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Youth Second-Hand Smoking Focus Groups

Health Canada
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EXECUTIVE SUMMARY

Information About Smoking Comes From A Variety Of Sources

It appears that teens get information about smoking in general from a variety of sources:

- health class in school
- some other areas of school, such as biology, assemblies which deal with issues such as smoking, drinking and drug use
- posters at school
- TV commercials which focus on the health risks of smoking
- cigarette packages
- friends

Some also mentioned their own personal experience with family members and friends who had developed health problems as a result of smoking, and say that this has been a source of information about smoking. Relatively few, however, suggested that their parents had been a key source of information. As well, very few said that they obtained smoking information from their doctor, or any other health professional.

The most credible source of information for some was the television commercials which depicted real people telling their stories.

Smokers Are Aware Of The Health Risks – And Monitor Their Own Behaviour As A Result

It appears that the smokers interviewed are aware of the health risks associated with smoking. Moreover, some of them (particularly the younger ones) are concerned that their behaviour might influence younger siblings to also start smoking, and they do not want to see this happen. While they clearly regard their own decision to smoke as their right to choose, several commented that they do not want younger siblings to copy them; they don't want to be responsible for younger siblings making the same choice.

This concern about their influence and/or effect on younger children and babies extended into their smoking behaviour as it relates to second-hand smoke. A number of the smokers said they make a point of not smoking around young children and babies because they believe they are particularly vulnerable to the health risks associated with the smoke. They suggest that young children under the age of ten are not aware enough of the dangers of smoking to make a rational choice about their own behaviour.

Awareness Of Second-Hand Smoke Appears To Be Widespread Among The Groups

Virtually everyone in the focus groups was able to say that second-hand smoke is the smoke that comes from the lit end of the cigarette and is dispersed into the air. It is 'second-hand' because it affects more people than the person who is smoking.

In this respect, teens have mixed feelings about second-hand smoke. For some, there is a sense of outrage that non-smokers should be affected by tobacco being smoked by someone else. While there is a clear sense that smokers make their own choices, and that no one should have the right to infringe on that choice, the recipient of second-hand smoke has not always made the choice to be in the vicinity of the smoke. There is a personal freedom issue at play.

Specific Details Surrounding Second-Hand Smoke Issues Are Sketchy

Some people feel second-hand smoke is a problem because they, or someone they know, suffers from health problems associated with second-hand smoke. Some feel it is a problem only when they, or others, are eating. In this respect, some suggested that the only places that should be regulated as smoke-free are restaurants.

Others say that second hand smoke is not an issue about which they are concerned. Some feel this way because they are not exposed to it. Non-smokers who live in non-smoking households, and whose friends do not smoke typically do not care about the issue. Others say it is not an issue because non-smokers have the right to choose not to be around smokers. That is, they say non-smokers can choose not to go to places where people typically smoke. They don't have to 'hang around' the 'butt lounge' at school, or go the bars and clubs in which smoking occurs.

Those Bothered By Second-Hand Smoke Typically Remove Themselves From The Situation

Those who have been exposed to second-hand smoke in the past say they tend to deal with it by leaving the vicinity of the smoker. If they are at a party and the smoke gets to be too much for them to handle, they open a window, go outside, or simply leave. If they are with friends who 'light up', they move away from the smoke. That is, the first inclination is to simply remove themselves from the smoking environment.

A few have asked people not to smoke, or to put out a cigarette. In some cases, it was a request to a friend or family member, while in a few cases the request was made to a stranger who was smoking in a public space like a bus shelter. A number of the teens interviewed said that, in their experience, most smokers will respect the wishes of a non-smoker when asked.

There Is No Clear Trade-Off Between The Right To Smoke And The Right To Smoke Free Spaces

There is no clear sense that the right to smoke free space is any more or less important than the right to smoke. Both are considered valid, and many teens in the groups feel the two should be given equal weight. They had no concrete ideas as to how the dilemma could be solved, other than to ensure that smokers always had sufficient areas in which they can smoke freely. The need to protect individual rights and freedoms appears to be particularly important to teens.

Information About Second Hand Smoke Comes From The Same Place As Information About Tobacco

Teens say that information about second-hand smoke is typically tied into the information they get about smoking. However, they also acknowledge that they do not feel they know as much about the risks associated with second-hand smoke as they do about smoking. Some have a sense that the effects of second-hand smoke are worse than the effects of smoking because the smoke has not been filtered. In this respect, some feel the people hardest hit by second-hand smoke are the smokers themselves; they are getting the 'double hit' of the smoke they inhale by mouth, and the smoke they inhale through their nose.

When presented with the question of whether the second-hand smoke was worse from a light cigarette or a regular cigarette, most felt that there was no difference. Most teens in both age groups said that the second-hand smoke was harmful regardless of the type of cigarette smoked. A few felt that second-hand smoke inhaled from light cigarettes would be less harmful, due to the fact that light cigarettes use a filter.

Teens Are Unsure About The Messages That They Want Or Need To Hear

Teens could not say with any certainty what type of messages they want or need to hear with respect to second-hand smoke or smoking in general. However, it seemed from their discussion that personal stories from real people talking about the problems which had arisen from second-hand smoke would have some impact. Several in each group mentioned the new Health Canada commercial in which a mother blows smoke rings which drift toward her children. The message is that children are the unwitting victims of second-hand smoke, and this tends to upset teens; they do not want to be in the position of (apparently) hurting small children through their behaviour. At least one boy said the commercial made him think about his own sister who smokes, and who has two small boys of her own; the teen did not like the mental picture he formed of his nephews experiencing health problems, and it seemed to confirm his own resolve not to smoke.

Awareness Of The Specific Health Risks Appears To Be Low

Few participants in any of the groups could say with certainty that exposure to second-hand smoke would lead to specific diseases or conditions. Moreover, many took the position that while second-hand smoke is not good, the degree to which is bad probably depends on the extent to which someone is exposed to it.

Perhaps because of this lack of knowledge, many said that second-hand smoke ranks somewhat below other types of health risks such as smoking oneself, drinking alcohol or using drugs.

