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Health Canada

Smoking Cessation Insights in 40 to 54 Year Old Mainstream Smokers and 25 to 44 Year Old Aboriginal Smokers

(POR 02-71)

Final Report

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Executive Summary

Binarius Research Group was asked to conduct research in support of a communication strategy on a smoking cessation media campaign to air in the winter of 2003. The target group for this campaign were mainstream 40-54 year old Canadians and 25-44 year old Aboriginal smokers both groups comprised of those who have attempted to quit or plan to quit in the near future. # 1

Inter-group differences are highlighted in this report if it was important enough to change the content of the communications strategy or media campaign.

The purpose of the research was to gather insights on values, attitudes, lifestyles and behaviours, obtain their perspective on specific ads and glean marketing insights. Eighteen focus groups were undertaken November 7-15, 2002. This comprised 12 mainstream Canadian groups in six locations across Canada and six with Aboriginals both on and off-reserve. # 2

This research suggests that there are important attitudinal distinctions between “blue collar” versus “white collar” mainstream Canadians. The former have a greater tendency to believe their addiction to cigarettes is greater and their attempts at quitting to be less successful.

The Aboriginal groups were comprised of 25-44 year old smokers. This research discovered no evidence that there were other demographic factors that would warrant attention in a communications strategy and the roll-out of the media campaign.

The top five themes that should be addressed within a proposed communication strategy are, in order: the importance of personal will-power to quit; that smokers feel they are outcasts; the impact on personal health and appearance; the fear of the side effects of quitting (stress, anxiety, mood swings); and, second-hand smoke. The cost of cigarettes and the benefits of having extra money in the pocket if one quits, is not considered to be a major value-added incentive.

Six ads were tested: Morgue, Debi, Aorta, Chuck – Blip, and Chuck – Help-line, and Antonio. The first five were tested in English Canada, while Antonio replaced Debi in Quebec locations.

While the contents of this report provides more detail, a synopsis of the Morgue ad showed that it lacked personalization and the statistics accompanying the ad were not seen in context. Consequently, the ad’s credibility was questioned and rationalized away.

Debi and Aorta have shock value. Debi best personalized the addiction of smoking and for that reason was more effective. Both ads must address the issue of desensitization. Antonio had similar responses.

The Chuck ads, while initially having less impact, appear to have long-term sustainability especially since it is a series. Chuck is like many of the participants: hardworking, middle class, unpretentious, with the same daily problems they face, and understanding what they have to cope with. Moreover, he’s winning the battle, one day at a time.

None of the Aboriginal ads had high initial impact (as Debi had in the mainstream ads) or sustainability (as Chuck had). They did not motivate participants to consider or sustain quitting. Morgue, while memorable, was not graphic enough; Cartoon appeared more directed at children; Teenagers were clearly directed at youth; and, while participants could relate to Testimonials, it was clearly not an attention grabber.

The results of the Aboriginal focus groups strongly suggest that, while there is definitely a preference for a campaign “made by and for Aboriginals”, the ads directed at the mainstream groups would be as effective with Aboriginals as well. Health Canada should consider fine-tuning the Aboriginal campaign to service both groups more precisely.

In terms of ad approach, emotional engagement and personalization is a prerequisite. Rote repetition of statistics, out of context, was felt to be preachy and condescending.

If Health Canada decides to go with one theme, it would be with the understanding, empathy and support typified by the ads featuring Chuck – the regular Joe.

As a medium, TV is a must. This should be backed up with a web site, 1-800 line, bus shelters, transit ads and brochures found in doctors’ and dentists’ offices.

1.0

Introduction

1.1 Background

A smoking cessation media campaign targeted to air in the winter of 2003 will build on and support tobacco control activities undertaken at the national, provincial, territorial and regional levels. The campaign will focus on prevention, cessation, education, harm reduction and other strategic objectives.

In support of this initiative, Binarius Research Group (Binarius) was asked to conduct research for the purpose of developing a communication strategy and direction for future quantitative baseline research. Binarius recommended a series of qualitative focus groups with both mainstream and Aboriginal Canadians. #1 #2

1.2 Purpose and Objectives

The purpose of the research was to obtain marketing insights into the views of Canadian adults in both mainstream Canada and Aboriginals on tobacco cessation. Potential themes and messages were also explored with the target audiences. #3

Previously aired Health Canada, Australian and United States ads were tested to assess the extent to which they resonated with Canadian adults interested in quitting smoking. The research obtained insight into the benefits of other mediums including a web site, 1-800 Quit line, and other mediums that could be used to support the efforts of smokers to quit.

The objectives of this research were:

- #4 - Obtain a portrait of adult smokers
- #5 - Obtain marketing insights into triggers that would encourage them to quit smoking.
- #6 - Gain insights into the values, attitudes, lifestyles, behaviours, social perspective, and self perception
- #7 - Gain insights into how relationships with peers and family of Canadian smokers influence their efforts to quit.

1.3 Methodology

There were two primary target groups for this research. These were: Mainstream Canadian smokers and Aboriginal smokers.

Eighteen focus groups were undertaken in total. Twelve groups were conducted with the mainstream target group in urban centres and six focus groups were undertaken with Aboriginals both on and off-reserve.

The mainstream target group comprised 40-54 year-old smokers (both males and females) from the general population. The screening criteria included the fact that they had either tried to quit in the past or were potentially trying to quit. The mainstream target group was further broken down by higher and lower socio-economic status (SES).

There is substantive as well as anecdotal evidence that rural Canadians (especially males) are a significant target group with respect to cessation of smoking. Consequently, this research ensured that some locations included a rural component in the participant mix.

The mainstream groups were held in pairs (one lower SES and one higher SES). The groups were held in Toronto, Montréal (French), Trois-Rivières (French), Charlottetown, London, and Regina.

Six of the eighteen groups were held with 25 to 44 year-old Aboriginal smokers. Four of these groups were held on-reserve and two were held off-reserve. The groups were held in Toronto (two groups), Kitisganzibi Anishnabeg (Quebec), Siksika (Alberta – two groups) and Wendake (Quebec).

The focus groups were held from November 7 – 15, 2002. Appendix A provides detail on the logistics of location and timing for all target groups.

A recruiting screener was developed (Appendix B) to recruit the target group according to the specifications of Health Canada. A moderator's guide (Appendix C) was developed to probe the issues as outlined under the research objectives.

The focus group sessions began with an introduction that included a review of the discussion group's objectives, expectations, ground rules and role of the moderator. Each session followed the lines of the moderator's guide ensuring full coverage of the subject area.

1.4 Inter-group Differences

This report contains the results of research, analysis, conclusions and recommendations for two distinct target groups: mainstream Canadians and Aboriginals. Inter-group differences are noted in this report either as separate sections or highlighted within the main report. The criteria for inclusion was if the content of the communications strategy or media campaign would be adjusted significantly.

2.0

Smoking Attitudes

2.1 Target Group Demography

Higher and lower SES

Previous research has shown that there are prominent attitudinal differences between smokers of lower versus higher socio-economic status (SES) and between rural and urban Canadians. Consequently, the research incorporated these target groups into the mix.

As the research showed, there are, indeed, noteworthy differences between specific groups. In most cases, higher SES groups tended to take more of a 3rd person, objective perspective to both the ads and in the reactions to questions posed in the groups. They appeared to be more confident in being able to quit smoking and had more hope in being able to do so.

Blue collar versus white collar

There are indications that high and low SES, while an important distinguishing characteristic of attitudes towards smoking and quitting, may be less of a factor than life experiences and social status. A review of the demographics of the recruiting report strongly suggests attitudinal differences towards smoking from a “blue collar” versus “white collar” split irrespective of income.

The differences are more a product of lifestyle and life experiences rather than income per se. Income mattered less than the type of job, area in which they lived and the social structure that surrounded them. For lack of a better term, blue collar attitudes differed from white collar attitudes in a number of ways. Blue collar participants were more likely than their white collar counterparts to:

- Portray themselves as addicted
- Feel more hopeless as regards quitting
- See tobacco as a deep-seated part of their lifestyle
- Tended to take more of a defensive posture about smoking issues

Why Health Canada targets these groups

Participants were asked why they thought Health Canada was so interested in this age group. There was a wide variety of opinion on this subject, but in general, they believed they were targeted because they were starting to feel and notice the effects of their smoking on their health

and appearance more at this age. In addition, many still feel they can benefit from quitting. As well, the often are in the position of either still raising children or can serve as role models for grandchildren. Other comments included:

- “We’re the baby-boomers”
- “Maybe we’re the ones exposed to the anti-smoking stuff longer than the younger people, so we’re a little more jaundiced, resistant”
- “We’re the age group exposed to the additives the longest, we’re the rats”
- “We’re the hard-core smokers”

2.2 Mindset of Mainstream

Reaction to the phrase “Quit Smoking”

Participants were asked what came to mind with the phrase “quit smoking.” The purpose of this research strategy was to gather information in an open and un-biased manner that allowed participants to mention what they felt were the most important issues.

The reaction elicited a wide range of thoughts and emotions. However, the following themes prevailed, and are placed in relative order of strength and sensitivity:

1. Personal will-power
2. The social pariah factor
3. The impact on personal health and appearance
4. The fear of failure and the stress, anxiety, mood swings during the attempt to quit
5. SHS impact

Personal will-power

If there was one theme that dominated discussion of “quit smoking” it was the importance of being personally motivated to quit. Most, if not all, of the participants stressed that quitting smoking was not something they could be cajoled or forced into doing. It had to come from a personal drive to take this step. For many this would be a personal, all consuming, and all-out effort they would have to travel alone. Recognizing that a smoker must be personally motivated to quit is the most important factor in reaching that goal.

The social pariah factor

Many participants took a very defensive posture with comments such as “I don’t like being told what to do!” or “Why should I?” This attitude was most often reflective of blue collar participants. It was often coupled with resentment towards being herded into non-smoking areas or being looked upon as weak. Recognition that smokers already feel singled out for their habit should be a consideration of the strategy.

The pariah factor may be summed in the comments of a few participants:

- “There’s a shame factor – (I’m) an outcast”
- “It’s an insult to intelligence, no freedom, embarrassment kind of thing”
- “Low self-esteem, peer pressure”
- “Makes me want to smoke more”
- “Makes me angry”

Impact on personal health and appearance

All participants were quite aware of the effects that smoking has on their health. These concerns ranged from tobacco-caused critical illnesses such as cancer, lung disease, heart problems and shortness of breath to the appearance effects such as smoker’s breath, tooth, odour of tobacco in clothes and finger discolouration.

While everyone acknowledges that smoking is bad for them, this knowledge is ignored and/or overpowered by the addictive nature of smoking. At the same time, this knowledge has been a very strong factor in their attempts to quit smoking.

Appearance is a reflection of health and a visible reminder to smokers of their habit. This factor attitude is best exemplified in the ubiquitous reaction in English groups (not Francophone groups) to the cigarette package that portrays yellow teeth. Many participants felt that was the worst graphic on packages. As one participant said, “I still refuse to take the one with the teeth.” Or as another noted, “Yeah, the teeth are the worst.” Appealing to health and appearance concerns would be effective as part of a smoking cessation strategy.

Stress, anxiety, mood swings and addiction

Many participants spoke how difficult it was for them to quit smoking due to the discomfort of withdrawals. For some, the anticipated mood swings, anxiety, and pain of quitting pre-empted attempts at quitting. For many hard core and blue collar smokers they had simply lost hope of ever quitting.

Most smokers realized they were addicts. As one person noted, “when you have an addiction, you go right down to the ground level.” This addiction often resulted in a search for some form of quitting smoking aids such as nicotine patches or gum. As a side note, more than a few participants had experienced serious health side-effects with nicotine patches.

SHS impact

The harmful effect of second-hand smoke is a factor that the focus group participants noted as something that would cause them to consider quitting smoking. Their focus was on the damage SHS has on their loved ones. There were many comments on SHS and smokers readily admit trying to limit their smoking to occasions where they would not impact others. However, smokers tended to draw a line, almost a defensive position and were much less concerned with SHS when they were smoking in areas that were not strictly prohibited, e.g., outdoors.

Cost of cigarettes

The perceived high cost of cigarettes was always mentioned as a factor when considering quitting smoking. However, while the cost was resented, it was not seen as a primary motivator. As one person noted, “It costs money to eat, if you’re going to smoke, you’re going to smoke.” It was more of a benefit of having quit rather than a motivating factor to quit. Even then, however, many participants felt that the extra money in the pocket would not make a material difference in their lives. Cost considerations should not be considered a quitting smoking theme.

Many participants reflected on the higher cost of purchasing quitting aids (e.g., nicotine patch, Zyban, Nicorette Gum, etc.) compared to the cost of purchasing cigarettes. They strongly urged the government to provide some form of cost relief in this area. Many participants, particularly the lower SES believe that the government should pay for all of the expenses related to quitting including medication. Because they allow cigarettes to be sold legally and make a lot of money, a portion of the taxes should go to helping smokers quit.

Death and dying

Very few participants mentioned “death” as an open-ended response to the phrase “quit smoking.” As one person said, “it’s inevitable.” Most participants were much more concerned about the pain and suffering of “dying” rather than death itself.

The depth of addiction was often revealed in anecdotal references to personal experience, friends or family, who suffered or died due to smoking and yet they still smoked. One woman noted how she had a relative die of smoking: “And I didn’t quit and now I look after her little girl who is 4 years old and I’m smoking ... it’s disgusting but I find I have no control.” The prospect of death should not be considered a quitting smoking theme.

