28	36
Cut down on smoking	26	17

-- 44% said these ads have had some personal influence, the most frequently mentioned being that it has made it easier for them to cut down on smoking.

Occasional Smokers

-- This group believes strongly in the stopping power of the ads in general -- 96% said it has made people stop and think about the harmful effects of smoking cigarettes, and more of them also feel the ads have communicated the detriments for all three target groups.

-- 79% believe the ads will influence people "like themselves" to either cut down on smoking (38%) or to stop smoking (38%).

-- More in this group relative to total adults say these ads have had a personal impact, having made it easier to cut down. Nonetheless, this represents a loss of ground from last year in that more occasional smokers said the 1995 ads had a personal influence on them than did so in 1996 (55% in 1995; 43% in 1996).

- **Quitters**

Recent Former Smokers

-- This group looks similar to adults, both in general and with respect to the three specific target groups.

-- The majority -- 68% -- believe the ads will be successful in influencing people "like themselves", with the most frequently mentioned influence being to stop smoking (31%), with the remainder indicating that the ads are equally likely to get people to cut down on their smoking as they are not to start smoking at all.

-- When they personalize the impact of the advertising, slightly fewer, 57%, indicate that these ads have had influence, with the most frequently mentioned being "It has helped in my choice not to smoke" (36%).

-- A number of changes re: "influence" of ads have taken place:

	1995 %	1996 %
Influence on people like yourself		
Cut down on smoking	7	18
Personal reaction to ads		
It has made it easier to quit smoking	24	13

Former Smokers

-- While the majority in this group feel the 1996 ads have made people stop and think about the negative effects of smoking on others, fewer of them (relative to total adults) believe that the ads have accomplished this for all three groups (55%). Specifically they rate the ads lower for two of the target groups -- children and infants around smokers and others around smokers -- than do other adults.

In comparing the results for the two years, we note that the 1995 campaign was better rated by this group in getting people to consider children and infants.

-- The majority of former smokers believe the ads will influence others "like themselves", with the most frequently mentioned being not to start smoking (43%).

The differences noted for the 1995 and 1996 campaigns are:

	1995 %	1996 %
Influence on people like yourself		
Not start smoking	31	43
Stop smoking	19	9

-- At a personal level, 56% said the ads have had an influence -- primarily by reinforcing their decision not to smoke (51%).

- **Non-Smokers**

Susceptible Non-Smokers

-- While no different from total adults in their assessment that the ads have made people stop and think about the harmful effects of smoking cigarettes, this group rates the ads higher on getting people to consider "smokers themselves" (87% vs. 74%).

Moreover, relative to their evaluation of the 1995 campaign, the ads this year are considered to have done a better job in getting people to stop and think about all three target groups (52% in 1995; 71% in 1996), and most specifically, smokers themselves (65% in 1995; 87% in 1996).

-- 71% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (64%).

This shows a difference for the two campaigns, with more signaling that the 1996 campaign more single-mindedly will influence others not to start smoking (41% in 1995; 64% in 1996).

-- 50% say the ads have influenced them personally not to start smoking.

Emphatic Non-Smokers

-- This group mirrors the results for total adults on the stopping power of the ads and on the results for the specific target groups.

-- The majority of emphatic non-smokers believe the ads will influence others (66%), particularly not to start smoking (54%).

-- 58% say the ads have had a personal influence on them -- namely, to reinforce their decision not to smoke (57%).

-- There are some notable differences in the reaction of this group of non-smokers to the two different campaigns:

	1995 %	1996 %
Influence on people like yourself		
Some influence	58	66
Not start smoking	45	54
Personal reaction to ads		
Some influence	46	58
It has helped in my choice/made it easier not to smoke	46	57

TABLE 36a:
% AGREEING ADS HAVE MADE PEOPLE STOP AND THINK ABOUT HARMFUL EFFECTS OF SMOKING CIGARETTES
-- English Canada: Adults --

	1995	1996
Base: Aware of Ads	1,952	732
	%	%
For children and infants around smokers	85	86
For others around smokers	77	80
For smokers themselves	75	74
All of these	61	63
None of these	5	6

TABLE 36b:
% AGREEING ADS HAVE MADE PEOPLE STOP AND THINK ABOUT HARMFUL EFFECTS OF SMOKING CIGARETTES
-- English Canada --

Base: Aware of Ads	Total Adults (732) %	Smokers: Emphatic (113) %	Smokers: Regular/ Quitting (105) %	Smokers: Occas. (77) %	Quitters: Recent Former (54) %	Quitters: Former (147) %	Non-Smokers: Suscept. (48) %	Non-Smokers: Emphatic (188) %
For children and infants around smokers	**86**	84	92	91	94	(78)	87	88
For others around smokers	**80**	77	[91]	87	87	(72)	77	79
For smokers themselves	**74**	70	82	85	80	69	87 ↑	71
All of these groups	**64**	59	[76]	79	74	(55)	71	61
None of these groups	**6**	9	3	3	3	9	4	6

TABLE 37a:
LIKELY INFLUENCE OF AD(S) ON PEOPLE LIKE YOURSELF
-- English Canada: Adults --

	1995	1996
Base: Aware of Ads	1,952	732
	%	%
Some Influence	**59**	**63**
Not starting smoking	31	36 ↑
Stop smoking	16	15
Cut down on smoking	12	12
No Influence	**41**	**37**
No influence at all	37	33
Keep on smoking but change where smoke	2	2
Keep on smoking	1	2
Don't know	1	--

TABLE 37b:
LIKELY INFLUENCE OF AD(S) ON PEOPLE LIKE YOURSELF
-- English Canada --

Base: Aware of Ads	Total Adults (732) %	Smokers: Emphatic (113) %	Smokers: Regular/ Quitting (105) %	Smokers: Occas. (77) %	Quitters: Recent Former (54) %	Quitters: Former (147) %	Non-Smokers: Suscept. (48 %	Non-Smokers: Emphatic (188) %
No Influence	**37**	[48]	**38**	(21)	**32**	**40**	**29**	**34**
No influence at all	**33**	34	31	(14)	32	40 ↑	29	33
Keep on smoking but change where smoke	**2**	[6]	5	3	--	--	--	--
Keep on smoking	**2**	[8]	2	4	--	--	--	1
Some Influence	**63**	(52)	**62**	[79]	**68**	**60**	**71**	**66**
Not starting smoking	**33**	(6)	(9)	(4)	19 ↓	[43]	[64]	[54]
Stop smoking	**16**	15	[36]	[38]	[31]	(9)	(3)	(7)
Cut down on smoking	**14**	[30]	17	[38]	18	9 ↓	4 ↓	(5)

TABLE 38a:
PERSONAL REACTION TO ADS
-- English Canada: Adults --

	1995	1996
Base: Aware of Ads	1,952	732
	%	%
Some Influence	**47**	**53**
It has helped in my choice/Made it easier not to smoke	34	40
It has made it easier to cut down on smoking	9	11
It has made it easier to quit smoking	4	3
No Influence	**52**	**47** ↓

TABLE 38b:
PERSONAL REACTION TO ADS
-- English Canada --

Base: Aware of Ads	Total Adults (732) %	Smokers: Emphatic (113) %	Smokers: Regular/ Quitting (105 %	Smokers: Occas. (77) %	Quitters: Recent Former (54) %	Quitters: Former (147) %	Non-Smokers: Suscept. (48) %	Non-Smokers: Emphatic (188) %
No Influence	**48**	[68]	**56**	**37** ↓	**43**	**44**	**49**	**42**
Some Influence	**52**	(32)	**44**	**63**	**57**	**56**	**51**	**58**
It has helped in my choice/Made it easier not to smoke	**37**	(4)	(12)	(12)	36	[51]	50	[57]
It has made it easier to cut down on smoking	**12**	[26]	[29]	[43]	9	(1)	1	(1)
It has made it easier to quit smoking	**3**	2	3	[8]	13	5	--	--

DIALOGUE ABOUT SMOKING RESULTING FROM SEEING ADS
(Reference: Tables 39a - 39b)

Total Adults

Thirty percent of adults say that as a result of seeing one or more of Health Canada's ads they talked with someone about smoking and about the potential problems that smoking can cause. The majority of these people talked to smokers (79%), with 25% having a conversation with both smokers and non-smokers.

The 1996 campaign results show a drop in the proportion who reported having a conversation with someone as a result of seeing the ads (35% in 1995; 30% in 1996). However, at the same time, there is an increase in the percentage who reported talking to smokers only as a result of these ads. Therefore, despite the decrease in the number who saw the advertising and had a conversation as a result of the ads, we see more people specifically targeting smokers only for a discussion.

Smoking Continuum

There is no difference in the proportion who talked to someone after seeing the ads, regardless of the smoking continuum group they fall into.

Again because of base size limitations we cannot examine the specific groups each of the smoking continuum groups talked with, but to allow some analysis, we have looked at the results by three groups -- smokers, quitters, and non-smokers.

The key difference between the groups is that smokers were equally likely to talk to other smokers as they were to non-smokers, whereas both quitters and non-smokers were much more likely to have a conversation with smokers.

TABLE 39a:
DISCUSSION AS A RESULT OF SEEING ADS
-- English Canada: Adults --

	1995	1996
Base: Aware of Ads	1,952	732
	%	%
Talked to someone about smoking and the potential problems smoking can cause	35	30 ↓
Base: Talked to someone	673	216
	%	%
Talked to:		
Both smokers and non-smokers	42	(25)
Smokers only	39	[54]
Non-smokers only	19	21
Smokers	81	79
Non-smokers	61	(46)

TABLE 39b:
DISCUSSION AS A RESULT OF SEEING ADS
-- English Canada --

Base: Aware of Ads	Total Adults (732) %	Smokers			Quitters		Non-Smokers	
		Emphatic (113) %	Regular/ Quitting (105 %	Occas. (77) %	Recent Former (54) %	Former (147) %	Suscept. (48) %	Emphatic (188) %
Talked to someone about smoking and the potential problems smoking can cause	**35**	**24**	**25**	**30**	**36**	**29**	**30**	**35**

Base: Talked to someone	Total Adults (216) %	Smokers (73) %	Quitters (65) %	Non-Smokers (78) %
Talked to:				
Both smokers and non-smokers	25	19	24	28
Smokers only	54	(39)	62	58
Non-smokers only	21	[42]	14	14
Smokers	85	(58)	[96]	[96]
Non-smokers	47	[61]	38	42

AWARENESS OF ADVERTISING AND ATTITUDES AND BELIEFS ABOUT SMOKING

The following summarizes the differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	English Canada Adults	Aware of Ads	Not Aware of Ads
Total Sample:	(1,526) %	(732) %	(794) %
Social Environment of Smoking			
It is becoming socially unacceptable to be a smoker	64	67	62 ↓
More teens than ever before are smoking	50	54	47 ↓
Perceived Detriments or Benefits of Smoking			
Preventing teenagers from starting to smoke is very important	90	93	(88)
Smoking helps people keep their weight down	16	14	18 ↑
Too much fuss is made today about the dangers of smoking	14	12	15 ↑
Attitudes Re Quitting			
People who quit smoking will be able to do a lot more things	60	63	57 ↓
Attitudes to ETS			
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	68	(59)
Attitudes to Tobacco Companies/Retailers			
Sponsorship of sporting or cultural events by tobacco companies should be banned	36	40	33 ↓
By the year 2000, the production and sale of tobacco products should be banned in Canada	34	37	32 ↓
Self-Esteem (Non-Smokers only)			
I feel proud that I do not smoke	86	89	84 ↓

QUÉBEC

UNAIDED AWARENESS OF ADVERTISING (Reference: Tables 40 - 41)

Total Adults

Just over three-quarters of Québec adults (77%) claimed to have seen any anti-smoking advertising.

On a proven recall basis, the Québec provincial ad *"Getting Hooked"*, at 51% is recalled at levels way above any other ad. The "*Cocktail*" execution from Health Canada's 1995 campaign is the ad next most often recalled (20%), followed at equal levels by two other Health Canada executions -- "*Poisons*" (9%) and "*Not Much*" (8%). All other ads, including the "*Lungs*" and "*Vignettes*" executions have proven recall levels of 5% or lower:

	Total
	%
"Getting Hooked" (Québec ad)	51
"Cocktail"	20
"Poisons"	9
"Not Much"	8
"Lungs"	5
"School Yard"	5
"Vignettes"	3

English Canada vs. Québec

Far more Québecers claim to have seen any anti-smoking advertising in general, and also demonstrate higher proven recall in 1996 for both Health Canada's 1995 and 1996 campaigns.

Smoking Continuum Groups

The high level of claimed awareness of advertising is consistent across all groups, with the exception of former smokers. Fewer of them claim to have seen any ads at all -- 66% vs. 77% for total Québec adults.

The three ads in Health Canada's 1996 anti-smoking campaign generally performed similarly across the various groups that make up the smoking continuum. In fact, there were no differences whatsoever in proven recall levels for the "*Vignettes*" spot. The few differences that occurred are summarized below:

-- "*Poisons*": higher "proven recall" among *recent former smokers* (18%) and lower proven recall among *former smokers* (3%)

-- "*Lungs*": higher "proven recall" among *regular smokers thinking of quitting* (10%)

There were also a few differences for Health Canada's 1995 campaign:

-- "*Cocktail*": higher "proven recall" among *occasional smokers* (38%) and lower proven recall among *former smokers* (13%)
-- "*Doll House*": higher "proven recall" among *occasional smokers* (8%)

Health Canada's "*School Yard*" ad is most memorable among *susceptible non- smokers* (10%).

For review of the actual content recalled and message understood from each ad, the reader is referred to Tables 23 - 31 presented earlier in this report.

TABLE 40:
NOTORIÉTÉ SPONTANÉE DE LA PUBLICITÉ
-- Adultes --

	Québec	Canada Anglais
Total Adultes	632	1,526
	%	%
Ont prétendu avoir vu de la publicité	77	**52**
Rappel Prouvé		
Campagne *1996* de Santé Canada		
Poisons	9	5
Poumons	5	2
Vignettes	3	2
Campagne *1995* de Santé Canada		
Le cocktail de Santé Canada	20	7
Pas beaucoup	8	4
La maison de poupée	1	1
Santé Canada -- Autre		
Cour d'école	5	6
Ontario		
Fille dans le miroir	1	5
Piscine des chimiques	--	2
Québec		
Devenir dépendant	51	3
Maritmes		
Femme enceinte	--	2
Homme vieux	--	1
Association des maladies du poumon	1	3

TABLE 41:
NOTORIÉTÉ SPONTANEÉ DE LA PUBLICITÉ
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
	632	106	97	60	43	150	72	104
	%	%	%	%	%	%	%	%
Ont prétendu avour vu de la publicité	**77**	**83**	**84**	**87**	**86**	**66**	**82**	**74**
Rappel Prouvé								
Campagne *1996* de Santé Canada								
Poisons	9	7	14	12	18 ▲	3	10	11
Poumons	5	3	10	--	6	3	3	4
Vignettes	3	3	2	4	6	1	--	3
Campagne *1995*de Santé Canada								
Le cocktail de Santé Canada	20	24	18	38	24	13 ▼	13	24
Pas beaucoup	8	6	11	8	12	7	6	9
La maison de poupée	1	--	2	8	--	1	--	1
Santé Canada -- Autre								
Cour d'école	5	--	3	8	6	4	10 ▲	6

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TABLE 41:
NOTORIÉTÉ SPONTANEÉ DE LA PUBLICITÉ (Cont,)
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
	632	106	97	60	43	150	72	104
	%	%	%	%	%	%	%	%
Ontario								
Fille dans le miroir	1	--	--	--	--	1	3	--
Quebec								
Devenir dépendant	51	57	55	58	65	(37)	55	53
Association des maladies du poumon	1	--	1	--	--	1	--	1

AIDED AWARENESS OF ADVERTISING (Reference: Tables 42 - 44)

Total Adults

After being read a description of each of the three ads that make up the 1996 Health Canada anti-smoking campaign, just under three-quarters (73%) of Québecers indicate they have seen at least one of the ads This represents a significant drop from 1995, at which time 89% of Québec adults said they had seen one or more of the television ads.

English Canada vs. Québec

As with unaided awareness of advertising, we again see significantly more adults in Quebec who recall the 1996 campaign, including those who claim to have seen all three ads. And, almost twice as many Québecers as English-Canadians recall each of the three ads in the 1996 campaign.

Smoking Continuum Groups

There are only a few differences among the smoking continuum groups, with the overall pattern the same as we've discussed for total adults -- the levels of awareness reported by each group in 1996 represent a significant decline from the levels seen in 1995:

Regular Smokers Thinking of Quitting

As with unaided awareness, we see significantly higher levels of recall for the "*Lungs*" execution among this group (49% vs. 40% of total adults).

Former Smokers

Claim lower level of recall for any ad (64% vs. 73% total), a pattern consistent with both their unaided awareness level and the results from last year (i.e., in 1995, this group had lower recall levels than any other).

This group was less likely to have seen either the "*Lungs*" or "*Poisons*" executions than other Québec adults.

TABLE 42:
NOTORIÉTÉ TOTALE DE LA PUBLICITÉ
-- Adultes --

	Québec	Canada Anglais
Total Adultes	632	1,526
	%	%
Connaît n'importe quelle publicité de 1996 de Santé Canada	73	**47**
Connaît les 3 publicités	10	**4**
Poisons	40	24
Poumons	40	23
Vignettes	41	21

TABLE 43:
TOTAL NOTORIÉTE DE LA PUBLICITÉ
-- Québec: Adultes --

	Connaît n'importe quelle publicité	
	1995	1996
	%	%
Total Adultes	**89**	**73**
Smoking Continuum:		
Fumeur endurcis	93	73
Fumeur habituel & efforts d'abandon	93	76
Fumeur occasionel	95	76
Ex-fumeur -- abandon récent	92	77
Ex-fumeur -- longue date	80	64
Non-fumeur probable	91	84
Non-fumeur endurcis	93	74

TABLE 44:
TOTAL NOTORIÉTE DE LA PUBLICITÉ
-- Québec: Adultes --

	N'import quelle publicité %	Poumons %	Poisons %	Vignettes %
Total Adultes	73	40	40	41
Smoking Continuum:				
Fumeur endurcis	73	43	43	42
Fumeur habituel & efforts d'abandon	76	49 ↑	46	38
Fumeur occasionel	76	41	39	43
Ex-fumeur -- abandon récent	77	46	44	50
Ex-fumeur -- longue date	(64)	(31)	33 ↓	39
Non-fumeur probable	84 ↑	46	47	49
Non-fumeur endurcis	74	37	40	41

REACTION TO THE ADVERTISING: Overview

As with the results we have seen in English Canada, despite the significant drop in advertising awareness levels between the two campaigns, the 1996 ads performed as well as the 1995 anti-smoking campaign on all key measurements.

REACTION TO THE ADVERTISING: Intended Messages/Sponsorship (Reference: Tables 45a - 45b)

Total Adults

The ads are seen by most Québecers to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	90%	75%
The ads very clearly get across the need to respect the health of non-smokers	90%	75%
The ads have successfully brought out the issue of the harmfulness of tobacco	90%	73%

With regard to the last two items on the list above, the 1996 campaign is rated higher in both regards than was the case in 1995.

While the majority of adults also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads increase your concerns about the dangers of smoking	73%	54%
The ads discourage young people from starting to smoke	71%	38%

Importantly, most see Health Canada as a credible source for these types of messages: 93% agree (76% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*.

English Canada vs. Québec

More Québecers "agree a lot" on the following two issues:

	% Who "Agree a Lot":	
	Québec	English Canada
The ads very clearly get across the need to respect the heath of non-smokers	75	61
The ads discourage young people from starting to smoke	38	29

However, fewer of them agree that "*The ads increase concerns about the dangers of smoking*" (54% vs. 61% of adults in English Canada).

Importantly, in 1996, we no longer see a difference between the two regions when it comes to beliefs about Health Canada's motivations for sponsoring these ads -- in 1995, Québecers were more suspicious than English Canadians about Health Canada's underlying motives.

Smoking Continuum Groups

We see only a few differences from what has been reported for total adults in 1996. And not surprisingly, these are among emphatic smokers whose response is different to the advertising than what we see for the other groups in the continuum.

Below we summarize these differences and also highlight whatever differences have been observed between the two campaigns:

- **Smoker groups**

Emphatic Smokers

While there is relatively high agreement among this group that the campaign has communicated its objectives, it is at lower levels than among total Québecers, with one exception: emphatic smokers agree to the same extent the "*The ads discourage young people from starting to smoke*" (45%).

Comparing the results for this group across the two measurement periods, we note only one difference -- more in this group strongly agree that "*The ads have successfully brought out the issue of the harmfulness of tobacco*" this year than in 1995 (50%).

Occasional Smokers

More of them this year than in 1995, agreed the ads have successfully communicated the harmfulness of tobacco (51% in 1995 vs. 75% in 1996).

- **Quitters**

  Former Smokers

  More former smokers rate the 1996 ads better on getting across the need to respect the health of non-smokers (67% in 1995 vs. 80% in 1996).

- **Non-Smokers**

  Susceptible Non-Smokers

  This year more agree that the ads have communicated both the harmfulness of tobacco (57% in 1995 vs. 74% in 1996) and the need to respect the health of non-smokers (55% in 1995 vs. 82% in 1996).

  Emphatic Non-Smokers

  Relative to adults in general, more in this group strongly endorse Health Canada's reasons for sponsoring these ads.

  Also, more in this group "agree a lot" that "*The ads very clearly get across the need to respect the health of non-smokers*" than did so in 1995 (64% in 1995 vs. 77% in 1996).

TABLE 45a
% BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS SUIVANTS CONCERNANT LA PUBLICITÉ
-- Adultes --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	721	473	732
	%	%	%
Le santé et le bien-être des Canadiens et Canadiennes sont la motivation de Santé Canada pour parrainer ces publicités	71	76	71
Les publicités véhiculent très clairement le besoin de respecter la santé des non-fumeurs	66	[75]	(61)
Les publicités vous font réfléchir sur le fait que le tabagisme est une question de santé grave pour les Canadiens et Canadiennes	N/A	75	71
Les publicités ont fait valoir avec succès la question de la nocivité du tabac	64	[73]	69
Les publicités augmentent vos préoccupations au sujet des dangers du tabagisme	N/A	54	60 ↑
Les publicités découragent les jeunes de commencer à fumer	N/A	38	(29)

TABLE 45b
% "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS SUIVANTS CONCERNANT LA PUBLICITÉ
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473 %	78 %	75 %	46 %	33 %	100 %	60 %	81 %
Le santé et le bien-être des Canadiens et Canadiennes sont la motivation de Santé Canada pour parrainer ces publicités	76	(59)	75	69	68	77	72	85 ↑
Les publicités véhiculent très clairement le besoin de respecter la santé des non-fumeurs	75	(62)	76	69	77	80	82	77
Les publicités vous font réfléchir sur le fait que le tabagisme est une question de santé grave pour les Canadiens et Canadiennes	75	(60)	72	67	73	76	84	82

TABLE 45b
% "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS SUIVANTS CONCERNANT LA PUBLICITÉ (cont.)
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473	78	75	46	33	100	60	81
	%	%	%	%	%	%	%	%
Les publicités ont fait valoir avec succès la question de la nocivité du tabac	73	66 ↓	71	75	68	73	74	76
Les publicités augmentent vos préoccupations au sujet des dangers du tabagisme	54	(37)	56	52	59	58	57	55
Les publicités découragent les jeunes de commencer à fumer	38	45	40	41	38	43	41	31

REACTION TO THE ADVERTISING: Ad Diagnostics (Reference: Tables 46a - 46b)

Total Adults

Between 48%-59% of adults "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 15%-19% also indicated that the information presented was new, something they did not know.

Again, we consider these results to be positive, with a clear indication that the ads do a good job in communicating information that is both "newsworthy" and relevant. Interestingly, among Québecers, we note that "*Vignettes*" is equivalent to "*Lungs*" in being considered personally relevant, but ahead of the "*Poisons*" execution.

Further supportive of these positive results, is that only between 9%-13% of adults "agree a lot" that they are tired of seeing any of the commercials.

English Canada vs. Québec

The only difference between the response in the two regions is for the "*Vignettes*" spot, and that is in Québec, more rated the ad as personally relevant than did so in English Canada. (As will be recalled, this particular ad was rated the lowest among English Canadians in this regard.)

Smoking Continuum Groups

Due to small base sizes, we cannot look at the results for the three ads by each of the seven smoking continuum groups separately; so for purposes of comparison, we have analyzed the data by smokers, quitters, and non-smokers.

- **Smoker groups**

  As we saw in English Canada, for each of the three ads, more in this group say that they are tired of seeing it.

  On personal relevance, they rate both "*Lungs*" and "*Vignettes*" lower than do other adults.

  When it comes to "new learning", they rate "*Poisons*" better in this regard than adults in general, and "*Vignettes*" less so.

- **Quitters**

  This group differs from the average only for the "*Poisons*" ad -- fewer "agree a lot" that this ad told them something new.

- **Non-Smokers**

  For all three ads, fewer non-smokers indicate that they are tired of seeing them, and this group rates the "*Lungs*" commercial higher on personal relevance than did the other groups.

TABLE 46a:
% QUI SONT "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS DE DIAGNOSTIC SUR LES PUBLICITÉS
-- Québec: Adultes --

	Poumons	Poisons	Vignettes
Base: Connaissance des publicités	258	271	276
	%	%	%
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	52	48	59
Elle vous disait quelque chose que vous ne saviez pas	17	19	15
Vouse êtes fatigué(e) de la voir	10	9	13

TABLE 46b:
% QUI SONT "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS DE DIAGNOSTIC SUR LES PUBLICITÉS
-- Québec: Adultes --

	Total Adultes	Fumeurs	Ex-Fumeurs	Non-Fumeurs
Poumons	(258) %	(117) %	(69) %	(72) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	52	46 ↓	49	[62]
Elle vous disait quelque chose que vous ne saviez pas	17	19	16	16
Vouse êtes fatigué(e) de la voir	10	[16]	9	5 ↓
Poisons	(271) %	(121) %	(74) %	(76) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	48	44	49	52
Elle vous disait quelque chose que vous ne saviez pas	19	24 ↑	12 ↓	18
Vouse êtes fatigué(e) de la voir	9	[19]	6	--
Vignettes	(276) %	(111) %	(84) %	(81) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	59	52 ↓	60	65
Elle vous disait quelque chose que vous ne saviez pas	15	(7)	16	20
Vouse êtes fatigué(e) de la voir	13	[26]	9	(4)

REACTION TO THE ADVERTISING: Influence of Ads
(Reference: Tables 47a - 49b)

Total Adults

Of the adults who saw the advertising, 96% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 66% said it made them consider all of these groups.

When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 66% -- indicate the ads would have some influence. As one would expect, somewhat fewer -- 48% -- indicate that the ads had some influence on themselves personally.

The results represent the status quo, with no differences in reaction to the 1995 and 1996 campaigns, with one exception, and that is how people expressed the influence they believe these ads will have on others like themselves:

	1995 %	1996 %
Not start smoking	31	39
Stop smoking	20	15

English Canada vs. Québec

There is only one difference in the reaction to the advertising between adults in English Canada and their Québec counterparts -- more outside of Québec indicated that the ads reinforced their own personal decision not to smoke (40% vs. 30% in Québec).

Smoking Continuum Groups

- **Smoker groups**

Emphatic Smokers

-- Emphatic smokers tend to be a bit more skeptical than the other groups that the ads will get people to stop and think about the harmful effects of tobacco on smokers themselves -- although it is still the case that a majority agreed with this. And fewer also believe that the ads are successful in getting people to consider others around smokers (73%).

Relative to 1995 however, we see more in this group who believe that people will consider "smokers themselves" as a result of seeing the 1996 ads (69% in 1995 vs. 80% in 1996).

-- Just over half of emphatic smokers believe that these ads will influence others "like themselves", with the most frequently mentioned influence being to cut down on smoking (27%).

-- 23% said that the ads have made it easier for them personally to cut down on smoking, a significant increase from a year ago (13%).

Regular Smokers Thinking of Quitting

-- Comparatively more in this group believe the ads have made people stop and think about others around smokers, and generally more feel that the ads have successfully resulted in consideration of all 3 groups.

-- A substantial majority (80%) say these ads will have an impact on others -- 37% saying people will stop smoking, and 32% that people will cut down on smoking.

-- A majority also say that the ads have had some direct influence on them (58%). The single most frequently mentioned influence is that it has made it easier to cut down on their smoking. Importantly, though, 12% and 13% respectively cited the following:

It makes it easier to stop smoking

It helps in my choice not to smoke (i.e., reinforces the decision to quit)

Occasional Smokers

-- This group responds to the advertising in the same way as the general population on their assessment of the "stopping power" of the ads. However, their position this year represents a change from their ratings of the 1995 campaign -- the majority feel the 1996 ads do make people stop and think about the harmful effects of cigarettes for children and infants and smokers themselves, albeit they rated the 1995 campaign higher in both respects.

-- The majority of occasional smokers believe the ads will have some effect on people "like themselves" (58%) -- most believing this impact to be to get people to stop smoking (37%).

Some interesting changes emerge here relative to last year. First, we see a drop in the percentage who say the ads will have some influence on others like themselves (78% in 1995). And second, the 1995 campaign was seen to be less focused on expected outcome as a result of seeing these ads. For example, the most frequently mentioned last years was that people would reduce their smoking as a result of seeing the ads (41% in 1995 vs. 10% in 1996) and secondarily, that they would stop smoking (33% in 1995). Therefore, although on one hand fewer occasional smokers believe other people will be influenced by the 1996 ads; on the other hand, they perceive that those who will be influenced by the ads will be far more likely to quit smoking rather than just cutting down.

-- On a personal level, 50% feel the advertising "has made it easier (for them) to cut down on smoking".

- **Quitters**

There is no difference between these groups and total adults on their rating of the stopping power of the ads, nor are there any changes between the two measurement periods for these groups.

Recent Former Smokers

-- Recent former smokers are similar to total Québecers in the extent to which they believe the ads will change the behaviour of people "like themselves". The two most frequently mentioned influences being either "to not start smoking" (32%) or cessation (28%).

-- 62% say these ads affected them personally -- 33% in making cessation easier and 23% in their choice not to smoke.

Former Smokers

-- The majority (67%) believe the ads will have an effect on people "like themselves", particularly not to start smoking (52%). And in this regard, the 1996 are rated differently from those in 1995 -- more in 1996 see the ads as influencing others not to start smoking (38% in 1995), and less influential in getting people to stop smoking (38% in 1995 vs. 10% in 1996).

-- On a personal level, 34% say it has reinforced their decision not to be smokers.

- **Non-Smokers**

Susceptible Non-Smokers

-- The majority (73%) believe the 1996 ads will influence people not to start smoking, a significant increase over the rating of the 1995 ads (49%).

-- However, when it comes to the "personal" influence of the ads, only 41% say that the ads reinforce their personal decision not to smoke. This too is a shift from the response to the 1995 ads, at which time 68% of susceptible non-smokers gave this same response.

Emphatic Non-Smokers

-- Fewer emphatic non-smokers than the population in general believe these ads address all 3 target groups -- 56% vs. 66% total Québec. There was no such difference seen for their evaluation of last year's campaign (69% rated the ads as delivering against all three groups). So in their view the 1995 ads did a better job in addressing all of Health Canada's target groups than is the case for the 1996 series of commercials.

The one group that this change is traceable to are "smokers themselves" -- fewer emphatic non-smokers agreeing that the 1996 campaign have made people stop and think about this particular target group.

-- Emphatic non-smokers see the primary influence of the ads as being "not to start smoking", both for others (57%) and for themselves (47%).

These findings represent a shift in the perceived impact on others -- more emphatic non-smokers this year feel the ads will influence people not to start smoking than did so last year.

TABLE 47a:
% D'ACCORD QUE CES PUBLICITÉS ONT FAIT RÉFLÉCHIR LES GENS SUR LES EFFETS NOCIFS DE FUMER DES CIGARETTES
-- Adultes --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	721	473	732
	%	%	%
Pour les enfants et les bébés autour des fumeurs	87	88	86
Pour les autres personnes autour des fumeurs	82	81	80
Pour les fumeurs eux-mêmes	80	79	74
Tous ceux-là	68	66	63
Aucun de ceux-là	5	4	6

TABLE 47b:
% D'ACCORD QUE CES PUBLICITÉS ONT FAIT RÉFLÉCHIR LES GENS SUR LES EFFETS NOCIFS DE FUMER DES CIGARETTES
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473	78	75	46	33	100	60	81
Une	%	%	%	%	%	%	%	%
Pour les enfants et les bébés autour des fumeurs	**88**	92	91	80	81	89	88	85
Pour les autres personnes autour des fumeurs	**81**	73 ↓	[92]	81	77	80	84	76
Pour les fumeurs eux-mêmes	**79**	80	86	77	79	85	78	71 ↓
Tous ceux-là	**66**	66	77 ↑	63	69	69	65	56 ↓
Aucun de ceux-là	**4**	6	1	9	13	3	3	3

TABLE 48a:
INFLUENCE DES MESSAGES SUR DES GENS COMME VOUS
-- Adultes --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	721 %	473 %	732 %
Une influence	**64**	**66**	**63**
Ne pas commencer à fumer	31	39	36
Cesser de fumer	20	15 ↓	15
Reduire l'usage de tabac	13	12	12
Aucune influence	37	34	37
Pas d'influence du tout	33	30	33
Continue de fumer mais changerait d'endroit	2	3	2
Continue de fumer	1	1	2

TABLE 48b:
INFLUENCE DES MESSAGES SUR DES GENS COMME VOUS
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473	78	75	46	33	100	60	81
	%	%	%	%	%	%	%	%
Une influence	**66**	(53)	[80]	**58**	**73**	**67**	**77**	**61**
Ne pas commencer à fumer	**39**	(7)	(11)	(13)	32	[52]	[73]	[57]
Cesser de fumer	**15**	18	[37]	[36]	28 ↑	10	(2)	(3)
Reduire l'usage de tabac	**12**	[27]	[32]	10	13	(3)	3	1
Aucune influence	**34**	[47]	(20)	**42**	**27**	**34**	**23**	**39**
Pas d'influence du tout	**30**	36	(17)	28	27	30	23	39
Continue de fumer mais changerait d'endroit	**3**	[8]	2	9 ↑	--	4	--	--
Continue de fumer	**1**	3	1	5	--	--	--	--

TABLE 49a:
REACTION PERSONELLE AUX MESSAGES
-- Adultes --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	721 %	473 %	732 %
Une influence	**51**	**48**	**53**
A aidé mon choix de ne pas fumer/de ne pas commencer	35	30	40
Reduire mon usage du tabac a été plus facile	9	11	11
Cesser de fumer a été plus facile	7	7	3
Aucune influence	48	52	47

TABLE 49b:
REACTION PERONELLE AUX MESSAGES
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473	78	75	46	33	100	60	81
	%	%	%	%	%	%	%	%
Une influence	**48**	**35** ↓	**58**	**50**	**62**	**47**	**46**	**47**
A aidé mon choix de ne pas fumer/de ne pas commencer	**30**	(7)	(12)	(11)	23	34	41 ↑	[47]
Reduire mon usage du tabac a été plus facile	**11**	[23]	[33]	[28]	7	(3)	(2)	--
Cesser de fumer a été plus facile	**7**	5	13 ↑	11	[33]	10	3	--
Aucune influence	**52**	**65** ↑	**42**	**50**	**38**	**53**	**54**	**53**

DIALOGUE ABOUT SMOKING RESULTING FROM SEEING ADS
(Reference: Tables 50a - 50b)

Total Adults

Thirty-five percent of Québecers say they had a discussion with someone about smoking and the potential problems smoking can cause as a result of seeing one or more of Health Canada's ads. The majority talked to smokers (83%), and 38% said they talked with both smokers and non-smokers. There is no change in these results from 1995.

There is only one difference between the adults in the two regions, and that is more Québecers talked to both smokers and non-smokers than was the case in English Canada.

Smoking Continuum Groups

Within Québec, the probability of talking to others as a result of seeing the ads did not vary across the smoking continuum -- with the exception of emphatic smokers, fewer of whom reported having such a dialogue.

Relative to the 1995 results, we note only one difference -- fewer susceptible non-smokers talked to someone this year as a result of seeing the ads then did so last year (47% in 1995 vs. 30% in 1996).

TABLE 50a:
DISCUSSIONS RÉSULTANT D'AVOIR VU LES PUBLICITÉS
-- Adultes --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	721	473	732
	%	%	%
A parlé à quelqu'un sur le tabagisme et les problèmes potentiels que le tabagisme peut causer	40	35	30
Base: En a parlé à quelqu'un	280	172	216
	%	%	%
A parlé à:			
Fumeurs et non-fumeurs	42	38	(25)
Fumeurs seulement	42	45	54
Non-fumeurs seulement	15	17	21
Fumeurs	84	83	79
Non-fumeurs	57	55	46

TABLE 50b:
DISCUSSIONS RÉSULTANT D'AVOIR VU LES PUBLICITÉS
-- Québec: Adultes --

		Fumeurs			Ex-fumeurs		Non-fumeurs	
	Total Adultes	Endurcis	Habituel & efforts d'aban-don	Occas.	Récents	Longue Date	Probable	Endurcis
Base: Connaissance des publicités	473	78	75	46	33	100	60	81
	%	%	%	%	%	%	%	%
A parlé à quelqu'un sur le tabagisme et les problèmes potentiels que le tabagisme peut causer	**35**	(25)	31	32	49	36	30	42

AWARENESS OF ADVERTISING

The following summarizes the differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	Québec Adults	Aware of Ads	Not Aware of Ads
Total Sample:	(631) %	(473) %	(159) %
Perceived Detriments or Benefits of Smoking			
Smoking helps people relax	21	18	29
Smoking can help people when they are bored	18	15	26
Attitudes Re Quitting			
I tend to admire people my age who quit smoking	79	82	73 ↓
People who quit smoking will be able to do a lot more things	65	69	56

As will be noted, relative to English Canada, there are very few differences in attitudes and beliefs about smoking when the respective groups aware and not aware of the 1996 ads are compared. And the only commonality in the items between the adults in the two regions, relates to their perceptions about quitters -- "*People who quit smoking will be able to do a lot more things*".

APPENDIX

TRACKING STUDY

(February 27,1996)

Hello, I'm _____ of _____. Today, we are conducting a study on behalf of Health Canada, and we are talking to teenagers and adults about health related issues. The survey addresses issues affecting adults and teens, their perceptions and attitudes towards alcohol, drugs and tobacco in our society. The results from this study will be used to formulate policies and programs on behalf of all Canadians. First, I would like to ask you a few questions to see if you qualify.

A) Are you/may I speak to an adult 18 years of age or older in your household? **RE-INTRODUCE YOURSELF IF NECESSARY; IF NOT AVAILABLE, ARRANGE A CALL-BACK TIME AND RECORD**

B) How many people are there in your household 11 years of age or older?

One	1	GO TO Q.E
Two	2	
Three	3	
Four	4	
Five	5	
Six	6	
Seven	7	
Eight	8	

C) I need to select someone in your household to interview, so would you please tell me the name of the person 11 years of age and over whose birthday comes next. **RECORD BELOW**

What is their gender and current age? RECORD BELOW

Name:	Gender:		Age:	
_____	Male	1	11	1
	Female	2	12	2
			13	3
			14	4
			15	5
			16	6
			17	7
			18	8
			19	9
			20-24	10
			25-34	11
			35-44	12
			45-54	13
			55-64	14
			65 or over	15

IF QUALIFIED RESPONDENT IS 11 - 14 YEARS OF AGE; GO TO Q.H; OTHERWISE CONTINUE

D) So I need to speak to (NAME OF QUALIFIED RESPONDENT). Would he/she be available?

Yes	1	REINTRODUCE YOURSELF IF NECESSARY AND CONTINUE WITH Q.E
No	2	ARRANGE A CALL-BACK TIME AND RECORD

E) In this study there are no right or wrong answers. This is not a test. Your participation is voluntary. The information you give us will be completely confidential and no one will connect the information you provide with you personally. We ask you therefore to be completely honest and accurate when you answer the questions. Your help today is very important to us.

IF 2 OR MORE HOUSEHOLD MEMBERS IN Q.B, GO TO Q.H; OTHERWISE CONTINUE

F) Which one of the following best describes your age? Are you.....? **(READ LIST)**

15 years old	5
16 years old	6
17 years old	7
18 years old	8
19 years old	9
Between 20 - 24 years	10
Between 25 - 34 years	11
Between 35 - 44 years	12
Between 45 - 54 years	13
Between 55 - 64 years	14
65 years or over	15

G) RECORD GENDER OF RESPONDENT

Male	1
Female	2

IF QUALIFIED RESPONDENT IS 11 - 14 YEARS OF AGE ASK Q.H; OTHERWISE GO TO Q.J

H) I need to speak to the mother or father of (SELECTED CHILD). RE-INTRODUCE YOURSELF IF NECESSARY

IF NOT AVAILABLE, ARRANGE A CALL-BACK TIME AND RECORD.

We'd like to have your child's honest answers and opinions about what is happening in today's society. Since you and your child may have different perceptions and views on these subjects, we need to interview him/her without you being able to hear their responses.

Your child's answers will be combined with the answers of 3000 others across the country, and the answers will only be used for research purposes. And, although I will be asking you for your name, address and telephone number, this information will only be used to verify that I have conducted this interview. Otherwise, your child's answers will only be identified by a number.