There Are Some Assumptions Made As To What The Health Effects Might Be

On an unaided basis, few teens were able to name any diseases that would result from exposure to second-hand smoke. On an aided basis, however, many correctly guessed that exposure could lead to various problems in children, and lung cancer in non-smoking adults.

SOCIAL MARKETING IMPLICATIONS

First, any messages about second-hand smoke should be directed at young smokers. Those in the younger age group (14 – 16 years) do not have as many places to smoke as older teens who can go to bars and clubs. This might mean their smoking behaviour is not as entrenched.

Secondly, one issue that smokers and non-smokers, boys and girls agree upon is that young children should not be forced to be affected by second hand smoke. This means that communications should probably focus on the negative impact as it relates to babies and young children.

Teens seem to have a 'live-and-let-live' attitude. They do not like to be asked to choose between one person's right and another's. They do not want to say that the smoker's right to choose is less important than someone's right to smoke-free places. Communications should be carefully crafted to ensure people's right to choose is respected.

There may be an opportunity to focus on the right not to be annoyed/ irritated, especially when enjoying a good meal or shopping for clothes and not having to cope with trying on smelly, smoky clothes or having somebody's cigarette burn a hole in their sweater. These issues might prove more emotional and concrete than more serious, longer term issues such as cancer or heart disease from second hand smoke, which seem too distant, too rational, and especially, unproven, to trigger emotions. This suggests an approach of playing on people's immediate, concrete concerns, as opposed to longer term, less critical threats.

INTRODUCTION

Background

The activities of the Office of Mass Media have been identified as an important component of a comprehensive and integrated approach to tobacco control. In addition, youth has been identified as a strategic priority. A youth campaign targeted to air in Fall 2002 will build on and support tobacco control activities undertaken at the national, provincial, territorial and regional levels in the areas of prevention, cessation, education and harm reduction, and help support strategic objectives.

The theme of Fall 2002 Youth Campaign is Smoke Free Spaces. The objectives of the campaign are to support youth in creating smoke free spaces, and to raise awareness about the harmful effects of second hand smoke.

Research Objectives

The purpose of the research was to:

- Primary: Gather evidence to provide direction for the fall youth campaign with a "Smoke-free Spaces" theme.
- Secondary: Provide direction for future quantitative baseline research.

Among others, specifically, the results of the focus group were intended to generate:

- General awareness, knowledge and behaviours of youth with regard to second hand smoke ;
- Insight into how youth deal with those (family, friends, others) who smoke around them;
- Determine awareness of harmful health effects/diseases caused by SHS and smoking;
- Insight into where youth are exposed to second hand smoke (home, workplace, community)
- Insight into how youth feel about being exposed to SHS;
- Insight into how smokers feel about exposing others to SHS;
- Insight into youth's ideas surrounding the right to smoke vs the right to smoke free space;
- Determine awareness of social effects of smoking (i.e., are youth concerned about being a negative role model for younger siblings and other youth, even if they themselves aren't worried about health effects?)

Method

In order to identify the outlined objectives, six focus groups were conducted to gain useful insights into the ad development. Canadians 14–16, and 17-19 years of age were the groups targeted for the focus group discussions. Each session lasted approximately two hours.

In total, 2 focus groups were conducted in the following three markets:

- Montreal
- Toronto
- Winnipeg

Each focus group contained the following participant specifications:

- Mix of smokers and non-smokers
- Mix of males and females

One group in each market was made up of participants aged 14 to 16, while the other group was made up of participants aged 17 to 19. The groups in Toronto and Winnipeg were conducted in English, while the Montreal groups were conducted in French.

Each group was audiotaped, and a copy of the tape is available upon request.

DETAILED FINDINGS

GENERAL SMOKING BEHAVIOUR

Information About Smoking Comes From A Variety Of Sources

Qualitatively, it appears that teens get information about smoking in general from a variety of sources:

- health class in school
- some other areas of school, such as biology, assemblies which deal with issues such as smoking, drinking and drug use
- posters at school
- TV commercials which focus on the health risks of smoking
- cigarette packages
- friends

It tended to be smokers who mentioned the warnings on cigarette packages as a source of information. Teens in Toronto and Halifax tended to say they got most of their information from school, with those in Halifax mentioning posters hung up at their respective schools specifically. Those in Montreal felt they got most of their information from the media.

Some also mentioned their own personal experience with family members and friends who had developed health problems as a result of smoking, and say that this has been a source of information about smoking. Relatively few, however, suggested that their parents had been a key source of information.

Virtually no one said they obtained information about smoking from their doctor, or any other health professional.

The most credible source of information for some was the television commercials which depicted real people telling their stories.

When asked for the main messages of the smoking information received, the following emerged frequently:

- causes cancer
- cigarettes are addictive
- hard facts – i.e. 'x' number of people die per year from smoking cigarettes

A few older participants (aged 17-19) in the Halifax groups said that most cigarette advertisements depict people who smoke as always having a good time, suggesting to them that this image of 'carefree' and 'fun loving' comes hand in hand with smoking. This image is not credible to these participants, who were non-smokers.

Some Youth Smokers Tend To Come From Smoking Families

Some, but not all of the participants who consider themselves smokers also have parents and/or older siblings who smoke. Among participants who do smoke, most could be classified as 'heavy' smokers, especially those in the older age group. These participants said that they smoked approximately one pack of cigarettes per day.

A few participants said that the number of cigarettes that they smoked per day varies on the situation. For example, they said that if they were 'hanging out' with their friends who smoked, then they would be more inclined to 'light up', as opposed to if they were by themselves. Most, however, indicated that they smoke 'anytime', regardless of the situation.

Although some of younger smokers said their parents are also smokers, participants in this age bracket tend to be secretive of their habit. In a few cases, parents have discouraged this behaviour in their children.

Most smokers in each age group smoke light cigarettes, although few are inclined to give a solid answer as to why they smoke these types of cigarettes. A few said that light cigarettes are what they experimented with and, thus, they are the only types that they have been exposed to. Some who have tried regular cigarettes stated that they prefer the taste of light cigarettes.

Interestingly, a few who smoke also claim to have health problems, including asthma. Despite these problems, which may or may not be caused by smoking directly, they continue to smoke.

