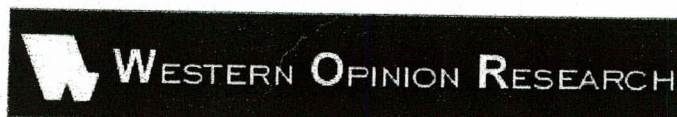


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**QUALITATIVE RESEARCH WITH
FIRST NATIONS AND INUIT AROUND
TOBACCO CESSATION CREATIVE CONCEPTS**



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INTRODUCTION

A) *PURPOSE*

The First Nations and Inuit Tobacco Control Strategy was developed as part of the Tobacco Control Program for Canada, and is specifically aimed at decreasing the non-traditional use of tobacco by First Nations and Inuit peoples. This program is run by staff at Health Canada and is guided by a First Nations and Inuit Advisory Circle.

Before embarking on a new campaign adapted for First Nations on-reserve and Inuit from the successful Bob/Martin mainstream tobacco cessation campaign, Health Canada is looking for an overall assessment of the effectiveness of the proposed smoking cessation social marketing materials with its target audience.

This research is intended to provide feedback from the target audiences on key factors such as their understanding and interpretation of the messages, and the cultural appropriateness and motivational power of the materials.

Overall, the research will evaluate the effectiveness of the tested materials in meeting the campaign/program objectives of persuading Aboriginal peoples that quitting smoking is possible. Results will help refine the proposed communication tools and provide insight for further creative development.

The research consists of two consecutive series of focus groups. The first phase was to evaluate the various creative concepts developed as Aboriginal adaptations of the Bob/Martin mainstream campaign. The second phase was intended as a "disaster check" to validate that the final creative concepts met the advertising objectives.

Initial results indicated that the concepts tested in Phase I should be developed further to effectively communicate to the target audiences that quitting smoking is possible. Therefore, Phase II objectives were modified to allow for further testing of the revised Phase I creative. The testing was intended to assess its effectiveness in featuring new and practical avenues that could convince the

target audiences that, while quitting smoking can be a long and arduous process, success is attainable.

B) SPECIFIC RESEARCH OBJECTIVES

The specific research objectives for each phase were therefore similar, and included:

- To determine the resonance of the cessation material with the First Nations on-reserve and Inuit communities.
- To assess the relevance, clarity, credibility and call to action components associated with the treatments and approaches used in the various materials developed.
- To validate that the characters/spokespeople used in the commercials resonate with the target audiences.

C) METHOD

1. Material tested

Two consecutive series of eight focus groups were conducted to test the various creative concepts in their preliminary conceptual form. The first series evaluated two concepts, each with two television spots in the form of rough storyboards with matching print advertisements. The second series evaluated one concept for Inuit communities and another concept for First Nations peoples. For each concept, two television spots were presented in the form of audio-taped descriptions of the scenarios followed by a reading of the script done by Aboriginal actors. This presentation was accompanied by scripts that were handed out to participants for reference. The second phase also tested three print fact sheets and a "Z" card concept destined to complete the social marketing tools of the program.

Half of the groups in each phase were conducted with Inuit both in their Inuktitut and English versions, while the rest were conducted with First Nations on-reserve. Half of the groups with First Nations on-reserve were conducted in French and half were in English.

2. Group composition and locations

Participants were recruited as members of First Nations who live on reserve or Inuit living in communities north of the 60° parallel. Groups were broken down on a linguistic basis as follow:

<u>First series</u>			
Location	Population	Language	Number of groups
Iqaluit, NU	Inuit	English/Inuktitut	4
Québec city, QC	First Nations on-reserve	French	2
Pine Falls, MB	First Nations on-reserve	English	2
<u>Second series</u>			
Rankin Inlet, NU	Inuit	English/Inuktitut	4
Prince Albert, SK	First Nations on-reserve	English	2
Sept-Îles, QC	First Nations on-reserve	French	2

3. Research technique

Given the language/cultural challenges inherent to conducting research with people who have a strong oral, “story telling” and visual tradition, discussion circles supported by the use of the audience response technology (individual dial pads) was selected as the best combination to enhance participation within each group and minimize the “halo effect” often found in small homogenous communities.

The combination of these two research techniques helps participants to overcome initial shyness to respond orally to direct questions or any reluctance to answer written questionnaires by using the individual dial pads to capture their responses. Results are amalgamated and instantly presented to the group as stimulus material to help the moderator probe in depth for reasons explaining the responses given.

4. Participation criteria

Groups were conducted with Aboriginal peoples from First Nations living on reserve and with Inuit living in communities north of the 60° parallel. Other qualifying criteria were:

- Tobacco smokers
- Aged 18 to 43 years old
- Currently contemplating quitting or in the action phase of quitting smoking.

All participants were paid a cash honorarium for their participation. A copy of the study materials is included in Appendix IV et V.

5. Statement of limitations

Qualitative research is explanatory by nature and provides preliminary and directional indications. Only a small group of Aboriginal people were included in these sessions, therefore the results cannot be interpreted as a statistical projection of attitudes and opinions of Aboriginal populations as a whole.

Qualitative research does, however, produce in depth introspection of the material tested and provides invaluable understanding of perceptions and reactions of the populations studied as well as the reasons sustaining their evaluation. It is therefore an extremely appropriate tool for exploring the target audiences' reactions to the communications material developed for Health Canada's Tobacco Control program and to gain insight on the most appropriate ways to reach these populations effectively.

EXECUTIVE SUMMARY

A) Phase I

The rough concepts evaluated in Phase I do not seem to meet the main communication objective of convincing the target audiences that quitting smoking is possible. The main messages communicated were that smoking is bad for health therefore people should quit smoking and that it is hard to quit smoking.

Basically, in a slice of life context, participants expect and need two elements to be featured for the campaign to be effective:

- 1 – Reasons, arguments reinforcing their decision to quit. These could be negative effects related to smoking like “ashtraymouth” or risk of illness like heart attack or pneumonia.
- 2 - Tips on how to deal with cravings: this includes both identifying a trigger (chatting on the telephone, having a coffee, etc) and matching it with an alternate activity (e.g. glass of water instead of drinking coffee, etc).

The current executions only seem to repeat what participants already know: they seem to be intended to set the tone to launch a series of spots but the preliminary phase itself seems to be unnecessary. The target audience has already tried to quit smoking and, therefore, needs to be shown a more concrete course of action in order to be convinced that quitting smoking is possible. Within the series, smokers expect to find ways they have not already tried that will fit their lifestyles and will be effective.

The “couple” vs. “mother and son” executions are not perceived as distinct concepts: in fact, for most participants, the concept resides in the featuring of everyday life situations.

In Pine Falls, the recurring theme seemed to be that the ads did not sufficiently stress that the decision to quit is individual, whereas the support required to carry through on the decision should be collective. In other words, talking of quitting is just talk (or "drunken talk" as one participant characterized it) until you see the characters in the ads collectively quitting smoking, by attending a support group or joining the "virtual support group" of Internet users.

In this perspective, participants mentioned they could be seeking support from their families as well as from their close friends. Everyday life also includes children's presence in most Aboriginal families, which can lend itself to using second-hand smoke (SHS) with children as a strong motivation element.

Moreover, the scarcity of characters depicted in the storyboards reinforces the mood that a lot of the talking about quitting by the actors is just talk. It should be mentioned however that presenting the materials in a storyboard, rather than in a more final format, like an animatic version with Aboriginal actors, will tend to exaggerate this response.

The campaign could therefore feature a larger panorama of all the everyday life situations with different protagonists in order to portray the entire mosaic of Aboriginal people's daily life realistically.

B) Phase I vs Phase II

The message is more precise in Phase II and each commercial is described as using a specific angle to promote quitting smoking.

Globally, Phase II commercials are perceived as suggesting that quitting is possible, even if it is not in a very convincing or powerful way, whereas the first serie's (Phase I) were generally described as depicting the current situation, without offering solutions or suggesting actions to take.

Some of the executions submitted to evaluation in Phase II raised issues around the choice of replacement activities suggested. It seems clear from participants' comments that these activities should offer the following benefits:

- 1 – feature an activity that has not been promoted already in previous tobacco cessation advertisements thus ensuring that the audience will not reject it as being previously tried without success
- 2 - be culturally appropriate
- 3 - be sufficiently specific or explicit (e.g. references to a plan) to become actionable rather than disregarded.

Phase II commercials received better scores for their capacity to convince the target audience that quitting smoking is possible: a larger proportion of participants say it helps them want to try to quit again.

The featuring of Aboriginal peoples in the individual spots has a positive impact: it improves noticeability and the level of attention participants feel they would give to the message. The doctor at the end of the commercials also reinforces the credibility of the message.

Overall, when it comes to quitting, the most effective support is described as coming from relatives and close friends. Participants do not feel they would personally take a pro-active stance to get more information or tools (like the "Z" card) or consult health professionals to help them quit smoking unless a medical reason forced them to do so. Thus, the advertising placed in traditional media such as television and radio, where the target audience is more captive, has to initiate the process and also needs to demonstrate the benefits of joining in a cessation program/group managed by health professionals or visiting the Web site or phoning the 1-800 number for help.

Phase II executions seemed more efficient overall but cultural issues remain to be solved in terms of language and in terms of cultural portrayal. Providing new and impactful information on the negative consequences of smoking, like the resulting lack of oxygen that would negatively impact the ability to hunt (a popular

Aboriginal activity), or concrete replacement activities that are easy to do and reflect typically safe and appropriate activities, could be an effective way to achieve the campaign objectives.

FAITS SAILLANTS

A) Phase I

Les concepts évalués lors de la première phase de recherche ne semblent pas rencontrer le principal objectif de communication soit convaincre les clientèles cibles qu'il est possible de cesser de fumer. Les principaux messages retenus étaient que fumer est nocif pour la santé, donc que les gens devraient cesser de fumer, et que c'est difficile d'arrêter de fumer.

Fondamentalement, dans le contexte d'un scénario présentant diverses situations de la vie quotidienne, les participants estiment que la campagne devra comporter deux éléments afin d'être efficace : elle devra fournir

- 1 – Des motifs et arguments qui renforceront leur décision de cesser de fumer. Ceci pourrait comprendre des effets négatifs inhérents au fait de fumer comme «avoir un goût de cendrier dans la bouche» ou les risques de maladies comme les crises cardiaques ou la pneumonie
- 2 - Des trucs ou moyens pour les aider à résister aux envies de fumer : ceci implique à la fois l'identification de ce qui provoque l'envie de fumer (parler au téléphone, boire un café, etc) et les jumeler à une activité de substitution (par exemple : boire un verre d'eau au lieu d'un café, etc).

Les scénarios proposés semblent simplement réitérer ce que les participants savent déjà. En fait, ces annonces semblent être conçues pour servir de plateforme pour lancer une série d'annonces mais cette étape préliminaire semble inutile en tant que telle. L'auditoire cible a déjà tenté de cesser de fumer, il a donc besoin de se faire montrer des comportements plus concrets pour être convaincu qu'il est possible de cesser de fumer. Dans le cadre d'une série d'annonces de ce genre, les fumeurs s'attendent à trouver des façons de faire qu'ils n'ont pas déjà essayées et qui s'avèreront à la fois compatibles avec leur style de vie et efficaces.

Les annonces “Couple” et “Mère et fils” ne sont pas perçues comme des concepts distincts : en fait, la plupart des participants décrivent un seul concept, la présentation de diverses situations de la vie quotidienne.

À Pine Falls, le thème récurrent semblait être que les annonces ne mettaient pas assez l'accent sur le fait que décider de cesser de fumer est une décision personnelle/individuelle alors que le soutien requis pour poursuivre cette décision doit être collectif. En d'autres termes, parler de cesser de fumer c'est juste des paroles en l'air (un participant les qualifie de paroles d'ivrognes) tant et aussi longtemps que les personnages dans les annonces ne cessent pas de fumer collectivement par exemple en participant à un groupe de soutien ou en se joignant à un « groupe virtuel » tel qu'on en retrouve sur l'Internet.

Dans cette perspective, les participants disent qu'ils peuvent solliciter l'aide de leur famille, de leurs proches et de leurs amis. La vie quotidienne comporte aussi généralement la présence d'enfants dans la plupart des familles autochtones ce qui se prête à l'inclusion du thème de la fumée secondaire auprès des enfants comme élément important de motivation.

De plus, le nombre restreint de personnages présentés dans les scénarios maquettes renforce l'impression qu'une grande partie du discours des acteurs à propos du fait de cesser de fumer n'est que paroles. On doit cependant mentionner que le fait d'utiliser des esquisses préliminaires sous forme de scénarios maquettes comme soutien pour présenter les annonces, plutôt que d'avoir recours à une version plus finale telle un animatic avec des comédiens autochtones, tend à amplifier cette réponse.

Dans cette perspective, la campagne pourrait élargir l'éventail de situations de la vie quotidienne afin de représenter l'ensemble de la mosaïque des situations qui constituent la vie de tous les jours des communautés autochtones.