May I speak to (SELECTED CHILD)?

Yes	1	Just before interviewing your child, I would like to ask you a few questions about your household for classification purposes only **GO TO BASIC DATA; THEN READ CHILD Q.I**
No	2	**THANK AND TERMINATE**

I) In this study there are no right or wrong answers. This is not a test. Your participation is voluntary. The information you give us will be completely confidential and no one will connect the information you provide with you personally. We ask you therefore to be completely honest and accurate when you answer the questions. Your help today is very important to us.

Main quest 1

J) I'm going to read you a list of health related issues with which people may or may not be concerned about. As I read them, please tell me how much you are concerned about each issue.

The first one is ..... (READ LIST. ROTATE FROM INTERVIEW TO INTERVIEW) Would you say you personally "care a lot", "care somewhat", "care only a little", or "not care at all"? (REPEAT SCALE AS NECESSARY)

"X" Start		Care a Lot	Care Somewhat	Care Only a Little	Not Care at All
( )	Staying off cigarettes	4	3	2	1
( )	Staying away from drugs	4	3	2	1
( )	Staying off marijuana or pot	4	3	2	1
( )	Being fit	4	3	2	1
( )	Controlling weight	4	3	2	1
( )	Getting drunk	4	3	2	1
( )	Eating healthy food	4	3	2	1

The first questions I will be asking you are about tobacco, and specifically about cigarettes.

1) Have you smoked at least 100 cigarettes in your entire life?

Yes	1	
No	2	SKIP TO Q.21

2) Do you smoke cigarettes now?

Yes	1	
No	2	SKIP TO Q.16

3) I'm going to read you a list of times or occasions other people have told us smoking is important to them. From this list, please tell me when smoking is most important to you personally. (ACCEPT ONE ANSWER ONLY)

When you are alone	1
When you are with company	2
At certain times of the day, such as first thing in the morning or after meals	3
When you are angry, upset or under stress	4
When you feel bored or restless	5

4) Do you now smoke cigarettes everyday or some days only?

Everyday	1	SKIP TO Q.6
Some days	2	

5a) In an average week, from Monday to Sunday, on how many days out of the seven do you smoke?

1 2 3 4 5 6

5b) On the days that you do smoke cigarettes, about how many cigarettes on average do you smoke per day? (DO NOT READ)

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	More than 30 (SPECIFY) _____					

IF ANSWER IN PACKS/PACKAGES, PROBE NUMBER OF CIGARETTES IN PACK AND RECORD ABOVE

SKIP TO Q.8

6) How soon after you wake in the morning do you usually smoke your first cigarette? **(DO NOT READ)**

Immediately	1
Within first 15 minutes	2
15 - 30 minutes	3
Longer than 30 minutes	4

7) And on average, about how many cigarettes do you smoke per day? **(DO NOT READ)**

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	More than 30 **(SPECIFY)** _____					

IF ANSWER IN PACKS/PACKAGES, PROBE NUMBER OF CIGARETTES IN PACK AND RECORD ABOVE

8) Are you thinking about quitting smoking in the next 6 months?

Yes	1
No	2
Don't know	3

9) Have you ever made a serious attempt to quit smoking?

Yes	1	
No	2	**GO TO Q.13a**

10) During the past 12 months, have you quit smoking intentionally for one day or longer?

Yes	1	
No	2	**GO TO Q.13a**

11) And what is the longest time during the past 12 months that you actually stayed off cigarettes? Has it been months, weeks, or days?

Days **(SPECIFY)** _____
Weeks **(SPECIFY)** _____
Months **(SPECIFY)** _____

12) Thinking about the last or most recent situation you started smoking again, which **ONE** of the following situations best describes why you did so? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

	A stressful situation, such as family problems, a death, or a tragedy, or some other stressful situation	1
	You really missed it or you felt an urge or a craving	2
	In a social situation	3
	When alcohol was served	4
	Because you were irritable due to smoking withdrawal	5
	For enjoyment	6
	Concern about gaining weight	7
or	For some other reason	8

13a) In the past 6 months, has someone ever asked you not to smoke?

Yes	1	
No	2	GO TO Q.14a

13b) Who was the person who most recently asked you not to do this? (DO NOT READ LIST)

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

13c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

14a) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? (READ LIST. ACCEPT ONE ANSWER ONLY)

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

14b) And what about you? Would you say that you are smoking more, less or about the same now as you were before the drop in the price of cigarettes?

Smoking more	1
Smoking less	2
Smoking about the same	3

15) How likely do you think it is that you will still be smoking cigarettes 12 months from now? Would you say it is .....? (READ LIST)

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

GO TO Q.26

IF "NO" IN Q.2 ASK:

16) When did you last smoke regularly? (DO NOT READ LIST)

Less than 3 months ago	1	
3 -6 months ago	2	
7 - 9 months ago	3	
10 - 12 months ago	4	
Between 1 - 2 years ago	5	
3 - 4 years ago	6	
5 years ago or more	7	GO TO Q.19

17) I'm going to read you a list of times or occasions other people have told us smoking was important to them. From this list, please tell me when smoking was most important to you personally. (ACCEPT ONE ANSWER ONLY)

When you were alone	1
When you were with company	2
At certain times of the day, such as first thing in the morning or after meals	3
When you were angry, upset or under stress	4
When you felt bored or restless	5

IF "6 MONTHS OR LESS"(CODE "1" OR "2") IN Q.16 ASK Q.18a; OTHERWISE GO TO Q.19

18a) In the past 6 months, had someone ever asked you not to smoke?

Yes	1	
No	2	GO TO Q.19

18b) Who most recently asked you not to smoke? (DO NOT READ LIST)

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

18c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

19) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? (READ LIST. ACCEPT ONE ANSWER ONLY)

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

20) How likely do you think it is that you will go back to smoking sometime in the future? Would you say it is .....? (READ LIST)

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

GO TO Q.26

IF "NO" IN Q.1 ASK:

21) What would you say is the total number of cigarettes that you have ever smoked? **WRITE IN NUMBER BELOW**

_____ **IF "00", SKIP TO Q.24**

22) Do you smoke cigarettes now?

Yes	1	
No	2	**GO TO Q.24**

23a) In the past 6 months, has someone ever asked you not to smoke?

Yes	1	
No	2	**GO TO Q.24**

23b) Who was the person who most recently asked you not to do this? **(DO NOT READ LIST)**

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

23c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

24) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

25) How likely do you think you would be to smoke cigarettes in the next 12 months? Would you say .....? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

ASK EVERYONE

26) Now, I'm going to read you a list of things you may or may not have personally experienced in the past 12 months. As I read each one, please tell me if this has happened to you personally "often", "sometimes", "rarely", or "never". **ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** So during the past 12 months, how often have you .....?

"X" Start		Often	Sometimes	Rarely	Never
( )	Had trouble going to sleep or staying asleep	4	3	2	1
( )	Felt hopeless about the future	4	3	2	1
( )	Felt depressed or worried too much about things	4	3	2	1

ASK THOSE 24 OR UNDER ONLY; ALL OTHERS GO TO Q.28

27a) During the past year, have you been in a physical fight that involved hitting, pushing, shoving, or some other kind of physical contact?

Yes	1
No	2

27b) Have you ever run away and stayed away from home for one night or more?

Yes	1
No	2

27c) Have you ever been "kicked out" and had to stay away from home for one night or more?

Yes	1
No	2

27d) How likely is it that you will run away from home or get kicked out at least once in the next year or two? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

ASK EVERYONE:

28) To what extent do you agree or disagree with the following statements? **(ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** Starting with the first statement do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Street youth are just regular kids who have had bad luck	4	3	2	1
( )	There is little hope for street youth	4	3	2	1
( )	If kids end up on the street, it's because they choose to be there	4	3	2	1
( )	More should be done to help street youth	4	3	2	1
( )	I get a kick out of doing things every now and then that are a little risky or dangerous	4	3	2	1
( )	My family looks for things to nag me about	4	3	2	1
( )	I don't mind getting into trouble telling lies if it helps me or my friends	4	3	2	1

( )	People my age should care about not smoking cigarettes	4	3	2	1
( )	Preventing teenagers from starting to smoke is very important	4	3	2	1
( )	My smoking is harming my own health	4	3	2	1
( )	I prefer to smoke even if it means I won't live long	4	3	2	1
( )	I believe that I am addicted to tobacco	4	3	2	1
( )	My smoking doesn't annoy people around me who don't smoke	4	3	2	1
( )	I rarely smoke when I am the only smoker in a group	4	3	2	1
( )	Inhaling smoke from someone else's cigarettes causes lung cancer in a nonsmoker	4	3	2	1
( )	Inhaling smoke from someone else's cigarettes harms the health of babies and children	4	3	2	1
( )	My family would prefer that I don't smoke	4	3	2	1
( )	Tobacco is not as addictive as other drugs such as heroin or cocaine	4	3	2	1
( )	By the year 2000, the production and sales of tobacco should be banned in Canada	4	3	2	1
( )	Most of the people I associate with smoke cigarettes	4	3	2	1
( )	More teens than ever before are smoking	4	3	2	1
( )	More adults than ever before are smoking	4	3	2	1
( )	Too much fuss is made today about the dangers of smoking	4	3	2	1
( )	I tend to admire people of my age who quit smoking	4	3	2	1
( )	People who are trying to quit need a lot of support and understanding	4	3	2	1
( )	People who quit smoking will be able to do a lot more things	4	3	2	1
( )	I feel proud that I do not smoke	4	3	2	1
( )	It is becoming socially unacceptable to be a smoker	4	3	2	1
( )	Smoking can help people when they are bored	4	3	2	1
( )	Smoking helps people relax	4	3	2	1
( )	Smoking helps people keep their weight down	4	3	2	1
( )	It's safe to smoke for a year or two	4	3	2	1
( )	There is no harm in having an occasional cigarette	4	3	2	1
( )	If I started to smoke regularly, I could stop smoking any time I wanted to	4	3	2	1
( )	Women who are pregnant should not smoke	4	3	2	1
( )	Sponsorship of sporting or cultural events by tobacco companies should be banned	4	3	2	1
( )	Retailers should refuse to sell tobacco products to minors	4	3	2	1

ASK TEENS ONLY; ALL OTHERS GO TO Q.30a

29a) Please tell me how much you agree or disagree with the following statements.(READ LIST)

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	When I'm older, my parents won't mind if I smoke	4	3	2	1
( )	Smoking is "cool"	4	3	2	1

29b) How do you think your best friends would feel about you smoking one or more packs of cigarettes per day? (READ LIST)

	Tell you to stop	1
	Disapprove	2
or	Don't care	3

29c) If you lit up a cigarette tomorrow in front of your parents, how do you think they would react? (READ LIST)

	Tell you to stop	1
	Disapprove	2
or	Don't care	3

ASK EVERYONE

30a) Do people in your close or immediate family smoke?

Yes	1
No	2

30b) Do any of your friends who smoke say that they should quit?

Yes	1
No	2
Friends don't smoke	3

31a) In the past 6 months, have you ever asked someone not to smoke?

Yes	1	
No	2	GO TO Q.32

31b) Who was the person you most recently asked not to do this? (DO NOT READ LIST)

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

31c) What is the one most important reason that you might ask someone not to smoke? (READ LIST. ACCEPT ONE ANSWER ONLY)

You want to protect your own health	1
You want to protect children	2
You personally object to smoking	3
You want to protect nonsmokers	4
You are concerned about that person's health	5
You find tobacco smoke irritating	6

31d) And the last time you asked someone not to smoke were you successful, that is did that person stop smoking or not?

Yes	1
No	2

32a) The next few questions are about advertising. Thinking about advertising on television, have you seen any ads about not smoking cigarettes recently?

Yes, seen ad(s)	1	
No, haven't seen	2	**SKIP TO Q.40a**

32b) Please tell me everything you can remember about the last advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

32c) What was the ad trying to tell you about smoking?. **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

33a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

33b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

33c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

34a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

34b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

34c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

35a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

35b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

35c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

36a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

36b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

36c) What was the ad trying to tell you about smoking? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

37a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

37b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

37c) What was the ad trying to tell you about smoking? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

38a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

38b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

38c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

39a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

39b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

39c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

40a) I am going to read you a description of several different TV ads about not smoking cigarettes that are sponsored by Health Canada. For each one, I'd like you to tell me whether you have seen it or not.

This TV ad shows the inside of a cancerous lung. The announcer talks about the many hazardous chemicals the lung has inhaled from tobacco smoke. Very laboured breathing is heard throughout the ad. At the end of the commercial, the announcer tells us that the lung belongs to a non-smoker.

Have you seen this ad recently?

Yes 1
No 2 **SKIP TO Q.41a**

40b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

41a) This TV ad shows various bottles of poisonous and toxic chemicals. Each poison or chemical is labeled as being "light", "ultra light" or "extra mild". Beautiful music plays in the background. The ad then shows a package of light cigarettes, and the announcer says no matter what they are called they will still kill you.

Have you seen this ad recently?

Yes 1
No 2 SKIP TO Q.42a

41b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

42a) This TV ad shows people who suffer from various illnesses like coronary disease, lung cancer, emphysema and asthma. Through each of the scenes there is a hazy smoke that can be seen. The announcer explains that these people are all non-smokers who suffer from the effects of second hand smoke.

Have you seen this ad recently?

Yes 1
No 2 SKIP TO Q.43

42b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

IF AWARE OF ONE OR MORE ADS IN Q. 40a, 41a OR 42a ASK; OTHERWISE GO TO Q.48a

43) What would you say is the likely influence of ad(s) like this/these on people like yourself? Would this/these ad(s) influence someone like yourself to want to ....? **(READ LIST)**

Not start smoking	1
Stop smoking	2
Cut down on smoking	3
Start smoking	4
Keep on smoking	5
Keep on smoking but change where I smoke	6
No influence at all	7

44) I am going to read to you a list of possible reactions people might have to these ads. Which, if any, applies to you after seeing it/them?

It has made it easier to quit smoking	1
It has made it easier to cut down on smoking	2
It has made it easier not to start smoking	3
It has helped in my choice not to smoke	4
No influence at all	5

45) Do you think these ads made people stop and think about the harmful effects of smoking cigarettes ....? (READ LIST)

	Yes	No
For smokers themselves	1	2
For children and infants around smokers	1	2
For others around smokers	1	2

46a) As a result of these ads, have you talked to someone about smoking and the potential problems smoking can cause?

Yes	1	
No	2	GO TO Q.47

46b) Who were these people? (READ LIST)

Both smokers and nonsmokers	1
Smokers only	2
Nonsmokers only	3

47) Please indicate to what extent you agree or disagree with each of the following statements? (ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.) Do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	4	3	2	1
( )	The ads very clearly get across the need to respect the health of non-smokers	4	3	2	1
( )	The ads have successfully brought out the issue of the harmfulness of tobacco	4	3	2	1
( )	The ads discourage young people from starting to smoke	4	3	2	1
( )	The ads make you think smoking is a serious health issue for Canadians	4	3	2	1
( )	The ads increase your concerns about the dangers of smoking	4	3	2	1

ASK ONLY THOSE UNDER 45 YEARS OF AGE ; ALL OTHERS GO TO INTRODUCTION BEFORE Q.51

The next few questions are about drugs such as marijuana, hashish, coke, crack, speed, and other such drugs. Please remember that all your answers will remain confidential.

48a) Which one of the following drugs have you ever tried? **(READ LIST. RECORD BELOW UNDER Q.48a)**

48b) Which have you been invited to try but did not? **(READ LIST. RECORD BELOW UNDER Q.48b)**

48c) Which have you never used but would like to try? **READ LIST. RECORD BELOW UNDER Q.48c)**

	Q.48a Ever tried		Q.48b Invited to try but have not		Q.48c Never used but would like to try	
	Yes	No	Yes	No	Yes	No
Marijuana/hashish/grass	1	2	1	2	1	2
Acid (LSD)	1	2	1	2	1	2
Cocaine/coke	1	2	1	2	1	2
Crack	1	2	1	2	1	2
Speed/uppers/amphetamines (**without** prescription)	1	2	1	2	1	2
Speed/uppers/amphetamines (**with** prescription)	1	2	1	2	1	2
Tranquilizers, downers (**without** prescription)	1	2	1	2	1	2
Tranquilizers, downers (**with** prescription)	1	2	1	2	1	2
Substances you inhale or sniff	1	2	1	2	1	2
Other drugs	1	2	1	2	1	2

IF NONE EVER TRIED IN Q.48a, GO TO Q.51; OTHERWISE, CONTINUE

FOR EACH TYPE OF DRUG TRIED IN Q.48a, ASK Q.49

49) How often do you use (NAME OF DRUG) now? (READ LIST)

	Marijuana/ hashish/grass	Acid/LSD	Cocaine/coke	Crack
Have only tried once	1	1	1	1
Less than once a month	2	2	2	2
About once a month	3	3	3	3
2 or 3 times a month	4	4	4	4
About once a week	5	5	5	5
A few times a week	6	6	6	6
Once a day or more often	7	7	7	7
Do not use it now (DO NOT READ)	8	8	8	8

	Speed/uppers/ amphetamines (without prescription)	Speed/uppers/ amphetamines (with prescription)	Tranquilizers, downers (without prescription)	Tranquilizers, downers (with prescription)
Have only tried once	1	1	1	1
Less than once a month	2	2	2	2
About once a month	3	3	3	3
2 or 3 times a month	4	4	4	4
About once a week	5	5	5	5
A few times a week	6	6	6	6
Once a day or more often	7	7	7	7
Do not use it now (DO NOT READ)	8	8	8	8

	Inhalants/ sniffing	Other drugs
Have only tried once	1	1
Less than once a month	2	2
About once a month	3	3
2 or 3 times a month	4	4
About once a week	5	5
A few times a week	6	6
Once a day or more often	7	7
Do not use it now (DO NOT READ)	8	8

50) Thinking ahead to a year from now, which of the following statements best describes what you will be doing with regard to drugs? (READ LIST. ACCEPT ONE ANSWER ONLY)

I will not be using any drugs	1
I will be using drugs much in the same way as I do now	2
I will be using fewer drugs than I do now	3
I will be using more drugs than I do now	4

ASK EVERYONE

The next few questions are about alcoholic drinks. By alcoholic drinks, we mean things such as beer, wine, coolers and hard liquor or liqueurs, including mixed drinks. Again, please remember that all your answers will remain confidential.

51) How often, if at all, do you have an alcoholic drink? (READ LIST)

Never	1	GO TO Q.55
Less than once a month	2	
About once a month	3	
Several times a month	4	
About once a week	5	
Several times a week	6	
Daily	7	

52) What is the alcoholic beverage you drink most often? (READ LIST)

Beer	1
Cooler	2
Wine	3
Liquor/liqueur/mixed drink	4
Other alcoholic drink	5

53) On occasions when you drink, about how many drinks do you usually have? When I use the word drink, it means "one bottle of beer or a glass of draft", or "one small glass of wine", or "one shot of mixed drink with hard liquor". **(DO NOT READ LIST)**

1 2 3 4 5 6 or more (SPECIFY) _____

54) Thinking ahead to a year from now, which of the following statements best describes what you will be doing with regard to alcoholic drinks? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

I will not be drinking any alcoholic drinks	1
I will have about as many drinks as I do now	2
I will have fewer drinks than I do now	3
I will have more drinks than I do now	4

55) I am going to read you a few statements people have made about alcohol and drugs. For each one I would like you to tell me the extent to which you agree or disagree with each. **(ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** Starting with the first statement do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Using drugs is no worse than using alcohol	4	3	2	1
( )	They should legalize marijuana	4	3	2	1
( )	A party isn't a party if there is no drinking	4	3	2	1
( )	Some drugs like marijuana or pot are all right. It's the stuff like crack that is dangerous	4	3	2	1
( )	If I don't drink alcohol, I'm not really accepted by the people I want to hang around with	4	3	2	1
( )	It's OK to smoke marijuana or pot as long as you don't get into it heavily	4	3	2	1
( )	A party is not a party if there are no drugs	4	3	2	1
( )	Marijuana or pot is to teenagers what alcohol is to adults	4	3	2	1
( )	As long as you don't take too much, most drugs are not really harmful	4	3	2	1
( )	Using marijuana or pot is no worse than smoking cigarettes	4	3	2	1
( )	If adults drink in moderation, it will not have a negative affect on children's drinking behaviour	4	3	2	1

ASK TEENS ONLY; ALL OTHERS GO TO BASIC DATA

56) Please tell me how much you agree or disagree with the following statements **(READ LIST)**

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Most people my age drink alcoholic drinks such as beer, wine or liquor	4	3	2	1
( )	Using drugs is "cool"	4	3	2	1
( )	My parents find it easy to talk to me about drugs and alcohol	4	3	2	1

fin MQ

BASIC DATA

FOR TEENS 11 - 17 ASK ONLY Q.7

The following questions are for classification purposes only, and will be used only to group the answers we collect in this study.

1) What is the highest level of formal education that you completed? (DO NOT READ LIST)

Some high school or less	1
Completed high school	2
Some college/university	3
Completed college/university or undergraduate degree	4
Post-graduate studies	5

2a) Are you currently in the paid labour force?

Yes — Is that ...? (READ LIST)

Full-time	1	ASK Q.2b
or		
Part-time	2	

No — Would you classify yourself as ...? (READ LIST)

Student	3	GO TO Q.3
Homemaker	4	GO TO Q.3
Retired	5	GO TO Q.2c
Unemployed	6	GO TO Q.3
Other	7	GO TO Q.3

2b) And what is your occupation? That is, the type of work you do and the type of company you work for?

_____ (Type of work) _____ (Type of company)

(GO TO Q.3)

2c) And what was your occupation, that is what type of work did you do before you retired?

_____ (Type of work) _____ (Type of company)

3) What is your marital status? Are you ....? (READ LIST)

Married or living common law	1
Single	2
Divorced or separated	3
Widowed	4

4a) Including yourself, how many people in total live in your household? WRITE IN NUMBER BELOW

_____

(IF "1", GO TO Q.5)

4b) Please tell me how many of the people in your household fall into each of the following age groups?

Adults 18 and over	_____
Older teenagers 15 to 17 years of age	_____
Younger teenager 11 to 14 years of age	_____
Children 5 to 10 years of age	_____
Children under 5	_____

5) Which one of the following groups best describes your total 1995 household income before taxes? **(READ LIST)**

Under $25,000	1
$25,000 - $35,000	2
$36,000 - $50,000	3
$51,000 - $60,000	4
$61,000 - $75,000	5
Over $75,000	6

IF RESPONDENT IS FEMALE AND 18 - 45 YEARS OF AGE AND PARTICIPATING IN A FULL INTERVIEW ASK; OTHERWISE GO TO NEXT INSTRUCTION

6) Are you by any chance currently pregnant?

Yes	1
No	2

IF 11 - 17 YEARS OF AGE ASK Q.7; OTHERWISE GO TO BOX BELOW

7) Are you currently .....? **(READ LIST)**

		Yes	No
	In school	1	A
	Working outside the home full time	2	A
	Working outside the home part-time	3	A
or	Unemployed	4	A

RESPONDENT NAME: MR. ( )
MRS. ( )
MISS ( ) _____
MS. ( )

ADDRESS: _____ APT. # _____

CITY: _____

TELEPHONE NUMBER: _____

DATE OF INTERVIEW: _____

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Volume 2.
NOV 6 1996

SAGE
RESEARCH CORPORATION

ANTI-SMOKING TRACKING STUDY
- FINAL REPORT -
Volume 2 -- Teens

Prepared for:
Health Canada

July 18,1996

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APPENDIX

BACKGROUND AND PURPOSE

INTRODUCTION

The National Strategy to Reduce Tobacco Use

The National Strategy to Reduce Tobacco Use was launched in 1985 to bring together all levels of government and health organizations in a comprehensive and collaborative effort. The mission of the National Strategy is *"to produce a generation of non-smokers by the year 2000"*. Seven strategic directions have been identified:

1) Legislation
2) Access to information
3) Availability of services and programs
4) Message promotion
5) Support for citizen action
6) Intersectoral policy coordination
7) Research and knowledge development

The overall objective of the strategy is to reduce the prevalence of smoking among Canadians 15+ from 29% in 1992 to 27% in 1996 and to 24% by the year 2000. Three primary goals have been adopted to achieve this objective:

Goal #1:	**Prevention**	To help non-smokers stay smoke-free
Goal #2:	**Cessation**	To encourage and help those who want to quit smoking to do so
Goal #3:	**Protection**	To protect the health and rights of non-smokers

The Tobacco Demand Reduction Strategy

Taxation of tobacco products has long been a primary weapon in the arsenal to reduce consumption. However, by the early 1990's, the growing discrepancy in tobacco prices between Canada and the U.S. had resulted in a high level of cross-border smuggling activity which jeopardized the effectiveness of taxation as a deterrent. In February of 1994, in order to increase its control over the distribution of tobacco products, the government reduced excise taxes and stepped up enforcement measures against smugglers. At the same time, it imposed a surcharge on tobacco manufacturers to fund its anti-tobacco strategy.

To minimize the impact of tax cuts on consumption and to increase the priority of tobacco control as a public health measure, a three-year Tobacco Demand Reduction Strategy (TDRS) was announced.

The TDRS has been developed in a manner consistent with the goals of The National Strategy to Reduce Tobacco Use, with its ultimate aim being:

> *"...through programs, public education and enforcement, to minimize the impact of the tax cuts on tobacco consumption. In so doing, the TDRS seeks to create a climate that marginalizes tobacco products and supports all product users in their attempts to quit."*

The TDRS has adopted the three primary goals of the National Strategy -- *Prevention*, *Cessation*, and *Protection*, in addition to setting the following additional specific objectives:

- To minimize increase in tobacco consumption expected in those groups most likely to take advantage of lower cigarette prices;
- To increase the priority of tobacco control as a public health measure in Canada;
- To increase public knowledge of the dangers associated with tobacco product use;
- To enhance public awareness of the health risks associated with environmental tobacco smoke (ETS); and
- To denormalize the use and marketing of tobacco products.

1995/96 Tobacco Campaign

As part of its commitment to reduce the levels of smoking among Canadians, the Research, Program Policy and Planning Directorate, Marketing and Partnerships Division of Health Canada developed a new public awareness campaign in 1994/95 to support the objectives of the Tobacco Demand Reduction Strategy. Specifically, the *"Break Free/Fumer c'est fini!"* campaign was replaced with a campaign that was more "hard-hitting" and that had a broader target audience than just youth. The new directions for the 1994/95 campaign are summarized below:

a) **Target Group:** The primary target group was defined as the general public; the secondary target group as teens 11-17 years of age, with somewhat more emphasis on those 15-17 years of age. (This represents a change from previous campaigns which primarily targeted teens, and occasionally their parents.)

b) **Communication Objectives:** The overall communication objective for the campaign was to "de-normalize" tobacco by increasing awareness among Canadians of the benefits of a tobacco-free society. This includes more forceful communication than in the past of the harmful effects of environmental tobacco smoke (ETS).

   The campaign was national in scope, with both television and print adapted for the Quebec region.

Three new executions were developed for the 1995/96 campaign, which continued to target the same groups and was designed to meet the same communication objectives as the 1994/95 campaign.

Importantly, both campaigns were developed based on a model for communication program development, as well as a research model for evaluating the impact of the communication program.

The traditional approach in the past, both for the development and evaluation of communication programs, has been to divide the universe into smokers and non-smokers, assuming that each group is homogeneous. The 1992 California Study, among others, suggested that this is not the case -- i.e., that all smokers are not equally committed to smoking, and that all non-smokers are not equally committed to staying non-smokers.

This concept resulted in the development of the "smoking continuum model" (considered to be applicable to both adults and teens) which incorporates the reported behaviour of individuals and, as appropriate, their attitudes towards smoking. The groups comprising the smoking continuum are described below, starting from the most committed smoker at the top, and ending with the most committed non-smoker at the bottom:

Group	Description
#1	Regular smokers who intend to continue smoking
#2	Regular smokers who intend to quit
#3	Occasional smokers
#4	Quitters
#5	Susceptible non-smokers (those who are not totally against smoking but who do not currently smoke)
#6	Emphatic non-smokers

In developing the communication programs, it was suggested that different communication strategies and different priorities were appropriate for the various groups.

Turning first to priorities, it was suggested that the two groups at the opposite ends of the "smoking continuum" be given lower priority in the short term than the remaining four groups. The reasons were:

- Emphatic non-smokers hold strong anti-smoking opinions, and of all the groups are least at risk with regard to smoking. And, communication developed for the other "prevention" groups can serve to reinforce the anti-smoking stance of this group.
- Regular smokers who intend to continue smoking represent the toughest challenge for communications, and it is possible that mass media advertising is not the best approach to use for this group.

The following lists the four remaining groups and the type of communication strategy that was deemed most appropriate for each:

Group	Description	Communication Strategy
#2	Regular smokers who intend to quit	Cessation
#3	Occasional smokers	Cessation
#4	Quitters	Prevention
#5	Susceptible non-smokers	Prevention

At the time of the development of this model, it was further hypothesized that one campaign would not necessarily meet the needs of all these groups, given the differences in their habits and behaviour, and probably also in their beliefs and attitudes about smoking and tobacco.

The overall purpose of the research is to track relevant behaviour and attitudes, and to provide input for decisions on any useful revisions to the campaign for subsequent years.

RESEARCH OBJECTIVES

The major objectives of the tracking study include measurement of:

- Attitudes and beliefs about smoking 1
- Identification of smoking 2
- Impact of the campaigns on knowledge, attitudes and behaviour. 3

METHOD

Telephone interviews were conducted with Canadians 11 years of age and over between March 4 and April 4, 1996.

A total of 2,158 interviews were completed with adults 18 years of age and older, and 1002 were completed with youth 11 - 17 years of age. For each target group, a random sample was initially conducted to determine the incidence of the various "smoking continuum" groups in the population. Then, groups of interest were augmented to yield more reliable base sizes for analysis:

	Adults	Teens
Random	1,705	798
Augment	453	204
Total	**2,158**	**1,002**

The sample was disproportionate by region as described in the table below, but was weighted in tabulation to reflect the true regional distribution of the population. The weighting process also took into account gender, age and smoking continuum incidence.

	Adults	Teens
English Canada	1,526	652
Québec	632	350
Total	**2,158**	**1,002**

With regard to the teen sample, parental permission to interview was obtained prior to administration of the survey for those under 15 years of age, and only those teens whose parent agreed to their participation in this study were included.

A copy of the study questionnaire has been included in the Appendix.

REPORT OVERVIEW

The analysis has been divided into two separate volumes, as follows:

Volume 1: Anti-Smoking Tracking Study Results -- Adults
Volume 2: Anti-Smoking Tracking Study Results -- Teens

The computer printouts have been provided under separate cover.

This report covers the findings for Volume 2.

EXECUTIVE SUMMARY: TOTAL TEENS

EXECUTIVE SUMMARY -- TOTAL TEENS

ATTITUDES AND BELIEFS

Level of Concern About Health-Related Issues

In 1996, teens continue to be more concerned about drugs in general than they are about cigarettes. Relative to 1995, there are no attitudinal changes in this regard.

Smoking Attitudes and Beliefs

There are only a few changes that have taken place since 1995, and these are detailed below:

- ***Social Environment of Smoking***
  - -- Relative to 1995, more teens believe that there are more teenagers smoking now than ever before (60% vs. 68% in 1996 "agree a lot").

- ***Perceived Detriments or Benefits of Smoking***
  - -- More teens in 1996 "agree a lot" that pregnant women should not smoke (95% vs. 92% in 1995).
  - -- At the same time, an increased number believe that tobacco is not as addictive as hard drugs" (20% in 1995 vs. 25% in 1996), or that an occasional cigarette is harmful (8% in 1995 vs. 14% in 1996).
  - -- Relative to 1995, more teens are of the opinion that smoking can alleviate boredom (4% vs. 7% in 1996).

SMOKING CONTINUUM -- INCIDENCE

Six key groups were identified in the teen population. These are:

	Total Teens (1,002) %
Total Smokers	**11**
Total regular smokers	**9**
Emphatic smokers	4
Regular thinking of quitting	5
Occasional smokers	**2**
Quitters	**3**
Total Non-Smokers	**85**
Susceptible non-smokers	29
Emphatic non-smokers	56

Some notable results among the teens are:

- Among regular smokers, just slightly more are contemplating quitting than are committed to continue smoking (56% vs. 44%).
- Among non-smokers, 34% are "at risk" -- i.e., they have not completely rejected the possibility that they will be "smokers" in the next 12 months.

Gender and Age

- In looking at how girls and boys in general fall out along the smoking continuum, we note only a few differences and that is among non-smokers. Specifically, more girls than boys are "at risk", and conversely, more boys than girls are strongly opposed to smoking.
- There is a direct correlation between age and the incidence of both ever smoking and currently smoking -- the older the teenager the more likely she or he has been to experiment with cigarettes, and the more likely he or she is to be a regular or occasional smoker:
  - -- 4% of those **11 - 13** years of age have ever smoked (i.e., 100 cigarettes in the lifetime), although 50 % currently fit into the "quitter" category.

    Among this age group there is a very large segment who are strongly opposed to smoking (68%) and a considerable sized group (30%) who are not totally anti-smoking -- i.e., susceptible non-smokers.
  - -- 15% in the **14 - 15** age group have ever smoked, and 73 % of them are regular smokers.

Half (50%) are emphatic non-smokers, and across all the age groups, we see the single largest group who are not totally against smoking attitudinally (35%).

-- Among **16 - 17** year-olds, we note that 32% have smoked 100 or more cigarettes in their lifetime, and 71% of them are now classified as regular smokers, 12% as occasional smokers, and 18% say they have quit.

Among those in this age group who have not smoked 100 cigarettes to date, there is still a fairly large group at 23% who are not totally against smoking, and therefore still at risk of adopting the habit.

Region

There is no difference between Québec and the rest of Canada in either the incidence of smoking or where teens fall out along the smoking continuum. We do note the following differences within English Canada:

- More teens outside of Ontario have ever smoked (17% vs. 10% for Ontario), and currently smoke (13% vs. 8% in Ontario). Nonetheless, there is a significantly larger proportion of teens outside of the province of Ontario who are strongly against smoking (62% vs. 53% in Ontario).
- There is one other notable finding in Ontario -- there is a larger group of susceptible non-smokers in the province than in other parts of Canada (37% vs. 21%). In other words, although smoking prevalence is currently lower in Ontario than in other parts of English Canada, a large number of teens are still at risk.

SOCIAL INFLUENCES

Family and Friends

- In 1996, 66% of total teens report that members of their close or immediate family smoke. This is up from last year, when 56% of teens reported smokers in their family.
- When asked how their parents might react to their lighting up a cigarette in front of them, most teens said they would be told to stop (74%). Among the rest, most said their parents would disapprove (20%), and only a small minority said their parents would not care (6%). This represents the status quo from the previous year.
- Teens say that most of their friends who smoke say they should quit (55%), no change since 1995.

Smokers

- Seventy-two percent of teen smokers report that someone has asked them to stop smoking in the past 6 months, representing the status quo from 1995. On the most recent such occasion, about 6 in 10 were asked by a relative to stop smoking (62%), particularly a parent (46%). Another 33% say friends initiated this request.
- Forty percent report that the individual who made the request to stop smoking was not successful (i.e., they did not stop smoking). However, just over half (53%) said they did cut down, and 7% said they did stop smoking -- the latter being situational cessation rather than long-term cessation of smoking
- There are no differences relative to 1995.

ASKING SOMEONE ELSE NOT TO SMOKE

- 50% of teens said they have asked someone not to smoke in the past 6 months, a drop from 54% in 1995.
- When we look at who they asked to stop smoking, we see a pattern different from that described in the preceding section. More report having asked some unrelated person (particularly a friend) to stop smoking than have asked a relative to do so (55% vs. 45%). This represents a slight shift from 1995, in that we now see an increase in the proportion who have turned their attention to family.
- The majority of teens (66%) were not successful in getting the person to stop smoking.
- What is the most important reason for asking someone not to smoke? Among the total sample the top three reasons in rank order were:

You are concerned about the person's health	58%
You find tobacco smoke irritating	16%
You want to protect your own health	12%

CIGARETTE PRICES

- Among total teens, 59% believe that more people are smoking now as a result of the cigarette price drop in February 1994. Of the remainder, 34% believe that there has been no change in the number of smokers, and 5% believe that there are now fewer people smoking.

  Teens' perceptions have not changed since 1995.
- When asked about their own smoking behaviour as a result of the price drop, most smokers continue to say they are smoking about the same amount (57%). Of the remainder, 16% said they are smoking less, and only 27% say they are smoking more.

  Although there are no statistical differences between the levels of smoking reported in 1995 and 1996, nonetheless, we see a widening in the gap between those who say they are smoking

less vs. those who say they are smoking more. In other words, in 1995 almost as many teens said they smoked more (20%) as said they smoked less (18%). In 1996, the evidence is that teens are smoking more -- i.e., 27% say they are smoking more, while 16% say they are smoking less.

ADVERTISING – ENGLISH CANADA

Unaided Awareness of Advertising

- Sixty-three percent of teens claimed to have seen any anti-smoking advertising.
- On a proven recall basis (that is when we can clearly identify that indeed people have seen particular ads based on their ability to describe them), there does not appear to be one single ad that stands out. The highest recall level reported is at 11% for the 1995 Health Canada "*Cocktail*" commercial, followed by "*Poisons*" from this year's campaign at 8%. The most frequently recalled ads are shown below:

	Total
	%
"Cocktail"	11
"Poisons"	8
Lung Association	6
"School Yard"	5
"Girl in Mirror" (Ontario ad)	5
"Not Much"	5
"Lungs"	3

- All other ads, including "*Vignettes*" (the third ad in the 1996 Health Canada campaign), show proven recall levels of 2% or less among teens in English Canada.
- By region, there is no difference in either claimed advertising recall overall or for "proven recall" levels for any of Health Canada's ads from this year's campaign or from previous years. The few differences noted are that more teens in Ontario than in the rest of Canada recall the "Girl in Mirror" ad, whereas more outside of Ontario demonstrate "proven recall" for the Lung Association commercial.

Aided Awareness of Advertising

- After being read a description of each of the three ads in the 1996 Health Canada anti-smoking campaign, 72% of teens in English Canada indicate they have seen at least one of the ads, and 7% indicate they recall seeing all three.

  This represents a large drop from 1995, at which time 96% of English-Canadian teens said they had seen one or more of the television ads.

- Of the three ads, "*Lungs*" and "*Poisons*" at 41% and 39%, respectively are better recalled than the "*Vignettes*" spot.
- More teens living outside of Ontario claim to have seen any of the 1996 Health Canada ads, particularly the "*Lungs*" commercial.

Reaction to the Advertising: Overview

Overall, despite the significant drop in advertising awareness levels, the 1996 campaign performed as well as the 1995 anti-smoking campaign on all key measurements.

Reaction to the Advertising: Intended Messages/Sponsorship

- The ads are seen by most teens to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	93%	68%
The ads increase your concerns about the dangers of smoking	92%	65%
The ads have successfully brought out the issue of the harmfulness of tobacco	91%	64%
The ads very clearly get across the need to respect the health of non-smokers	91%	61%

- While the majority of teens also agree that "*The ads discourage young people from starting to smoke*", they are deemed to be less successful in doing so (80% "agree", of which 43% "agree a lot").
- Importantly, most see Health Canada as a credible source for these types of messages: 92% agree (65% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*. And in this regard, the 1996 campaign rates higher than the 1995 ads (57% "agreed a lot" with this item in 1995).

Reaction to the Advertising: Ad Diagnostics

- Between 42%-51% of teens "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 25%-40% also indicated that this represented new learning.

- These results clearly indicate that the 1996 campaign imparted new information and has done so in a way that people consider to be of personal value. This is not an insignificant result. In an environment where anti-smoking messages in general are not new, and one which is also crowded with other campaigns (provincial/regional), it becomes increasingly difficult to be "newsworthy" and relevant.
- Further supportive of these positive results, is that only between 8%-15% of teens "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.
- There is only one difference in how teens respond to the three ads, and that is more of them indicate that "*Vignettes*" contained information that was new to them than either "*Lungs*" or "*Poisons*".

Reaction to the Advertising: Influence of Ads

- Of the teens who saw the advertising, 95% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 69% said it made them consider all of these groups.
- The ads were most successful in getting teens to consider the harmful effects of tobacco on children and infants (87%), followed by others around smokers (82%) and smokers themselves (80%).
- When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 82% -- indicate the ads would have some influence. And somewhat fewer, albeit a majority -- 75% -- indicate that the ads had some influence on themselves personally.
- The results in 1996 represent the status quo, with only one small difference noted between the two campaigns. More teens in 1996 than in 1995 believe these series of ads will influence people like themselves to stop smoking (17% in 1995 vs. 22% in 1996).

Dialogue About Smoking Resulting From Seeing Ads

- Thirty percent of teens say that as a result of seeing one or more of Health Canada's ads they talked with someone about smoking and about the potential problems that smoking can cause. The majority of these people talked to smokers (73%), with 25% having a conversation with both smokers and non-smokers.
- The 1996 campaign results show a drop in the proportion who reported having a conversation with someone as a result of seeing the ads (39% in 1995; 30% in 1996). However, at the same time, there is an increase in the percentage who reported talking to smokers only as a result of these ads. Therefore, despite the decrease in the number who saw the advertising and had a conversation as a result of the ads, we see more people specifically targeting smokers only for a discussion.