2.3 Mindset of Aboriginal Smokers

Participants considered tobacco as a traditionally sacred plant and as a spiritual medicine that was once highly respected in Native culture. Now it is denigrated to being an unhealthy addiction which lines the pockets of the cigarette manufacturers. It was felt that the original usage of tobacco as an offering and for ceremonial purposes was a much more healthy way of using it. Smoking it had many participants believing that they were dishonouring its original purposes. It was also felt that the wild tobacco plant is much healthier in its chemical constituency than the domesticated variety now used by the cigarette manufacturers.

2.4 Experiences Affecting Smoking Patterns

Participants were asked for their reaction to specific statements.

“I can quit smoking anytime I want to”

Most, if not all, participants had attempted to quit smoking. Some have tried several times but have failed. The top of mind reaction by most participants could be summed up with the words of a more than a few participants: “Been there” “Not true,” “I have to have that cigarette or there’s hell to pay, everyone’s better off with me smoking.”

It was widely acknowledged that cigarettes were extremely addictive and that the biggest success factor was personally being ready to quit. As one person noted, “You’ve got to really, really want to quit - it’s got to be more important to you than anything else, you can’t do it for anybody else.”

Participants noted that lifestyle considerations were an important factor. Many noted how they would try to steer clear of traditional smoking situations, e.g., bars, cars, etc. However, some situations could not be avoided. As one person stated, “I can go without smoking for a day, two or three days, but then I go back to work ... it seems always drives me to buy a pack. I’m a closet smoker, really. Work is a bad thing for me.”

Some participants felt that some external factor, such as quitting drinking at the same time, or going into the hospital, or going to jail, may be the only way they could quit.

“I notice that non-smokers are asserting their rights more nowadays”

The reaction to this statement often elicited a very defensive, bitter posture especially with the blue collar participants. Many believed they are being bullied by government or pushed around by non-smokers. Further, participants believe that non-smokers militancy was a growing trend that had increased in frequency and strength much more lately. Ex-smokers were almost unanimously agreed to be the worst offenders. Typical comments included:

- “it’s a personal choice”

- “we also have rights”
- “They look at you or sneer at you, stuff like that”
- “More people are comfortable about getting in your face about it”

The on-reserve Aboriginal perspective was different. These participants expressed some doubt that that statement was true because they still see a lot of people smoking. However, participants generally acknowledged that more and more places, particularly public buildings, were restricting or banning smoking, such as in restaurants and malls. Some mentioned that they were aware of some bingo halls and casinos banning smoking, though they generally felt that there were still more smokers than non-smokers. It was also acknowledged that non-smokers have rights too and those rights should be respected, especially when people are eating.

“I recall information people have given me on the benefits of quitting smoking”

When participants were asked for their reaction to this statement, the benefits most often recalled were general health considerations (“better for you to quit ... you’ll be healthier”) or that food tastes better or that one would not have to deal with pressure to quit from a family member. Most participants felt they understood the benefits of quitting.

This statement often prompted questions and concerns about the role of Government with regards to smoking. It was evident that “Government” meant any governing body having an influence on the smoking issue. However, Health Canada or the Federal Government was often a prime candidate or top of mind.

Many participants felt the government was hypocritical for telling them to quit, but collecting high taxes from smokers, and not providing some form of direct support for help in quitting.

“Warnings about health hazards of smoking move me emotionally”

Most participants acknowledged that they don’t pay much attention to cigarette health warnings other than when a new ad appears on a pack of cigarettes. They tend to remember the pictures but not the written warning. Most simply choose to ignore the warnings. Some participants felt that the warnings were over exaggerated. One participant said, when someone reminded her of how smoking can affect her health, “I can always remember the person I once knew who lived to be ninety and smoked every day”.

Television commercials were prominent in the minds of most participants. They admitted being moved by the graphics at first, but now had, for the most part, tuned out most of the warnings about the hazards of smoking, whether on cigarette packages, television screens or in print ads. Many participants firmly believe they know enough about the hazards of smoking. As one person said, “you hear it over and over and you hear it through your kids from school, you hear it everywhere.”

Some participants suggested that efforts to persuade them to quit actually triggered the opposite reaction. It got them thinking about having a cigarette.

“I think about information from articles and ads on how to stop smoking”

Most participants had little reaction to the statement. A few reiterated that, since they already know the hazards of smoking, they tended to pass over ads and articles on the subject.

“I react emotionally to warnings about the effects of smoking on others”

Most participants felt they had dramatically modified their smoking modus operandi over the years. They recognized one had to be considerate of others since SHS was harmful. Several group members cited not wanting to harm their children or grandchildren, and that they had altered their smoking behaviour to prevent exposing them to their smoke.

Others mentioned that they took cues from their environment. If they knew a person was a non-smoker and/or saw no ashtrays, they would not smoke. As one person said, “If I go to your house and you’re a non-smoker and I don’t see an ashtray, I won’t smoke. I won’t stay long or I’ll go outside.” As mentioned previously, smokers tended to be more “rights” oriented when it came to SHS in the milieu where smoking was allowed.

“I find that since there are fewer places to smoke, it helps me consider quitting”

This statement elicited very strong reaction. While some admitted they were smoking less (“It pissed me off in the beginning but I’m using it to my advantage because I smoke less”), many others felt it simply created resentment and were adamant that they were not moved to quit smoking due to restrictions on where they could smoke.

Other participants cited the camaraderie wrought by a siege mentality actually made them feel closer to other smokers (“I feel like a leper, sometimes”). For some, designated smoking areas were now a substitute for the office water cooler and served as the insider information channel.

One person explained the psychology with regards to designated smoking areas as less encouraging one to quit so much as simply changing the habits of smokers. Changing the habits makes it easier to quit.

Smokers are constantly evaluating the circumstances or the environment they are in to assess whether it is socially acceptable to smoke. For some participants, finding fewer places to smoke means they value the cigarette they are able to smoke much more highly. As one person described it “that’s the best cigarette.”

“Family and friend support is crucial in helping to quit smoking”

As mentioned, smokers believe that quitting is a highly personal decision (“It’s up to me to quit, and only I can make it happen.”). However, support is crucial in helping to stay smoke-free.

Reinforcement such as acknowledging how difficult it is or by helping a smoker to stay clear of smoking situations are the two best ways family and friends can support efforts to quit.

Nagging a smoker who is in the process of quitting was mentioned often as one of the ways friends and family could be least helpful. Some don't want to publicize their decision in case they would not succeed and would be judged by their friends and relatives on the success.

“Smoking (tobacco) has always been a part of our cultural ceremonies”

Asked in the Aboriginal Groups only

All participants acknowledged this statement to be true. Some felt that the tobacco used in ceremonies was more pure than the tobacco found in cigarettes. Traditional tobacco did not have the chemical additives. It was also believed that the ceremonial smoking of the pipe was different in that it was not smoked constantly like cigarettes and was not supposed to be inhaled.

3.0

Mainstream Ad Reviews

3.1 Morgue

Impact - Mixed

In terms of visual impact, Morgue received mixed reactions. Many participants found this ad sombre; others felt that it was too mild with little impact as an attention grabber. Either way, many participants did not appear to be motivated to quit smoking by this commercial.

Bodies on gurneys with toe tags attached were most often mentioned as the most striking visual component of the ad. The number tags on the feet are eye catching.

The 45,000 has to be put in context

Perhaps reflecting the rationalization for their smoking, many participants simply could not relate to the mention of 45,000 Canadians who die each year from smoking. Other participants simply questioned the accuracy of the statistics: "I mean 45,000 is a lot of people - they keep saying that but I don't necessarily believe that. "You can make figures say whatever you want."

Rationalization

Some participants felt that the dead bodies reminded them more of accidents or violence. While some find it an emotional situation, others rationalize that they were going to die in any event. As one person noted, "we're all going to die."

Others rationalized that they believed there were many more deaths due to automobile accidents, alcohol or disease and therefore questioned the relevancy of the numbers due to death by smoking related diseases. "They could use that commercial with diabetes, with anything ... it's just morbid. There's been as many people involved in car accidents as well."

Personalization

Personalization, or lack of it in the Morgue's case, was seen as an important element in an anti-smoking ad. While a morgue symbolizes death, the fact that no faces were seen or the anguish of loved ones was not depicted did not leave as strong an impression as would having a face attached to the misery.

As one person noted, "It screams death, but not my death; I'm looking at somebody else." Adding a loved one looking through the morgue window, crying or otherwise displaying sadness or despair would create a stronger reaction.

Key Message

The key message participants saw from this ad was that “smoking causes death.” It is not death that scares smokers so much as suffering and the fact that they might not be able to enjoy life. Most participants feel they will die from some form of malady anyways and probably not be caused by cigarettes. Others claim that smoking would simply be a contributory and not the singular reason why they die.

Summary

Morgue impacted on some participants but not on others. The somber tone, toe tags and the 45,000 figure had some relevance for some people. Most found the ad to be not personal enough, questioned the 45,000 figure and concluded that death would be preferable to suffering. As such, for these people, the ad simply had very little impact.

Suggested improvements included personalizing the situation more by showing friends and loved ones suffering. The 45,000 figure has to be put in some form of context, either in comparison to other known causes and statistics on deaths or in the form of how the figure compares to the population of a town that smokers may be somewhat familiar with e.g., Moose jaw, Peterborough, etc.

3.2 Debi

Impact – Strong Initial Reaction

This ad had a very strong emotional shock value on most participants regardless of SES. “Gross, disturbing, disgusting, and unbelievable” were the adjectives used to describe what they had seen. When asked if this prompted one to consider quitting, the reaction was mixed. Some would, some would not.

Greatest visual impact

When asked what about the Debi that impacted them the most, participants generally focused on holding the cigarette to the tracheotomy and dragging on it. It is considered a “hopeless” situation.

Personalization

The fact that Debi was a real person living under those circumstances was very important because it personalized the pain. That she would continue to smoke despite her ordeal was inconceivable. Typical comments included:

- “You can recognise yourself here”

- “You don’t want to end up like that”
- “I don’t want to be Debi with a cigarette hanging out of my throat. People look at you bad enough with a cigarette in your hand”

Desensitization

A cautionary note on Debi was that participants felt they would get desensitized to the imagery over time. As one person said, “I get de-sensitized to massive deaths on the television, after a while.” Participants felt that for maximum effectiveness, more Debi-like scenarios should be presented. “You have to keep coming up with new stuff.”

Key Messages

Besides having a prominent initial shock value, participants understood there were a number of key messages. These included:

- Smoking is very addictive
- Quit before it gets to you
- Being sick is worse than being dead

Summary

Unsolicited top of mind responses strongly shows that Debi had high initial visual impact. Having to smoke through a tracheotomy underlined the depth of addiction. Debi personalizes the despair of not being able to quit. The challenge of this ad is to address the desensitization factor. As smokers have conditioned themselves to tune out the graphics on cigarette packages, so too would they to Debi on television. While recognizing the difficulty of finding other Debi-like scenarios, having a variety of them would be more effective than Debi repeated many times.

3.3 Aorta

Impact – Strong Initial Reaction

Like Debi, many participants found this ad to be “gross and disturbing.” The fact that the smoker was only 32 years old was either scary or unbelievable given the quantity of gunk coming out of the aorta. The fact that the aorta came from someone just thirty-two years old had many participants wondering how much worse would it be for someone in their age group.

Personalization

Unlike Debi, it was tougher to personalize Aorta because it did not depict a real person.

- “Debi I will remember, this one I won’t”
- “Because Debi was a real person....”

Lack of credibility

Aorta had a credibility problem for many participants. Many rationalized that the problem was due to a poor diet and a major cholesterol problem rather than from smoking. Some typical comments included:

- “There is too much fat in the aorta for a 32 year old if it is only due to cigarettes”
- “There (must be) other factors contributing, it has been caused by what he was eating and by pollution in general”
- “That person probably had a severe cholesterol problem”
- “That might not even be from smoking, it could be his cholesterol. It depends on what kinds of systems he has”
- “I don’t believe it”

Excessively graphic

Despite the fact that all participants say they know that smoking is not good for their health, they feel this commercial is excessively graphic for effect. It also poses the difficulty of ratcheting up the grossness factor. How much more graphic would the next ad have to be in order to be effective?

Key Message

The key message from this ad was, “Look what you’re doing to yourself.”

Summary

The conclusion for many participants was disbelief. Because it was not believable, it would not make them think more about quitting. Suggestions for improvement would be to depict a lung because it more directly personifies the harm smoking does to the body. It would show the smoke going directly into the lung and showing what it’s doing to it. Having a healthy lung for comparison would enhance the value.

3.4 Chuck ad (Blip)

Impact – Less initial, more sustaining

Most participants agreed that this was an ad with a person one could relate to. It was perceived as a refreshing point of view relaying a positive message. Participants feel this ad motivated them to make an effort to try quitting again or, more likely, gave them encouragement while in the process of quitting. It was generally perceived as the most motivating ad even if it had less initial impact.

Personalization

Participants felt that this commercial understood their psychology and their difficulties in trying to quit smoking. Many could see themselves in Chuck. They felt he understood their experiences.

Positive motivation

Chuck was liked because he was not judgmental, was encouraging, and sounded like a real smoker. The humour was appreciated because it provided the hook to hear the message. One person noted that: “Positive motivation is good too; if it’s always negative motivation that’s not going to work for a lot of people.” Or as another noted, “He’s happy, he conquered it and he had setbacks but so what? He’s going on.”