B) Phase I vs Phase II

Le message communiqué dans la deuxième phase est plus précis et chaque annonce est décrite comme utilisant un angle spécifique pour promouvoir le fait de cesser de fumer.

Globalement, les annonces de la deuxième phase sont perçues comme suggérant qu'il est possible de cesser de fumer (même si ce n'est pas nécessairement de façon très convainquante ou puissante) alors que les annonces de la première série (Phase I) étaient généralement décrites comme présentant des situations courantes, sans offrir de solutions ou suggérer d'actions à prendre.

Certaines des annonces évaluées lors de la Phase II ont soulevé des problèmes à propos du choix des activités de substitution suggérées. Il ressort clairement des propos des participants que ces activités devraient rencontrer les critères suivants :

- 1 – offrir un choix d'activités dont on n'ait pas déjà fait la promotion dans des campagnes précédentes afin de s'assurer que l'auditoire cible ne les rejette pas parce qu'il les aurait déjà essayés sans succès
- 2 - être culturellement appropriées
- 3 – être suffisamment spécifiques ou explicites (ex. références aux diverses étapes d'un plan concret) pour être actionnables plutôt que reléguées aux oubliettes ou écartées.

Les annonces de la Phase II obtiennent des cotes plus élevées en matière de capacité à convaincre l'auditoire cible qu'il est possible de cesser de fumer ; en fait, on note une plus forte proportion de participants qui disent que ces annonces les aident à vouloir essayer de cesser de fumer à nouveau.

Le fait de présenter des autochtones dans chacune des annonces a un impact positif : leur présence augmente la notoriété et le niveau d'attention que les participants pensent accorder au message. Le médecin, à la fin de chaque annonce, renforce également la crédibilité du message.

Globalement, lorsqu'il s'agit de cesser de fumer, les participants estiment que le soutien le plus efficace provient de leur famille et de leur amis. Ils ne pensent pas qu'ils prendraient les devants, de façon pro-active, pour se procurer plus d'information ou d'outils (tels la carte « Z ») ou qu'ils consulteraient un professionnel de la santé pour les aider à arrêter de fumer, à moins qu'une raison médicale les force à le faire. Ainsi, la publicité dans les média traditionnels, tels télévision et radio, alors que l'auditoire est captif, doit servir à démarrer le processus tout en démontrant les avantages de se joindre à un groupe ou programme de cessation du tabagisme géré par des professionnels de la santé, de visiter le site Internet ou de téléphoner au numéro 1-800 pour obtenir de l'aide.

Les annonces évaluées en Phase II semblent être globalement plus efficaces bien qu'elles comportent certaines problématiques culturelles à résoudre en matière de langue et de représentation des cultures autochtones. Le fait de donner des informations nouvelles et qui ont de l'impact, à propos des conséquences négatives de fumer - telles la conséquence du manque d'oxygène qui empêchera les gens d'aller à la chasse (une activité très populaire auprès des autochtones) - ou des activités concrètes de substitution qui sont faciles à faire et qui reflètent des activités typiquement sécuritaires et appropriées pourraient s'avérer une façon efficace pour atteindre les objectifs de la campagne.

DETAILED FINDINGS

CHAPTER I
PHASE I RESULTS

I - TELEVISION CONCEPTS (COUPLE VS MOTHER AND SON)

A) *THE MESSAGE*

Participants were initially shown the two television spots for each concept, one at a time, and discussed the main message and most memorable aspects of each commercial. Overall, participants think that all the storyboards tended to convey the same main message, e.g. that smoking is bad for health and that people should quit smoking. Participants feel these commercials reinforced their perception that it is hard to quit smoking rather than providing reasons to try quitting again. For most participants, the storyboards all feature slices of everyday life that are realistic but fail to provide either new reasons to stop, dramatic consequences related to smoking, or concrete ways that could help them quit. Basically, participants find that these commercials repeat information that they already know without providing new motivational elements or concrete tips that would help change their behavior. One participant summarized the overall impression in saying: "They show us what we do instead of telling us how to quit".

In fact, these concepts fail to demonstrate how quitting is possible for participants. They simply reiterate that there is information available and that they should make a personal effort to get it. Most participants' reaction is that they are aware that smoking is dangerous, particularly for others, and that they would like the information now, that is, while watching TV, listening to the radio or reading the print material, instead of having to take a pro-active stance and make an effort to search for it personally. Many recognize that they will not go out of their way simply to get more information; that what they need is to be convinced that they should try quitting again and shown ways to do it.

Beside the global message that smoking is bad for health, each individual television spot conveyed additional messages that were more specifically related to individual executions/scenarios.

Series A – Spot 1: “Smoking outdoors in front of hospital”

A few participants mentioned the following main messages after seeing this storyboard:

“You can pair up with someone and challenge each other to quit...trying to compete to quit smoking.”

“Secondary smoke is dangerous for the newborn baby.”

“Passing on bad habits to the next generation.”

Other elements mentioned as part of the main message by one or two participants include: catch pneumonia, where to get the information, and “tell us not to smoke in the house”.

Series A – Spot 2: “Using air freshner spray to hide tobacco odor”

This execution generated a fair number of mentions about people hiding the fact (cheating) that they smoke. This attitude was often qualified as childish or immature. Other ideas perceived by a few participants as the main message Health Canada wanted to convey include:

“It’s okay to smoke as long as you spray the room after.”

“It’s not that easy to quit.”

“Try and change their habits.”

“Need a plan.”

“You can quit no matter how many times you try.”

Series B – Spot 1: “Grumpy I can live with”

The main messages most participants retained from this television spot are focused on the negative consequences related to smoking: e.g. health problems like heart attack, chest pain or other negative effects such as waking up feeling bad, having to go outside in the cold to smoke, or the cost of cigarettes. A few participants also mentioned smoking in the house and support from the family.

Series B – Spot 2: “Hiding cigarettes butts in the pocket”

In most groups, one or two participants mentioned the following as part of their interpretation of the main message Health Canada was putting forward in this commercial:

- It's really difficult to quit smoking.
- Get information from the Website.
- Sneaking cigarettes.
- Need to have a plan.
- Coffee and cigarette go together: so stop drinking coffee/change your patterns.
- You can contact your Health Center.
- Find out what triggers you to smoke.

B) Likes

1° Overall

Overall, most participants liked the fact that there was either a challenge between the two protagonists or that there was support from a close member of the family, such as mother/son or spouse. Almost all the participants could relate to the situations depicted in the commercials and thought they were a very realistic portrayal of everyday life situations.

Overall, the fact that the two characters were talking to each other, communicating about their desire to quit smoking was felt to be very positive. “When you talk, you get more ideas about what you want to do.” The level of the language and the tone are felt to be very familiar and therefore easy to relate to. This probably reinforced the feelings of most participants that these concepts reflected the everyday life of the people who live in their communities.

In Québec City and Pine Falls the fact that Aboriginals are featured in the commercials is felt to be very positive and a good way to catch First Nations peoples' attention. Also, participants felt this would touch them more, as they are seldom, if ever, featured in commercials.

2° - Specific likes for each television spot

In addition to the common elements that were liked in all four television commercials, participants pointed out different positive aspects specific to each individual spot.

Series A – Spot 1: “Smoking outdoors in front an hospital”

More than half the participants in each group particularly liked the fact that this commercial made them realize how stupid it is to go outside in the cold to smoke. They say that the scenario forces them to judge their own behavior. Another element that was well liked was the need for adults to set an example. This is felt to be particularly true and appropriate because the proportion of youth is very high in Aboriginal communities. Some respondents also enjoyed the fact that two generations were having fun together.

Series A – Spot 2: “Using air freshner spray to hide tobacco odor”

A substantial proportion of participants in each group liked the fact of getting caught smoking when the character was supposed to have quit smoking. This was particularly appreciated because it reflected a situation that was described as true and realistic.

For some participants, this scenario reinforced the idea that it is very difficult to quit smoking and, to some degree, confirmed what they felt personally, e.g. that they had tried several times and were now convinced they probably would not succeed if they tried again.

Two other elements were particularly liked by a few participants in each group:

- the fact that the son is honest,
- admitting they lost, e.g. failed in their attempt to quit smoking.

Series B – Spot 1: “Grumpy I can live with”

Most participants reacted positively to the fact that this spot provided a list of reasons to quit smoking and that these reasons included both medical and health motivations as well as personal or economic aspects like:

- risks of heart attack, including warning signs
- "ashtray" mouth
- the escalating price of cigarette packs.

This last aspect was downplayed as being relatively unimportant for Pine Falls Reserve residents. In their case the price of cigarettes was less of a concern because the product is much cheaper on the reserve.

Overall, asking how many more reasons the husband needs to quit after stating the downsides of smoking was felt to be a very positive and motivating question to ask.

A significant proportion of the members of each group also liked the fact that the spot mentioned a benefit that was effective shortly after quitting smoking: "it takes only two days for the risk to go down". Amongst these participants, a few insisted on the need to be rewarded quickly to prevent relapse.

The ending, where the husband says he will have "nic fits" and his wife is supportive is also an element that most participants liked. This is mainly because they had experienced fallbacks themselves and knew how difficult it can be to quit when people around them are not supportive.

Series B – Spot 2: “Hiding cigarettes butts in the pocket”

Most participants like the fact that this spot is realistic because it clearly links a trigger to smoking: "coffee goes with a cigarette".

Some participants also appreciated the fact that this scenario was humorous, e.g. hiding the cigarette butts in the pocket was described as funny. A few participants said they used to do this when they were kids, yet most participants feel this is not an adult behavior and should not be taught to kids.

Also, in Pine Falls, the actors' name, Willy, was seen as a humorous "double entendre".

C) Dislikes

1° Overall

Overall, most participants who wish to quit smoking disliked the fact that there were no solutions proposed - no concrete tips on how to quit. Also, presenting the issue in a too casual way, without dramatic effects featuring the consequences of smoking on people's health, was felt to lack the impact that would be needed to have them reconsider quitting smoking. A few participants also felt that the casual situations featured in this scenario make it look unrealistically easy to quit smoking.

A few participants noticed that the characters were actually smoking in the commercials and felt this might prompt them to reach for a cigarette or create a craving they might not be able to resist. Indirectly, featuring people smoking almost made it acceptable or natural for them to smoke.

2° Specific dislikes related to each execution

In addition to the overall negative elements mentioned for these four scenarios, participants pointed out aspects they particularly disliked in each specific execution.

Series A – Spot 1: "Smoking outdoors in front of an hospital"

In this commercial, the major dislike is closely related to the perception of the action featured in this spot. A large proportion of participants in each group strongly disapproved of the fact that people would smoke in front of a hospital. This was either because they disapproved of second-hand smoke and giving a wrong example in a context where people are sick or, even worse, because they

worried that the action was intended to feature people who were themselves already sick and were still going out to smoke in front of the hospital. Many concluded this part of the discussion in saying "you should not send the message that smoking in front of a hospital is okay".

In Iqaluit, a few participants in each group also thought people should not be butting their cigarettes out on the ground.

Series A – Spot 2: "Using air freshner spray to hide tobacco odor"

The main aspect disliked in this scenario deals with the role of the mother and the fact that the son calls his mother a cheater. This situation elicited mixed reactions as a few participants liked the humor yet, overall, the majority felt this was culturally inappropriate and lacking of respect to a mother. Some even felt the mother could be an elder and, if this were the case, stated it would be totally inappropriate to depict her as hiding the fact that she was smoking.

Despite the fact that a few people found it funny to spray the room with air freshner to cover the tobacco smell, most found this very inappropriate or childish. Most felt that adults assume their behaviors, particularly when holding an authority position as a parent or an elder.

In each group, at least a few participants felt it was awkward or not realistic that people would quote statistics in an informal mother-son conversation. Some suggested that the information was important to convey but that the way it was transmitted was not credible. A few participants also mentioned that situations where there are only two protagonists are very scarce and that there is normally a lot more people around in households in their communities.

Series B – Spot 1: “Grumpy I can live with”

Two major aspects are disliked in this television spot:

- the fact that it does not provide enough information
- in all Iqaluit groups, the fact that the wife looks away from her husband, after he told her he had health warnings, gives the impression that she is not supportive. These participants feel she should tell him something encouraging.

Series B – Spot 2: “Hiding cigarettes butts in the pocket”

A majority of participants in each group is under the impression that the husband is not serious in his quitting process or that he is not convinced he should quit. For some, his attitude is perceived as smoking when there is no one around to check on him and, for others, the fact that he kept an ashtray on the table implies he had not taken any serious measures to help him in his quitting process.

The wife was also criticized by many for not sharing her tips or sharing her experience when she quit smoking: “she does not say what she did when she succeeded.....does not say what he should replace the cigarette with”.

Some participants, mainly in Pine Falls, rejected the idea of relying on the young son, who is probably too young to smoke, to look for information on the Internet at his school. Participants feel that the individual decision to quit smoking should be followed through with concrete personal actions rather than asking someone else (particularly a young boy) to find additional information.

