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Final Report
A Qualitative Exploration: Behavior and Motivation of Cigarette Smokers Who Quit

Prepared for the Office of
Research, Surveillance and Evaluation
Tobacco Control Program
HEALTH CANADA

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TABLE OF CONTENTS

1. EXECUTIVE SUMMARY 1

1.1 Background and Methodology 1
1.2 Key Findings 2
1.3 Implications 10

2. INTRODUCTION 13

2.1 Background Context 13
2.2 Purpose of the Study 13
2.2.1 Research Objectives 13
2.2.2 Target Population 13
2.3 Methodology 14
2.3.1 Number and Type of Sessions 14
2.3.2 Respondent Selection Criteria 14
2.3.3 Participant Incentive 14
2.3.4 Discussion Guide 14
2.3.5 Qualitative Research 15
2.3.6 Research Team 15

3. DETAILED FINDINGS 16

3.1 About the Report 17

3.2 About the Respondents 17

3.3 Attitudes Towards Smoking 18

3.3.1 General Likes 18
3.3.2 General Dislikes 20
3.3.3 Feelings About Themselves When Smoking 21
3.3.4 Perceptions of Addiction 22
3.3.5 Quitting Now vs. 10-20 Years Ago 27
3.3.6 Awareness of Smoking as Health Risk 27

3.4 Reasons for Quitting 29

3.4.1 Recent Motivations 29
3.4.2 Previous Reasons for Quitting 32
3.4.3 Previous Reasons for Returning to Cigarettes 33

TABLE OF CONTENTS
(Continued)

3.5 METHODS OF QUITTING 37

3.5.1 Making the Decision 37
3.5.2 Implementing the Decision 41
3.5.3 Living with the Decision 42

3.6 USE AND AWARENESS OF QUITTING RESOURCES 54

3.6.1 Stop-Smoking Products, Quitting Aids 54
3.6.2 Help or Assistance 60
3.6.3 Quitting Information and Resources 62
3.6.4 General Attitudes Towards Help and Assistance 63
3.6.5 Anti-Smoking Campaigns 64

3.7 BEST ADVICE FROM QUITTERS 66

3.7.1 Attitudinal Advice 66
3.7.2 Behavioral Advice 67

APPENDIX – DISCUSSION GUIDE

1. EXECUTIVE SUMMARY

1.1 BACKGROUND AND METHODOLOGY

- ***Purpose*** – to explore the behavior and motivations of people who quit smoking cigarettes.

  → This study was commissioned by the Tobacco Control Programme of Health Canada in order to gain a better overall understanding of cigarette quitting behaviors, and to provide input into a follow-up quantitative study.

- ***Objectives*** – to identify and explore reasons and motivations for quitting smoking within the past 6 months, and to understand the

  → methods used to help people quit smoking;
  → problems dealing with cessation;
  → successful strategies and tools used.

- ***Methodology*** – qualitative research

  → Qualitative research is at its best when used as an exploratory methodology to help learn and understand the range and depth of behaviors, motivations and rationales related to a particular issue at a certain point in time. However, findings are **not** quantifiable, and may or may not be representative of the target population at large. It is left to the reader's judgement to evaluate the hypotheses generated from such research.

  → A national study comprising 8 focus groups was conducted in 4 regions across Canada, from September 29 to October 6, 2003, with a total of 67 people who had quit smoking cigarettes within the last 6 months.

    – 2 anglophone groups were held in each of 3 locations – Toronto (ON), Vancouver, (BC), and Halifax (NS), and 2 francophone groups were conducted in Montreal (PQ).

    – In each location, one group had been smoking for less than 10 years, and the other for 10 years or longer.

- ***Target Audience*** – recent quitters

  → The target groups, recruited randomly by Createc+, were comprised of recent quitters who had stopped smoking within the past 1-6 months, who had smoked more than 10 cigarettes a day, and who did not still use any other tobacco products, even occasionally. Groups were mixed gender, with respondents ranging in age from 18-54+, and diverse educational levels and occupations. No one worked for marketing, research, PR or advertising companies, nor for any media, radio or TV, for any level of the provincial or federal government, the pharmaceutical or tobacco industries.

- ***Discussion Guide*** – the client-approved discussion guide in English and French can be found in appendix.

1.2 KEY FINDINGS

1.2.1 Introduction

- Overall, findings in this study point to a number of shared commonalties. People in all groups.
  - → Had similar likes and dislikes about smoking.
  - → Experienced similar feelings about themselves as smokers.
  - → Felt similar motivations to quit – usually a combination.
  - → Had similar reasons for returning to smoking after previous attempts at quitting.
  - → Went through a contemplation phase prior to quitting.
  - → Devised a variety of coping strategies to help them stay stopped.
  - → Were generally reluctant to use quitting products, assistance, and information, and thought the telephone and Internet were too impersonal.
  - → Generally admitted that TV anti-smoking advertising was effective, credible, attention-getting and helpful to them, and provided varying degrees of input into their stop-smoking decision-making process.
  - → Currently shared feelings of fragility about their progress to date.
- However, findings indicate that there is no one typical type of quitter, there is no one typical strategy for making the decision to quit, and no one typical strategy to stay stopped. Rather, each individual seemed to have their own specific combinations of perceptions, attitudes and stratagems.
- Perceptions about addiction also varied.

1.2.2 Likes and Dislikes

- ***Likes***: Smoking appealed to respondents for 7 main reasons, with the first 3 mentioned in all groups:
  - → (1) the relaxing physiological effects, relief of stress and the "*high*" smokers got (2) it enhanced and accompanied everyday routines, like drinking coffee, (3) it gave people something to do, (4) it had a strong sensory appeal of taste and smell, (5) it was a great dieting aid, (6) it gave people a cool image, and was one of the main reasons many began years ago, and (7) it was a way to rebel, especially against the current treatment of smokers in society.

- ***Dislikes***: Participants cited 7 main things about smoking that bothered them, with almost all mentioned in all groups:

  → (1) the unpleasant smell, especially on their clothes, (2) a range of health concerns, mainly coughing and breathing difficulties, (3) it was a disgusting habit, (4) the hassle of addiction, (5) the cost was excessive, (6) the annoying inconvenience of having to leave friends to go outside and smoke, and (7) the negative social image of smokers as social pariahs or lepers.

1.2.3 Feelings about Themselves as Smokers

- Participants cited a range of negative feelings about themselves related to self-esteem – guilt, shame, hypocrite, loser, weak-willed – and social concerns – embarrassment, being outside the in-crowd, and unwelcome.

- For some "*closet smokers*," smoking was their "*dirty little secret*".

1.2.4 Motivations to Quit

- Overall, participants usually had a combination of reasons to quit, with health as a primary but not overwhelming reason, and money comparatively low on the totem pole.

  → In general, participants seemed well aware of the health risks associated with smoking, and many of the diseases they thought were caused by smoking, and some had experienced one or more smoking-related symptoms.

    – A direct causal relationship between smoking and health did not seem to be a strong or predominant view. Respondents tended to regard many diseases as related to smoking, but not caused by smoking.

- Participants identified about 11 motivations to quit smoking.

  → 3 seem to have more of a physical component and are based on (1) health concerns, (2) personal appearance, such as wrinkles, pallor and smell on clothes, and (3) childbirth and pregnancy.

    – Health issues were mentioned in all groups, and often related to breathing difficulties, coughing, and general lack of well-being.

  → 7 appear to have more of an emotional and/or psychological component, and are based on (4) death and illness of loved ones, (5) love of others, (6) the desire for control and freedom, (7) the positive cultural influence of TV ads, (8) needing a change (9) social reasons, and (10) the challenge.

    – Most of these emotional and/or psychological reasons were mentioned in all groups.

→ One was a financial motivation, related to the cost of smoking.

– While people easily complained about cost, it was generally a contributing factor, but not the main reason or even the trigger to quit. Health and other factors usually took precedence. Saving money, however, was often seen as a reward of quitting.

1.2.5 Previous Reasons for Returning to Smoking

- In previous quitting attempts, some participants had stayed away from cigarettes for as little as half-a-day to as long as 6-7 years. However, the average length of time people had gone without cigarettes seemed to be about 2-3 months.

- Overall, participants identified about 10 reasons why they resumed smoking in former unsuccessful quitting attempts, with the first 6 mentioned in most groups:

→ (1) the addiction, (2) tempting sensory triggers, such as alcohol, coffee, drugs, the smell of a cigarette and watching others smoke, (3) stress and pressure, (4) lack of determination, (5) traumatic incidents or endings, (6) contact with smokers, (7) weight gain, (8) disappointment with anticipated quitting benefits, (9) the stress during and after pregnancy, and (10) free cigarettes.

1.2.6 The Decision to Quit

- In general, participants took time before making their decision to quit. Many were planners who devised strategies to help them stop, many were impulsive and made spur-of-the-moment choices, and some were a combination of the two – spontaneous planners.

→ ***Planners*** -- For many participants, quitting smoking was a planned decision and strategy about how they were going to quit – how they were going to get to that last cigarette. Planning usually followed a period of contemplation, in which people seriously thought about quitting. Planning times ranged from 6 months or longer to several weeks or even a few days.

– Planners in this study devised 6 different strategies to help them stop smoking, which they used either singly or in various combinations as the need arose:

- (1) used smoking aids or substitutes, (2) set a quit date, (3) tapered off, (4) changed smoking habits or routines, (5) switched to lighter brands or different tobacco products as they tapered off, and (6) kept loved ones in mind.

– *I set a quit date, on my birthday, and tried to disrupt my smoking pattern before that quitting date. I'd postpone my first cigarette.*

– *Breaking the patterns, when you smoke, how you smoke, where you smoke.*

→ ***Impulsives*** -- Many respondents decided to quit smoking suddenly, on the spur-of-the moment, and did not plan how they were going to quit. Decisions tended to be more radical and impulsive. But all followed a period of contemplation which lasted months, and in a few cases, years. Impulsives generally decided on the same day as they implemented their decision.

- Some had to be totally out of cigarettes before they could attempt to quit.
- Others were triggered by a particular physical symptom as the decisive event which scared or disgusted them -- such as coughing up black stuff, a hangover, or a bad attack of bronchitis.
  - *J'ai fait une bronchite; je crachais beaucoup et c'est alors que j'ai décidé d'arrêter de fumer. (I had a bad attack of bronchitis and I was afraid, so I made the decision to quit smoking then and there.)*
- Some simply decided to try quitting for one day only, and after being successful, they tried another, and then another, and so on.
  - *I just decided I didn't want to smoke anymore. And just didn't buy a pack that day, or the next day.*

→ ***Spontaneous Planners*** -- Some participants could fit into both the planning and impulsive categories, because although they didn't think so, they in fact had some type of strategy to stop smoking while their actual decision to quit was spontaneous and unpredictable. Not buying cigarettes, tapering off to one-a-day and quitting when a pack of cigarettes was empty were, in fact, strategies which eventually resulted in quitting.

- *I was with different people, non-smoking people. I had actually stopped buying cigarettes a few months before, and only sponged.*
- *I didn't make a plan; I slowly weaned myself off it to one a day. I'd have one and then forget about till the next day. And then I thought, why bother even having one a day.*
- *Somewhat planned, once my pack of cigarettes was gone, I was quitting.*

- Whichever way they made their decision, some people kept at it until it took hold.

1.2.7 Strategies for Staying Away

- Participants without any strategies for staying away from cigarettes seemed to have less confidence that they would succeed.
- Many people had either learned their current strategies from previous quitting attempts, or from realizations and experiences during their current attempt.

- Most participants did not use any products to help them quit or stay away from cigarettes. However, for some, nicotine substitutes were an important part of their stop-smoking and stay-stopped endeavour. Products such as the patch, gum or Zyban were almost always used in combination with one or more of the other quitting strategies and rarely, if ever, used just on their own.

- Participants described about 10 coping strategies for staying away from cigarettes, which they used during this most recent effort.

  → 2 strategies seemed to be attitudinal in nature, with the first one mentioned in all groups:

    – (1) a mindset of determination, and (2) a self-forgiving attitude for slipping up.

  → 8 strategies could be described more as behavioral tactics, with items 3-6 mentioned in most groups:

    – (3) avoiding smokers and smoking places, (4) changing or breaking habits, (5) oral distractions – keeping their mouths busy, (6) keeping their hands busy, (7) building a personal support network and telling people they had quit, (8) using stress reduction/relaxation techniques, (9) using negative reinforcement, and (10) keeping a visual reminder in sight.

1.2.8 Perceived Rewards of Quitting

- When asked about the main rewards of quitting smoking, participants identified 8, with the first one mentioned in all groups, and the second and third in many groups:

  → (1) smelling nice, (2) better physical shape and sense of well-being (3) increased self esteem, (4) feeling of being in control, (5) have more money, (6) regain sense of taste and smell, (7) less inconvenience - not having to go outside to smoke, and (8) greater social acceptance -- better treatment by non-smokers.

1.2.9 Obstacles Faced

- Participants addressed 6 major obstacles and described how they dealt with them, with most mentioned in most groups:

  → (1) avoided tempting people and places, (2) endured the cravings, (3) persevered through mood changes, physical discomfort and feelings of deprivation, (4) devised alternate behaviors to keep their minds off smoking, such as walking, chewing on toothpicks, eating, playing with straws, drinking water, exercise, sports (5) changed their personal routines, habits and environment, and (6) developed and turned to helpful ways of thinking.

1.2.10 Perceptions of Addiction

- One important finding in this study involves the confusion surrounding the nature of addiction to smoking.

  → Is it simply a chemical reaction? And if so, to what? To nicotine, to other ingredients in cigarettes, to the smoke inhaled and/or exhaled, or to cigarettes generally?

  → Or, is addiction an emotional or psychological dependency? A mental attitude? A behavioral habit? Or is it some kind of combination which varies according to each individual smoker?

  → How people answered these questions, and interpreted or misinterpreted the nature of addiction was reflected not only in their self-assessments as smokers but also in their attitude towards quitting.

- Most participants in this study believed they were addicted to cigarettes and/or nicotine. Certain words were used to describe their addiction -- *wanting, need, now, cravings, anger, stress, irritability, fidgeting, sweating* – terms which seem to be related to withdrawal.

- The common factor among this majority of addicts was their own admitted <u>lack of control</u> over their desire, want and need for a cigarette.

- However, perceptions about addiction varied according to quantity smoked and frequency of smoking.

  → Some people believed that to be addicted, you had to smoke a lot and often.

  → However, others believed that addiction didn't necessarily mean you had to smoke on a daily basis, and that the number of cigarettes smoked was not necessarily a factor, because addiction was not only physical, it was emotional, and mental or psychological.

- For some participants who considered themselves addicts, just one cigarette smoked during a period of abstinence could trigger a return to smoking. But others could occasionally smoke 3-5 cigarettes at any one time with no problems.

- Thus, based on their self-diagnosed addiction level and their subsequent approach towards quitting, 2 types of addicted smokers emerged in this study: the total abstainers, and the partial abstainers.

  a) <u>Addicted total abstainers</u> – had no doubt they were seriously addicted, and believed they needed to stay completely away from cigarettes and smoking in order to succeed in their stop-smoking effort. If they had a slip during a weak moment, it was not intentional or planned, and they got back on their program immediately. When they quit, they quit 100%, or aimed for 100%.

b) Addicted Partial Abstainers – thought they were addicted, but not seriously addicted, which meant that they could occasionally indulge, with no serious harm done to their stop-smoking effort. So they let themselves smoke during a period of abstinence, and forgave themselves more freely for what they viewed as slip-ups. When they quit, they did not quit completely, not 100%. And while they eventually hoped to aim for 100%, this was not their current approach.

- A small minority of respondents felt they were not addicted, and that they could stop any time they really wanted to. Often these people did not have a long history of quitting and returning to smoking. These were people who believed they controlled their own smoking habit. They could be divided into 3 categories – the former successes, the situational smokers, and the permissive smokers.

a) Non-addicted former successes – believed they weren't addicted based on their successful quitting history, wherein they had perhaps quit once or twice, and therefore believed they could do it again. The fact that they had returned to their smoking habit did not seem to impact their perception of addiction. For example, the young woman who stopped once before when she was pregnant, and who believed she could do it this time as well.

b) Non-addicted situational smokers – believed their weren't addicted because they only smoked in very specific circumstances. For example, one man said he only smoked when he was with work colleagues who smoked, and staying away from these people enabled him to stop. He never wanted a cigarette at any other time.

c) Non-addicted permissive smokers– believed they were not addicted because they could do without cigarettes most of the time, or for long periods of time. Like the addicted partial abstainers, they gave themselves permission to smoke on weekends, or at certain social occasions.