Awareness of Advertising and Attitudes and Beliefs About Smoking

The table below summarizes the only differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	English Canada Teens	Aware of Ads	Not Aware of Ads
Total Sample:	652	454	198
	%	%	%
Attitudes to ETS			
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	87	80
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	74	79	62

ADVERTISING – QUÉBEC

Unaided Awareness of Advertising

- Ninety-two percent of Québec teens claimed to have seen any anti-smoking advertising.
- On a proven recall basis, the Québec provincial ad *"Getting Hooked"* is recalled by almost 6 out of 10 teens (58%), a levels which far surpasses any other ad. The "*Cocktail*" execution from Health Canada's 1995 campaign is the ad next most often recalled (22%), followed by two other Health Canada executions -- "*Not Much*" (14%) and "*Poisons*" (13%). All other ads, including the "*Lungs*" and "*Vignettes*" executions have proven recall levels of 7% or lower:

	Total
	%
"Getting Hooked" (Québec ad)	58
"Cocktail"	22
"Not Much"	14
"Poisons"	13
"Lungs"	7
"Vignettes"	5
"School Yard"	3

- Far more Québecers claim to have seen any anti-smoking advertising in general, and also demonstrate higher proven recall in 1996 for both Health Canada's 1995 and 1996 campaigns.

Aided Awareness of Advertising

- After being read a description of each of the three ads that make up the 1996 Health Canada anti-smoking campaign, 91% of Québec teens indicate they have seen at least one of the ads This represents a significant drop from 1995, at which time 98% said they had seen one or more of the television ads.
- As with unaided awareness of advertising, we again see significantly more teens in Quebec who recall the 1996 campaign, including those who claim to have seen all three ads. And, about twice as many Québec teens as those in English-Canada recall each of the three ads in the 1996 campaign.

Reaction to the Advertising: Overview

- As with the results we have seen in English Canada, despite the significant drop in advertising awareness levels between the two campaigns, the 1996 ads performed as well as the 1995 anti-smoking campaign on all key measurements.

Reaction to the Advertising: Intended Messages/Sponsorship

- The ads are seen by most Québec teens to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	96%	76%
The ads very clearly get across the need to respect the health of non-smokers	95%	80%
The ads have successfully brought out the issue of the harmfulness of tobacco	94%	66%

With regard to the last two items on the list above, the 1996 campaign is rated higher in both regards than was the case in 1995.

- While the majority of teens also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads discourage young people from starting to smoke	82%	49%
The ads increase your concerns about the dangers of smoking	79%	52%

- Importantly, most see Health Canada as a credible source for these types of messages: 96% agree (73% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*.
- More Québecers "agree a lot" on the following issues:

	% Who "Agree a Lot":	
	Québec	English Canada
The ads very clearly get across the need to respect the heath of non-smokers	80	61
The ads make you think smoking is a serious health issue for Canadians	76	68
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	73	65

- However, fewer of them agree that "*The ads increase concerns about the dangers of smoking*" (52% vs. 65% of teens in English Canada).

Reaction to the Advertising: Ad Diagnostics

- Between 41%-68% of teens "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 24%-32% also indicated that this represented new learning.
- Further supportive of these positive results, is that only between 8%-11% of teens "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.
- There is only one difference in how teens respond to the three ads, and that is fewer of them indicate that "*Poisons*" was of personal relevance to them than did so for either "*Lungs*" or "*Vignettes*".
- There are some differences in the reaction of teens in the two regions:
  - "*Lungs*": More Québec teens rate the contents of this commercial as personally relevant
  - -- "*Vignettes*": More teens in Québec also rate this ad as personally relevant, and fewer relative to their English Canadian counterparts indicate they are tired of seeing it.

Reaction to the Advertising: Influence of Ads

- Of the teens who saw the advertising, almost all of them (98%) said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 75% said it made them consider all of these groups, an increase from their rating of the 1995 campaign (66%).

  More Québec teens feel that the ads got across the message of the harmful effects of smoking cigarettes for all three groups and, in fact more of the Quebec teens believe this to be the case for smokers themselves and others around smokers.

- The ads were most successful in getting teens to consider the harmful effects of tobacco on others around smokers (91%), followed by children and infants around smokers (90%), and smokers themselves (86%). It would appear that the 1996 commercials did a better job in communicating to teens the harmful effects of tobacco for smokers themselves -- i.e., only 77% agreed that it the 1995 ads did so.

- When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 81% -- indicate the ads would have some influence. And somewhat fewer, 75% indicate that the ads had some influence on themselves personally.

- When it comes to the proportion who felt the ads would influence others like themselves, the results in 1996 represent the status quo. However, we do note that there is a shift in the expected influence on others. More this year than last believe that the major impact of these ads on people will be not to start smoking (50% in 1995 vs. 61% in 1996) and fewer believe that people will stop smoking as a result of seeing these ads (20% in 1995 vs. 10% in 1996).

  The teens in the two regions were similar in their likelihood of believing that these ads would influence people "like themselves" and the nature of that influence i.e., most said that others would not start smoking. However, there is a difference in the percentage who expressed this likely influence (61% of Québec teens vs. 49% of those in English Canada). Also, more in English Canada felt the outcome would be for others to stop smoking than was the case in Québec (22% vs. 10% in Québec).

  More English Canadian teens believe the ads will influence them personally, and specifically to reinforce their decision not to smoke.

Dialogue About Smoking Resulting From Seeing Ads

- Thirty percent of Québec teens say they had a discussion with someone about smoking and the potential problems smoking can cause as a result of seeing one or more of Health Canada's ads. Slightly more talked to smokers (73%) than talked to non-smokers (63%). Although the absolute percentage who talked to someone as a result of seeing the ads is the same for the two campaigns, we note that more teens this year reported a discussion with non-smokers only (13% in 1995 vs. 28% in 1996), and fewer with smokers (87% in 1995 vs. 73% in 1996).

- There were no differences between Québec teens and English Canadian teens in this regard.

EXECUTIVE SUMMARY: TEEN SMOKING CONTINUUM GROUPS

EXECUTIVE SUMMARY: TEEN SMOKING CONTINUUM GROUPS

In this section, we summarize the findings for each of the 6 groups in the smoking continuum, focusing primarily on changes between 1995 and 1996 and on advertising.

EMPHATIC SMOKERS

Attitudes and Beliefs

- More emphatic smokers in 1996 than was the case in 1995 are concerned about "staying off cigarettes" (13% in 1996 vs. 1% in 1995).
- More teens this year than in 1995, strongly agree *that "People their age should care about not smoking"* (18% in 1995 vs. 35% in 1996), but at the same time, more of them see "relaxation" as an end benefit of smoking cigarettes (33% "agreed a lot" in 1995 vs. 47% in 1996).
- The vast majority of teens continue to believe that "*Women who are pregnant should not smoke cigarettes*"; however, there is lower agreement this year than last on this issue -- 97% "agree a lot in 1995 vs. 85% in 1996.
- Fewer teens in 1996 accept that second-hand smoke harms the health of babies and infants (92% "agreed a lot" in 1995 vs. 79% in 1996).
- There is increased support among this group (albeit continuing to be at low levels) for a ban on the production and sale of tobacco products by the year 2000 (2% "agreed a lot" in 1995 vs. 10% in 1996). Also we see an increase in strong agreement that "*Retailers should refuse to sell tobacco products to minors*" (23% in 1995 vs. 39% in 1996).

Social Influences

- 86% in this group (vs. 66% in the population) report that close family members smoke, and slightly less (77%) also claim that their friends who smoke say they (the friend) should quit.
- When asked how their parents might react to them lighting up a cigarette in front of them, most emphatic smokers said their parents would disapprove (38%) or not care (39%), and only 23% said they would be asked to stop smoking (vs. 74% of total teens).
- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, by far the fewest teens in this group said their friend would ask them to stop (19% vs. 54% for total teens), most in fact saying their friend would not care (53% vs. 24% for total teens).

- 77% of emphatic smokers say they were asked by someone in the past 6 months to stop smoking, a request most likely to come from someone related to them, particularly a parent (46%).
- Most emphatic smokers cut down on their smoking in response to this request (53%), but 44% did not stop smoking in any way. This represents a change from 1995, at which time, this group was the least likely to comply with the request to stop smoking (72% did not do so). Therefore, although there is no increase in the proportion that actually stopped smoking, more this year at least cut down (23% in 1995).

Asking Someone Else Not to Smoke

- There is also a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- only 21% of emphatic smokers vs. 50% of total teens did so.
- Note: Beyond this point we are limited in examining the results because of the small base sizes for the individual smoker groups in the continuum. On a total smoker basis, (i.e., when we collapse emphatic smokers, regular smokers thinking of quitting, and occasional smokers, we note this group, like the total population was more likely to ask someone unrelated to them (59%) than related to them (41%) to stop smoking. Within family though, smokers were less likely to ask a parent to stop smoking (17% vs. 28% for total teens), and more likely to ask a sibling (15% vs. 5% for total teens).
- This group was as successful as teens in general in getting someone to stop smoking (34%), indicating a change from last year. In 1995, this group reported the highest success rate of any in getting someone else to stop smoking (50%).
- Wanting to protect the health of a child was a reason given more frequently by this group than the population in general as a reason for asking someone to stop smoking (14% vs. 3% total teens), and wanting to protect their own health was less frequently mentioned (5% vs. 12% of total teens).

Cigarette Prices

- As in 1995, more believe that there has been no change in the number of smokers since the price drop in February 1994 (56%), but 42% think the number has increased.
- The majority of emphatic smokers continue to report that they are smoking the same amount themselves (67%) or more (21%), and only 12% say they are smoking less.

Advertising -- English Canada

Unaided Advertising Awareness:

- The results for emphatic smokers are no different than what we saw for total teens for the 1996 Health Canada campaign. However, emphatic smokers show higher proven recall levels for Health Canada's "*Cocktail*" ad (25% vs. 11% for total teens), and Ontario's ads *"Girl in Mirror"* and "*Pool of Chemicals*".

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (94% down to 69%).

Reaction to the Advertising -- Intended Messages/Sponsorship:

- From this point on, because of base size limitations, we cannot look at the individual smoker or quitter group. To permit analysis, these group have been collapsed into one and summarized at the end of the section on quitters.

Advertising -- Québec

Unaided Advertising Awareness:

- The same base size issues discussed above affect analysis of the Québec results -- i.e., smokers and quitters have been collapsed into one group, and the results are reported in the section on quitters.

REGULAR SMOKERS THINKING OF QUITTING

Attitudes and Beliefs

- Only a few changes have occurred since 1995, and as with emphatic smokers, none of these changes are related to the social environment of smoking.
- More smokers in this group believe that those their age should care about not smoking cigarettes (29% "agreed a lot" in 1995 vs. 47% in 1996).
- We see a decline in strong agreement about personal addiction to cigarettes -- only 65% in 1996 "agree a lot" that "*I believe that I am addicted to tobacco*" vs. 83% the previous year.
- As we saw with emphatic smokers, fewer in this group in 1996 accept the negative effects of second-hand on children -- 91% "agreed a lot" in 1995 vs. 78% in 1996.

Social Influences

- 89% in this group (vs. 66% in the population) report that close family members smoke, and as many (90%) also claim that their friends who smoke say they (the friend) should quit.
- When asked how their parents might react to them lighting up a cigarette in front of them, 36% of teen smokers thinking of quitting said their parents would not care; the remainder were almost equally split on "disapprove" (29%) and "tell you to stop" (34%), a profile similar to what we saw in 1995.
- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, almost as many in this group said their friend would ask them to stop (37%), as said they would merely disapprove (30%); the remainder (33%) felt that their friend would not care.
- 75% of regular smokers thinking of quitting say they were asked by someone in the past 6 months to stop smoking, a request most likely to come from someone related to them, particularly a parent (46%).
- Most cut down on their smoking in response to this request (49%), but 40% did not stop smoking in any way, representing the status quo from 1995.

Asking Someone Else Not to Smoke

- There is a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- only 40% of regular smokers thinking of quitting vs. 50% of total teens did so.

Cigarette Prices

- As in 1995, almost as many believe that there has been no change in the number of smokers since the price drop in February 1994 (48%), as believe that more people are now smoking (50%).
- 48% of regular smokers thinking of quitting say they are smoking the same amount themselves, but 34% indicate they are smoking more. This represents a significant change from 1995, at which time 60% who fell into this group reported smoking about the same, and only 18% self-reported smoking more.

Advertising -- English Canada

Unaided Advertising Awareness:

- This group shows higher proven recall levels for the 1996 ad "*Poisons*" (15% vs. 8% for total teens) and for Health Canada's "*Cocktail*" ad (18% vs. 11% for total teens).

Aided Advertising Awareness:

- Fewer *regular smokers thinking of quitting* claim to have seen any of the 1996 ads in general, and in particular the "*Lungs*" ad.

OCCASIONAL SMOKERS

Attitudes and Beliefs

- There is a perception that teen smoking is on the increase -- 45% "agreed a lot" in 1995 vs. 65% in 1996 with the statement that "*More teens than ever before are smoking*". As well, more occasional smokers this year strongly agree that their smoking is not annoying to non-smokers (5% in 1995 vs. 32% in 1996).
- We see four shifts in attitudes and beliefs between 1995 and 1996, of which however, only one represents a positive change:
  - ⇒ The positive change is in the increase from 1995 in the percentage who strongly agree that "*Women who are pregnant should not smoke*" -- 87% in 1995 vs. 97% in 1996.
  - ⇒ More teens this year than last believe that "*Tobacco is not as addictive as other drugs like heroin or cocaine*" (24% in 1995 vs. 47% in 1996 "agree a lot"), and also that too much fuss therefore is being made about the dangers of smoking (11% in 1995 vs. 31% in 1996).

    Consistent with this, we see an increase in the proportion who believe they could stop smoking anytime they wanted to if they were to become regular smokers (2% in 1995 vs. 17% in 1996).
- There is an increase in agreement among occasional smokers that "*People who quit smoking will be able to do a lot more things*" (39% in 1995 vs. 60% in 1996), and an even larger increase in the proportion who say they admire people their age who have successfully quit smoking (39% "agreed a lot" in 1995 vs. 70% in 1996).
- We see an increase in support among occasional smokers for a ban on the sponsorship activities of tobacco companies, and also on the production and sale of tobacco products:
  - ⇒ *Sponsorship of sporting or cultural events by tobacco companies should be banned* (11% in 1995 vs. 39% in 1996)
  - ⇒ *By the year 2000, production and sale of tobacco products should be banned in Canada* (9% in 1995 vs. 28% in 1996)
- As well, the majority in this group now feel strongly that "*Retailers should refuse to sell tobacco products to minors*", a very large change from the previous year -- 23% in 1995 vs. 63% in 1996.

Social Influences

- 80% in this group (vs. 66% in the population) report that close family members smoke (up from last year at 60%), and slightly less (73%) also claim that their friends who smoke say they (the friend) should quit.
- When asked how their parents might react to them lighting up a cigarette in front of them, most of the occasional smokers (82%) said their parents would register some reaction --

mostly just disapproval (55%), rather than a request to stop smoking, and no different from the reaction reported in 1995.

- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, almost as many in this group said their friend would disapprove (37%) as would ask them to stop smoking (30%); the remainder (33%) feel their friend would not care.
- 59% of occasional smokers vs. 72% of total teen smokers claim they were asked by someone in the past 6 months to stop smoking, a request most likely to come from someone related to them, particularly a parent (45%).
- Most occasional smokers cut down on their smoking in response to this request (63%), but 33% did not stop smoking in any way.

Asking Someone Else Not to Smoke

- There is a direct correlation between the likelihood of asking another person not to smoke and one's commitment to smoking -- only 40% of occasional smokers vs. 50% of total teens did so.

Cigarette Prices

- As in 1995, slightly more believe that there has been no change in the number of smokers since the price drop in February 1994 (53%), but 45% think the number has increased.
- The majority of occasional smokers continue to report that they are smoking the same amount themselves (61%), and of the remainder, as many report that they are smoking more (22%) as report they are smoking less (19%).

Advertising -- English Canada

Unaided Advertising Awareness:

- The results for occasional smokers are no different than what we saw for total teens for the 1996 Health Canada campaign. They do however, show higher proven recall levels for Health Canada's "*Cocktail*" ad (24% vs. 11% for total teens), and the Ontario's ad *"Girl in Mirror"*.

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (91% down to 75%), and fewer claim to have seen the "*Lungs*" execution.

QUITTERS

Attitudes and Beliefs

- More teen quitters strongly believe that smoking is becoming socially unacceptable (24% "agreed a lot in 1995 vs. 36% in 1996).
- As with occasional smokers, four attitudinal shifts have taken place between the two measurement periods -- one representing a gain while the other three indicate losses:
  - ⇒ The positive change is that more quitters strongly support that "*Preventing teenagers from starting to smoke is very important*" -- 63% in 1995 vs. 82% in 1996.
  - ⇒ More quitters in 1996 perceive smoking as beneficial to relaxation (12% "agreed a lot" in 1995 vs. 45% in 1996) and to relieve boredom (4% in 1995 vs. 29% in 1996).
  - ⇒ As well, more now believe that "*There is no harm in having an occasional cigarette*" (8% in 1995 vs. 20% in 1996), reflecting an attitude that may very well contribute to "falling off the wagon" and starting to smoke again.
- The notion that "*Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker*", receives stronger support in 1996 than it did in 1995 (59% "agreed a lot" in 1995 vs. 76% in 1996).
- There is an increase in support for a ban on the sponsorship of sporting or cultural events by tobacco companies -- 36% in 1995 vs. 55% in 1996.

Social Influences

- 76% in this group (vs. 66% in the population) report that close family members smoke, and an equal number (76%) also claim that their friends who smoke say they (the friend) should quit.
- When asked how their parents might react to them lighting up a cigarette in front of them, 88% of teens who have quit smoking indicate that their parents would care -- 57% said they would be asked to stop, and 31% would be shown disapproval.
- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, 30% claim they would be asked to stop and 24% indicated they would be shown disapproval. The balance 46% said their friend would not care.

Asking Someone Else Not to Smoke

- 56% of quitters vs. 50% of total said they had asked another person not to smoke in the past 6 months.
- This group was far more likely than teens in general to turn their attention on friends (81% vs. 55% of total teens reported asking a friend not to smoke).

- Quitters were no more or less successful than teens in general in getting someone to stop smoking -- 28% said the person stopped vs. 35% of total teens.
- In terms of the primary reasons for asking someone not to smoke, this group was no different from total teens.

Cigarette Prices

- As in 1995, the majority believe that more people are smoking since the price drop in February 1994 (62%), and only 29% think that there has been no change in the number of smokers.

Advertising -- English Canada

Unaided Advertising Awareness:

- A number of Health Canada's ads performed better among this group relative to total teens. These are demonstrated by higher proven recall levels for the following ads:

  "*Poisons*" (16% vs. 3% for total teens)

  "*Not Much* " (12% vs. 5% for total teens)

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (96% down to 75%).

Reaction to the Advertising -- Intended Messages/Sponsorship:

- The only difference between this group and total teens is that fewer of them "agree a lot" that:

  "*The ads make you think smoking is a serious health issue for Canadians*"
  "*The ads increase your concerns about the dangers of smoking*"

- Relative to their rating of the 1995 campaign, more this year felt the ads have brought out the harmfulness of tobacco (48% in 1995 vs. 60% in 1996), and the need to respect the rights of non-smokers (41% in 1995 vs. 58% in 1996).
- As well, there is less suspicion of Health Canada's reasons for sponsoring these ads -- 38% "agreed a lot" in 1995 vs. 51% in 1996 that "*The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads*".

Reaction to the Advertising -- Ad Diagnostics:

- More in this group say that they are tired of seeing the "*Poisons*" and "*Lungs*" ads. When it comes to "new learning", they rate all 3 ads as being equivalent in imparting new information; however relative to other groups, they rate both the "*Lungs*" and "*Vignettes*" lower in this regard.
- We see a similar pattern in how this group responds to the "relevance" question -- all 3 ads are rated similarly (i.e., 33%-34% agreeing that what it said and showed was personally relevant); however, compared to the other groups, they rate both the "*Lungs*" and "*Vignettes*" executions less favourably.

Reaction to the Advertising -- Influence of Ads:

- This group looks similar to teens, both in general and with respect to the three specific target groups.
- Given the strong beliefs held by this group on the benefits of smoking, it is very promising to see that the majority say the ads will influence others "like themselves" (64%), either to cut down on smoking (28%) or to stop smoking (25%). The latter represents a change from last year's campaign when only 15% felt the impact on others would be to stop smoking.
- An equivalent number say these ads will have some personal influence (64%), an increase from 46% in 1995. The single influence most often mentioned by this group (36%) is that *"It has made it easier to cut down on smoking"*.
- A number of other differences re: how smokers/quitters express "personal influence" of ads are evident between the two campaigns. More believe that this year's campaign will make it easier for them to cut down on their smoking (36% in 1996 vs. 11% in 1995) and in reinforcing the decision "not to smoke" (19% in 1996 vs. 8% in 1995); however, fewer believe that the ads will make it easier for them personally to quit smoking (27% in 1995 vs. 10% in 1996).

Dialogue About Smoking Resulting From Seeing Ads:

- Fewer in this group in general talked to someone as a result of seeing the ads in 1996 (22% vs. 30% for total teens), and compared to 1995 when 33% reported having a discussion after seeing the advertising.

Advertising -- Québec

Unaided Advertising Awareness:

- Among smokers/quitters, we see higher proven recall levels for both "*Poisons*" (20% vs. 13% for total teens) and for "*Cocktail*" (39% vs. 22% for total teens).

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (98% down to 88%); however, more in this group claim to have seen the "*Poisons*" ad.

Reaction to the Advertising -- Intended Messages/Sponsorship:

- The only difference between this group and total teens is that fewer of them "agree a lot" that:

  "*The ads make you think smoking is a serious health issue for Canadians*"
  "*The ads increase your concerns about the dangers of smoking*"

- Relative to their rating of the 1995 campaign, more this year felt the ads have brought out the harmfulness of tobacco (46% in 1995 vs. 69% in 1996), and that "*The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads*" (54% in 1995 vs. 72% in 1996).

Reaction to the Advertising -- Ad Diagnostics:

- Fewer in this group find any of the ads personally relevant, and relative to total teens, fewer agree that the "*Lungs*" commercial contained new information.
- More in this group say that they are tired of seeing the "*Vignettes*" ad.

Reaction to the Advertising -- Influence of Ads:

- There is no difference between this groups and total teens on their rating of the stopping power of the ads; however, with respect to the likelihood of considering the harmful effects of tobacco on the specific target groups, this group showed a lower level of agreement that it would make people stop and think about the negative effects of smoking on children and infants, and smokers themselves.
- Just over 6 out of 10 (61%) say the ads will influence others "like themselves". In terms of the actual outcome however, they are split three ways, with as many saying others will stop smoking (19%) as say they will cut down on their smoking, or not start smoking (22% each).
- An impressive 53% said the ads have had a personal effect -- for most that being to cut down on smoking (33%).

Dialogue About Smoking Resulting From Seeing Ads:

- 25% talked to someone, at par with total teens; however, fewer did so in response to this year's campaign than last year's.

SUSCEPTIBLE NON-SMOKERS

Attitudes and Beliefs

- Fewer susceptible non-smokers report family pressure on them not to smoke in general (92% "agreed a lot" in 1995 vs. 83% in 1996), or in the future -- 7% "agreed a lot" in 1995 vs. 13% in 1996 that "*When I'm older my parents won't mind if I smoke*".
- We also see an increase not only in the percentage who perceive that teen smoking is on the increase (61% in 1995 vs. 75% in 1996), but also in the proportion who say they now associate with smokers -- 23% in 1995 vs. 32% in 1996.
- More this year strongly support the position that "*Pregnant women should not smoke cigarettes*" (88% in 1995 vs. 96% in 1996), and fewer also believe that "*Smoking helps people keep their weight down*" (9% in 1995 vs. 4% in 1996). Concurrently though, we see an increase in the percentage who believe that "occasional" smoking is not harmful (9% "agreed a lot" in 1995 vs. 19% in 1996).
- There is less strong agreement this year (81%) than last (88%) that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*".
- Fewer susceptible non-smokers this year than last are proud of their non-smoking status (87% in 1995 vs. 80% in 1996).

Social Influences

- 68% in this group (vs. 66% in the population) report that close family members smoke, up from 59% last year. Just slightly less (59%) also claim that their friends who smoke say they (the friend) should quit.
- When asked how their parents might react to them lighting up a cigarette in front of them, almost all susceptible non-smokers (98%) indicate that their parents would care -- 79% said they would be asked to stop, and 19% would be shown disapproval.
- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, the majority (79%) claim they would be asked to stop and 19% indicated they would be shown disapproval. Relative to 1995, we see a significant increase in the number that report being asked to stop (70% in 1995).

Asking Someone Else Not to Smoke

- 47% of susceptible non-smokers vs. 50% of total said they had asked another person not to smoke in the past 6 months.
- This group, like quitters was far more likely than teens in general to turn their attention on friends (62% vs. 55% of total teens reported asking a friend not to smoke).

- Susceptible non-smokers were no more or less successful than teens in general in getting someone to stop smoking -- 39% said the person stopped vs. 35% of total teens.
- In terms of the primary reasons for asking someone not to smoke, this group was no different from total teens.

Cigarette Prices

- As in 1995, the majority believe that more people are smoking since the price drop in February 1994 (64%), and only 30% think that there has been no change in the number of smokers.

Advertising -- English Canada

Unaided Advertising Awareness:

- There are no differences noted for this group in general or for specific ads relative to total teens.

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (97% down to 72%).

Reaction to the Advertising -- Intended Messages/Sponsorship:

- Susceptible non-smokers show lower agreement than total teens that the ads have successfully communicated the harmfulness of tobacco or that smoking is a serious health issue.
- Compared to last year, the 1996 campaign is better rated by this group on getting across the need to respect the health of non-smokers (45% "agreed a lot" for the 1995 campaign vs. 59% this year).

Reaction to the Advertising -- Ad Diagnostics:

- The only difference noted relative to teens in general is for the "*Vignettes*" ad. While more in this group agree that this particular commercial told them something "new", more also indicate that they are tired of seeing it.

Reaction to the Advertising -- Influence of Ads:

- There is no difference between this group and total teens on their assessment of the stopping power of these ads. And, in fact more this year than last feel the campaign will make people stop and think about the harmful effects of smoking cigarettes for infants and children around smokers (80% in 1995 vs. 90% in 1996).
- 79% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (39%).
- The majority -- 77% -- say the ads have influenced them personally, with 66% saying the ads influenced them not to start smoking.
- There is no difference between the rating of the two campaigns on either influence on others or personal influence.

Dialogue About Smoking Resulting From Seeing Ads:

- 31% said they talked to someone, at par with total teens.

Advertising -- Québec

Unaided Advertising Awareness:

- Fewer susceptible non-smokers claim to have seen any anti-smoking advertising than teens in general (86% vs. 92% for total teens). Nonetheless, we see higher proven recall level for the "*Vignettes*" ad among this group (9% vs. 5% for total teens).

Aided Advertising Awareness:

- Unlike every other group, there is no drop in awareness between 1995 and 1996.

Reaction to the Advertising -- Intended Messages/Sponsorship:

- Susceptible non-smokers mirror the results we have reported for total teens. And the only difference evident in their rating of the 1995 and 1996 campaigns is with regard to Health Canada's motivations -- fewer agree this year that Health Canada is sponsoring these ads out of concern for Canadians (71% in 1995 vs. 62% in 1996).

Reaction to the Advertising -- Ad Diagnostics:

- Differences noted relative to teens are:
  "*Vignettes*": Fewer agree that it provided personally relevant information
  "*Lungs*": More say they are tired of seeing it.

Reaction to the Advertising -- Influence of Ads:

- There is no difference between this group and total teens on their assessment of the stopping power of these ads. And, in fact more this year than last feel the campaign will make people stop and think about the harmful effects of smoking cigarettes for smokers themselves (70% in 1995 vs. 86% in 1996).
- 82% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (53%).
- The majority -- 74% -- say the ads have influenced them personally, with 65% saying the ads influenced them not to start smoking.
- There is no difference in the rating of the two campaigns on either influence on others or personal influence.

Dialogue About Smoking Resulting From Seeing Ads:

- 23% talked to someone, at par with total teens.

EMPHATIC NON-SMOKERS

Attitudes and Beliefs

- There is only one change that has occurred since 1995 -- fewer teens in this group strongly support that "*People my age should care about not smoking cigarettes*" (80% "agreed a lot" in 1995 vs. 73% in 1996).

Social Influences

- Significantly fewer in this group relative to total teens report that close family members smoke (61% vs. 66% for total teens); however, more emphatic non-smokers report family members smoking this year than last (51%). Just under half (47%) say that their friends who smoke say they (the friend) should quit, and this lower level resulted from the fact that this group is the least likely to have friends who smoke in the first place.
- When asked how their parents might react to them lighting up a cigarette in front of them, 98% of emphatic non-smokers indicate that their parents would care -- 82% said they would be asked to stop, and 16% would be shown disapproval.
- In response to the question about how their best friend would feel about you smoking one or more packs of cigarettes per day, the majority (60%) claim they would be asked to stop and 19% indicated they would be shown disapproval. Relative to 1995, we see a significant increase in the number that report being asked to stop (52% in 1995).

Asking Someone Else Not to Smoke

- Significantly more emphatic non-smokers than total teens said they had asked another person not to smoke in the past 6 months (54% vs. 50% of total teens). Although the pattern is the same as for last year, fewer emphatic non-smokers this year than last (61%) said they asked someone not to smoke.
- *Emphatic non-smokers* were equally likely to ask a relative to stop smoking (51%) as they were to ask someone unrelated to them to do so (49%). This is a changed profile from 1995, at which time they were more likely to make this request of unrelated people (62%).
- Emphatic non-smokers were no more or less successful than teens in general in getting someone to stop smoking -- 34% said the person stopped vs. 35% of total teens.
- In terms of the primary reasons for asking someone not to smoke, this group was no different from total teens.

Cigarette Prices

- As in 1995, the majority believe that more people are smoking since the price drop in February 1994 (58%), and only 35% think that there has been no change in the number of smokers.

Advertising -- English Canada

Unaided Advertising Awareness:

- There are no differences noted for this group in general or for specific ads relative to total teens.

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (95% down to 72%).

Reaction to the Advertising -- Intended Messages/Sponsorship:

- Emphatic non-smokers are significantly more likely than average to agree that the ads have successfully communicated the harmfulness of tobacco and that smoking is a serious health issue. More than any of the other groups, emphatic non-smokers indicate that the 1996 ads have increased their concerns about the dangers of smoking.
- This group demonstrates the strongest belief in Health Canada's motivations for sponsoring these ads, and in fact more of them do so in 1996 -- 59% "agreed a lot" in 1995 vs. 72% in 1996.

Reaction to the Advertising -- Ad Diagnostics:

- The results for this group closely parallel those for teens in general except that fewer emphatic non-smokers say that they are tired of seeing the "*Vignettes*" commercial.

Reaction to the Advertising -- Influence of Ads:

- 79% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (39%).
- The majority of emphatic non-smokers believe the ads will influence others (87%), particularly not to start smoking (61%), and slightly fewer (76%) say the ads have had a personal influence on them -- namely, to reinforce their decision not to smoke (73%).
- These results represent the status quo from 1995.

Dialogue About Smoking Resulting From Seeing Ads:

- 31% said they talked to someone, at par with total teens, but at significantly lower levels than last year when 40% reported they had talked to someone.

Advertising -- Québec

Unaided Advertising Awareness:

- Fewer emphatic non-smokers claim to have seen any anti-smoking advertising than teens in general (86% vs. 92% for total teens).

Aided Advertising Awareness:

- As with total teens, there is a significant drop in awareness between 1995 and 1996 (95% down to 92%).

Reaction to the Advertising -- Intended Messages/Sponsorship:

- Emphatic non-smokers demonstrate the strongest belief in Health Canada's motivations for sponsoring these ads, and in fact more of them do so in 1996 than in 1995 -- 67% "agreed a lot" in 1995 vs. 82% in 1996.
- This group also rates the 1996 campaign higher on getting across the need to respect the health of non-smokers -- 60% "agreed a lot" in 1995 vs. 85% this year.

Reaction to the Advertising -- Ad Diagnostics:

- More in this group believe that "*Poisons*" and "*Vignettes*" contained information that was of relevance to them, and fewer of them indicate they are tired of seeing the "*Lungs*" execution than teens in general.

Reaction to the Advertising -- Influence of Ads:

- There is no difference between this group and total teens on how they evaluate the ability of the ads to get people to stop and think about the harmful effects of smoking cigarettes. However, relative to last year, more emphatic non-smokers believe this year's campaign will result in people considering all three groups.
- The majority of emphatic non-smokers believe the ads will influence others (85%), particularly not to start smoking (80%). This represents a change from last year in that more teens believe that the 1996 campaign's impact will single-mindedly influence others not to start smoking (58% in 1995).
- Slightly fewer (66%) say the ads have had a <u>personal</u> influence on them -- namely, to reinforce their decision not to smoke (63%), representing the status quo from 1995.

Dialogue About Smoking Resulting From Seeing Ads:

- More in this group talked to someone as a result of seeing these ads than did teens in general (37% vs. 30% of total teens).

MAIN FINDINGS

INTRODUCTION

The report is divided into the following main sections:

Attitudes and Beliefs

Smoking Continuum -- Incidence

Detailed Description of the Smoking Continuum Groups

Measures of Social Influence

Pricing

Advertising

Interpretive Notes

The following designations on the tables indicate observed differences between groups at two different confidence levels:

99% Confidence

Higher

Lower

95% Confidence

Higher

Lower

ATTITUDES AND BELIEFS

Two sets of questions were posed to the teen survey participants:

1) **Level of concern regarding health-related issues,** including concerns about tobacco, drugs and alcohol, using the following four--point scale:

   Care a lot
   Care somewhat
   Care only a little
   Not care at all

2) **Specific attitudes and beliefs about tobacco and smoking.**
   People were asked to indicate their level of agreement with a variety of statements, using the following four-point scale:

   Agree a lot
   Agree a little
   Disagree a little
   Disagree a lot

In this chapter of the report, we provide an overview of the attitudes held by teens on the above issues in 1996, a comparison of the attitudes held by those in English Canada versus those in Québec, and relative to the adult population. For teens, we also look at what changes have occurred since 1995.

LEVEL OF CONCERN ABOUT HEALTH-RELATED ISSUES (Reference: Tables 1a - 1b)

Total Teens

In 1996, teens continue to be more concerned about drugs in general than they are about *"staying off cigarettes"*. And although the majority "care a lot" about being fit, less than half say that eating healthy foods or controlling their weight is a priority. Not getting drunk is also one of the least concerns they have.

Relative to 1995, there are no attitudinal changes.

English Canada vs. Québec

Those in English Canada are more concerned about drugs, tobacco, and alcohol. More Québecers care about being fit, although there is no difference between the two groups when it comes to concerns about eating healthy food or watching their weight.

The only change between 1995 and 1996 is seen in Quebec, where slightly more teens this year "care a lot" about being fit (70% in 1995 vs. 77% in 1996).

Teens vs. Adults

Fewer teens than adults are concerned about staying away from drugs per se, but there is no difference between the two groups for marijuana or cigarettes. In all other regards, teens are less concerned than adults about fitness and other health-related items including not overindulging in alcoholic beverages.

TABLE 1a:
LEVEL OF CONCERN ABOUT HEALTH ISSUES
- 1996 -
(% Who "Care a lot")

	Adults	Teens:		
	Total	Total	English Canada	Québec
	2,158	1,002	652	350
	%	%	%	%
Staying away from drugs	87	(80)	84	(67)
Staying off marijuana or pot	79	78	83	(66)
Staying off cigarettes	**67**	**69**	**72**	(61)
Being fit	70	66 ↓	62	[77]
Eating healthy food	71	(47)	47	48
Getting drunk	49	(42)	45	(31)
Controlling weight	57	(40)	41	37

TABLE 1b:
LEVEL OF CONCERN ABOUT HEALTH ISSUES
- 1995 vs. 1996 -
(% Who "Care a lot")

	Total Teens		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
	916	1002	619	652	297	350
	%	%	%	%	%	%
Staying away from drugs	80	80	83	84	70	67
Staying off marijuana or pot	78	78	81	83	68	66
Staying off cigarettes	**72**	**69**	**76**	**72**	**61**	**61**
Being fit	65	66	64	62	70	77 ↑
Eating healthy food	47	47	47	47	47	48
Getting drunk	46	42	49	45	38	31
Controlling weight	43	40	46	41	33	37

SMOKING ATTITUDES AND BELIEFS (Reference: Tables 2a - 4b)

Social Environment of Smoking

Total Teens

For most teens, the pressure not to smoke continues to come more from their families rather than motivated by their impressions that smoking is a socially unacceptable activity. Most teenagers perceive smoking to be on the increase among both their peers and among adults. As well, only slightly less agree than disagree that most of the people they associate with are smokers:

	% Who "Agree a lot"
My family would prefer that I don't smoke	87
When I'm older, my parents won't mind if I smoke (54% "disagree a lot")	12
More teens than ever before are smoking	68
More adults than ever before are smoking (62% agree)	24
Most of the people I associate with smoke cigarettes (55% disagree; 46% agree)	26

Among teen smokers, more "disagree" than "agree" (57% vs. 43%) that their smoking is annoying to non-smokers. Despite this, most teens seem to respect the rights of non-smokers -- most are unlikely to "light up" if they are the only smoker in a crowd (54% "agree" that *"I rarely smoke when I am the only smoker in the group"*, of which 32% "agree a lot").

Since 1995, we note the following changes:

- There is an increase in the percentage who believe that "*More teens than ever before are smoking*" (60% in 1995 vs. 68% in 1996 "agree a lot").

- Fewer report family pressure not to smoke -- in 1995, 92% said "*My family would prefer that I don't smoke*" vs. 87% in 1996.

English Canada vs. Québec

Among Québec teens, there seems to be less family pressure on them currently not to smoke, probably because more parents themselves are smokers. And not surprisingly therefore, more believe that their smoking will be more acceptable to their parents as they grow older.

More Québec teen smokers accept the premise that their smoking is annoying to non-smokers than do those in English Canada, which represents a complete turnaround from 1995, at which

time, teens in English Canada were more strongly entrenched in this position than their Quebec counterparts:

	% Who "Agree a Lot"			
	English Canada		Québec	
	1995	1996	1995	1996
My smoking doesn't annoy people around me who don't smoke	12	19	23	13

Other changes noted between 1995 and 1996 are:

- In both regions, there is a significant decrease in the percentage who report that their families would prefer that they don't smoke and the perception that teen smoking is on the increase:

	% Who "Agree a Lot"			
	English Canada		Québec	
	1995	1996	1995	1996
My family would prefer that I don't smoke	95	90	85	77
More teens than ever before are smoking	62	68	56	66

- Among teens in English Canada, we see an increase in the proportion who report associating with people who smoke cigarettes -- 20% in 1995 vs. 27% in 1996.

Teens vs. Adults

The two groups continue to be very different with regard to the attitudes and beliefs they hold about the social environment of smoking:

- Given the more significant role played by family influence in the lives of teens, it is not surprising that more teens than adults report that their families would prefer that they don't smoke.
- Fewer teens perceive that it is socially unacceptable to be a smoker, and those who smoke are more likely to do so even if they are the only smoker in a group. Consistent with this, fewer teen smokers accept that their smoking annoys non-smokers.

- More teens believe that there is an increase in both teens and adult smokers, and consistent with this, more of them also report that the people they socialize with are smokers.

Perceived Detriments or Benefits of Smoking

Total Teens

Most teens accept the detriments of smoking for pregnant women. Further, the majority believe that smoking is detrimental for teens and their peers.

The majority believe that smoking for a relatively short period of time (i.e., "a year or two") or occasional smoking is harmful to individuals; and that in fact there is not "too much fuss being made about the dangers of smoking".

Teens continue to be split on their belief about the addictive nature of cigarettes relative to hard drugs -- 50% "disagree" that *"Tobacco is not as addictive as other drugs such as heroin or cocaine"*, but 45% do "agree" with this statement.

Between 7%-10% of teens believe that "smoking helps people relax", "keeps their weight down", and relieves boredom; however, a very small group (2%) think it is "cool".

Most teen smokers recognize their addiction to tobacco (56% "agree a lot"), and that their smoking habits are harmful to their health (53% "agree a lot").

And, when it comes to a shorter life expectancy resulting from smoking, just under half of teen smokers are willing to take the risk: 48% agree (18% "agree a lot") with the statement that *"I prefer to smoke even if it means I won't live long"*.

More teens in 1996 relative to 1995 "agree a lot" with each of the following statements:

	% Who "Agree a Lot"	
	1995	1996
Women who are pregnant should not smoke	92	95
Tobacco is not as addictive as other drugs such as heroin or cocaine	20	25
Smoking can help people when they are bored	4	7
There is no harm in having an occasional cigarette	8	14

English Canada vs. Québec

More in Québec believe the following about smoking:

	% Who "Agree a Lot"	
	English Canada	Québec
Women who are pregnant should not smoke	94	97
There is no harm in having an occasional cigarette	12	19
It's safe to smoke for a year or two	3	8
Smoking is "cool"	2	5

While most Québec teens endorse that *"Preventing teenagers from starting to smoke is very important"*, fewer of them do so (69%) than in English Canada (80%). Fewer Quebec teens also believe that smoking keeps one's weight down (5% vs. 9% of teens in English Canada).