D – STRENGTHS AND WEAKNESSES OF EACH STORYBOARD

In order to help revise/improve the creative development for Phase II the following summarizes strengths and weaknesses of each storyboard.

1° Series A – Spot 1: “Smoking outdoors in front of hospital”

The perceived major strengths of this spot are:

- Mentioning an illness e.g. pneumonia as a consequence of smoking to reinforce health hazards related to smoking and thus forcing the target audience to reconsider the possibility of quitting smoking.
- The reference to the baby e.g. SHS as a strong motivation to quit.

The main weaknesses are usually related to executional elements:

- Smoking in front of a hospital
- The slightly preachy tone.
- Putting out a cigarette on the ground instead of in an ashtray.
- Also, the characters have just been portrayed as being unable to keep their commitment to each other to quit smoking. At the end of the commercial, they are asked to make an additional commitment (i.e. look for flyers and check the Internet), which they are not shown to fulfill in the storyboard. It was suggested, mainly by some male participants in Pine Falls, that the characters should be shown going to the health center or to the Internet to get the information, rather than just talking about it (once again).
- In Iqaluit, the statement “Hey, we didn’t know better back then” generated mixed feelings. Some find this credible whereas others feel there has been abundant information on the topic for a long time. Those who identify with Malaya (as part of her age group) feel that if they are aware, she should also be.

2° Series A – Spot 2: “Using air freshner spray to hide tobacco odor”

The major strength of this commercial lies in the mother's understanding attitude as she says she has tried to quit three to four times before succeeding. The main message conveyed is perceived as “keep on trying even if you have failed in the past”.

There are two types of weaknesses that emerge from this television spot: executional issues and messaging. Executional aspects that cause problems include:

- Hiding the smell with an air freshener spray can.
- The plot is not clear at the beginning of the commercial for some participants.
- The trigger (the phone ringing) is not obvious (there is no phone as part of the props).
- The reference to the grandson at the end of the commercial as he is not a part of this story.

In terms of messaging, the son saying that his mother is a cheater can create potential cultural problems with the target audience. It was felt that saying to “make a plan” without giving more explanations on what a plan should consist of and/or the steps to follow, fails to achieve anything. Also, the notion of planning seems foreign for almost all participants and would require a lot more details and context to become effective. Quoting statistics in an informal conversation (8 out of 10 smokers tried to quit more than once) raised questions about its insertion in the dialogue between protagonists. Yet, many participants feel this message is key in convincing people to consider trying again instead of losing confidence in the possibility of ever succeeding.

3° Series B – Spot 1: “Grumpy I can live with!”

The main strength of this spot is that it is centered around reasons to quit:

- “The list of reasons to quit”
- “The reference to health problems like the chest pains”

Also, the wife’s supportive attitude introduces the notion that he will be able to share his problems.

Two weaknesses were noticed. First, some participants interpret the woman turning her head away (page two first row of the storyboard) as not caring about her husband’s illness (all groups in Iqaluit). Secondly, some participants in Pine Falls point out that the price increase argument is not an issue for them (cigarettes are not expensive on their reserve due to a lack of federal tax). In fact, this opened up a discussion on why they are receiving “favourable” treatment with regard to price as well as not having to comply with Provincial smoking restrictions. Some participants feel that this is a conspiracy that actually encourages the addiction to smoking and makes it harder to quit smoking (similar to encouraging the use of alcohol by European traders in the past).

The statement “the good news is the risk of heart attack begins to go down two days after quitting” is perceived as new and important information to give but could be a potential problem. Some participants do not believe this information to be true as they are convinced it must take longer than 2 days for the level of risk to decrease. In fact, many overlook the word “begins” in this statement.

In Pine Falls, some male participants thought the risk of heart attack is remote, whether or not they are smokers. This tends to minimize the importance of the messaging.

4° Series B – Spot 2: “Hiding cigarettes butts in the pocket”

The main strength of this commercial is the fact that it features a trigger to smoke, e.g. linking cigarettes and coffee. The example chosen seems to reflect one of the most frequent triggers.

There are a number of weaknesses associated with this scenario both from an action and from a dialogue point of view:

- Showing others to hide cigarettes in their pocket (showing a wrong/childish behavior done by an adult).
- Not removing the ashtrays is interpreted as not having seriously decided to quit smoking.
- Talking about a plan without further explanation.
- Shedding doubt about whether or not he really wants to quit (“I dunno, maybe I can’t” as most participants are convinced that they have to make a firm decision to quit to be successful).
- The “maybe I’ll do that” statement that suggests he can cop out instead of “it’s a good idea” which would be a more positive call to action reference.
- Danny, the son who is probably too young to smoke, should not be relied upon to look for information on the Internet at his school. This should be presented as an individual responsibility.

II – PRINT ADVERTISEMENTS CONCEPTS

Overall, participants felt that the print advertisements conveyed the same message as the television commercials with which they were paired. Only a few participants noticed the information kits as being information that was not included in the matching television spots.

In many cases, the Website was felt to be more obvious in the print message and a few suggested showing the Website address in a more salient way in the TV executions if Health Canada wanted people to browse on their site.

A) *Headlines*

“Thinking About Quitting? / Envie d’arrêter?”

The few participants who commented on this headline felt it was clearly defining the topic and that the question format talked to them and forced them to give an answer.

“Keep Trying! / Persévérez”

There were very few comments made about this headline and most participants perceived it as encouraging people to continue trying.

“Quitting time! Finie la cigarette”

Nobody spontaneously commented on this headline.

“Try, try again! / Essaie, essaie encore!”

The French and English versions both generated positive and negative comments. The idea of persevering was felt to be positive while the word “try/essaie” was felt to be not strong enough, particularly in French. Most participants who commented on this aspect said “you have to be committed to quitting instead of only taking a chance that it might work”.

B) Signatures

"Fumer c'est fini!"

The print advertisements used identical signatures for all French ads. Overall, participants felt this signature is giving a clear message and features the global idea (e.g. quitting smoking) they had retained from the body copy of these print advertisements.

"Kicking the addiction/kicking the habit"

There was a choice between two possible signatures for the English versions of the print advertisements: "kicking the addiction" or "kicking the habit".

In the Inuit culture, there seems to be very little if any difference between these two expressions in the context of these advertisements. Yet some participants felt that kicking the habit meant changing their smoking habit, changing what they do everyday and got used to, whereas an addiction is "something you've gotta have, always gotta have it, it's when you crave something". A few participants perceived the word addiction as much stronger and not necessarily applicable to smoking cigarettes.

In both English groups held in Pine Falls, the participants strongly felt that "addiction" is a more appropriate word than "habit". As one male participant said, "...you can have good habits and bad habits, but, an addiction is always bad."

For the participants who got involved in this semantic discussion, "habits" are things they can stop doing" and, therefore, cigarettes would fall in this category.

CHAPTER II

PHASE II RESULTS

I - TELEVISION CONCEPTS

While Phase I of this research tested two television concepts, each with two different executions for all the target audiences, Phase II proposed two distinct concepts, one for First Nations and one for Inuit populations. In each case, two executions were submitted for evaluation. The commercials tested with Inuit communities in Rankin Inlet were entitled "Bronchitis" and "The List" while commercials targeted to First Nations were named "Rage de nicotine/Nic Fit" and "Le Pacte/Pact". Scripts for these commercials are in Appendix V of this report.

A) THE MESSAGE

1° Overall

Overall, all the commercials were spontaneously perceived as delivering the message to quit smoking and saying smoking is bad for health. Approximately half the participants in each group also mentioned a complementary idea as part of the main message they retained from each of these commercials.

2° Complementary message conveyed by each commercial

The "Bronchitis" commercial's complementary message can be summarized by the following statement made by one participant: "try to quit by doing something else". A few participants also indicated that the commercial was featuring somebody who was trying to quit two addictions at once e.g. smoking and drinking coffee.

The "List" commercial's complementary message was defined by a fair proportion of participants as "trying to quit is difficult in an environment where other people are smoking". Yet some participants also mentioned that quitting smoking is a difficult process but that Piita, the male character, is doing better than yesterday which is encouraging.

The "Pact/Le Pacte" commercial's complementary message is twofold: find help - find someone who will go through the process of quitting with you so you can

help each other in keeping wanting to quit and be aware of what you are doing to others, and keep the baby healthy.

The "Nic Fit/Rage de nicotine" commercial also conveys a strong message about the negative effects/consequences of smoking on the heart. Most participants feel it says to "take care of your health". Some respondents also say it implies that it is difficult to quit smoking, that quitting is a battle. A few participants think that this commercial also tells them not to transmit the bad habit from one generation to the other. In Prince Albert, participants also focused on the immediate health benefits of quitting: "it pays off right away".

B) The Inuit Campaign

This campaign is designed to feature a couple and focuses on how they cope with quitting smoking.

1° "Bronchitis"

Most participants seem to understand at least one part of the dual message, e.g. health problems or triggers to smoke. For some, the idea of hunting caribou with oxygen tubes was very visual and seemed to make them reconsider the negative effects of smoking on health while others seem to focus more on replacement activities.

Participants who focused on the negative consequences of smoking identified the reference to oxygen tubes as an element that was very striking and impactful and thought this image was featuring the limitations people can end up with as a consequence of smoking. Most participants seemed to clearly understand that some of their daily habits are linked to smoking and that they should try and keep their hands busy and try to do something else instead of smoking.

An element that seemed unclear or awkward in this commercial was the sentence: "looks like you've seen a ghost". Most participants did not really seem to understand or to notice this expression.

Participants particularly liked the fact that this commercial was talking about real issues, real consequences of smoking. Yet, some participants were left expecting a solution that this commercial did not offer: "there are no responses or solutions to the issues raised".

Overall, this commercial is perceived as describing the problem in a strong fashion thus encouraging them to reconsider the possibility to quit smoking but without providing concrete solutions as to how this process should be addressed.

2° "The List"

This commercial seemed less powerful than "Bronchitis". Negative comments mainly dealt with the replacement activities suggested:

- some participants mentioned that making lists is not part of the Inuit culture
- others suggested that going for a walk was not a solution as most people in the community smoke while walking
- carving was not felt to be an adequate replacement activity as the dust inhaled during this activity is deemed to be very dangerous for health because people in Inuit communities now use electric tools to perform this task; sewing was suggested as a good alternative if the commercial wanted to suggest a safe traditional activity
- drinking water is not part of the daily routine for many: participants suggested drinking pops or even tea instead. It is extremely important to note that drinkable water is not available in all communities.

A few participants mentioned that while nothing really stood out from this commercial they still got the main message to look for a replacement activity « trying to find other things to do »/ « a hobby can help us stop smoking ».

Most participants particularly liked the fact that the wife was supportive and "not preachy" about the fact that her husband had smoked. Some participants also appreciated the fact that he was trying to quit and could no longer smoke while others were smoking around him. A few participants also liked the fact that what the commercial depicted and said changes the way they think.

Some participants disliked the fact that the commercial lacks punch and therefore feel it would probably not attract them. A few participants also disliked the following suggested replacement activities "go for a walk or read a book" mainly because it is not part of their leisure activities.

C) The First Nations Campaign

This campaign uses a mother and son relationship to convey the message that it is possible to quit smoking.

1° « Rage de nicotine/nic fit »

The most impactful elements mentioned by most participants about this commercial are the son giving a health message to his mother "tu vas finir par faire une crise cardiaque" and the scene where the mother dances or exercises to overcome her craving. Most participants feel they would notice and retain both or at least one of these aspects. A few individuals also thought that the fact of throwing the cigarette pack in the garbage would also capture their attention.

Two elements were particularly liked in this commercial: the information about being less at risk only two days after quitting smoking, and the fact that it provides places where they can go to get help. Yet, these two elements also raised questions. A few participants wondered if it was true that health hazards diminished that quickly after quitting and most participants wondered whether they would actually take a pro-active stance and go to their health center to ask for help. Notwithstanding these remarks, participants almost unanimously felt that the information regarding help resources should be part of the commercial.

Overall, most participants seem to find that this commercial is "too smooth" (e.g. does not convey a strong enough message). Many also feel the message is targeted to the wrong audience and should focus on youth 8-12 years old before they start smoking rather than trying to convince adults like themselves when "it's too late" because they are already addicted.

2° Le Pacte/Pact

Participants claim that the most impactful element in this message is the mention of the newborn baby as a motivation to quit. This aspect reinforces the smoke free home message for them. The information given about the fact that 6 in 10 First Nations smoke is also felt to be very powerful. Many mentioned that half of the First Nations population is children, therefore that anti-tobacco campaigns should specifically be targeted to this segment of the population.

Female groups particularly liked the mother-son relationship. Most participants (males and females) felt they would more likely be with someone their age (sister/friend) if they would personally be personified in this scenario.

Here again, participants say the message is not strong enough. Most participants dislike the fact that they feel that the characters featured will probably start smoking again. Participants insist they have to convey the conviction that they really want to quit, instead of just dreaming about it.