- Note that questions about addiction were only a small part of this study, and that this appears to be an area for further research and exploration.

→ It would seem that the true nature of addiction is not well-understood, and that some people are misinformed about it, leading them to take chances with occasional smoking.

1.2.11 Perceptions of Their Own Ability to Quit

- Participants were asked if they believed they had succeeded or would succeed in quitting this time.

- Hopefulness notwithstanding, responses could be divided into 4 main categories:

1) Those who were determined despite their past, who still weren't 100% sure they could succeed, but really wanted to;

2) Those who believed that this time they had quit forever, usually those who did not see themselves as addicted and who had quit once or twice before;

3) Possible slippers, who believed they were on the quitting path, and would keep trying without berating themselves – some felt that repeated attempts increased their chance of success, and

4) Temporary pausers, who believed they would probably smoke again, and that this effort was but a transitory non-smoking interval, and as such, better than nothing. Some tended to deny the strong link between smoking and health.

- Overall, there appeared to be little or no correlation between the strength of perceived addiction and the level of determination to quit smoking forever. For example:

  → In Montreal, where people had long histories of smoking and quitting, and believed they were addicted, most were determined despite their past to make their effort a success.

  → In contrast, in Halifax, where people also had very long histories of smoking and quitting and believed they were addicted, most believed they would probably smoke again.

- In contrast, there did seem to be a correlation between the strength of perceived addiction and the level of determination to stay completely away from cigarettes, 100%.

  → The stronger the perception of addiction, the stronger the determination to quit or stay away 100%.

- The following table illustrates these findings.

Perception of addiction	Determination to quit forever	Determination to quit completely -- 100%
Stronger perception of addiction	• Main aim	• Aim at quitting or staying away 100% (total abstainers)
Weaker perception of addiction	• Main aim	• Don't quit completely, even if aim for 100% (partial abstainers)

- Regardless of their perceptions, most participants seemed fragile and saw quitting as a daily struggle. In fact, in some groups, focusing on the subject made people crave a cigarette.

1.2.12 Use and Awareness of Quitting Resources

- Overall, most participants were generally aware of but reluctant to use stop-smoking products (patch, gum, medication) to help them quit.

  → Many saw them as ineffective, didn't want extra nicotine in their system, and worried about becoming addicted to these products.

  → However, participants in Halifax tended to rely on the patch and Zyban more than those in other groups.

- There was also low awareness of and very strong resistance to using the support and assistance currently available.

  → Although people thought others might benefit from support groups, individual counselling, and help via the telephone and Internet, all but a few were quite reluctant to use any of these methods.

    – The telephone and Internet especially seemed much too impersonal, and people didn't want to confide to a stranger.

- Most people were unaware of the quantity and quality of the stop-smoking information available, but assumed plenty was obtainable if they wanted it. But most didn't seem to want it, or think they needed it.

- While participants did seem to garner some information from health warning messages, many admitted that TV anti-smoking advertising was effective, credible, attention-getting and helpful to them, and provided varying degrees of input into their decision-making process.

1.3 IMPLICATIONS

- Findings from this study reveal at least 4 issues that could have implications in the education and/or provision of assistance to potential quitters.

  1) Understanding the true nature of addiction to smoking cigarettes;

  2) The reluctance to ask for help, support or assistance in general, and using the telephone and Internet specifically;

  3) Participants did not seem to define themselves as former smokers, non-smokers or ex-smokers;

  4) TV stop-smoking advertising seemed to be credible, and quite effective both in communicating information and in their persuasive value.

1) **Understanding the true nature of addiction**

- It would seem that the true nature of addiction is not well-understood, and that some people are misinformed about it, leading them to take chances with occasional smoking.

  → Not everyone stops completely.

  → There is some expectation of feeling great when you stop, whereas stopping an addiction often reveals emotional or psychological issues that need to be dealt with, issues hidden by the addiction.

2) **The reluctance to ask for help, support, or assistance**

- Overall, participants tended to reject the idea of seeking help, support or assistance in their stop-smoking efforts. In most locations, even the use of quitting products was low.

- We believe the underlying reasons relate to self-esteem issues -- perceptions about personal weakness and about attitudes towards needing or asking for help.

  → Whether or not people in this study believed they were addicted, most admitted that they still felt fragile and vulnerable to smoking. No one felt home-free, safe, or that they had made it. In fact, some people told us that just talking about stopping smoking made them crave a cigarette. Admitting fragility is, in fact, acknowledging a weakness, but no one used this word.

  → In this culture, it is hard enough to admit a weakness, let alone to admit it to an unknown party, to strangers -- someone you don't know, don't trust, and don't feel connected to – such as might be encountered over the phone or Internet. People did talk about this, and said they would much rather garner support from friends and family, and people they trusted.

  → Needing or asking for help of any type also seemed to equate with being weak, which directly conflicted with the prevailing attitude about stopping smoking. This attitude required respondents to believe or try to convince themselves they were strong and determined, that they had will power. In fact, even those who used products (in the past or currently) said that these items were ineffective on their own, and that success still required a certain determined mental attitude or stance.

  → In this conflict or cognitive split, the prevailing attitude won. Help was fine for others, but not for them.

- Would people ever be able to ask for help AND still see themselves as strong and determined? What would it take for potential quitters to trust or confide in any anonymous person over the phone, or the Internet? These may be interesting areas for further exploration.

3) **Lack of non-smoking status as part of self-definition**

- Participants in this study had quit smoking within the past 1-6 months, but did not seem to view themselves as non-smokers, former smokers, or ex-smokers.

  → One person suggested that to be classified as a quitter, or as someone who had stopped smoking only required quitting for one week.

  → Another expressed a desire to "*go to bed and sleep for 6 months and wake up a non-smoker.*" This suggests 6 months as a new self-definition point for that person.

- It may be worthwhile to learn how long it would take before quitters would consider themselves as a non-smoker, a former smoker or an ex-smoker, and what these particular terms mean.

- It could be that seeing oneself as a non-smoker at a given point in time might be an important decision or event signifying that a goal had actually been reached. Such a change in perspective could not only be a boost to the psyche but could function as encouragement to persevere. This might be an area worth further exploration.

4) **The effectiveness of TV anti-smoking ads**

- TV stop-smoking ads were generally viewed in a very positive light -- as credible, informative, attention-getting and helpful. Many participants spontaneously mentioned them, especially when discussing their motivation to quit.

  → These ads tended to play a strong role during the contemplation phase which preceded a decision to stop-smoking, whether the decision was planned, spontaneous or a combination of these 2 decision-making styles.

- This confirms TV as a viable vehicle for communicating with potential quitters.

2. INTRODUCTION

2.1 BACKGROUND CONTEXT

- Smoking is the leading cause of preventable death in Canada. Every year, over 45,000 Canadians die prematurely as a result of disease and illness caused by tobacco use. At least 1,000 of them are non-smokers.

- To support the Tobacco Control Program's strategy of protection, prevention, cessation and harm reduction/product modification, the Office of Research, Surveillance and Evaluation is responsible for:

  → increasing knowledge of the health effects of tobacco use;

  → monitoring and analysing changes in tobacco consumption patterns, public attitudes, industry practices and the product;

  → providing relevant and timely information to support decision-making and the development of effective anti-tobacco policies and programs.

2.2 PURPOSE OF THE STUDY

- This study was commissioned by the Tobacco Control Program in order to achieve a better overall understanding of cigarette quitting behaviours, and to provide some input into a follow-up quantitative study.

2.2.1 RESEARCH OBJECTIVES

- To identify and explore the:

  → reasons and motivations for quitting smoking;
  → methods used to help quit smoking;
  → problems quitters had with cessation;
  → successful strategies and tools used.

2.2.2 TARGET POPULATION

- This project gathered information from recent quitters of cigarette smoking, i.e., smokers who had quit within the last 1-6 months.

2.3 METHODOLOGY

2.3.1 NUMBER AND TYPE OF SESSIONS

- In this exploratory study, 8 focus groups were conducted in 4 regions across Canada between September 29 and October 6, 2003.
  - → 2 anglophone groups were conducted in each of 3 locations: Vancouver (BC), Toronto (ON), and Halifax (NS).
  - → 2 francophone groups were conducted in Montreal (PQ).
  - → In each location, one group of participants had been smoking for less than 10 years, and the other group for 10 years or longer.

2.3.2 RESPONDENT SELECTION CRITERIA

- All groups were mixed gender, with people ranging in age from 18 to 54 or older.
- There was a range of occupations and educational levels.
- Non-smoking criteria:
  - → All respondents had quit smoking within the past 6 months;
  - → All had smoked more than 10 cigarettes a day;
  - → No one still smoked cigars, cigarillos or pipe tobacco, or used a tobacco product other than cigarettes, even if occasionally.
- Employment criteria: No one or their family members worked for:
  - → Marketing, research, or public relations firm, or advertising agency;
  - → Radio, TV, the media;
  - → Provincial or federal government; and
  - → Health sector, pharmaceutical or tobacco industry.

2.3.3 PARTICIPANT INCENTIVE

- All participants received an incentive payment of $50 for their participation, at the end of the session.

2.3.4 DISCUSSION GUIDE

- All groups were conducted along the lines of the client-approved discussion guide, appended to the report.

2.3.5 Qualitative Research

- Qualitative research is at its best when used as an exploratory methodology to help learn and understand the range and depth of behaviors, motivations and rationales related to a particular issue at a certain point in time.

  → Findings, however, are **not** quantifiable, and may or may not be representative of the target population at large. It is left to the reader's judgement to evaluate the hypotheses generated from such research.

2.3.6 Research Team

- **Mr. Grégoire Gollin** acted as project manager, responsible for client relations, the design of the work methodology and supervision of the final report as well as overall coordination.

- **Ms. Natalie Gold** (based in Toronto) moderated 4 sessions – 2 in Toronto, Ontario and 2 in Vancouver, B.C., prepared the analysis incorporating findings from all 8 groups, presented a verbal debrief to the client, and wrote the final report.

- **Ms. Louise Saint-Pierre** (based in Montreal) conducted the 2 francophone groups in Montreal Quebec, and prepared the analyses for these sessions.

- **Ms. Sharon Archibald** (based in Moncton) moderated the 2 sessions in Halifax, Nova Scotia and prepared the analyses for these sessions.

3. DETAILED FINDINGS

3.1 About the Report

- This report presents the findings from all 67 respondents in the 8 groups together.
- Overall, findings were generally consistent; however, regional differences occasionally emerged, which are pointed out where relevant.
- The report is written using respondents' own language wherever possible, to let them speak in their own words.
- For clarity and ease of access, the report is written in bullet format, and respondent verbatims appear in *italics* (usually without quotation marks, except when incorporated into the text).
  - → Some verbatims have undergone slight editing to make people's comments understandable, but all have been used within their intended context.

3.2 About the Respondents

- Respondents in this study had been smoking from 1 or 2 to over 35 years. Some had tried numerous methods, plans and quitting strategies over the past 20 years, and had learned some things, which they applied to their current efforts.
  - → They smoked a variety of cigarette brands and types, including regular, light, mild and menthol, and some rolled their own, usually to save money.
- No major differences in the behavior and motivations of younger and older participants emerged, except for the following tendencies:
  - → Overall, older quitters seemed to have tried to quit smoking more often than younger quitters, since they had smoked over a longer period of time (10 years or more).
  - → Health reasons seemed to play a stronger role and be a greater motivation for older participants to quit smoking than younger ones. Although important, health was rarely, if ever, the only reason why people quit, regardless of age.

3.3 ATTITUDES TOWARDS SMOKING

3.3.1 GENERAL LIKES

- Consistently, participants in all groups identified 7 reasons why they liked smoking, with the first 3 mentioned in all groups:

  → (1) the physiological effects were relaxing, relieved stress and gave them a bit of a high (2) it enhanced everyday routines, like drinking coffee, (3) it gave them something to do, (4) it had a strong sensory appeal of taste and smell, (5) it was a great dieting aid, (6) it gave them a cool image, and was one of the main reasons many began years ago, and (7) it was a way to rebel, especially against current treatment of smokers in society.

1) ***Physiological Effects*** – Many respondents said that smoking relaxed them and relieved their stress, and also gave some a bit of a buzz.

   → *Helps you relax.*

   - *Calmed my nerves.*

     - *I was 39. . . it was to help raise teenage daughters – it was either smoke or kill my kids.*

   - *Stress reliever*

     - *How it felt when you inhaled in your chest. The first inhale is a big sigh of relief.*

     - *The first puff is a weight off your shoulders.*

   → *You get a high*

   - *A little euphoria.*
   - *A cheap high.*
   - *Early morning buzz.*

2) ***Enhanced and accompanied everyday routines*** – Many people said that smoking was extremely satisfying because it added to the pleasure of everyday routines.

   → *With coffee in the morning, after a meal, after dinner, after sex.*

   - *Alcohol, coffee and cigarettes go together.*

   → *When you're bored.*

   → *To start events.*

→ *When drinking with friends, socializing.*

– *You meet people, sort of like a little brotherhood or sisterhood, you drink together, socialize.*

3) ***Something to do*** – Some participants felt that smoking gave them something to do with their hands, in a bar, when driving in the car, and anytime.

→ *Like a good driving song.*
→ *A way to pass the time.*

4) ***Sensory appeal of taste and smell*** – some participants found smoking a strong sensual experience.

→ *The feeling of the smoke in your throat.*

→ *The smell of a freshly lit cigarette.*

→ *I remember my father smoking and I remember thinking I never smelled a sweeter smell in my life. I used to love the smell of him lighting up a cigarette. That is what drew me in at first. Even after you start, as a smoker, you really quickly lose that.*

5) ***Dieting aid*** – some really liked the way smoking helped curb their appetite. One person even thought smoking was good for their digestion.

→ *It took the edge off, settled my stomach after a big meal.*

6) ***Image*** – Some people liked the cool image smoking conveyed, of someone who fit in. For many, this was one of the main reasons they initially started smoking.

→ *It was the cool thing to do when I started.*
→ *Looks great, cool.*
→ *Helps you feel part of the in-crowd, fit in.*

7) ***Way to rebel*** – one individual mentioned they liked to smoke because it went against current society, and against all those people telling you not to smoke.

→ *I would actually go and light up and hope somebody would kick me off the sidewalk. Like it irritated me that people went that far. . . I wanted to buy a bar and call it "Smokers" and put a sign up saying, "If you do not smoke, do not enter my establishment". That is what they are doing to smokers*!

3.3.2 General Dislikes

- Overall, there were 7 main aspects of smoking that bothered people, most of which were mentioned in all groups:

  → (1) the unpleasant smell, especially on their clothes, (2) a range of health concerns, mainly coughing and breathing difficulties, (3) it was a disgusting habit, (4) the hassle of addiction, (5) the cost was excessive, (6) the annoying inconvenience of having to leave friends to go outside and smoke, and (7) the negative social image of smokers as social pariahs or lepers.

1) ***Unpleasant smell*** – In most groups, the unpleasant smell was the first thing people mentioned, especially on their clothes, in their hair and in pillows and furniture.

   → *I needed to shower after because I could smell it on my clothes.*

2) ***Health concerns*** – Health was an issue for many respondents. In most groups people told us about their own coughing and breathing difficulties, bronchial or chest infections, the greater health risk if on birth control pills, and general lack of stamina. Some reported feeling worse since they stopped smoking. Some people also mentioned they worried about the health of others from second-hand smoke, or family members suffering from a smoking-related disease, such as emphysema.

   → *Coughing and choking*

   - *Coughing up stuff when I exercised in the morning.*

   → *Breathing problems*

   - *Trying to breathe first thing in the morning.*
   - *Shortness of breath.*
   - *Bad for people with asthma.*
   - *Je voyais des personnes âgées qui avaient plus de souffle que moi, parce qu'elles ne fumaient pas. (I saw seniors with more breath than I had, because they did not smoke.)*

   → *It never affected me at all. played sports all my life, when I started smoking it never affected me . . . I feel worse since I quit smoking.*

3) ***Disgusting*** – was a word used freely by many respondents to describe how they felt about cigarettes and smoking, about second-hand smoke, or how they felt when they got up in the morning.