Key Messages

- Quitting smoking is a process: it’s up to the smoker himself to quit or not
- Take it one day at a time, anyone can quit
- Don’t give up
- Hope

Testimonial / Anecdotal approach is effective

The testimonial approach was credible and Chuck was described as someone like everybody else. Almost everyone could relate personally to this situation. Many say that the story is similar to their own because it features somebody who had problems quitting and that it is a call to persevere which will eventually lead to success. As one person said, “Chuck was motivating because it was a success story, a regular Joe.”

Participants were especially encouraged by the fact that Chuck acknowledged failure. It was recognized that it was OK to fail and that eventually one will quit.

Canada-friendly Chuck themes:

- Show him standing outside freezing in 40 below or in a blizzard.
- Have him shivering outside and the next clip would be him looking outside, chuckling.
- Put him on a beach somewhere saying how he can afford this because he quit.
- Have Chuck on a beach in Cancun with all his friends and having fun on the beach, while his brother is standing outside smoking in a blizzard.
- Have Chuck's son score the winning in his hockey game while was outside smoking.

Summary

The conclusion for many participants was that Chuck represented and symbolized many of the issues and challenges they had faced with trying to quit. The tone was positive and encouraging which was greatly appreciated. The fact that Chuck would be part of a series greatly enhances its value. Suggestions for improvement would be to ensure that Chuck portrays Canadian smokers and smoking situations.

3.5 Chuck – Help Line

Impact – Low, confusing, but it is still Chuck.

Chuck – Help Line was not as well received by most participants as was Chuck – Blip. While participants still liked Chuck's appearance and "average guy" representation, they did not necessarily like the ad itself. It minimized the importance of addiction with regards to cigarettes. Some even described it as "stupid."

Key Messages

The group felt that health concerns were significantly more motivating than "savings" as shown in this ad. As such, the cash, dollars, money-motivated factors were not effective. As one person noted, "you don't motivate someone by telling them how much they'll save."

Help-line

The help line message was lost for a majority of participants who focused on the dollar saving part of the message without being convinced.

Confusing

Few people understood why Chuck spit out his drink. Almost everyone missed the thematic approach with the cup of coffee at the end of the commercial.

Summary

The conclusion for many participants was that this ad was confusing. The theme of saving money was not effective. However, because the ad portrays Chuck, it had residual value. There is some question whether Chuck would be as popular if participants had not been exposed to Chuck – Blip prior to Chuck Help-line. The cautionary note here is that the scenarios acted out have to be a little less confusing and the savings theme may not be an effective premise for further Chuck ads.

3.6 Antonio (Presented only to Francophone Groups)***Impact – Strong Initial Reaction***

This ad was very striking for everyone especially the sound of the voice and the tracheotomy. The tone is described as sincere and the testimonial approach very effective in communicating that cigarettes can cause throat cancer. Many participants felt the ad was scary and it would at least reinforce their desire to eventually quit smoking.

Credibility

The fact that there were no moralizing editorial comments linked to the testimony increased the credibility of the message. There was substantial disbelief concerning the point that Antonio smoked only 10 cigarettes per day and yet caused such a severe illness (it's exaggerated").

Empathy

Most participants had empathy for Antonio because they could feel his suffering and the negative impact of his illness on his quality of life. A few participants in each group said "it's worst than being dead".

Some participants noticed that Antonio had rotten teeth. This was a negative stereotype that proved to be more of a distraction than a support to the testimonial.

Summary

Like Debi, Antonio had high initial visual impact. Antonio personalizes smoking addiction, but there is some question of credibility of having smoked only 10 cigarettes. There are no suggested improvements to this ad other than to have other Antonio-like scenarios.

4.0

Aboriginal Ad Reviews

4.1 Cartoon *(Shown in Aboriginal groups only)*

Impact - Mixed

Participants had mixed feelings as to the effectiveness of this ad. On the positive side, the participants felt that it was immediately eye-catching and that it presented factual information about the harmful chemical constituents of cigarette smoke. They also felt that it painted a clear picture of the numerous health problems that cigarette smoking induces and that the cartoon format was a very good way to reach Aboriginal children and teenagers.

In terms of negative features, participants felt that this ad was aimed at children and not themselves. They also felt that it dwelt far too much on health statistics to maintain the interest of most children or their own age group.

Aboriginal content minimal

Questions were also raised about the ad's Aboriginal content. In this regard they felt that, although the cigarette character mentions Aboriginal people directly and is even defeated by a giant brown-skinned arm wearing a gigantic boxing glove, that the 'Native-ness' of the ad was minimal.

Most of the participants felt they could not relate to the youth in the ad, although the message seemed to get through that smoking can affect the way you look and smell to others, such as bad breath, yellow fingers and yellow teeth. Also the message that smoking or second hand smoke can harm an unborn baby got through. The fact that people talk negatively about smokers can be effective because smokers tend to care what other people think and don't like to be embarrassed.

Summary

Many participants indicated that, at best, this ad would make them briefly consider quitting smoking, but that in the long run it would only be annoying. Their suggested improvements stressed that the cartoon format was good for young people but that in order for this ad to be effective for children that it should lighten up on the preachy repetition of hard-to-grasp factual materials. A notable group of opinions suggested that the ad was too male-oriented as it was in a boxing ring and the character was also male. It was thus suggested that the cartoon format for children must also be inclusive of women.

Participants also felt that in order to reach them, the ad should be much more graphic in its depiction of the harmful effects of smoking. This was due to the fact that they had been exposed repeatedly over the years to various anti-smoking materials and now needed something that would shock them into an anti-smoking state of mind.

4.2 Teenage Girls *(Shown in Aboriginal groups only)*

Impact - Mixed

There were also mixed feelings about this ad as well. On the positive side, the participants felt that this ad was clearly aimed at teenagers and that it presented the ill effects of smoking on an individual's attractiveness and on pregnant women and babies. Overall, groups indicated that this ad would not be very effective in getting them to quit smoking.

Negative Messages

There were many negative aspects that were perceived by the two focus groups. Many felt that the reliance on gossip as a way to transmit the message was negative and sends out the wrong image of Native people as rampant gossipers. They also felt that the storyline and setting were unrealistic in that if the girls were truly in a pool hall then why wasn't anyone smoking in the background, particularly the male character shooting pool. This didn't ring true for the participants as they felt that the ad had been sanitized. In this instance they felt that the ad must present things as they really are in order for it to be effective.

Summary

Production values were also cited as a failing of this ad. They felt that it looked cheap and that the cast were clearly amateurs. Some participants felt this ad was effective because it spoke mostly of the positive effects of quitting smoking and not so much the negative aspects of smoking.

Participants seemed to relate to the people in the ads as positive role models for quitting, sensing that if these people can quit why not me. Although a smoke free life is appealing to most of the participants, it was generally acknowledged that it takes a lot of will power and family support to quit smoking.

4.3 Testimonials *(Shown in Aboriginal groups only)*

Impact - Mixed

More mixed feelings about this ad, but more towards the positive side. This ad was inspiring because it showed actual Native people telling their own stories about how they quit smoking.

The participants felt they could learn something from this because the ad featured people that, for the most part, they could relate to, true stories from other Aboriginal people.

Political backlash

Negatively, however, the participants felt that the presence of former National Chief Phil Fontaine detracted from the ad's effectiveness. The general opinion was that politicians are untrustworthy and that this ad was being used by Mr. Fontaine as a means of maintaining his place in the spotlight. His sincerity was questioned and this focus of attention on his sincerity overshadowed the other positive aspects of the ad.

Summary

For some, the ad's overall effectiveness was questioned by participants as they felt that it wasn't hard-hitting enough for them. As before, they felt that they needed to be shocked into quitting smoking. However, some participants could relate to these stories in a very personal way; however this ad's effectiveness was hampered by the use of Native politician Phil Fontaine.

4.4 Morgue *(as reviewed by Aboriginals)*

Shown in both Mainstream and Aboriginal groups. The following is from the Aboriginal perspective only.

This had the most positive response of all the ads as most participants felt that this one showed what happens to smokers over the long run. It was short and to the point and its visual cues, action, narration and music were all combined to make its message much more accessible to viewers.

Morgue had the most positive responses as to its effectiveness. The visual effect of the morgue setting, presentation of facts and the slogan "smoking, we can live without it" made this the most memorable one for the participants.

On the negative side they felt that the ad was aimed at all Canadians in general and not specifically for an Aboriginal audience. They also felt that despite the depiction of a morgue and bodies of dead smokers, that the ad wasn't graphic enough for them.

5.0

Media Analysis

5.1 Introduction

Participants in this study were typical of many other studies conducted by Binarius. Comments on the media and/or marketing perspectives were few and insights even scarcer. Participant top of mind responses are typically tuned to the media of choice for many Canadians, that is, TV without understanding in depth why the medium is best suited for reaching them. With this caveat, the media most effective, in rough descending order of importance was:

- TV ads
- Web site
- Doctor's office, health clinics
- 1-800 line (for French groups, the 1-800 line was the second most popular)
- Buses, bus shelters (except Charlottetown where there is no public transit)
- All others

5.2 Media Analysis from the Aboriginal Perspective

Comments from the Aboriginal groups on the media were also scarce. By far, the medium of choice was TV. Many cited that with the advent of The Aboriginal Peoples Television Network, it gave Aboriginals across Canada an outlet to view the media in a more culturally sensitive manner. Web, magazines, contests, posters, newsletters and store displays hardly registered in any way as a medium to be considered.

Recognizable Aboriginal role models, elders and community leaders surprisingly did not seem to matter much to the participants in terms of potentially being an influence to quitting smoking. However, among the people identified as "well known" that caught the attention of the participants were: Jennifer Poemski, Adam Beach, Janna.

5.3 TV

Television commercials were seen as having the strongest influence on participants ("they have a strong impact, and create talk among people", TV's more powerful. It projects better").

Overall TV was felt to be very effective because of its capability to reach a very broad audience. Prime time programs on main channels are favored also for this reason.

5.4 Web Site

A website was considered beneficial by many participants. Most preferred this as the secondary method of communication after TV ads. It was not necessary to link the theme of the TV ads with the content of the web site. For example, Debi, Chuck or a body part does not necessarily have to form part of the web site in order to be effective.

Content should include:

- Tips on how to strengthen their resolve
- Tips on how to quit successfully
- Positive reinforcement messages
- Support group contact numbers
- Nutrition tips and alternatives to smoking
- Real statistics
- How to cope with difficult times and situations

For the Francophone groups and many in the Aboriginal groups, the Internet has a low penetration rate. Even those who go on the Web don't feel it is adequate: they need help from a real person rather than static information or tips. Chat-rooms might be considered but mainly for younger smokers (who use the Internet).

5.5 Medical and dental clinics

Medical and doctor clinics and offices were strongly supported as places for brochures, pamphlets and posters to be located. There is an expectation that this material would already be there.

Other health related locations (e.g., dentist's office) are also felt to be effective because people are captive while in the waiting room. The environment lends itself to this type of message.

5.6 A 1-800 Line

A 1-800 help line was considered clearly second to the website. However, when asked specifically, a few participants suggested they would call in. The help line is most effective when the person has decided to quit and needs help when temptation//urge to smoke happens.

Participants want to speak to a real person when they call rather than get a pre-recorded message. They are seeking counselling from people who are ex-smokers and can at least tell them about their own personal story, have empathy and understand what they are going through.

5.7 Buses, bus shelters

Most participants felt that buses and bus shelters were good locations primarily because they offered an opportunity for unfettered attention by transit goers. As noted previously, there is no public transit.

5.8 All others

Print advertising, except for transit, was negatively received because most people are not into reading and/or would not read on this topic because they feel they are already sufficiently informed.

Radio ads may be effective because the car is often where smokers feel inclined to light up.

Comments on other forms of advertising were infrequent, scattered and unfocused. For this reason, they are not included in this analysis.

6.0

Conclusion and Recommendations

1. The original target group composition for the mainstream groups (40-54 years old) was split along socio-economic lines, that is, higher versus lower SES. This research suggests that the communications may also want to consider a demographic profile split along the lines of “blue collar” versus “white collar” irrespective of income and status. The blue collar participants believed their addiction to cigarettes to be greater and their attempts at quitting to be less successful.
2. The Aboriginal groups were comprised of 25-44 year old smokers. This research discovered no evidence that there were other demographic factors that would warrant attention in a communications strategy and the roll-out of the media campaign.
3. The mainstream target group may be an effective audience because they are starting to feel and notice the effects of their smoking on their health and appearance more at this age. In addition, many still feel they can benefit from quitting. As well, they often are in the position of either still raising children or can serve as role models for grandchildren.
4. Not surprisingly, the issue of quitting smoking prompts comments and attitudes from a wide spectrum. The top five themes that should be addressed within a proposed communication strategy are as follows:
 - Personal will-power
 - The pariah factor
 - The impact on personal health and appearance
 - Fear of quitting (Stress, anxiety, mood swings)
 - SHS impact
5. Emotional engagement and personalization is a prerequisite for both target groups. Rote repetition of statistics was felt to be preachy and condescending. Participants said that this would cause them to tune out and ignore this type of ad or question its credibility. They suggested making the ads emotionally engaging by containing material that impacted them and their families.
6. The cost of cigarettes and the benefits of having extra money in the pocket if one quits is not considered to be a major value-added incentive.
7. None of the Aboriginal ads had high initial impact (as Debi had in the mainstream ads) or sustainability (as Chuck had). They did not motivate participants to consider or sustain quitting. Morgue, while memorable, was not graphic enough; Cartoon appeared more directed at children; Teenagers were clearly directed at youth; and, while participants could relate to Testimonials, it was clearly not an attention grabber.