D) Common elements

The use of a doctor at the end of these commercials reinforces the health issues related to smoking and was seen as positive and credible. The fact that the doctor would be an Inuit heart surgeon or a First Nations doctor was well liked in all groups both because he was Aboriginal and because he was a health specialist.

In all groups, but more specifically in the Inuit groups, language/dialect was an issue. Some Rankin Inlet participants clearly identified the language as being from Baffin Island when the prevailing language in their area is Igloolik.

In all groups, many participants also said the copy was a literal translation from English and could be improved if the talent selected could have permission to use their own expressions/words to deliver the message. Both English and French First Nations groups said that some expressions used in the dialogues should be less polished to reflect current language. For example, the term “nouveau né” was not commonly used and most participants suggested the use of the term “bébé” (baby) instead.

Overall, these executions scored better than the initial series for their capacity to motivate people to quit smoking, in some instances because they suggested alternative behaviors when a craving occurs.

II - FACTS SHEETS

The planned social marketing campaign also includes Facts Sheets that would be part of a kit used by health professionals to help people quit smoking. In order to get feedback on this tool, we evaluated three of the sheets that would be included in this kit:

- “Choosing to quit”
- “Tips for quitting”
- “Benefits of quitting smoking”.

Most participants felt they would probably not read these facts sheets because they looked very long and dense in content at first glance. Use of sub-titles and bullets seemed less discouraging at first sight. (e.g. Choosing to quit and Benefits of Quitting Smoking). When asked, most participants admitted they don't spend much time reading, that this is not part of their routine, yet, after reading these facts sheets, most felt they were informative, useful and a few participants even wanted to keep them for future reference or to pass along to friends or relatives.

A) "Choosing to Quit"

The first section entitled "Congratulations", and particularly the statement "you will feel better about yourself" is felt to be very positive and useful in all groups. It gets very few negative mentions.

Other positive elements mentioned by participants included:

- "think about how you will avoid or cope with your triggers"
- "times when you usually smoke-like after a meal, when you drink coffee, or while driving"
- "tell your family and friends to support you"
- "regain control if you have a set back...be gentle with yourself"
- "reward yourself" (most women felt they usually reward their children but forget about themselves).

The statements "See a nurse or a doctor. They can advise you on things that might help, like the nicotine patch" generated mixed feelings. A few participants felt this was a good idea but the majority thought they would not consult a health professional unless they were really sick. Some participants mentioned that they expected to be told "how" in the section sub-titled "regain control if you have a setback". For a few participants, the most useful aspect of these facts sheets was "getting a handle on triggers".

Overall, most participants found the content was not necessarily new information but it was grouping existing information in a useful way on the same page. The participants who mentioned they learned something new from this fact sheet quoted the following information:

- having trouble to sleep
- cravings come back for years.

The most useful information for participants was to promote positive thinking and to try to understand what their "triggers" were; how they work: "That's the danger."

In Sept-Îles, participants in the women's group felt that setting a date to quit, for example, a birthday, was not important or useful. They compared this to New Year's resolutions and suggested that a period (like in 2 weeks for example) might be more appropriate.

B) "Tips for Quitting"

At first sight, participants found the list much too long and arduous to read. This fact sheet was the last choice for almost everyone.

The most appreciated or useful elements mentioned on this fact sheet were:

- Asking for help/support around you
- Keep mouth and hands busy
- Suggestions in a jar
- Maintain a healthy diet
- Make a for-and-against list e.g. weighing the pros and cons. In this case, many participants say they would not necessarily prepare a list on paper, but that they would probably have a mental list.

When asked what was most useful, many participants said "there are too many things (on this sheet)" therefore they don't remember. One participant in Sept-Îles suggested to use a step-by-step approach ("Ils pourraient faire un douze étapes, avec des phrases plus courtes, il y a trop de choses à retenir").

The information participants thought to be most useful was to get information on withdrawal symptoms, the examples of positive self talk section, the suggestions in a jar and the one day at a time / One step at a time philosophy.

A few participants in the Sept-Îles male group suggested providing them with a tool that would enable them to monitor their progress over time : "Un calendrier, je le cocherai (a calendar I would tick days off).

Negative elements associated with this facts sheet included:

- Taking a lingering bath. Some people say they smoke when taking a lingering bath; also this activity is definitely skewed towards women.
- Keeping a journal, this is not culturally appropriate e.g. this notion seems foreign to Aboriginal peoples.
- Quitting cold turkey. Some participants were concerned about quitting cold turkey because they had experienced this solution and failed - they suggest putting the emphasis on telling people they will need help and will need to get new habits.
- Weight gain. Some participants did not believe or were skeptical about the weight gain statement. Some also explain that "Keeping your mouth busy" and "weight gain" go together.
- Deep breathing was linked to giving birth by some women in Sept-Iles, they did not know if they would follow this suggestion or not.

C) "Benefits of Quitting Smoking"

Overall, many participants appreciated the chronological approach featuring benefits gained over time or the progression of benefits and felt that all the information contained on this fact sheet was very important. A few participants were surprised of the effects of quitting smoking. They acknowledged that benefits take time to materialize but find it positive that they will be able to catch up: "it says everything will get back to normal".

Many participants in the Inuit groups said "for me, it's hard to look beyond today, like after two or three days. I can't afford to think through today. If I try to think forward, I will just get into negative thinking and stuff like that".

For most participants, the short term benefits are the most significant, many do not seem to consider the situation over the one year reference. The "within 10 years after quitting" and "within 10 to 15 years after quitting" statements were perceived as new and important information for some participants in each group but the lapse of time seemed almost out of reach.

The first section of this fact sheet generated the greatest number of positive marks on this document.

III - THE "Z" CARD

Overall, participants reacted very positively to the concept of this unfolding communication tool and particularly appreciated the fact that it summarized key information featured on the fact sheets:

- "It's all on the same sheet".

- "It's not too long."

The visual concept of an unfolding sheet certainly benefited from the previous review of the information contained on the facts sheets.

The self-completion sections were also described as useful and some respondents in each group felt they would indeed fill in these sections while the majority or individuals were unsure as to whether they would fill it in or not under normal life circumstances. Women seemed more prone to fill-in the blank spaces than men, yet some men said they would keep their "Z" card and would refer to it even if they had not filled these sections. In each group, a few participants indicated they would answer the questions in their heads, but would want to keep their "Z" card for reference.

The title of the section "My patterns and trigger situations" is not well understood. The word trigger had to be explained by the moderators (e.g. what makes you want to smoke) and should be replaced by a more familiar term.

Most participants suggested that "Z" cards be made available in high traffic or public places such as drugstores, post offices, groceries, community centers, etc. These participants admitted they would not go out of their way to get a "Z" card but would definitely take one if it was available in places where they go routinely. A few participants, in Sept-Îles and in Prince Albert, suggested they would like to receive their "Z" card in the mail.

When asked where they would keep their "Z" card, many suggested it should have a magnet attached to enable them to post it on their fridge. Some would carry the card in their pocket while others would keep them with important papers in their room, or elsewhere in the house.

Some participants actually filled in the blanks on their "Z" cards during the focus groups (One group in Rankin Inlet and both groups in Sept-Îles). Answers to the "Patterns and Triggers" as well as "Replacement behaviors" sections are provided below to assist in future creative development:

A) Patterns and triggers included:

- seeing husband smoking in the morning/watching others smoking
- waking up
- after eating
- having a coffee
- stress
- break/pass time
- being angry
- wanting to relax
- after a quarrel
- playing bingo
- with a beer
- when have nothing to do
- in the car
- when talking with friends
- when getting bad news
- before entering a smoke-free place
- after having sex
- watching a movie/watching TV
- when going for a walk
- after smoking "the other tobacco"
- solitude.

B) Replacement behaviors suggested include:

- playing guitar/doing music to keep mind off the cravings
- exercise at the gym/play sports
- my children keep me away from smoking
- sewing
- take care of kids/do things with the kids
- cleaning the house while listening to music
- go take a walk
- listening to music
- to nibble on food
- take care of myself more
- more gifts/rewards
- talk to someone
- play cards or other games
- be with non-smokers
- chew gum
- eat
- drink water
- breathe
- do manual tasks
- talk on the phone
- take a skidoo ride
- drink juice
- go on the computer
- have positive thoughts.

CHAPTER III KEY FACTORS

A) Comparison Phase I vs Phase II

In order to gauge the impact of the various television commercials proposed for the Tobacco Control Strategy, eight key factors were evaluated:

- Noticeability
- Understanding the scenario
- Language/terminology used
- Identification to the situation
- New information provided
- Believability
- Portrayal of the community
- Motivational power, e.g. effectiveness in helping the target audience want to quit smoking.

These evaluations were done via the individual scores given using the dial pads. In fact, after being exposed to each spot, participants were asked to give a score (on a scale from 0 to 10) for each key element. The results of the group evaluations were then revealed to participants who were asked to comment on the reasons explaining these scores and used to help the moderator probe on the issues related to these factors.

Overall, results¹ were substantially identical between Phase I and Phase II in terms of noticeability, understanding of the scenarios, identification to the situations featured and believability.

The scores given to language/terminology and to community portrayal declined from Phase I to Phase II while they improved significantly for Phase II in terms of new information and motivational power.

¹ Scores given should not be interpreted as statistical data that can be projected as reflecting the Aboriginal populations' views. Scores are provided in Appendix III for reference purposes only.

B) Noticeability

Overall, the scores given are very similar in Phases I and II and are not very high. Many participants felt these commercials might be unnoticed because they lacked dramatic effects. Some participants, mainly in Phase I, quoted the “tracheotomy/gasping of breath” and the “cocktail” ads as examples of tobacco cessation commercials that caught their attention and felt that these new commercials did not have the same visual impact or punch.

Yet, in both Phases, Inuit participants claimed that having Inuktitut commercials would certainly catch their attention and force them to listen to the message at least once. Overall, female groups tended to be more appreciative and aware of commercials aired in their own language or featuring Aboriginal peoples.

In order for the “slice of life” scenarios to be noticed, some participants claim they need to give more concrete tips on how to quit smoking or more powerful arguments on the negative impacts of smoking on their health.

Overall, the “smoking outdoors in front of a hospital” spot in Phase I and the “The Pact” script in Phase II seemed somewhat more noticeable than the other commercials participants evaluated.

C) Understanding the scenarios

There was no major problem reported in terms of ease of understanding and most participants said they clearly understood what was going on in the different scenarios proposed.

The spots that were best understood in Phase I were “Smoking outdoors in front of a hospital” in the mother and son concept and the “Grumpy I can live with!” in the couple concept. Participants felt “The Pact” scenario was easier to

understand in the campaign targeted to the First Nations while "Bronchitis" obtained better scores on this factor with Inuit participants for their campaign.

D) Identification to the situation

Most participants felt the various scenarios featured situations in which they could see themselves or in which they could imagine people from their communities. Participants identified better with the "Smoking in front of a hospital" spot in the mother and son concept; with "Grumpy I can live with!" in the couple concept; with the "Bronchitis" commercial in the Inuit campaign and with "Pact" in the First Nations campaign.

E) Believability

Most participants generally believe the messages communicated in these spots and some participants spontaneously say that Health Canada is a credible authority when health issues are concerned. Female groups usually gave higher marks to believability than did male groups.

Overall, both spots in the mother and son concept seemed more credible to the target audiences in Phase I. In Phase II, the "List" was the least credible scenario. This is mainly because the "List" suggests replacement activities that do not seem to be culturally appropriate or perceived to be effective (going for a walk, carving, drinking water or reading a book).

F) Language/terminology

Despite the fact that this point obtains relatively high scores in both phases of the research, the overall scores were significantly lower in the second phase. Two elements seem to explain this situation: the fact that the language in Phase I was more everyday/colloquial (language has been "polished" for Phase II) and the

fact that participants could read the script written on the storyboards and imagine the tone and style by themselves. Hearing recorded scripts in Phase II might have made participants more critical with respect to the language/dialects used.

Also in Phase II, the Inuktitut version was described as representing the language used in the Baffin area rather than in the Rankin Inlet area: participants proved to be very sensitive to the choice of dialect. Some even suggested having a variety of dialects that would reflect the language of the various regions/communities.

G) Community portrayal

The lower score obtained in the second phase of the research also tends to reflect, at least partially, the language issue from both a dialect and a choice of vocabulary point of view. In Prince Albert, First Nations participants also voiced concerns regarding perceptions about the rain dance and how this may feature the community as uneducated to the wider Canadian society.

Initially, in Phase I, participants in one French group had described the everyday life situations and message as “universal” (e.g. applicable to anyone who smoked). They therefore felt the portrayal was mainstream rather than reflecting Aboriginal peoples.

H) New information

Overall, participants in all groups felt they knew all or most of the information given in these commercials. Results in the second phase nevertheless show a significant improvement on the scores on this factor.

In Phase I, participants claimed that they wanted more information and said the “everyday life situations” did not provide them with information that would make

them reconsider the possibility of quitting smoking. Participants almost unanimously claimed that they did not learn anything new, that the advertisements only repeated what they already knew. The exception to this rule was the mention concerning the fact that the risk of heart attack decreases two days after quitting.