Smokers Are Aware Of The Health Risks – And Monitor Their Own Behaviour As A Result

Qualitatively, it appears that the smokers interviewed are aware of the health risks associated with smoking. Moreover, some of them (particularly the younger ones) are concerned that their behaviour might influence younger siblings to also start smoking, and they do not want to see this happen. While they clearly regard their own decision to smoke as their right to choose, several commented that they do not want younger siblings to copy them; they don't want to be responsible for younger siblings making the same choice. One young smoker said she would 'break her little brother's fingers if she caught him with a cigarette!'.

This concern about their influence and/or effect on younger children and babies extended into their smoking behaviour as it relates to second-hand smoke. A number of the smokers said they make a point of not smoking around young children and babies because they believe they are particularly vulnerable to the health risks associated with the smoke. They suggest that young children under the age of ten are not aware enough of the dangers of smoking to make a rational choice about their own behaviour. Similarly, they felt that very young children have no choice with respect to second-hand smoke, in that they must be where their parents take them, and if their parents smoke, or they are around others who smoke, the young child cannot do anything about it. Some teens are also concerned about young children because they don't believe their lungs are fully developed, and are therefore at greater risk of damage from second-hand smoke.

Non-Smokers Cite Health Concerns As The Main Reason That They Do Not Smoke

Participants who do not smoke stated that they do so mostly because of health concerns. They understand the health risks associated with smoking (i.e. cancer) and do not want to willingly expose themselves to these health risks. A few participants claimed that they were allergic to cigarette smoke. Some, mostly in the younger age groups, consider themselves to be athletes and are worried that smoking would affect their athletic development and overall performance. Some teens do not like the smell that cigarette smoke leaves on their clothes and cite that as one of the reasons that they do not smoke.

A few participants simply stated that they do not feel the need to smoke, with one participant saying that the 'idea never crossed my mind'.

Some non-smokers, particularly younger ones, say the cost of cigarettes is an issue which has contributed to their decision not to smoke. Similarly, some smokers say they do not smoke as much as they used to for cost reasons.

FOCUS ON SECOND-HAND SMOKE

Awareness Of Second-Hand Smoke Appears To Be Widespread Among The Groups

Virtually everyone in the focus groups was able to say that second-hand smoke is the smoke that comes from the lit end of the cigarette and is dispersed into the air. It is 'second-hand' because it affects more people than the person who is smoking.

In this respect, teens have mixed feelings about second-hand smoke. For some, there is a sense of outrage that non-smokers should be affected by tobacco being smoked by someone else. While there is a clear sense that smokers make their own choices, and that no one should have the right to infringe on that choice, the recipient of second-hand smoke has not always made the choice to be in the vicinity of the smoke. There is a personal freedom issue at play. Some smokers (again, qualitatively it appears to be the younger ones) feel a certain sense of guilt that they may be the ones inflicting their smoke on others. However, one smoker from the older teen group in Halifax stated that she often asks those who are waiting with her for the bus if they would mind if she 'lit up'. Regardless of this situation, it does qualitatively appear that the younger smokers feel more guilty about who their smoke will affect.

Information About Second Hand Smoke Comes From The Same Place As Information About Tobacco

Teens say that information about second-hand smoke is typically tied into the information they get about smoking. However, they also acknowledge that they do not feel they know as much about the risks associated with second-hand smoke as they do about smoking. Some have a sense that the effects of second-hand smoke are worse than the effects of smoking because the smoke has not been filtered. In this respect, some feel the people hardest hit by second-hand smoke are the smokers themselves; they are getting the 'double hit' of the smoke they inhale by mouth, and the smoke they inhale through their nose.

When presented with the question of whether the second-hand smoke was worse from a light cigarette or a regular cigarette, most felt that there was no difference. Most teens in both age groups said that the second-hand smoke was harmful regardless of the type of cigarette smoked. A few felt that second-hand smoke inhaled from light cigarettes would be less harmful, due to the fact that light cigarettes use a filter.

Aside From Lung Cancer And Respiratory Problems, Participants Are Unaware Of Second-Hand Smoke Health Risks

The only health risks which teens were able to say with any certainty are associated with second-hand smoke are lung cancer and respiratory problems. They tended to base this on television commercials they had seen, particularly the one in which an older man describes how his wife died from respiratory problems caused by *his* smoking. In addition, some teens report seeing the 'target' television commercial, which depicts a woman sitting at her kitchen table, blowing smoke towards children in another room. The smoke turns into a 'bullseye'-type target. They associate this commercial with health issues in children.

Second-Hand Smoke Issues Is Considered A Problem By Some Teens

Some people feel second-hand smoke is a problem because they, or someone they know, suffers from health problems associated with second-hand smoke. In Toronto, for example, there was a non-smoker who had developed asthma as a result of living with two parents who smoke. He clearly felt second-hand smoke is an issue because it affects his ability to breathe properly. In addition, a non-smoker in Halifax claimed to be allergic to smoke, making second-hand smoke a problem for her.

Some feel it is a problem only when they, or others, are eating. In this respect, some suggested that the only places that should be regulated as smoke-free are restaurants. This was a bigger issue in Montreal than Toronto or Halifax because restaurants in Montreal are not as regulated. Many of the restaurants have non-smoking sections, but there does not seem to be clear divisions between the smoking and non-smoking sections. This means that non-smokers (or smokers, for that matter) are often affected by second-hand smoke while they eat. Most smokers acknowledged that they do not smoke when they are eating.

Others say that second-hand smoke is not an issue about which they are concerned. Some feel this way because they are not exposed to it. Non-smokers who live in non-smoking households, and whose friends do not smoke typically do not care about the issue. Others say it is not an issue because non-smokers have the right to choose not to be around smokers. That is, they say non-smokers can choose not to go to places where people typically smoke. They don't have to 'hang around' the 'butt lounge' at school, or go the bars and clubs in which smoking occurs.

Some feel second-hand smoke is not a problem except in the case of a non-smoker who lives in a household with a smoker. They feel that there are so many smoke-free places today, that many non-smokers are not around smokers enough for it to be a serious health risk.