8. The results of the Aboriginal focus groups strongly suggest that, while there is definitely a preference for a campaign “made by and for Aboriginal”, the ads directed at the mainstream groups would be as effective with Aboriginals as well. Health Canada should consider having similar TV campaigns to service both groups.
9. Participants generally describe themselves as impervious to previous ads promoting anti-smoking efforts. A hard-hitting depiction of the gruesome aspects of lung disease and heart complications would shock many into a state of mind where they would consider quitting smoking.
10. The Morgue ad suffered from a lack of personalization and engagement of the viewer. The statistics lacked credibility primarily because they were not put in context.
11. The shocking visuals of Debi and Aorta have value, but the issue of desensitization must be addressed. After the initial hit, the “shock” bar has been raised so that the next logical question is what next, more Debis or Antonios? Or more body parts?
12. “Chuck” is like many of the participants: hardworking, middle class, unpretentious, with the same daily problems they face, and understanding what they have to cope with. Moreover, he’s winning the battle, one day at a time.
13. Health Canada may wish to consider a communications strategy that is more supportive of smokers in their attempts to quit. This theme is best exemplified by the Chuck ads. A Chuck-type series would be more effective as it would encourage the sustainability efforts through humour, understanding and empathy.
14. Emphasis should be on the healthy results of a non-smoking lifestyle. Rather than dwelling exclusively on the horror stories of smoking, promoting things such as the ability to lead a more physically active life would be more effective.
15. As a medium, TV is a must. This should be backed up with a web site, 1-800 line, bus shelters, transit ads and brochures found in doctors’ and dentists’ offices.
16. For the Aboriginal target group, the Internet is not a strong medium. More emphasis should be placed on other mediums such as health clinics, doctors’ and dentists’ offices.

Appendix A - Logistics

Mainstream smokers groups Logistics Schedule

Charlottetown November 15, 2002 Prism 94 Watts Avenue West Royalty Industrial Park Tel: 902-566-3071 <u>Note:</u> 8 minutes from Downtown Charlottown	5h30 p.m Higher SES 7h30 p.m lower SES
Montreal November 8, 2002 Opinion Impact 6818 St-Denis MTL H2S 2S2 Tel: 514-278-5699	5h30 p.m Higher SES 7h30 p.m lower SES
Trois-Rivières November 9, 2002 Salle PDG 302 Bonaventure Trois-Rivières Tel : 819-379-1342 <u>Note :</u> second floor, outdoor stairway on left of building.	10h00 a.m Higher SES 12h00 p.m lower SES
Regina Wednesday, November 14 The COR Group 1840 McIntyre Street Regina S4P 2P9 Tel: 306-359-3371	5h30 p.m Higher SES 7h30 p.m lower SES
Toronto Friday, November 8 Research House 1867 Yonge St. – 2 nd Floor 416-488-2328	5h30 p.m Higher SES 7h30 p.m lower SES
London Saturday, November 9 Acumen Research Group 131 Wharncliffe Road South 519-433-8302	11h00 a.m Higher SES 1h00 p.m lower SES

Aboriginal smokers groups
Logistics

Group	3. Location	Date	5. Target	Lang
1	Kitisganzibi Anishnabeg (Quebec)	Nov. 6	25-44 year old Aboriginal smokers	French
2	Siksika (Alberta)	Nov. 7	25-44 year old Aboriginal smokers	English
3	Siksika (Alberta)	Nov. 7	25-44 year old Aboriginal smokers	English
4	Wendake (Quebec)	Nov. 7	25-44 year old Aboriginal smokers	French
5	Toronto (Off-reserve)	Nov. 7	25-44 year old Aboriginal smokers	English
6	Toronto (Off-reserve)	Nov. 7	25-44 year old Aboriginal smokers	English

Smoking cessation insights groups Recruiting Screener

*“Higher SES” (group 1) and
“Lower SES” (group 2)*

Date & Time \$50 incentive	Recruit 10 for 8-10 to show
Respondent's name: _____	
Respondent's phone #: work _____ home _____	

Hello, my name is _____. I'm calling from **(INSERT RECRUITING FIRM)**, a national marketing research firm. We're organizing a discussion group to explore current issues. **EXPLAIN FOCUS GROUPS IF NEEDED.** About ten people like yourself will be taking part.

Participation is voluntary and all your answers will remain confidential, they will be used for research purposes only. We are simply interested in hearing your opinions – no attempt will be made to sell you anything. The format is a “round table” discussion lead by a research professional. An audio/video tape of the group session will be produced for research purposes only. The tapes will be used only by the researcher to assist in preparing a report on the research findings and will be destroyed once the report is completed. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I ask you a few questions?

Yes	1	CONTINUE
No	2	THANK & DISCONTINUE

- 1) Would you be available to attend a discussion group, **(INSERT DAY), evening (INSERT DATE)?** It will last two hours and you will receive \$50.00 to thank you for your time.

Yes	1	CONTINUE
No	2	THANK & TERMINATE

- 2) Are you, or any members of your household, employed in or retired from...**(READ LIST)**

	Yes	No
Market research	1	2
Advertising, marketing, public relations	1	2
Any media (e.g., print/radio/TV)	1	2
Medical field (e.g., doctor, nurse)	1	2
Tobacco Industry	1	2
Government	1	2
Legal profession	1	2

IF YES TO ANY, THANK & TERMINATE

- 3) What age category do you fall in? **(READ LIST and RECRUIT A GOOD MIX)**

Under 18	1	THANK & TERMINATE
18 to 25	2	THANK & TERMINATE
36 to 39	3	THANK & TERMINATE
40 to 54	4	CONTINUE
55 and over	5	THANK & TERMINATE
Refuse	9	THANK & TERMINATE

(MUST BE ARTICULATE AND RESPONSIVE)

4a) Are you a:

Smoker	1-	CONTINUE
Or a Non-smoker	2-	THANK & TERMINATE

4b) Have you tried to quit smoking during the last year or are you contemplating the possibility to do so eventually. **(READ CHOICES).**

Tried to quit during last year	1-	
Want to quit eventually	2-	
Neither	3-	THANK & TERMINATE

5) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	CONTINUE
No	2	GO TO Q7

6) When was the last time you attended a group? _____
(THANK & TERMINATE IF IN THE PAST 3 MONTHS IF NOT, CONTINUE)

7) Sometimes participants are asked to write out their answers on questionnaires, read or watch a video during the discussion. Is there any reason why you could not participate?

Yes	1	THANK & TERMINATE
No	2	CONTINUE

IF WEARS GLASSES MAKE SURE THEY BRING THEM.

8) Gender **(DO NOT ASK – BY OBSERVATION ONLY)**

Male	1
Female	2

9) Which of the following best describes your level of education?

(RECRUIT A GOOD MIX FOR GENERAL POPULATION GROUP 1)

ELIGIBLE	Less than high school	1	
	High school	2	
	Some college	3	NO CODES 4, 5 AND 6
	College graduate	4	IN "LOWER SES" GROUP 2.
	University (in part or in total)	5	
	Post graduate	6	

10) Please tell me which best represents your household's total yearly income?

RECRUIT A GOOD MIX FOR GENERAL POPULATION GROUP 1
--

Under 15,000\$	1	
15,000 to 19,999\$	2	
20,000 to 29,999\$	3	
30,000 to 39,999\$	4	NO CODES 5, 6, 7 OR 8 ELIGIBLE
40,000 to 49,999\$	5	FOR "LOWER SES" GROUP. 2.
50,000 to 59,999	6	
60,000 to 69,999\$	7	
70,000\$ and over	8	
Refuse/Don't know		THANK & TERMINATE

As I mentioned earlier, the group discussion will take place on _____ for **two hours**. Would you be available to attend?

Yes	1	
No	2	THANK AND DISCONTINUE

We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts will be checking respondent's identification prior to the group. Please be sure to bring some personal identification with a photograph with you (i.e. driver's license). Also, if you require glasses for reading, please bring them with you.

As we are only inviting a small number of people, your participation is very important to us. If for some reason, you are unable to attend, please call so that we may get someone to replace you. You can reach us at _____ our office. Please ask for _____.

May I please get your name: **FILL IN ON FRONT PAGE**

Thank you very much for your help!

Health Canada

Smoking Cessation Insights In 40 to 54 Year Old Mainstream Smokers and 25- 44 Year Old Aboriginal Smokers (POR 02-71)

Moderator's Guide

**Prepared for Nizam Siddiqui
Health Canada**

November 6, 2002 (Ver 2.2)

PREPARED BY:

BINARIUS
BINARIUS RESEARCH GROUP

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A. Introduction (10 minutes)

1.1 Facilitator and Recorder

My name is _____. I am a consultant with Binarius Research Group and I am involved in a research project conducted by the office of Mass Media for the tobacco control program at Health Canada.

1.2 Purpose of the Focus Group

The purpose of the project is to better understand the views, feelings, and behavior of adults between the ages of 40 - 54 years related to smoking. We want to gain a better understanding of how most effectively to get health information to you that will help you should a time come when you would like to attempt to quit smoking.

1.3 Anonymity and Privacy

My understanding is that you have each agreed to come and participate in this group today. Your participation is voluntary and you may refuse to answer any of the questions. We will be tape recording this session so that the discussion can be referred back to when the report is written. All information will be kept private and your name will not be recorded with your responses or identified in any way.

The information will be kept in a secure place. If anyone who does not feel comfortable in discussing this topic and/or being part of this group, please feel free to leave now.

1.4 Role of Moderator

In my role as moderator, I am here to:

- learn from you
- ask you some questions during the next couple of hours
- keep the group on track within our very short time frame
- make sure that everyone has a chance to participate or talk

1.5 Guidelines for Discussion

I would appreciate it if we could agree on the following:

- that only one person speaks at one time
- that you speak clearly so that we don't miss anything important that you have to say
- that all ideas and comments are respected amongst the members of this group
- let you know that due to tight timelines we may curb discussion to ensure that everyone has a chance to participate.

B. Mindset (10 minutes)

The objective of this discussion group is to find out ways to help folks quit smoking. To that end, you will notice this group has some obvious and not so obvious things in common. Can you name a few? (All are smokers, 40-54 years old, region and the fact that they either tried to quit or plan to quit smoking.)

1. Let us start by looking at what we have in common. Can you each take a few minutes to consider what comes to mind when we say "Quit Smoking"? Please write your thoughts on Worksheet #1. Write down everything that comes to mind whether you think it is related or not
2. Now I would like to ask you to share your thoughts with the group. I will write them down on the easel as you present your ideas.
3. Moderator generalizes 2 or 3 common themes and probes for more detail.

C. Experiences Affecting Smoking Patterns (35 minutes)

4. Think back to your most recent attempt to quit. Why did you try? What factors helped? What did not?
5. For those who are planning to quit, what will help you quit? Probe for:
 - Web site information on how to quit tips
 - One-on-one counselling, doctor's advice
 - Self-help

- Quit line
 - Quitting aids (nicotine gum, patch, etc.)
6. What are the factors that get you thinking about quitting?
7. Give me your reaction to the following series of statements:
- I can quit smoking anytime I want to.
 - I notice that non-smokers are asserting their rights more nowadays.
 - I recall information people have given me on the benefits of quitting smoking.
 - Warnings about health hazards of smoking move me emotionally.
 - I think about information from articles and ads on how to stop smoking.
 - I react emotionally to warnings about the effects of smoking on others.
 - The fact that I find fewer places to smoke helps me to consider quitting.
 - Family and friend support is crucial in helping to quit smoking.

D. Ad Review (45 minutes)

For each ad, worksheet #2 will be handed out for participant comments to be written. Each ad will be viewed and probed with the following questions:

8. What in the ad motivates you and catches your attention, impacts you the most?
9. What is it about the ad that would motivate you to consider quitting smoking?
10. If you are thinking of quitting smoking, would this ad do it? Why, why not?
11. Is there anything in the ads that reinforces your quit efforts?
12. What is the key message you take from the ad?

E. Media Review (10 minutes)

13. When it comes to outside influences, institutions, mass media or the like, what influences you most when it comes to quitting? For each ask why and probe for detail:

- Web sites dedicated to helping you quit (which ones?)
- 1-800 line – Probe: past experience with them, suggested improvements, benefits of the service (Possible answers include Anonymous, ease of access, free of charge, personalized counselling, individual help versus group help; help to prevent relapse, advice on how to help a friend or family member)
- TV (cable, commercials, education channels?)
- Magazines? Which ones?
- Telephone directories, yellow pages
- Bus posters (Shelters, Outside bus, Inside bus)
- Billboards
- Hot air balloons
- Contests
- Info on cigarette packs
- Store displays
- Radio
 - Sports shows
 - Talk shows
 - Music
- Newspapers
 - Local/community
 - National
- Doctors, dentists offices, health clinics
- What else?

F. Wrap-up (10 minutes)

14. Assist group with summary of the group session. Encourage group discussion, questions from participants, thank everyone for their participation.

Worksheet #1

1. Write down the things that come to mind when we say “Quit Smoking.”
2. Don’t be worried, write down everything that comes to mind whether you think it is related or not

Begin here:

Worksheet #2**Ad 1**

Name of ad: _____

Questions to consider:

1. What in the ad motivates you catches your attention, impacts you the most?
2. What is it about the ad that would motivate you to consider quitting smoking?
3. If you are thinking of quitting smoking, would the ad be a motivator for you?
4. Is there anything in the ads that reinforces your quit efforts?
5. What is the key message you take from the ad?

Repeated for all ads ...