The second Phase was perceived as providing more information both because it talked about triggers and alternative behaviors. In addition, participants noted positively that the doctor's monologue at the end of the commercials presented new medical facts or structured the information in a different way.

I) Motivational power

This is the area that recorded the most substantial gain between Phases I and II. The overall outcome of the shift from a purely descriptive approach to an actual "problem-solution" approach proved fruitful. As in Phase I, participants in Phase II could relate to the situation but they also had to weigh one more time the negative effects of smoking on health (for themselves and their loved ones) and were curious about the triggers and the effectiveness of the replacement behaviors proposed as solutions to help them quit.

APPENDIX

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**QUESTIONNAIRE DE RECRUTEMENT
PREMIÈRES NATIONS (QUÉBEC ET SEPT-ÎLES)
CONCEPTS PUBLICITAIRES POUR ARRÊTER DE FUMER**

Spécifications :

- Premières Nations vivant sur une réserve
- 18 à 43 ans
- Fumeurs qui désirent cesser de fumer ou qui ont entamé le processus pour arrêter de fumer
- Aucun membre de la même famille dans le même groupe.

Bonjour/Bonsoir, je suis _____ d'Opinion-Impact, une compagnie nationale de recherche en marketing. Nous organisons présentement une discussion de groupe pour obtenir les opinions et réactions des gens au sujet de problématiques qui touchent vos communautés. Vous êtes totalement libre d'y participer ou non.

Nous n'essaierons pas de vous vendre quoique ce soit. Nous sommes strictement intéressés à connaître vos opinions. Il s'agit d'une table ronde ou discussion de groupe animée par un chercheur professionnel. Les commentaires et opinions émis durant la discussion demeurent strictement confidentiels. La discussion sera enregistrée sur bande audio strictement pour aider à la rédaction du rapport d'analyse. Avant de vous inviter à participer, je dois vous poser quelques questions pour m'assurer que nous obtiendrons une bonne répartition de tous les groupes qui composent notre société. Puis-je vous poser quelques questions?

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

Seriez-vous disponible (**date et heure**) pour participer à cette discussion de groupe? Cela prendra deux heures et vous recevrez la somme de 75\$ pour vous remercier du temps que vous nous consacrerez.

Oui	1	CONTINUEZ
Non	2	REMERCIEZ ET TERMINEZ

1. Inscrire sexe (**NE PAS DEMANDER**)

Éligible Groupe 1	Femme	1
Éligible Groupe 2	Homme	2

2. Est-ce que vous-même ou un autre membre de votre famille travaille présentement ou a déjà travaillé dans les domaines....**(LIRE LISTE)**

	Oui	Non
a. de la recherche en marketing	1	2
b. de la publicité, du marketing ou des relations publiques	1	2
c. des media comme imprimé, radio ou télévision	1	2
d. des soins de la santé comme infirmière, médecin ou autre professionnel de la santé	1	2
e. du gouvernement (dans des fonctions politiques, comme attaché politique, chef de cabinet ou autre qui font partie du processus de décision politique). Les fonctionnaires dans les ministères autres que Santé sont éligibles).	1	2

SI OUI À N'IMPORTE LEQUEL, REMERCIEZ ET TERMINEZ

3. Avez-vous déjà participé à un groupe de discussion, une entrevue ou un sondage qui était organisé à l'avance et pour lequel vous auriez reçu un montant d'argent?

Oui	1	Continuez
Non	2	Passez à la Q5

- 4a) Quand avez-vous participé à une discussion de groupe la dernière fois?

- 4b) Quel était le sujet de cette discussion? _____

(Remerciez et terminez si durant les 6 derniers mois où si le sujet de la discussion touchait à un sujet qui pourrait être en conflit comme santé ou tabac-

SI NON, continuez)

5. Laquelle des catégories suivantes décrit le mieux la communauté à laquelle vous appartenez?

- Anglophone 1 **REMERCIEZ & TERMINEZ**
- Francophone 2 **REMERCIEZ & TERMINEZ**

- Premières Nations, c'est-à-dire :

– Inuit ou 3 **CONTINUEZ**

– Amérindiens/ autochtones 4 **CONTINUEZ**

- Autre 9 **REMERCIEZ & TERMINEZ**

4. Est-ce que vous vivez sur une réserve (dans une communauté de Premières Nations)?

Oui 1 **CONTINUEZ**

Non 2 **REMERCIEZ & TERMINEZ**

7. Dans laquelle des catégories d'âge suivantes, dois-je vous inscrire? (**LIRE LISTE, ASSURER UNE BONNE RÉPARTITION DES GROUPES D'ÂGE**)

a. Moins de 18 ans	1	Remerciez et Terminez
b. De 18 – 23 ans	2	Assurez une bonne répartition
c. De 24 – 33 ans	3	
d. De 34 – 43 ans	4	
e. De 44 – 53 ans	5	Remerciez et Terminez
f. 54 ans et plus	6	Remerciez et Terminez

8. Fumez-vous la cigarette (**LIRE LISTE**)

Régulièrement 1
Occasionnellement 2

REMERCIER & TERMINER

Non fumeur 3

9. Depuis combien d'années fumez-vous?

**NOMBRE
D'ANNÉES**

10. Est-ce que vous :

Envisagez la possibilité d'arrêter de fumer 1

Êtes présentement dans le processus d'arrêter 2

REMERCIER ET TERMINER	N'avez pas l'intention d'arrêter de fumer	3
------------------------------	---	---

11. On va vous demander d'écrire vos réponses sur des questionnaires et de lire des documents. Est-ce que vous serez à l'aise pour le faire?

Oui 1 CONTINUEZ

Non 2 REMERCIEZ ET TERMINEZ

Terminez si le répondant dit qu'il a un problème de vue ou d'audition, un problème de langue parlée ou écrite ou s'il craint de ne pas être capable de communiquer de façon efficace.

LES PARTICIPANTS DOIVENT ÊTRE ARTICULÉS.

12. Vous êtes éligible pour cette étude. Comme je vous l'ai dit tantôt, la discussion aura lieu le :

9 février à Québec		6 mars à Sept-Îles	
Groupe Femmes :	17h30	Groupe Femmes :	12h00
Groupe Hommes :	19h30	Groupe Hommes :	14h30

Seriez-vous disponible pour y participer?

Oui 1

Non 2 Remerciez et Terminez

POUR LE GROUPE DE 17h30 SEULEMENT PRÉCISER : Comme c'est à l'heure du souper, il y aura des sandwichs et crudités à manger.

13. Suivant les normes de l'industrie, on vous demandera de fournir une preuve d'identité. Veuillez donc vous assurer d'apporter cette preuve avec vous. Si vous n'apportez pas de preuve d'identité, vous ne pourrez pas participer à la séance. Laquelle des pièces d'identité suivantes apporterez-vous **(ENCERCLEZ LA RÉPONSE)**

Permis de conduire	-1
Carte d'assurance-maladie (Carte soleil)	-2
Carte d'employé (e) avec photo	-3
Passeport	-4
Carte de citoyenneté	-5
Carte-étudiante émise par une université	-6
Autre preuves d'identité avec photo et nom (PRÉCISEZ)	-7
	-99

Les preuves d'identité suivantes ne seront pas acceptées :

- Passe d'autobus, carte étudiante de la STM
- Carte de bibliothèque
- Carte de crédit

14. Veuillez me dire exactement comment votre nom est épilé sur votre preuve d'identité.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

*La discussion prend deux heures et vous recevrez 75\$ en guise de remerciement pour votre participation. **(SI LE RÉPONDANT LE DEMANDE : Cette compensation n'est pas considérée comme étant un revenu et n'est donc pas assujettie aux impôts.)***

INFORMATIONS OBLIGATOIRES : À LIRE À CHAQUE PARTICIPANT

- Votre participation est très importante.
- Si, pour une raison ou pour une autre, vous ne pouvez pas participer à la séance, veuillez nous le faire savoir au 1-800-691-5699 (Michel Dubé) car nous vous avons réservé une place pour vous dans cette étude et votre opinion est très importante pour ce projet.
- *Veuillez arriver 10 à 15 minutes avant le début de la séance pour que le groupe puisse commencer à l'heure.*

- *Si vous êtes en retard de plus de 15 minutes, vous ne pourrez pas participer et vous ne serez donc pas rétribués.*
- Si vous portez des lunettes pour lire ou pour travailler à ordinateur, veuillez les apporter car vous devrez inscrire vos réponses à l'ordinateur.
- De plus, suivant les normes de l'industrie, on vous demandera de fournir une preuve d'identité. Veuillez donc vous assurer d'apporter cette preuve avec vous. Si vous n'apportez pas une des preuves d'identité suivantes, vous ne pourrez pas participer à la séance

Numéro de téléphone : Maison () _____

Bureau () _____

Nom de l'intervieweur : _____

(PRÉNOM ET NOM EN LETTRES MOULEES)

Date : _____

Recruiting Screener First Nations and Inuit Tobacco Cessation Creative Concepts

Specifications:

- Aboriginal populations e.g. First Nations
- Inuit who live in a community North of the 60° parallel.
- 18 to 43 years old living on reserves
- Smokers who intend to quit or are in the action phase of quitting.
- No two participants to be members of the same family.

Hello, my name is _____. I'm calling from _____, a national marketing research firm. We're organizing a discussion group to explore current issues that affect communities. The purpose is to gather the opinions of the participants on a particular subject. Participation is voluntary and comments made during the discussion will remain confidential.

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

Yes	1	CONTINUE
No	2	THANK & DISCONTINUE

Would you be available to attend a discussion group (*Insert date and time*)?
It will last two hours and you will receive \$75 to thank you for your participation.

Yes	1	CONTINUE
No	2	THANK & TERMINATE

1. Record sex (*Do not ask*)

Eligible for Group 1	Female	1
Eligible for Group 2	Male	2

2. Are you or any members of your household, employed in or retired from...(Read List)

	Yes	No
a. Market research	1	2
b. Advertising, marketing, public relations	1	2
c. Media (e.g., print/radio/TV)	1	2
d. Health profession (doctor, nurse, aides, etc.)	1	2
e. Government (at the political level e.g. assistant to a MP, or member of the cabinet, political consultant, or anyone who is part of the political decision making process. People who work as civil servants in departments other than Health Canada are eligible).	1	2

IF YES TO ANY, THANK & TERMINATE

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

Yes	1	CONTINUE
No	2	GO TO Q5

- 4a) When was the last time you attended a group?

- 4b) What was the subject?

(THANK & TERMINATE IF IN THE PAST 6 MONTHS; IF NOT, CONTINUE)

(THANK & TERMINATE IF SUBJECT MATTER WAS IN CONFLICT: HEALTH OR TOBACCO; IF NOT, CONTINUE)

FOR PINE FALLS AND PRINCE ALBERT GROUPS ASK Q5) & Q6. FOR INUIT SKIP TO Q7.

5. Are you First Nations?

Yes	1	CONTINUE
No	2	THANK & TERMINATE

6. Do you live within a First Nations community on Reserve?

Yes 1 CONTINUE
No 2 THANK & TERMINATE

7) Please tell me which of the following groups your age falls into?
(READ LIST)

THANK AND TERMINATE	Under 18	1
	18 – 23	2
	24 – 33	3
	34 – 43	4
RECRUIT A GOOD MIX	44 – 53	5
	54 and over	6
THANK AND TERMINATE		

7. Do you smoke cigarettes?(READ LIST)

THANK AND TERMINATE	Regularly	1
	Occasionally	2
	Non-smoker	3

9) How many years have you been smoking?

**NUMBER OF
YEARS**

10) Are you:

THANK AND TERMINATE	Contemplating quitting	1
	Presently in the action phase of quitting	2
	Have no intention to quit	3

11) Would you be comfortable writing out answers to a questionnaire or reading a brochure or magazine?

Yes 1 CONTINUE
No 2 THANK & TERMINATE

(MUST BE ARTICULATE AND RESPONSIVE)

- 12) You qualify for one of our sessions to be held on (**SPECIFY DATE AND HOUR**). The session will take 2 hours. To thank you for your participation, you will be paid \$75.00. Will you be able to attend?

Yes
Thank and terminate -- No

- 13) You will be asked to show **photo identification** when you arrive. If you do not bring photo ID with you, you will not be permitted to participate. Which of the following types of **photo ID** will you be showing?

Driver's License
Health Card
Employee ID (with picture)
Passport
Indian Status Card
Student Card

Other ID with photo and name (please specify):

- 14) Please tell me exactly how your first and last name are spelt on your piece of ID.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MANDATORY INSTRUCTIONS TO READ :

Please make sure that you bring glasses with you if you need them to read.

We will telephone a day or two before the session to confirm the details. If for any reason, you cannot participate in the session, please contact us at _____ because we have reserved a place for you in our study and your opinion is very important for this research project.