There is only one other difference of note between the two regions. Québec teens very clearly indicate that they do not perceive smoking as harmful to their health -- 14% " agree a lot" with the statement that "*My smoking is harming my own health*" vs. 69% of English Canada teens.

Shifts noted between 1995 and 1996 are:

- More teens in English Canada "agree a lot" with the following:

	% Who "Agree a Lot"	
	1995	1996
Tobacco is not as addictive as other drugs such as heroin or cocaine	18	26
Smoking helps people relax	7	11
Smoking can help people when they are bored	4	7
There is no harm in having an occasional cigarette	4	12

And fewer smokers now "agree a lot that:

	% Who "Agree a Lot"	
	1995	1996
I believe that I am addicted to tobacco	67	56
I prefer to smoke even if it means I won't live long	31	19

- Among Québec teens we see just a few changes between the two measurement periods:
  - -- More believe that "*Women who are pregnant should not smoke*" (92% in 1995 vs. 97% in 1996).
  - -- Fewer believe that "*Smoking helps people keep their weight down*" (11% in 1995 vs. 5% in 1996).

Teens vs. Adults

Fewer teens than adults believe that there are specific benefits to be gained from smoking, but at the same time, they do not perceive smoking to be as addictive or as unsafe as adults, nor do they feel the same urgency in preventing teens (their peers) from smoking:

	% Who "Agree a Lot"	
	Teens	Adults
Preventing teenagers from starting to smoke is very important	77	88
People my age should care about not smoking cigarettes	66	76
Tobacco is not as addictive as other drugs such as heroin or cocaine	25	16
Smoking helps people relax	10	22
Smoking helps people keep their weight down	8	16
Smoking helps people when they are bored	7	13

More teens believe that pregnant women should not smoke -- 95% "agree a lot" vs. 92% of adults.

Among smokers, the only difference is the belief about addiction -- fewer teens than adults believe they are addicted to cigarettes (56% "agree a lot", vs. 69% of adults).

Attitudes to ETS

The majority of teens believe that second-hand smoke is harmful to babies and children, and that it can cause cancer in a non-smoker (although the latter belief is held to a lesser extent). And as we saw with adults, there is a slight but significant decline in the percentage who accept the dangers of second-hand smoke for babies and children (90% in 1995 vs. 87% in 1996).

More teens in Québec than in English Canada believe second-hand smoke is harmful to the health of children (92% "agree a lot" in Québec vs. 85% in English Canada). This difference between the two regions is traceable to a drop in this belief in English Canada -- 90% "agreed a lot" with this statement in 1995.

More teens than adults accept that lung cancer can result from second-hand smoke -- 73% vs. 63% of adults.

Attitudes Re Quitting

Total Teens

Teens generally seem to understand the difficulty of quitting smoking, and are supportive of those who are making an attempt to do so or who have successfully quit. The majority also support the notion that life will be better after cessation:

There are no attitudinal shifts between the two measurement periods.

English Canada vs. Québec

Relative to teens in English Canada, more in Québec have a supportive attitude towards those who are attempting to quit -- 80% "agree a lot" that "*People who are trying to quit need a lot of support and understanding*" vs. 72% of English Canada teens. This represents a turnaround from the results we saw in 1995, at which time Québec teens were less supportive of quitters than those in English Canada. So in effect, two things seem to be happening simultaneously: Québecers are generally more positive towards "quitters" while this group has lost some ground with teens in English Canada:

	% Who "Agree a Lot"			
	English Canada		Québec	
	1995	1996	1995	1996
People who are trying to quit need a lot of support and understanding	81	72	74	80
I tend to admire people my age who quit smoking	72	66	66	69
People who quit smoking will be able to do a lot more things	73	68	61	66

Teens vs. Adults

Fewer teens than adults say they admire people their age who quit smoking (66% of teens "agree a lot" vs. 72% of adults); however, more teens than adults believe that ex-smokers are able to do more things (68% of teens "agree a lot" vs. 62% adults).

Attitudes Towards Tobacco Companies/Retailers

Total Teens

Teens strongly continue to endorse that *"Retailers should refuse to sell tobacco products to minors"*: 75% "agree a lot" with this statement. The majority also support a ban on sponsorship of events by tobacco companies, and a ban on the sale and production of tobacco products by the year 2000:

	% Agree	
	Total Agree	"Agree a lot"
By the year 2000, the production and sale of tobacco should be banned in Canada	72	47
Sponsorship of sporting or cultural events by tobacco companies should be banned	69	49

There are no differences between 1995 and 1996, nor by region.

Teens vs. Adults

Fewer teens than adults "agree a lot" that *"Retailers should refuse to sell tobacco products to minors"* (75% of teens, vs. 90% of adults), but more teens than adults strongly endorse both a ban on the production and sale of tobacco products by the year 2000 -- 51% vs. 37% of adults "agree a lot", and a ban on sponsorship of sporting events (49% "agree a lot" vs. 38% of adults).

Self-Esteem

Ninety percent of teen non-smokers "agree a lot" with the statement, *"I feel proud that I do not smoke"*. This self-esteem is higher among Québec non-smokers than their English Canada counterparts (94% vs. 88%).

This too represents a change from 1995, at which time only 89% of Québec teen non-smokers agreed with this statement.

TABLE 2a:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Adults:	Teens:		
			English	
	Total	Total	Canada	Québec
Total Sample:	2,158	1,002	652	350
	%	%	%	%
My family would prefer that I don't smoke	71	[87]	90	(77)
When I'm older my parents won't mind if I smoke	NA	12	9	[22]
It is becoming socially unacceptable to be a smoker	58	(31)	32	28
More teens than ever before are smoking	49	[68]	68	66
Most of the people I associate with smoke cigarettes	17	[26]	27	22
More adults than ever before are smoking	9	[24]	24	24
Smokers Only				
I rarely smoke when I am the only smoker in a group	57	(32)	30	37
My smoking doesn't annoy people around me who don't smoke	15	17	19	13 ↓

TABLE 2b:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Teens		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
Total Sample:	916	1,002	619	652	297	350
	%	%	%	%	%	%
My family would prefer that I don't smoke	92	(87)	95	(90)	85	(77)
When I'm older, my parents won't mind if I smoke	10	12	7	9	18	22
It is becoming socially unacceptable to be a smoker	35	31	35	32	33	28
More teens than ever before are smoking	60	[68]	62	68 ↑	56	[66]
Most of the people I associate with smoke cigarettes	21	[26]	20	[27]	23	22
More adults than ever before are smoking	24	24	21	24	32	24 ↓
Smokers Only						
I rarely smoke when I am the only smoker in a group	36	32	38	30	32	37
My smoking doesn't annoy people around me who don't smoke	16	17	12	19	23	13

TABLE 3a:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Adults:	Teens:		
			English	
	Total	Total	Canada	Québec
Total Sample:	2,158	1,002	652	350
	%	%	%	%
Women who are pregnant should not smoke	92	[95]	94	97 ↑
Preventing teenagers from starting to smoke is very important	88	(77)	80	(69)
People my age should care about not smoking cigarettes	76	(66)	65	71
Smoking helps people relax	22	(10)	11	10
Smoking helps people keep their weight down	16	(8)	9	5 ↓
Tobacco is not as addictive as other drugs such as heroin or cocaine	16	[25]	26	22
Too much fuss is made today about the dangers of smoking	16	18	19	17
Smoking can help people when they are bored	13	(7)	7	5
There is no harm in having an occasional cigarette	15	14	12	[19]
It's safe to smoke for a year or two	5	5	3	[8]
Smoking is "cool"	NA	2	2	[5]
Smokers Only:				
I believe that I am addicted to tobacco	69	(56)	56	54
My smoking is harming my own health	56	53	69	(14)
I prefer to smoke even if it means I won't live long	22	18	19	15

TABLE 3b:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Teens		English Canada		Québec	
Total Sample:	1995 916 %	1996 1,002 %	1995 619 %	1996 652 %	1995 297 %	1996 350 %
Women who are pregnant should not smoke	92	[95]	92	94	92	[97]
Preventing teenagers from starting to smoke is very important	76	77	79	80	69	69
People my age should care about not smoking cigarettes	70	66	70	65	70	71
Smoking helps people relax	8	10	7	11 ↑	9	10
Smoking helps people keep their weight down	8	8	7	9	11	(5)
Tobacco is not as addictive as other drugs such as heroin or cocaine	20	[25]	18	[26]	26	22
Too much fuss is made today about the dangers of smoking	17	18	17	19	16	17
Smoking can help people when they are bored	4	[7]	4	7 ↑	6	5
There is no harm in having an occasional cigarette	8	[14]	4	[12]	18	19
It's safe to smoke for a year or two	4	5	2	3	7	8
Smoking is "cool"	2	2	2	2	4	5
Smokers Only:						
I believe that I am addicted to tobacco	64	56	67	(56)	59	54
My smoking is harming my own health	50	53	68	69	22	14
I prefer to smoke even if it means I won't live long	25	18	31	(19)	15	15

TABLE 4a:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Adults:	Teens:		
	Total	Total	English Canada	Québec
	2,158	1,002	652	350
	%	%	%	%
Attitudes Re Quitting:				
People who are trying to quit need a lot of support and understanding	79	81	72	[80]
I tend to admire people of my age who quit smoking	78	(66)	66	69
People who quit smoking will be able to do a lot more things	62	[68]	68	66
Attitudes to ETS				
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	87	85	[92]
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	63	[73]	74	69
Attitudes to Tobacco Companies/Retailers				
Retailers should refuse to sell tobacco products to minors	90	(75)	76	72
Sponsorship of sporting or cultural events by tobacco companies should be banned	38	[49]	48	50
By the year 2000, the production and sale of tobacco should be banned in Canada	33	[47]	47	48
Self-Esteem (Non-Smokers only)				
I feel proud that I do not smoke	89	90	88	[94]

TABLE 4b:
SMOKING ATTITUDES AND BELIEFS
- 1995 vs. 1996 -
(% Who "Agree a lot")

	Total Teens		English Canada		Québec	
	1995	1996	1995	1996	1995	1996
Total Sample:	916	1,002	619	652	297	350
	%	%	%	%	%	%
Attitudes Re Quitting:						
People who are trying to quit need a lot of support and understanding	80	81	81	(72)	74	80
I tend to admire people of my age who quit smoking	70	66	72	66 ↓	66	69
People who quit smoking will be able to do a lot more things	70	68	73	68 ↓	61	66
Attitudes to ETS						
Inhaling smoke from someone else's cigarettes harms the health of babies and children	90	87 ↓	90	(85)	90	92
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	73	73	77	74	62	69
Attitudes to Tobacco Companies/Retailers						
Retailers should refuse to sell tobacco products to minors	77	75	79	76	71	72
Sponsorship of sporting or cultural events by tobacco companies should be banned	50	49	49	48	52	50
By the year 2000, the production and sale of tobacco should be banned in Canada	51	47	50	47	54	48
Self-Esteem (Non-Smokers only)						
I feel proud that I do not smoke	92	90	93	88	89	94

SMOKING CONTINUUM

INTRODUCTION

A total of 6 groups were used to classify the population of teens 11 to 17 years of age, using a combination of behavioural and attitudinal questions. The following is a description of each of these 6 groups:

Group	Label	Behaviour and Attitude
#1	**Emphatic Smokers**	• *Have smoked 100 cigarettes* • *Smoke everyday* • *Are not considering quitting in next 6 months*
#2	**Regular Smokers Thinking of Quitting**	• *Have smoked 100 cigarettes* • *Smoke everyday* • *Are considering quitting in next 6 months*
#3	**Occasional Smokers**	• *Have smoked 100 cigarettes* • *Smoke some days only*
#4	**Quitters**	• *Have smoked 100 cigarettes* • *Do not smoke now* • *Have stopped smoking*
#5	**Susceptible Non-Smokers**	• *Have <u>not</u> smoked 100 cigarettes* • *Do not completely reject the possibility they might become smokers in next 12 months*
#6	**Emphatic Non-Smokers**	• *Have <u>not</u> smoked 100 cigarettes* • *Very strongly reject the possibility that they will become smokers in next 12 months*

Note: The only difference between the adult and teen segmentation relates to the "quitters" segment which was split out in the adult segmentation into two separate groups based on their recency of quitting -- i.e., "recent former smokers", those who quit in the past year and "former smokers", those who had stopped smoking more than a year ago. These two groups were collapsed for teens to permit a large enough base size for analysis.

In the following sections we look at the incidence of each of these groups in the population overall, and by key demographic groupings.

TOTAL TEENS

The table below shows the incidence of each group among teens and in comparison to adults 18 years of age and over:

	Total Adults (2,158) %	Total Teens (1,002) %
Total Smokers	**32**	**11**
Total regular smokers	**27**	**9**
Emphatic smokers	11	4
Regular thinking of quitting	17	5
Occasional smokers	**5**	**2**
Total Former Smokers	**27**	**3**
Recent former smokers	3	NA
Former smokers	24	NA
Total Non-Smokers	**41**	**85**
Susceptible non-smokers	3	29
Emphatic non-smokers	37	56

Some notable results among the teens are:

- Among regular smokers, just slightly more are contemplating quitting than are committed to continue smoking (56% vs. 44%).
- Among non-smokers, 34% are "at risk" -- i.e., they have not completely rejected the possibility that they will be "smokers" in the next 12 months.

GENDER AND AGE (Reference: Table 5)

- In looking at how girls and boys in general fall out along the smoking continuum, we note only a few differences and that is among non-smokers. Specifically, more girls than boys are "at risk", and conversely, more boys than girls are strongly opposed to smoking.

- There is a direct correlation between age and the incidence of both ever smoking and currently smoking -- the older the teenager the more likely she or he has been to experiment with cigarettes, and the more likely he or she is to be a regular or occasional smoker:

-- 4% of those **11 - 13** years of age have ever smoked (i.e., 100 cigarettes in the lifetime), although 50 % currently fit into the "former smoker" category.

Among this age group there is a very large segment who are strongly opposed to smoking (68%) and a considerable sized group (30%) who are not totally anti-smoking -- i.e., susceptible non-smokers

-- 15% in the **14 - 15** age group have ever smoked, and 73 % of them are regular smokers.

Half (50%) are emphatic non-smokers, and across all the age groups, we see the single largest group who are not totally against smoking attitudinally (35%).

-- Among **16 - 17** year-olds, we note that 32% have smoked 100 or more cigarettes in their lifetime, and 71% of them are now classified as regular smokers, 12% as occasional smokers, and 18% say they have quit.

Among those in this age group who have not smoked 100 cigarettes to date, there is still a fairly large group at 23% who are not totally against smoking, and therefore still at risk of adopting the habit.

REGION (Reference: Table 6)

There is no difference between Québec and the rest of Canada in either the incidence of smoking or where teens fall out along the smoking continuum. We do note the following differences within English Canada:

- More teens outside of Ontario have ever smoked (17% vs. 10% for Ontario), and currently smoke (13% vs. 8% in Ontario). Nonetheless, there is a significantly larger proportion of teens outside of the province of Ontario who are strongly against smoking (62% vs. 53% in Ontario).

- There is one other notable finding in Ontario -- there is a larger group of susceptible non-smokers in the province than in other parts of Canada (37% vs. 21%). In other words, although smoking prevalence is currently lower in Ontario than in other parts of English Canada, a large number of teens are still at risk.

TABLE 5
SMOKING CONTINUUM INCIDENCE
-- Among Teens --

	Total Teens	Gender		Age		
		Boys	Girls	11-13	14-15	16-17
Base	1,002	501	501	221	352	429
	%	%	%	%	%	%
Total Smokers	**11**	**11**	**12**	**1**	**11**	**26**
Total regular smokers	***9***	***9***	***9***	**	***8***	***23***
Emphatic smokers	4	4	3	**	2 ↓	10
Regular thinking of quitting	5	5	6	**	6	13
Occasional smokers	***2***	***2***	***3***	***1***	***3***	***4***
Total Former Smokers	**3**	**4**	**3**	**2**	**4**	**6**
Total Non-Smokers	**85**	**85**	**86**	**97**	**85**	**68**
Susceptible non-smokers	29	25	34	30	35	23
Emphatic non-smokers	56	61	52	68	50	46

TABLE 6
SMOKING CONTINUUM INCIDENCE
-- Among Teens --

	Total Teens	English Canada			Quebec
		Total	Ontario	Rest of Canada	
Base	1,002	652	327	325	350
	%	%	%	%	%
Total Smokers	**11**	**11**	**8**	**13** ↑	**13**
Total regular smokers	***9***	***9***	***7***	***10***	***10***
Emphatic smokers	4	3	2	4	4
Regular thinking of quitting	5	5	5	6	6
Occasional smokers	***2***	***2***	***1***	***3***	***3***
Total Former Smokers	**3**	**3**	**2**	**4**	**4**
Total Non-Smokers	**85**	**86**	**90**	**83**	**84**
Susceptible non-smokers	29	28	37	21	32
Emphatic non-smokers	56	58	53	62 ↑	52

SMOKING CONTINUUM GROUPS

INTRODUCTION

In the 1995 report, we summarized the distinctive characteristics of each of the 6 smoking continuum groups by:

Demographics
Smoking habits and history
Smoking attitudes and beliefs
Personal characteristics

This year we will focus on what changes have occurred since 1995 in the attitudes and beliefs held by each of the 6 groups.

Total Teens

The following table gives some insight into the attitudes of the individuals in each of the smoking continuum groups with regard to smoking. Specifically, it shows the percent of each group who "care a lot" about staying off cigarettes. As can be seen, this generally lines up well with the level of commitment to smoking:

% Who "Care a Lot" About Staying Off Cigarettes

	1995	1996
	916	1,002
	%	%
Total Sample	**72**	**69**
Emphatic smokers	1	13
Regular smokers thinking of quitting	17	13
Occasional smokers	6	29
Former smokers	42	53
Susceptible non-smokers	69	65
Emphatic non-smokers	84	83

Notably in 1996, more emphatic smokers and occasional smokers "care a lot" about staying off cigarettes.

Teens vs. Adults

Teens who are regular smokers thinking of quitting, those who have quit smoking, and emphatic non-smokers are less concerned than their adult counterparts about staying off cigarettes.

% Who "Care a Lot" About Staying Off Cigarettes

	Total Adults	Total Teens
	2,158	1,002
	%	%
Total Sample	**67**	**69**
Emphatic smokers	15	13
Regular smokers thinking of quitting	32	(13)
Occasional smokers	42	29
Recent former smokers	75	(53)
Former smokers	83	
Susceptible non-smokers	69	65
Emphatic non-smokers	91	(83)

EMPHATIC SMOKERS

The narrative, tables and charts on the following pages provide an overview of the attitudes and beliefs of "emphatic smokers".

Note on reading charts: The ***white*** bars on the charts show the 1995 data for the proportion of the smoking continuum group who "*agree a lot*" with each statement. The black bars on the charts show the proportion of the smoking continuum group in 1996 -- in this case, emphatic smokers -- who "*agree a lot*" with each statement. The gray bars shows the percentage of the total adult sample who in 1996 also "*agree a lot*" with the item. When no gray bar appears, it indicates that there was no significant difference between the ratings of these two groups in 1996.

For example, in 1995 18% of emphatic smokers "*agree a lot*" that *"More adults than ever before are smoking"*. In 1996, 19% are in agreement with this statement and this level of agreement is not statistically different from that of the sample of total teens -- hence, for simplicity, we have only shown the result for the emphatic smoker group itself.

Between 1995 and 1996, we note a number of shifts in attitudes and beliefs:

Perceived Detriments/Benefits of Smoking

More teens this year than in 1995, strongly agree *that "People their age should care about not smoking"* (18% in 1995 vs. 35% in 1996), but at the same time, more of them see "relaxation" as an end benefit of smoking cigarettes (33% "agreed a lot" in 1995 vs. 47% in 1996).

The vast majority of teens continue to believe that "*Women who are pregnant should not smoke cigarettes*"; however, there is lower agreement this year than last on this issue -- 97% "agree a lot in 1995 vs. 85% in 1996.

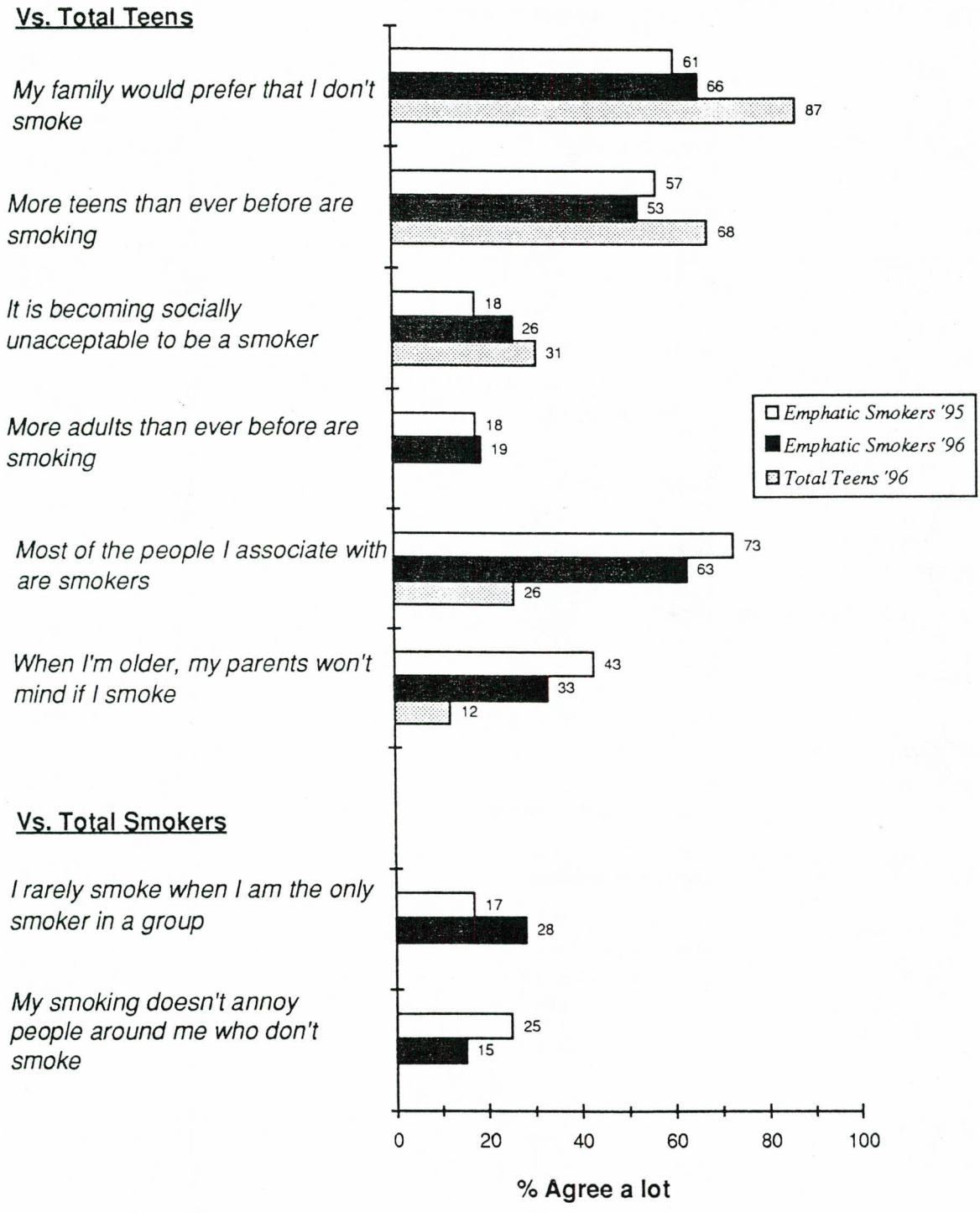
Attitudes to ETS

Fewer teens in 1996 accept that second-hand smoke harms the health of babies and infants (92% "agreed a lot" in 1995 vs. 79% in 1996).

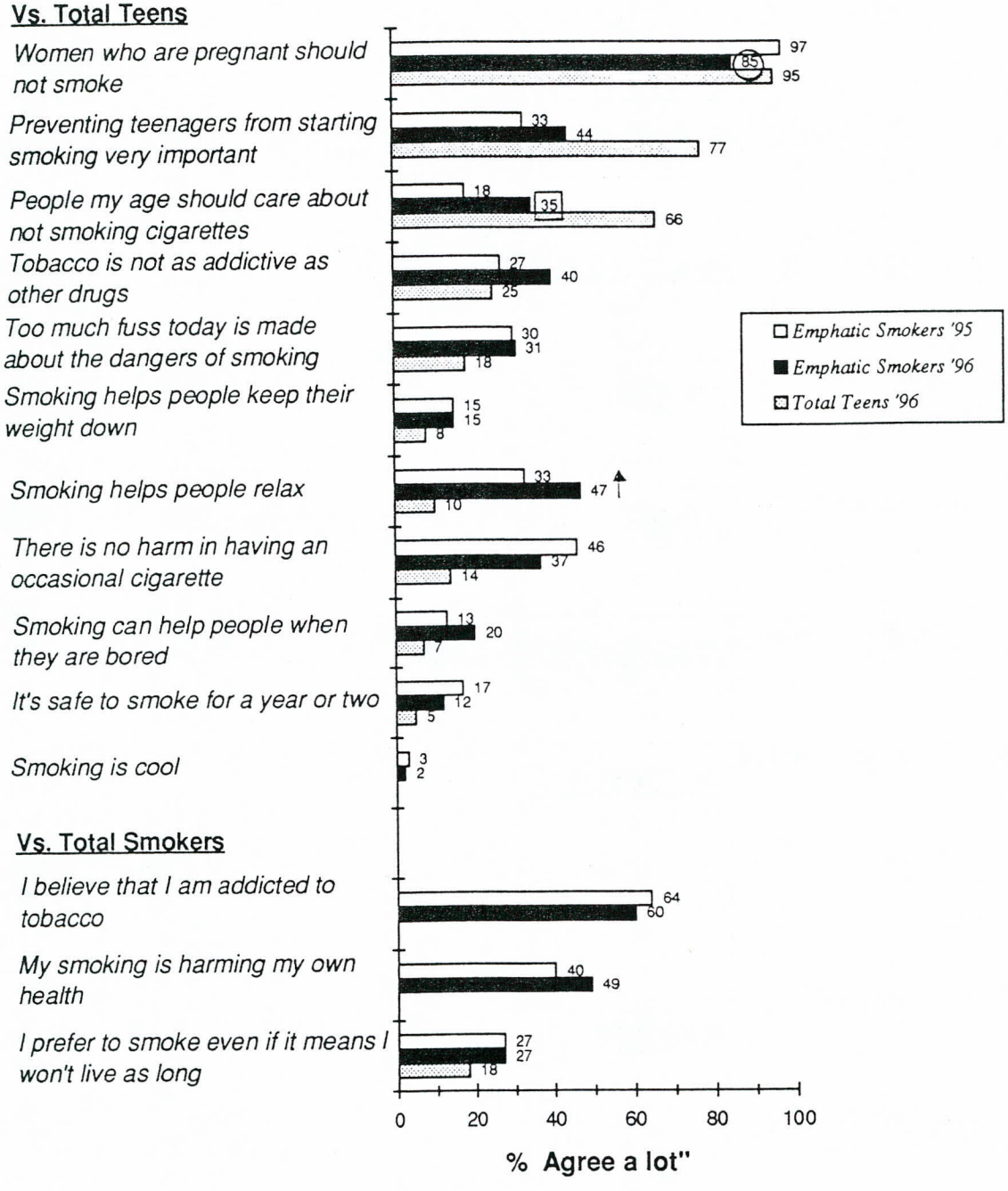
Attitudes Towards Tobacco Companies/Retailers

There is increased support among this group (albeit continuing to be at low levels) for a ban on the production and sale of tobacco products by the year 2000 (2% "agreed a lot" in 1995 vs. 10% in 1996). Also we see an increase in strong agreement that "*Retailers should refuse to sell tobacco products to minors*" (23% in 1995 vs. 39% in 1996).

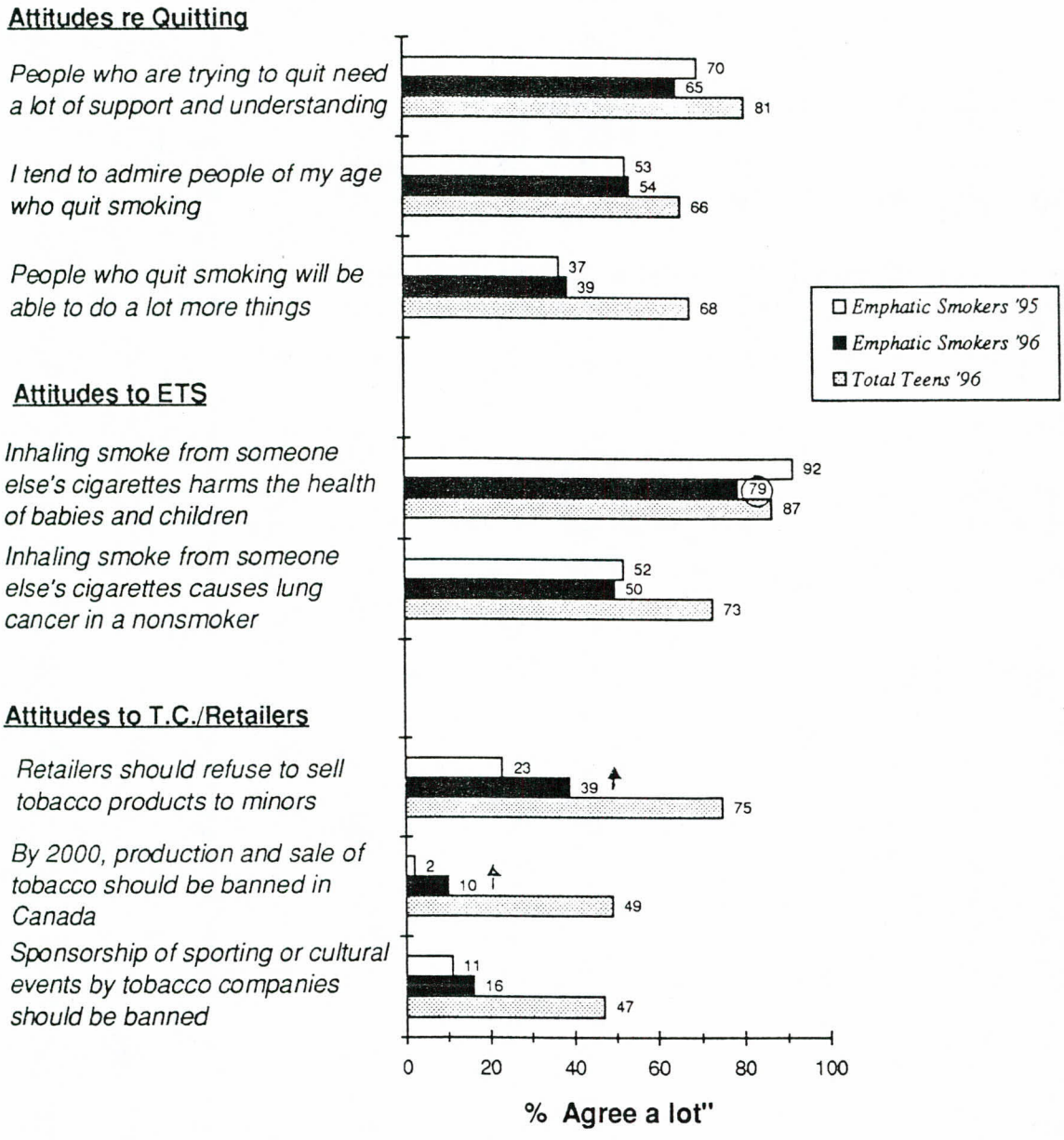
Emphatic Smokers
-- Social Environment of Smoking --



Emphatic Smokers
-- Perceived Detriments/Benefits of Smoking --



Emphatic Smokers
-- Other Attitudes --



REGULAR SMOKERS THINKING OF QUITTING

The changes that have occurred between 1995 and 1996 are detailed below. Note that, as with emphatic smokers, no changes have occurred over the two measurement periods when it comes to any aspect of the social environment of smoking.

Perceived Detriments/Benefits of Smoking

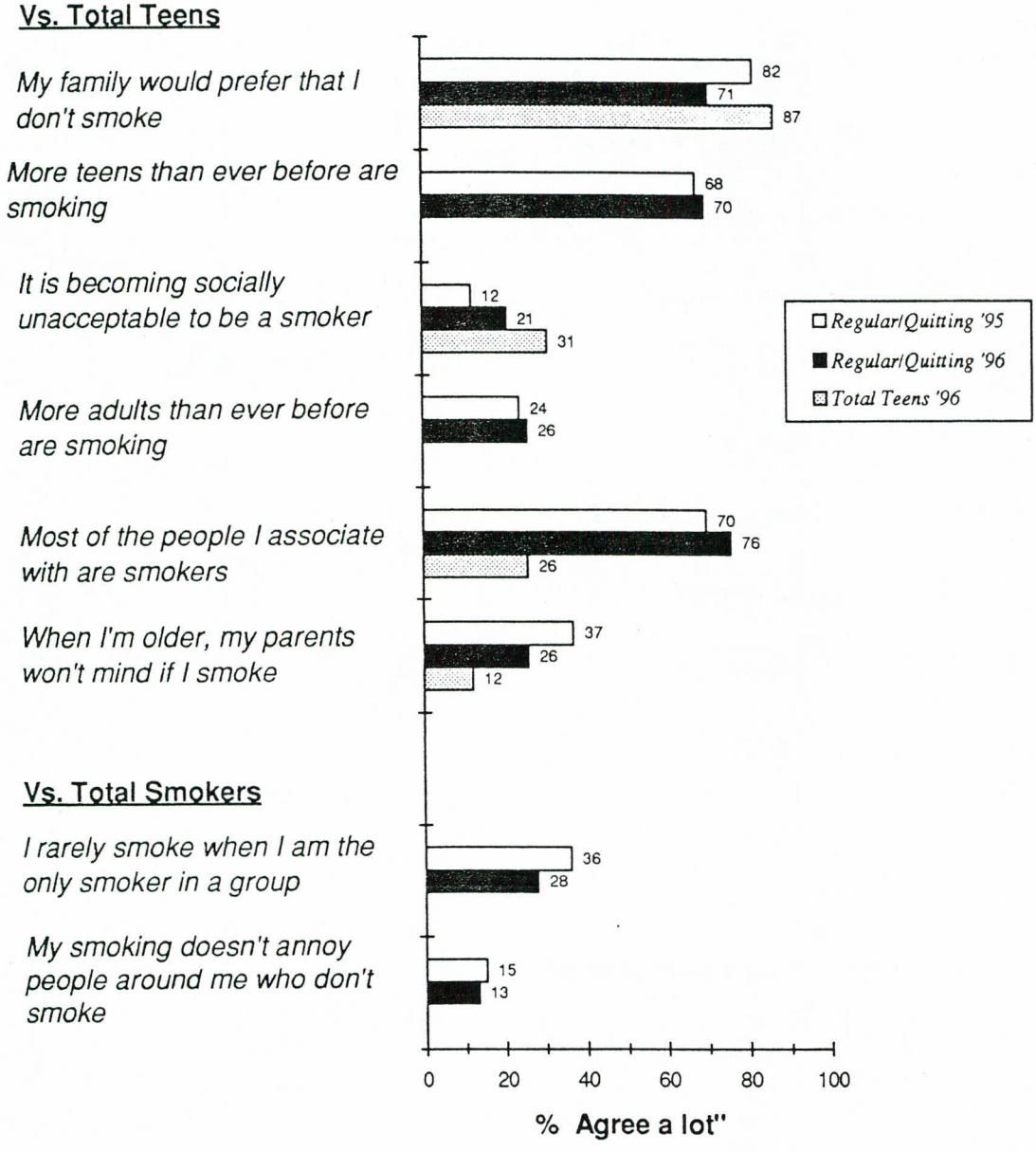
More smokers in this group believe that those their age should care about not smoking cigarettes (29% "agreed a lot" in 1995 vs. 47% in 1996).

We see a decline in strong agreement about personal addiction to cigarettes -- only 65% in 1996 "agree a lot" that "*I believe that I am addicted to tobacco*" vs. 83% the previous year.

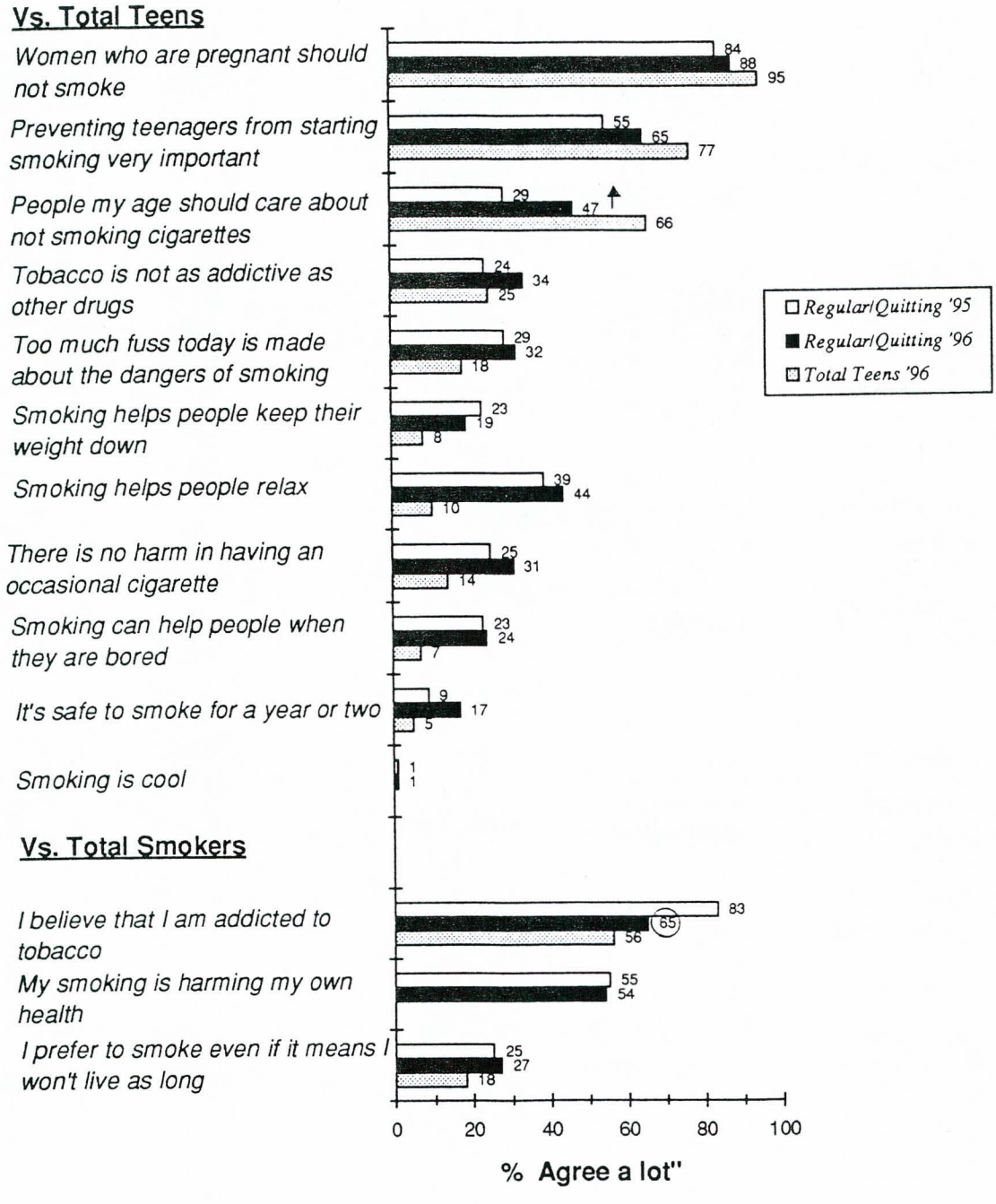
Attitudes to ETS

As we saw with emphatic smokers, fewer in this group in 1996 accept the negative effects of second-hand on children -- 91% "agreed a lot" in 1995 vs. 78% in 1996.