102 W 01

cat B2

Health Canada

Smoking Cessation Insights in 40 to 54 Year Old Mainstream Smokers and 25 to 44 Year Old Aboriginal Smokers

(POR 02-71)

Final Report

**Prepared for Nizam Siddiqui
Health Canada**

November 26, 2002

PREPARED BY:

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(3rd copy)

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Executive Summary

Binarius Research Group was asked to conduct research in support of a communication strategy on a smoking cessation media campaign to air in the winter of 2003. The target group for this campaign were mainstream 40-54 year old Canadians and 25-44 year old Aboriginal smokers both groups comprised of those who have attempted to quit or plan to quit in the near future.

Inter-group differences are highlighted in this report if it was important enough to change the content of the communications strategy or media campaign.

The purpose of the research was to gather insights on values, attitudes, lifestyles and behaviours, obtain their perspective on specific ads and glean marketing insights. Eighteen focus groups were undertaken November 7-15, 2002. This comprised 12 mainstream Canadian groups in six locations across Canada and six with Aboriginals both on and off-reserve.

This research suggests that there are important attitudinal distinctions between “blue collar” versus “white collar” mainstream Canadians. The former have a greater tendency to believe their addiction to cigarettes is greater and their attempts at quitting to be less successful.

The Aboriginal groups were comprised of 25-44 year old smokers. This research discovered no evidence that there were other demographic factors that would warrant attention in a communications strategy and the roll-out of the media campaign.

The top five themes that should be addressed within a proposed communication strategy are, in order: the importance of personal will-power to quit; that smokers feel they are outcasts; the impact on personal health and appearance; the fear of the side effects of quitting (stress, anxiety, mood swings); and, second-hand smoke. The cost of cigarettes and the benefits of having extra money in the pocket if one quits, is not considered to be a major value-added incentive.

Six ads were tested: Morgue, Debi, Aorta, Chuck – Blip, and Chuck – Help-line, and Antonio. The first five were tested in English Canada, while Antonio replaced Debi in Quebec locations.

While the contents of this report provides more detail, a synopsis of the Morgue ad showed that it lacked personalization and the statistics accompanying the ad were not seen in context. Consequently, the ad’s credibility was questioned and rationalized away.

Debi and Aorta have shock value. Debi best personalized the addiction of smoking and for that reason was more effective. Both ads must address the issue of desensitization. Antonio had similar responses.

The Chuck ads, while initially having less impact, appear to have long-term sustainability especially since it is a series. Chuck is like many of the participants: hardworking, middle class, unpretentious, with the same daily problems they face, and understanding what they have to cope with. Moreover, he’s winning the battle, one day at a time.

None of the Aboriginal ads had high initial impact (as Debi had in the mainstream ads) or sustainability (as Chuck had). They did not motivate participants to consider or sustain quitting. Morgue, while memorable, was not graphic enough; Cartoon appeared more directed at children; Teenagers were clearly directed at youth; and, while participants could relate to Testimonials, it was clearly not an attention grabber.

The results of the Aboriginal focus groups strongly suggest that, while there is definitely a preference for a campaign “made by and for Aboriginals”, the ads directed at the mainstream groups would be as effective with Aboriginals as well. Health Canada should consider fine-tuning the Aboriginal campaign to service both groups more precisely.

In terms of ad approach, emotional engagement and personalization is a prerequisite. Rote repetition of statistics, out of context, was felt to be preachy and condescending.

If Health Canada decides to go with one theme, it would be with the understanding, empathy and support typified by the ads featuring Chuck – the regular Joe.

As a medium, TV is a must. This should be backed up with a web site, 1-800 line, bus shelters, transit ads and brochures found in doctors’ and dentists’ offices.

1.0

Introduction

1.1 Background

A smoking cessation media campaign targeted to air in the winter of 2003 will build on and support tobacco control activities undertaken at the national, provincial, territorial and regional levels. The campaign will focus on prevention, cessation, education, harm reduction and other strategic objectives.

In support of this initiative, Binarius Research Group (Binarius) was asked to conduct research for the purpose of developing a communication strategy and direction for future quantitative baseline research. Binarius recommended a series of qualitative focus groups with both mainstream and Aboriginal Canadians.

1.2 Purpose and Objectives

The purpose of the research was to obtain marketing insights into the views of Canadian adults in both mainstream Canada and Aboriginals on tobacco cessation. Potential themes and messages were also explored with the target audiences.

Previously aired Health Canada, Australian and United States ads were tested to assess the extent to which they resonated with Canadian adults interested in quitting smoking. The research obtained insight into the benefits of other mediums including a web site, 1-800 Quit line, and other mediums that could be used to support the efforts of smokers to quit.

The objectives of this research were:

- Obtain a portrait of adult smokers
- Obtain marketing insights into triggers that would encourage them to quit smoking.
- Gain insights into the values, attitudes, lifestyles, behaviours, social perspective, and self perception
- Gain insights into how relationships with peers and family of Canadian smokers influence their efforts to quit.

1.3 Methodology

There were two primary target groups for this research. These were: Mainstream Canadian smokers and Aboriginal smokers.

Eighteen focus groups were undertaken in total. Twelve groups were conducted with the mainstream target group in urban centres and six focus groups were undertaken with Aboriginals both on and off-reserve.

The mainstream target group comprised 40-54 year-old smokers (both males and females) from the general population. The screening criteria included the fact that they had either tried to quit in the past or were potentially trying to quit. The mainstream target group was further broken down by higher and lower socio-economic status (SES).

There is substantive as well as anecdotal evidence that rural Canadians (especially males) are a significant target group with respect to cessation of smoking. Consequently, this research ensured that some locations included a rural component in the participant mix.

The mainstream groups were held in pairs (one lower SES and one higher SES). The groups were held in Toronto, Montréal (French), Trois-Rivières (French), Charlottetown, London, and Regina.

Six of the eighteen groups were held with 25 to 44 year-old Aboriginal smokers. Four of these groups were held on-reserve and two were held off-reserve. The groups were held in Toronto (two groups), Kitisganzibi Anishnabeg (Quebec), Siksika (Alberta – two groups) and Wendake (Quebec).

The focus groups were held from November 7 – 15, 2002. Appendix A provides detail on the logistics of location and timing for all target groups.

A recruiting screener was developed (Appendix B) to recruit the target group according to the specifications of Health Canada. A moderator's guide (Appendix C) was developed to probe the issues as outlined under the research objectives.

The focus group sessions began with an introduction that included a review of the discussion group's objectives, expectations, ground rules and role of the moderator. Each session followed the lines of the moderator's guide ensuring full coverage of the subject area.

1.4 Inter-group Differences

This report contains the results of research, analysis, conclusions and recommendations for two distinct target groups: mainstream Canadians and Aboriginals. Inter-group differences are noted in this report either as separate sections or highlighted within the main report. The criteria for inclusion was if the content of the communications strategy or media campaign would be adjusted significantly.

2.0

Smoking Attitudes

2.1 Target Group Demography

Higher and lower SES

Previous research has shown that there are prominent attitudinal differences between smokers of lower versus higher socio-economic status (SES) and between rural and urban Canadians. Consequently, the research incorporated these target groups into the mix.

As the research showed, there are, indeed, noteworthy differences between specific groups. In most cases, higher SES groups tended to take more of a 3rd person, objective perspective to both the ads and in the reactions to questions posed in the groups. They appeared to be more confident in being able to quit smoking and had more hope in being able to do so.

Blue collar versus white collar

There are indications that high and low SES, while an important distinguishing characteristic of attitudes towards smoking and quitting, may be less of a factor than life experiences and social status. A review of the demographics of the recruiting report strongly suggests attitudinal differences towards smoking from a “blue collar” versus “white collar” split irrespective of income.

The differences are more a product of lifestyle and life experiences rather than income per se. Income mattered less than the type of job, area in which they lived and the social structure that surrounded them. For lack of a better term, blue collar attitudes differed from white collar attitudes in a number of ways. Blue collar participants were more likely than their white collar counterparts to:

- Portray themselves as addicted
- Feel more hopeless as regards quitting
- See tobacco as a deep-seated part of their lifestyle
- Tended to take more of a defensive posture about smoking issues

Why Health Canada targets these groups

Participants were asked why they thought Health Canada was so interested in this age group. There was a wide variety of opinion on this subject, but in general, they believed they were targeted because they were starting to feel and notice the effects of their smoking on their health

and appearance more at this age. In addition, many still feel they can benefit from quitting. As well, the often are in the position of either still raising children or can serve as role models for grandchildren. Other comments included:

- “We’re the baby-boomers”
- “Maybe we’re the ones exposed to the anti-smoking stuff longer than the younger people, so we’re a little more jaundiced, resistant”
- “We’re the age group exposed to the additives the longest, we’re the rats”
- “We’re the hard-core smokers”

2.2 Mindset of Mainstream

Reaction to the phrase “Quit Smoking”

Participants were asked what came to mind with the phrase “quit smoking.” The purpose of this research strategy was to gather information in an open and un-biased manner that allowed participants to mention what they felt were the most important issues.

The reaction elicited a wide range of thoughts and emotions. However, the following themes prevailed, and are placed in relative order of strength and sensitivity:

1. Personal will-power
2. The social pariah factor
3. The impact on personal health and appearance
4. The fear of failure and the stress, anxiety, mood swings during the attempt to quit
5. SHS impact

Personal will-power

If there was one theme that dominated discussion of “quit smoking” it was the importance of being personally motivated to quit. Most, if not all, of the participants stressed that quitting smoking was not something they could be cajoled or forced into doing. It had to come from a personal drive to take this step. For many this would be a personal, all consuming, and all-out effort they would have to travel alone. Recognizing that a smoker must be personally motivated to quit is the most important factor in reaching that goal.

The social pariah factor

Many participants took a very defensive posture with comments such as “I don’t like being told what to do!” or “Why should I?” This attitude was most often reflective of blue collar participants. It was often coupled with resentment towards being herded into non-smoking areas or being looked upon as weak. Recognition that smokers already feel singled out for their habit should be a consideration of the strategy.

The pariah factor may be summed in the comments of a few participants:

- “There’s a shame factor – (I’m) an outcast”
- “It’s an insult to intelligence, no freedom, embarrassment kind of thing”
- “Low self-esteem, peer pressure”
- “Makes me want to smoke more”
- “Makes me angry”

Impact on personal health and appearance

All participants were quite aware of the effects that smoking has on their health. These concerns ranged from tobacco-caused critical illnesses such as cancer, lung disease, heart problems and shortness of breath to the appearance effects such as smoker’s breath, tooth, odour of tobacco in clothes and finger discolouration.

While everyone acknowledges that smoking is bad for them, this knowledge is ignored and/or overpowered by the addictive nature of smoking. At the same time, this knowledge has been a very strong factor in their attempts to quit smoking.

Appearance is a reflection of health and a visible reminder to smokers of their habit. This factor attitude is best exemplified in the ubiquitous reaction in English groups (not Francophone groups) to the cigarette package that portrays yellow teeth. Many participants felt that was the worst graphic on packages. As one participant said, “I still refuse to take the one with the teeth.” Or as another noted, “Yeah, the teeth are the worst.” Appealing to health and appearance concerns would be effective as part of a smoking cessation strategy.

Stress, anxiety, mood swings and addiction

Many participants spoke how difficult it was for them to quit smoking due to the discomfort of withdrawals. For some, the anticipated mood swings, anxiety, and pain of quitting pre-empted attempts at quitting. For many hard core and blue collar smokers they had simply lost hope of ever quitting.

Most smokers realized they were addicts. As one person noted, “when you have an addiction, you go right down to the ground level.” This addiction often resulted in a search for some form of quitting smoking aids such as nicotine patches or gum. As a side note, more than a few participants had experienced serious health side-effects with nicotine patches.

SHS impact

The harmful effect of second-hand smoke is a factor that the focus group participants noted as something that would cause them to consider quitting smoking. Their focus was on the damage SHS has on their loved ones. There were many comments on SHS and smokers readily admit trying to limit their smoking to occasions where they would not impact others. However, smokers tended to draw a line, almost a defensive position and were much less concerned with SHS when they were smoking in areas that were not strictly prohibited, e.g., outdoors.

Cost of cigarettes

The perceived high cost of cigarettes was always mentioned as a factor when considering quitting smoking. However, while the cost was resented, it was not seen as a primary motivator. As one person noted, “It costs money to eat, if you’re going to smoke, you’re going to smoke.” It was more of a benefit of having quit rather than a motivating factor to quit. Even then, however, many participants felt that the extra money in the pocket would not make a material difference in their lives. Cost considerations should not be considered a quitting smoking theme.

Many participants reflected on the higher cost of purchasing quitting aids (e.g., nicotine patch, Zyban, Nicorette Gum, etc.) compared to the cost of purchasing cigarettes. They strongly urged the government to provide some form of cost relief in this area. Many participants, particularly the lower SES believe that the government should pay for all of the expenses related to quitting including medication. Because they allow cigarettes to be sold legally and make a lot of money, a portion of the taxes should go to helping smokers quit.

Death and dying

Very few participants mentioned “death” as an open-ended response to the phrase “quit smoking.” As one person said, “it’s inevitable.” Most participants were much more concerned about the pain and suffering of “dying” rather than death itself.

The depth of addiction was often revealed in anecdotal references to personal experience, friends or family, who suffered or died due to smoking and yet they still smoked. One woman noted how she had a relative die of smoking: “And I didn’t quit and now I look after her little girl who is 4 years old and I’m smoking ... it’s disgusting but I find I have no control.” The prospect of death should not be considered a quitting smoking theme.