   → *It's disgusting, the feel in the morning, heavy feel, heaviness in your chest, is constant and the same, before bed and all day.*

   → *Yellow on fingers and teeth, felt gross.*

   → *Disgusting look of them in the ashtray.*

   → *I used to hate it, I thought it was so disgusting, but all my friends used to smoke, so I started.*

→ *I even hated second-hand smoke when I smoked. If I wasn't smoking and someone was sitting at the table smoking a cigarette, get that out of my face. It is disgusting and now it is even more disgusting.*

4) ***Hassle of being addicted*** – Some people hated the fact that they felt enslaved to cigarettes and the lack of freedom that entailed.

→ *It had control over me.*

→ *[You] have to be tied every hour of the day to a pack of cigarettes. You always have to have cigarettes with you.*

5) ***Cost*** – Many people talked about how expensive cigarettes were, and how much it irritated them.

→ *The amount of taxes we pay on cigarettes we more than pay for our healthcare. If I get lung cancer down the road I have more than paid for my share.*

6) ***Social Inconvenience*** – This was extremely irritating to some participants in all groups, especially having to tear yourself away from a social gathering, in a bar or even at work, to go outside to smoke, especially in the winter or unpleasant weather.

→ *C'est interdit de fumer partout, tu dois fumer dehors. (Everywhere is non smoking, you have to smoke outside.)*

7) ***Negative Social Image*** – Some participants complained about how socially unacceptable smoking was nowadays, and how smokers were treated like a "*leper*."

→ *No longer socially acceptable.*

→ *How it looked, hated to have people see me.*

→ *Labeled as a social pariah.*

→ *On nous perçoit comme des losers, tu es pointé du doigt. (We are seen as losers, people point their finger at you.)*

3.3.3 Feelings About Themselves When Smoking

- People identified a range of negative feelings about themselves when they smoked.
- Some feelings were tied more to self-esteem. The words people used:

→ *Guilty, ashamed, like a loser.*
→ *No will power.*
→ *I felt like a sneak and a hypocrite, most of my friends didn't smoke, and trying to hide it from my daughter.*

- Other feelings of embarrassment, being unwelcome and out-of-step with the mainstream and fear of being judged related more to social concerns. Some regarded their smoking as their "*dirty little secret*."

  → *I was embarrassed as a smoker. You feel bad about everything, but you still do it.*

  → *The feeling of being out in comparison with many years ago when smoking was in.*

  → *You aren't welcome anywhere if you smoke.*

  → *I was a closet smoker, I was embarrassed to have people see me.*

  → *C'était rendu que je me cachais pour fumer tellement tu te fais regarder de travers. (In the end, I had to smoke secretly because people look at you with judgement.)*

3.3.4 Perceptions of Addiction

Addiction to Smoking

- One of the main findings in this study involves the confusion surrounding the nature of addiction to smoking; namely, what addiction really means with regard to smoking cigarettes.

  → Is it simply a chemical reaction? And if so, to what? To nicotine, to other ingredients in cigarettes, to the smoke inhaled and/or exhaled, or to cigarettes generally?

  → Or, is addiction an emotional or psychological dependency? A mental attitude? A behavioral habit? Or is it some kind of combination which varies according to each individual smoker?

  → How people answered these questions, and interpreted or misinterpreted the nature of addiction was reflected not only in their self-assessments as smokers but also in their attitude towards quitting.

- Most participants in this study believed they were addicted to cigarettes and/or nicotine.

  → Certain words were used to describe their addiction:

    - *wanting, need, now, cravings, anger, stress, irritability, fidgeting, sweating.*

- One Halifax respondent learned about her smoking addiction from some "*reference material*" she had gathered from several sources when she tried to quit a few years ago.

  → *I got it out again, and reread some of it, and took some of the questionnaires to prove to myself I am truly, seriously addicted on every possible level. When I take the questionnaires, they say your addiction is primarily social, your addiction is primarily physical or your addiction is primarily. . . I aced every category.*

- The common factor among this majority of addicts was their own admitted lack of control over their desire, want and need for a cigarette.

  → *Without a cigarette, I'd start to sweat, feel edgy.*

  → *Always needing it, where are my cigarettes!*

  → *I would spend my last $10 on a pack of cigarettes before I would buy a pack of beer, before I would buy groceries. I had to have my cigarettes and everything else was secondary.*

  → *Je pensais que je n'étais pas dépendante, mais je ai vu quand j'ai essayé d'arrêter que je l'étais. (I thought I wasn't addicted, but when I tried to stop, I saw I was.)*

- However, perceptions about addiction varied according to quantity smoked and frequency of smoking.

  → Some people believed that to be addicted, you had to smoke a lot and often.

  → However, others believed that addiction didn't necessarily mean you had to smoke on a daily basis, and that the number of cigarettes smoked weren't necessarily a factor, because addiction was not only physical, it was emotional, and mental or psychological.

    – *I'd go mental, go off the deep end, emotionally up and down.*

    – *I'd be mad at myself – this little stick had all this control.*

    – *I patterned my life around smoking, and your body knew when it was time.*

    – *You'd freak when you had that last cigarette and no money to buy another pack.*

- For some participants who considered themselves addicts, just one cigarette smoked during a period of abstinence could trigger a return to smoking. But others could occasionally smoke 3-5 cigarettes at any one time with no problems. Thus, based on their self-diagnosed addiction level and their subsequent approach towards quitting, 2 types of addicted smokers emerged in this study: the total abstainers, and the partial abstainers.

a) Addicted total abstainers – had no doubt they were seriously addicted, and believed they needed to stay completely away from cigarettes and smoking in order to succeed in their stop-smoking effort. If they had a slip during a weak moment, it was not intentional or planned, and they got back on their program immediately. When they quit, they quit 100%, or aimed for 100%.

- *I cannot be a controlled smoker. I can be a controlled drinker; I cannot be a controlled smoker.*
- *Taking one cigarette means I haven't really quit. The day I never have a cigarette is the day that I quit.*
- *If you are going to try and quit and you get so much time in, and just because you slip and have one or two that doesn't mean you have to go back to a pack a day. You just keep trying. You don't see that one event as a total failure. It is just a setback.*
- *J'espère ne jamais recommencer mais je ne dis pas que je ne fumerais plus jamais. (I hope not to start up again but I did not say to myself that I will never smoke again.)*

b) Addicted Partial Abstainers – thought they were addicted, but not seriously addicted, which meant that they could occasionally indulge, with no serious harm done to their stop-smoking effort. So they let themselves smoke during a period of abstinence, and forgave themselves more freely for what they viewed as slip-ups. When they quit, they did not quit completely, not 100%. And while they eventually hoped to aim for 100%, this was not their current approach.

- *I only felt that way [addicted] when I was drinking.*
- *I have one or two when I have a drink on Saturdays.*
- *When I am home on the weekend by myself with a 6-pack of beer, I will have a cigarette. I will have a couple. If I am at work and the girls go out for a cigarette and they give me a cigarette I get really dizzy. I think, what am I doing this for.*

A small minority of respondents felt they were not addicted, and that they could stop any time they really wanted to. Often these people did not have a long history of quitting and returning to smoking. These were people who believed they controlled their own smoking habit. They could be divided into 3 categories – the former successes, the situational smokers, and the permissive smokers.

a) Non-addicted former successes – believed they weren't addicted based on their successful quitting history, wherein they had perhaps quit once or twice, and therefore believed they could do it again. The fact that they had returned to their smoking habit did not seem to impact their perception of addiction.

- For example, the young woman who stopped once before when she was pregnant, and who believed she could do it this time as well.

b) Non-addicted situational smokers – believed their weren't addicted because they only smoked in very specific circumstances. For example, one man said he only smoked when he was with work colleagues who smoked, and staying away from these people enabled him to stop. He never wanted a cigarette at any other time.

c) Non-addicted permissive smokers– believed they were not addicted because they could do without cigarettes most of the time, or for long periods of time. Like the addicted partial abstainers, they gave themselves permission to smoke on weekends, or at certain social occasions.

- Note that questions about perceived addiction were only a small part of this study, and that this appears to be an area for further research and exploration.

  → It would seem that the true nature of addiction is not well-understood, and that some people are misinformed about it, leading them to take chances with occasional smoking.

Smoking vs. Other Addictive Concerns

- Some participants in this study admitted to dealing with other addictions, such as alcohol, drugs and in one instance, gambling. These experiences not only coloured their attitudes towards cigarette addiction in general, but also to their approach towards quitting smoking and their own self-esteem.

  → Some had succeeded in staying sober and drug-free, and we could detect a tendency to regard smoking with a similar serious complete abstinence approach.

  → However, there were some who had succeeded in getting off alcohol, but who had real trouble staying completely away from cigarettes.

    – *Way easier to quit drinking than quit smoking. I did the whole thing with AA. . . With my drinking, I never used to start until 3 in the afternoon – smoking I started as soon as I get out of bed in the morning. I never had 18 drinks a day, but I would have 18 cigarettes.*

  → Some had switched to other compulsive behaviors, such as overeating.

- In general, when asked to look at the seriousness of smoking as a health or social concern in today's society -- compared to alcohol abuse, obesity and compulsive gambling -- some participants felt that smoking fit right in.

  → *An addiction is an addiction.*

- ***Alcohol abuse*** was generally considered as serious as smoking by many, because the addiction was similar -- both were compulsive and difficult to break.

  → However, some felt that alcohol was a more serious social concern because the level of impairment was greater with alcohol. In addition, smoking didn't result in car accidents, didn't have the same links to violence, and had fewer side effects.

- *If you have a cigarette you can still go to work, if you have alcohol you cannot go to work, it impairs your judgement.*

- *You take a drink, there is a minute or two before it goes into your bloodstream, with a cigarette it is instant.*

- ***Obesity*** was generally considered a less serious concern than smoking, because smoking, i.e., nicotine, was a proven addictive substance, whereas food was not.

  → Some mentioned that there are many cessation programs people can join to get help.

  - *Obesity is an individual thing.*
  - *Smoking is taken way more seriously than obesity.*
  - *With food, you don't go through withdrawal.*

  → There were, however, several individuals in various groups who thought obesity was as serious a concern as smoking, because both are addictions.

  → And a few thought obesity was on the move as a growing concern.

  - *The trend in smoking is going down, but obesity is going up.*

- ***Compulsive Gambling*** tended to be seen as less serious than smoking because gambling didn't affect your health, and was not physically addictive like cigarettes. Again, here is more evidence of an incomplete understanding about addiction.

  → However, some felt gambling was as serious as smoking. Both were emotionally addictive and compulsive behaviors, and both were a waste of money.

  - *With gambling you can gamble your life away – it can be a health hazard.*

  - *I was a compulsive gambler. I felt very proud of myself I gave that up, than I did giving up smoking. . . you cannot lose $20,000 for smoking cigarettes.*

- In sum, while alcohol abuse was generally considered as serious or more serious than smoking because of its similar addictive nature, obesity and compulsive gambling tended to be viewed as less serious because they were either not addictions or not physical addictions.

  → Thus we see perceptions of addiction influencing attitudes towards other social issues.

3.3.5 Quitting Now vs. 10-20 Years Ago

- Participants in most groups generally agreed that nowadays, it is easier for smokers who want to quit to succeed than it was 10 or 20 years ago because now there are so many quitting aids, products, and prescribed medication.

- In addition, the current anti-smoking social climate supports a non-smoking environment, which contributes to smokers' efforts to stop.

  → People said that 20 years ago, it was socially acceptable to smoke, there was little or no anti-smoker bias, little or no pressure to quit or not to smoke, and best of all, you could virtually smoke everywhere or anywhere. As one Vancouver woman explained, smoking was still widely tolerated in Europe.

  – *There's a huge difference between here and Europe. You wouldn't be asked to leave someone's home if you wanted to smoke. It would be considered rude. Going outside helped me cut down.*

- However, some participants tended to believe that cigarettes today are more addictive than they were 20 years ago, which made it more difficult to quit.

- Regardless, people admitted that quitting smoking would always be very tough and that you needed a lot of determination because of the addictive aspect.

3.3.6 Awareness of Smoking as Health Risk

- Participants seemed well-aware of the health risks associated with smoking, and many of the diseases caused by smoking. Although, as some pointed out, smoking was a contributing factor for most of them, and not the sole cause.

- Some had personally experienced one or more smoking-related symptoms, and some reported that family members had suffered and/or died from smoking-related diseases.

- The following table shows the diseases perceived by respondents to be those merely related to smoking, and those that were caused by smoking.

  → There appears to be some confusion in people's minds since most of these diseases appear in both columns.

  → In addition, diseases thought to be only related to smoking were more numerous than those thought to be caused by smoking.

  – Thus, a causal relationship between smoking and health was not a strong or predominant view. Respondents tended to regard many diseases as <u>related</u> to smoking, by <u>not caused</u> by smoking.

Perceptions of Diseases RELATED to Smoking	Perceptions of Diseases CAUSED by Smoking
• Heart disease • Emphysema, respiratory problems • Cancer • Lung cancer • Chronic bronchitis • Bronchial infections • Asthma worsens • Impotence • Gum disease → Rots your teeth away • Complexion is affected • Pregnancy-related complications • Tuberculosis • Arteriosclerosis • Addiction (psychiatric aspects)	• Cancer • Lung cancer • Gum disease • Stroke • Heart • Oral cancer • Low sperm count

3.4 Reasons for Quitting

3.4.1 Recent Motivations

- Overall, most participants did not quit for just one reason, but rather for a combination of factors.
- Overall, participants identified 11 motivations to quit smoking.
  - → 3 seem to have more of a physical component and are based on (1) health concerns, (2) personal appearance, and (3) childbirth and pregnancy.
  - → 7 appear to have more of an emotional and/or psychological component, and are based on (4) death and illness, (5) love, (6) the desire for control and freedom, (7) the cultural influence of TV ads, (8) needing a change in their lives, (9) social reasons and (10) the challenge.
  - → 1 has a financial component, and relates to the cost of smoking.

Motivations with a physical component

1) ***Health Reasons*** – Participants in all groups cited health as a contributing factor in their decision to quit.
   - → Most participants agreed that smoking was generally a bad health habit.
     - *Health, I like breathing, oxygen would be good.*
     - *My doctor said I had to quit. This is my first time. I have heart problems.*
     - *I want clean lungs so I can breathe.*
     - *I had a pain in my chest and it freaked me out, I couldn't catch my breath.*
     - *I never felt bad while smoking, but now I feel great! ran a triathlon).*
     - *Je fumais, mais à part ça je faisais tout pour ma santé. . . c'était pas cohérent. (I smoked, but besides that, I was doing everything to stay healthy. . . it was not coherent.)*
   - → People in all groups cited certain health symptoms they and/or members of their families had experienced, including a touch of emphysema, bronchial infections, asthma, difficulty breathing, sharp chest pains, and constant throat clearing.
     - *I had breathing problems at only 22 years old.*
     - *Coughing at night, in the morning, and the black bile or black stuff that was coughed up.*
     - *Fatigue.*

→ Some said smoking interfered with their sports performance.

→ Some mentioned aging decreased the body's ability to withstand the physical effects of smoking. In addition, some had a general understanding that the likelihood of disease increased the longer a person smoked.

2) ***Personal appearance and body image*** – Some participants in various groups stopped smoking in part to prevent certain assaults on their bodies: to prevent their skin from aging and wrinkles from showing, to reduce the pallor of their complexion, to eliminate the stains from their fingers and hands and especially the smell from their clothing and hair.

→ *You don't stink of cigarettes.*

3) ***Childbirth and pregnancy*** – Some female participants said they were motivated to stop when they were pregnant.

Motivations with a psychological /emotional component

4) ***Death of a loved one*** – Some participants in various locations were clearly motivated to quit by the death of someone close to them, either a family member or close friend, who died due to a smoking-related illness.

→ *Death is a good motivation for me, my stepfather died of lung cancer.*
→ *My father died of lung cancer, and I made a promise to him.*
→ *I lost a close friend to lung cancer last year.*
→ *I thought of my lungs, and a friend passed away.*

→ One woman, whose mother had died last year from ovarian cancer, was shocked when she cleaned out her mother's house, and saw the yellow walls and couldn't help but notice that all the clothes stank from cigarettes.

5) ***Love of others*** – Some participants in various locations said they quit because they wanted to be around while their grandchildren grew up, to protect their children from second-hand smoke or to win the heart of a potential mate.