Please arrive **10 TO 15 minutes** ahead of schedule, so that the group can start on time. If you are more than 15 minutes late for your scheduled session time, you will not be allowed to participate nor will you be paid.

Can I have your address? _____

City _____

Postal Code _____

Phone #: (_____) _____

Date: _____

MODERATOR'S GUIDE

PHASE I – IQALUIT

INTRODUCTION

Introduce research team: moderator, translator, client and technician

Explain purpose of research:

- sponsored by Health Canada
- talk about ideas/concepts Health Canada has for an advertising campaign
- we will look at some materials and get your reactions.
- Review group discussion procedures:
 - role of the moderator
 - no right/wrong answers
 - confidentiality: no names in report,
use only first names during the discussion
 - audio taping to help final report writing
 - note taker to help debrief/top line report
 - client: her role is to bring the information to the right people at Health Canada
- Participants introduce themselves:
 - first name
 - quick feedback on their smoking cessation pattern (number of times, how difficult they found it, did they ask for any help and, if so, who?)

EXPLAIN THE PROCEDURE

We will be showing you some ideas or concepts that Health Canada is thinking about using for its tobacco cessation advertising campaign.

EXPLAIN WHAT A STORY BOARD IS: tell the participants it is just intended to give them an impression of what it would look and feel like.

When the ads will be finished they would be in real life form with real people, not a drawing that looks like a cartoon. So just let your imagination loose...

EXPLAIN HOW TO USE THE DIALS. FILL IN GROUP ID QUESTIONS.

PRACTICE WITH A QUESTION RELATED TO THE WEATHER.

FOLLOW WITH LEVEL OF DIFFICULTY TO QUIT SMOKING

- To start, I will show you 2 ideas for tv commercials and we will talk about each of them in turn.

SEE ROTATION GRID TO SELECT STORYBOARD IN ROTATION.

READ 1ST STORYBOARD TWICE ASK:

1. What is the main idea or message you get from this advertisement?
What else is it telling you?
2. What parts of the commercial are the most memorable? And what other parts stand out?
3. Rating of specific factors with the dials.

- On a scale from 0-10, how many points do you give to this advertising concept. **(PROBE FULLY AFTER SCORE DIVULGED FOR EACH FACTOR)**

Will not notice it	Will definitely catch my attention
It is difficult to understand what is going on in this commercial	It is very easy to understand what is going on in this commercial
They use words that are difficult to understand/not usual language	Use everyday words that are easy to understand.
Don't tell me anything I did not know already	Tells me things I did not know
I don't believe at all what they say	I entirely believe what they say
I don't recognize myself in this type of situation.	I recognize myself in this type of situation.
They show people from my community in a very unrealistic way	They show people from my community in a very realistic way.
Does not help me want to quit smoking.	Helps me want to try to quit smoking.

4. What did you like about the commercial?
5. And what did you dislike about it?

**WE ARE NOW GOING TO LOOK AT THE SAME CONCEPT BUT IN
(ENGLISH/INUKTITUT: FOLLOW ROTATION PATTERN) NOW**

READ CONCEPT TWICE IN OTHER LANGUAGE.

6. Does it convey the same message?
IF NOT: WHAT IS DIFFERENT?
7. Is it as clear or less clear than in...
(the other language)? **PROBE FOR DIFFERENCES/LANGUAGE ISSUES**

**REPEAT ABOVE PROCEDURE
FOR SECOND SPOT OF SAME CONCEPT
1st TO 7th INCLUSIVELY**

**AFTER BOTH COMMERCIALS IN THIS CONCEPT HAVE BEEN DISCUSSED
PROBE: IN BOTH COMMERCIALS WE SEE (A MAN AND WIFE//A SON AND
HIS MOTHER) INTERACTING ABOUT QUITTING SMOKING.**

8. Do you recognize yourself in this type of situation? Is this something you can imagine yourself doing? Does this touch you? How?
9. **HANDOUT BOTH PRINT CONCEPTS (MATCHING THE TV CONCEPT see rotation grid) READ WITH PARTICIPANTS**
 - a) Is it saying the same thing as the 2 TV advertisements?
 - b) What more does it say?
 - c) What is different if anything?
 - d) **READ SIGNATURE**
It says ("signature"), what does that mean to you?
Is it a good signature? Why/why not?
10. What about the print advertisement in (other language)?
Does it say the same thing? **PROBE:** for differences
And the signature? **PROBE:** for differences.

**SECOND CONCEPT A/B IN ROTATION
REPEAT ALL THE ABOVE PROCEDURE WITH BOTH SPOTS AND WITH
THE 2 MATCHING PRINT ADS.**

COMPARAISON OF CONCEPTS "A" AND "B"

- Which of these 2 concepts does the best job in conveying the message that "quitting is possible"? Why?
- Which concept convinces you more to go to your health centre? Why?
- Which entices more to:
 - call the 1-800 number
 - visit the Web site
- Which one does the best job in making you want to get the information kit?
- Overall, which concept do you prefer? Why?

MODERATOR'S GUIDE

**Phase II – Prince Albert
Tuesday, March 1st, 2005**

INTRODUCTION

- Introduce research team: moderator, translator, client and technician
- Explain purpose of research:
 - sponsored by Health Canada
 - talk about ideas/concepts Health Canada has for an advertising campaign
 - we will talk about some materials and get your reactions.
- Review group discussion procedures:
 - role of the moderator
 - no right/wrong answers
 - confidentiality : no names in report,
 - use only first names during the discussion
 - audio taping to help final report writing
 - note taker to help debrief/top line report
 - client: her role is to bring the information to the right people at Health Canada
- Participants introduce themselves:
 - first name
 - quick feedback on their smoking cessation pattern (number of times, did they ask for any help and, if so, who? / where?)

EXPLAIN HOW TO USE THE DIALS.

DO SESSION ID AND PROFILE QUESTIONS.

PRACTICE DIAL USAGE WITH A QUESTION RELATED TO THE WEATHER.

THEN ASK QUESTION ON EASE / DIFFICULTY TO QUIT SMOKING

EXPLAIN THE PROCEDURE

We will be discussing with you some ideas or concepts that Health Canada is thinking about using for its tobacco cessation advertising campaign. There are 2 different TV commercials we want to review with you and we will be looking at them one at a time. For each one, we will first hear an overall explanation of what they want to do and then we will

listen to a description of what the action / story would be in the commercial. This presentation is just intended to give you an idea and a feeling of what it would look and feel like when the commercial would be finished.

When the ads will be finished they would be in real life form with real people.

But before we get into the idea of this TV commercial, I would like to show you a commercial of the same style so you can get the look and feel of what they are trying to do.

(SHOW BOB / MARTIN WITHOUT SOUND).

Now let your imagination do the rest and pretend your watching TV at home and that it is a real commercial like the ones you are used to see.

SEE ROTATION GRID TO SELECT COMMERCIAL.

PLAY EXPLANATION AND SCRIPT (TWICE).

8. What is the main idea or message you get from this advertisement?
What else is it telling you?
9. What parts of the commercial are the most memorable? And what other parts stand out? **PROBE** :What would you remember after seeing this ad a few times on TV.
10. Rating of specific factors with the dials.

On a scale from 0-10, how many points do you give to this advertising commercial for....**(INSERT SPECIFIC QUESTION)**

• its capacity to attract your attention	• Will not notice it	• Will certainly catch my attention
• what is going on in this commercial	• Its very difficult to understand	• Its very easy to understand
• the words / language they use	• Its difficult to understand	• Its easy / use everyday words
• the situation / story they tell	• I don't know anybody who could be in this story	• It could be me or my friends in this story
• the information they give in the commercial	• I already know it all	• Tells me things I did not know
• what it says about smoking	• Don't believe it at all	• Believe it entirely
• the way they portray the people from my community	• Its strange / not realistic	• Its very realistic
• what they show and say	• Does not change anything for me	• Helps me want to try to quit smoking

PROBE FULLY AFTER SCORE DIVULGED FOR EACH FACTOR)

11. What did you like about the commercial?

12. And what did you dislike about it?

**REPEAT ABOVE PROCEDURE
FOR SECOND COMMERCIAL
Q1 TO 5 INCLUSIVELY
(QUESTIONS 6 AND 7 OMITTED)**

AFTER BOTH TV COMMERCIALS ARE DISCUSSED ASK :

8. Do you recognize yourself in this type of situation? Why /Why not ? Is this something you can imagine yourself or your friends doing? Does this touch you? How?

13. FACT SHEET (CHECK ROTATION)

Health Canada is planning to prepare a series of fact sheet. We will look at each of them individually.

DISTRIBUTE FIRST HANDOUT : “Take a few minutes to review this handout personally”. Please circle what you find most important or useful and put a + beside of it.

**Please circle and put a – beside what you dislike or don’t believe.
(READ SHEETS OUT LOUD WITH PARTICIPANTS)**

WHEN PARTICIPANTS HAVE FINISHED REVIEWING THE HANDOUT INDIVIDUALLY.

- i. What are they telling you?
- ii. Is this relevant for you personally?
- iii. Did you learn something new? **IF YES** : what did you learn? Will this information make you think about the possibility of quitting again?
- iv. What did you like or find most useful in this handout?
- v. What did you dislikes or did not believe in this handout?
- vi. Do you think you would keep it for reference?

**REPEAT PROCEDURE WITH EACH OF THE REMAINING HANDOUTS.
(SEE ROTATION)**

IV - Z CARD

**SHOW EXAMPLE OF Z CARD AND PASS AROUND THE TABLE AND FOR PARTICIPANTS TO GET A FEEL FOR WHAT IT IS.
EXPLAIN Z CARD**

- Is this helpful?
- Does this give you new ideas?
- Do you think you would try some of these ideas? Which ones? Why?
- If one of your friends had a card like this and showed it to you
 - Would you want to have one also? Why/ why not?

1. If they were only available at your community Health Center would you go there to get one? **IF NO** : Why not?
2. If you had one of these would you :
 - fill in the information for yourself
 - refer to it when you have a craving?Where would you keep the Z-card?

Probe: -on you/in your wallet
-post it on the fridge
-where else would you keep it?

COMMERCIAL/LANGUAGE ROTATION FOR RANKIN INLET

TV SCRIPT	Language order	Male #1	Female #1	Language order	Male #2	Female #2
Commercial	Inuktitut	A	B	English	B	A
	English			Inuktitut		
Commercial	Inuktitut	B	A	English	A	B
	English			Inuktitut		

FACT SHEETS:

READ IN ALL GROUPS

- 14. "Choosing to quit"
- 15. "Benefits of quitting smoking"
- 16. "Tips for quitting"

ROTATION

- 17. "Helping a friend"
- 18. "Health effects of smoking"

NB. No 1 Fact sheet featuring list of phone numbers not to be tested.

GUIDE DE L'ANIMATRICE PREMIÈRES NATIONS PHASE I (GROUPES FRANCOPHONES)

INTRODUCTION

- Présentation de l'équipe de recherche
 - animatrice
 - technicien
 - derrière le miroir : observatrice de Santé Canada et prise de notes
- Expliquer les objectifs de la recherche :
 - mandat de Santé Canada
 - discuter de concepts/idées en voie de développement pour une campagne publicitaire
 - nous regarderons ensemble des ébauches ou esquisses pour obtenir vos impressions et réactions.
- Revue du processus :
 - rôle de l'animatrice
 - pas de bonnes/mauvaises réponses
 - confidentialité : -prénoms durant la discussion
 - pas de noms dans le rapport
 - enregistrement audio (pour le rapport final)
 - prises de notes –pour le rapport préliminaire
 - client/observateur : son rôle consiste à rapporter l'information aux personnes concernées chez Santé Canada
- Présentation des participants :
 - prénom
 - résumé rapide de leurs essais pour cesser de fumer (nombre de fois, ont-ils demandé de l'aide et si oui, à qui/quoi?)

EXPLIQUER LE PROCESSUS

Nous allons vous montrer des idées ou concepts que Santé Canada pense utiliser pour sa campagne pour cesser de fumer. Nous allons vous montrer une idée, puis nous allons en discuter un peu et utiliser les cadrans pour que chacun puisse donner ses réponses personnelles avant qu'on en parle ensemble.

**EXPLICATION DU FONCTIONNEMENT DES CADRANS, PRATIQUE
AVEC LES PREMIÈRES QUESTIONS :**

- No de session
- Âge
- Sexe
- Réaction à la température
- Jusqu'à quel point est-ce difficile d'essayer de cesser de fumer?

EXPLIQUER CE QU'EST UN SCÉNARIO MAQUETTE

- Dessins pour vous donner une idée de ce que ça aura l'air lorsque l'annonce sera terminée.
- Quand l'annonce sera finie, elle présentera des scènes de la vraie vie, avec des gens comme vous au lieu des dessins qui ont l'air d'une bande dessinée. Alors, laissez aller votre imagination et faites comme si c'était une annonce comme les autres avec de vraies situations et de vraies personnes comme vous.