Some simply say that second-hand smoke does not bother them, and therefore they do not consider it an issue.

Those Bothered By Second-Hand Smoke Typically Remove Themselves From The Situation

Those who have been exposed to second-hand smoke in the past say they tend to deal with it by leaving the vicinity of the smoker. If they are at a party and the smoke gets to be too much for them to handle, they open a window, go outside, or simply leave. If they are with friends who 'light up', they move away from the smoke. That is, the first inclination is to simply remove themselves from the smoking environment.

A few have asked people not to smoke, or to put out a cigarette. In some cases, it was a request to a friend or family member, while in a few cases the request was made to a stranger who was smoking in a public space like a bus shelter. A number of the teens interviewed said that, in their experience, most smokers will respect the wishes of a non-smoker when asked.

Few have taken stronger measures. At least part of this reluctance to take steps is related to what seems to be an unspoken code of conduct among teens. In each group, teens spoke quite firmly about the smoker's right to choose to smoke, and the non-smoker's right to choose not to smoke. There was considerable discussion about personal freedom, and a disinclination to infringe on that freedom. Some defended their attitude by saying there was no point in asking people to stop smoking because 'they won't listen anyway'. Others said it is not their place to try to tell others what to do. In all three markets, teens said that the main place they encounter a lot of second hand smoke is in bars and clubs. However, they also said they expect to find smoke there, and they believe it is unrealistic to want or expect those environments to be smoke-free.

Some non-smokers said that they would need to feel 'very confident' in order to go up to a stranger and tell them to extinguish their cigarette. For these participants, it is easier for them to leave the area where the smoking is taking place.

The common point of differentiation, however, was the notion that anyone smoking around small children could and should be asked to stop, again, because there is a perception that young children are not capable of choosing (or asking) for themselves.

Regulations And Enforcement Vary

In the three markets in which the groups were done, the regulations regarding where someone can smoke vary. In all three markets, however, teens said they are not allowed to smoke in their school buildings. In Toronto and Halifax, teens said this rule tends to be strictly enforced. They also said they are not supposed to smoke on school property outside, but the enforcement of this is rule is less consistent. In Montreal, however, teens said that while the rule exists with respect to the school, it is typically not enforced inside or outside the school.

In Toronto, most are aware that there is no smoking allowed in most public buildings and restaurants. They tend to feel this is enforced. However, the teens believe that smoking is allowed in bars and clubs, and they tend to feel this should be left alone.

In Halifax, the ban on smoking in restaurants and donut shops is more recent, and teens are still getting used to it. They are not sure how strictly the rules are being enforced, although one teen in the older group mentioned that she saw a man 'light up' at a smoke-free restaurant and he was quickly told by an employee of the regulation and subsequently put out his cigarette without a fuss.

A few teens in Halifax said that although some restaurants are now smoke-free establishments, some simply have respective 'smoking' and 'non-smoking' sections. They feel that these sections are relatively useless in that smoke can easily pass from the 'smoking' to the 'non-smoking' section. Both smokers and non-smokers in the Halifax groups would like to see all restaurants become regulated smoke-free environments.

In Montreal, teens believe there are regulations about smoking in public places like some restaurants, and the transit system. However, they do not believe it is enforced. They claim to have seen teachers smoking in schools, bus drivers lighting up on the job and the smoking tables in a restaurant right beside the non-smoking sections. While many of the non-smoking teens in the groups said they would like to see stronger enforcement, they did not believe it would happen.

There Is No Clear Trade-Off Between The Right To Smoke And The Right To Smoke Free Spaces

There is a sense among teens in Toronto and Halifax that the ban on smoking in public places is gaining momentum. There was some discussion in Toronto, for example, about the talk to ban smoking from bars, and even from the sidewalks. The teens in the groups interpret this as a move to force smokers to quit, more than a move to provide more smoke free space.

In this respect, there is no clear sense that the right to smoke free space is any more or less important than the right to smoke. Both are considered valid, and many teens in the groups feel the two should be given equal weight. They had no concrete ideas as to how the dilemma could be solved, other than to ensure that smokers always had sufficient areas in which they can smoke freely. Again, the need to protect individual rights and freedoms seems particularly important to teens.

Teens Are Unsure About The Messages That They Want Or Need To Hear

Teens could not say with any certainty what type of messages they want or need to hear with respect to second-hand smoke or smoking in general. However, it seemed from their discussion that personal stories from real people talking about the problems which had arisen from second-hand smoke would have some impact. Several in each group mentioned the new Health Canada commercial in which a mother blows smoke rings which drift toward her children (discussed above). The message is that children are the unwitting victims of second-hand smoke, and this tends to upset teens; they do not want to be in the position of (apparently) hurting small children through their behaviour. One boy said the commercial made him think about his own sister who smokes, and who has two small boys of her own; the teen did not like the mental picture he formed of his nephews experiencing health problems, and it seemed to confirm his own resolve not to smoke.

It should be noted that this attitude seemed more prevalent in Toronto and Halifax than Montreal. Qualitatively, teens in Montreal expressed considerable resistance to the commercials they have seen about the effects of smoking, on the grounds that they are too extreme and not truly credible. For instance, several spontaneously mentioned the visual of the teeth on the cigarette packages as being very impactful, but could not really relate to it. They could rationalize that they knew a lot of people who had been smoking for a long time (especially parents), whose teeth never looked like that.

There was a sense that inasmuch as shock images and statements succeed in creating awareness and being memorable, they also make it easy to rationalize tuning out and disbelieving them. The same kind of thinking applied to their reaction to second-hand smoke. Teens in the Montreal groups have heard it is worse than smoking in terms of health effects, but they tend not to believe it.

A few participants in Halifax said that they would like to see messages focussing directly towards them or their peer group. For example, one non-smoker said that she would like to see messages that depict the effects of second-hand smoke on 16-19 year olds. For instance, what does it do to their lungs or their teeth specifically and their body generally. There is a sense that messages that speak directly to teens would resonate more with some participants.

Some participants in Halifax felt (unaided) that messages coming from the Government were credible and there was a sense that the Government would not lie about such a serious topic as smoking.