→ *I stopped at the end of May and found out June 10th that my mom had cancer and she smoked, I quit because I have a grandson and want to be around for him and see him grow up.*

→ One new father explained: *I stopped for my daughter, not to endanger her health, and to save money. I've stopped for 2 months, which is the age of my daughter.*

→ *I got married. First date, she almost threw cigarettes out the window. If they don't go, you are going to.*

→ However, while pressure to stop by loved ones or because of loved ones was part of the current motivational mix for some, others said they had been unsuccessful before if they did it for anyone other than themselves.

6) ***Desire for control and freedom*** – Some participants in various locations quit because they wanted to take back control in their lives, regain some freedom from the addiction, and improve their self-image.

→ *I stopped enjoying it, I was smoking because I had to, I hated that.*

7) ***Cultural influence of TV ads*** – Some participants in all locations admitted that certain anti-smoking TV ads they had seen recently and over past years did contribute some food for thought and provide some input into their thinking.

→ *I saw a lot of ads on TV, and print ads, like the inside of lungs.*

→ *Saw ads that showed them aging and what they do inside their body and that helped my decision.*

→ *I saw a TV ad on cigarette content (chemical products).*

8) ***Needing a change*** – Some participants in several groups said they wanted to stop because they were simply tired of it all, or bored, or were already making other changes.

→ *You get sick and tired of being sick and tired.*

→ *Bored of smoking, I'm over it, I didn't want to do it anymore.*

→ *J'ai eu des changements dans ma vie personnelle, alors j'en ai profité pour arrêter. (I had changes in my personal life, so I took the opportunity to quit.)*

9) ***Social reasons*** – played a mixed role, as both a contributing factor to stopping and as a trigger to smoke.

→ Some participants wanted to feel comfortable with their non-smoking friends and also avoid the inconvenience of having to go outside to have a cigarette.

- *Friends don't smoke.*

→ Younger participants tended to react more strongly to the current social unacceptability of cigarettes. Said one young man:

- *Girls wanted me to stop, it was like kissing an ashtray.*

→ In contrast, there were some participants who said that social pressures often made them want to smoke, and made some actually have a cigarette – in the past, and even currently. These respondents seemed to interpret social pressures in terms of:

- fitting in with family, friends, or colleagues who smoked;
- as a way to cope with the nervousness, anxiety or excitement of social interaction at a public place, such as a bar or party.

10) ***The challenge*** –some participants, including many francophones, said they wanted to challenge themselves, and see if they would really be able to quit smoking.

→ *The main reason I quit was because people around were going to try and quit. I wanted to show myself that I could do it.*

Financial Motivation

11) ***Cost of Smoking*** -- While people easily complained about the cost of smoking nowadays, when it came right down to it, in all groups health and other factors often took precedence over cost.

→ Cost was generally a contributing factor, but not the main reason or even the trigger to quit this time.

– *If I have to pay $10 for a pack of cigarettes, I may as well pay $40. I hate doing it. When you are addicted, you will pay whatever it costs to get them.*

→ Some people told us that cost as the sole or prime motivator had been an insufficient motivation in their past quitting efforts to keep them from returning to smoking.

– *The second time I started [smoking again, after quitting] I said when cigarettes reach $2 a pack I am quitting. . . that was a long time ago.*

3.4.2 Previous Reasons for Quitting

- When discussing their previous quitting attempts, some long-time smokers seemed to understand that their past efforts had not succeeded because they were externally-driven, that is, done to please others.

→ People in most groups cited they quit due to pressure from family (parents, spouses, children) and friends.

– *My ex-husband wanted to quit, I went along for 3 days (20 years ago).*

→ However, since these participants eventually returned to cigarettes, their subsequent quitting attempts, including this most recent one, tended to be based on a personal desire to quit, rather than according to someone else's agenda.

- Previous reasons or motivations to quit generally echoed current reasons, such as:

→ Health, including an attempt to slow-down the aging process, and various physiological symptoms.

– *Ma fille n'arrêtait pas de me dire que je devrais arrêter de fumer et je me sentais coupable. (My daughter put pressure on me to quit smoking and I felt guilty.)*

- *I was playing hockey and I was short-winded, I didn't tell anybody (20 years ago).*

- *This time I am 50 not 22. You are definitely pushing the river, girl. Fifty years old and you are still smoking like some 17 year old punk. My father died before he turned 60, he was 59 years old. When I turned 50, I went whoa.*

- *Je l'ai fait pour ma mère qui est morte de l'emphysème. (For my mother. She died from emphysema.)*

→ Pregnancy

- *Quit the first time when I found out I was pregnant. Didn't smoke during whole pregnancy.*

→ Cost

- *I wanted to quit for money reasons.*

→ Negative self-image

- *Woke up with a bad hangover and smelt like an ashtray and it turned me off.*

→ Social reasons

- *I was living in Vancouver, they brought in no-smoking in bars and cigarettes were $10 a package – I just decided I didn't feel like leaving my friends and standing outside.*

3.4.3 Previous Reasons for Returning to Cigarettes

- Some participants had stayed away from cigarettes for as little as half-a-day to as long as 6-7 years. However, the average length of time people had gone without cigarettes seemed to be about 2-3 months.

- Overall, participants identified about 10 reasons why they resumed smoking in former unsuccessful quitting attempts, with the first 6 mentioned in most groups:

  → (1) the addiction, (2) tempting sensory triggers, such as alcohol, coffee, drugs, the smell of a cigarette and watching others smoke, (3) stress and pressure, (4) lack of determination, (5) traumatic incidents or endings, (6) contact with smokers, (7) weight gain, (8) disappointment with anticipated quitting benefits, (9) the stress during and after pregnancy, and (10) free cigarettes.

1) ***The addiction***

→ Participants in all locations knew that smoking was a serious addiction. Some had successfully dealt with other addictions (drinking, drugs, gambling) and found smoking much more difficult to overcome.

→ Some others who had no other addictions besides smoking were beginning to understand the "true nature" of an addiction, and how seriously they needed to take it.

- *If I have one cigarette I have to have a pack within an hour. To me it is a drug, from the time you wake up until the time you go to sleep.*
- *I had gone to my doctor and said, what is it about this – I hate it but I love it. He said that is the addiction.*
- *Avant, j'arrêtais quand je voulais, mais plus après 40 ans. (Before, I was able to stop smoking when I wanted, but not after 40 years.)*

2) ***Tempting sensory triggers***

→ For some, the simple consumption of alcohol and/or coffee could trigger a return to smoking.

- Alcohol especially seemed to lessen people's resistance to cigarettes.
  - *Going out with smoking friends in bars.*
  - *Once before, lasted a couple months, 10 years ago, and then pressure from someone, and I had a couple drinks and they said I could handle one and then I felt like an asshole.*
  - *I got drunk in a bar.*

→ Drugs were also a trigger for a few younger people. One young man told us that his inhibitions were lowered when he went to raves and took drugs, and that he may have smoked as much as 3 packs in a row in one evening.

→ Other triggers included the smell of a freshly lit cigarette, the sight of people smoking.

- *If you are walking down the street and you are not even hungry and you can smell something good coming out of a restaurant, boom you are instantly hungry. You smell a cigarette and you want it.*
- *I quit while pregnant for 2 years, but started smoking again when I was working with smokers.*

3) ***Stress and pressure***

→ General stress was frequently mentioned as a reason to return to smoking. Examples cited were coping with work, family, and financial situations.

→ Overall, participants couldn't cope with the anxiety, lack of mental focus and emotional upheavals.

- *I felt terrible, I was all nerves. I decided it wasn't worth it right now. I lasted only a day.*

- *When I was working at my job nothing worked for me, too much pressure, it was harder to keep my mind on anything. I have to keep my mind on quitting.*

- *I tried the cutting down approach at different times and one day I had the best part of a pack of cigarettes and I gave it to my neighbor – I got disgusted, and then I started chewing on table legs, and car tires.*

- *Si tu y penses trop, que tu te fixes une date, c'est stressant, surtout si tu en parles aux autres, ils vont te stresser. (If you think too much about it, if you set a date, that is stressful, and if you tell others, they will pressure you.)*

4) ***Lack of determination***

→ This was often cited as a reason why people felt they had been unsuccessful in the past.

- *I convinced myself I didn't feel any better after quitting, so I went back.*

- *I went down to social smoker status, and planned to move into non-smoking, but it didn't work.*

5) ***Traumatic incidents or endings***

→ Some people experienced traumatic events in their lives which triggered a return to smoking. A common element seemed to be when something ended.

- For example: a friend or relative died, a relationship broke up, a job was terminated.

6) ***Contact with smokers***

→ Being around family, friends, and spouses who smoked sometimes led participants back into smoking cigarettes.

7) ***Weight gain***

→ Participants in various groups hated their weight gain as a result of stopping smoking.

- *Food tastes better. That is why you gain weight.*

- *I gained 30 lbs in six months . . . Quitting t had something to do with weight. As soon as I started smoking again, my appetite decreased substantially.*

- *First time I quit – six months later I gained 50 pounds, to hell with this, I started smoking again, I could not afford to put this much weight on.*

8) ***Disappointment with anticipated quitting benefits***

→ For some, the unmet expectation that they would feel good after stopping and the subsequent disappointment triggered a return to smoking.

– *The other times, I'd get to some point where I felt like hell. I would quit for 6 months or a year. I was supposed to feel better. My relationship was supposed to get better. Nothing changed, I just felt miserable.*

9) ***Pregnancy***

→ One woman described her attempt to quit smoking when she was pregnant and her inability to deal with that particular stress.

– *When I was pregnant I tried to quit smoking. For the first couple months I was successful, the further along in my pregnancy the more stressed I got and then I didn't smoke a whole lot -- 5-6 cigarettes a day.*

→ Another succeeded in quitting during her pregnancy, but not after her child was born.

– *Didn't smoke during whole pregnancy and when he was 2 months old started smoking again.*

10) ***Free Cigarettes***

→ One young respondent described how after the first few days of his first attempt at quitting, he participated in a phone survey and was rewarded with 2 packs of what he called "*government cigarettes*".

– *Last year I tried for the first time. I was tired for the first couple of days, I used to have coffee and cigarette so I went without the coffee as well. I did a focus thing [survey] over the phone and they sent me cigarettes, 2 packs. I got really sick because I smoked them. . . it made me not feel good and . . . I had a hard time breathing which I never had and I go to the gym. It was government cigarettes.*

3.5 METHODS OF QUITTING

- The quitting process could be viewed in terms of making the decision, implementing the decision and living with the decision.

3.5.1 MAKING THE DECISION

- In general, participants took time before making their decision to quit, whether the decision was planned or spontaneous.

Planners

- For many participants, quitting smoking was a planned decision and strategy about how they were going to quit – how they were going to get to that last cigarette. Planning usually followed a period of contemplation, during which people seriously thought about quitting. Planning times ranged from 6 months or longer to several weeks or even a few days.

- Devising a plan or strategy to quit often came after the stress in their lives had resolved, after they had settled into a new job, after a new relationship had begun, and after their current pack of cigarettes was finished.

- Planners in this study devised 6 different strategies to help them stop smoking, which they planned to use either singly or in various combinations as the need arose:

  → (1) used quitting aids or substitutes, (2) set a quit date, (3) tapered off, (4) changed smoking habits or routines, (5) switched to lighter brands or different tobacco products as they tapered off, and (6) kept loved ones in mind.

1) ***Quitting aids or substitutes***

  → A small minority planned to use quitting aids or substitutes, but most did not. Planners often obtained the information and purchased the products in advance.

  – *I planned for it, I had been taking Wellbutrin for the last year, it didn't work, I knew I needed time to psyche my self up, and tapered down and knew I had a month's worth of the patch when I stopped, I had a date of May 30th that morning. For about 6 or 7 months I had been thinking about it.*

  – *J'ai pensé à tout et tout organisé d'avance. J'ai suivi la méthode Zyban sans prendre le médicament; j'ai fait venir une affiche de la Société canadienne du cancer, j'étais prête. (I thought about everything I would need ahead of time. I followed the Zyban technique without taking the medication and I requested a poster from the Canadian Cancer Society.)*

- *I read a book about addictions. And it helped me. Most helpful was the brain chemistry, the uptake, it wants to take nicotine that instead of oxygen and I said to myself, I'm being stupid. I tapered off and bought Nicorette. And still use the gum. I was disgusted with myself after reading the book. Once you go through the looking glass it's hard to get out.*

2) ***Set a quit date***

→ Only a small proportion of those who planned to quit actually set a quit date.

- *I set a quit date, on my birthday, and tried to disrupt my smoking pattern before that quitting date. I'd postpone my first cigarette.*

- *I set myself a date, August 1st, and threw half a pack in the garbage. I set the date on the 29th or 30th of July.*

- *I quit on New Year's Eve once. And did it this year also. I planned a few days before, just keep trying to quit, if I fell off an had a cigarette, I would not beat myself up and start again tomorrow. I know I will have another cigarette due to drinking or stress and it's okay.*

- *My quitting date was the date of my mom passing away. My boyfriend quit too.*

3) ***Tapered off***

→ Some planners in all locations had decided to taper off in the weeks and months beforehand.

- *I bought a case that could only carry 5 cigarettes and then I bought cigarillos to start taking myself down a couple of notches before I stopped. It helped.*

- *I planned to cut down, and it came to be less relevant. At 5 they were less enjoyable and it was less normal to smoke. It happened and I didn't even have to have the occasional one anymore. It's been 2 months now.*

4) ***Changed smoking habits, routines***

→ Some respondents decided to break their smoking habits, routines or patterns to help them adjust to the idea of change, before they totally stopped smoking.

- *Breaking my habits. After the gym I [used to] light up right away, but then I wouldn't take a cigarette to the gym with me.*

- *Breaking the patterns, when you smoke, how you smoke, where you smoke. For me I could only smoke in my study, but I write and I can only write if I am smoking, so I haven't written anything for four months.*

5) ***Switched to lighter brands***

→ Some participants had switched to lighter brands or other tobacco products as part of their plan to taper off, or as a method of reducing the amount of nicotine in their system, so that quitting would be less of a shock.

– *Cigars. I did for a couple of weeks, one a day in the evening. I stopped because they were too expensive.*

6) ***Focused on love***

→ Some respondents said their plan to quit emerged as they thought about the people they loved. For example, the daughter who quit as a promise to her deceased father, and the father who quit shortly before his daughter was born.

– *When I found out I was having my daughter, I also noticed my health and decided when she was born I'd quit. I woke up and made the decision – no matter what I will not smoke. I quit 9 days before she was born.*

- Once the decision had been made, it again took varying degrees of time until the planners actually stopped smoking.
- Procrastination was not unusual, as evidenced by the delay between decision and implementation.

→ *I waited till I felt I was ready.*

→ *I procrastinated for a while, but it happened. My boyfriend doesn't smoke. He bought me the patch and they sat there for a long time (about a month).*

- Whichever planning category they fit into, planners told us there was a certain amount of contemplation time from when they seriously considered quitting smoking until they actually made the decision to quit. While times quoted ranged from several days to about 6 months, the average amount of time was about 1-3 months.

Impulsives

- Many respondents decided to quit smoking suddenly, on the spur-of-the moment, but did not plan how they were going to quit.
- These decisions tended to be more radical and impulsive. But all followed a period contemplation which lasted months, in a few cases, years. Impulsives generally decided to quit on the same day as they implemented their decision.
- Some had to be totally out of cigarettes before they could attempt to quit.

→ *I didn't choose a day. I chose when I got to my last cigarette in the pack at the end of the day, I couldn't wake one day and decide to quit if I had a half a pack left. If I smoked the last cigarette during the day and had 8 hours left I'd get more.*

→ *I just decided I didn't want to smoke anymore. And just didn't buy a pack that day, or the next day.*

→ *I was going to buy another package of cigarettes, but bought the patch instead.*

- Some were triggered by a particular physical symptom as the decisive event which scared or disgusted them -- such as coughing up black stuff, a hangover, or a bad attack of bronchitis.

  → *I went to a rave, did drugs, smoked 3 packages in one night, coughing up black stuff the next morning, was sick to my stomach, I thought, that's it, I'm not doing this anymore.*

  → *Spur of the moment. I gave my cigarettes to a friend, I had been out drinking the night before, and smoked a lot and it was disgusting, and I saw the [TV] ad when they squeeze all the tar out of the aorta that night and that really affected me. Smell the next day bothered me with a hangover.*

  → *J'ai fait une bronchite; je crachais beaucoup et c'est alors que j'ai décidé d'arrêter de fumer. (I had a bad attack of bronchitis and I was afraid, so I made the decision to quit smoking then and there.)*

- Some simply decided to try quitting for one day only, and after being successful, they tried another, and then another, and so on.