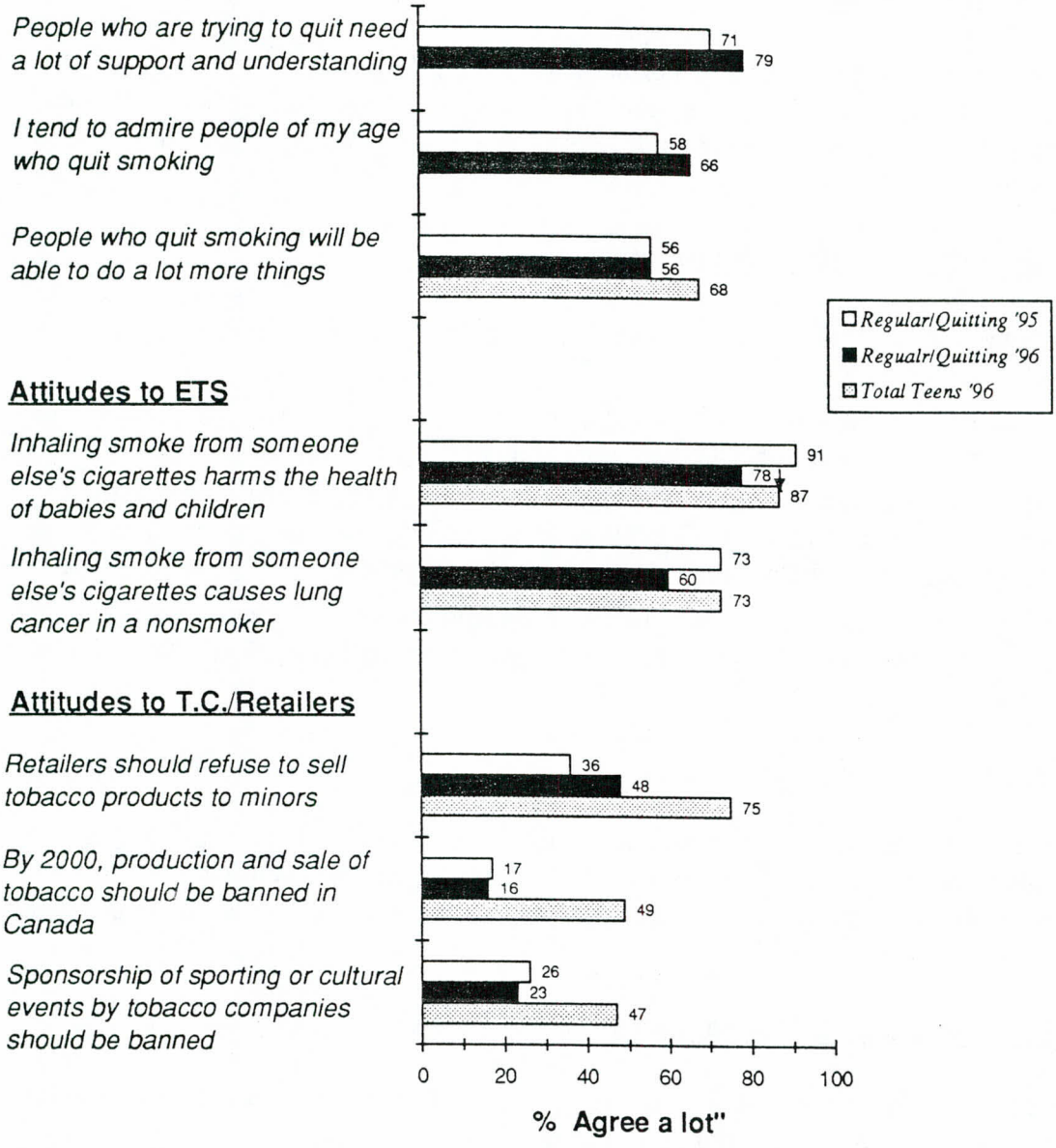
Regular Smokers Thinking of Quitting
-- Social Environment of Smoking --



Regular Smokers Thinking of Quitting
-- Perceived Detriments/Benefits of Smoking --



Regular Smokers Thinking of Quitting
-- Other Attitudes --



OCCASIONAL SMOKERS

The following changes have taken place between the 1995 and 1996 measurement periods.

Social Environment of Smoking

There is a perception that teen smoking is on the increase -- 45% "agreed a lot" in 1995 vs. 65% in 1996 with the statement that "*More teens than ever before are smoking*". As well, more occasional smokers this year strongly agree that their smoking is not annoying to non-smokers (5% in 1995 vs. 32% in 1996).

Perceived Detriments/Benefits of Smoking

We see four shifts in attitudes and beliefs between 1995 and 1996, of which however, only one represents a positive change.

-- The positive change is in the increase from 1995 in the percentage who strongly agree that "*Women who are pregnant should not smoke*" -- 87% in 1995 vs. 97% in 1996.

-- More teens this year than last believe that "*Tobacco is not as addictive as other drugs like heroin or cocaine*" (24% in 1995 vs. 47% in 1996 "agree a lot"), and also that too much fuss therefore is being made about the dangers of smoking (11% in 1995 vs. 31% in 1996).

Consistent with this, we see an increase in the proportion who believe they could stop smoking anytime they wanted to if they were to become regular smokers (2% in 1995 vs. 17% in 1996).

Attitudes re Quitting

There is an increase in agreement among occasional smokers that "*People who quit smoking will be able to do a lot more things*" (39% in 1995 vs. 60% in 1996), and an even larger increase in the proportion who say they admire people their age who have successfully quit smoking (39% "agreed a lot" in 1995 vs. 70% in 1996).

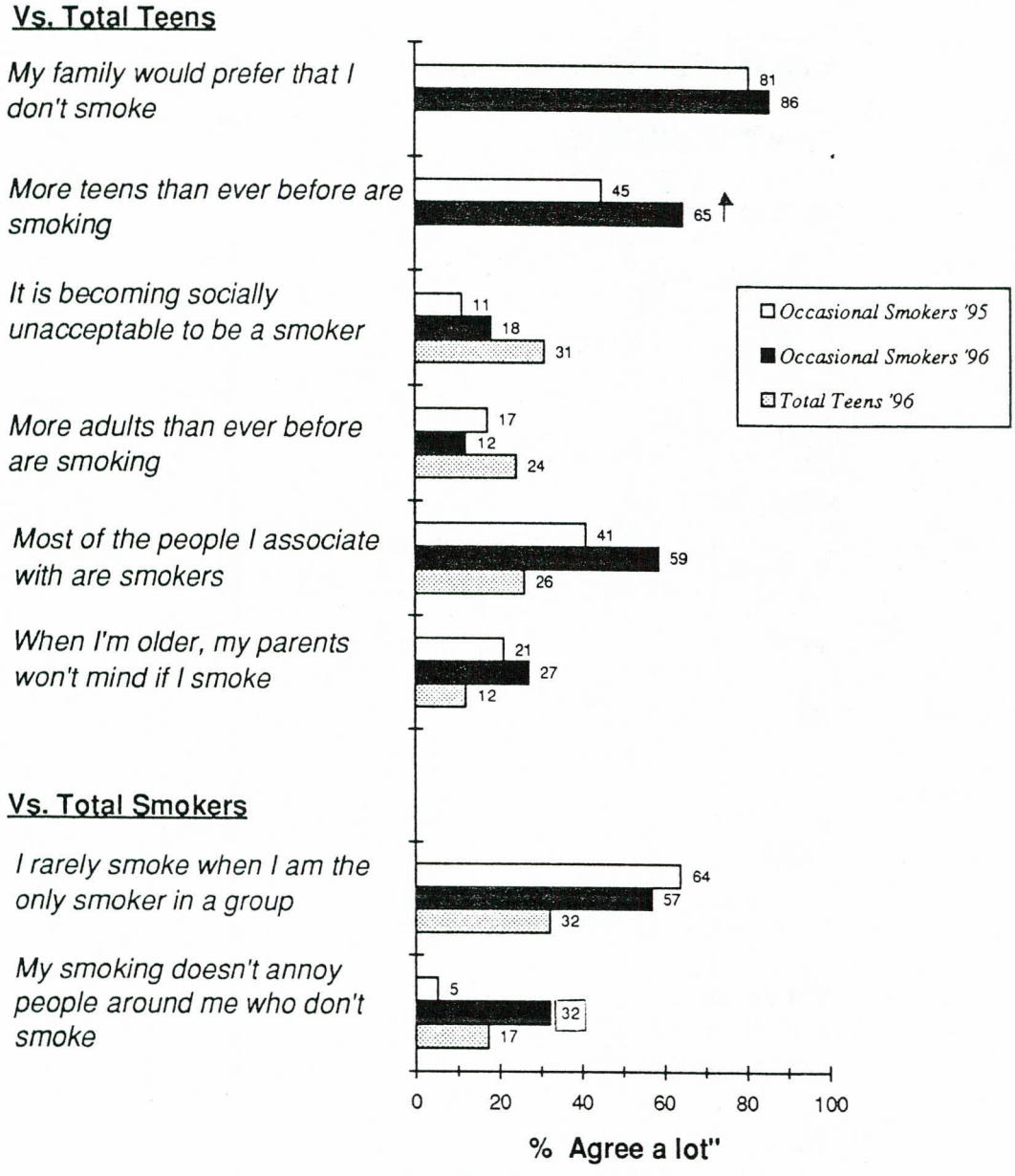
Attitudes to Tobacco Companies/Retailers

We see an increase in support among occasional smokers for a ban on the sponsorship activities of tobacco companies, and also on the production and sale of tobacco products:

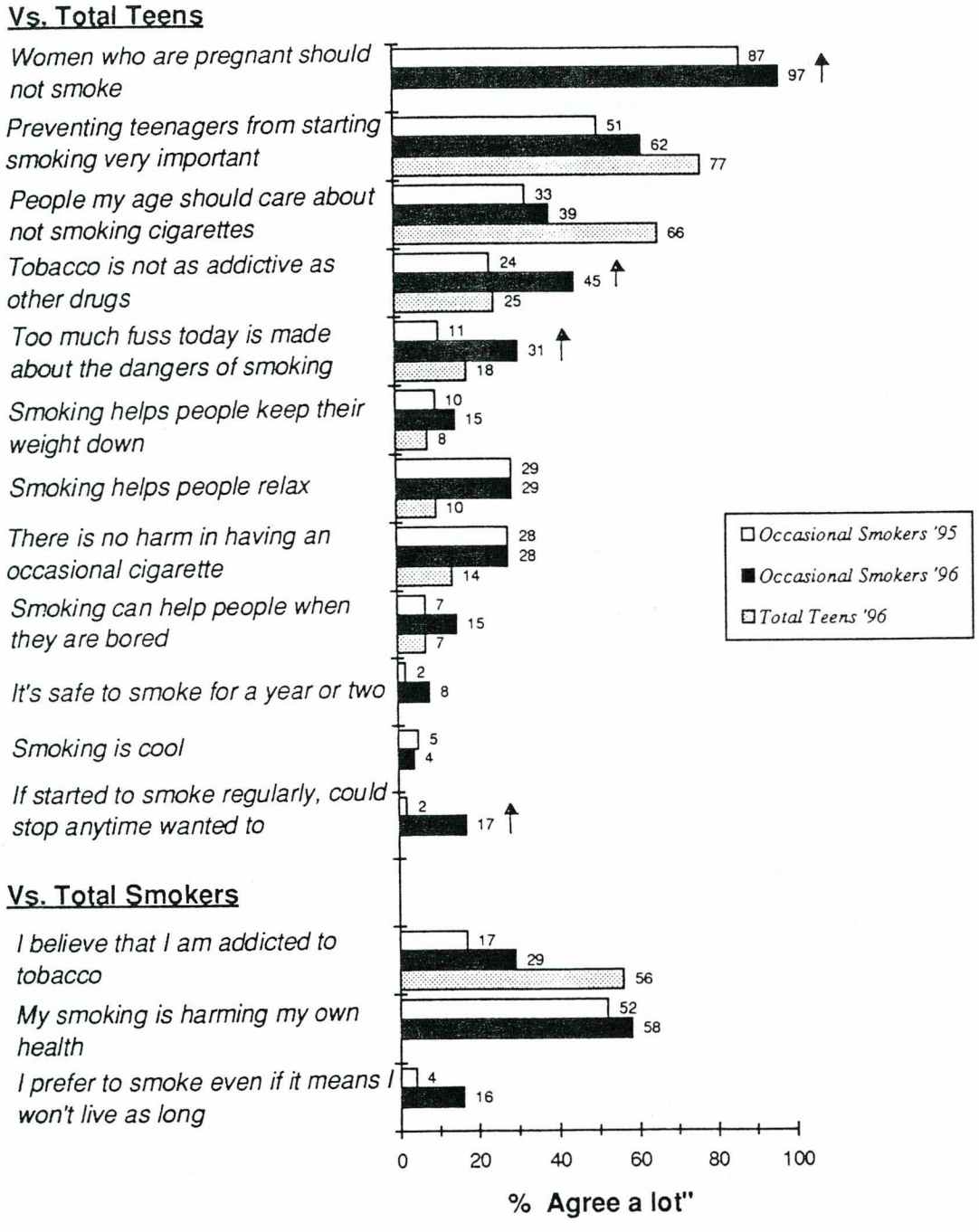
	% Who "Agree a Lot"	
	1995	1996
Sponsorship of sporting or cultural events by tobacco companies should be banned	11	39
By the year 2000, production and sale of tobacco products should be banned in Canada	9	28

As well, the majority in this group now feel strongly that "*Retailers should refuse to sell tobacco products to minors*", a very large change from the previous year -- 23% in 1995 vs. 63% in 1996.

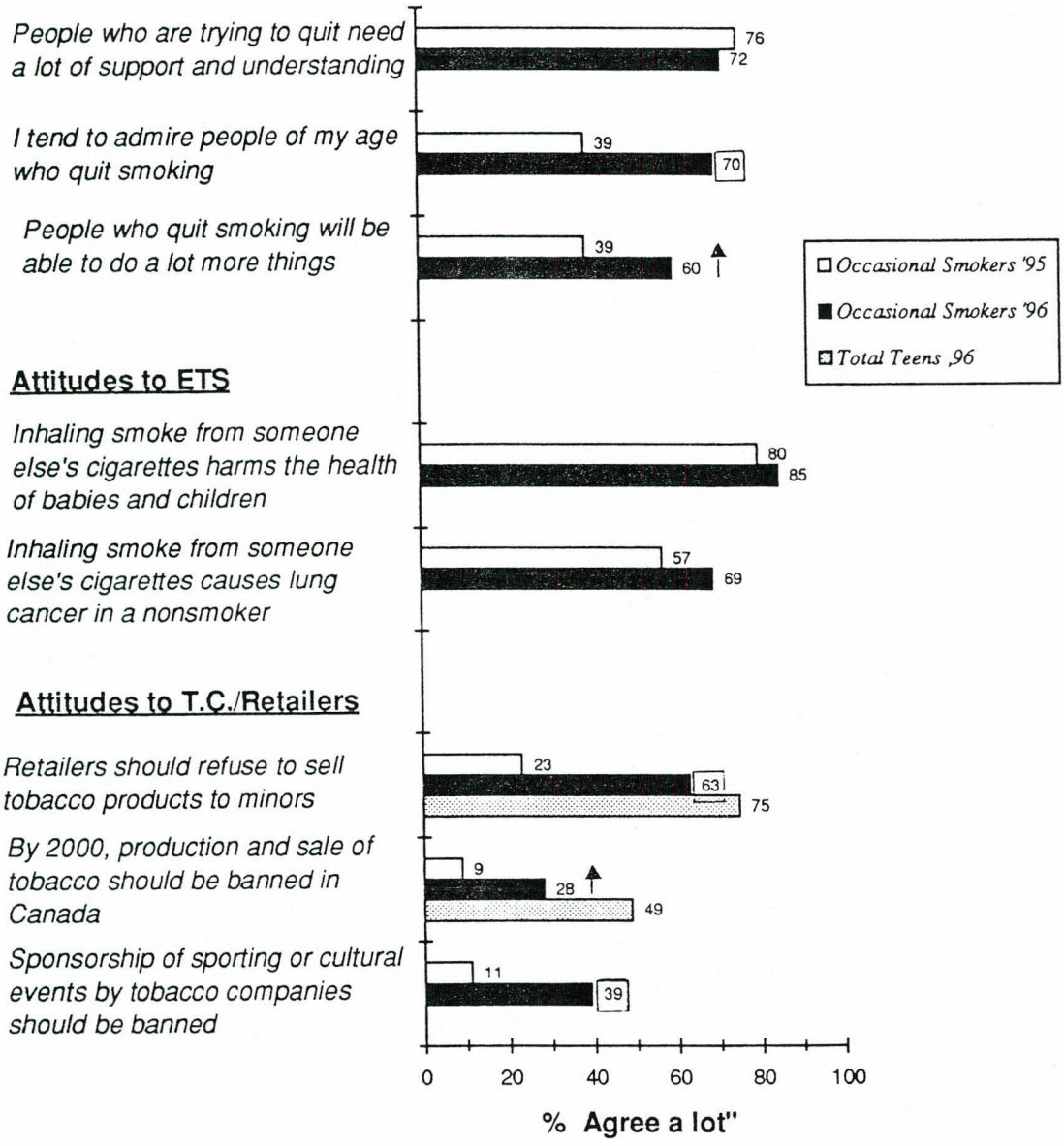
Occasional Smokers
-- Social Environment of Smoking --



Occasional Smokers
-- Perceived Detriments/Benefits of Smoking --



Occasional Smokers
-- Other Attitudes --



SUMMARY OF SMOKER GROUPS (Reference: Tables 7 - 9)

The tables on the following pages show the % of total teens vs. total smokers who "agree a lot" with each statement. And for ease of comparison, we have also summarized the results for each of the 3 "smoker" groups.

Total Teens vs. Total Smokers

On almost all attitudinal measurements, smokers are different from the teen population in general.

Social Environment of Smoking

More smokers are surrounded by others who share their habits and report less pressure exerted on them from family members to stop smoking now or not to start smoking when they are older. What also distinguishes them from the teen population in general is that fewer of them believe that smoking is a socially unacceptable habit.

Importantly, there is no difference between the smoker group and the teen population in general when it comes to their perceptions of the increase in both teen and adult smokers.

Perceived Detriments/Benefits of Smoking

As one would expect, more smokers perceive the benefits of smoking as outweighing its harmful effects.

Regarding the perceived benefits, smoking is seen as a relaxant, beneficial in keeping weight down and in relieving boredom.

As part of the "denial" syndrome with regard to the ill effects of tobacco, fewer in this group hold strong views about the negative impact of smoking for pregnant women, teenagers, or generally for people "their age". Moreover, they are more likely to believe that:

- -- Too much fuss is being made about the inherent danger of tobacco
- -- Tobacco is not as addictive as other drugs
- -- It is not harmful to either have an occasional cigarette or to smoke for a year or two.

Attitudes to ETS

In keeping with their beliefs that smoking is not as detrimental as "others may say", fewer in this group accept the premise that second-hand smoke is harmful to babies and children, or that it can result in lung cancer for a non-smoker. Importantly though, in both cases, more smokers agree than disagree.

Attitudes re Quitting

Generally, smokers are supportive and understanding of people who quit, and believe quitting allows people to do more things -- albeit at lower levels than the total population.

Attitudes Towards Tobacco Companies/Retailers

Fewer smokers than teens in general support either a sponsorship ban or a ban on the production and sale of tobacco products. As well, fewer believe that retailers should refuse to sell tobacco products to minors.

Differences Between the Smoker Groups

Below we summarize the differences between the three smoker groups -- emphatic smokers, regular smokers thinking of quitting, occasional smokers. This is an important comparison because it clearly points out that "smokers" are not a homogeneous group, and that in fact their commitment to continuing to be a smoker and their "regularity" of smoking cigarettes very much impacts on the values they hold.

Social Environment of Smoking

Emphatic smokers are less likely to report family pressure on them not to smoke, and also to state that teen smoking is on the increase.

More *regular smokers thinking of quitting* report associating with people who smoke and are more likely to light up even if they are the only smoker in a group.

Occasional smokers experience family pressure not to smoke, and of all the smoker groups, they are the most respectful of the rights of non-smokers. Nonetheless, this group least accepts the premise that their smoking may be annoying to others (possibly because as the name of the group suggests they are after all only smoking "occasionally").

Perceived Detriments/Benefits of Smoking

There are only a few differences between the three groups when it comes to the benefits or detriments they perceive from smoking cigarettes.

Emphatic smokers put less emphasis on prevention of uptake among teenagers, and are more accepting of the negative consequences of smoking on their life span.

Regular smokers thinking of quitting, in contrast to *emphatic smokers*, place greater importance on preventing teenagers from starting to smoke. Relative to other smokers, more in this group are willing to admit to their addiction to tobacco.

Occasional smokers, are distinct from the total smoker population in that fewer of them accept that smoking keeps weight down. More of them strongly support that women who are pregnant should not smoke, and far fewer in this group believe that they themselves are addicted to tobacco.

Attitudes to ETS

The only difference between the groups is related to beliefs about the association between second-hand smoke and lung cancer -- fewer *emphatic smokers* accept lung cancer as a negative effect of second-hand smoke.

Attitudes re Quitting

The only difference from total smokers is seen among the most committed group -- *emphatic smokers* are far less supportive and sympathetic to people who quit smoking than the other two smoker groups, and fewer *emphatic smokers* admire people who quit smoking.

Attitudes Towards Tobacco Companies/Retailers

There is a "continuum" of support regarding tobacco company bans and with regard to retailer responsibility selling tobacco products -- least support in all regards being among *emphatic smokers* and the most support among *occasional smokers*.

TABLE 7:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Teens	Smokers			
		Total	Emph	RTQ	Occ.
	1,002	278	104	114	60
	%	%	%	%	%
My family would prefer that I don't smoke	87	(73)	66 ↓	71	[86]
When I'm older, my parents won't mind if I smoke	12	[28]	33	26	27
It is becoming socially unacceptable to be a smoker	31	(22)	26	21	18
More teens than ever before are smoking	68	64	(53)	70	65
Most of the people I associate with smoke cigarettes	26	[68]	63	76 ↑	59
More adults than ever before are smoking	24	21	19	26	12
I rarely smoke when I am the only smoker in a group	--	32	28	24 ↓	[57]
My smoking doesn't annoy people around me who don't smoke	--	17	15	13	[32]

TABLE 8:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Teens	Smokers			
		Total	Emph	RTQ	Occ.
	1,002	278	104	114	60
	%	%	%	%	%
Women who are pregnant should not smoke	95	(89)	85	88	97 ↑
Preventing teenagers from starting to smoke is very important	77	(58)	(44)	65 ↑	62
People my age should care about not smoking cigarettes	66	(42)	35	47	39
Smoking helps people relax	10	[42]	47	44	29 ↓
Smoking helps people keep their weight down	8	[17]	15	19	15
Tobacco is not as addictive as other drugs such as heroin or cocaine	25	[38]	40	34	45
Too much fuss is made today about the dangers of smoking	18	[31]	31	32	31
Smoking can help people when they are bored	7	[21]	22	20	24
There is no harm in having an occasional cigarette	14	[32]	37	31	28
It's safe to smoke for a year or two	5	[13]	12	17	8
Smoking is "cool"	2	2	2	1	4
I believe that I am addicted to tobacco	--	56	60	65 ↑	(29)
My smoking is harming my own health	--	53	49	54	58
I prefer to smoke even if it means I won't live long	--	18	[27]	13	16

TABLE 9:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Teens	Smokers			
		Total	Emph	RTQ	Occ.
	1,002 %	278 %	104 %	114 %	60 %
Attitudes Re Quitting:					
People who are trying to quit need a lot of support and understanding	81	(73)	65 ↓	79	72
I tend to admire people of my age who quit smoking	66	63	54 ↓	66	70
People who quit smoking will be able to do a lot more things	68	(51)	39	56	60
Attitudes to ETS					
Inhaling smoke from someone else's cigarettes harms the health of babies and children	87	(80)	79	78	85
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	73	(58)	50 ↓	60	69
Attitudes to Tobacco Companies/Retailers					
Retailers should refuse to sell tobacco products to minors	75	(48)	39 ↓	48	[63]
Sponsorship of sporting or cultural events by tobacco companies should be banned	49	(24)	16 ↓	23	[39]
By the year 2000, the production and sale of tobacco should be banned in Canada	47	(17)	10 ↓	16	[28]

QUITTERS

Between 1995 and 1996, a number of changes have taken place in attitudes and beliefs about smoking:

Social Environment of Smoking

More teen quitters strongly believe that smoking is becoming socially unacceptable (24% "agreed a lot in 1995 vs. 36% in 1996).

Perceived Detriments/Benefits of Smoking

As with occasional smokers, four attitudinal shifts have taken place between the two measurement periods -- one representing a gain while the other three indicate losses:

-- The positive change is that more quitters strongly support that "*Preventing teenagers from starting to smoke is very important*" -- 63% in 1995 vs. 82% in 1996.

-- More quitters in 1996 perceive smoking as beneficial to relaxation (12% "agreed a lot" in 1995 vs. 45% in 1996) and to relieve boredom (4% in 1995 vs. 29% in 1996).

-- As well, more now believe that "*There is no harm in having an occasional cigarette*" (8% in 1995 vs. 20% in 1996), reflecting an attitude that may very well contribute to "falling off the wagon" and starting to smoke again.

Attitudes to ETS

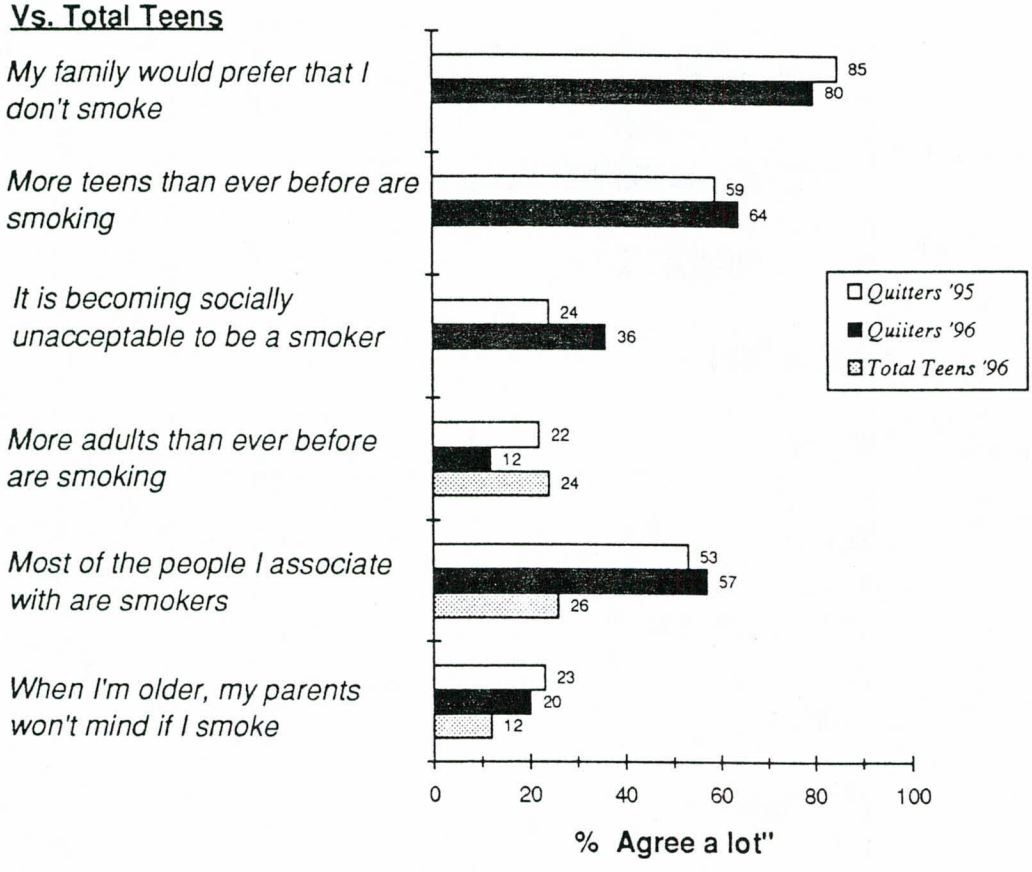
The notion that "*Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker*", receives stronger support in 1996 than it did in 1995 (59% "agreed a lot" in 1995 vs. 76% in 1996).

Attitudes to Tobacco Companies/Retailers

There is an increase in support for a ban on the sponsorship of sporting or cultural events by tobacco companies -- 36% in 1995 vs. 55% in 1996.

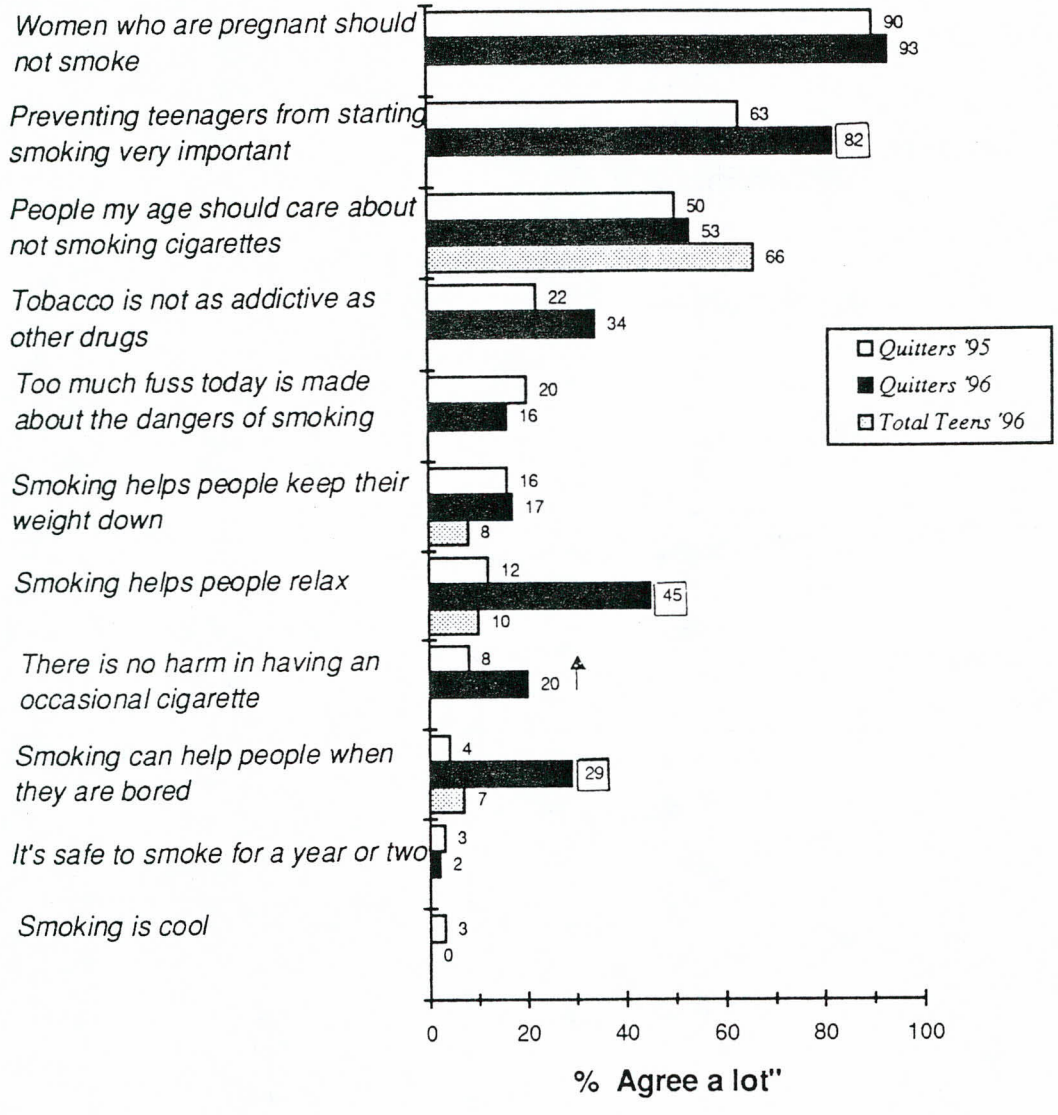
Quitters
-- Social Environment of Smoking --

Vs. Total Teens



Quitters
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Teens



Quitters
-- Other Attitudes --

SUSCEPTIBLE NON-SMOKERS

The changes between the 1995 and 1996 are noted below.

Social Environment of Smoking

Two very clear trends have surfaced since last year. We see fewer teen susceptible non-smokers reporting pressure on them from their families to not smoke now or in the future. We also see an increase not only in the percentage who perceive that teen smoking is on the increase but also in the proportion who say they now associate with smokers:

	% Who "Agree a Lot"	
	1995	1996
My family would prefer that I don't smoke	92	83
When I'm older, my parents won't mind if I smoke	7	13
More teens than ever before are smoking	61	75
Most of the people I associate with are smokers	23	32

Perceived Detriments/Benefits of Smoking

More this year strongly support the position that "*Pregnant women should not smoke cigarettes*" (88% in 1995 vs. 96% in 1996), and fewer also believe that "*Smoking helps people keep their weight down*" (9% in 1995 vs. 4% in 1996). Concurrently though, we see an increase in the percentage who believe that "occasional" smoking is not harmful (9% "agreed a lot" in 1995 vs. 19% in 1996).

Attitudes to ETS

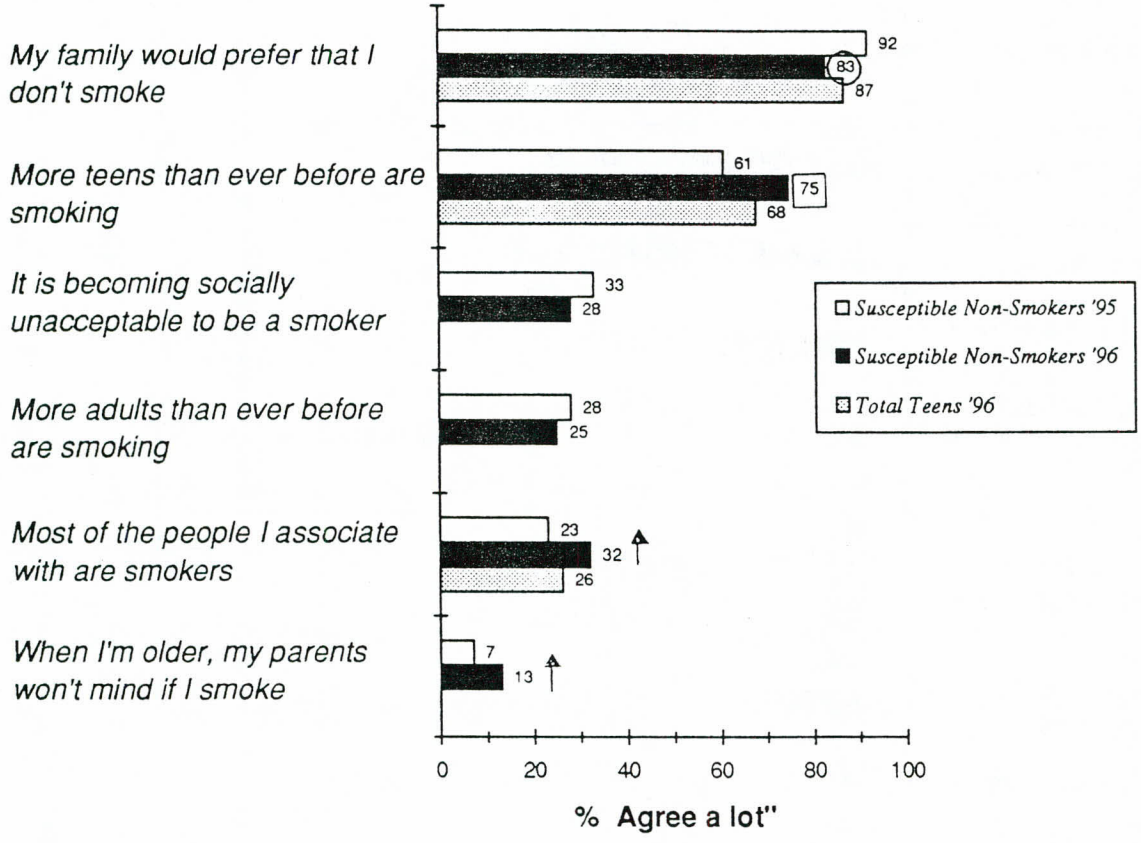
There is less strong agreement this year (81%) than last (88%) that "*Inhaling smoke from someone else's cigarettes harms the health of babies and children*".

Self-Esteem

Fewer susceptible non-smokers this year than last are proud of their non-smoking status (87% in 1995 vs. 80% in 1996).