2.3 Mindset of Aboriginal Smokers

Participants considered tobacco as a traditionally sacred plant and as a spiritual medicine that was once highly respected in Native culture. Now it is denigrated to being an unhealthy addiction which lines the pockets of the cigarette manufacturers. It was felt that the original usage of tobacco as an offering and for ceremonial purposes was a much more healthy way of using it. Smoking it had many participants believing that they were dishonouring its original purposes. It was also felt that the wild tobacco plant is much healthier in its chemical constituency than the domesticated variety now used by the cigarette manufacturers.

2.4 Experiences Affecting Smoking Patterns

Participants were asked for their reaction to specific statements.

“I can quit smoking anytime I want to”

Most, if not all, participants had attempted to quit smoking. Some have tried several times but have failed. The top of mind reaction by most participants could be summed up with the words of a more than a few participants: “Been there” “Not true,” “I have to have that cigarette or there’s hell to pay, everyone’s better off with me smoking.”

It was widely acknowledged that cigarettes were extremely addictive and that the biggest success factor was personally being ready to quit. As one person noted, “You’ve got to really, really want to quit - it’s got to be more important to you than anything else, you can’t do it for anybody else.”

Participants noted that lifestyle considerations were an important factor. Many noted how they would try to steer clear of traditional smoking situations, e.g., bars, cars, etc. However, some situations could not be avoided. As one person stated, “I can go without smoking for a day, two or three days, but then I go back to work ... it seems always drives me to buy a pack. I’m a closet smoker, really. Work is a bad thing for me.”

Some participants felt that some external factor, such as quitting drinking at the same time, or going into the hospital, or going to jail, may be the only way they could quit.

“I notice that non-smokers are asserting their rights more nowadays”

The reaction to this statement often elicited a very defensive, bitter posture especially with the blue collar participants. Many believed they are being bullied by government or pushed around by non-smokers. Further, participants believe that non-smokers militancy was a growing trend that had increased in frequency and strength much more lately. Ex-smokers were almost unanimously agreed to be the worst offenders. Typical comments included:

- “it’s a personal choice”

- “we also have rights”
- “They look at you or sneer at you, stuff like that”
- “More people are comfortable about getting in your face about it”

The on-reserve Aboriginal perspective was different. These participants expressed some doubt that that statement was true because they still see a lot of people smoking. However, participants generally acknowledged that more and more places, particularly public buildings, were restricting or banning smoking, such as in restaurants and malls. Some mentioned that they were aware of some bingo halls and casinos banning smoking, though they generally felt that there were still more smokers than non-smokers. It was also acknowledged that non-smokers have rights too and those rights should be respected, especially when people are eating.

“I recall information people have given me on the benefits of quitting smoking”

When participants were asked for their reaction to this statement, the benefits most often recalled were general health considerations (“better for you to quit ... you’ll be healthier”) or that food tastes better or that one would not have to deal with pressure to quit from a family member. Most participants felt they understood the benefits of quitting.

This statement often prompted questions and concerns about the role of Government with regards to smoking. It was evident that “Government” meant any governing body having an influence on the smoking issue. However, Health Canada or the Federal Government was often a prime candidate or top of mind.

Many participants felt the government was hypocritical for telling them to quit, but collecting high taxes from smokers, and not providing some form of direct support for help in quitting.

“Warnings about health hazards of smoking move me emotionally”

Most participants acknowledged that they don’t pay much attention to cigarette health warnings other than when a new ad appears on a pack of cigarettes. They tend to remember the pictures but not the written warning. Most simply choose to ignore the warnings. Some participants felt that the warnings were over exaggerated. One participant said, when someone reminded her of how smoking can affect her health, “I can always remember the person I once knew who lived to be ninety and smoked every day”.

Television commercials were prominent in the minds of most participants. They admitted being moved by the graphics at first, but now had, for the most part, tuned out most of the warnings about the hazards of smoking, whether on cigarette packages, television screens or in print ads. Many participants firmly believe they know enough about the hazards of smoking. As one person said, “you hear it over and over and you hear it through your kids from school, you hear it everywhere.”

Some participants suggested that efforts to persuade them to quit actually triggered the opposite reaction. It got them thinking about having a cigarette.

“I think about information from articles and ads on how to stop smoking”

Most participants had little reaction to the statement. A few reiterated that, since they already know the hazards of smoking, they tended to pass over ads and articles on the subject.

“I react emotionally to warnings about the effects of smoking on others”

Most participants felt they had dramatically modified their smoking modus operandi over the years. They recognized one had to be considerate of others since SHS was harmful. Several group members cited not wanting to harm their children or grandchildren, and that they had altered their smoking behaviour to prevent exposing them to their smoke.

Others mentioned that they took cues from their environment. If they knew a person was a non-smoker and/or saw no ashtrays, they would not smoke. As one person said, “If I go to your house and you’re a non-smoker and I don’t see an ashtray, I won’t smoke. I won’t stay long or I’ll go outside.” As mentioned previously, smokers tended to be more “rights” oriented when it came to SHS in the milieu where smoking was allowed.

“I find that since there are fewer places to smoke, it helps me consider quitting”

This statement elicited very strong reaction. While some admitted they were smoking less (“It pissed me off in the beginning but I’m using it to my advantage because I smoke less”), many others felt it simply created resentment and were adamant that they were not moved to quit smoking due to restrictions on where they could smoke.

Other participants cited the camaraderie wrought by a siege mentality actually made them feel closer to other smokers (“I feel like a leper, sometimes”). For some, designated smoking areas were now a substitute for the office water cooler and served as the insider information channel.

One person explained the psychology with regards to designated smoking areas as less encouraging one to quit so much as simply changing the habits of smokers. Changing the habits makes it easier to quit.

Smokers are constantly evaluating the circumstances or the environment they are in to assess whether it is socially acceptable to smoke. For some participants, finding fewer places to smoke means they value the cigarette they are able to smoke much more highly. As one person described it “that’s the best cigarette.”

“Family and friend support is crucial in helping to quit smoking”

As mentioned, smokers believe that quitting is a highly personal decision (“It’s up to me to quit, and only I can make it happen.”). However, support is crucial in helping to stay smoke-free.

Reinforcement such as acknowledging how difficult it is or by helping a smoker to stay clear of smoking situations are the two best ways family and friends can support efforts to quit.

Nagging a smoker who is in the process of quitting was mentioned often as one of the ways friends and family could be least helpful. Some don't want to publicize their decision in case they would not succeed and would be judged by their friends and relatives on the success.

“Smoking (tobacco) has always been a part of our cultural ceremonies”

Asked in the Aboriginal Groups only

All participants acknowledged this statement to be true. Some felt that the tobacco used in ceremonies was more pure than the tobacco found in cigarettes. Traditional tobacco did not have the chemical additives. It was also believed that the ceremonial smoking of the pipe was different in that it was not smoked constantly like cigarettes and was not supposed to be inhaled.

3.0

Mainstream Ad Reviews

3.1 Morgue

Impact - Mixed

In terms of visual impact, Morgue received mixed reactions. Many participants found this ad sombre; others felt that it was too mild with little impact as an attention grabber. Either way, many participants did not appear to be motivated to quit smoking by this commercial.

Bodies on gurneys with toe tags attached were most often mentioned as the most striking visual component of the ad. The number tags on the feet are eye catching.

The 45,000 has to be put in context

Perhaps reflecting the rationalization for their smoking, many participants simply could not relate to the mention of 45,000 Canadians who die each year from smoking. Other participants simply questioned the accuracy of the statistics: "I mean 45,000 is a lot of people - they keep saying that but I don't necessarily believe that. "You can make figures say whatever you want."

Rationalization

Some participants felt that the dead bodies reminded them more of accidents or violence. While some find it an emotional situation, others rationalize that they were going to die in any event. As one person noted, "we're all going to die."

Others rationalized that they believed there were many more deaths due to automobile accidents, alcohol or disease and therefore questioned the relevancy of the numbers due to death by smoking related diseases. "They could use that commercial with diabetes, with anything ... it's just morbid. There's been as many people involved in car accidents as well."

Personalization

Personalization, or lack of it in the Morgue's case, was seen as an important element in an anti-smoking ad. While a morgue symbolizes death, the fact that no faces were seen or the anguish of loved ones was not depicted did not leave as strong an impression as would having a face attached to the misery.

As one person noted, "It screams death, but not my death; I'm looking at somebody else." Adding a loved one looking through the morgue window, crying or otherwise displaying sadness or despair would create a stronger reaction.

Key Message

The key message participants saw from this ad was that “smoking causes death.” It is not death that scares smokers so much as suffering and the fact that they might not be able to enjoy life. Most participants feel they will die from some form of malady anyways and probably not be caused by cigarettes. Others claim that smoking would simply be a contributory and not the singular reason why they die.

Summary

Morgue impacted on some participants but not on others. The somber tone, toe tags and the 45,000 figure had some relevance for some people. Most found the ad to be not personal enough, questioned the 45,000 figure and concluded that death would be preferable to suffering. As such, for these people, the ad simply had very little impact.

Suggested improvements included personalizing the situation more by showing friends and loved ones suffering. The 45,000 figure has to be put in some form of context, either in comparison to other known causes and statistics on deaths or in the form of how the figure compares to the population of a town that smokers may be somewhat familiar with e.g., Moose jaw, Peterborough, etc.

3.2 Debi

Impact – Strong Initial Reaction

This ad had a very strong emotional shock value on most participants regardless of SES. “Gross, disturbing, disgusting, and unbelievable” were the adjectives used to describe what they had seen. When asked if this prompted one to consider quitting, the reaction was mixed. Some would, some would not.

Greatest visual impact

When asked what about the Debi that impacted them the most, participants generally focused on holding the cigarette to the tracheotomy and dragging on it. It is considered a “hopeless” situation.

Personalization

The fact that Debi was a real person living under those circumstances was very important because it personalized the pain. That she would continue to smoke despite her ordeal was inconceivable. Typical comments included:

- “You can recognise yourself here”

- “You don’t want to end up like that”
- “I don’t want to be Debi with a cigarette hanging out of my throat. People look at you bad enough with a cigarette in your hand”

Desensitization

A cautionary note on Debi was that participants felt they would get desensitized to the imagery over time. As one person said, “I get de-sensitized to massive deaths on the television, after a while.” Participants felt that for maximum effectiveness, more Debi-like scenarios should be presented. “You have to keep coming up with new stuff.”

Key Messages

Besides having a prominent initial shock value, participants understood there were a number of key messages. These included:

- Smoking is very addictive
- Quit before it gets to you
- Being sick is worse than being dead

Summary

Unsolicited top of mind responses strongly shows that Debi had high initial visual impact. Having to smoke through a tracheotomy underlined the depth of addiction. Debi personalizes the despair of not being able to quit. The challenge of this ad is to address the desensitization factor. As smokers have conditioned themselves to tune out the graphics on cigarette packages, so too would they to Debi on television. While recognizing the difficulty of finding other Debi-like scenarios, having a variety of them would be more effective than Debi repeated many times.

3.3 Aorta

Impact – Strong Initial Reaction

Like Debi, many participants found this ad to be “gross and disturbing.” The fact that the smoker was only 32 years old was either scary or unbelievable given the quantity of gunk coming out of the aorta. The fact that the aorta came from someone just thirty-two years old had many participants wondering how much worse would it be for someone in their age group.

Personalization

Unlike Debi, it was tougher to personalize Aorta because it did not depict a real person.

- “Debi I will remember, this one I won’t”
- “Because Debi was a real person....”

Lack of credibility

Aorta had a credibility problem for many participants. Many rationalized that the problem was due to a poor diet and a major cholesterol problem rather than from smoking. Some typical comments included:

- “There is too much fat in the aorta for a 32 year old if it is only due to cigarettes”
- “There (must be) other factors contributing, it has been caused by what he was eating and by pollution in general”
- “That person probably had a severe cholesterol problem”
- “That might not even be from smoking, it could be his cholesterol. It depends on what kinds of systems he has”
- “I don’t believe it”

Excessively graphic

Despite the fact that all participants say they know that smoking is not good for their health, they feel this commercial is excessively graphic for effect. It also poses the difficulty of ratcheting up the grossness factor. How much more graphic would the next ad have to be in order to be effective?

Key Message

The key message from this ad was, “Look what you’re doing to yourself.”

Summary

The conclusion for many participants was disbelief. Because it was not believable, it would not make them think more about quitting. Suggestions for improvement would be to depict a lung because it more directly personifies the harm smoking does to the body. It would show the smoke going directly into the lung and showing what it’s doing to it. Having a healthy lung for comparison would enhance the value.

3.4 Chuck ad (Blip)

Impact – Less initial, more sustaining

Most participants agreed that this was an ad with a person one could relate to. It was perceived as a refreshing point of view relaying a positive message. Participants feel this ad motivated them to make an effort to try quitting again or, more likely, gave them encouragement while in the process of quitting. It was generally perceived as the most motivating ad even if it had less initial impact.

Personalization

Participants felt that this commercial understood their psychology and their difficulties in trying to quit smoking. Many could see themselves in Chuck. They felt he understood their experiences.

Positive motivation

Chuck was liked because he was not judgmental, was encouraging, and sounded like a real smoker. The humour was appreciated because it provided the hook to hear the message. One person noted that: “Positive motivation is good too; if it’s always negative motivation that’s not going to work for a lot of people.” Or as another noted, “He’s happy, he conquered it and he had setbacks but so what? He’s going on.”