  → *Un jour j'ai décidé de ne pas fumer et cela a fonctionné. Alors je me suis dit pourquoi pas une autre journée et une autre et une autre. (One day, I decided not to smoke. After a day without smoking, I decided to try another day and another day and so on. And it worked!)*

- A few said they didn't decide anything, but just stopped.

  → *J'ai arrêté sans le décider, mais j'étais prédisposée. (I stopped without deciding, but I was predisposed.)*

Spontaneous Planners

- Some participants could fit into both the planning and impulsive categories, because although they didn't think so, they in fact had some type of strategy to stop smoking while their actual decision to quit was unpredictable. Not buying cigarettes, tapering off to one-a-day and quitting when a pack of cigarettes was empty were, in fact, strategies which eventually resulted in quitting.

  → *I was with different people, non-smoking people. I had actually stopped buying cigarettes a few months before, and only sponged.*

  → *I didn't make a plan, I slowly weaned myself off it to one a day. I'd have one and then forget about till the next day. And then I thought, why bother even having one a day.*

  → *Somewhat planned, once my pack of cigarettes was gone, I was quitting.*

Contemplation Phase

- Whether planned, spur-of-the-moment or a combination of the two, most participants generally went through some type of mental preparation before making their decision. It seemed like they needed some kind of psychological build-up whereby they weighed and mulled over the reasons to quit, and tried to convince themselves it would be a good decision.

  → *Thought about it for 5 years, I gotta quit smoking. Then just woke up one morning and that was it!*

  → *Je me fixais toujours une date pour arrêter de fumer, mais ce n'était jamais la bonne. Un jour, j'ai fait la promesse à quelqu'un que j'allais arrêter et je l'ai tenue. (I always fixed a date to quit smoking but it was never a good moment. One day, I promised a friend that I would quit smoking in the near future and I kept my promise.)*

  → *J'y pensais depuis quelques mois et je m'étais dit que ce serait au retour de vacances. Si je réussis une journée, je vais être capable de continuer. (I thought about stopping smoking for many months. I decided after my summer holidays. And I said to myself, if I can get through the first day, I will succeed.)*

3.5.2 Implementing the Decision

- Whether the decision to quit was planned or spontaneous, some participants were successful right away, while others needed to keep trying until their decision took root.

- In some cases, people's original plan or spontaneous decision didn't work, or only worked for a short time.

  → In these instances, participants described how they kept at it or revised it until the desired stop-smoking result took hold.

    – *I had a couple of packs and was winding down, and said, this is the last package. . . I said it a few times, until it was.*

- In several instances during this particular quitting effort, the time-frame between the first implementation phase and the current implementation phase was several months.

  → That is because the first implementation following the decision to quit (whether planned or impulsive) was unsuccessful. For example, one respondent described his initial unsuccessful implementation experience earlier this year using Zyban.

    – *I was on Zyban for 35 days and couldn't throw the cigarettes away because of the waste. I took 2 Zyban a day and was smoking as well. I didn't want to spend any more money on cigarettes and wanted to wake up with no cigarettes and it took 35 days to make that happen.*

3.5.3 LIVING WITH THE DECISION

Strategies for Staying Away

- Overall, there was a wide range of strategies for staying away from cigarettes.

  → Participants without any such ideas for coping seemed to have less confidence that they would succeed.

- Many people had either learned their current strategies from previous quitting attempts or from realizations and experiences during their current attempt.

- For some participants, using nicotine substitutes was an important part of their stop-smoking endeavour. However, these products (discussed more fully in section 3.6.1 of the report) were almost always used in combination with one or more of the other methods and rarely, if ever, applied just on their own. In fact, most people did not use them because they were seen as ineffective and possibly addictive. In addition, some thought doing without built resistance to temptation.

  → *Arrêter avec rien, c'est le meilleur moyen. Si c'est facile, tu résistes moins aux tentations. (To quit with no help is the best way. If it's too easy, you won't be able to resist temptation.)*

- Apart from product usage, participants described about 10 coping strategies for staying away from cigarettes, which they used during this most recent effort.

  → 2 strategies seemed to be attitudinal in nature:

    – (1) a mindset of determination, and (2) a self-forgiving attitude for slipping up.

  → 8 strategies could be described more as behavioral tactics, with items 3-6 mentioned in most groups.

    – (3) avoiding smokers and smoking places, (4) changing or breaking habits, (5) oral distractions – keeping their mouths busy, (6) keeping their hands busy, (7) building a personal support network and telling people they had quit, (8) using stress reduction/relaxation techniques, (9) using negative reinforcement, and (10) keeping a visual reminder in sight.

Attitudinal Strategies

1) ***Determination***

  → Many people, including a majority of francophones, felt that the right attitude and mindset was <u>the</u> most important factor in their current quitting success, to date.

    – *Right now I quit cold turkey. Gave up on the other stuff [nicotine substitutes], it is all mind over matter. The others didn't work. For me, personally, it is all in my brain; it is a matter of just saying no to smoking.*

- *Faut que tu te dises j'arrête et je suis prêt à souffrir. (You have to talk to yourself and say I am stopping and I am ready to suffer.)*

→ Some also referred to it as "*will power*" or "*stubbornness*".

- *That is all it is. You can buy the patch, but it says it needs to be used with will power.*

2) ***Self-forgiveness***

→ Several participants, including a few who considered themselves addicted and a few who did not, established a somewhat compassionate and tolerant attitude towards themselves if they slipped up and smoked a bit during their quitting effort.

- They had learned from their past experiences that berating or beating up on themselves only made them want to smoke more.

Behavioral Tactics

3) ***Avoid smokers and smoking places***

→ Participants in all groups said that they needed to stay away from people who smoked and from places where smoking was likely to occur, such as bars and clubs. This was extremely important for some people, especially during the first few months, and perhaps even longer.

- *Non smoking venues helped me.*

- *Whole new circle of friends. For me, I have to be away from it, if it is there it is tempting.*

- *I don't let people smoke around me, or I won't be around smokers. I don't let people smoke in my car, in my house.*

→ Some had learned avoidance the hard way, from previous quitting attempts.

- *Mom lives 2 blocks away, if I go to her house I know I will be tempted. I have to stay away from it this time. There is no way I could live in a house with other people smoking.*

  - *If I'm with a person that smokes, I say just give me one. Sometimes they say are you sure? It's not just one, it's lots and I go and buy more. I see that I use cigarettes as a crutch for stress and knowing that and trying to do something different like going somewhere you can't smoke.*

4) ***Change habits, routines***

→ Some participants said they changed their usual routines, habits and patterns of behavior.

- Some stopped drinking alcohol.
- Others stopped drinking coffee, or consumed less coffee.
- One respondent said he stopped everything – coffee, alcohol, going to bars, parties – because they all made him want to smoke.
  - *Have no fun, no coffee, no beer, work, come home and suffer and do it again (stopped for one month).*

5) ***Oral distractions -- keep their mouths busy***

→ Some people needed oral distractions to keep their mouths busy, and relied on a very specific type of gum or candy, usually of a kind that took a long time to consume, because of the density or the quantity.

- *I eat Glossette Raisins, one-at-a-time, especially at the Bingo.*
- *Smarties*
- *Chupa Chups lollipops*
  - The young man who ate these said in the early weeks he would go nuts in the store if they didn't have the flavour he wanted.
- *Tootsie Rolls, I chew them till the craving has passed.*

→ Some turned to food, and ate more often, and noticed a weight gain. Stated one man:

- *I've gained 10 pounds in the last 4 months, but I'd rather be an overweight non-smoker than a thin smoker.*

→ Some, like the character Bob in the TV commercial, drank a lot of water.

6) ***Keep their hands busy***

→ Some participants in various locations could be observed fidgeting with a pen, or doodling during their sessions. But others said they needed to keep their hands busy, especially during the early days they had stopped.

- *Some people use a smokers stick when they're trying to quit. . . I haven't tried it but I've seen others use it.*
- *I took up knitting.*

7) ***Have a support network***

→ Some participants in various locations said that the support of friends, family, and spouse were key ingredients to their staying away from cigarettes.

– *I have someone who cares for me, supports me.*

→ Some respondents said that this time, they told people they were quitting.

– This was a practical strategy which enabled others to help them through the rough times, or tolerate their mood swings.

• Telling others also involved asking smokers not to give or offer them cigarettes.

– Telling people was also a psychological strategy in that a potential failure would be visible for all to see.

• *If you don't tell anyone, then if you fail, no one knows.*

8) ***Use stress reduction techniques***

→ A few participants said they learned how to relax and reduce some of the stress they felt.

– They did something either physical like jogging, walking or meditation, or something involving their mind, such as writing, to distract them from wanting to smoke.

9) ***Use negative reinforcement***

→ Some respondents in various groups mentioned a type of negative reinforcement – something they would do to put them off smoking.

– *Go smell an ashtray when you want one [a cigarette].*

– *Go on the internet and get gross pictures to deter yourself -- that list of stuff in cigarettes.*

10) ***Visual reminder***

→ One woman kept a little souvenir of her stop-smoking effort in a little box on top of the dresser in her bedroom. She'd see it every morning and every evening.

– *I kept the butt of the last cigarette I smoked.*

Rewards of Quitting

- When asked about the main rewards of quitting smoking, participants identified 8: (1) smelling nice, (2) better physical shape and sense of well-being (3) increased self esteem, (4) feeling of being in control, (5) have more money, (6) regain sense of taste and smell, (7) less inconvenience - not having to go outside to smoke, and (8) greater social acceptance -- better treatment by non-smokers.

1) ***Smell*** -- was often one of the first rewards mentioned, in that they no longer smelled from cigarette smoke.

   → *I smell good.*
   → *Clean clothes that don't smell.*

2) ***Better physical shape*** – participants in various groups said they were in better overall shape – they breathed better, had healthier skin, and more energy.

   → *Nice to breathe normally.*
   → *I can run 10k without hacking.*
   → *I can walk out the door and actually breathe.*
   → *Used asthma inhaler before and now it's gone since I stopped smoking.*
   → *Feel more nimble, lighter, not fatigued.*
   → *Have more energy.*
   → *You get to live longer.*

3) ***Increased self-esteem*** – some participants valued their stronger sense of self, and the pride they felt from accomplishing a goal.

   → *Sense of achievement.*
   → *A boost, you can do anything.*
   → *Je suis si contente d'avoir arrêté seule, sans rien prendre! (I am so happy to have stopped without any help, just by myself.)*

4) ***Feeling of being in control***

   → *I am in charge; the cigarettes are not in charge of me.*

5) ***Have more money*** -- Some participants enjoyed the extra money at their disposal, to spend as they wanted.

   → *Bigger bank account.*
   → *Extra money to buy things you couldn't afford before.*
   → *I'm blowing the savings somewhere else and try to reward myself after payday, or save for a trip or a car. I spent astronomical money when smoking, I want to put $8 aside each day and it's close to $1,000 at the end of the month, which is pretty cool.*
   → *Can afford food more.*

6) ***Regain senses of taste and smell*** – this was important to some.

   → *You can smell better.*
   → *Food tastes better.*

7) ***Less inconvenience*** -- some people valued what they saw as less hassle, since they didn't have drop what they were doing, or leave their friends to go outside to smoke.

8) ***Greater social acceptance***

→ *Non-smokers treat you better.*
→ *People don't nag at you.*

Obstacles Faced

- Participants addressed 6 major obstacles and described how they dealt with them: (1) avoided tempting people and places, (2) endured the cravings, (3) persevered through mood changes, physical discomfort and feelings of deprivation, (4) devised alternate behaviors to keep their minds off smoking, (5) changed their personal routines, habits and environment, and (6) developed and turned to helpful ways of thinking.

1) ***Avoided temptation***

→ Many participants felt that they were more intolerant towards smokers because the smoke was so enticing for them, so to avoid temptation, many stayed away from people who smoked, including people at work, those they went outside with at coffee breaks, and those they socialized with at bars and clubs.

– *People I work with on construction sites, all the guys smoke, so at coffee breaks and lunchtime, I eat by myself.*

– *I had to avoid smoking spots, but I hadn't planned this.*

→ Some "*went public*" and told their friends they had quit, and asked them not to give them cigarettes.

2) ***Endured the cravings***

→ For most ex-smokers in this study, the very first days were critical and very difficult. They simply had to endure.

– *Just thinking about it.*

– *The third day was worse because my crave was more.*

– *When cravings hit at work, went to the bathroom and locked myself in a stall.*

– *Je me réveillais la nuit parce que j'ai envie de fumer. (I woke up during the night because I needed to smoke.)*

– *I found it helpful to stand beside a smoker, to get a little whiff.*

→ Some used nicotine substitutes to help them cope with cravings.

3) ***Persevered through mood changes, physical discomfort and deprivation***

→ Some talked about the emotional upheavals during the early days or weeks – the irritability and crankiness, and just warned friends, co-workers and family members to beware, and to garner support, acceptance and understanding.

- *Bitchiness.*
- *Feel agitated grumpy.*
- *I didn't like myself too much.*
- *I told everyone I quit, said leave me alone, apologized in advance, was more aggressive, hysterical even – it's overwhelming.*

→ Others addressed physical discomfort, such as tenseness and breathing difficulties.

- *Nic-fits – your skin crawls, tenseness.*
- *I never had problem with my asthma the whole time I smoked. I have been congested and stuffed and have had problems breathing since I stopped smoking.*

→ In one Halifax group, most agreed with the feelings of deprivation expressed by one person who said:

- *I feel like I have lost my best friend.*

4) ***Developed alternate behaviors***

→ To help them cope, many participants did something else to keep their hands busy, or to keep their minds off cigarettes, such as eating, walking, holding things in their hands (straws, toothpicks, pens), drinking water, deep breathing and nail-biting.

- *I learnt how to knit and kept carrots and celery in the fridge when I wanted something to go near my face.*
- *I used to hold a cigarette and play with it, an unlit cigarette, sniffed it until I got sick of it.*
- *Deep breathing exercises, with an exercise bar, you can be aerobic without jumping.*
- *I bought a box of straws and fiddled around with them.*
- *Quand j'ai une rage de fumer, je vais prendre une marche, je bois de l'eau ou je mange du chocolat. (Sometimes, I have a craving to smoke. When it happens, I take a walk or drink water or eat chocolate.)*

5) ***Changed routines, habits and environment***

→ Some stopped drinking coffee, alcohol or both.

→ Some participants made changes in their habits or living environment, or developed new healthier habits.

- *I hid all the ashtrays.*
- *I stayed off the phone, anything that went with cigarettes I changed.*
- *I try and go to the gym, and do outdoor things like golf.*
- One woman said she went shopping a lot, to keep her mind busy.

6) ***Developed and turned to helpful ways of thinking***

→ During tough moments, some participants thought about how terrible it was at the beginning and tried to comfort themselves with their success.

→ Some thought about their loved ones, who were the motivations behind their current effort.

- *I just thought I don't want to let my daughter down.*

→ Some applied the "one day at a time philosophy".

Most Helpful to Success

- Consistently, people stated that mind-over-matter, determination, stubbornness, willpower and self-control were the key successful ingredients in their efforts to stop smoking.
- In fact, it was mentioned again and again, that while quitting aids could be helpful at the beginning of the stop-smoking process, the right attitude was essential.
- Other attitudinal components included:
  - → *Being honest with myself, not saying never, knowing I'll be nice to myself if I have one.*
  - → *Keeping health in mind.*
  - → *Not thinking about it.*
  - → *The promise I made to my dad (deceased).*
- Behavioral components also contributed to success for some:
  - → Gum, candy, food
  - → Telling others
    - *This time I went public, told people.*

→ Counting the days

→ Being busy

→ Celebrating

– *We celebrated my first month and second month smoke-free. It's my second biggest achievement, after giving birth.*

Perceptions of Own Ability to Quit

- Participants were asked if they believed they had succeeded or would succeed in quitting this time.

- Hopefulness notwithstanding, responses could be divided into 4 main categories:

→ (1) Those who were determined despite their past, (2) those who believed that this time they had quit forever, (3) possible slippers, who believed they were on the quitting path, and (4) temporary pausers, who believed they would probably smoke again, and that this effort was but a transitory non-smoking interval.