HEALTH RISKS ASSOCIATED WITH SECOND-HAND SMOKE

Awareness Of The Specific Health Risks Seems Low

As noted, few in any of the groups could say with certainty that exposure to second-hand smoke would lead to specific diseases or conditions. Moreover, many took the position that while second-hand smoke is not good, the degree to which is bad probably depends on the extent to which someone is exposed to it.

Perhaps because of this lack of knowledge, many said that second-hand smoke ranks somewhat below other types of health risks such as smoking oneself, drinking alcohol or using drugs.

There Are Some Assumptions Made As To What The Health Effects Might Be

On an unaided basis, few teens were able to name any diseases that would result from exposure to second-hand smoke. On an aided basis, however, many correctly guessed that exposure could lead to various problems in children, and lung cancer in non-smoking adults. The following chart summarizes the number of people who believe exposure to second-hand smoke can lead to each of the diseases mentioned.

	Number of Participants			
	Total	Toronto	Halifax	Montreal
Chest infections in children	51	16	18	17
Lung cancer in non-smoking adults	45	15	18	12
Bronchitis in children	43	15	16	12
Asthma attacks in children	41	18	15	18
Crib death	22	9	6	7
Heart disease in non-smoking adults	21	7	6	8
Strokes in non-smoking adults	17	12	3	2
Ear infections in children	12	7	3	2
Arthritis is non-smoking adults	6	3	1	2
Multiple sclerosis in non-smoking adults	2	2	0	0
Alzheimer's in non-smoking adults	0	0	0	0
Number Of People In Groups	***56***	***18***	***18***	***20***

SOCIAL MARKETING IMPLICATIONS

There are a number of issues that arise from this qualitative data. First, any messages about second-hand smoke should be directed at young smokers. Those in the younger age group (14 – 16 years) do not have as many places to smoke as older teens who can go to bars and clubs. This might mean their smoking behaviour is not as entrenched.

Secondly, one issue that smokers and non-smokers, boys and girls agree upon is that young children should not be forced to be affected by second hand smoke. This means that communications should probably focus on the negative impact as it relates to babies and young children.

Teens seem to have a 'live-and-let-live' attitude. They do not like to be asked to choose between one person's right and another's. They do not want to say that the smoker's right to choose is less important than someone's right to smoke-free places. Communications should be carefully crafted to ensure people's right to choose is respected.

There may be an opportunity to focus on the right not to be annoyed/ irritated, especially when enjoying a good meal or shopping for clothes and not having to cope with trying on smelly, smoky clothes or having somebody's cigarette burn a hole in their sweater. These issues might prove more emotional and concrete than more serious, longer term issues such as cancer or heart disease from second hand smoke, which seem too distant, too rational, and especially, unproven, to trigger emotions. This suggests an approach of playing on people's immediate, concrete concerns, as opposed to longer term, less critical threats.

APPENDIX

PROJECT #229314 **GOLDFARB CONSULTANTS**
March 20, 2002

SCREENER – TEENS

Good morning/ afternoon/ evening. This is _____from Goldfarb Consultants, an independent research firm. We are conducting a study on behalf of Health Canada with people in the area. We are not selling anything, rather we are simply interested in your attitudes and opinions. May I have a few moments of your time?

1. We are interested in people's occupations. Do you, or does anyone living in your household work for any of the following?

	No	Yes
Advertising agency	☐	☐
Newspaper	☐	☐
Radio or television station	☐	☐
Market or opinion research company	☐	☐

IF "YES" TO ANY OF THE ABOVE THANK AND TERMINATE

2a) For the purposes of this project, we need to ensure that we are speaking with individuals in specific household compositions. Do you, or does anyone in your household have any children?

Yes ☐
No ☐ **TERMINATE**

2b) How old are the children in you household? **[DO NOT READ, CHECK ONE]**

13 and under ☐ **TERMINATE**

14 to 16 ☐ **GROUP A**

17 to 19 ☐ **GROUP B**

20 and over ☐ **TERMINATE**

CHECK QUOTAS

3) And is the _____ year old male or female?

Male ☐
Female ☐

CHECK QUOTAS

GROUP A – ASK Q.4a) **GROUP B – ASK Q.4b)**

4a) We will be doing a focus group among young teens in your area and we would like to invite your son / daughter. The purpose of the focus group is to get young people's opinions on issues related to second hand smoke. The study is being done on behalf of Health Canada. The focus group will last two hours, and there will be an honorarium offered. Do we have your permission to speak with your son / daughter?

Yes ☐
No ☐ **TERMINATE**

4b) Could I please speak with him / her? **[Use Q.4a) if you are asked WHY?]**

Yes ☐
No ☐ **TERMINATE**

ONCE CHILD IS ON THE PHONE:

5) May I ask how old you are? _____

6) And what grade are you in? _____

7) Do you smoke cigarettes?

Yes ☐
No ☐
DK / REFUSE ☐ **THANK AND TERMINATE**

HALF IN EACH AGE GROUPING SMOKE, THE OTHER HALF <u>DO</u> <u>NOT</u>

ENSURE THAT CHILD IS OUTGOING, ARTICULATE, AND NOT INTIMIDATED SPEAKING WITH ADULTS.

8) We are going to be doing some research in your area and are interested in your opinion. The research will be taking place in the afternoon, after school. There will be a group of about 10 teenagers like yourself, and someone asking you some questions. The discussion will last for two hours and we think you will find it fun. Would you be interested in participating?

Yes ☐
No ☐ **TERMINATE**

IF GROUP A ASK TO SPEAK TO PARENT / GUARDIAN AGAIN

We would like to extend an invitation to your teenager, to attend a marketing research session scheduled for Wednesday, March 27th at **[LOCATION AND TIME]** which will last 2 hour. The objective is to understand what teenagers think about second hand smoke and smoking inn general. There will be absolutely no attempt to sell anything. We are interested only in their thoughts and opinions. We think it will be enjoyable and your child would receive $50.
Can we confirm his or hers attendance?