**POUR COMMENCER, JE VAIS VOUS MONTRER CETTE IDÉE 2
FOIS ET PUIS NOUS EN PARLERONS ENSEMBLE. LECTURE DU
SCÉNARIO MAQUETTE (VOIR GRILLE POUR L'ORDRE DE
PRÉSENTATION)**

11. Quelle est l'idée principal, le message qu'ils veulent que vous reteniez?
12. Quelles parties de l'annonce retiennent plus particulièrement votre attention? Et qu'est-ce qu'il y a d'autre qui retient votre attention?

**EXPLIQUER BRIÈVEMENT COMMENT UTILISER LES CADRANS POUR
CETTE SÉRIE D'ÉNONCÉS ET PROCÉDER.**

Sur une échelle de 0 à 10, comment réagissez-vous à cette annonce ?

• Je ne la remarquerai certainement pas	• Elle attirera certainement mon attention
• C'est très difficile de comprendre ce qui se passe dans l'annonce	• C'est très facile de comprendre ce qui se passe dans l'annonce
• Utilise des mots/expressions qui sont difficiles à comprendre	• Utilise des mots/expressions de tous les jours
• C'est une situation dans laquelle je ne pourrais jamais être	• C'est une situation dans laquelle je pourrais être
• Dit des choses que je sais déjà	• M'apprend des choses que je ne savais pas
• Je ne crois pas ce qu'ils disent	• Je sais que c'est vrai
• Ils montrent les gens de ma nation de façon pas du tout réaliste	• Ils montrent les gens de ma nation de façon très réaliste
• Ça ne m'aide pas à vouloir cesser de fumer	• Ça m'aide à essayer de cesser de fumer

13. Qu'est-ce qui vous plaît particulièrement dans cette annonce?

14. Et qu'est-ce que vous n'aimez pas dans cette annonce?

APRÈS AVOIR DISCUTÉ LES 2 SCÉNARIOS MAQUETTES SONDER : DANS LES 2 ANNONCES ON VOIT (UN COUPLE/UNE MÈRE ET SON FILS) QUI INTERAGISSENT AU SUJET DE LA POSSIBILITÉ DE CESSER DE FUMER.

Est-ce que vous vous reconnaissez dans ce genre de situation? Est-ce que ça pourrait vous arriver de discuter comme ça? Est-ce que ça vous touche? Comment?

DISTRIBUER LES 2 ANNONCES IMPRIMÉES (QUI CORRESPONDENT AU CONCEPT TV SELON LA GRILLE DE ROTATION)

- Est-ce que ça dit la même chose que les 2 annonces TV?
- Qu'est-ce que ça dit de plus?
- Qu'est-ce que ça dit de différent (si c'est le cas)?
- LIRE LA SIGNATURE**

-Ça dit « signature », qu'est-ce que ça signifie pour vous?

-Est-ce une bonne signature? Pourquoi/pourquoi pas?

DEUXIÈME CONCEPT A/B EN ROTATION RÉPÉTER LE MÊME PROCESSUS QUE CI-HAUT AVEC LES 2 AUTRES SCÉNARIOS MAQUETTES ET AVEC LES 2 ANNONCES IMPRIMÉES CORRESPONDANTES.

COMPARAISON DES CONCEPTS "A" ET "B"

- Quel concept réussit le mieux à vous convaincre personnellement que « c'est possible de cesser de fumer ».
Couple
Mère et fils
 - Quel concept vous convainc le plus d'aller vous renseigner au centre de santé ?

Couple
Mère et fils
 - Quel concept vous convainc le plus d'appeler le no. 1-800 ?

Couple
Mère et fils
 - Quel concept vous convainc le plus d'aller sur le site Internet ?

Couple
Mère et fils
 - Quel concept vous convainc le plus de demander la trousse d'information ?

Couple
Mère et fils
- SONDER :** Qu'est-ce que vous pensez que cette trousse contient ? Est-ce utile pour vous ? Pourquoi/pourquoi pas ?
- Globalement, quel concept préférez-vous ?

Couples
Mère et fils

19. HABITUDES MÉDIA

- Écoutez-vous APTN la télévision des Premières Nations ? Environ combien de temps par rapport aux autres stations ?
- Écoutez-vous davantage la télé ou la radio ?
- Écoutez-vous des postes de radio autochtones ?
- En gros, combien de temps est-ce que ça représente par rapport à l'ensemble des autres postes ?
- Où pensez-vous trouver ces annonces imprimées ?
- Y a-t-il d'autres endroits où ça devrait être disponible ?
- **SONDER** : Affiche, dépliant, quoi d'autre ?

CONCEPT/LANGUAGE ROTATION FOR FIRST NATIONS

	<i>QUÉBEC CITY</i>		<i>WINNIPEG</i>	
TV STORYBOARD	Male #1	Female #1	Male #2	Female #2
First Concept	A	B	B	A
Second Concept	B	A	A	B

GUIDE DE L'ANIMATRICE PREMIÈRES NATIONS PHASE II (GROUPE FRANCOPHONES) SEPT-ÎLES

INTRODUCTION

- Présentation de l'équipe de recherche
 - animatrice
 - technicien
 - observatrice de Santé Canada et prise de notes
- Expliquer les objectifs de la recherche :
 - mandat de Santé Canada
 - discuter de concepts/idées en voie de développement pour une campagne publicitaire
 - nous parlerons ensemble du matériel pour obtenir vos impressions et réactions.
- Revue du processus :
 - rôle de l'animatrice
 - pas de bonnes/mauvaises réponses
 - confidentialité : -prénoms durant la discussion
 - pas de noms dans le rapport
 - enregistrement audio (pour le rapport final)
 - prises de notes –pour le rapport préliminaire
 - client/observateur : son rôle consiste à rapporter l'information aux personnes concernées chez Santé Canada
- Présentation des participants :
 - prénom
 - résumé rapide de leurs essais pour cesser de fumer (nombre de fois, ont-ils demandé de l'aide et si oui, à qui/quoi?)

EXPLICATION DU FONCTIONNEMENT DES CADRANS, PRATIQUE

AVEC LES PREMIÈRES QUESTIONS :

- No de session
- Âge
- Sexe
- Réaction à la température
- Jusqu'à quel point est-ce difficile d'essayer de cesser de fumer?

EXPLIQUER LE PROCESSUS

Nous allons discuter des idées ou concepts que Santé Canada pense utiliser pour sa campagne pour cesser de fumer. Il y a deux annonces différentes à discuter et nous allons les regarder une à la fois, puis nous allons en discuter un peu et utiliser les cadrans pour que chacun puisse donner ses réponses personnelles avant qu'on en parle ensemble.

Pour chaque annonce, nous entendrons d'abord une explication globale de ce qu'ils essayent de faire puis nous écouterons la description de ce qui se passe dans l'histoire que l'annonce raconte.

- Cette présentation sert à vous donner une idée ou un feeling de ce que ça aura l'air lorsque l'annonce sera terminée.
- Quand l'annonce sera finie, elle présentera des scènes de la vraie vie, avec des gens comme vous. Avant de vous présenter cette annonce, je voudrais vous montrer une annonce du même genre pour que vous puissiez voir et ressentir ce qu'ils essayent de faire. **MONTRER MARTIN SANS SON – EXPLIQUER QUE L'ANNONCE SE FERA SUR FOND BLANC DE LA MÊME MANIÈRE.**
- Maintenant, laissez aller votre imagination et faites comme si c'était une annonce comme les autres et que vous la regardiez simplement chez vous.

VOIR GRILLE POUR L'ORDRE DE PRÉSENTATION.

FAIRE ENTENDRE L'EXPLICATION ET LA LECTURE DU SCRIPT (2 FOIS).

15. Quelle est l'idée principal, le message qu'ils veulent que vous reteniez?

16. Quelles parties de l'annonce retiennent plus particulièrement votre attention? Et qu'est-ce qu'il y a d'autre qui retient votre attention?

SONDER : De quoi vous souviendrez-vous si vous voyiez cette annonce à la TV à quelques reprises ?

17. EXPLIQUER BRIÈVEMENT COMMENT UTILISER LES CADRANS POUR CETTE SÉRIE D'ÉNONCÉS ET PROCÉDER.

Sur une échelle de 0 à 10, comment réagissez-vous à cette annonce ?

• Je ne la remarquerai certainement pas	• Elle attirera certainement mon attention
• C'est très difficile de comprendre ce qui se passe dans l'annonce	• C'est très facile de comprendre ce qui se passe dans l'annonce
• Utilise des mots/expressions qui sont difficiles à comprendre	• Utilise des mots/expressions de tous les jours
• C'est une situation / une histoire dans laquelle...je ne connais personne qui pourrait s'y trouver	• C'est une situation / une histoire dans laquelle...moi ou mes amis pourraient se trouver
• Dit des choses que je sais déjà	• M'apprend des choses que je ne savais pas
• Je ne crois pas ce qu'ils disent	• Je sais que c'est vrai
• Ils montrent les gens de ma nation de façon pas du tout réaliste	• Ils montrent les gens de ma nation de façon très réaliste
• Ce qu'ils disent et montrent...ne change rien pour moi	• Ça m'aide à vouloir essayer de cesser de fumer

SONDER POUR CHAQUE ÉNONCÉ APRÈS QUE LES RÉSULTATS SONT DIVULGUÉS.

18. Qu'est-ce qui vous plait particulièrement dans cette annonce?

19. Et qu'est-ce que vous n'aimez pas dans cette annonce?

RÉPÉTER Q 1 À 5 POUR LA SECONDE ANNONCE. Q6 ET 7 OMISES. APRÈS AVOIR DISCUTÉ LES DEUX ANNONCES TV DEMANDER :

- i. Est-ce que vous vous reconnaissez dans ce genre de situation?
Est-ce que ça pourrait vous arriver de discuter comme ça? Est-ce que ça vous touche? Comment?

20. FICHES D'INFORMATION

Santé Canada prévoit aussi produire des fiches d'information. Nous les regarderons donc individuellement.

DISTRIBUER LA PREMIÈRE FICHE. « Prenez quelques instants pour la consulter personnellement. SVP encerclez ce que vous trouvez le plus important

ou le plus utile et mettez un + à côté. Encerclez aussi ce que vous n'aimez pas ou ce que vous ne croyez pas et mettez un – à côté. **(LIRE LES FICHES À HAUTE VOIX POUR LES PARTICIPANTS).**

LORSQUE LES PARTICIPANTS ONT FINI DE LIRE LA FICHE INDIVIDUELLEMENT :

- i. Qu'est-ce qu'ils vous disent ?
- ii. Est-ce pertinent pour vous personnellement ?
- iii. Avez-vous appris quelque chose de nouveau ? **SI OUI** : Qu'est-ce que vous avez appris ? Est-ce que cette information va vous faire penser à la possibilité de cesser de fumer à nouveau ?
- iv. Qu'est-ce que vous avez aimé le plus ou qui est le plus utile dans cette fiche ?
- v. Qu'est-ce que vous n'avez pas aimé ou pas cru dans cette fiche ?
- vi. Pensez-vous que vous garderiez cette fiche pour vous y référer plus tard ?

**RÉPÉTER LE PROCESUS POUR CHACUNE DES AUTRES FICHES.
(VOIR ROTATION)**

21. CARTE Z

**MONTRER UN EXEMPLE de carte Z et faites la circuler autour de la table pour que les participants puissent comprendre de quoi il s'agit.
EXPLIQUER LA CARTE Z.**

- Est-ce que ça vous aide ?
- Est-ce que ça vous donne de nouvelles idées ?
- Pensez-vous que vous essayeriez certaines de ces idées ? Lesquelles ? Pourquoi ?
- Si un de vos amis avait une carte comme celle-ci et vous la montrait : Voudriez-vous en avoir une aussi ? Pourquoi / Pourquoi pas ?
- Où pensez-vous que vous pourriez obtenir une carte de ce genre ? Si c'était uniquement disponible à votre Centre de Santé, iriez-vous à votre Centre de Santé pour en chercher une ? **SI NON** : Pourquoi pas ? Si vous en aviez une, est-ce que vous...
 - rempliriez l'information vous concernant ?
 - vous y référeriez lorsque vous avez envie de fumer ?
 - Où est-ce que vous garderiez votre carte Z ?

SONDER : - sur vous / dans votre porte monnaie ?

22. sur le frigidaire ?

23. à quels autres endroits la garderiez-vous ?

COMMERCIAL/LANGUAGE ROTATION FOR RANKIN INLET

A) B)	TV SCRIPT	Language order	C) Male #1	D) Female #1	Language order	E) Male #2	F) Female #2
Commercial	Inuktitut	A	B	English	Inuktitut	B	A
	English						
Commercial	Inuktitut	B	A	English	Inuktitut	A	B
	English						

FACT SHEETS:

READ IN ALL GROUPS

- 24. "Choosing to quit"
- 25. "Benefits of quitting smoking"
- 26. "Tips for quitting"

ROTATION

- 27. "Helping a friend"
- 28. "Health effects of smoking"

NB. No 1 Fact sheet featuring list of phone numbers not to be tested.