- Regardless of their perceptions, most participants seemed fragile and saw quitting as a daily struggle. In fact, in some groups, focusing on the subject made people crave a cigarette.

→ *Just talking about it makes you want to have one.*
→ *All this talking right now, I want one real bad.*

1) ***Determined despite their past***

→ Many participants told us that while they were determined to quit forever this time, they still felt a slight doubt or uncertainty that they could succeed.

→ Often these people were long-time smokers, who had quit and started again more than 2 or 3 times, in some cases as many as 10-12 times.

– *It's not over; it's an uphill battle for the rest of my life.*

→ However, many hoped that this would be the last time and forever but they could not swear it would be.

– *One hour at a time.*

– *Still working on it, day by day.*

– *Je ne suis pas sûr de tenir... alors c'est au jour le jour (I am not sure I can keep up, so it is day by day.)*

2) ***Believed this time is forever***

- Some participants in various groups believed they could stop forever.
- Generally, first-time quitters were in this category, since they had no previous patterns of failure, along with some who had successfully quit once or twice before, and thus felt they could do it again.
- These people tended to believe they were <u>not addicted</u>.
  - *I'm totally convinced I can do it.*

3) ***Possible slippers -- believed they are on the quitting path***

- Some very determined people in various groups thought they might slip and have a cigarette, and that this was a realistic expectation. However, they had a strategy to cope with that, and would still view themselves as being on the quitting path.
  - *If I did have one, I will stop the next day again. I won't beat myself up.*
- In fact, there were those who believed that by attempting to quit on a successive basis, the chances of long-term success were greatly enhanced.
  - *One of these times, you'll get it right.*

4) ***Temporary Pausers -- believed they would probably smoke again***

- There were also a number of participants who believed they would probably smoke again. These people tended to see their current effort as more of a temporary respite from their usual smoking regime. For example:
  - One woman said she expected she would smoke again when she travelled on holiday, and would probably try to quit again when she returned. Originally from the European continent, she explained that smoking was much more socially acceptable there.
    - *I will allow myself to smoke when I'm abroad and stop when I come back.*
  - Another woman had quit and restarted so many times she couldn't count, so she expected to smoke again if the pressures in her life got too heavy. She also expected to try to quit again, and figured at least stopping for however long was better for her health than not stopping at all.
    - *I think I'll smoke again because I haven't been able to quit that long before.*
  - One man who smoked mostly for social reasons expected that when he met his work colleagues again, he would probably smoke when he was with them.

- Some of these participants considered themselves addicted, while others did not. Some had not completely stopped smoking, and allowed themselves occasional cigarettes.

  - *I was out Saturday night and I had a cigarette and it tasted so good, that is all I have been thinking about this week.*

- Most of these temporary pausers seemed to think that their efforts to stop, however short-lived, were better for their health than not trying at all.

  - *I think any little break you give yourself is a good thing.*

  - *Quit for weeks this is what can happen – positive things happen. You will never repair all the damage. It is better than not having quit at all.*

- But there were also some in this category who tended to deny the strong relationship between smoking and health, even though health concerns were a motivating factor to quit.

  - *The way we are polluting the air, I might as well smoke anyway. I think that is doing a lot more damage to my lungs than smoking.*

- Overall, there appeared to be little or no correlation between the strength of perceived addiction and the level of determination to quit smoking forever. For example:

  - In Montreal, where people had long histories of smoking and quitting, and believed they were addicted, most were determined despite their past to make their effort a success.

  - In contrast, in Halifax, where people also had very long histories of smoking and quitting and believed they were addicted, most believed they would probably smoke again.

- In contrast, there did seem to be a correlation between the strength of perceived addiction and the level of determination to stay completely away from cigarettes, 100%.

  - The stronger the perception of addiction, the stronger the determination to quit or stay away 100%.

Current Self-Definition

- Respondents in this study had quit within the past 1-6 months, but they did not seem to view themselves as non-smokers, former smokers, or ex-smokers.

- In fact, participants were not asked how they would define themselves.

- Some respondents did suggest that to be classified as a quitter, or as having stopped smoking, you did not need to have quit for an extended period of time. One week was enough.

  → *If you have smoked for 30 years, day in, day out, a week is a pretty damn good start. 24 hours is a good start when you are trying to break a 30 year habit. A week is very significant.*

- Only a few individuals seemed to raise this issue, but in different contexts.

  → *Once a smoker, always an ex-smoker. I will never smoke again, but I still think about it, I dream about it.*

  → *I am not mellow. If I could go to bed and sleep for 6 months and wake up a non-smoker I would be happy.*

- The second comment above indicates that 6 months would be the new self-definition point for that person. It may be interesting to learn, for example, just how long it would take for others who have stopped smoking to consider themselves as a non-smoker, or as a former smoker or an ex-smoker. Indeed, it might be interesting to learn what these particular terms mean to quitters.

- It could be that seeing oneself as a non-smoker at a given point in time might be an important decision or event signifying that a goal had actually been reached. Such a change in perspective could not only be a boost to the psyche but could function as encouragement to persevere.

  → This might be an area worth further exploration.

3.6 USE AND AWARENESS OF QUITTING RESOURCES

- In the past, some participants had relied on various quitting aids and/or help, which had either not worked, or had worked for awhile, until they returned to smoking. Some had tried many different products and types of assistance.

3.6.1 STOP-SMOKING PRODUCTS, QUITTING AIDS

- Overall, awareness of stop-smoking products was high. Most participants had heard of the nicotine patch, nicotine gum and Zyban.

- In contrast, current usage was low in most locations. While some had tried them in the past, a significant majority of participants in Toronto, Montreal and Vancouver did not use any products to help them stop smoking this time for 4 main reasons.

  1) Stop-smoking aids were generally considered ineffective.

  2) Stopping smoking was mainly a matter of determination.

     - *Didn't feel the need.*
     - *I wasn't interested in aids, I thought it was your own will.*
     - *It is not a miracle with patches. You need determination too.*

  3) They wanted to be drug-free or nicotine-free.

     - *Pourquoi prescrire une drogue pour en arrêter une autre? (Why prescribe one drug for quitting another drug?)*
     - *I think patches and gum are more gross. . . tobacco fed through your mouth and skin.*
     - *Remplacer une drogue par une autre, c'est ridicule. (To replace one drug by another is ridiculous.)*

  4) Stop-smoking aids were expensive.

     - *Je n'utilise rien parce que ça coûte cher aussi.* (I use no quitting aids because it is also expensive.)

- However, participants in both Halifax groups did rely mainly on the patch or Zyban to help them this time.

- Usually, people who used any of these products used just one at a time. However, several individuals in various locations had tried them in combination. For example:

  → the patch and Zyban had created ill effects for one unsuccessful respondent in the past;

→ the patch and gum helped one person because the patch couldn't be worn at certain times.

- *If I put it on too late in the day, it kept me up at night. I used a little bit of gum once in awhile. Used half a patch once in awhile . . . because I didn't want that much nicotine going into my system.*

→ Zyban and the gum was an unsuccessful combination tried by one respondent.

Patch

- **Positive feedback on the patch**

→ Some reported success, and were able to stop using patches after one or two weeks since they didn't need it anymore, while several others took longer to stop.

- *[I used] the patch because my doctor wouldn't give me Zyban on top of Wellbutrin and I didn't like the taste of the gum. The patch was helpful, you stop after 2 months, no difficulty using it or stopping it. I wasn't craving anymore so didn't use it.*

- *I knew a big part of my addiction is truly physical. I have been smoking a pack a day for 35 years. . . The patch replaces the nicotine. I will do that and in the meantime I will try to adjust my head.*

- One respondent forgot to put his patch on one day and realized he could manage without it.

→ Several had success with the patch this time because they used it properly.

- *Last time I played around with it to save money. This time I said I am going to do it exactly . . . last time I bought the very strong ones and cut them in half.*

- **Negative feedback on the patch**

→ One Halifax respondent tried the patch for a second time, thought she followed the instructions, but wound up having a heart attack.

- *This time I did it just like they said. Step 1 for 4 weeks, step 2 for 4 weeks, and step 3, I was going to do it for 4 weeks. At the beginning of the 12th week I had something resembling a heart attack and was rushed to the hospital. It was funny because my friend was saying, you cannot wear the patch here (points to chest) because it will give you a heart attack. I said that is just crap. Well, guess what!*

→ Several participants had used the patch but stopped because they worried about the effects of long-term use or about becoming addicted.

- *I did great until one day I wanted a cigarette and it was just a matter of ripping the patch off and having a cigarette. Which I did. I felt dizzy. Put the patch back on again, but it would fall off. So you would go back home again put another one for the next day. It did work until I stopped the patch. . . I thought I had conquered it. They tell you to keep on it weeks 1-2-3, after that you are not supposed to continue on the patch for the rest of your life.*

- *Cette fois-ci, j'ai essayé seulement les timbres une semaine. Je ne veux pas devenir accroché à cela non plus. Pour m'aider, j'ai arrêté de consommer du café, de l'alcool et du pot. (This time, I tried the patch but only for a week. I don't want to be addicted to patches. To help myself, I also quit coffee, alcohol and marijuana).*

→ Other negative comments about the patch:

- *Once I tried it, it didn't work, I had nightmares. I didn't like having nicotine still in my body.*

- *Je ne fumais pas assez pour prendre des patchs. (I did not smoke enough to use patches.)*

- *My husband said the patch was no good.*

- *$37 a week, not that much cheaper than smoking. And you are giving yourself too much nicotine.*

Gum

- **Positive feedback on the gum**

→ Only a few respondents in this study said they used Nicorette successfully, and were pleased with it.

- *I still use the gum because I'm afraid of backsliding. Chew 8 pieces a day. I felt like I needed something. No difficulties with it.*

- *It is helpful at the beginning when you have strong cravings.*

- **Negative feedback on the gum**

→ Some respondents had tried the gum, rejected it and considered it disgusting.

- *I tried it. Chew it twice, stopped, it is almost impossible to have a piece of gum in the mouth and not be constantly chewing it.*

- *It was so foul.*

Made me sick.

- *I know people that are addicted to the Nicorette. They spend more money on the gum than they did on cigarettes.*

Zyban (bupropion)

- **Positive feedback on Zyban**

  → Some participants used Zyban and found it helpful. It was effective at curbing appetite, dimming nicotine cravings, and couldn't be torn off like the patch.

  - *Used it because it worked once before. Am not still on it, easy to get off it.*
  - *You don't even like the taste of cigarettes on Zyban.*
  - *I think if I hadn't been on Zyban, I would have killed my kids and husband.*
  - *I knew I had to swallow it. There was no ten minutes later ripping off the patch to have a cigarette. I know me well enough. . . If I couldn't swallow it, it couldn't help me.*

- **Negative feedback on Zyban**

  → Some participants had tried Zyban at some point in their stop-smoking efforts but had suffered from various side effects, and experienced negative reactions -- allergic reactions, manic episodes, insomnia, wakefulness, diarrhea, edginess, and rashes.

  - *Zyban is like speed.*
  - *I tried Zyban, and it had side effects, rashes, made me feel like a bitch all the time.*

  → Others had heard about the negative effects of Zyban from friends or acquaintances who had tried it.

  - *Heard it's really bad, a friend had morning sickness from it.*

  → One apparently well-informed Halifax participant described how she got clinically depressed on Zyban.

  - *When it is diagnosed as anti-depression, it is Wellbutrin. When it is diagnosed as smoking cessation, it is Zyban – it is the same thing, it is the same dosage – 150 mg* twice a day. *If you take more than that you have to take an anti-convulsant. I was afraid to take it, because a friend of mine took it and went into a manic phase. She couldn't sleep, she couldn't eat. I was afraid I would do that. I did that, and after several months I got depressed . . . more and more. I have a high metabolism, I usually weigh 20 lbs less than this, I usually sleep 5 hours a night. I eat and eat and eat and don't gain weight. Suddenly, I was sleeping 10 hours a night, I was gaining weight every time I weighed myself. Suddenly, I didn't know who I was, I had never been like this before in my life. This is classical depression.*

Acupuncture

- Acupuncture was generally not well-known as a stop-smoking aid. Some had heard about the needles in the ear, but others had not.

  → One Halifax respondent had tried it in the past, but in combination with other aids.

    – *Previous attempts I used acupuncture. Not sure how successful because that was one of those belts and braces kind of time. I was doing everything; I was taking St. John's wort, using the patch, needles in the ear.*

  → Several participants in various groups had heard about others using acupuncture, both with and without success.

    – *I know someone that did but they smoked again.*

- Overall, participants seemed open-minded about the possibilities of acupuncture. People generally thought it could work for some, but not everyone.

  → Some were reluctant to try it because of their fear of needles and the probable expense.

Hypnosis

- Awareness of hypnosis as a stop-smoking aid was relatively high, but it's anticipated effectiveness was generally low.

  → *My grandma got it and she smokes more now.*

- A significant majority of participants said they had not and probably would not try it. People generally thought it could work for some, but not everyone.

- Of those who tried it in the past:

  → Only one woman had met with some success, until she couldn't resist the influence of her live-in boyfriend who started smoking again.

  → A few had tried hypnosis unsuccessfully, because they couldn't relax enough to become hypnotized.

    – *I smoked a cigarette as soon as I got out. I couldn't concentrate enough. But my mom quit with hypnosis.*

Other Quitting Tools

- When asked, only a few people in Halifax had heard of the nasal spray or nasal inhaler. But when these items were mentioned in most groups, participants made faces and turned up their noses as if they were taking horrid-tasting medicine.

- A few products were mentioned spontaneously by several participants.

  → Some participants had heard about and tried a little "*computer gadget*" called "Life Signs" (or something similar) which helped you program a gradual reduction of smoking. It was considered somewhat useful during the tapering off process.

- One Toronto woman was successfully using an herbal remedy – a pill called "Stop It Smoking" which she purchased at a health food store. This was used in combination with a number of behavioral tactics.

Cost of Quitting

- Overall, very little discussion time was given to the cost of quitting smoking.

- Since most participants used no products, quitting aids or support, they incurred no expenses in their current effort to quit.

  → One respondent received "*cessation assistance*" because she qualified as an addict, and received her stop-smoking product free of charge.

- Costs for those who used the nicotine patch, gum or Zyban were generally considered reasonable, and ranged between $200 and $300 in Vancouver and $40-$80 in Halifax.

  → In addition, a few mentioned the cost of a gym membership.

- Current costs varied compared to previous stop-smoking attempts.

  → Several people had tried to save money in the past by cutting the patch in half, which was unsuccessful, so their current costs were somewhat higher.

  → In contrast, one participant had incurred much higher costs in the past because he had used a combination of products.

3.6.2 Help or Assistance

Telephone and Internet

- Overall use and awareness of stop-smoking help available on the phone and Internet was extremely low – and mentioned only by various individuals in different locations.

  → A few mentioned the 1-800 number from the GoC commercials, and had negative feelings about using it.

  – *It is a joke. I would never call it. The government don't want me to quit [because of] the money they get from us smokers.*

  → One Toronto woman used a 1-800 phone number she thought she got from the province. She had called them, and asked them to contact her every 2 weeks to find out how she was doing. She found this helpful and reassuring.

  → A Halifax woman called Addiction Services for help, and got it, including qualifying for "*cessation assistance*".

  – *The counselor said, [respondent's name] I can feel you being resistant. I said, this is what irritability looks like.*

  → One respondent mentioned there was a 1-800 number on every cigarette package, but no one in that group, or any other, had tried it.

  → One respondent mentioned a website, ashkickers.com, which his girlfriend had found (currently not on the web).

- Most participants did not understand and doubted the helpfulness of the phone and internet.

  → Some said that they would never call an anonymous person for help, and preferred talking with a friend or a family member instead.

  – *I wouldn't do that. What are they going to do for me? Are they going to calm me down or give me a pat on the back?*

  – *Au téléphone ils ne font qu'écouter, ils s'en foutent. (On the phone, they just listen, they don't really care.)*

- Overall, privacy did not appear to be a relevant issue when it came to using the phone or Internet for stop-smoking help or support, but a few did think that privacy on the Internet could be questioned.

Other Types of Support

- Overall there was extremely low use and awareness of other types of support.

1) ***Group sessions or programs*** -- Generally, participants thought these programs could provide good support if you wanted to get that type of help, and no one would judge anyone else for relying on it. Only a few had used them.