Key Messages

- Quitting smoking is a process: it’s up to the smoker himself to quit or not
- Take it one day at a time, anyone can quit
- Don’t give up
- Hope

Testimonial / Anecdotal approach is effective

The testimonial approach was credible and Chuck was described as someone like everybody else. Almost everyone could relate personally to this situation. Many say that the story is similar to their own because it features somebody who had problems quitting and that it is a call to persevere which will eventually lead to success. As one person said, “Chuck was motivating because it was a success story, a regular Joe.”

Participants were especially encouraged by the fact that Chuck acknowledged failure. It was recognized that it was OK to fail and that eventually one will quit.

Canada-friendly Chuck themes:

- Show him standing outside freezing in 40 below or in a blizzard.
- Have him shivering outside and the next clip would be him looking outside, chuckling.
- Put him on a beach somewhere saying how he can afford this because he quit.
- Have Chuck on a beach in Cancun with all his friends and having fun on the beach, while his brother is standing outside smoking in a blizzard.
- Have Chuck's son score the winning in his hockey game while was outside smoking.

Summary

The conclusion for many participants was that Chuck represented and symbolized many of the issues and challenges they had faced with trying to quit. The tone was positive and encouraging which was greatly appreciated. The fact that Chuck would be part of a series greatly enhances its value. Suggestions for improvement would be to ensure that Chuck portrays Canadian smokers and smoking situations.

3.5 Chuck – Help Line

Impact – Low, confusing, but it is still Chuck.

Chuck – Help Line was not as well received by most participants as was Chuck – Blip. While participants still liked Chuck's appearance and "average guy" representation, they did not necessarily like the ad itself. It minimized the importance of addiction with regards to cigarettes. Some even described it as "stupid."

Key Messages

The group felt that health concerns were significantly more motivating than "savings" as shown in this ad. As such, the cash, dollars, money-motivated factors were not effective. As one person noted, "you don't motivate someone by telling them how much they'll save."

Help-line

The help line message was lost for a majority of participants who focused on the dollar saving part of the message without being convinced.

Confusing

Few people understood why Chuck spit out his drink. Almost everyone missed the thematic approach with the cup of coffee at the end of the commercial.

Summary

The conclusion for many participants was that this ad was confusing. The theme of saving money was not effective. However, because the ad portrays Chuck, it had residual value. There is some question whether Chuck would be as popular if participants had not been exposed to Chuck – Blip prior to Chuck Help-line. The cautionary note here is that the scenarios acted out have to be a little less confusing and the savings theme may not be an effective premise for further Chuck ads.

3.6 Antonio (Presented only to Francophone Groups)

Impact – Strong Initial Reaction

This ad was very striking for everyone especially the sound of the voice and the tracheotomy. The tone is described as sincere and the testimonial approach very effective in communicating that cigarettes can cause throat cancer. Many participants felt the ad was scary and it would at least reinforce their desire to eventually quit smoking.

Credibility

The fact that there were no moralizing editorial comments linked to the testimony increased the credibility of the message. There was substantial disbelief concerning the point that Antonio smoked only 10 cigarettes per day and yet caused such a severe illness (it's exaggerated").

Empathy

Most participants had empathy for Antonio because they could feel his suffering and the negative impact of his illness on his quality of life. A few participants in each group said "it's worst than being dead".

Some participants noticed that Antonio had rotten teeth. This was a negative stereotype that proved to be more of a distraction than a support to the testimonial.

Summary

Like Debi, Antonio had high initial visual impact. Antonio personalizes smoking addiction, but there is some question of credibility of having smoked only 10 cigarettes. There are no suggested improvements to this ad other than to have other Antonio-like scenarios.

4.0

Aboriginal Ad Reviews

4.1 Cartoon *(Shown in Aboriginal groups only)*

Impact - Mixed

Participants had mixed feelings as to the effectiveness of this ad. On the positive side, the participants felt that it was immediately eye-catching and that it presented factual information about the harmful chemical constituents of cigarette smoke. They also felt that it painted a clear picture of the numerous health problems that cigarette smoking induces and that the cartoon format was a very good way to reach Aboriginal children and teenagers.

In terms of negative features, participants felt that this ad was aimed at children and not themselves. They also felt that it dwelt far too much on health statistics to maintain the interest of most children or their own age group.

Aboriginal content minimal

Questions were also raised about the ad's Aboriginal content. In this regard they felt that, although the cigarette character mentions Aboriginal people directly and is even defeated by a giant brown-skinned arm wearing a gigantic boxing glove, that the 'Native-ness' of the ad was minimal.

Most of the participants felt they could not relate to the youth in the ad, although the message seemed to get through that smoking can affect the way you look and smell to others, such as bad breath, yellow fingers and yellow teeth. Also the message that smoking or second hand smoke can harm an unborn baby got through. The fact that people talk negatively about smokers can be effective because smokers tend to care what other people think and don't like to be embarrassed.

Summary

Many participants indicated that, at best, this ad would make them briefly consider quitting smoking, but that in the long run it would only be annoying. Their suggested improvements stressed that the cartoon format was good for young people but that in order for this ad to be effective for children that it should lighten up on the preachy repetition of hard-to-grasp factual materials. A notable group of opinions suggested that the ad was too male-oriented as it was in a boxing ring and the character was also male. It was thus suggested that the cartoon format for children must also be inclusive of women.

Participants also felt that in order to reach them, the ad should be much more graphic in its depiction of the harmful effects of smoking. This was due to the fact that they had been exposed repeatedly over the years to various anti-smoking materials and now needed something that would shock them into an anti-smoking state of mind.

4.2 Teenage Girls *(Shown in Aboriginal groups only)*

Impact - Mixed

There were also mixed feelings about this ad as well. On the positive side, the participants felt that this ad was clearly aimed at teenagers and that it presented the ill effects of smoking on an individual's attractiveness and on pregnant women and babies. Overall, groups indicated that this ad would not be very effective in getting them to quit smoking.

Negative Messages

There were many negative aspects that were perceived by the two focus groups. Many felt that the reliance on gossip as a way to transmit the message was negative and sends out the wrong image of Native people as rampant gossipers. They also felt that the storyline and setting were unrealistic in that if the girls were truly in a pool hall then why wasn't anyone smoking in the background, particularly the male character shooting pool. This didn't ring true for the participants as they felt that the ad had been sanitized. In this instance they felt that the ad must present things as they really are in order for it to be effective.

Summary

Production values were also cited as a failing of this ad. They felt that it looked cheap and that the cast were clearly amateurs. Some participants felt this ad was effective because it spoke mostly of the positive effects of quitting smoking and not so much the negative aspects of smoking.

Participants seemed to relate to the people in the ads as positive role models for quitting, sensing that if these people can quit why not me. Although a smoke free life is appealing to most of the participants, it was generally acknowledged that it takes a lot of will power and family support to quit smoking.

4.3 Testimonials *(Shown in Aboriginal groups only)*

Impact - Mixed

More mixed feelings about this ad, but more towards the positive side. This ad was inspiring because it showed actual Native people telling their own stories about how they quit smoking.

The participants felt they could learn something from this because the ad featured people that, for the most part, they could relate to, true stories from other Aboriginal people.

Political backlash

Negatively, however, the participants felt that the presence of former National Chief Phil Fontaine detracted from the ad's effectiveness. The general opinion was that politicians are untrustworthy and that this ad was being used by Mr. Fontaine as a means of maintaining his place in the spotlight. His sincerity was questioned and this focus of attention on his sincerity overshadowed the other positive aspects of the ad.

Summary

For some, the ad's overall effectiveness was questioned by participants as they felt that it wasn't hard-hitting enough for them. As before, they felt that they needed to be shocked into quitting smoking. However, some participants could relate to these stories in a very personal way; however this ad's effectiveness was hampered by the use of Native politician Phil Fontaine.

4.4 Morgue *(as reviewed by Aboriginals)*

Shown in both Mainstream and Aboriginal groups. The following is from the Aboriginal perspective only.

This had the most positive response of all the ads as most participants felt that this one showed what happens to smokers over the long run. It was short and to the point and its visual cues, action, narration and music were all combined to make its message much more accessible to viewers.

Morgue had the most positive responses as to its effectiveness. The visual effect of the morgue setting, presentation of facts and the slogan "smoking, we can live without it" made this the most memorable one for the participants.

On the negative side they felt that the ad was aimed at all Canadians in general and not specifically for an Aboriginal audience. They also felt that despite the depiction of a morgue and bodies of dead smokers, that the ad wasn't graphic enough for them.

5.0

Media Analysis

5.1 Introduction

Participants in this study were typical of many other studies conducted by Binarius. Comments on the media and/or marketing perspectives were few and insights even scarcer. Participant top of mind responses are typically tuned to the media of choice for many Canadians, that is, TV without understanding in depth why the medium is best suited for reaching them. With this caveat, the media most effective, in rough descending order of importance was:

- TV ads
- Web site
- Doctor's office, health clinics
- 1-800 line (for French groups, the 1-800 line was the second most popular)
- Buses, bus shelters (except Charlottetown where there is no public transit)
- All others

5.2 Media Analysis from the Aboriginal Perspective

Comments from the Aboriginal groups on the media were also scarce. By far, the medium of choice was TV. Many cited that with the advent of The Aboriginal Peoples Television Network, it gave Aboriginals across Canada an outlet to view the media in a more culturally sensitive manner. Web, magazines, contests, posters, newsletters and store displays hardly registered in any way as a medium to be considered.

Recognizable Aboriginal role models, elders and community leaders surprisingly did not seem to matter much to the participants in terms of potentially being an influence to quitting smoking. However, among the people identified as "well known" that caught the attention of the participants were: Jennifer Poemski, Adam Beach, Janna.

5.3 TV

Television commercials were seen as having the strongest influence on participants ("they have a strong impact, and create talk among people", TV's more powerful. It projects better").

Overall TV was felt to be very effective because of its capability to reach a very broad audience. Prime time programs on main channels are favored also for this reason.

5.4 Web Site

A website was considered beneficial by many participants. Most preferred this as the secondary method of communication after TV ads. It was not necessary to link the theme of the TV ads with the content of the web site. For example, Debi, Chuck or a body part does not necessarily have to form part of the web site in order to be effective.

Content should include:

- Tips on how to strengthen their resolve
- Tips on how to quit successfully
- Positive reinforcement messages
- Support group contact numbers
- Nutrition tips and alternatives to smoking
- Real statistics
- How to cope with difficult times and situations

For the Francophone groups and many in the Aboriginal groups, the Internet has a low penetration rate. Even those who go on the Web don't feel it is adequate: they need help from a real person rather than static information or tips. Chat-rooms might be considered but mainly for younger smokers (who use the Internet).

5.5 Medical and dental clinics

Medical and doctor clinics and offices were strongly supported as places for brochures, pamphlets and posters to be located. There is an expectation that this material would already be there.

Other health related locations (e.g., dentist's office) are also felt to be effective because people are captive while in the waiting room. The environment lends itself to this type of message.

5.6 A 1-800 Line

A 1-800 help line was considered clearly second to the website. However, when asked specifically, a few participants suggested they would call in. The help line is most effective when the person has decided to quit and needs help when temptation//urge to smoke happens.

Participants want to speak to a real person when they call rather than get a pre-recorded message. They are seeking counselling from people who are ex-smokers and can at least tell them about their own personal story, have empathy and understand what they are going through.

5.7 Buses, bus shelters

Most participants felt that buses and bus shelters were good locations primarily because they offered an opportunity for unfettered attention by transit goers. As noted previously, there is no public transit.

5.8 All others

Print advertising, except for transit, was negatively received because most people are not into reading and/or would not read on this topic because they feel they are already sufficiently informed.

Radio ads may be effective because the car is often where smokers feel inclined to light up.

Comments on other forms of advertising were infrequent, scattered and unfocused. For this reason, they are not included in this analysis.

6.0

Conclusion and Recommendations

1. The original target group composition for the mainstream groups (40-54 years old) was split along socio-economic lines, that is, higher versus lower SES. This research suggests that the communications may also want to consider a demographic profile split along the lines of “blue collar” versus “white collar” irrespective of income and status. The blue collar participants believed their addiction to cigarettes to be greater and their attempts at quitting to be less successful.
2. The Aboriginal groups were comprised of 25-44 year old smokers. This research discovered no evidence that there were other demographic factors that would warrant attention in a communications strategy and the roll-out of the media campaign.
3. The mainstream target group may be an effective audience because they are starting to feel and notice the effects of their smoking on their health and appearance more at this age. In addition, many still feel they can benefit from quitting. As well, they often are in the position of either still raising children or can serve as role models for grandchildren.
4. Not surprisingly, the issue of quitting smoking prompts comments and attitudes from a wide spectrum. The top five themes that should be addressed within a proposed communication strategy are as follows:
 - Personal will-power
 - The pariah factor
 - The impact on personal health and appearance
 - Fear of quitting (Stress, anxiety, mood swings)
 - SHS impact
5. Emotional engagement and personalization is a prerequisite for both target groups. Rote repetition of statistics was felt to be preachy and condescending. Participants said that this would cause them to tune out and ignore this type of ad or question its credibility. They suggested making the ads emotionally engaging by containing material that impacted them and their families.
6. The cost of cigarettes and the benefits of having extra money in the pocket if one quits is not considered to be a major value-added incentive.
7. None of the Aboriginal ads had high initial impact (as Debi had in the mainstream ads) or sustainability (as Chuck had). They did not motivate participants to consider or sustain quitting. Morgue, while memorable, was not graphic enough; Cartoon appeared more directed at children; Teenagers were clearly directed at youth; and, while participants could relate to Testimonials, it was clearly not an attention grabber.