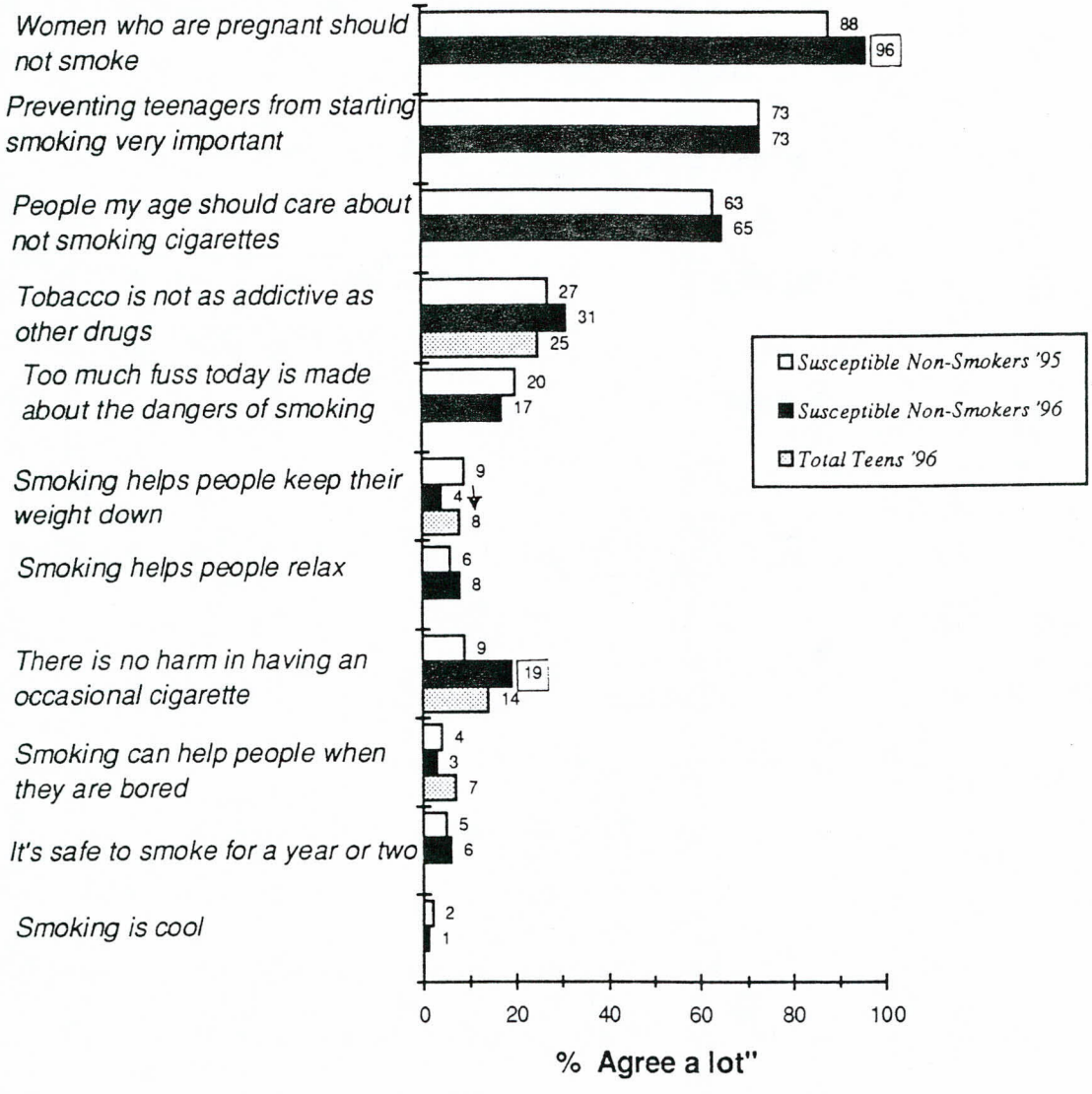
Susceptible Non-Smokers
-- Social Environment of Smoking --

Vs. Total Teens

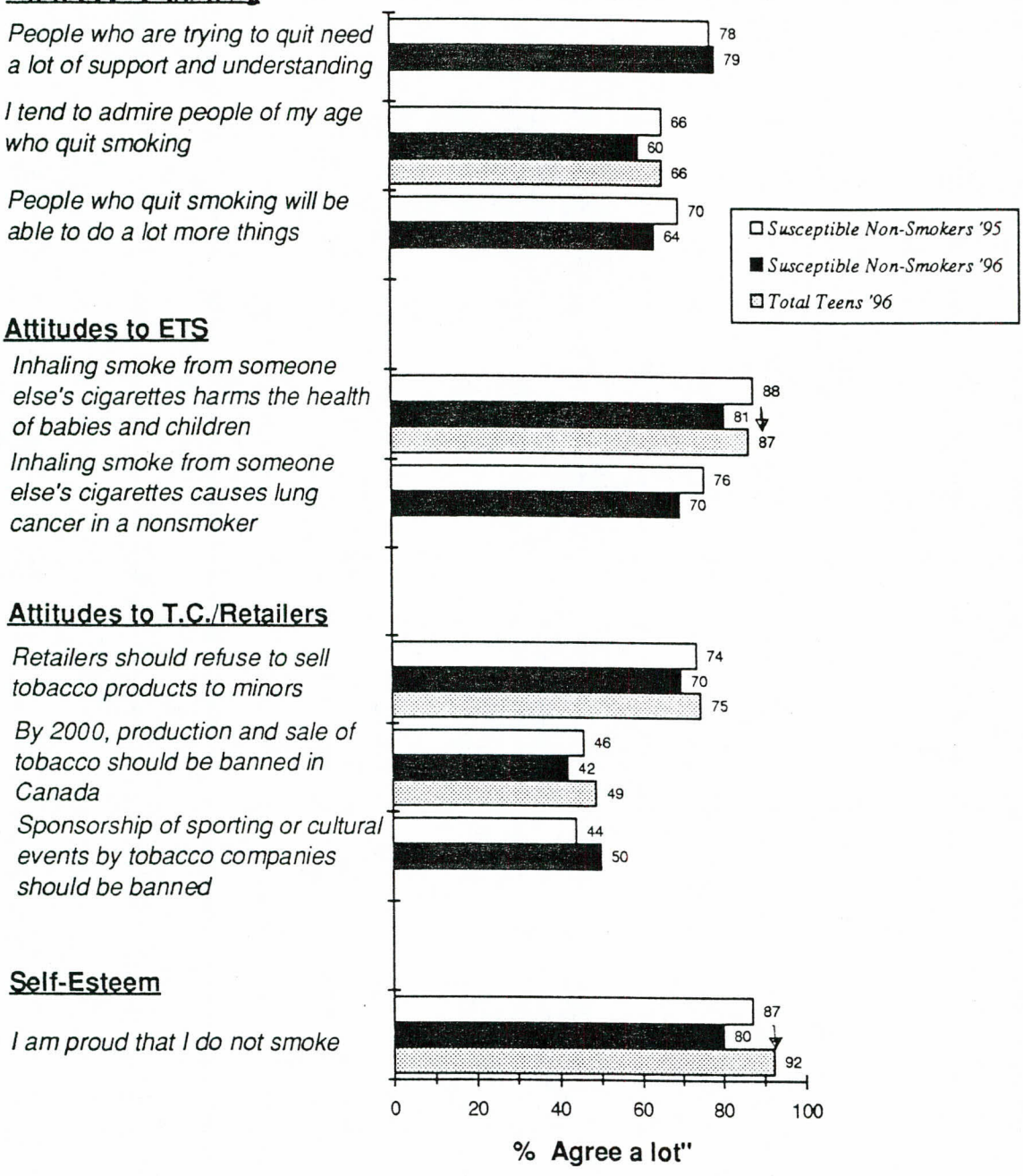


Susceptible Non-Smokers
-- Perceived Detriments/Benefits of Smoking --

Vs. Total Teens



Susceptible Non-Smokers
-- Other Attitudes --

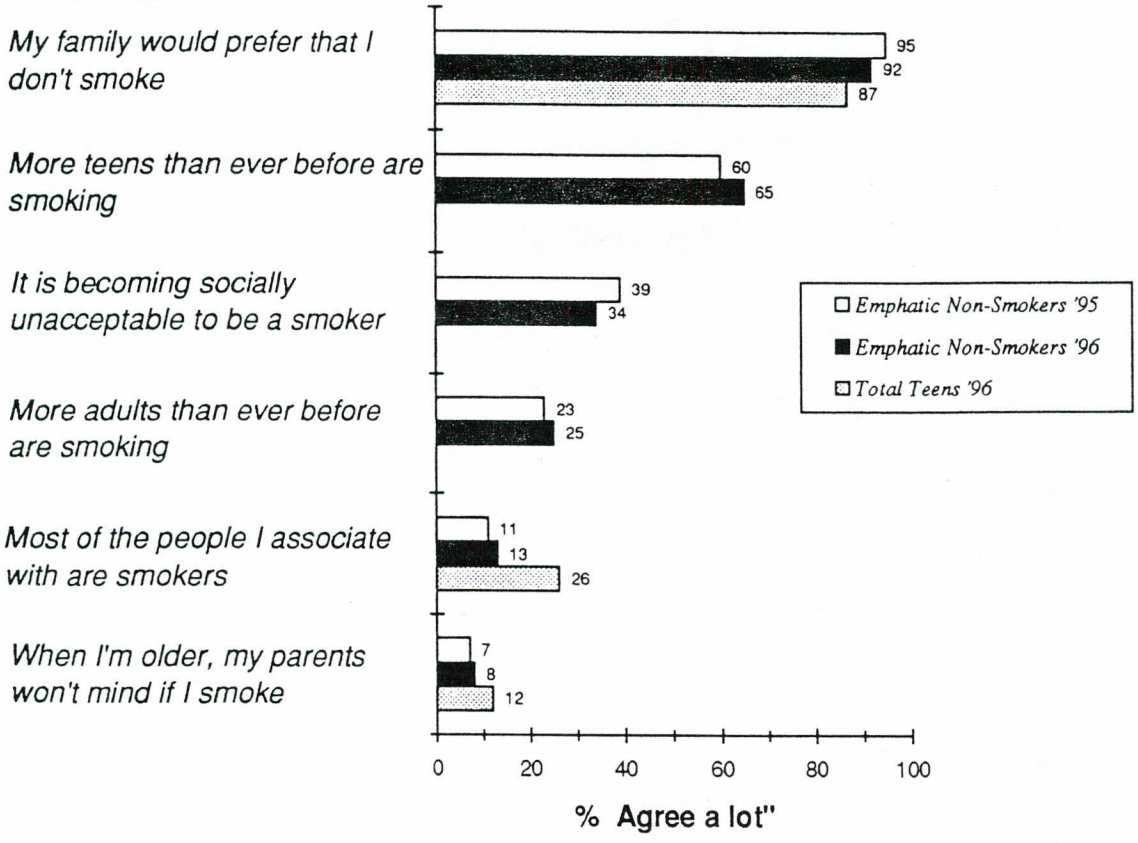


EMPHATIC NON-SMOKERS

There is only one change that has occurred since 1995 -- fewer teens in this group strongly support that "*People my age should care about not smoking cigarettes*" (80% "agreed a lot" in 1995 vs. 73% in 1996).

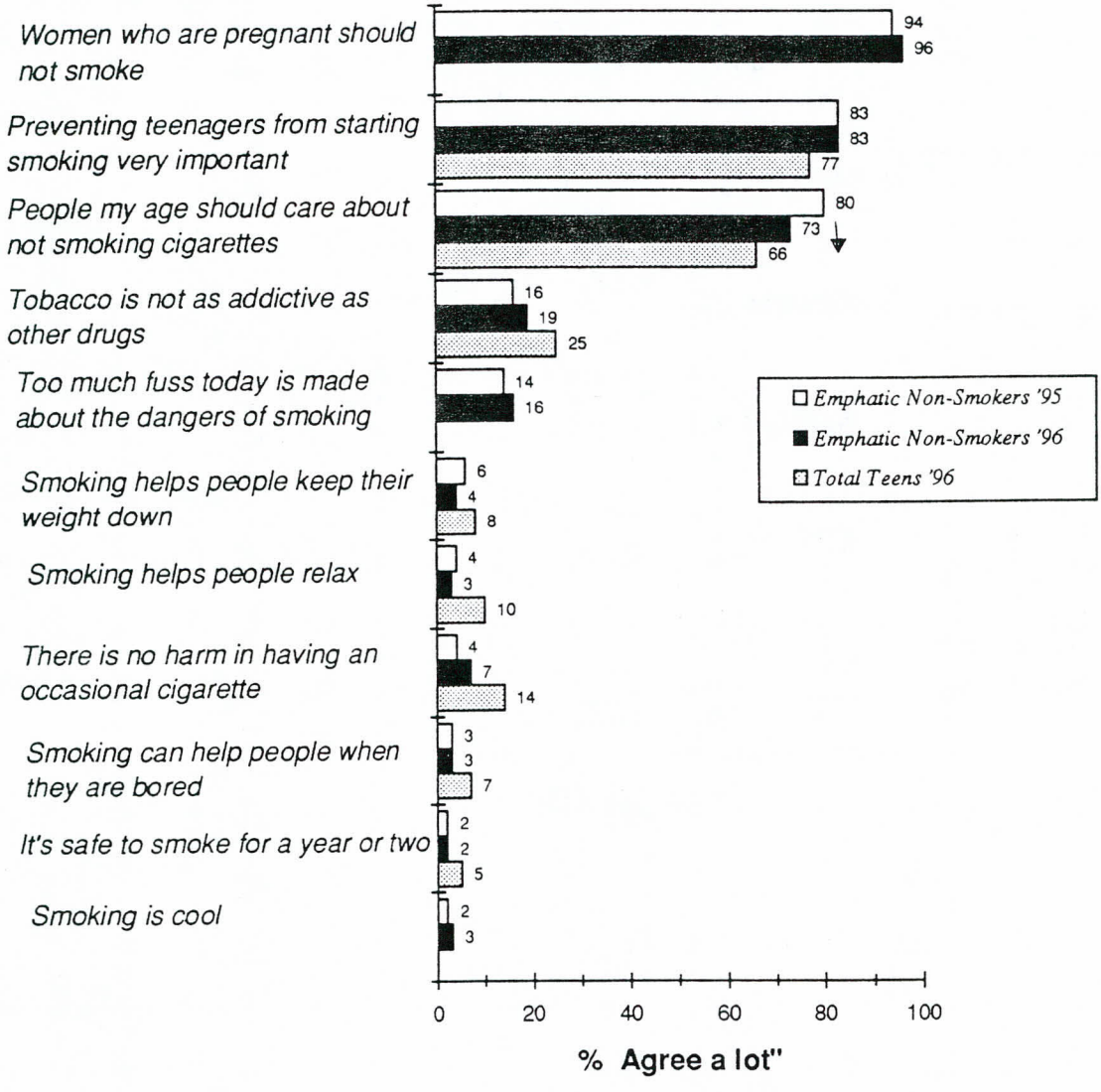
Emphatic Non-Smokers
-- Social Environment of Smoking --

Vs. Total Teens

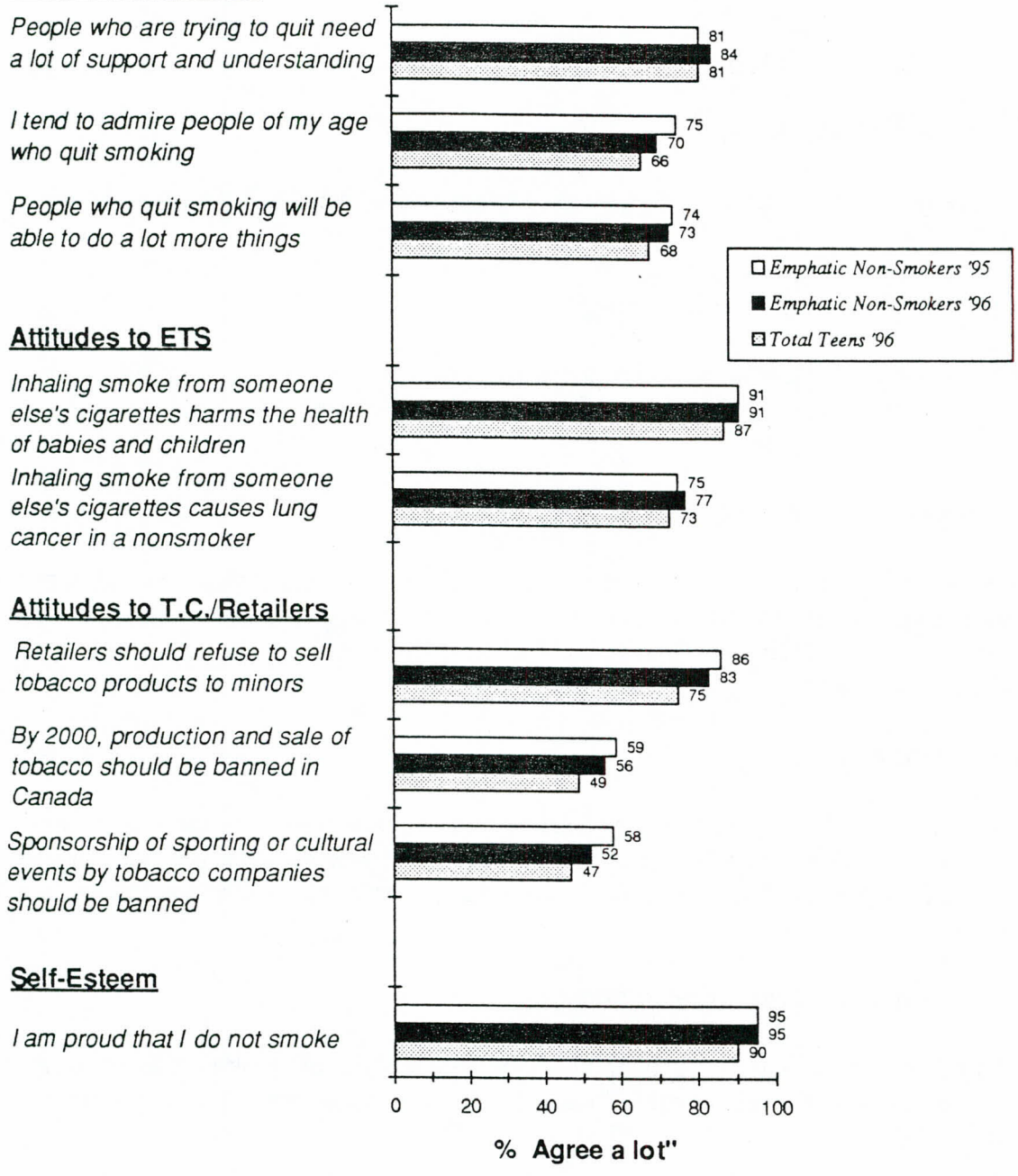


Emphatic Non-Smokers
-- Perceived Detriments/Benefits of Smoking --

<u>Vs. Total Teens</u>



Emphatic Non-Smokers
-- Other Attitudes --



SUMMARY OF NON-SMOKER GROUPS (Reference: Tables 10 - 12)

The following pages detail the comparisons between the non-smoker teen groups and the general population.

Total Teens vs. Total Non-Smokers

Social Environment of Smoking

The only difference noted is that fewer non-smokers than teens in general associate with people who smoke.

Perceived Detriments/Benefits of Smoking

Again non-smokers are different from the teen population in only a few regards. Significantly fewer non-smokers agree that smoking is a relaxant or can relieve boredom.

Differences Between the Non-Smoker Groups

As we've just noted, there were very few differences between the total teen population and non-smokers, not surprising since the majority of the sample consists of teens who have never smoked 100 cigarettes in their lifetime. However, there are notable differences between the two groups that comprise the non-smoker category.

Social Environment of Smoking

Fewer *susceptible non-smokers* report family pressure not to smoke now or in the future, and more say they associate with people who smoke than do *emphatic non-smokers*. As well, more *susceptible non-smokers* perceive that teen smoking is on the increase than is the case among the *emphatic non-smoker* group.

Perceived Detriments/Benefits of Smoking

The two groups of non-smokers differ in their views on the benefits of smoking and on their overall perception of the addictiveness of tobacco and the danger it represents. This is illustrated by the following:

- More *susceptible non-smokers* believe that smoking keeps weight down, relieves boredom and helps people relax.
- Far more *susceptible non-smokers* also support the view that "*Tobacco is not as addictive as other drugs such as heroin or cocaine*".
- More *susceptible non-smokers* hold the belief that "*There is no harm in having an occasional cigarette*" and "*It's safe to smoke for a year or two*".

In light of these attitudes, it is also not surprising that relative to *emphatic non-smokers* fewer of those in the *susceptible* group strongly support either of the following: "*People my age should care about not smoking cigarettes*" and "*Preventing teenagers from starting to smoke is very important*".

Attitudes to ETS

Fewer *susceptible non-smokers* accept the detrimental effects of second-hand smoke on others.

Attitudes re Quitting

Although the two groups do not differ in their belief that "*People who are trying to quit need a lot of support and understanding*", fewer *susceptible non-smokers* say they admire those who quit or believe that they will be able to do a lot more things once they quit.

Attitudes to Tobacco Companies/Retailers

More *emphatic non-smokers* strongly support that retailers should refuse to sell tobacco products to minors. Both groups signal a similar level of support for a ban on the tobacco company sponsorship of sporting and cultural events; however, far fewer *susceptible non-smokers* support a ban on the production and sale of tobacco products.

Self-Esteem

Considerably more *emphatic non-smokers* are proud of their non-smoking status than are *susceptible non-smokers*.

TABLE 10:
SMOKING ATTITUDES AND BELIEFS
-- Social Environment of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Teens	Non-Smokers		
		Total	Sucept.	Emph.
	1,002 %	648 %	230 %	418 %
My family would prefer that I don't smoke	87	89	83	92
When I'm older, my family won't mind if I smoke	12	10	13	8 ↓
It is becoming socially unacceptable to be a smoker	31	32	28	34
More teens than ever before are smoking	68	69	75	65
Most of the people I associate with smoke cigarettes	26	19	32	13
More adults than ever before are smoking	24	25	25	25

TABLE 11:
SMOKING ATTITUDES AND BELIEFS
-- Perceived Detriments or Benefits of Smoking --
- 1996 -
(% Who "Agree a lot")

	Total Teens	Non-Smokers		
		Total	Sucept.	Emph.
	1,002 %	648 %	230 %	418 %
Women who are pregnant should not smoke	95	96	96	96
Preventing teenagers from starting to smoke is very important	77	79	73	83
People my age should care about not smoking cigarettes	66	70	65	73 ↑
Smoking helps people relax	10	(5)	8	(3)
Smoking helps people keep their weight down	8	6	10	(4)
Tobacco is not as addictive as other drugs such as heroin or cocaine	25	23	31	(19)
Too much fuss is made today about the dangers of smoking	18	16	17	16
Smoking can help people when they are bored	7	4 ↓	7	3 ↓
There is no harm in having an occasional cigarette	14	11	19	(7)
It's safe to smoke for a year or two	5	3	6	(2)
Smoking is "cool"	2	3	1	3

TABLE 12:
SMOKING ATTITUDES AND BELIEFS
- 1996 -
(% Who "Agree a lot")

	Total Teens	Non-Smokers		
		Total	Sucept.	Emph.
	1,002	648	230	418
	%	%	%	%
Attitudes Re Quitting				
People who are trying to quit need a lot of support and understanding	81	82	79	84
I tend to admire people of my age who quit smoking	66	67	60	70
People who quit smoking will be able to do a lot more things	68	70	64	73 ↑
Attitudes to ETS				
Inhaling smoke from someone else's cigarettes harms the health of babies and children	87	88	81	91
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	73	74	70	77 ↑
Attitudes to Tobacco Companies/Retailers				
Retailers should refuse to sell tobacco products to minors	75	78	70	83
Sponsorship of sporting or cultural events by tobacco companies should be banned	49	52	50	52
By the year 2000, the production and sale of tobacco should be banned in Canada	47	51	42	56
Self-Esteem				
I am proud that I don not smoke	--	90	80	95

MEASURES OF SOCIAL INFLUENCE

In the study we included a number of measures of social influence (beyond the measures referred to in the previous chapter):

- Everyone in the study was asked:
  - -- Do people in your close or immediate family smoke? (yes or no)
  - -- Do any of your friends who smoke say they should quit? (yes or no)

- Teens only were also asked:
  - -- How do you think your best friends would feel about you smoking one or more packs of cigarettes per day? (Tell you to stop, Disapprove, or Don't care)
  - -- If you lit up a cigarette tomorrow in front of your parents, how do you think they would react? (Tell you to stop, Disapprove, or Don't care)

- Smokers were also asked the following:
  - -- In the past 6 months, has someone ever asked you not to smoke? (yes or no)
  - -- [If yes:] Who was the person who most recently asked you to do this?
  - -- [If yes:] And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

- We also believed that whether an individual smoked or not, there may be occasions or situations in which they might ask someone else not to smoke. To ascertain this, the following series of questions was asked of everyone:
  - -- In the past 6 months, have you ever asked someone not to smoke? (yes or no)
  - -- [If yes:] Who was the person you most recently asked not to do this?
  - -- What is the one most important reason that you might ask someone not to smoke?

    You want to protect your own health
    You want to protect children
    You personally object to smoking
    You want to protect non-smokers
    You are concerned about that person's health
    You find tobacco smoke irritating
  - -- And the last time you asked someone not to smoke, were you successful -- that is, did the person stop smoking or not? (yes or no)

SOCIAL INFLUENCES

In this section, we will report on the results of the 1996 study and note any changes that have occurred since 1995.

Teens' Family and Friends (Reference: Table 13)

Sixty-six percent of total teens report that members of their close or immediate family smoke. *Current smokers* and *susceptible non-smokers* report higher levels.

This is up from last year, at which time 56% of teens reported smokers in their families. More contact with smokers in the family are reported by *occasional smokers* (60% in 1995 vs. 80% in 1996), *susceptible non-smokers* (59% in 1995 vs. 68% in 1996), and *emphatic non-smokers* (51% in 1995 vs. 61% in 1996).

When asked how their parents might react to their lighting up a cigarette in front of them, most teens said they would be told to stop (74%). Among the rest, most said their parents would disapprove (20%), and only a small minority said their parents would not care (6%). This represents the status quo from the previous year.

This pattern continues to vary dramatically by smoking continuum group:

- Most *emphatic smokers* said their parents would disapprove (38%) or not care (39%), and only 23% said they would be asked to stop smoking.

  The attitudes reported here represent significant changes from the previous year when the majority of *emphatic smokers* said their parents would not care (63%), and only 11% said they would be asked to stop smoking.
- 36% of teen *smokers thinking of quitting* said their parents would not care; the remainder were almost equally split on "disapprove" (29%) and "tell you to stop" (34%), a profile similar to what we saw in 1995.
- Most of the *occasional smokers* (82%) said their parents would register some reaction -- mostly just disapproval (55%), rather than a request to stop smoking, and no different from the reaction reported in 1995.
- 88% of teens who *have quit* smoking indicate that their parents would care -- 57% said they would be asked to stop, and 31% would be shown disapproval.
- Only a very small number of *susceptible* and *emphatic non-smokers* reported that their parents would <u>not</u> care, and the majority said they would be told to stop smoking.

  This represents a change among *susceptible non-smokers*, more of whom this year than last report that their parents would tell them to stop smoking (70% in 1995 vs. 79% in 1996).

Teens say that most of their friends who smoke say they should quit (55%). Higher proportions are reported by current smokers and by those who have quit (between 73% - 90%), no change since 1995.

When asked how their best friend would react to their smoking one or more packs of cigarettes per day, 24% indicated that their friends would not care. Of the remainder, most said their best friend would either tell them to stop (54%) or at least register disapproval (21%). The change since last year is a significant increase in the number reporting that their best friends would ask them to stop smoking (47% in 1995).

Again, this pattern continues to differ across the smoking continuum groups:

- There was a strong correlation between commitment to smoking and how they perceive their best friend would react: relative to the non-smoking groups, fewer in the smoking groups say they would be told to stop smoking -- with the lowest incidence of this being among *emphatic smokers*, and the highest among *emphatic non-smokers*.
- The highest reported incidence of teens saying "don't care" is among the *emphatic smokers* (53%), and the lowest is among the *emphatic non-smokers* (20%).
- Relative to 1995, we see an increase among both *non-smoker* groups in the percentage reporting that their friends would tell them to stop -- *susceptible non-smokers* (42% in 1995 vs. 53% in 1996); *emphatic non-smokers* (52% in 1995 vs. 60% in 1996)

Teens vs. Adults

More teens than adults report that there are smokers in their immediate or close family, which may explain the difference between adults and teens in their perception that, *"More adults than ever before are smoking"*.

Fewer teens than adults, however, report that they have friends who smoke. This is in line with the overall incidence of smoking reported among adults and teens.

Teen Smokers (Reference: Table 14)

Seventy-two percent of teen smokers report that someone has asked them to stop smoking in the past 6 months, representing the status quo from 1995. As would be expected, more *regular smokers* reported being asked to stop smoking (76%) than *occasional smokers* (59%).

On the most recent such occasion, about 6 out of 10 were asked by relatives to stop smoking (62%) -- particularly by a parent (46%). Friends also played a very important role, with 33% reporting that their friends initiated this request.

Forty percent report that the individual who made the request to stop smoking was not successful (i.e., they did not stop smoking). However, just over half did say that they cut down (53%), and 7% said they did stop smoking -- the latter being situational cessation rather than long-term cessation of smoking.

We note a change for *emphatic* teen smokers versus the results in 1995. This group was the least likely to comply with the request to stop smoking in any way in 1995 -- i.e., 72% said they did not

stop smoking. In 1996, this has dropped to 44%, in line with the other teen smoker groups. And, although we do not see an increase in the percentage of *emphatic smokers* who said they stopped smoking, we do see an increase in those who said they cut down -- 23% in 1995 vs. 53% in 1996.

Teen vs. Adult Smokers

More teens than adults say that someone in the past 6 months has asked them to stop smoking. And, more teens than adults report this request came both from friends and parents. Among adults, there is a higher reported incidence of being asked not to smoke by a stranger.

Unfortunately, the indications are that teens were not as responsive as adults to a request to stop smoking: 17% of the adults stopped smoking versus only 7% of the teens. The teens were more likely to only cut down on their smoking rather than to stop smoking.

ASKING SOMEONE ELSE NOT TO SMOKE (Reference: Table 15)

Teens

Half of the teens (50%) have asked someone not to smoke in the past 6 months, a drop from 54% in 1995. As one would expect, the incidence of asking someone else not to smoke was lower among the *current smoker groups* -- and among *susceptible non-smokers*, and higher among *quitters* and *emphatic non-smokers*.

When we look at who they asked to stop smoking, we continue in 1996 to see a pattern different from that described in the preceding section: more report having asked some unrelated person (particularly a friend) to stop smoking than have asked a relative to do so (55% vs. 45%, respectively). Nonetheless, we do see an increase in the attention paid to family in this regard in 1996 relative to 1995:

	1995	1996
	%	%
Asked relative to stop smoking	38	45
Asked someone unrelated to stop smoking	62	55

Beyond this point, we are limited in what we can do analytically because of base sizes. Specifically, it is necessary to collapse the three smoking groups into one "smoker" group, resulting in the following 4 groups:

Smokers
Quitters
Susceptible non-smokers
Emphatic non-smokers

Across these 4 groups there were some differences:

- -- *Smokers* were less likely than total teens to request a parent to stop smoking, and more likely to ask a brother or sister not to smoke.
- -- *Quitters* and *susceptible non-smokers* were far more likely to turn their attention to friends than family members, which in the case of *quitters* represents a significant increase since 1995 (56% vs. 81% in 1996, asked a friend not to smoke).
- -- *Emphatic non-smokers* were equally likely to ask a relative to stop smoking (51%) as they were to ask someone unrelated to them to do so (49%). This is a changed profile from 1995, at which time they were more likely to make this request of unrelated people (62%).

The majority of teens (66%) report that they were not successful in getting the person to stop, with no difference in success rate evident across the 4 groups. This represents a change from last year when we saw more *smokers* than *non-smokers* report success in getting someone else to stop smoking (50% in 1995 vs. 34% in 1996).

The primary motivation among teens (in all smoking continuum groups) in asking someone else not to smoke was concern about that person's health (58%), followed by personally finding tobacco smoke irritating (16%), or wanting to protect one's own health (12%).

The only differences noted among the various groups were for *smokers* -- more of them are concerned about protecting the health of children (14% vs. 3% of total teens and less concerned about their own health (5% vs. 12% of total teens). There are no changes since 1995.

Teens vs. Adults

More teens than adults say they have asked someone not to smoke in the past 6 months (50% vs. 37%), with no difference in the proportion who have asked someone related or unrelated to them to stop smoking. However, more teens than adults asked a friend not to smoke (52% of teens vs. 37% of adults), whereas more adults than teens asked "some other unrelated person" (probably a stranger) not to smoke (15% of adults vs. 3% of teens).

By virtue of the age difference, it is not surprising that when they asked a related person not to smoke, the identity of that related person tended to differ between the two groups: for example, 12% of adults asked a spouse or partner not to smoke vs. 1% of teens, and 28% of teens asked a parent not to smoke vs. 9% of adults.

With regard to their relative success in getting the person to stop smoking, adults reported more success than did the teens (53% of the adults said the person stopped smoking vs. 35% of the teens).

The three most important reasons for asking someone not to smoke were identical for teens and adults, although the relative proportions were somewhat different:

	Teens	Adults
You are concerned about the person's health	58%	34%
You find tobacco smoke irritating	16%	23%
You want to protect your own health	12%	16%

Adults also put far more emphasis on protecting children as a motivation for asking someone to stop smoking than do teens (3% of teens vs. 16% of adults).

TABLE 13:
SOCIAL INFLUENCES ON SMOKING

	Total Adults	Total Teens	Smokers			Quitters	Non-Smokers	
			Emphatic	Regular/ Quitting	Occas.		Suscept.	Emphatic
	2,158	1,002	104	114	60	76	230	418
	%	%	%	%	%	%	%	%
% saying people in close family smoke	**58**	[66]	[86]	[89]	80 ↑	76	68	(61)
% saying friends who smoke say they (friends) should quit	**73**	(55)	[77]	[90]	[73]	[76]	59	(47)
% saying friends don't smoke	**11**	[24]	--	--	--	1	(17)	[33]
How would best friend feel about you smoking 1 or more packs per day?								
Tell you to stop	**NA**	**54**	(19)	(37)	(30)	(30)	53	[60]
Disapprove	**NA**	**21**	28	30 ↑	[37]	24	22	19
Don't care	**NA**	**24**	[53]	33 ↑	33	[46]	25	20 ↓
If you lit up a cigarette in front of your parents, how would they react?								
Tell you to stop	**NA**	**74**	(23)	(34)	(27)	(57)	79	[82]
Disapprove	**NA**	**20**	[38]	[29]	[55]	31 ↑	19	(16)
Don't care	**NA**	**6**	[39]	[36]	[19]	12 ↑	(2)	(2)

TABLE 14:
SOCIAL INFLUENCES ON SMOKING

	Total Adult Smokers	Total Teen Smokers	Teen Smokers		
			Emphatic	Regular/ Quitting	Occasional
	860	278	104	114	60
	%	%	%	%	%
% saying someone has asked them to stop smoking in the past 6 months	60	[72]	77	75	59 ↓
Base: Those who have been asked not to smoke	500	191	76	82	33
	%	%	%	%	%
Who most recently asked them not to smoke:					
Total Related	**59**	**62**	**68**	**60**	**59**
Parent	11	[46]	46	46	45
Brother/sister	4	2	3	1	4
Spouse/partner	21	9	13	9	1
Child	19	(--)	--	--	--
Other relative	5	5	5	4	9
Total Unrelated	**41**	**38**	**33**	**40**	**42**
Friend	23	[33]	31	33	39
Other unrelated person	18	(5)	2	7	3
Action Taken					
Did not stop smoking	45	40	44	40	33
Cut down on smoking	38	[53]	53	49	63
Stopped smoking	17	(7)	3	11	4

TABLE 15:
RESPONDENT INITIATED REQUEST TO SOMEONE NOT TO SMOKE

	Total Adults	Total Teens	Smokers: Emphatic	Smokers: Regular/ Quitting	Smokers: Occas.	Quitters	Non-Smokers: Suscept.	Non-Smokers: Emphatic
	2,158	1,002	104	114	60	76	230	418
	%	%	%	%	%	%	%	%
% who have asked someone not to smoke in past 6 months	37	[50]	(21)	40 ↓	40	56	47	54 ↑
***Base:** Asked someone not to smoke*	769	474		Total Smokers 85		41	109	239
Who asked to stop smoking:	%	%		%		%	%	%
Total Related	48	45		41		(19)	36 ↓	51
Parent	9	[28]		17 ↓		(9)	26	32 ↑
Brother/sister	7	5		[15]		7	3	4
Spouse/partner	12	1		1		4	1	1
Child	9	(--)		3		--	--	--
Other relative	10	11		7		--	6	14
Total Unrelated	52	55		59		[81]	64 ↑	(49)
Friend	37	[52]		55		[81]	62 ↑	(45)
Other	15	(3)		4		--	2	4

TABLE 15 (Cont.):
RESPONDENT INITIATED REQUEST TO SOMEONE NOT TO SMOKE

					Non-Smokers	
	Total Adults	Total Teens	Total Smokers	Quitters	Suscept.	Emphatic
Base: *Asked someone not to smoke*	769 %	474 %	85 %	41 %	109 %	239 %
Outcome of request not to smoke						
Person did not stop smoking	47	[66]	66	72	61	66
Person stopped smoking	53	(35)	34	28	39	34
Most important reason for asking not to smoke						
You are concerned about person's health	34	[58]	63	58	65	55
You find tobacco smoke irritating	23	(16)	15	13	11	19
You want to protect your own health	16	12	5 ↓	16	9	13
You personally object to smoking	7	6	--	9	4	8
You want to protect non-smokers	5	5	3	3	7	4
You want to protect children	16	(3)	[14]	--	3	2

PRICING

We asked several questions related to the drop in the price of cigarettes in February 1994. All study participants were asked the first question below, and all smokers were asked the second question as well:

1) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that . . .

   More people are smoking
   Less people are smoking
   There has been no change in the number of people you see smoking?

2) And what about you? Would you say that you are smoking more, less or about the same now as you were before the drop in the price of cigarettes?

Teens (Reference: Table 16)

Among total teens, 59% believe that more people are smoking now as a result of the cigarette price drop in February 1994. Of the remainder, 34% believe that there has been no change in the number of smokers, and 5% believe that there are now fewer people smoking. This has not changed in any way since 1995.

Perceptions of the impact of the price drop vary as a function of smoking status:

-- More *smokers* (48% - 56%) believe that there has been no change in the number of smokers since the price drop in February 1994 than believe that the number of smokers has increased (42% - 50%).

-- By contrast, *non-smokers* (including *quitters*) are more likely to believe they have seen an increase in the number of smokers as a result of the price drop (58% - 64%) than no change (29% - 35%).

When asked about their own smoking behaviour as a result of the price drop, the majority of smokers said they are smoking about the same amount (57%). Of the remainder, 16% said they are smoking less, and 27% say they are smoking more.

Although there are no statistical differences between the levels of smoking reported in 1995 and 1996, nonetheless, we see a widening in the gap between those who say they are smoking less vs. those who say they are smoking more. In other words, in 1995 almost as many teens said they smoked more (20%) as said they smoked less (18%). In 1996, the evidence is that teens are smoking more -- i.e., 27% say they are smoking more, while 16% say they are smoking less. This change is traceable to the *regular smokers thinking of quitting*, more of whom report smoking more cigarettes this year than last (34% vs. 18% in 1995), and relative to other teen smokers at 27%.

Teens vs. Adults

More teens than adults perceive the impact of the February 1994 price drop in cigarettes to have resulted in "more people smoking" (59% of teens vs. 33% of adults), and fewer teens believe that "fewer people are now smoking" (5% of teens vs. 10% of adults).

Among smokers, more teens than adults say they are smoking more as a result of the price drop (27% of teens vs. 6% of adults), and fewer say that they are smoking about the same (57% of teens vs. 76% of adults).

TABLE 16:
PERCEIVED IMPACT OF FEBRUARY 1994 PRICE DROP

			Smokers				Non-Smokers	
	Total Adults	Total Teens	Emphatic	Regular/ Quitting	Occas.	Quitters	Suscept.	Emphatic
	2,158	1,002	104	114	60	76	230	418
	%	%	%	%	%	%	%	%
Perception of # of People Smoking								
No change in # smoking	51	(34)	[56]	[48]	[53]	29	30	35
More people are smoking	33	[59]	(42)	50 ↓	45 ↓	62	64	58
Less people are smoking	10	(5)	1 ↓	3	2	9	5	5
Don't know	6	(2)	3	--	--	--	2	2
Personal Smoking Behaviour								
Base: Smokers	860	278	104	114	60			
	%	%	%	%	%			
Smoking about the same	76	(57)	[67]	48 ↓	61			
Smoking less	18	16	12	18	19			
Smoking more	6	[27]	21	34 ↑	21			

ADVERTISING

In this chapter, we look at the impact of the anti-smoking advertising campaign on teens, separately for those in English Canada and those in Québec.

For reference, we list below the various advertising-related questions that were asked.

Unaided Advertising Awareness

1) The next few questions are about advertising. Thinking about advertising on television, have you seen any ads about not smoking cigarettes recently? (yes or no)

2) Please tell me everything you can remember about the last advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show?

3) What was the ad trying to tell you about smoking?

4) Have you seen any other ads about not smoking cigarettes recently? (yes or no)

5) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show?

6) What was the ad trying to tell you about smoking?

Aided Advertising Awareness

1) I am going to read you a description of several different TV ads about not smoking cigarettes that are sponsored by Health Canada. For each one, I'd like you to tell me whether you have seen it or not.

This TV ad shows the inside of a cancerous lung. The announcer talks about the many hazardous chemicals the lung has inhaled from tobacco smoke. Very laboured breathing is heard throughout the ad. At the end of the commercial, the announcer tells us that the lung belongs to a non-smoker.

This TV ad shows various bottles of poisons and toxic chemicals. Each poison or chemical is labeled as being "light", "ultra light", or "extra mild". Beautiful music plays in the background. The ad then shows a package of light cigarettes, and the announcer says no matter what they are called they will still kill you.

This TV ad shows people who suffer from various illnesses like coronary disease, lung cancer, emphysema and asthma. Through each of these scenes there is a hazy smoke that can be seen. The announcer explains that these people are all non-smokers who suffer from the effects of second-hand smoke.

Reaction to the Advertising

1) For each statement I read you, please tell me if you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that it describes this ad.

   It told you something you didn't know.
   What it said and showed had meaning to you personally.
   You are getting tired of seeing it.

2) Please indicate to what extent you agree or disagree with each of the following statements. (4-point scale)

   The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads.
   The ads very clearly get across the need to respect the health of non-smokers.
   The ads have successfully brought out the issue of the harmfulness of tobacco.
   The ads discourage young people from starting to smoke.
   The ads make you think smoking is a serious health issue for Canadians.
   The ads increase your concerns about the dangers of smoking.

3) Do you think these ads made people stop and think about the harmful effects of smoking cigarettes . . .

   For smokers themselves?
   For children and infants around smokers?
   For others around smokers?

4) What would you say is the likely influence of ad(s) like this/these on people like yourself? Would this/these ad(s) influence someone like yourself to want to . . .

   Not start smoking
   Stop smoking
   Cut down on smoking
   Start smoking
   Keep on smoking
   Keep on smoking but change where I smoke
   No influence at all

5) I am going to read to you a list of possible reactions people might have to these ads. Which, if any, applies to you after seeing it/them?

   It has made it easier to quit smoking
   It has made it easier to cut down on smoking
   It has made it easier not to start smoking
   It has helped in my choice not to smoke
   No influence at all

Dialogue about Smoking Resulting from Seeing Ads

1) As a result of these ads, have you talked to someone about smoking and the potential problems smoking can cause? (yes or no)

2) Who were these people? (Both smokers and nonsmokers, Smokers only, Nonsmokers only)

We have also included in this section, any differences noted in attitudes and beliefs about smoking held by those aware of advertising vs. those not aware of advertising.

ENGLISH CANADA

UNAIDED AWARENESS OF ADVERTISING (Reference: Tables 17 - 27)

Total Teens

Sixty-three percent of teens claimed to have seen any anti-smoking advertising.

On a proven recall basis (that is when we can clearly identify that indeed people have seen particular ads based on their ability to describe them), there does not appear to be one single ad that stands out. The highest recall level reported is at 11% for the 1995 Health Canada "*Cocktail*" commercial, followed by "*Poisons*" from this year's campaign at 8%. The most frequently recalled ads are shown below:

	Total
	%
"Cocktail"	11
"Poisons"	8
Lung Association	6
"School Yard"	5
"Girl in Mirror" (Ontario ad)	5
"Not Much"	5
"Lungs"	3

All other ads, including "*Vignettes*" (the third ad in the 1996 Health Canada campaign), show proven recall levels of 2% or less among teens in English Canada.

There are a couple of points we would like to make about the unaided advertising recall results:

- By region, there is no difference in either claimed advertising recall overall or for "proven recall" levels for any of Health Canada's ads from this year's campaign or from previous years. The few differences noted are that more teens in Ontario than in the rest of Canada recall the "*Girl in Mirror*" ad, whereas more outside of Ontario demonstrate "proven recall" for the *Lung Association* commercial.

- By smoking continuum group, we note the following differences:

  ◊ Relative to total teens, the "*Poisons*" execution had higher proven recall among *regular smokers thinking of quitting* (15%) and *quitters* (16%).

  ◊ Two ads from Health Canada's 1995 campaign also performed better among some groups than others:

-- "*Cocktail*": higher "proven recall" among *emphatic smokers* (25%), *occasional smokers* (24%) and *regular smokers thinking of quitting* (18%)
-- "*Not Much*": higher "proven recall" among *quitters* (12%)

◊ Ontario's ads were also more memorable among certain groups of teens -- "*Girl in Mirror*" shows higher proven recall among *emphatic* and *occasional smokers* (13% each), and the "*Pool of Chemicals*" commercial among *emphatic smokers* (4%).

Tables 19 - 27 show the actual elements of each ad recalled, divided into content recall (what was said and shown) and message -- i.e., what people believe to be the main idea that was being communicated in the ad.

Teens vs. Adults

More teens than adults claim to have seen any advertising. As well, we see higher proven recall levels among teens for the following ads -- "*Poisons*", "*Cocktail*", and the Lung Association.