   → One respondent had used a stop-smoking program which combined worksheets and a workbook along with individual counselling, and which was run out of Ontario.

      - On the plus side, it was interactive; the counsellor was knowledgeable and seemed to understand cigarette addiction.

      - On the other hand, the respondent disliked talking on the phone for an hour with someone with whom they hadn't developed a level of trust.

   → One person had tried "Smoke Enders" some years ago, and found it helpful at that time.

   → Another individual mentioned a program called "Leave the Pack Behind" but hadn't tried it.

2) ***Individual counselling*** -- Some people thought individual counselling might be helpful, but probably expensive.

   → *I think there is a pretty good success rate.*

   → Some francophones thought that counselling wouldn't help because smoking was <u>not</u> a mental illness.

3) ***Books, manuals, pamphlets*** -- Some participants thought these reading materials could help you stay away from smoking, but very few people had used them.

   → One woman had read a book about the chemical addiction which inspired her to quit (using nicotine gum).

   → A few had read stop-smoking pamphlets, but weren't sure where they were from.

4) ***Audiotapes, Videotapes, CD's, DVD's*** – All but a few had not heard of these stop-smoking items.

   → One respondent's mother apparently used tapes successfully, and stopped "*for quite a while*".

   → One student had taken out a DVD at school, and called it "*retarded*".

3.6.3 Quitting Information and Resources

- In all locations, most participants did not look for information to help them quit.
- There was generally quite a low level of awareness and interest in knowing or learning about informational resources.
- However, most believed that useful information to help smokers quit was generally available, probably easy to find, for those interested.
- Specific named resources were quite limited:
  - → A booklet from the Canadian Cancer Society with numbers to call and talk.
  - → The phone number from a TV commercial.
  - → A book about the chemical effects of smoking (title unrecalled).
  - → The yellow pages to call the Department of Health.
  - → One respondent described some reference material about addiction obtained in part from a Lung Association, a clinic and a drugstore, which she had kept for several years, since her last quitting attempt. After redoing the questionnaires, she realized she was an addict and therefore eligible for "cessation assistance".
    - *The literature says I qualify for cessation assistance, it tells me not to try to quit on my own, you will fail.*
  - → Only 2 francophones looked for information to help them quit.
    - One searched on the Internet for statistics on the health risks of tobacco.
    - The other sought information to help her prepare to quit, and found a poster available from the Canadian Cancer Society, and a pamphlet about the Zyban method which she used without taking the medication.
- Generic information resources
  - → Newspapers, for example, an article about addiction services
  - → Internet
  - → Medical clinics
  - → Hospitals
  - → Government help
  - → Local community service centers (CLSC) in Quebec.
- Most trusted information sources
  - → Some said their doctors or pharmacists were the most trusted.
  - → One person identified Health Canada.
  - → One named the "*stop-smoking ad people*".

- Most trusted sources of encouragement

  → For many participants in general, people around them – friends, family, colleagues -- were the biggest source of encouragement.

  → A few said their own previous personal experience counted the most in their current efforts to quit.

3.6.4 General Attitudes Towards Help and Assistance

- Overall, needing help or assistance, including the use of quitting products and information, was not well-accepted by many participants in this study.

- We believe the reasons for this essentially relate to self-esteem issues -- perceptions about personal weakness and about attitudes towards needing or asking for help.

- Whether or not people in this study believed they were addicted, most admitted that they still felt fragile and vulnerable to smoking. No one felt home-free, safe, or that they had made it. In fact, some people told us that just talking about stopping smoking made them crave a cigarette.

  → Admitting fragility is, in fact, acknowledging a weakness, but no one used this word.

- In this culture, it is hard enough to admit a weakness, let alone to admit it to an unknown party, to strangers -- someone you don't know, don't trust, and don't feel connected to – such as might be encountered over the phone or Internet. People did talk about this, and said they would much rather garner support from friends and family, and people they trusted.

- Needing or asking for help of any type also seemed to equate with being weak, which directly conflicted with the prevailing attitude about stopping smoking.

  → This attitude required respondents to believe or try to convince themselves they were strong and determined, that they had will power.

    – Even those who used products (in the past or currently) said that these items were ineffective on their own, and that success still required a certain determined mental attitude or stance.

      - *Tout est plus efficace si la personne est motivée. (Everything is more effective if you are motivated.)*

  → In this conflict or cognitive split, the prevailing attitude won. Help was fine for others, but not for them.

- Would people ever be able to ask for help AND still see themselves as strong and determined? What would it take for potential quitters to trust or confide in any anonymous person over the phone, or the Internet?

  → These may be interesting areas for further exploration.

3.6.5 Anti-Smoking Campaigns

- When it came to anti-smoking campaigns, most admitted to making fun of the health warning messages (HWM's) on cigarette packages with their friends and smoking buddies. However, based on their awareness of smoking-related diseases or those caused by smoking, it would seem that the HWM's did have some informative value.

- In contrast, the stop smoking TV ads were not ridiculed, and participants in most groups not only spontaneously mentioned them, but also agreed they were effective and did have some impact.

HWM's on Cigarette Packages

- Most participants felt that the HWM's were generally ineffective and were not a factor at all in their decision to quit.

  → *We are bombarded with stuff like that and it's just like nag, nag, nag.*
  → *Didn't contribute at all.*

- However, some felt that certain warnings were more effective than others to make them think about or contemplate the harmfulness of cigarettes, but didn't convince them to stop.

  → *Les avis sur les paquets m'ont fait réfléchir, mais c'est trop poussé. (Warnings on the packs made me think but they are exaggerated.)*

- HWM's did seem to contribute to the overall cumulative effect of the anti-smoking atmosphere because of awareness of gum disease, and other messages delivered.

  → Most effective HWM's in terms of conveying relevant information:

    – mouth/teeth, lungs, heart, second-hand smoke, smoking and children, smoking and pregnancy, ashtray, limp cigarette.

TV Ads

- In most groups, participants spontaneously mentioned that some anti-smoking TV ads did have an impact on their thinking and desire to quit smoking.

- Overall, TV stop-smoking ads were viewed as attention-getting, credible, informative, and helpful.

- The following dozen or so ads mentioned in the 6 English groups were generally liked, and were thought to have some impact on respondents' decisions to quit.

  → *Bob -- The guy with the bottle of water.*

    – *I liked Bob because he is a real smoker. I can relate to Bob. Then, Bob quit. He got kinda chubby in the cheeks and his complexion improved. I called the 1-800 number.*

- *The squeezing of the aorta was effective to me.*
- *Someone at a bar squeezing cigarettes into a glass.*
- *The girl in the bathroom smoking and her face falls off.*
- *3 people dive into a pool of tar.*
- *The one with the man whose wife died from his smoking.*
- *The waitress who has cancer from second-hand smoke.*
- *The father who buries his son.*
- *The old woman, the hole in the throat that she was smoking through.*
- *People lying down in the street, representing how many people die.*
- *2 kids in the back seat of a car smoking cigarettes.*
- *Health Canada and truth hurts. . . .*

- In Quebec, many participants in both groups mentioned the current provincial campaign, which features a couple reviewing a toolkit to help the man stop smoking. The toolkit includes telephone and web assistance, and the possibility of personal contact.

  - In addition, francophones mentioned ads about:

    - a glass of tar;
    - children and second-hand smoke;
    - the woman non-smoker who got cancer from second-hand smoke.

3.7 BEST ADVICE FROM QUITTERS

- At the end of each session, participants were asked to give their best advice to smokers contemplating quitting.
- These comments could be divided into 2 categories – attitudinal and behavioral – and are presented below.

3.7.1 ATTITUDINAL ADVICE

- *Go one day at a time and have some plan.*
- *You have to want it in your heart.*
  - → *Be determined.*
  - → *Keep focused.*
  - → *Lâche pas! (Do not give up!)*
- *Do what works for you; don't do what other people think you should do.*
  - → *Don't quit until you are ready. Don't bother if you know you are going to start. Don't bother putting yourself through stress and anxiety. Irritability and bitchiness for no reason, and then it goes.*
  - → *If you're not doing it for yourself, you might as well not bother.*
  - → *If you don't really want to quit, it's not worth the trouble, you have to want it.*
- *Ça vaut la peine de souffrir un petit laps de temps pour se sentir aussi bien après. (It's worth suffering for a certain amount of time to feel free after.)*
- *Think about your health and longevity in your life . . . your body is all you have, if you think you are ready, quit.*
- *Do everything you can in your willpower to not start again, but if you do, get off it again and keep trucking.*
  - → *Go for it, and if you fall down, just pick yourself up again.*
  - → *Don't let your past impair your future success, you can't change the past but you can change the future. One day at a time.*
  - → *Don't beat yourself up. It's better to have some time of not smoking.*

→ *If you slip, don't consider it to be a total failure. You have lowered the levels of nicotine in your bloodstream and your subsequent attempts should not be such a shock.*

- *Give up [cigarettes] when you feel psychologically strong.*
- *Pick a starting date that will stay in your mind.*

3.7.2 Behavioral Advice

- *Stay out of situations where you want to smoke and don't even have one because that could get you started all over again.*

  → *Get rid of the cigarettes and don't put yourself in a situation where you know you are going to want cigarettes.*

- *Get lots of new hobbies, things to do with your time, can't sit in a bar anymore, do outdoor things, fish*, golf, hobbies, *something new and different.*
- *You have to give yourself a tangible, immediate benefit.*
- *Tell everyone you know, and tell them you want their help.*

  → *Talk to your friends and find one who really wants you to quit for no other reason than they really care about you. Ask them if you can call them for support.*

- *Chew gum.*

APPENDIX – DISCUSSION GUIDE

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DISCUSSION GUIDE

* Recent quitters' behaviour and motivation *
- Exploratory -

1. INTRODUCTION (10 minutes)

This initial stage of the discussion is to establish a level of confidence and a rapport between the moderator and participants. Respondents are informed of the objective of the discussion and what is expected of them.

GUIDELINES

- Word of welcome and introduction of moderator
- Objectives of the research: *"To gather your opinions, impressions and suggestions as former smokers on **some aspects related to your experience of quitting smoking**. There are no right or wrong answers. Everything you say is fine."*
- Confidentiality: *"All your answers will remain confidential. We are talking to lots of people to find out what they think and what their experiences are. Your name will not be included in the report or mentioned to anyone and your opinions will be combined with those of other participants and will help us understand people's views and experiences of quitting smoking."*
- Role of moderator / observer behind one-way mirror / taping for note-taking purpose only
- Neutrality and independence of moderator (*does not work for the government, advertiser, cigarette manufacturer or any organization related to the topic being discussed and is not here to judge anything or anyone but only to listen*).
- Role of participants
- Duration: 2 hours maximum
- Are there any questions?

GO-AROUND

- Given name
- Brief description of current job
- Choice of some personal information – who lives at your home?

- Focus groups are used as a learning tool. The process is not to build consensus, but to explore the range of reactions.
- Findings may or may not represent the target population at large.

2. SMOKING HISTORY (10 minutes)

1. I would like to know more about you, when you were a smoker.

- **When** did you quit smoking? (How long ago)
- What did you smoke? (**brand, type** of cigarette)

  → **How much** did you smoke per day?
- At what age did you start smoking, how long had you been smoking?
- What did you **like** about smoking?
- What **bothered you** about smoking?
- How did you **feel about yourself** because you were a smoker?

  → What did you think of yourself?
  → What made you feel that way?
- Did you feel **addicted** (hooked on)?
- Since you stopped smoking, **have you stopped completely?**

3. QUITTING HISTORY (15 minutes)

1. **How many times** did you try to quit and it didn't work?

   - Did you proceed the **same way** each time you tried to quit?
   - What **finally worked**? Why?
   - What **didn't work before**? Why?

     → What did **you learn** after you started smoking again?
     → How did you **feel when you went back** to smoking?

   - How long was your most successful attempt to quit smoking, how long did you **stay stopped**?

2. Tell me more about the **<u>first</u> time** you tried to quit.

   - Why did you want to quit?
   - How did you **proceed**?
   - Why/what made you **start up again**?
   - What encouraged you to **quit again**?

4. RECENT QUITTING (60 minutes)

1. **<u>Last time</u> or most recent** time that you quit:

   - **Why** did you quit? -- Different reasons than before?

     → What **triggered** your decision to quit?
     → Who, if anyone, convinced you to quit smoking?

2. In your decision to quit, how important were:

     → **Cost** savings?
     → **Health** reasons?
     → **Social** pressures?

   - Which were **more important** to you?

   <u>If not discussed previously, probe</u>:

   - Did you have any **smoking-related symptoms**? Medical problems? Which ones?

- Do you think that there is a **relationship** between smoking and health? Which ones?

  → Which diseases do you think are **related to** smoking?
  → **Caused by** smoking?

- How do you **feel/what do you think about yourself** now that you have quit smoking?

- What are, for you personally, **the rewards** of quitting?

3. In today's society, how serious is smoking as a health or social concern? (very serious, moderately serious, not very serious)?

- How does smoking compare with:

  → Alcohol abuse
  → Obesity
  → Compulsive gambling

4. The **last time** you quit, how did you **make your decision** to quit? How did you proceed?

- Was it a **planned** decision or a decision on **the spur** of the moment?

  → Did you have a **strategy** for quitting?
  → How did you **prepare yourself** for quitting?

- Did you set a **quit date**?

- Did you have a **strategy for staying away** from smoking?

  → How did you come up with this strategy?
  → Did you have any **substitutes** for smoking?
  → Did you **change your smoking habits**? (smoke less, inhale less, change brands, etc.)
  → Did you use more gum, coffee or something else?

- How **different was your recent strategy** for quitting, compared to your previous attempts? (improvement of initial strategies or substantial change)

- What **questions** did you ask yourself before making the decision to quit?

- How long did it take between the time...

  → you **seriously considered quitting** smoking and made the decision to quit?

  → you **made the decision** to quit and the moment you stopped smoking?

- Do you think it is **easier these days** for smokers who want to quit to succeed than it was 10 or 20 years ago or so?

5. How convinced were you of your **ability to quit**, to cope without cigarettes?

- Did you feel you could quit if you wanted?

  → Were you **worried** you might not be able to quit?
  → What made you feel you **had the ability** to quit?

6. What were the **most difficult things/**main obstacles you encountered?

- How did you **cope** with them?

  → in making your **decision** to quit?
  → the **day you stopped** smoking?
  → the **day after** you stopped smoking?
  → Did you **prepare yourself** ahead of time – make any plans to cope with the obstacles you expected? - Describe

7. What was **most helpful** / contributed most to your success this time?

- In **making** your decision to quit?
- The **day you stopped** smoking?
- Did you have any **substitutes** for smoking?

8. Do you think that this time you have **quit <u>forever</u>**?

- What tells you that?
- What would make you **start up again**?
  → Do you fear starting up again?
- Do you have a **strategy or tips** to stay away from cigarettes?

9. The <u>last time</u> you quit, did you use any **products, quitting aids**, replacement therapy, prescribed medication, etc. **or a combination** of them, to help you quit?

<u>Moderator: Go around so that each respondent can mention what he/she used</u>. For each type of product or therapy used, ask:

- What **made you choose** this product/therapy?
- Was it/is it **helpful**?
- Had you ever **used it before**? When/why?
- Did you have any **difficulty using it**?
- In **stopping** the use of this product/therapy?
- Who **decided to stop** using it? Why?

<u>Ask those who used a combination of product(s)/therapy(ies)</u>:

- Why this combination?
- Did it make a difference to combine X & Y?

Ask respondents who did not use any:

- **Why didn't you** use any of these to help you quit or stay away from cigarettes? (if all respondents used a quitting aid or therapy, ask this question on a projective basis)

- What quitting aids, replacement therapy, prescribed medication **do you know of** to help smokers quit?

- *(For each mentioned and **not discussed previously**)* What do you think of it? Helpful? Why? Probe if required:

  → Nicotine patch
  → Nicotine gum
  → Nicotine nasal spray
  → Nicotine inhaler
  → Zyban
  → Acupuncture
  → Hypnosis

10. What kind of **help or assistance do you know of**, to help people prepare to quit or stay away from cigarettes?

11. Did you get any help or assistance preparing yourself to quit?

If yes:

- **What kind**? From **whom**? Was it **useful?**
- Did you have any **difficulty** getting help/assistance?

If no:

- Why didn't you?