8. The results of the Aboriginal focus groups strongly suggest that, while there is definitely a preference for a campaign “made by and for Aboriginal”, the ads directed at the mainstream groups would be as effective with Aboriginals as well. Health Canada should consider having similar TV campaigns to service both groups.
9. Participants generally describe themselves as impervious to previous ads promoting anti-smoking efforts. A hard-hitting depiction of the gruesome aspects of lung disease and heart complications would shock many into a state of mind where they would consider quitting smoking.
10. The Morgue ad suffered from a lack of personalization and engagement of the viewer. The statistics lacked credibility primarily because they were not put in context.
11. The shocking visuals of Debi and Aorta have value, but the issue of desensitization must be addressed. After the initial hit, the “shock” bar has been raised so that the next logical question is what next, more Debis or Antonios? Or more body parts?
12. “Chuck” is like many of the participants: hardworking, middle class, unpretentious, with the same daily problems they face, and understanding what they have to cope with. Moreover, he’s winning the battle, one day at a time.
13. Health Canada may wish to consider a communications strategy that is more supportive of smokers in their attempts to quit. This theme is best exemplified by the Chuck ads. A Chuck-type series would be more effective as it would encourage the sustainability efforts through humour, understanding and empathy.
14. Emphasis should be on the healthy results of a non-smoking lifestyle. Rather than dwelling exclusively on the horror stories of smoking, promoting things such as the ability to lead a more physically active life would be more effective.
15. As a medium, TV is a must. This should be backed up with a web site, 1-800 line, bus shelters, transit ads and brochures found in doctors’ and dentists’ offices.
16. For the Aboriginal target group, the Internet is not a strong medium. More emphasis should be placed on other mediums such as health clinics, doctors’ and dentists’ offices.

Appendix A - Logistics

Mainstream smokers groups Logistics Schedule

Charlottetown November 15, 2002 Prism 94 Watts Avenue West Royalty Industrial Park Tel: 902-566-3071 <u>Note:</u> 8 minutes from Downtown Charlottown	5h30 p.m Higher SES 7h30 p.m lower SES
Montreal November 8, 2002 Opinion Impact 6818 St-Denis MTL H2S 2S2 Tel: 514-278-5699	5h30 p.m Higher SES 7h30 p.m lower SES
Trois-Rivières November 9, 2002 Salle PDG 302 Bonaventure Trois-Rivières Tel : 819-379-1342 <u>Note :</u> second floor, outdoor stairway on left of building.	10h00 a.m Higher SES 12h00 p.m lower SES
Regina Wednesday, November 14 The COR Group 1840 McIntyre Street Regina S4P 2P9 Tel: 306-359-3371	5h30 p.m Higher SES 7h30 p.m lower SES
Toronto Friday, November 8 Research House 1867 Yonge St. – 2 nd Floor 416-488-2328	5h30 p.m Higher SES 7h30 p.m lower SES
London Saturday, November 9 Acumen Research Group 131 Wharncliffe Road South 519-433-8302	11h00 a.m Higher SES 1h00 p.m lower SES

Aboriginal smokers groups
Logistics

Group	3. Location	Date	5. Target	Lang
1	Kitisganzibi Anishnabeg (Quebec)	Nov. 6	25-44 year old Aboriginal smokers	French
2	Siksika (Alberta)	Nov. 7	25-44 year old Aboriginal smokers	English
3	Siksika (Alberta)	Nov. 7	25-44 year old Aboriginal smokers	English
4	Wendake (Quebec)	Nov. 7	25-44 year old Aboriginal smokers	French
5	Toronto (Off-reserve)	Nov. 7	25-44 year old Aboriginal smokers	English
6	Toronto (Off-reserve)	Nov. 7	25-44 year old Aboriginal smokers	English

Smoking cessation insights groups Recruiting Screener

*“Higher SES” (group 1) and
“Lower SES” (group 2)*

Date & Time \$50 incentive	Recruit 10 for 8-10 to show
Respondent's name: _____	
Respondent's phone #: work _____ home _____	

Hello, my name is _____. I'm calling from **(INSERT RECRUITING FIRM)**, a national marketing research firm. We're organizing a discussion group to explore current issues. **EXPLAIN FOCUS GROUPS IF NEEDED.** About ten people like yourself will be taking part.

Participation is voluntary and all your answers will remain confidential, they will be used for research purposes only. We are simply interested in hearing your opinions – no attempt will be made to sell you anything. The format is a “round table” discussion lead by a research professional. An audio/video tape of the group session will be produced for research purposes only. The tapes will be used only by the researcher to assist in preparing a report on the research findings and will be destroyed once the report is completed. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I ask you a few questions?

Yes	1	CONTINUE
No	2	THANK & DISCONTINUE

- 1) Would you be available to attend a discussion group, **(INSERT DAY), evening (INSERT DATE)?** It will last two hours and you will receive \$50.00 to thank you for your time.

Yes	1	CONTINUE
No	2	THANK & TERMINATE

- 2) Are you, or any members of your household, employed in or retired from...**(READ LIST)**

	Yes	No
Market research	1	2
Advertising, marketing, public relations	1	2
Any media (e.g., print/radio/TV)	1	2
Medical field (e.g., doctor, nurse)	1	2
Tobacco Industry	1	2
Government	1	2
Legal profession	1	2

IF YES TO ANY, THANK & TERMINATE

- 3) What age category do you fall in? **(READ LIST and RECRUIT A GOOD MIX)**

Under 18	1	THANK & TERMINATE
18 to 25	2	THANK & TERMINATE
36 to 39	3	THANK & TERMINATE
40 to 54	4	CONTINUE
55 and over	5	THANK & TERMINATE
Refuse	9	THANK & TERMINATE

(MUST BE ARTICULATE AND RESPONSIVE)

4a) Are you a:

Smoker	1-	CONTINUE
Or a Non-smoker	2-	THANK & TERMINATE

4b) Have you tried to quit smoking during the last year or are you contemplating the possibility to do so eventually. **(READ CHOICES).**

Tried to quit during last year	1-	
Want to quit eventually	2-	
Neither	3-	THANK & TERMINATE

5) Have you ever attended a consumer group discussion, an interview or survey which was arranged in advance and for which you received a sum of money?

Yes	1	CONTINUE
No	2	GO TO Q7

6) When was the last time you attended a group? _____
(THANK & TERMINATE IF IN THE PAST 3 MONTHS IF NOT, CONTINUE)

7) Sometimes participants are asked to write out their answers on questionnaires, read or watch a video during the discussion. Is there any reason why you could not participate?

Yes	1	THANK & TERMINATE
No	2	CONTINUE

IF WEARS GLASSES MAKE SURE THEY BRING THEM.

8) Gender **(DO NOT ASK – BY OBSERVATION ONLY)**

Male	1
Female	2

9) Which of the following best describes your level of education?

(RECRUIT A GOOD MIX FOR GENERAL POPULATION GROUP 1)

ELIGIBLE	Less than high school	1	
	High school	2	
	Some college	3	NO CODES 4, 5 AND 6
	College graduate	4	IN "LOWER SES" GROUP 2.
	University (in part or in total)	5	
	Post graduate	6	

10) Please tell me which best represents your household's total yearly income?

RECRUIT A GOOD MIX FOR GENERAL POPULATION GROUP 1
--

Under 15,000\$	1	
15,000 to 19,999\$	2	
20,000 to 29,999\$	3	
30,000 to 39,999\$	4	NO CODES 5, 6, 7 OR 8 ELIGIBLE FOR "LOWER SES" GROUP. 2.
40,000 to 49,999\$	5	
50,000 to 59,999	6	
60,000 to 69,999\$	7	
70,000\$ and over	8	
Refuse/Don't know		THANK & TERMINATE

As I mentioned earlier, the group discussion will take place on _____ for **two hours**. Would you be available to attend?

Yes	1	
No	2	THANK AND DISCONTINUE

We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts will be checking respondent's identification prior to the group. Please be sure to bring some personal identification with a photograph with you (i.e. driver's license). Also, if you require glasses for reading, please bring them with you.

As we are only inviting a small number of people, your participation is very important to us. If for some reason, you are unable to attend, please call so that we may get someone to replace you. You can reach us at _____ our office. Please ask for _____.

May I please get your name: **FILL IN ON FRONT PAGE**

Thank you very much for your help!

Health Canada

Smoking Cessation Insights In 40 to 54 Year Old Mainstream Smokers and 25- 44 Year Old Aboriginal Smokers (POR 02-71)

Moderator's Guide

**Prepared for Nizam Siddiqui
Health Canada**

November 6, 2002 (Ver 2.2)

P R E P A R E D B Y :

BINARIUS

BINARIUS RESEARCH GROUP

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A. Introduction (10 minutes)

1.1 Facilitator and Recorder

My name is _____. I am a consultant with Binarius Research Group and I am involved in a research project conducted by the office of Mass Media for the tobacco control program at Health Canada.

1.2 Purpose of the Focus Group

The purpose of the project is to better understand the views, feelings, and behavior of adults between the ages of 40 - 54 years related to smoking. We want to gain a better understanding of how most effectively to get health information to you that will help you should a time come when you would like to attempt to quit smoking.

1.3 Anonymity and Privacy

My understanding is that you have each agreed to come and participate in this group today. Your participation is voluntary and you may refuse to answer any of the questions. We will be tape recording this session so that the discussion can be referred back to when the report is written. All information will be kept private and your name will not be recorded with your responses or identified in any way.

The information will be kept in a secure place. If anyone who does not feel comfortable in discussing this topic and/or being part of this group, please feel free to leave now.

1.4 Role of Moderator

In my role as moderator, I am here to:

- learn from you
- ask you some questions during the next couple of hours
- keep the group on track within our very short time frame
- make sure that everyone has a chance to participate or talk

1.5 Guidelines for Discussion

I would appreciate it if we could agree on the following:

- that only one person speaks at one time
- that you speak clearly so that we don't miss anything important that you have to say
- that all ideas and comments are respected amongst the members of this group
- let you know that due to tight timelines we may curb discussion to ensure that everyone has a chance to participate.

B. Mindset (10 minutes)

The objective of this discussion group is to find out ways to help folks quit smoking. To that end, you will notice this group has some obvious and not so obvious things in common. Can you name a few? (All are smokers, 40-54 years old, region and the fact that they either tried to quit or plan to quit smoking.)

1. Let us start by looking at what we have in common. Can you each take a few minutes to consider what comes to mind when we say "Quit Smoking"? Please write your thoughts on Worksheet #1. Write down everything that comes to mind whether you think it is related or not
2. Now I would like to ask you to share your thoughts with the group. I will write them down on the easel as you present your ideas.
3. Moderator generalizes 2 or 3 common themes and probes for more detail.

C. Experiences Affecting Smoking Patterns (35 minutes)

4. Think back to your most recent attempt to quit. Why did you try? What factors helped? What did not?
5. For those who are planning to quit, what will help you quit? Probe for:
 - Web site information on how to quit tips
 - One-on-one counselling, doctor's advice
 - Self-help

- Quit line
 - Quitting aids (nicotine gum, patch, etc.)
6. What are the factors that get you thinking about quitting?
7. Give me your reaction to the following series of statements:
- I can quit smoking anytime I want to.
 - I notice that non-smokers are asserting their rights more nowadays.
 - I recall information people have given me on the benefits of quitting smoking.
 - Warnings about health hazards of smoking move me emotionally.
 - I think about information from articles and ads on how to stop smoking.
 - I react emotionally to warnings about the effects of smoking on others.
 - The fact that I find fewer places to smoke helps me to consider quitting.
 - Family and friend support is crucial in helping to quit smoking.

D. Ad Review (45 minutes)

For each ad, worksheet #2 will be handed out for participant comments to be written. Each ad will be viewed and probed with the following questions:

8. What in the ad motivates you and catches your attention, impacts you the most?
9. What is it about the ad that would motivate you to consider quitting smoking?
10. If you are thinking of quitting smoking, would this ad do it? Why, why not?
11. Is there anything in the ads that reinforces your quit efforts?
12. What is the key message you take from the ad?

E. Media Review (10 minutes)

13. When it comes to outside influences, institutions, mass media or the like, what influences you most when it comes to quitting? For each ask why and probe for detail:

- Web sites dedicated to helping you quit (which ones?)
- 1-800 line – Probe: past experience with them, suggested improvements, benefits of the service (Possible answers include Anonymous, ease of access, free of charge, personalized counselling, individual help versus group help; help to prevent relapse, advice on how to help a friend or family member)
- TV (cable, commercials, education channels?)
- Magazines? Which ones?
- Telephone directories, yellow pages
- Bus posters (Shelters, Outside bus, Inside bus)
- Billboards
- Hot air balloons
- Contests
- Info on cigarette packs
- Store displays
- Radio
 - Sports shows
 - Talk shows
 - Music
- Newspapers
 - Local/community
 - National
- Doctors, dentists offices, health clinics
- What else?

F. Wrap-up (10 minutes)

14. Assist group with summary of the group session. Encourage group discussion, questions from participants, thank everyone for their participation.

Worksheet #1

1. Write down the things that come to mind when we say “Quit Smoking.”
2. Don’t be worried, write down everything that comes to mind whether you think it is related or not

Begin here:

Worksheet #2

Ad 1

Name of ad: _____

Questions to consider:

1. What in the ad motivates you catches your attention, impacts you the most?
2. What is it about the ad that would motivate you to consider quitting smoking?
3. If you are thinking of quitting smoking, would the ad be a motivator for you?
4. Is there anything in the ads that reinforces your quit efforts?
5. What is the key message you take from the ad?

Repeated for all ads ...