Yes ☐ No ☐ **TERMINATE**

NAME: _____

ADDRESS: _____

CITY: _____ ZIP: _____

RESIDENCE PHONE: _____ BUSINESS PHONE: _____

RECONFIRMED BY: _____ DATE: _____

WILL ATTEND GROUP: _____ DATE: _____ TIME: _____

PROJECT #229314 / 02-301

Questionnaire de dépistage - adolescents

Bonjour/Bonsoir. Mon nom est ___ de LLG, une firme indépendante de recherche. Nous effectuons présentement une étude pour le compte de Santé Canada auprès des gens de votre quartier. Nous ne vendons rien. Nous sommes simplement intéressés à vos attitudes et à vos opinions. Puis-je avoir quelques minutes de votre temps? D'abord, nous sommes intéressés à l'occupation des gens. Est-ce que vous ou quelqu'un d'autre dans votre foyer travaille pour... **(Lire la liste.)**

Une agence de publicité	[ ]
Un journal ou un magazine	[ ]
Une station de radio ou de télévision	[ ]
Une compagnie de recherche ou d'études de marché	[ ]

[Si "oui" à l'un ou l'autre ci-dessus, TERMINER]

2a) Pour les fins de cette étude, il nous faut parler à des gens dans certains types de foyers. Est-ce que vous ou quelqu'un d'autre dans votre foyer avez/a d'enfants?

Oui	☐
Non	☐ **TERMINER**

2b) Quel âge ont les enfants dans votre foyer? **(NE PAS LIRE. Cocher une seule case.)**

13 ans ou moins	☐ **TERMINER**
14 à 16 ans	☐ **GROUPE A**
17 to 19 ans	☐ **GROUPE B**
20 ans et plus	☐ **TERMINER**

4) Et est-ce que l'enfant qui a ___ ans est un garçon ou une fille?

Garçon	☐
Fille	☐

GROUPE A – Poser la Q.4a **GROUPE B – Poser la Q.4b**

4a) Nous réalisons une discussion de groupe auprès des adolescents et nous aimerions inviter votre fils/fille. Le but de la discussion est de comprendre les attitudes des jeunes reliées à la fumée des autres. L'étude se fait pour le compte de Santé Canada. Le groupe durera 2 heures et nous remettrons une compensation monétaire. Est-ce que j'ai votre permission de parler à votre fils/fille?

Oui	☐
Non	☐ **TERMINER**

4b) Puis-je lui parler? **[Utiliser la Q.4a) si on vous demande POURQUOI?]**

Oui	☐
Non	☐ **TERMINER**

UNE FOIS L'ENFANT EST SUR LA LIGNE :

9) Quel âge as-tu? _____

10) Et dans quelle année de classe es-tu à l'école? _____

11) Est-ce que tu fumes des cigarettes?

Oui	☐
Non	☐
NSP / REFUS	☐ **REMERCIER ET TERMINER**

Moitié dans chaque groupe fument, l'autre moitié <u>ne fument pas</u>.

S'assurer que l'enfant est ouvert, articulé, et pas intimidé de parler avec des adultes.

12) Nous faisons une recherche dans votre quartier et nous sommes intéressés à votre opinion. La recherche aura lieu dans l'après-midi, après l'école. Il y aura un groupe d'environ 10 autres adolescents comme toi, et quelqu'un qui vous posera des questions. La discussion durera deux heures et nous pensons que tu le trouveras l'expérience agréable. Serais-tu intéressé à y participer?

Oui	☐
Non	☐ **TERMINER**

SI GROUPE A, DEMANDER À PARLER AU PARENT / TUTEUR DE NOUVEAU

Nous aimerions inviter votre adolescent à participer à une étude de recherche marketing prévue pour mercredi, le 27 mars, chez Legendre Lubawin Goldfarb Inc., qui durera 2 heures. L'objet de cette étude est de comprendre ce que pensent les adolescents sur le sujet de la fumée des autres en général. Personne n'essayera pas de vendre quoi que ce soit. Nous ne sommes intéressé qu'à leurs idées et opinions. Nous pensons que l'expérience sera agréable et votre enfant recevra 50$.
Est-ce que je pourrais confirmer sa présence?

Oui ☐ Non ☐ **TERMINER**

NOM: _____

ADRESSE: _____

VILLE: _____ CODE POSTAL: _____

TÉL. (RÉS.): _____ TÉL. (BUR.): _____

RÉCONFIRMÉ PAR: _____ DATE: _____

GROUPE _____ DATE: _____ HEURE: _____

PROJECT #229314
March 27, 2002

DISCUSSION OUTLINE

1. ***Introduction Of Moderators & Project (5 min)***

Before we begin, could I ask you to turn off any cell phones or pagers you might have with you.

This research project is being conducted for Health Canada. We are not asking you for any confidential information about you (including your full name), and your individual responses are never revealed to anyone. Each session is audiotaped for research purposes. The observers behind the mirror are from Health Canada. We want your open and honest opinions, and the reasons for your opinions.

NOTE: Given the topic, stress the confidential nature of the group.

2. ***Introduction of Participants (5min)***

Intro warm-up

Let's start the discussion by having you introduce yourself by your first name, and tell us a little about yourself. How old are you? What is your favorite course in school? What do you like to do in your spare time?

3. ***Smoking Behaviour (20 minutes)***

Today, I want to talk to you about second-hand smoke, and get some of your thoughts and opinions about it. Before we talk about that, let's spend a few minutes talking about smoking in general.

- Where do you get information about issues like smoking? What are your sources of information? **(Probe for peers, parents, teachers, media, doctor, etc.)**? Why? Why not others?

1a→e

- Do any of your friends smoke? Does anyone in your family? Have you ever smoked? Do you currently smoke cigarettes?

2a→p

  - **If Smoker**, how often do you smoke **(Probe for per day quantities)**? What kind of cigarettes do you smoke **(light, mild, regular)**? Why? Where do you smoke **(Probe for: at home, at school, in social settings, etc.)**? Why? When do you smoke **(e.g. only at night/morning/afternoon, on weekends, when I drink)**? Why?
  - Have you ever been concerned about others around you who may try smoking because you do (little brother/sister, friends, etc)? That is, do you see yourself as a role model for others, in either a positive or negative way?