TABLE 17
UNAIDED ADVERTISING AWARENESS
-- English Canada: Teens --

	Total	Ont.	ROC
Base: Total Respondents	652	327	325
	%	%	%
Claimed to have seen any advertising	63	65	61
Proven Recall			
Health Canada *1996* Campaign			
Poisons	8	8	7
Lungs	3	3	4
Vignettes	2	4	2
Health Canada *1995* Campaign			
Cocktail	11	13	9
Not Much	5	5	4
Health Canada Other			
School Yard	5	6	3
Ontario			
Girl in Mirror	5	8	(2)
Pool of Chemicals	1	3	**
Quebec			
Getting Hooked	2	2	3
Maritimes			
Pregnant Woman	2	**	3
Lung Association	6	3	[9]

TABLE 18:
UNAIDED ADVERTISING AWARENESS
-- English Canada --

	Total Adults	Total Teens	Smokers				Non-Smokers	
			Emphatic	Regular/ Quitting	Occas.	Quitters	Suscept.	Emphatic
Base: Total Respondents	1,526	652	65	78	37	44	137	291
	%	%	%	%	%	%	%	%
Claimed to have seen any advertising	**52**	63	**69**	**74** ↑	**55**	**56**	**60**	**63**
Proven Recall								
Health Canada *1996* Campaign								
Poisons	5	8	4	15 ↑	--	16 ↑	6	8
Lungs	2	3	--	5	6	4	4	3
Vignettes	2	2	4	--	--	--	5	2
Health Canada *1995* Campaign								
Cocktail	7	11	25	18 ↑	6	24	12	9
Not Much	4	5	--	5	--	12 ↑	6	4
Health Canada Other								
School Yard	6	5	8	5	6	--	6	4

TABLE 18:
UNAIDED ADVERTISING AWARENESS (Cont'd)
-- English Canada --

	Total Adults	Total Teens	Smokers				Non-Smokers	
			Emphatic	Regular/ Quitting	Occas.	Quitters	Suscept.	Emphatic
Base: Total Respondents	1,526	652	65	78	37	44	137	291
	%	%	%	%	%	%	%	%
Ontario								
Girl in Mirror	5	5	[13]	5	13 ↑	4	7	3
Pool of Chemicals	2	1	[4]	3	1	4	1	1
Quebec								
Getting Hooked	3	2	4	3	--	--	3	2
Maritimes								
Pregnant Woman	2	2	--	3	6	4	1	2
Lung Association	3	[6]	4	10	6	4	3	8

TABLE 19:
ELEMENTS/MESSAGES RECALLED FOR "POISONS"*
- 1996 -

	Total Adults	Total Teens	English Canada	Québec
Base: Those recalling ad	121	89	57	32**
	%	%	%	%
Content				
Shows bottles of poisons/chemicals labeled light, mild, extra light	90	91	88	94
Shows pack of cigarettes labeled extra light and says no matter what they are labeled they will still kill you	78	81	77	88
Message				
Smoking will kill you/suck the life right out of you	38	30	33	25
Smoking is bad/dangerous/unhealthy	35	42	35	53
Cigarettes contain poisons/tar/toxins	27	25	23	28
Cigarettes are full of chemicals	23	33	35	28
Don't start smoking/say no	9	7	11	--
Smoking causes heart/lung/respiratory diseases	7	***	***	***
Smoking is like drinking poisons/chemicals	6	***	***	--

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 20:
ELEMENTS/MESSAGES RECALLED FOR "LUNGS"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	56	42**
	%	%
Content		
Shows blackened lungs of non-smokers	100	100
Message		
Second-hand smoke is bad/unhealthy for babies/children/people	34	52
Smoking is bad/dangerous/unhealthy	32	40
Smoking causes heart/lung/respiratory diseases	20	***
Don't start smoking/say no	9	26 ↑
Smoking will kill you/suck the life right out of you	9	5
If you smoke, quit	7	12
Second-hand smoke causes heart/lung/respiratory diseases	***	7
Smoking causes cancer	***	7
Second-hand smoke causes cancer	***	7

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 21:
ELEMENTS/MESSAGES RECALLED FOR "VIGNETTES"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	45**	30**
	%	%
Content		
Shows a man, a woman , a girl, and a baby with chronic diseases -- all non-smokers	80	87
Shows a woman in a restaurant smoking and eating at the same time	18	13
Message		
Second-hand smoke is bad/unhealthy for babies/children/people	62	50
Smoking is bad/dangerous/unhealthy	16	43
Don't start smoking/say no	16	10
Second-hand smoke causes cancer	11	7
Second-hand smoke causes heart/lung/respiratory diseases	11	10
Smoking is dumb/makes you look dumb	7	***
Smoking is not cool/glamorous	7	***
Second-hand smoke can kill	***	7

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 22:
ELEMENTS/MESSAGES RECALLED FOR "COCKTAIL"*
- 1996 -

	Total Adults	Total Teens	English Canada	Québec
Base: Those recalling ad	219	139	85	54
	%	%	%	%
Content				
Shows man drinking glass of cigarette juices -- he blows out smoke	62	[81]	81	80
Shows man in bar squeezing cigarettes into a glass	62	[77]	73	82
Shows man in bar squeezing cigarettes into his hand to make tobacco juice	35	(17)	19	15
Message				
Smoking is bad/dangerous/unhealthy	32	42	37	45
Cigarettes contain poisons/tars/toxins	30	32	27	40
Smoking is like drinking poisons/chemicals	24	19	22	15
Cigarettes are full of chemicals	20	[33]	29	38
Smoking is dirty/repulsive/ugly	13	8	9	5
Smoking will kill you/suck the life right out of you	11	6	7	7
Smoking causes heart/lung/respiratory diseases	8	***	5	***
Don't start smoking/say no	7	13	16	7
If you smoke, quit	5	***	6	***

* *Major Mentions*
*** *Less than 5%*

TABLE 23:
ELEMENTS/MESSAGES RECALLED FOR "NOT MUCH"*
- 1996 -

	Total Adults	Total Teens	English Canada	Québec
Base: Those recalling ad	109	69	34**	35**
	%	%	%	%
Content				
Shows baby in a crib and shows smoke coming under door and through keyhole into baby's room	87	83	68	97
Shows baby's parents starting to smoke again -- ½ pack a day	53	68 ↑	62	74
Says by the time the baby is a year old he will have inhaled smoke from 7,000 cigarettes	24	30	35	23
Message				
Second-hand smoke is bad/unhealthy for babies/children/people	78	75	71	80
Smoking is bad/dangerous/unhealthy	15	14	21	9
Don't start smoking/say no	6	10	12	9
Second-hand smoke can kill	5	7	6	6
Smoking will kill you/suck the life right out of you	***	***	***	9
Smoking causes heart/lung/respiratory diseases	***	***	***	9
Smoking causes cancer	***	***	***	9

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 24:
ELEMENTS/MESSAGES RECALLED FOR "SCHOOL YARD"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	118	40**
	%	%
Content		
Shows girl turning into cigarette when she lights up	60	43
Shows youths in school -- the one smoking turns into a cigarette	27	35
Shows youth/teens in schoolyard playing basketball	20	30
Shows girl throwing cigarette into garbage	5	5
Message		
Smoking is bad/dangerous/unhealthy	40	53
Don't start smoking/say no	23	25
Smoking is not cool/glamorous	19	23
Smoking makes you stink/gives you bad breath	10	***
Don't need to smoke to have fun/personal decision	9	***
Smoking is addictive/will get you hooked	8	5
Smoking will kill you/suck the life right out of you	7	--
If you smoke, quit	5	8
Smoking is dirty/repulsive/ugly	5	5
Smoking causes cancer	***	5
Other		
Ads are aimed at young people	15	--
Message from Health Canada	7	--

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 25:
ELEMENTS/MESSAGES RECALLED FOR "GIRL IN MIRROR"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	80	38**
	%	%
Content		
Shows girl smoking and looks in mirror -- she turns old and ugly	100	100
Message		
Smoking is bad/dangerous/unhealthy	44	24 ↓
Smoking ages you/shortens your life	34	42
Smoking will kill you/suck the life right out of you	24	32
Don't start smoking/say no	16	34 ↑
Smoking is not cool/glamorous	8	***
Smoking causes heart/lung/respiratory diseases	6	--
Smoking makes you stink/gives you bad breath	5	***
Smoking is addictive/will get you hooked	***	5
Other		
Ads are aimed at young people	9	5

* *Major Mentions*
** *Caution: small base size*
*** *Less than 5%*

TABLE 26:
ELEMENTS/MESSAGES RECALLED FOR "GETTING HOOKED"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	323	165
	%	%
Content		
Shows teen saying she doesn't want to get/stay hooked	52	62 ↑
Shows teen walking; one girl asks another for a smoke and she says I don't smoke/not cool	43	61
Shows youths on hooks smoking	41	42
Shows teens talking about not smoking/how it can harm you	12	10
Shows girls saying I don't have to smoke to have fun	5	7
Message		
Smoking is addictive/will get you hooked/create a dependency	36	28
Don't start smoking/say no	33	34
Smoking is bad/dangerous/unhealthy	20	25
Don't want to start smoking/will get hooked	20	25
Don't need to smoke to have fun/personal decision	11	8
If you smoke, quit	***	7
Smoking is not cool/glamourous	***	7
Other		
Ads are aimed at young people	14	***

* *Major Mentions*
*** *Less than 5%*

TABLE 27:
ELEMENTS/MESSAGES RECALLED FOR "LUNG ASSOCIATION"*
- 1996 -

	Total Adults	Total Teens
Base: Those recalling ad	57	50
	%	%
Content		
Shows mother in wheelchair smoking and coughing with daughter watching	74	94
Shows smoking is the #1 killer in Canada -- it kills 40,000 people a year	26	***
Message		
Smoking is bad/dangerous/unhealthy	42	48
Don't start smoking/say no	33	48
Smoking will kill you/suck the life right out of you	16	24
Second-hand smoke is bad/unhealthy for babies/children/people	16	12
Smoking causes heart/lung/respiratory diseases	12	***
If you smoke, quit	7	12
Smoking causes cancer	***	18
Smoking is addictive/will get you hooked	***	6
Other		
Ads are aimed at young people	9	--

* *Major Mentions*
*** *Less than 5%*

AIDED AWARENESS OF ADVERTISING (Reference: Tables 28 - 30)

Total Teens

After being read a description of each of the three ads in the 1996 Health Canada anti-smoking campaign, 72% of teens in English Canada indicate they have seen at least one of the ads, and 7% indicate they recall seeing all three.

Of the three ads, "*Lungs*" and "*Poisons*" at 41% and 39%, respectively are better recalled than the "*Vignettes*" spot.

This represents a large drop from 1995, at which time 96% of English-Canadian teens said they had seen one or more of the television ads.

Region

More teens living outside of Ontario claim to have seen any of the 1996 Health Canada ads, particularly the "*Lungs*" commercial.

Smoking Continuum Groups

There are only a few differences between the average we have reported for total teens in 1996 and the smoking continuum groups:

- -- Fewer *regular smokers thinking of quitting* claim to have seen any of the 1996 ads in general, and in particular the "*Lungs*" ad.
- -- Fewer *occasional smokers* also recalled seeing the "*Lungs*" ad.

The overall picture is as we have noted for adults -- i.e., in every smoking continuum group there is a large drop in awareness over the two measurement periods.

Teens vs. Adults

More teens than adults were aware of the advertising campaign in general, and demonstrated higher recall levels for each of the three ads. As well, more teens than adults reported having seen the entire campaign -- that is all 3 commercials.

TABLE 28
TOTAL ADVERTISING AWARENESS
-- English Canada: Teens --

	Awareness of Any	
	1995	1996
	%	%
Total Teens	***96***	***72***
Smoking Continuum:		
Emphatic smokers	94	69
Regular smokers/thinking of quitting	100	62
Occasional smokers	91	75
Former smokers	96	75
Susceptible non-smokers	97	72
Emphatic non-smokers	95	72

TABLE 29
TOTAL ADVERTISING AWARENESS
-- English Canada: Teens --

	Total	Ont.	ROC
Base: Total Respondents	652	327	325
	%	%	%
Aware of any 1996 Health Canada ad	**72**	**66**	**77**
Aware of all 3 ads	**7**	**5**	**10** ↑
Lungs	41	34	46
Poisons	39	37	40
Vignettes	33	32	33

TABLE 30:
TOTAL ADVERTISING AWARENESS
-- English Canada --

	Total Adults	Total Teens	Smokers			Quitters	Non-Smokers	
			Emphatic	Regular/ Quitting	Occas.		Suscept.	Emphatic
Base: Total Respondents	1,526 %	652 %	65 %	78 %	37 %	44 %	137 %	291 %
Aware of any 1996 Health Canada ads	47	[72]	69	62 ↓	75	75	72	72
Aware of all 3 ads	4	[7]	9	7	1	5	9	7
Lungs	24	[41]	31	28 ↓	22 ↓	30	42	43
Poisons	23	[39]	47	42	38	39	39	38
Vignettes	21	[33]	26	26	31	31	37	32

REACTION TO THE ADVERTISING: Overview

Overall, despite the significant drop in advertising awareness levels, the 1996 campaign performed as well as the 1995 anti-smoking campaign on all key measurements.

REACTION TO THE ADVERTISING: Intended Messages/Sponsorship (Reference: Tables 31a - 31b)

Total Teens

The ads are seen by most teens to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	93%	68%
The ads increase your concerns about the dangers of smoking	92%	65%
The ads have successfully brought out the issue of the harmfulness of tobacco	91%	64%
The ads very clearly get across the need to respect the health of non-smokers	91%	61%

While the majority of teens also agree that "*The ads discourage young people from starting to smoke*", they are deemed to be less successful in doing so (80% "agree", of which 43% "agree a lot").

Importantly, most see Health Canada as a credible source for these types of messages: 92% agree (65% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*. And in this regard, the 1996 campaign rates higher than the 1995 ads (57% "agreed a lot" with this item in 1995).

Smoking Continuum Groups

Distinctive differences for each of the groups are summarized below. Please note that to permit reliable base sizes for analysis, the smoker and quitter groups have been collapsed, and the analysis is based on 3 groups:

Smokers/quitters
Susceptible non-smokers
Emphatic non-smokers

- **Smoker/Quitters**

  The only difference between this group and total teens is that fewer of them "agree a lot" that:

  "The ads make you think smoking is a serious health issue for Canadians"

  "The ads increase your concerns about the dangers of smoking".

  Relative to their rating of the 1995 campaign, more this year felt the ads have brought out the harmfulness of tobacco (48% in 1995 vs. 60% in 1996), and the need to respect the rights of non-smokers (41% in 1995 vs. 58% in 1996). As well, there is less suspicion of Health Canada's reasons for sponsoring these ads -- 38% "agreed a lot" in 1995 vs. 51% in 1996 that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads".*

- **Susceptible Non-Smokers**

  Susceptible non-smokers show lower agreement than total teens that the ads have successfully communicated the harmfulness of tobacco or that smoking is a serious health issue.

  Compared to last year, the 1996 campaign is better rated by this group on getting across the need to respect the health of non-smokers (45% "agreed a lot" for the 1995 campaign vs. 59% this year).

- **Emphatic Non-Smokers**

  Emphatic non-smokers are significantly more likely than average to agree that the ads have successfully communicated the harmfulness of tobacco and that smoking is a serious health issue. More than any of the other groups, emphatic non-smokers indicate that the 1996 ads have increased their concerns about the dangers of smoking.

  This group demonstrates the strongest belief in Health Canada's motivations for sponsoring these ads, and in fact more of them do so in 1996 -- 59% "agreed a lot" in 1995 vs. 72% in 1996.

Teens vs. Adults

In terms of communicating their intended messages, the ads performed equally well among teens and adults. And importantly, more teens than adults felt that *"The ads discourage young people from smoking"* (29% of adults "agree a lot" vs. 43% of teens).

The only area where teens are below adults is on agreement about Health Canada's motivation for sponsoring these ads; and although this difference is significant, it is also quite small in absolute terms.

TABLE 31a
% WHO "AGREE A LOT" WITH STATEMENTS ABOUT ADS
-- English Canada: Teens --

	1995	1996
Base: Aware of Ads	607	454
	%	%
The ads make you think smoking is a serious health issue for Canadians	N/A	68
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	57	65
The ads increase your concerns about the dangers of smoking	N/A	65
The ads have successfully brought out the issue of the harmfulness of tobacco	58	64 ↑
The ads very clearly get across the need to respect the health of non-smokers	52	61
The ads discourage young people from starting to smoke	N/A	43

TABLE 31b
% WHO "AGREE A LOT" WITH STATEMENTS ABOUT ADS
-- English Canada --

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Base: Aware of Ads	732	454	153	97	204
	%	%	%	%	%
The ads make you think smoking is a serious health issue for Canadians	71	68	(54)	(55)	[77]
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	71	65 ↓	(51)	58	[72]
The ads increase your concerns about the dangers of smoking	60	65	(46)	60	71 ↑
The ads have successfully brought out the issue of the harmfulness of tobacco	69	64	60	54 ↓	70 ↑
The ads very clearly get across the need to respect the health of non-smokers	61	61	58	59	63
The ads discourage young people from starting to smoke	29	[43]	39	35	48

REACTION TO THE ADVERTISING: Ad Diagnostics (Reference: Tables 32a - 32b)

Total Teens

Between 42%-51% of teens "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 25%-40% also indicated that this represented new learning.

These results clearly indicate that the 1996 campaign imparted new information and has done so in a way that people consider to be of personal value. This is not an insignificant result. In an environment where anti-smoking messages in general are not new, and one which is also crowded with other campaigns (provincial/regional), it becomes increasingly difficult to be "newsworthy" and relevant.

Further supportive of these positive results, is that only between 8%-15% of teens "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.

There is only one difference in how teens respond to the three ads, and that is more of them indicate that "*Vignettes*" contained information that was new to them than either "*Lungs*" or "*Poisons*".

Smoking Continuum Groups

- **Smokers/Quitters**

  More in this group say that they are tired of seeing the "*Poisons*" and "*Lungs*" ads. When it comes to "new learning", they rate all 3 ads as being equivalent in imparting new information; however relative to other groups, they rate both the "*Lungs*" and "*Vignettes*" lower in this regard.

  We see a similar pattern in how this group responds to the "relevance" question -- all 3 ads are rated similarly (i.e., 33%-34% agreeing that what it said and showed was personally relevant); however, compared to the other groups, they rate both the "*Lungs*" and "*Vignettes*" executions less favourably.

- **Susceptible Non-Smokers**

  The only difference noted relative to teens in general is for the "*Vignettes*" ad. While more in this group agree that this particular commercial told them something "new", more also indicate that they are tired of seeing it.

- **Emphatic Non-Smokers**

  The results for this group closely parallel those for teens in general except that fewer emphatic non-smokers say that they are tired of seeing the "*Vignettes*" commercial.

Teens vs. Adults

More teens than adults felt that both the "*Lungs*" and "*Vignettes*" ads told them something new -- 21% for adults vs. 31% for teens for "*Lungs*"; 15% for adults vs. 40% for teens for "*Vignettes*".

TABLE 32a
% WHO "AGREE A LOT" WITH DIAGNOSTIC STATEMENTS ABOUT ADS
-- English Canada: Teens --

	Lungs	Poisons	Vignettes
Base: Aware of Ads	255	239	215
	%	%	%
What it said and showed had meaning to you personally	50	42	51
It told you something you didn't know	31	25	40
You are tired of seeing it	8	15	14

TABLE 32b:
% WHO "AGREE A LOT" WITH DIAGNOSTIC STATEMENTS ABOUT ADS
-- English Canada --

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Poisons	387 %	239 %	83 %	49 %	107 %
What it said and showed had meaning to you personally	49	42	34	46	41
It told you something you didn't know	20	25	20	33	22
You are tired of seeing it	11	15	[32]	7	15
Lungs	360 %	255 %	72 %	63 %	120 %
What it said and showed had meaning to you personally	46	50	(33)	56	51
It told you something you didn't know	21	[31]	20 ↓	36	31
You are tired of seeing it	11	8	[27]	9	5
Vignettes	333 %	215 %	74 %	50 %	91 %
What it said and showed had meaning to you personally	50	51	(33)	53	54
It told you something you didn't know	15	[40]	(20)	52 ↑	37
You are tired of seeing it	14	14	13	[27]	(6)

REACTION TO THE ADVERTISING: Influence of Ads
(Reference: Tables 33a - 35b)

Total Teens

Of the teens who saw the advertising, 95% said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 69% said it made them consider all of these groups.

The ads were most successful in getting teens to consider the harmful effects of tobacco on children and infants (87%), followed by others around smokers (82%) and smokers themselves (80%).

When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 82% -- indicate the ads would have some influence. And somewhat fewer, albeit a majority -- 75% -- indicate that the ads had some influence on themselves personally.

The results in 1996 represent the status quo, with only one small difference noted between the two campaigns. More teens in 1996 than in 1995 believe these series of ads will influence people like themselves to stop smoking (17% in 1995 vs. 22% in 1996).

Smoking Continuum Groups

- **Smokers/Quitters**
  - -- 94% felt the ads would make people stop and think about the detrimental effects of smoking.

    With respect to the likelihood of considering the harmful effects of tobacco on the specific target groups, this group showed the same level of agreement as total teens.
  - -- Given the strong beliefs held by this group on the benefits of smoking, it is very promising to see that the majority say the ads will influence others "like themselves" (64%), either to cut down on smoking (28%) or to stop smoking (25%). The latter represents a change from last year's campaign when only 15% felt the impact on others would be to stop smoking.
  - -- An equivalent number say these ads will have some personal influence (64%), an increase from 46% in 1995. The single influence most often mentioned by this group (36%) is that *"It has made it easier to cut down on smoking"*.

    There are a number of differences in how this group believes the 1996 ads will influence them personally compared to their response to the 1995 campaign:

	1995	1996
Some Influence	46%	64%
It has helped in my choice/made it easier not to smoke	8%	19%
It has made it easier to cut down on smoking	11%	36%
It has made it easier to quit smoking	27%	10%

- **Susceptible Non-Smokers**
  - -- There is no difference between this group and total teens on their assessment of the stopping power of these ads. And, in fact more this year than last feel the campaign will make people stop and think about the harmful effects of smoking cigarettes for infants and children around smokers (80% in 1995 vs. 90% in 1996).
  - -- 79% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (39%).
  - -- The majority -- 77% -- say the ads have influenced them personally, with 66% saying the ads influenced them not to start smoking.
  - -- There is no difference between the rating of the two campaigns on either influence on others or personal influence.

- **Emphatic Non-Smokers**
  - -- There is no difference between this group and total teens on how they evaluate the ability of the ads to get people to stop and think about the harmful effects of smoking cigarettes.
  - -- The majority of emphatic non-smokers believe the ads will influence others (87%), particularly not to start smoking (61%), and slightly fewer (76%) say the ads have had a personal influence on them -- namely, to reinforce their decision not to smoke (73%).
  - -- These results represent the status quo from 1995.

Teens vs. Adults

Almost all of the teens and adults said the ads made them "stop and think" about the harmful effects of smoking cigarettes for at least one of the three different target groups. More teens than adults, however, felt that the ads made them consider all 3 of these groups (69% of teens vs. 63% of adults). This difference is probably traceable to the higher proportions of teens who said the ads got across the detriments of smoking for smokers themselves.

When it comes to the likely influence of the ads personally and on people "like themselves", more teens than adults felt that the ads would have a positive effect.

TABLE 33a
% AGREEING ADS *HAVE MADE PEOPLE STOP AND THINK ABOUT HARMFUL EFFECTS OF SMOKING CIGARETTES*
-- English Canada: Teens --

	1995	1996
Base: Aware of Ads	607	454
	%	%
For children and infants around smokers	86	87
For others around smokers	83	82
For smokers themselves	79	80
All of these	67	69
None of these	6	5

TABLE 33b
% AGREEING ADS *HAVE MADE PEOPLE STOP AND THINK ABOUT HARMFUL EFFECTS OF SMOKING CIGARETTES*
-- English Canada --

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Base: Aware of Ads	732	454	153	97	204
	%	%	%	%	%
For children and infants around smokers	86	87	89	90 ↑	84
For others around smokers	80	82	79	80	84
For smokers themselves	74	80 ↑	81	83	77
All of these	63	69 ↑	67	70	68
None of these	6	5	6	4	5

TABLE 34a
LIKELY INFLUENCE OF AD(S) ON PEOPLE LIKE YOURSELF
-- English Canada: Teens --

	1995	1996
Base: Aware of Ads	607	454
	%	%
Some Influence	**80**	**82**
Not starting smoking	50	49
Stop smoking	17	22 ↑
Cut down on smoking	13	11
No Influence	**20**	**18**
No influence at all	16	17
Keep on smoking but change where smoke	2	1
Keep on smoking	1	1
Don't know	1	--

TABLE 34b
LIKELY INFLUENCE OF AD(S) ON PEOPLE LIKE YOURSELF
-- English Canada

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Base: Aware of Ads	732	454	153	97	204
	%	%	%	%	%
Some Influence	**63**	**82**	**67**	**79**	**87** ↑
Not starting smoking	36	49	15	39 ↓	61
Stop smoking	15	22	25	26	19
Cut down on smoking	12	11	28	12	7 ↓
No Influence	**37**	**18**	**33**	**21**	**13** ↓
No influence at all	33	17	25	21	13 ↓
Keep on smoking but change where smoke	2	1	7	--	--
Keep on smoking	2	1	1	--	1

TABLE 35a
PERSONAL REACTION TO ADS
-- English Canada: Teens --

	1995	1996
Base: Aware of Ads	607	454
	%	%
Some Influence	**76**	**75**
It has helped in my choice/Made it easier not to smoke	67	64
It has made it easier to cut down on smoking	7	7
It has made it easier to quit smoking	2	4
No Influence	**23**	**25**

TABLE 35b
PERSONAL REACTION TO ADS
-- English Canada: Teens --

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Base: Aware of Ads	732	454	153	97	204
	%	%	%	%	%
Some Influence	**53**	[75]	(64)	**77**	**76**
It has helped in my choice/Made it easier not to smoke	40	[64]	(19)	66	[73]
It has made it easier to cut down on smoking	11	7 ↓	[36]	7	--
It has made it easier to quit smoking	3	4	[10]	4	2
No Influence	**47**	(25)	[35]	**23**	**24**

DIALOGUE ABOUT SMOKING RESULTING FROM SEEING ADS
(Reference: Tables 36a - 36b)

Total Teens

Thirty percent of teens say that as a result of seeing one or more of Health Canada's ads they talked with someone about smoking and about the potential problems that smoking can cause. The majority of these people talked to smokers (73%), with 25% having a conversation with both smokers and non-smokers.

The 1996 campaign results show a drop in the proportion who reported having a conversation with someone as a result of seeing the ads (39% in 1995; 30% in 1996). However, at the same time, there is an increase in the percentage who reported talking to smokers only as a result of these ads. Therefore, despite the decrease in the number who saw the advertising and had a conversation as a result of the ads, we see more people specifically targeting smokers only for a discussion.

Smoking Continuum

The only difference we note is for smokers/quitters -- fewer of whom had a discussion with anyone about this subject. (*Note:* Because of base size limitations we cannot examine in detail the specific groups with whom each of the smoking continuum segments talked.)

Relative to 1995, fewer smokers/quitters and emphatic non-smokers talked to someone:

	1995	1996
Smokers/quitters	33%	22%
Emphatic non-smokers	40%	31%

Teens vs. Adults

There is no difference either in the proportion who claimed to have a conversation with someone or with whom teens or adults discussed the subject.

TABLE 36a
DISCUSSION AS A RESULT OF SEEING ADS
-- English Canada: Teens --

	1995	1996
Base: Aware of Ads	607	454
	%	%
Talked to someone about smoking and the potential problems smoking can cause	39	(30)
Base: Talked to someone	237	133
	%	%
Talked to:		
Both smokers and non-smokers	39	(25)
Smokers only	37	48 ↑
Non-smokers only	22	27
Smokers	76	73
Non-smokers	61	52

TABLE 36b
DISCUSSION AS A RESULT OF SEEING ADS
-- English Canada --

	Total Adults	Total Teens	Smokers/ Quitters	Suscept. Non-Smokers	Emphatic Non-Smokers
Base: Aware of Ads	732	454	153	97	204
	%	%	%	%	%
Talked to someone about smoking and the potential problems smoking can cause	30	30	(22)	31	31
Base: Talked to someone	216	133			
	%	%			
Talked to:					
Both smokers and non-smokers	25	25			
Smokers only	54	48			
Non-smokers only	21	27			
Smokers	79	73			
Non-smokers	46	52			

AWARENESS OF ADVERTISING AND ATTITUDES AND BELIEFS ABOUT SMOKING

The following summarizes the only differences in attitudes and beliefs between those aware of the 1996 campaign and those not aware even after prompting:

SMOKING ATTITUDES AND BELIEFS
(% Who "Agree a lot")

	English Canada Teens	Aware of Ads	Not Aware of Ads
Total Sample:	652	454	198
	%	%	%
Attitudes to ETS			
Inhaling smoke from someone else's cigarettes harms the health of babies and children	85	87	80
Inhaling smoke from someone else's cigarettes causes lung cancer in a non-smoker	74	79	62

QUÉBEC

UNAIDED AWARENESS OF ADVERTISING (Reference: Tables 37 - 38)

Total Teens

Ninety-two percent of teens claimed to have seen any anti-smoking advertising.

On a proven recall basis, the Québec provincial ad *"Getting Hooked"* is recalled by almost 6 out of 10 teens (58%), a levels which far surpasses any other ad. The "*Cocktail*" execution from Health Canada's 1995 campaign is the ad next most often recalled (22%), followed by two other Health Canada executions -- "*Not Much*" (14%).and "*Poisons*" (13%). All other ads, including the "*Lungs*" and "*Vignettes*" executions have proven recall levels of 7% or lower:

	Total
	%
"Getting Hooked" (Québec ad)	58
"Cocktail"	22
"Not Much"	14
"Poisons"	13
"Lungs"	7
"Vignettes"	5
"School Yard"	3

English Canada vs. Québec

Far more Québecers claim to have seen any anti-smoking advertising in general, and also demonstrate higher proven recall in 1996 for both Health Canada's 1995 and 1996 campaigns.

Smoking Continuum Groups

Because of small base sizes, the 6 groups in the smoking continuum have been collapsed into the following 3 groups for purposes of analysis:

Smokers/quitters
Susceptible non-smokers
Emphatic non-smokers

The high level of claimed awareness of advertising is consistent across all groups, however, it is lower among both non-smoker groups (86% each vs. 92% for total teens).

The three ads in Health Canada's 1996 anti-smoking campaign generally performed similarly across the various groups that make up the smoking continuum. In fact, there were no differences

whatsoever in proven recall levels for the "*Lungs*" spot. The few differences that occurred are summarized below:

-- "*Poisons*": higher "proven recall" among *smokers/quitters* (20%)
-- "*Vignettes*": higher "proven recall" among *susceptible non-smokers* (9%)

For Health Canada's 1995 ad "*Cocktail*", we note higher "proven recall" among the *smoker/quitter group* (39%).

For review of the actual content recalled and message understood from each ad, the reader is referred to Tables 19 - 27 presented earlier in this report.

Teens vs. Adults

More teens than adults claim to have seen any anti-smoking advertising. This is supported by the higher "proven recall" scores for "*Poisons*", "*Not Much*" and "*Getting Hooked*". The recall levels for the other two ads in Health Canada's 1996 campaign are at par for the two groups.

TABLE 37:
NOTORIÉTÉ SPONTANÉE DE LA PUBLICITÉ
-- Adolescents --

	Québec	Canada Anglais
Total Adolescents	350	652
	%	%
Ont prétendu avoir vu de la publicité	[92]	**63**
Rappel Prouvé		
Campagne *1996* de Santé Canada		
Poisons	[13]	8
Poumons	[7]	3
Vignettes	[5]	2
Campagne *1995* de Santé Canada		
Le cocktail de Santé Canada	[22]	11
Pas beaucoup	[14]	5
La maison de poupée	1	**
Santé Canada -- Autre		
Cour d'école	3	5
Ontario		
Fille dans le miroir	(--)	5
Piscine des chimiques	**	1
Québec		
Devenir dépendant	[58]	2
Maritmes		
Femme enceinte	1	2
Association des maladies du poumon	(1)	6

TABLE 38:
NOTORIÉTÉ SPONTANÉE DE LA PUBLICITÉ
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Total Québec	632	350	130	93	127
		%	%	%	%
Ont prétendu avoir vu de la publicité	**77**	**92**	**93**	**86** ↓	**86**
Rappel Prouvé					
Campagne *1996* de Santé Canada					
Poisons	9	13 ↑	20	12	11
Poumons	5	7	10	5	6
Vignettes	3	5	5	9 ↑	2
Campagne *1995* de Santé Canada					
Le cocktail de Santé Canada	20	22	39	16	20
Pas beaucoup	8	14	10	11	18
La maison de poupée	1	1	--	--	2
Santé Canada -- Autre					
Cour d'école	5	3	5	--	3
Ontario					
Fille dans le miroir	1	--	--	--	--
Piscine des chimiques	--	**	--	1	--
Québec					
Devenir dépendant	51	58 ↑	68	58	56
Maritmes					
Femme enceinte	--	1	--	--	2
Association des maladies du poumon	1	1	--	1	1

AIDED AWARENESS OF ADVERTISING (Reference: Tables 39 - 41)

Total Teens

After being read a description of each of the three ads that make up the 1996 Health Canada anti-smoking campaign, 91% of Québec teens indicate they have seen at least one of the ads This represents a significant drop from 1995, at which time 98% said they had seen one or more of the television ads.

English Canada vs. Québec

As with unaided awareness of advertising, we again see significantly more teens in Quebec who recall the 1996 campaign, including those who claim to have seen all three ads. And, about twice as many Québec teens as those in English-Canada recall each of the three ads in the 1996 campaign.

Smoking Continuum Groups

Overall, between 1995 and 1996, we a drop in the recall of advertising by everyone except those in the emphatic non-smoker group.

When it comes to the recall level for each of the 1996 ads, there is only one difference between the average reported for total teens and the smoking continuum -- more in the smoker/quitter group than in any other claim to have seen the "*Poisons*" execution.

Teens vs. Adults

More teens than adults were aware of the advertising campaign in general, and demonstrated higher recall levels for each of the three ads. Additionally, more teens than adults reported seeing the entire campaign -- i.e., that is all three ads.

TABLE 39:
NOTORIÉTÉ TOTALE DE LA PUBLICITÉ

	Québec	Canada Anglais	Total Adultes
Total	350	652	632
	%	%	%
Connaît n'importe quelle publicité de 1996 de Santé Canada	**91**	**72**	**73**
Connaît les 3 publicités	**21**	**7**	**10**
Poisons	51	41	40
Poumons	54	39	40
Vignettes	62	33	41

TABLE 40:
NOTORIÉTÉ TOTALE DE LA PUBLICITÉ
-- Québec: Adolescents --

	1995	1996
	%	%
Total Adolescents	***98***	***91***
Smoking Continuum:		
Fumeurs/ex-fumeurs	98	88
Non-fumeur probable	99	90 ↓
Non-fumeur endurci	98	92

TABLE 41:
TOTAL NOTORIÉTE DE LA PUBLICITÉ
-- Québec: Adolescents --

	N'import quelle publicité %	Poumons %	Poisons %	Vignettes %
Total Adolescents	91	54	51	62
Smoking Continuum:				
Fumeurs/ex-fumeurs	88	59	61	56
Non-fumeurs probable	90	55	53	60
Non-fumeusr endurcis	92	53	46	66

REACTION TO THE ADVERTISING: Overview

As with the results we have seen in English Canada, despite the drop in advertising awareness levels between the two campaigns, the 1996 ads performed as well as the 1995 anti-smoking campaign on all key measurements.

REACTION TO THE ADVERTISING: Intended Messages/Sponsorship (Reference: Tables 42a - 42b)

Total Teens

The ads are seen by most Québec teens to have successfully communicated their intended messages:

	Total Agree	"Agree a Lot"
The ads make you think smoking is a serious health issue for Canadians	96%	76%
The ads very clearly get across the need to respect the health of non-smokers	95%	80%
The ads have successfully brought out the issue of the harmfulness of tobacco	94%	66%

With regard to the last two items on the list above, the 1996 campaign is rated higher in both regards than was the case in 1995.

While the majority of teens also agree with each of the following statements, the ads are somewhat less successful in delivering results on:

	Total Agree	"Agree a Lot"
The ads discourage young people from starting to smoke	82%	49%
The ads increase your concerns about the dangers of smoking	79%	52%

Importantly, most see Health Canada as a credible source for these types of messages: 96% agree (73% "a lot") that *"The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads"*.

English Canada vs. Québec

More Québecers "agree a lot" on the following issues:

	% Who "Agree a Lot":	
	Québec	English Canada
The ads very clearly get across the need to respect the heath of non-smokers	80	61
The ads make you think smoking is a serious health issue for Canadians	76	68
The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	73	65

However, fewer of them agree that "*The ads increase concerns about the dangers of smoking*" (52% vs. 65% of teens in English Canada).

Smoking Continuum Groups

Summarized below are the noted differences for each of the smoking continuum groups relative to total teens in 1996, and whatever differences have been observed between the two campaigns:

- **Smoker/Quitters**

  The only difference between this group and total teens is that fewer of them "agree a lot" that:

  "*The ads make you think smoking is a serious health issue for Canadians*"

  "*The ads increase your concerns about the dangers of smoking*".

  Relative to their rating of the 1995 campaign, more this year felt the ads have brought out the harmfulness of tobacco (46% in 1995 vs. 69% in 1996), and that "*The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads*" (54% in 1995 vs. 72% in 1996).

- **Susceptible Non-Smokers**

  Susceptible non-smokers mirror the results we have reported for total teens. And the only difference evident in their rating of the 1995 and 1996 campaigns is with regard to Health Canada's motivations -- fewer agree this year that Health Canada is sponsoring these ads out of concern for Canadians (71% in 1995 vs. 62% in 1996).

- **Emphatic Non-Smokers**

  Emphatic non-smokers demonstrate the strongest belief in Health Canada's motivations for sponsoring these ads, and in fact more of them do so in 1996 than in 1995 -- 67% "agreed a lot" in 1995 vs. 82% in 1996.

This group also rates the 1996 campaign higher on getting across the need to respect the health of non-smokers -- 60% "agreed a lot" in 1995 vs. 85% this year.

Teens vs. Adults

In terms of communicating their intended messages, the ads performed equally well among teens and adults. And importantly, more teens than adults felt that "*The ads discourage young people from smoking*" (38% of adults "agree a lot" vs. 49% of teens).

The only area where teens are below adults is on agreement about the success of the ads in bringing out the issue of the harmfulness of tobacco.

TABLE 42a
% BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS SUIVANTS CONCERNANT LA PUBLICITÉ
-- Adolescents --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	293	315	454
	%	%	%
Les publicités véhiculent très clairement le besoin de respecter la santé des non-fumeurs	66	[80]	(61)
Les publicités vous font réfléchir sur le fait que le tabagisme est une question de santé grave pour les Canadiens et Canadiennes	N/A	76	68 ↓
Le santé et le bien-être des Canadiens et Canadiennes sont la motivation de Santé Canada pour parrainer ces publicités	66	73	65 ↓
Les publicités ont fait valoir avec succès la question de la nocivité du tabac	54	[66]	64
Les publicités augmentent vos préoccupations au sujet des dangers du tabagisme	N/A	52	[65]
Les publicités découragent les jeunes de commencer à fumer	N/A	49	43

TABLE 42b:
% "BEAUCOUP D'ACCORD" AVEC LES ÉCONCÉS SUIVANTS CONCERNANT LA PUBLICITÉ
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Base: Connaissance des publicités	473 %	315 %	116 %	84 %	115 %
Les publicités véhiculent très clairement le besoin de respecter la santé des non-fumeurs	75	80	78	74	85
Les publicités vous font réfléchir sur le fait que le tabagisme est une question de santé grave pour les Canadiens et Canadiennes	75	76	(67)	72	82
La santé et le bien-être des Canadiens et Canadiennes sont la motivation de Santé Canada pour parrainer ces publicités	76	73	72	62 ↓	[82]
Les publicités ont fait valoir avec succès la question de la nocivité du tabac	73	66 ↓	69	61	69
Les publicités augmentent vos préoccupations au sujet des dangers du tabagisme	54	52	(42)	52	56
Les publicités découragent les jeunes de commencer à fumer	38	[49]	42	44	53

REACTION TO THE ADVERTISING: Ad Diagnostics (Reference: Tables 43a - 43b)

Total Teens

Between 41%-68% of teens "agree a lot" that the 1996 ads communicated something of personal relevance to them, and between 24%-32% also indicated that this represented new learning.

These results clearly indicate that the 1996 campaign imparted new information and has done so in a way that people consider to be of personal value. This is not an insignificant result. In an environment where anti-smoking messages in general are not new, and one which is also crowded with other campaigns (provincial/regional), it becomes increasingly difficult to be "newsworthy" and relevant.

Further supportive of these positive results, is that only between 8%-11% of teens "agree a lot" that they are tired of seeing any of the commercials in the 1996 campaign.

There is only one difference in how teens respond to the three ads, and that is fewer of them indicate that "*Poisons*" was of personal relevance to them than did so for either "*Lungs*" or "*Vignettes*".