12. After you stopped smoking, did you get help or assistance to stay away from smoking?

If yes:

- **What kind**? From **whom**? Was it **useful**?
- Did you have any **difficulty** getting it?

If no:

- Why didn't you?

13. How useful are each of the following aids or assistance?

		Score 1-10		Never heard of this help
		Help preparing to quit	**Keeping away from smoking**	
1)	Group sessions/programs			
2)	Individual counselling from health care providers or psychologist			
3)	Books, manuals, pamphlets			
4)	Audiotapes, videotapes, CD's, DVD's			
5)	Acupuncture			
6)	Hypnosis			
7)	Web support			
8)	Telephone support			

- With regard to the telephone and on-line support, are there any **privacy concerns**? -- Describe

14. Overall, how much did **it cost you to quit** smoking (last time)?

- Did cost affect the way you chose to stop smoking?
- Was it **more or less expensive** this time than for your previous attempts?

5. QUITTING INFORMATION AND RESOURCES (10 minutes)

1. Did you look for any **information** to help you **quit**?

- To help you **stay away** from smoking?

If Yes:

- **What kind** of information did you look for?
- Where did you look first? Did you look anywhere else?

  → Did you **find** what you were looking for?

- What were the **most useful sources** of information
- Did you have any **difficulty** finding, using or understanding any of this information?

2. Do you think there is **enough useful information** to help smokers quit?

3. Can you **name all the resources** in your region you know of, to help smokers quit?

   - **Who** provides help or assistance to smokers who want to quit?

4. Who, which sources do you **trust most**...

   - for **information** about quitting?
   - for **help** or assistance in quitting?

5. Do you know where or **how to find information** about services or programs to help smokers quit?

6. ANTI-SMOKING CAMPAIGNS (10 minutes)

1. Did the **warnings** on cigarette packages play any role in your decision to quit? How?

2. What about TV anti-smoking ads – what role did they play?

7. END OF DISCUSSION (5 minutes)

1. What's the best advice you would give people who are considering stopping smoking for ever?

THANK AND CONCLUDE

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GUIDE DE DISCUSSION

* Comportement et motivation d'ex-fumeurs récents *
- Exploratoire -

1. INTRODUCTION (10 minutes)

Cette première partie de l'entretien consiste à détendre l'atmosphère et créer un climat de confiance entre l'Animatrice et les participants. C'est à ce moment que l'Animatrice informe les participants sur les objectifs de la discussion et précise ses attentes à leur égard.

CONSIGNES

- Bienvenue et introduction de l'Animatrice
- Objectifs de l'étude *: « Obtenir vos opinions, impressions et suggestions en tant qu'anciens fumeurs sur* ***divers aspects reliés à votre expérience de cesser de fumer****. Il n'y a pas de bonnes ou de mauvaises réponses. C'est une question d'opinion. Toutes les opinions sont acceptables. »*
- Confidentialité: *« Toutes vos réponses demeureront confidentielles. Nous allons parler à beaucoup de monde afin de découvrir ce qu'ils pensent et quelles sont leurs expériences. Votre nom ne sera pas inclus dans le rapport ni transmis à personne et vos points de vue seront combinés avec ceux des autres participants afin de nous aider à comprendre les points de vue et les expériences de cesser de fumer. »*
- Rôle de l'Animatrice / observateur en arrière du miroir sans tain / enregistrement seulement dans le but de prendre des notes.
- Neutralité et indépendance de l'Animatrice (*ne travaille pas pour le gouvernement, un annonceur publicitaire, un fabricant de cigarettes ou toute autre organisation reliée au sujet que nous allons discuter et n'est pas ici pour juger quoi que ce soit ou qui que ce soit, mais seulement pour écouter*).
- Rôle des participants
- Durée : 2 heures maximum
- Des questions?

TOUR DE TABLE

- Prénom
- Brève description de l'emploi actuel
- Choix de quelques informations personnelles (habitez-vous avec d'autres personnes?

- Les groupes de discussion sont utilisés comme outil exploratoire. Le but de la discussion n'est pas d'aboutir à un consensus, mais bien d'explorer la gamme des réactions.

- Les résultats peuvent être ou non représentatifs de la population ciblée dans son ensemble.

2. HISTORIQUE EN TANT QUE FUMEUR (10 minutes)

1. J'aimerais en savoir davantage sur vous lorsque vous étiez un fumeur.

- **Quand** avez-vous arrêté de fumer? (Depuis quand?)
- Que fumiez-vous? (**marque**, **type** de cigarette)

  → **Combien** en fumiez-vous par jour?
- À quel âge avez-vous commencé à fumer, durant combien d'années avez-vous fumé?
- Qu'**aimiez**-vous dans le fait de fumer?
- Qu'est-ce qui **vous embêtait** par rapport au fait de fumer?
- Quel **sentiment** aviez-vous par rapport à **vous-même** lorsque vous étiez fumeur?

  → Que pensiez-vous de vous-même?
  → Qu'est-ce qui faisait vous sentir de cette façon?
- Aviez-vous le sentiment d'être **dépendant** (d'être accroché)?
- Depuis que vous avez cessé de fumer, **avez-vous arrêté complètement**?

3. HISTORIQUE DE L'ABANDON DU TABAGISME (15 minutes)

1. **Combien de fois** avez-vous essayé d'arrêter de fumer avant que ce ne soit la bonne?

   - Avez-vous procédé de la **même manière** chaque fois que vous avez essayé d'arrêter?
   - Qu'est-ce qui a **finalement fonctionné**? Pourquoi?
   - Qu'est-ce qui **ne fonctionnait pas avant**? Pourquoi?

     → Qu'**avez-vous appris** après avoir recommencé à fumer?
     → Comment vous **sentiez-vous lorsque vous avez recommencé** à fumer?

   - Combien de temps à duré votre meilleure tentative pour cesser de fumer, combien de temps êtes-vous **resté sans fumer**?

2. Racontez-moi plus en détails la **<u>première</u> fois** que vous avez essayé d'arrêter de fumer.

   - Pourquoi vouliez-vous arrêter?
   - Comment avez-vous **procédé**?
   - Pourquoi / qu'est-ce qui a fait en sorte que vous **avez encore recommencé**?
   - Qu'est-ce qui vous a encouragé à **cesser de fumer de nouveau**?

4. DERNIER ABANDON (60 minutes)

1. **<u>La dernière fois</u> ou la fois la plus récente** où vous avez arrêté de fumer :

   - **Pourquoi** avez-vous arrêté de fumer? Différentes raisons des autres fois?

     → Qu'est-ce qui **a motivé** votre décision d'arrêter de fumer?
     → Y a-t-il quelqu'un qui vous a convaincu d'arrêter de fumer? Qui?

2. Dans votre décision d'arrêter de fumer, quelle a été l'importance des éléments suivants :

   → **Économies** d'argent?
   → Raisons de **santé**?
   → Pressions **sociales**?

   - Lequel a été **le plus important** pour vous?

<u>Si n'a pas été discuté précédemment, sonder</u> :

- Avez-vous eu des **symptômes**, des problèmes de santé à cause de la cigarette? Lesquels?

- Pensez-vous qu'il y a un **lien** entre le fait de fumer et la santé? Lesquels?

  → À votre avis, quelles sont les maladies **reliées** au tabagisme?
  → **Causées** par le tabagisme?

- Comment vous **sentez-vous / que pensez-vous de vous-même** maintenant que vous avez cessé de fumer?

- Pour vous personnellement, quelles sont les **récompenses** (bénéfices ou avantages?) d'avoir cessé de fumer?

3. Dans la société d'aujourd'hui, dans quelle mesure fumer est-il considéré comme un problème de santé ou social? (très sérieux, plutôt sérieux, pas vraiment sérieux)?

- Comment se compare-t-il avec :

  → L'abus d'alcool
  → L'obésité
  → Le jeu compulsif

4. La **<u>dernière fois</u>** que vous avez arrêté, de quelle façon **s'est prise votre décision** d'arrêter? Comment avez-vous procédé?

- Était-ce une décision **planifiée** ou est-ce que cela a été une décision qui s'est faite sur **l'impulsion du moment**?

  → Aviez-vous une **stratégie** pour cesser de fumer?
  → Comment **vous êtes-vous préparé** pour arrêter de fumer?

- Aviez-vous déterminé **une date pour arrêter**?

- Aviez-vous une **stratégie pour vous abstenir de fumer**?

  → Comment en êtes-vous arrivé à cette stratégie?
  → Avez-vous eu recours à des **substituts** de nicotine?
  → Avez-vous **changé vos habitudes** face au tabagisme? (fumer moins, inhaler moins, changer de marques, etc.)
  → Avez-vous utilisé plus de gomme, de café ou quelque chose d'autre?

- Quelles **différences** y a-t-il eu entre **votre dernière stratégie** pour arrêter de fumer comparativement à vos essais précédents? (amélioration des stratégies initiales ou une toute nouvelle stratégie)?

- Quelles **questions** vous êtes-vous posées avant de prendre la décision d'arrêter? Aviez-vous des interrogations?

- Combien de temps cela a-t-il pris entre le moment où...

  → vous **avez sérieusement considéré d'arrêter** de fumer et pris la décision d'arrêter?

  → vous **avez pris la décision** d'arrêter et le moment où vous avez cessé de fumer?

- **De nos jours**, pensez-vous que c'est **plus facile** de réussir pour les fumeurs qui veulent arrêter de fumer comparativement à il y a environ 10 ou 20 ans?

5. Dans quelle mesure étiez-vous convaincu que vous **étiez capable d'arrêter**, d'en venir à bout sans cigarettes?

- Aviez-vous le sentiment que vous pouviez arrêter si vous le désiriez?

  → Étiez-vous **inquiet** de ne pas être capable d'arrêter?
  → Qu'est-ce qui vous a fait sentir que vous **aviez la capacité** d'arrêter?

6. Quelles ont été les **choses les plus difficiles**, les principaux obstacles que vous avez rencontrés?

- Comment y avez-vous **fait face**?

  → pour prendre votre **décision** d'arrêter?
  → la **journée où vous avez arrêté** de fumer?
  → la **2ème journée** où vous avez arrêté de fumer?
  → **vous êtes-vous préparé** d'avance, avez-vous fait des plans pour faire face aux obstacles que vous anticipiez?
  – Décrivez ces plans...

7. Qu'est-ce qui a été **le plus efficace** / qu'est-ce qui a contribué le plus à votre succès cette fois-ci?

- **Pour prendre** votre décision d'arrêter?
- La **journée pour arrêter** de fumer?
- Avez-vous **remplacé** la cigarette par quelque chose d'autre?

8. Pensez-vous que cette fois-ci vous **avez cessé <u>pour de bon</u>**?

- Qu'est-ce qui vous fait dire ça?

- Qu'est-ce qui ferait en sorte que vous **recommenciez**?

  → Avez-vous peur de recommencer?

- Avez-vous **une stratégie ou des trucs** pour rester loin de la cigarette?

9. La <u>dernière fois</u> (la plus récente) que vous avez arrêté, avez-vous eu recours à des **produits**, **supports pour cesser**, thérapie de remplacement, médication prescrite, etc. **ou une combinaison** de plusieurs afin de vous aider à arrêter?

Animatrice : Faire un tour de table afin que chaque participant(e) puisse mentionner ce qu'il/elle a utilisé. Pour chaque type de produit ou de thérapie utilisé, demander :

- Qu'est-ce qui **vous a fait choisir** ce produit / cette thérapie?
- A-t-il été / est-il **efficace**?
- L'aviez-vous **déjà utilisé**? Quand/pourquoi?
- Avez-vous eu de la **difficulté en l'utilisant**?
- En **arrêtant** l'utilisation de ce produit / cette thérapie?
- Qui a **décidé d'arrêter** l'utilisation de ce produit / cette thérapie? Pourquoi cette décision a-t-elle été prise?

Demander aux participants qui ont utilisé une combinaison de produit(s)/thérapie(s) :

- Pourquoi cette combinaison?
- Est-ce que cela a fait une différence de combiner X & Y?

Demander aux participants qui n'en ont pas utilisé :

- **Pourquoi n'avez-vous pas** utilisé aucun de ces moyens pour vous aider à arrêter ou pour ne pas retoucher à la cigarette? (Si tous les participants ont utilisé une aide ou une thérapie pour arrêter, demander cette question sur une base projective)

- Quels aides, thérapies de remplacement ou médicaments **connaissez-vous** pour aider les fumeurs à arrêter?

- (*Pour chaque aide mentionnée et non discuté auparavant*) Qu'en pensez-vous? Efficace? Pourquoi? Sonder si nécessaire:

  → Timbre transdermique de nicotine
  → Gomme à mâcher contenant de la nicotine
  → Nicotine en pulvérisation nasale
  → Nicotine en inhalateur
  → Zyban
  → Acupuncture
  → Hypnose

10. Quel genre **d'aide ou d'assistance connaissez-vous** pour aider les gens à se préparer à arrêter ou pour ne pas retoucher à la cigarette?

11. Avez-vous eu recours à de l'aide ou de l'assistance pour vous préparer à arrêter?

Si oui :

- **Quel genre**? De **qui**? Était-ce **utile**?
- Avez-vous eu de la **difficulté** à obtenir de l'aide/assistance?

Si non :

- Pourquoi n'avez-vous pas eu recours?

12. Après avoir cessé de fumer, êtes-vous allé chercher de l'aide ou de l'assistance afin de ne pas retoucher à la cigarette?

Si oui :

- **Quel genre**? De **qui**? Est-ce que cela a été **utile**?
- Avez-vous eu de la **difficulté** pour l'obtenir?

Si non :

- Pourquoi n'y êtes-vous pas allé?

13. Dans quelle mesure chacune des aides ou assistances suivantes est-elle utile?

		Score 1-10		**Ne connaît pas l'existence**
		Aider pour se préparer à arrêter	**Rester loin de la cigarette**	
1)	Sessions/programmes en groupe			
2)	Consultation individuelle avec un professionnel de la santé ou un psychologue			
3)	Livres, manuels, pamphlets			
4)	Cassettes audio, cassettes vidéo, CD, DVD			
5)	Acupuncture			
6)	Hypnose			
7)	Support internet			
8)	Support téléphonique			

- En ce qui concerne le support au téléphone et internet, demander s'il y a des **inquiétudes à propos du respect de la vie privé**.

  → Décrire

14. Dans l'ensemble, combien cela vous **a-t-il coûté pour cesser** de fumer (la dernière fois)?

- Est-ce que le coût a affecté la façon dont vous avez choisi d'arrêter de fumer?
- Est-ce que ça vous a coûté **plus cher ou moins cher** cette fois-ci comparativement à vos essais précédents?

5. INFORMATION POUR ARRÊTER ET RESSOURCES (10 minutes)

1. Avez-vous recherché de **l'information** pour vous aider à **arrêter de fumer**?

   - Pour vous aider à **ne pas retoucher** à la cigarette?

   Si oui :

   - **Quel genre** d'information avez-vous recherché?
   - Où avez-vous regardé en premier? Avez-vous regardé ailleurs pour de l'information?

     → Avez-vous **trouvé** ce que vous recherchiez?

   - Quelles ont été les **sources** d'information **les plus utiles**?
   - Avez-vous eu de la **difficulté** pour trouver, utiliser ou comprendre cette information?

2. Pensez-vous qu'il y a **assez d'informations utiles** pour aider les fumeurs à arrêter?

3. Pouvez-vous me **nommer toutes les ressources** dans votre région que vous connaissez afin d'aider les fumeurs d'arrêter?

   - **Qui** fournit l'aide ou l'assistance aux fumeurs qui désirent arrêter?

4. Qui, en quelles sources avez-vous **le plus confiance**...

   - pour de **l'information** pour arrêter?
   - pour de **l'aide** ou de l'assistance pour arrêter?

5. Savez-vous où et **comment trouver de l'information** à propos des services et programmes pour aider les fumeurs à arrêter?

6. CAMPAGNES CONTRE LE TABAGISME (10 minutes)

1. Est-ce que les **avertissements** sur les paquets de cigarettes ont joué un rôle dans votre décision de cesser de fumer? De quelle façon?

2. Et à propos des annonces publicitaires à la télévision contre le tabagisme, quel rôle ont-elles joué?

7. FIN DE LA DISCUSSION (5 minutes)

1. Quel est le meilleur conseil que vous donneriez aux gens qui sont en train de considérer cesser de fumer pour toujours?

REMERCIER ET TERMINER