- **If non-smoker,** what are your reasons for not smoking?

4. ***Second-hand Smoke (45-60min)***

I'd like to shift focus and talk about second-hand smoke, specifically

- What is second-hand smoke? What do you know about it? Who does it affect? Who is most vulnerable to it? **(Probe for: babies, young children, anyone?)**
- Is this a problem? Is it important to you? Why? Why not? **(Explore differences b/w smoker and non-smokers)** Do you care about it? Why? Why not? ***Smokers:*** Are you concerned about exposing others to your second-hand smoke? Why/ Why not?
- Are you ever been exposed to second hand smoke? If so, where? **(Listen for: work, school, home, social settings, etc.)**? Do you care? Is it an issue for you? Why? What concerns do you have?
- How do you deal with second-hand smoke **(Listen for: Leave, complain, start smoking, etc.)**? Do you deal with it differently, depending on who is smoking **(e.g. parents vs. friends vs. stranger)**? Why?
- Have you ever asked someone to stop smoking? *If yes*, What were the circumstances? Who did you ask? What happened? Would you do it again? Is there anyone you would feel more comfortable asking to stop? (eg. parents vs. authority figure vs. friends) *If never asked anyone to stop smoking*, would you ask someone to stop smoking? Why/why not?
- What action have you seen others take to encourage people to not smoke in particular areas? What would or could <u>you</u> do to take action? What would you need to know in order to take some action? How would you need to feel?
- Think about the places in which you are exposed to second-hand smoke? are these places regulated? That is, is smoking allowed/not allowed? If they are regulated, is it enforced or ignored? Should it be regulated?
- What is more important – the right to smoke or the right to have smoke-free places? Why? How can this dilemma be resolved? Is there a way for smokers and non-smokers to work together on this issue? Why?
- Is second-hand smoke from light cigarettes as bad as second-hand smoke from regular cigarettes? Why do you say that? Where did you get this information **(Probe for: ads, parents, peers, etc.)?**
- Where do you/would you/have you received information about second-hand smoke **(Probe for peers, parents, teachers, media, doctor, etc.)**?
  - What kind of information have you seen or received? What has it said? **(Probe for more detail than "it's bad")**? Is the information credible/believable? Why? Why not?

- Have you seen any ads that deal with the issue of second-hand smoke? What did they say to you? Did they have any impact on you? What? Why? Why not?

- When it comes to second-hand smoke and smoking in general, what sorts of messages do you want to hear? What would 'hit home' and make you think about smoking and second-hand smoke? Why? **(Probe this issue heavily)**

5. ***Health Risks (15-20min)***

- What are some of the harmful affects of second-hand smoke? Are you concerned about the health risks? Why? Why not? Do any of these health risks scare you? Why? Why not?

- How does second-hand smoke rank versus other health risks? Is it as big a risk as smoking yourself? Why? How would you rank it against things like drinking alcohol, smoking pot, using drugs like cocaine? What other health risks do you consider more dangerous than second-hand smoke?

- **(USE FLIP CHART)** Here is a list of some of the health affects and disease that may or may not be caused by Second-hand smoke. As I read each one raise your hand if you believe it is caused by second hand smoke:

a	Asthma attacks in children	g	Ear infections in children
b	Heart disease in non-smoking adults	h	Arthritis is non-smoking adults
c	Lung cancer in non-smoking adults	i	Crib death
d	Strokes in non-smoking adults	j	Multiple sclerosis in non-smoking adults
e	Alzheimer's in non-smoking adults	k	Chest infections in children
f	Bronchitis in children		

6. ***Conclusion (2min)***

- Thank you. Do you have any further comments?

PROJECT #229314 / #02-301

GUIDE DE DISCUSSION

1. Présentation de l'animateur et de projet (5 min)

Avant de commencer, est-ce que je peux vous demander de fermer vos téléphones cellulaires ou téléavertisseurs si vous en avez sur vous ?

Nous faisons ce projet de recherche pour Santé Canada. Nous ne vous demandons aucune information confidentielle, même pas votre nom au complet, et vos réponses individuelles ne seront jamais révélées à qui que ce soit. Chaque groupe fait l'objet d'un enregistrement audio pour fins de recherche. Les observateurs derrière le miroir sont des gens de Santé Canada. Nous voulons vos opinions franches et honnêtes et les raisons de ces opinions

NOTE: Étant donné le sujet, insister sur la nature confidentielle du groupe.

2. Présentation des participants (5 min)

- Avant de commencer la discussion proprement dite, veuillez vous introduire en me disant votre prénom, et en me parlant un peu de vous. Quel âge avez-vous ? Quel est votre sujet favori à l'école? Qu'est-ce que vous aimez faire pendant vos moments de loisir ?

3. Comportement (20 minutes)

- Aujourd'hui j'aimerais qu'on discute de la fumée des autres. J'apprécierais que vous me donniez quelques unes de vos reflections et opinions de ce sujet. Mais avant d'aborder ce sujet, prenons quelques minutes pour parler de la cigarette en général.

- Où est-ce que vous obtenez de l'information sur des sujets comme la cigarette? Quelles sont vos sources d'information? **(Approfondir amis, parents, professeurs, médias, médecin, etc…)**? Pourquoi ? Pourquoi pas d'autres ?

- Est-ce que certains de vos amis fument? Est-ce que quelqu'un dans votre famille fume? Avez-vous déjà fumé ? Est-ce que vous fumez en ce moment ?

    - **Si fumeur,** avec quelle fréquence fumez-vous **(approfondir : la quantité quotidienne)**? Quel type de cigarette fumez-vous **(légère, douce, régulière)**? Pourquoi? Où est-ce que vous fumez **(approfondir : à la maison, à l'école, lors de rencontres sociaux, etc…)**? Pourquoi? Quand est-ce que vous fumez **(par exemple: seulement le soir/le matin/l'après-midi, les fins de semaine, quand je consomme de l'alcool)**? Pourquoi ?

    - Avez-vous déjà été préoccupé du fait que d'autres personnes autour de vous pourraient essayer la cigarette parce que vous fumez (petit frère/petite sœur, amis, etc…)? Est-ce que vous vous voyez

personnellement comme un exemple à suivre pour les autres, que ce soit de manière positive ou négative ?