English Canada vs. Québec

There are some differences in the reaction of teens in the two regions:

-- "*Lungs*": More Québec teens rate the contents of this commercial as personally relevant

-- "*Vignettes*": More teens in Québec also rate this ad as personally relevant, and fewer realtive to their English Canadian counterparts indicate they are tired of seeing it.

Smoking Continuum Groups

- **Smokers/Quitters**

  Fewer in this group find any of the ads personally relevant, and relative to total teens, fewer agree that the "*Lungs*" commercial contained new information.

  More in this group say that they are tired of seeing the "*Vignettes*" ad.

- **Susceptible Non-Smokers**

  Differences noted relative to teens are:

  -- "*Vignettes*": Fewer agree that it provided personally relevant information

  -- "*Lungs*": More say they are tired of seeing it.

- **Emphatic Non-Smokers**

  More in this group believe that "*Poisons*" and "*Vignettes*" contained information that was of relevance to them, and fewer of them indicate they are tired of seeing the "*Lungs*" execution than teens in general.

Teens vs. Adults

More teens than adults felt that both the "*Lungs*" and "*Vignettes*" ads told them something new -- 17% for adults vs. 32% for teens for "*Lungs*"; 15% for adults vs. 33% for teens for "*Vignettes*".

As well, more teens than adults rated "*Lungs*" as being personally relevant (52% for adults vs. 68% for teens).

TABLE 43a:
% QUI SONT "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS DE DIAGNOSTIC SUR LES PUBLICITÉS
-- Adolescents --

	Poumons		Poisons		Vignettes	
	Québec	Canada Anglais	Québec	Canada Anglais	Québec	Canada Anglais
Base: Connaissance des publicités	194	255	195	239	209	215
	%	%	%	%	%	%
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	68	(50)	41	42	63	51 ↓
Elle vous disait quelque chose que vous ne saviez pas	32	31	24	25	33	40
Vouse êtes fatigué(e) de la voir	9	8	11	16	8	14 ↑

TABLE 43b:
% QUI SONT "BEAUCOUP D'ACCORD" AVEC LES ÉNONCÉS DE DIAGNOSTIC SUR LES PUBLICITÉS
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ Ex-fumeur	Non-Fumeurs Probable	Non-Fumeurs Endurcis
Poumons	(258) %	(194) %	(72) %	(52) %	(70) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	52	[68]	(42)	74	73
Elle vous disait quelque chose que vous ne saviez pas	17	[32]	(21)	28	40
Vouse êtes fatigué(e) de la voir	10	9	13	17↑	(2)
Poisons	(271) %	(195) %	(76) %	(52) %	(67) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	48	41	(28)	35	51↑
Elle vous disait quelque chose que vous ne saviez pas	19	24	16↓	24	28
Vouse êtes fatigué(e) de la voir	9	11	16	16	6
Vignettes	(276) %	(209) %	(70) %	(55) %	(84) %
Ce qu'elle disait et montrait voulait dire quelque chose pour vous personnellement	59	63	(48)	52↓	72↑
Elle vous disait quelque chose que vous ne saviez pas	15	[33]	26	35	32
Vouse êtes fatigué(e) de la voir	13	8	[22]	6	5

REACTION TO THE ADVERTISING: Influence of Ads
(Reference: Tables 44a - 46b)

Total Teens

Of the teens who saw the advertising, almost all of them (98%) said it made them "stop and think" about the harmful effects of smoking cigarettes for one or more of the following specific groups -- children and infants around smokers, others around smokers, or smokers themselves. In fact, 75% said it made them consider all of these groups, an increase from their rating of the 1995 campaign (66%).

The ads were most successful in getting teens to consider the harmful effects of tobacco on others around smokers (91%), followed by children and infants around smokers (90%), and smokers themselves (86%). It would appear that the 1996 commercials did a better job in communicating to teens the harmful effects of tobacco for smokers themselves -- i.e., only 77% agreed that it the 1995 ads did so.

When asked what is the likely influence of the ads on people "like themselves", a surprisingly high number -- 81% -- indicate the ads would have some influence. And somewhat fewer, 75% indicate that the ads had some influence on themselves personally.

When it comes to the proportion who felt the ads would influence others like themselves, the results in 1996 represent the status quo. However, we do note that there is a shift in the expected influence on others. More this year than last believe that the major impact of these ads on people will be not to start smoking (50% in 1995 vs. 61% in 1996) and fewer believe that people will stop smoking as a result of seeing these ads (20% in 1995 vs. 10% in 1996).

English Canada vs. Québec

- *Whether or not the ads have made people stop and think about the harmful effects of smoking cigarettes*

  More Québec teens feel that the ads got across the message of the harmful effects of smoking cigarettes for all three groups and, in fact more of the Quebec teens believe this to be the case for smokers themselves and others around smokers.

- *Influence of ads on people "like themselves"*

  The teens in the two regions were similar in their likelihood of believing that these ads would influence people "like themselves" and the nature of that influence i.e., most said that others would not start smoking. However, there is a difference in the percentage who expressed this likely influence (61% of Québec teens vs. 49% of those in English Canada). Also, more in English Canada felt the outcome would be for others to stop smoking than was the case in Québec (22% vs. 10% in Québec).

- *Influence of ads "personally"*

  More English Canadian teens believe the ads will influence them personally, and specifically to reinforce their decision not to smoke.

Smoking Continuum Groups

- **Smokers/Quitters**
  - -- 97% felt the ads would make people stop and think about the detrimental effects of smoking.

    With respect to the likelihood of considering the harmful effects of tobacco on the specific target groups, this group showed a lower level of agreement that it would make people stop and think about the negative effects of smoking on children and infants, and smokers themselves.
  - -- Just over 6 out of 10 (61%) say the ads will influence others "like themselves". In terms of the actual outcome however, they are split three ways, with as many saying others will stop smoking (19%) as say they will cut down on their smoking, or not start smoking (22% each).
  - -- An impressive 53% said the ads have had a personal effect -- for most that being to cut down on smoking (33%).

- **Susceptible Non-Smokers**
  - -- There is no difference between this group and total teens on their assessment of the stopping power of these ads. And, in fact more this year than last feel the campaign will make people stop and think about the harmful effects of smoking cigarettes for smokers themselves (70% in 1995 vs. 86% in 1996).
  - -- 82% feel that the ads will have some influence on people "like themselves", most particularly not to start smoking (53%).
  - -- The majority -- 74% -- say the ads have influenced them personally, with 65% saying the ads influenced them not to start smoking.
  - -- There is no difference in the rating of the two campaigns on either influence on others or personal influence.

- **Emphatic Non-Smokers**
  - -- There is no difference between this group and total teens on how they evaluate the ability of the ads to get people to stop and think about the harmful effects of smoking cigarettes. However, relative to last year, more emphatic non-smokers believe this year's campaign will result in people considering all three groups.
  - -- The majority of emphatic non-smokers believe the ads will influence others (85%), particularly not to start smoking (80%). This represents a change from last year in that more teens believe that the 1996 campaign's impact will be more single-minded on others:

	1995	1996
Not start smoking	58%	80%
Stop smoking	21%	4%

-- Slightly fewer (66%) say the ads have had a personal influence on them -- namely, to reinforce their decision not to smoke (63%), representing the status quo from 1995.

Teens vs. Adults

Almost all of the teens and adults said the ads made them "stop and think" about the harmful effects of smoking cigarettes for at least one of the three different target groups. More teens than adults, however, felt that the ads made them consider all 3 of these groups (75% of teens vs. 66% of adults),with a higher proportion of teens saying the ads got across the detriments of smoking for smokers themselves and others around smokers.

When it comes to the likely influence of the ads personally and on people "like themselves", more teens than adults felt that the ads would have a positive effect.

TABLE 44a:
% D'ACCORD QUE CES PUBLICITÉS ONT FAIT RÉFLÉCHIR LES GENS SUR LES EFFETS NOCIFS DE FUMER DES CIGARETTES
-- Adolescents --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	293	315	454
	%	%	%
Pour les enfants et les bébés autour des fumeurs	88	90	87
Pour les autres personnes autour des fumeurs	90	91	(82)
Pour les fumeurs eux-mêmes	77	[86]	80 ↓
Tous ceux-là	66	75 ↑	69
Aucun de ceux-là	3	2	5 ↑

TABLE 45b:
% D'ACCORD QUE CES PUBLICITÉS ONT FAIT RÉFLÉCHIR LES GENS SUR LES EFFETS NOCIFS DE FUMER DES CIGARETTES
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Base: Connaissance des publicités	473	315	116	84	115
	%	%	%	%	%
Pour les enfants et les bébés autour des fumeurs	88	90	89	88	91
Pour les autres personnes autour des fumeurs	81	[91]	86 ↓	92	92
Pour les fumeurs eux-mêmes	79	86 ↑	89	86	86
Tous ceux-là	66	[75]	67 ↓	73	79
Aucun de ceux-là	4	2	3	2	2

TABLE 45a:
INFLUENCE DES MESSAGES SUR DES GENS COMME VOUS
-- Adolescents --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	293	315	454
	%	%	%
Une influence	**82**	**81**	**82**
Ne pas commencer à fumer	50	[61]	(49)
Cesser de fumer	20	(10)	[22]
Reduire l'usage de tabac	12	9	11
Aucune influence	18	20	18
Pas d'influence du tout	18	17	17
Continue de fumer mais changerait d'endroit	2	2	1
Continue de fumer	1	--	1

TABLE 45b:
INFLUENCE DES MESSAGES SUR DES GENS COMME VOUS
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Base: Connaissance des publicités	473 %	315 %	116 %	84 %	115 %
Une influence	**66**	**81**	**61**	**82**	**85**
Ne pas commencer à fumer	39	61	22	53	80
Cesser de fumer	15	10 ↓	19	14	4
Réduire l'usage du tabac	12	10	22	16	1
Aucune influence	**34**	**20**	**39**	**18**	**15**
Pas d'influence du tout	30	17	28	18	14
Continue de fumer mais changerait d'endroit	3	2	11	--	1
Continue de fumer	1	--	--	--	--

TABLE 46a:
REACTION PERSONELLE AUX MESSAGES
-- Adolescents --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	293	315	454
	%	%	%
Une influence	**65**	**67**	**75** ↑
A aidé mon choix de ne pas fumer/de ne pas commencer	54	56	64 ↑
Reduire mon usage du tabac a été plus facile	8	6	7
Cesser de fumer a été plus facile	3	5	4
Aucune influence	35	34	25 ↓

TABLE 46b:
RÉACTION PERSONELLE AUX MESSAGES
-- Québec --

		Adolescents:			
	Total Adultes	Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Base: Connaissance des publicités	473 %	315 %	116 %	84 %	115 %
Une influence	**48**	**67**	**53**	**74**	**66**
A aidé mon choix de ne pas fumer/de ne pas commencer	30	56	14	65	63
Réduire mon usage du tabac a été plus facile	11	6 ↓	33	1	--
Cesser de fumer a été plus facile	7	5	6	8	3
Aucune influence	**52**	**34**	**47**	**26**	**34**

DIALOGUE ABOUT SMOKING RESULTING FROM SEEING ADS
(Reference: Tables 47a - 47b)

Total Teens

Thirty percent of Québec teens say they had a discussion with someone about smoking and the potential problems smoking can cause as a result of seeing one or more of Health Canada's ads. Slightly more talked to smokers (73%) than talked to non-smokers (63%). Although the absolute percentage who talked to someone as a result of seeing the ads is the same for the two campaigns, we note that more teens this year reported a discussion with non-smokers only (13% in 1995 vs. 28% in 1996), and fewer with smokers (87% in 1995 vs. 73% in 1996).

There were no differences between Québec teens and English Canadian teens in this regard.

Within Québec, the probability of talking to others as a result of seeing the ads did vary across the smoking continuum. More in the emphatic non-smoker group reported having such a dialogue (37%). However, relative to last year, fewer teens in the smoker/quitter group said they had a discussion with someone as a result of seeing the ads.

Teens vs. Adults

There is no difference between the two groups in the percentage who had a discussion with someone as a result of seeing the ads or who they talked to.

TABLE 47a:
DISCUSSIONS RÉSULTANT D'AVOIR VU LES PUBLICITÉS
-- Adolescents --

	Québec		Canada Anglais
	1995	1996	1996
Base: Connaissance des publicités	293	315	454
	%	%	%
A parlé à quelqu'un sur le tabagisme et les problèmes potentiels que le tabagisme peut causer	34	30	30
Base: En a parlé à quelqu'un	99	91	133
	%	%	%
A parlé à:			
Fumeurs et non-fumeurs	45	35	25
Fumeurs seulement	42	38	48
Non-fumeurs seulement	13	28	27
Fumeurs	87	73	73
Non-fumeurs	58	63	52

TABLE 47b:
DISCUSSIONS RÉSULTANT D'AVOIR VU LES MESSAGES
-- Québec --

	Total Adultes	Adolescents: Total	Fumeurs/ ex-fumeur	Non-fumeur probable	Non-fumeur endurcis
Base: Connaissance des publicités	473	315	116	84	115
	%	%	%	%	%
A parlé à quelqu'un dur le tabagisme et les problèmes potentiels que le tabagisme peut causer	35	30	25	23	37 ↑
A parlé à:					
Fumeurs et non-fumeurs	38	35			
Fumeurs seulement	45	38			
Non-fumeurs seulement	17	28			
Fumeurs	83	73			
Non-fumeurs	55	63			

APPENDIX

TRACKING STUDY

(February 27,1996)

Hello, I'm _____ of _____. Today, we are conducting a study on behalf of Health Canada, and we are talking to teenagers and adults about health related issues. The survey addresses issues affecting adults and teens, their perceptions and attitudes towards alcohol, drugs and tobacco in our society. The results from this study will be used to formulate policies and programs on behalf of all Canadians. First, I would like to ask you a few questions to see if you qualify.

A) Are you/may I speak to an adult 18 years of age or older in your household? **RE-INTRODUCE YOURSELF IF NECESSARY; IF NOT AVAILABLE, ARRANGE A CALL-BACK TIME AND RECORD**

B) How many people are there in your household 11 years of age or older?

One	1	GO TO Q.E
Two	2	
Three	3	
Four	4	
Five	5	
Six	6	
Seven	7	
Eight	8	

C) I need to select someone in your household to interview, so would you please tell me the name of the person 11 years of age and over whose birthday comes next. **RECORD BELOW**

What is their gender and current age? RECORD BELOW

Name:	Gender:		Age:	
_____	Male	1	11	1
	Female	2	12	2
			13	3
			14	4
			15	5
			16	6
			17	7
			18	8
			19	9
			20-24	10
			25-34	11
			35-44	12
			45-54	13
			55-64	14
			65 or over	15

IF QUALIFIED RESPONDENT IS 11 - 14 YEARS OF AGE; GO TO Q.H; OTHERWISE CONTINUE

D) So I need to speak to <u>(NAME OF QUALIFIED RESPONDENT)</u>. Would he/she be available?

Yes	1	**REINTRODUCE YOURSELF IF NECESSARY AND CONTINUE WITH Q.E**
No	2	**ARRANGE A CALL-BACK TIME AND RECORD**

E) In this study there are no right or wrong answers. This is not a test. Your participation is voluntary. The information you give us will be completely confidential and no one will connect the information you provide with you personally. We ask you therefore to be completely honest and accurate when you answer the questions. Your help today is very important to us.

IF 2 OR MORE HOUSEHOLD MEMBERS IN Q.B, GO TO Q.H; OTHERWISE CONTINUE

F) Which one of the following best describes your age? Are you.....? **(READ LIST)**

15 years old	5
16 years old	6
17 years old	7
18 years old	8
19 years old	9
Between 20 - 24 years	10
Between 25 - 34 years	11
Between 35 - 44 years	12
Between 45 - 54 years	13
Between 55 - 64 years	14
65 years or over	15

G) **RECORD GENDER OF RESPONDENT**

Male	1
Female	2

IF QUALIFIED RESPONDENT IS 11 - 14 YEARS OF AGE ASK Q.H; OTHERWISE GO TO Q.J

H) I need to speak to the mother or father of (SELECTED CHILD). **RE-INTRODUCE YOURSELF IF NECESSARY**

IF NOT AVAILABLE, ARRANGE A CALL-BACK TIME AND RECORD.

We'd like to have your child's honest answers and opinions about what is happening in today's society. Since you and your child may have different perceptions and views on these subjects, we need to interview him/her without you being able to hear their responses.

Your child's answers will be combined with the answers of 3000 others across the country, and the answers will only be used for research purposes. And, although I will be asking you for your name, address and telephone number, this information will only be used to verify that I have conducted this interview. Otherwise, your child's answers will only be identified by a number.

May I speak to (SELECTED CHILD)?

Yes	1	Just before interviewing your child, I would like to ask you a few questions about your household for classification purposes only **GO TO BASIC DATA; THEN READ CHILD Q.I**
No	2	**THANK AND TERMINATE**

I) In this study there are no right or wrong answers. This is not a test. Your participation is voluntary. The information you give us will be completely confidential and no one will connect the information you provide with you personally. We ask you therefore to be completely honest and accurate when you answer the questions. Your help today is very important to us.

Main guest J

J) I'm going to read you a list of health related issues with which people may or may not be concerned about. As I read them, please tell me how much you are concerned about each issue.

The first one is ..... (READ LIST. ROTATE FROM INTERVIEW TO INTERVIEW) Would you say you personally "care a lot", "care somewhat", "care only a little", or "not care at all"? (REPEAT SCALE AS NECESSARY)

"X" Start		Care a Lot	Care Somewhat	Care Only a Little	Not Care at All
( )	Staying off cigarettes	4	3	2	1
( )	Staying away from drugs	4	3	2	1
( )	Staying off marijuana or pot	4	3	2	1
( )	Being fit	4	3	2	1
( )	Controlling weight	4	3	2	1
( )	Getting drunk	4	3	2	1
( )	Eating healthy food	4	3	2	1

The first questions I will be asking you are about tobacco, and specifically about cigarettes.

1) Have you smoked at least 100 cigarettes in your entire life?

Yes 1
No 2 SKIP TO Q.21

2) Do you smoke cigarettes now?

Yes 1
No 2 SKIP TO Q.16

3) I'm going to read you a list of times or occasions other people have told us smoking is important to them. From this list, please tell me when smoking is most important to you personally. (ACCEPT ONE ANSWER ONLY)

When you are alone 1
When you are with company 2
At certain times of the day, such as first thing in the morning or after meals 3
When you are angry, upset or under stress 4
When you feel bored or restless 5

4) Do you now smoke cigarettes everyday or some days only?

Everyday 1 SKIP TO Q.6
Some days 2

5a) In an average week, from Monday to Sunday, on how many days out of the seven do you smoke?

1 2 3 4 5 6

5b) On the days that you do smoke cigarettes, about how many cigarettes on average do you smoke per day? (DO NOT READ)

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	More than 30 (SPECIFY) _____					

IF ANSWER IN PACKS/PACKAGES, PROBE NUMBER OF CIGARETTES IN PACK AND RECORD ABOVE

SKIP TO Q.8

6) How soon after you wake in the morning do you usually smoke your first cigarette? (DO NOT READ)

Immediately	1
Within first 15 minutes	2
15 - 30 minutes	3
Longer than 30 minutes	4

7) And on average, about how many cigarettes do you smoke per day? (DO NOT READ)

1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	More than 30 (SPECIFY) _____					

IF ANSWER IN PACKS/PACKAGES, PROBE NUMBER OF CIGARETTES IN PACK AND RECORD ABOVE

8) Are you thinking about quitting smoking in the next 6 months?

Yes	1
No	2
Don't know	3

9) Have you ever made a serious attempt to quit smoking?

Yes	1	
No	2	GO TO Q.13a

10) During the past 12 months, have you quit smoking intentionally for one day or longer?

Yes	1	
No	2	GO TO Q.13a

11) And what is the longest time during the past 12 months that you actually stayed off cigarettes? Has it been months, weeks, or days?

Days (SPECIFY) _____
Weeks (SPECIFY) _____
Months (SPECIFY) _____

12) Thinking about the last or most recent situation you started smoking again, which ONE of the following situations best describes why you did so? (READ LIST. ACCEPT ONE ANSWER ONLY)

	A stressful situation, such as family problems, a death, or a tragedy, or some other stressful situation	1
	You really missed it or you felt an urge or a craving	2
	In a social situation	3
	When alcohol was served	4
	Because you were irritable due to smoking withdrawal	5
	For enjoyment	6
	Concern about gaining weight	7
or	For some other reason	8

13a) In the past 6 months, has someone ever asked you not to smoke?

Yes	1	
No	2	GO TO Q.14a

13b) Who was the person who most recently asked you not to do this? **(DO NOT READ LIST)**

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

13c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

14a) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

14b) And what about you? Would you say that you are smoking more, less or about the same now as you were before the drop in the price of cigarettes?

Smoking more	1
Smoking less	2
Smoking about the same	3

15) How likely do you think it is that you will still be smoking cigarettes 12 months from now? Would you say it is .....? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

GO TO Q.26

IF "NO" IN Q.2 ASK:

16) When did you last smoke regularly? **(DO NOT READ LIST)**

Less than 3 months ago	1	
3 -6 months ago	2	
7 - 9 months ago	3	
10 - 12 months ago	4	
Between 1 - 2 years ago	5	
3 - 4 years ago	6	
5 years ago or more	7	**GO TO Q.19**

17) I'm going to read you a list of times or occasions other people have told us smoking was important to them. From this list, please tell me when smoking was most important to you personally. (ACCEPT ONE ANSWER ONLY)

When you were alone	1
When you were with company	2
At certain times of the day, such as first thing in the morning or after meals	3
When you were angry, upset or under stress	4
When you felt bored or restless	5

IF "6 MONTHS OR LESS"(CODE "1" OR "2") IN Q.16 ASK Q.18a; OTHERWISE GO TO Q.19

18a) In the past 6 months, had someone ever asked you not to smoke?

Yes	1	
No	2	GO TO Q.19

18b) Who most recently asked you not to smoke? **(DO NOT READ LIST)**

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

18c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

19) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? (READ LIST. ACCEPT ONE ANSWER ONLY)

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

20) How likely do you think it is that you will go back to smoking sometime in the future? Would you say it is .....? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

GO TO Q.26

IF "NO" IN Q.1 ASK:

21) What would you say is the total number of cigarettes that you have ever smoked? **WRITE IN NUMBER BELOW**

_____ **IF "00", SKIP TO Q.24**

22) Do you smoke cigarettes now?

Yes	1	
No	2	**GO TO Q.24**

23a) In the past 6 months, has someone ever asked you not to smoke?

Yes	1	
No	2	**GO TO Q.24**

23b) Who was the person who most recently asked you not to do this? **(DO NOT READ LIST)**

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

23c) And what did you do, that is did you stop smoking, cut down on your smoking, or not stop smoking?

Stopped smoking	1
Cut down on smoking	2
Not stop smoking	3

24) The price of cigarettes dropped in February 1994. Because of this, in your opinion, would you say that .....? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

	More people are smoking	1
	Less people are smoking	2
or	There has been no change in the number of people you see smoking	3

25) How likely do you think you would be to smoke cigarettes in the next 12 months? Would you say .....? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

ASK EVERYONE

26) Now, I'm going to read you a list of things you may or may not have personally experienced in the past 12 months. As I read each one, please tell me if this has happened to you personally "often", "sometimes", "rarely", or "never". **ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** So during the past 12 months, how often have you .....?

"X" Start		Often	Sometimes	Rarely	Never
( )	Had trouble going to sleep or staying asleep	4	3	2	1
( )	Felt hopeless about the future	4	3	2	1
( )	Felt depressed or worried too much about things	4	3	2	1

ASK THOSE 24 OR UNDER ONLY; ALL OTHERS GO TO Q.28

27a) During the past year, have you been in a physical fight that involved hitting, pushing, shoving, or some other kind of physical contact?

Yes	1
No	2

27b) Have you ever run away and stayed away from home for one night or more?

Yes	1
No	2

27c) Have you ever been "kicked out" and had to stay away from home for one night or more?

Yes	1
No	2

27d) How likely is it that you will run away from home or get kicked out at least once in the next year or two? **(READ LIST)**

Extremely unlikely	1
Unlikely	2
Likely	3
Extremely likely	4

ASK EVERYONE:

28) To what extent do you agree or disagree with the following statements? **(ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** Starting with the first statement do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Street youth are just regular kids who have had bad luck	4	3	2	1
( )	There is little hope for street youth	4	3	2	1
( )	If kids end up on the street, it's because they choose to be there	4	3	2	1
( )	More should be done to help street youth	4	3	2	1
( )	I get a kick out of doing things every now and then that are a little risky or dangerous	4	3	2	1
( )	My family looks for things to nag me about	4	3	2	1
( )	I don't mind getting into trouble telling lies if it helps me or my friends	4	3	2	1

( )	People my age should care about not smoking cigarettes	4	3	2	1
( )	Preventing teenagers from starting to smoke is very important	4	3	2	1
( )	My smoking is harming my own health	4	3	2	1
( )	I prefer to smoke even if it means I won't live long	4	3	2	1
( )	I believe that I am addicted to tobacco	4	3	2	1
( )	My smoking doesn't annoy people around me who don't smoke	4	3	2	1
( )	I rarely smoke when I am the only smoker in a group	4	3	2	1
( )	Inhaling smoke from someone else's cigarettes causes lung cancer in a nonsmoker	4	3	2	1
( )	Inhaling smoke from someone else's cigarettes harms the health of babies and children	4	3	2	1
( )	My family would prefer that I don't smoke	4	3	2	1
( )	Tobacco is not as addictive as other drugs such as heroin or cocaine	4	3	2	1
( )	By the year 2000, the production and sales of tobacco should be banned in Canada	4	3	2	1
( )	Most of the people I associate with smoke cigarettes	4	3	2	1
( )	More teens than ever before are smoking	4	3	2	1
( )	More adults than ever before are smoking	4	3	2	1
( )	Too much fuss is made today about the dangers of smoking	4	3	2	1
( )	I tend to admire people of my age who quit smoking	4	3	2	1
( )	People who are trying to quit need a lot of support and understanding	4	3	2	1
( )	People who quit smoking will be able to do a lot more things	4	3	2	1
( )	I feel proud that I do not smoke	4	3	2	1
( )	It is becoming socially unacceptable to be a smoker	4	3	2	1
( )	Smoking can help people when they are bored	4	3	2	1
( )	Smoking helps people relax	4	3	2	1
( )	Smoking helps people keep their weight down	4	3	2	1
( )	It's safe to smoke for a year or two	4	3	2	1
( )	There is no harm in having an occasional cigarette	4	3	2	1
( )	If I started to smoke regularly, I could stop smoking any time I wanted to	4	3	2	1
( )	Women who are pregnant should not smoke	4	3	2	1
( )	Sponsorship of sporting or cultural events by tobacco companies should be banned	4	3	2	1
( )	Retailers should refuse to sell tobacco products to minors	4	3	2	1

ASK TEENS ONLY; ALL OTHERS GO TO Q.30a

29a) Please tell me how much you agree or disagree with the following statements.(READ LIST)

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	When I'm older, my parents won't mind if I smoke	4	3	2	1
( )	Smoking is "cool"	4	3	2	1

29b) How do you think your best friends would feel about you smoking one or more packs of cigarettes per day? (READ LIST)

	Tell you to stop	1
	Disapprove	2
or	Don't care	3

29c) If you lit up a cigarette tomorrow in front of your parents, how do you think they would react? (READ LIST)

	Tell you to stop	1
	Disapprove	2
or	Don't care	3

ASK EVERYONE

30a) Do people in your close or immediate family smoke?

Yes	1
No	2

30b) Do any of your friends who smoke say that they should quit?

Yes	1
No	2
Friends don't smoke	3

31a) In the past 6 months, have you ever asked someone not to smoke?

Yes	1	
No	2	GO TO Q.32

31b) Who was the person you most recently asked not to do this? (DO NOT READ LIST)

Spouse/partner	1
Parent	2
Child	3
Brother/sister	4
Other relative	5
Friend	6
Some other unrelated person	7

31c) What is the one most important reason that you might ask someone not to smoke? (READ LIST. ACCEPT ONE ANSWER ONLY)

You want to protect your own health	1
You want to protect children	2
You personally object to smoking	3
You want to protect nonsmokers	4
You are concerned about that person's health	5
You find tobacco smoke irritating	6

31d) And the last time you asked someone not to smoke were you successful, that is did that person stop smoking or not?

Yes	1
No	2

32a) The next few questions are about advertising. Thinking about advertising on television, have you seen any ads about not smoking cigarettes recently?

Yes, seen ad(s)	1	
No, haven't seen	2	**SKIP TO Q.40a**

32b) Please tell me everything you can remember about the last advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

32c) What was the ad trying to tell you about smoking?. **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

33a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

33b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

33c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____

_____

_____

_____

_____

_____

34a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

34b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

34c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

35a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

35b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

35c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

_____
_____
_____
_____
_____
_____

36a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes 1
No 2 **SKIP TO Q.40a**

36b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

36c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

37a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

37b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? **(PROBE)** What else? **(PROBE)** Anything else?

37c) What was the ad trying to tell you about smoking? **(PROBE)** What else? **(PROBE)** Anything else?

38a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

38b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

38c) What was the ad trying to tell you about smoking? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

39a) Have you seen any other ads on television about not smoking cigarettes recently?

Yes	1	
No	2	**SKIP TO Q.40a**

39b) Please tell me everything you can remember about another advertisement you saw on television about not smoking cigarettes, that is what did it say and what did it show? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

39c) What was the ad trying to tell you about smoking? (**PROBE**) What else? (**PROBE**) Anything else?

_____

_____

_____

_____

_____

_____

40a) I am going to read you a description of several different TV ads about not smoking cigarettes that are sponsored by Health Canada. For each one, I'd like you to tell me whether you have seen it or not.

This TV ad shows the inside of a cancerous lung. The announcer talks about the many hazardous chemicals the lung has inhaled from tobacco smoke. Very laboured breathing is heard throughout the ad. At the end of the commercial, the announcer tells us that the lung belongs to a non-smoker.

Have you seen this ad recently?

Yes	1	
No	2	**SKIP TO Q.41a**

40b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

41a) This TV ad shows various bottles of poisonous and toxic chemicals. Each poison or chemical is labeled as being "light", "ultra light" or "extra mild". Beautiful music plays in the background. The ad then shows a package of light cigarettes, and the announcer says no matter what they are called they will still kill you.

Have you seen this ad recently?

Yes 1
No 2 SKIP TO Q.42a

41b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

42a) This TV ad shows people who suffer from various illnesses like coronary disease, lung cancer, emphysema and asthma. Through each of the scenes there is a hazy smoke that can be seen. The announcer explains that these people are all non-smokers who suffer from the effects of second hand smoke.

Have you seen this ad recently?

Yes 1
No 2 SKIP TO Q.43

42b) For each statement I read you, please tell me if you "agree a lot", "agree a little", disagree a little", or "disagree a lot" that it describes this ad.

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	It told you something that you didn't know	4	3	2	1
( )	What it said and showed had meaning to you personally	4	3	2	1
( )	You are getting tired of seeing it	4	3	2	1

IF AWARE OF ONE OR MORE ADS IN Q. 40a, 41a OR 42a ASK; OTHERWISE GO TO Q.48a

43) What would you say is the likely influence of ad(s) like this/these on people like yourself? Would this/these ad(s) influence someone like yourself to want to ....? **(READ LIST)**

Not start smoking	1
Stop smoking	2
Cut down on smoking	3
Start smoking	4
Keep on smoking	5
Keep on smoking but change where I smoke	6
No influence at all	7

44) I am going to read to you a list of possible reactions people might have to these ads. Which, if any, applies to you after seeing it/them?

It has made it easier to quit smoking	1
It has made it easier to cut down on smoking	2
It has made it easier not to start smoking	3
It has helped in my choice not to smoke	4
No influence at all	5

45) Do you think these ads made people stop and think about the harmful effects of smoking cigarettes ....? **(READ LIST)**

	Yes	No
For smokers themselves	1	2
For children and infants around smokers	1	2
For others around smokers	1	2

46a) As a result of these ads, have you talked to someone about smoking and the potential problems smoking can cause?

Yes	1	
No	2	**GO TO Q.47**

46b) Who were these people? **(READ LIST)**

Both smokers and nonsmokers	1
Smokers only	2
Nonsmokers only	3

47) Please indicate to what extent you agree or disagree with each of the following statements? **(ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** Do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	The health and well-being of Canadians is Health Canada's motivation for sponsoring these ads	4	3	2	1
( )	The ads very clearly get across the need to respect the health of non-smokers	4	3	2	1
( )	The ads have successfully brought out the issue of the harmfulness of tobacco	4	3	2	1
( )	The ads discourage young people from starting to smoke	4	3	2	1
( )	The ads make you think smoking is a serious health issue for Canadians	4	3	2	1
( )	The ads increase your concerns about the dangers of smoking	4	3	2	1

ASK ONLY THOSE UNDER 45 YEARS OF AGE ; ALL OTHERS GO TO INTRODUCTION BEFORE Q.51

The next few questions are about drugs such as marijuana, hashish, coke, crack, speed, and other such drugs. Please remember that all your answers will remain confidential.

48a) Which one of the following drugs have you ever tried? **(READ LIST. RECORD BELOW UNDER Q.48a)**

48b) Which have you been invited to try but did not? **(READ LIST. RECORD BELOW UNDER Q.48b)**

48c) Which have you never used but would like to try? **READ LIST. RECORD BELOW UNDER Q.48c)**

	Q.48a Ever tried		Q.48b Invited to try but have not		Q.48c Never used but would like to try	
	Yes	No	Yes	No	Yes	No
Marijuana/hashish/grass	1	2	1	2	1	2
Acid (LSD)	1	2	1	2	1	2
Cocaine/coke	1	2	1	2	1	2
Crack	1	2	1	2	1	2
Speed/uppers/amphetamines (**without** prescription)	1	2	1	2	1	2
Speed/uppers/amphetamines (**with** prescription)	1	2	1	2	1	2
Tranquilizers, downers (**without** prescription)	1	2	1	2	1	2
Tranquilizers, downers (**with** prescription)	1	2	1	2	1	2
Substances you inhale or sniff	1	2	1	2	1	2
Other drugs	1	2	1	2	1	2

IF NONE EVER TRIED IN Q.48a, GO TO Q.51; OTHERWISE, CONTINUE

FOR EACH TYPE OF DRUG TRIED IN Q.48a, ASK Q.49

49) How often do you use (NAME OF DRUG) now? (READ LIST)

	Marijuana/ hashish/grass	Acid/LSD	Cocaine/coke	Crack
Have only tried once	1	1	1	1
Less than once a month	2	2	2	2
About once a month	3	3	3	3
2 or 3 times a month	4	4	4	4
About once a week	5	5	5	5
A few times a week	6	6	6	6
Once a day or more often	7	7	7	7
Do not use it now (DO NOT READ)	8	8	8	8

	Speed/uppers/ amphetamines (without prescription)	Speed/uppers/ amphetamines (with prescription)	Tranquilizers, downers (without prescription)	Tranquilizers, downers (with prescription)
Have only tried once	1	1	1	1
Less than once a month	2	2	2	2
About once a month	3	3	3	3
2 or 3 times a month	4	4	4	4
About once a week	5	5	5	5
A few times a week	6	6	6	6
Once a day or more often	7	7	7	7
Do not use it now (DO NOT READ)	8	8	8	8

	Inhalants/ sniffing	Other drugs
Have only tried once	1	1
Less than once a month	2	2
About once a month	3	3
2 or 3 times a month	4	4
About once a week	5	5
A few times a week	6	6
Once a day or more often	7	7
Do not use it now (DO NOT READ)	8	8

50) Thinking ahead to a year from now, which of the following statements best describes what you will be doing with regard to drugs? (READ LIST. ACCEPT ONE ANSWER ONLY)

I will not be using any drugs	1
I will be using drugs much in the same way as I do now	2
I will be using fewer drugs than I do now	3
I will be using more drugs than I do now	4

ASK EVERYONE

The next few questions are about alcoholic drinks. By alcoholic drinks, we mean things such as beer, wine, coolers and hard liquor or liqueurs, including mixed drinks. Again, please remember that all your answers will remain confidential.

51) How often, if at all, do you have an alcoholic drink? (READ LIST)

Never	1	GO TO Q.55
Less than once a month	2	
About once a month	3	
Several times a month	4	
About once a week	5	
Several times a week	6	
Daily	7	

52) What is the alcoholic beverage you drink most often? (READ LIST)

Beer	1
Cooler	2
Wine	3
Liquor/liqueur/mixed drink	4
Other alcoholic drink	5

53) On occasions when you drink, about how many drinks do you usually have? When I use the word drink, it means "one bottle of beer or a glass of draft", or "one small glass of wine", or "one shot of mixed drink with hard liquor". **(DO NOT READ LIST)**

1 2 3 4 5 6 or more (SPECIFY) _____

54) Thinking ahead to a year from now, which of the following statements best describes what you will be doing with regard to alcoholic drinks? **(READ LIST. ACCEPT ONE ANSWER ONLY)**

I will not be drinking any alcoholic drinks	1
I will have about as many drinks as I do now	2
I will have fewer drinks than I do now	3
I will have more drinks than I do now	4

55) I am going to read you a few statements people have made about alcohol and drugs. For each one I would like you to tell me the extent to which you agree or disagree with each. **(ROTATE FROM INTERVIEW TO INTERVIEW. REPEAT SCALE AS NECESSARY.)** Starting with the first statement do you "agree a lot", "agree a little", "disagree a little", or "disagree a lot" that .....?

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Using drugs is no worse than using alcohol	4	3	2	1
( )	They should legalize marijuana	4	3	2	1
( )	A party isn't a party if there is no drinking	4	3	2	1
( )	Some drugs like marijuana or pot are all right. It's the stuff like crack that is dangerous	4	3	2	1
( )	If I don't drink alcohol, I'm not really accepted by the people I want to hang around with	4	3	2	1
( )	It's OK to smoke marijuana or pot as long as you don't get into it heavily	4	3	2	1
( )	A party is not a party if there are no drugs	4	3	2	1
( )	Marijuana or pot is to teenagers what alcohol is to adults	4	3	2	1
( )	As long as you don't take too much, most drugs are not really harmful	4	3	2	1
( )	Using marijuana or pot is no worse than smoking cigarettes	4	3	2	1
( )	If adults drink in moderation, it will not have a negative affect on children's drinking behaviour	4	3	2	1

ASK TEENS ONLY; ALL OTHERS GO TO BASIC DATA

56) Please tell me how much you agree or disagree with the following statements **(READ LIST)**

"X" Start		Agree a lot	Agree a little	Disagree a little	Disagree a lot
( )	Most people my age drink alcoholic drinks such as beer, wine or liquor	4	3	2	1
( )	Using drugs is "cool"	4	3	2	1
( )	My parents find it easy to talk to me about drugs and alcohol	4	3	2	1

BASIC DATA

FOR TEENS 11 - 17 ASK ONLY Q.7

The following questions are for classification purposes only, and will be used only to group the answers we collect in this study.

1) What is the highest level of formal education that you completed? **(DO NOT READ LIST)**

Some high school or less	1
Completed high school	2
Some college/university	3
Completed college/university or undergraduate degree	4
Post-graduate studies	5

2a) Are you currently in the paid labour force?

Yes — Is that ...? **(READ LIST)**

Full-time	1	**ASK Q.2b**
or		
Part-time	2	

No — Would you classify yourself as ...? **(READ LIST)**

Student	3	**GO TO Q.3**
Homemaker	4	**GO TO Q.3**
Retired	5	**GO TO Q.2c**
Unemployed	6	**GO TO Q.3**
Other	7	**GO TO Q.3**

2b) And what is your occupation? That is, the type of work you do and the type of company you work for?

_____ (Type of work) _____ (Type of company)

(GO TO Q.3)

2c) And what was your occupation, that is what type of work did you do before you retired?

_____ (Type of work) _____ (Type of company)

3) What is your marital status? Are you ....? **(READ LIST)**

Married or living common law	1
Single	2
Divorced or separated	3
Widowed	4

4a) Including yourself, how many people in total live in your household? **WRITE IN NUMBER BELOW**

_____

(IF "1", GO TO Q.5)

4b) Please tell me how many of the people in your household fall into each of the following age groups?

Adults 18 and over	_____
Older teenagers 15 to 17 years of age	_____
Younger teenager 11 to 14 years of age	_____
Children 5 to 10 years of age	_____
Children under 5	_____

5) Which one of the following groups best describes your total 1995 household income before taxes? **(READ LIST)**

Under $25,000	1
$25,000 - $35,000	2
$36,000 - $50,000	3
$51,000 - $60,000	4
$61,000 - $75,000	5
Over $75,000	6

IF RESPONDENT IS FEMALE AND 18 - 45 YEARS OF AGE AND PARTICIPATING IN A FULL INTERVIEW ASK; OTHERWISE GO TO NEXT INSTRUCTION

6) Are you by any chance currently pregnant?

Yes	1
No	2

IF 11 - 17 YEARS OF AGE ASK Q.7; OTHERWISE GO TO BOX BELOW

7) Are you currently .....? **(READ LIST)**

		Yes	No
	In school	1	A
	Working outside the home full time	2	A
	Working outside the home part-time	3	A
or	Unemployed	4	A

RESPONDENT NAME: MR. ( ) MRS. ( ) MISS ( ) MS. ( ) _____

ADDRESS: _____ APT. # _____

CITY: _____

TELEPHONE NUMBER: _____

DATE OF INTERVIEW: _____