- **Si non-fumeur,** quelles sont vos raisons de ne pas fumer ?

4. *La fumée des autres (45-60 min)*
J'aimerais changer un peu de sujet et parler de la fumée des autres plus spécifiquement.

- Qu'est-ce que la fumée des autres? Qu'est-ce que vous en savez ? Qui est-ce qu'elle affecte ? Qui est le plus vulnérable ? **(Approfondir: bébés, jeunes enfants, tout le monde?)**

- Est-ce que c'est un problème? Est-ce qu'il est important pour vous? Pourquoi ? Pourquoi pas? **(Explorer les différences entre fumeurs et non-fumeurs.)** Est-ce que vous vous en préoccupez? Pourquoi ? Pourquoi pas? ***Fumeurs:*** Est-ce que le fait d'exposer des autres à votre fumée vous préoccupe? Pourquoi ? Pourquoi pas?

- Avez-vous déjà été exposé à la fumée des autres? Si oui, où? **(Être à l'affût de mots comme: travail, école, maison, lieu publics, etc...)**? Est-ce que vous vous en préoccupez ? Est-ce que c'est une question importante pour vous ? Pourquoi ? Quelles sont vos préoccupations ?

- Qu'est-ce que vous faites avec la fumée des autres **(Être à l'affût de mots comme : je quitte, je me plains, je commence à fumer, etc...)**? Est-ce que vous vous comportez différemment selon la personne qui fume **(par exemple, parents vs. amis vs. étrangers)**? Pourquoi ?

- Est-ce que vous avez déjà demandé à quelqu'un d'arrêter de fumer ? *Si oui*, Quelles étaient les circonstances? À qui l'avez-vous demandé? Qu'est-ce qui est arrivé ? Le feriez-vous de nouveau ? Est-ce qu'il y a quelqu'un auprès de qui vous vous sentiriez plus à l'aise de demander de cesser de fumer ? (par exemple, parents vs. symbole d'autorité vs. amis) *Si n'a jamais demandé à quelqu'un d'arrêter de fumer :* Est-ce que vous demanderiez à quelqu'un d'arrêter de fumer ? Pourquoi ? Pourquoi pas ?

- Quelles actions avez-vous vu d'autres personnes prendre pour encourager des gens à ne pas fumer dans certains endroits particulier ? Est-ce que vous voudriez ou pourriez prendre de telles actions ? Qu'est-ce que vous devriez savoir de façon à prendre une telle action ? Comment est-ce que vous devriez vous sentir pour le faire ?

- Pensez aux endroits où vous êtes exposé à la fumée des autres? Est-ce qu'il y a des règlements dans ces endroits? Je veux dire, est-ce qu'on permet ou non de fumer? S'il y a des règlements, est-ce que ceux-ci sont appliqués, ou est-ce qu'il sont ignorés ? Est-ce qu'il devrait avoir plus de règlements ?

- Qu'est-ce qui est le plus important – le droit de fumer ou le droit d'avoir des endroits sans fumée ? Pourquoi ? Comment peut-on résoudre ce dilemme? Est-ce qu'il y a une

façon dont les fumeurs et les non-fumeurs peuvent travailler ensemble pour trouver une solution ? Pourquoi ?

- Est-ce que la fumée des autres provenant des cigarettes légères est aussi mauvaise que celle qui provient des cigarettes régulières ? Pourquoi dites-vous cela ? Où est-ce que vous avez obtenu cette information ? **(Approfondir: publicité, parents, amis, etc...)?**

- Où est-ce que vous avez/auriez reçu de l'information concernant la fumée des autres **(Approfondir : amis, parents, enseignants, média, médecin, etc...)**?

    - Quel type d'information avez-vous vu ou reçu? Qu'est-ce qu'on disait? **(Approfondir pour plus de détail que "c'est mauvais")**? Est-ce que l'information était crédible? Pourquoi? Pourquoi pas ?

    - Est-ce que vous avez vu des annonces sur le sujet de la fumée des autres? Qu'est-ce qu'ils essayaient de vous dire ? Quel a été leur impact sur vous ? Pourquoi ?

- Quand il s'agit de fumée des autres en général, quels sont les messages que vous souhaiteriez entendre? Qu'est-ce qui vous frapperait et vous ferait penser à la question de la fumée et de la fumée des autres? Pourquoi ? **(Approfondir cette question à fonds.)**

5. *Risques pour la santé (15-20 min)*

- Quels sont les effets nocifs de la fumée des autres ? Êtes-vous préoccupé par ces risques pour la santé ? Pourquoi ? Pourquoi pas ? Est-ce que certains de ces risques pour la santé vous font peur ? Pourquoi ? Pourquoi pas?

- Comment comparez-vous le risque de la fumée des autres par rapport à d'autres risques pour la santé ? Est-ce que c'est un aussi gros risque que de fumer vous-même ? Pourquoi ? Comment le comparez-vous par rapport à des comportements comme consommer de l'alcool, fumer de la marijuana, utiliser des drogues comme la cocaïne? Quels sont les autres risques pour la santé que vous considérez plus dangereux que la fumée des autres ?

- Voici certains effets nocifs et qui pourraient ou non être causés par la fumée des autres. Dès que j'en mentionne un, veuillez levez votre main pour me dire si vous croyez oui ou non qu'il est le résultat de la fumée des autres.

➢ Crise d'asthme chez des enfants	➢ Infection de l'oreille chez les enfants
➢ Maladie cardiaque chez les adultes non fumeurs	➢ Arthrite chez les adultes non fumeurs
➢ Cancer du poumons chez les adultes non fumeurs	➢ Décès par cause du syndrome de la mort subite du nourrisson

➢ Attaque d'apoplexie chez les adultes non fumeurs	➢ Sclérose en plaque chez les adultes non fumeurs
➢ Maladie d'Alzheimer chez les adultes non fumeurs	➢ Infections pulmonaires chez les enfants
➢ Bronchite chez les enfants	➢

6. Conclusion (2 min)

➢ Merci. Avez-vous d'autres commentaires?