PHASE I vs. PHASE II RESULTS AVERAGE SCORES

Key factor	TOTAL		PHASE I						PHASE II					
			INUIT		FNF		FNE		INUIT		FNF		FNE	
	PHASE I (64)	PHASE II (54)	Male (16)	Female (16)	Male (7)	Female (6)	Male (9)	Female (10)	Male (8)	Female (10)	Male (9)	Female (9)	Male (10)	Female (8)
Noticeability	6.1	6.2	6.2	6.5	4.7	6.1	5.3	6.8	5.0	6.2	5.6	6.8	5.4	8.4
Understanding scenarios	8.0	7.6	7.5	7.8	7.4	9.7	7.8	8.4	7.1	6.6	7.6	7.8	7.9	9.1
Language/terminology	8.8*	7.5	8.6	8.1	8.9	10.0	9.0	9.0	6.9	6.9	7.4	7.9	7.0	9.5
Identification to situation	6.8	6.5	6.3	6.5	5.8	8.4	7.1	7.5	5.8	5.3	6.9	7.3	5.0	9.1
New information	4.0	4.9*	4.1	3.7	4.5	3.1	3.1	5.3	4.5	3.8	3.9	7.4	3.5	6.8
Believability	7.6	7.9	8.2	7.4	8.1	8.8	6.2	7.3	8.3	7.3	6.9	8.0	7.6	10.0
Community portrayal	7.2*	6.0	7.0	7.0	6.1	8.5	7.1	7.8	6.4	6.5	3.7	4.9	5.2	9.9
Help want to quit smoking	5.2	6.0*	5.7	5.6	5.6	2.8	3.8	6.2	6.3	8.2	5.2	6.3	3.8	6.6

Legend:

FN = First Nations

E= English

F = French

* = Significant divergence (Results are based on two-sided tests assuming equal variances with significance level 0.

PHASE I

**TV
SERIE A
SPOT 1**

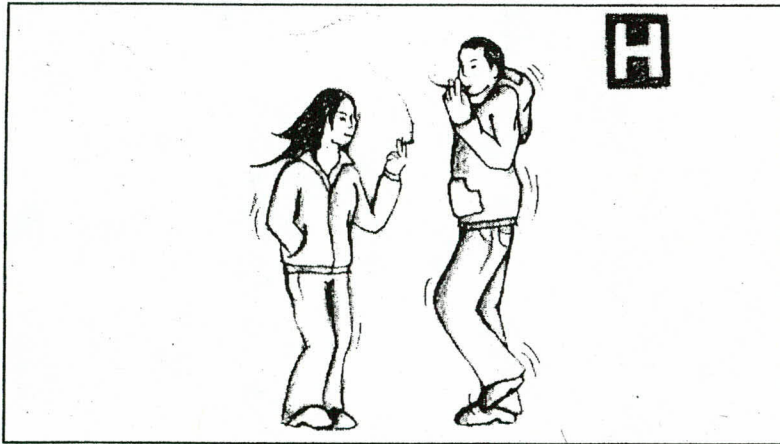
January 26, 2005

Smoking Cessation Script

Series A - Spot #1

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Exterior, a bitterly cold and blue day.



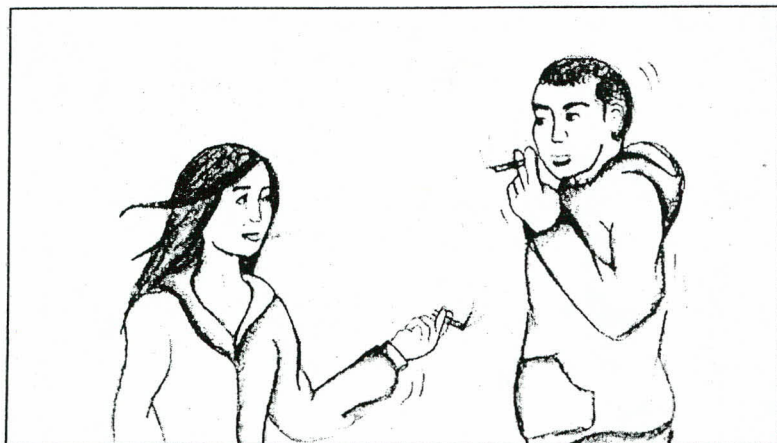
MUSIC.



LORRAINE:
This is getting stupid!



DEREK
What, Ma?



LORRAINE

Standin' out here in the cold,
Derek. Just for a smoke.

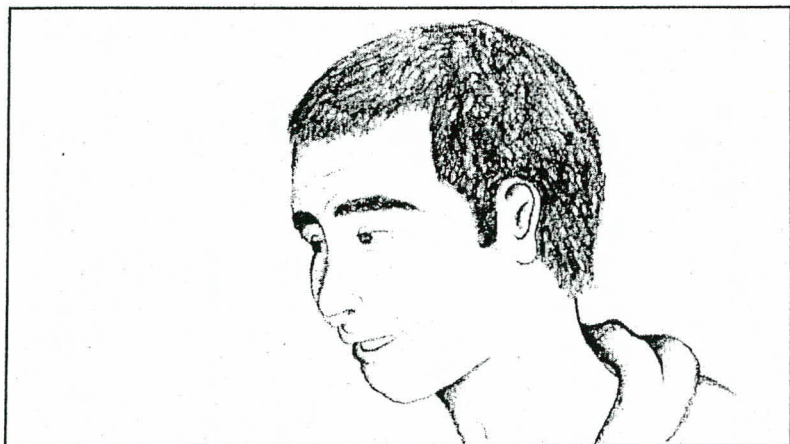
DEREK

Sheesh, I guess so.



LORRAINE (JOKINGLY)

Smokin' outside in winter'll
give us both pneumonia.

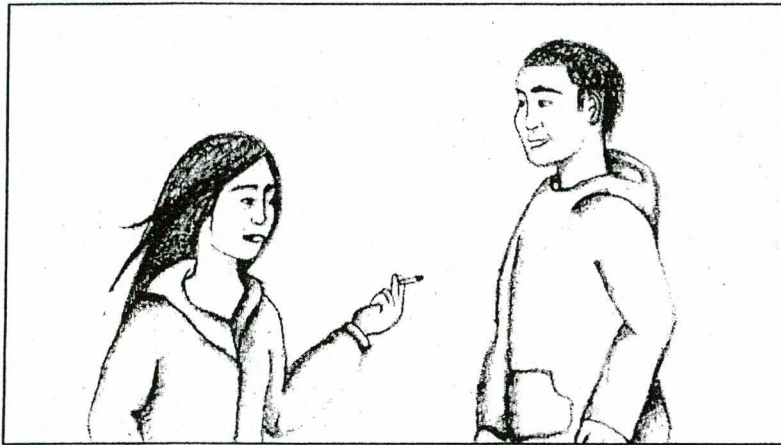


DEREK

Debbie's not gonna let me
smoke in the house no more,
with the new baby an' all.



LORRAINE
She's right. You can't be
smokin' in front of little
Jason....

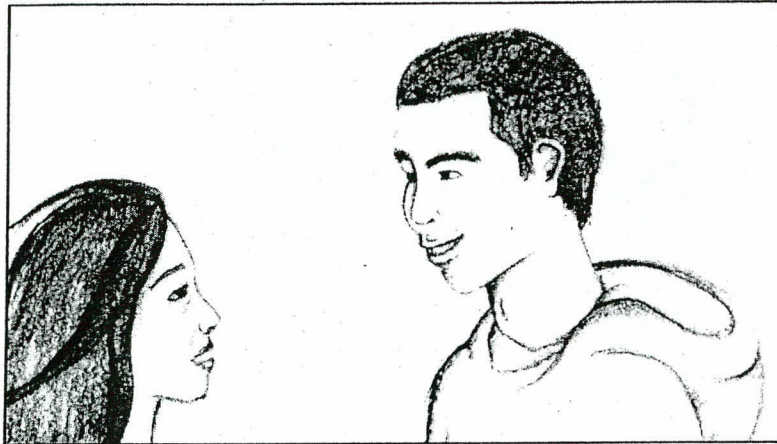


LORRAINE (cont)
...You're a father now, Derek,
you gotta set an example.

DEREK
Like you did for me?



LORRAINE
Hey, we didn't know no better
back then.

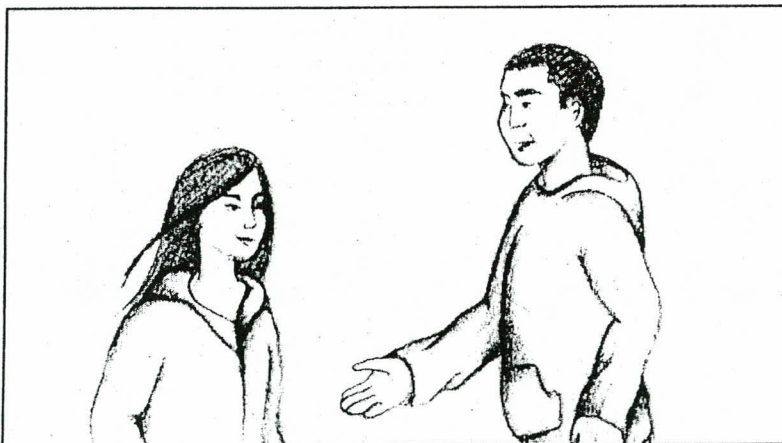


DEREK

I bet ya if we put our minds to
it we could quit

LORRAINE

You think?



DEREK

Well I could. Dunno about
you though, Ma.

LORRAINE

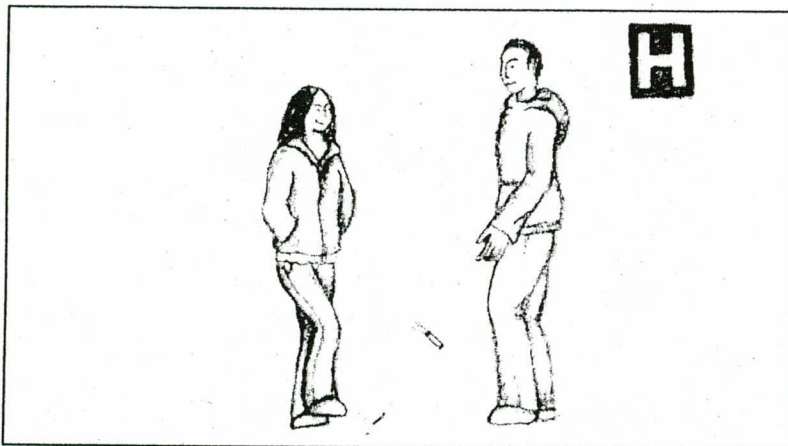
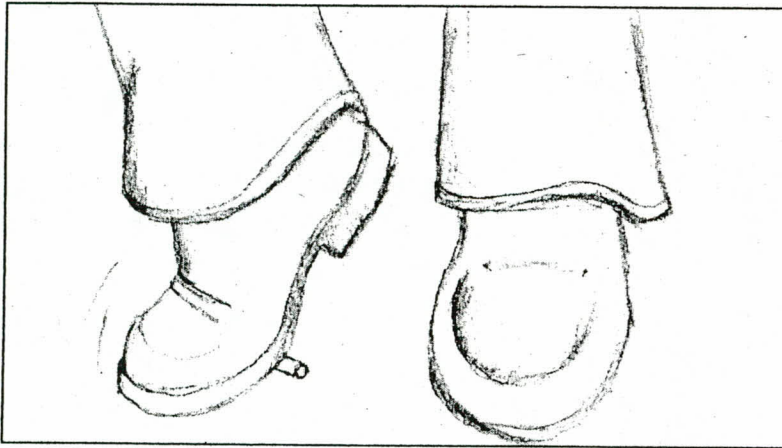
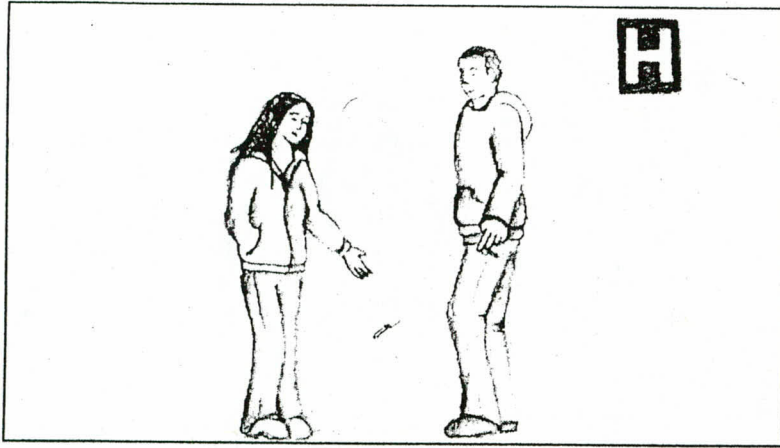
Hey, I've quit before. I can do
it if I want.

DEREK

Oh yeah? I bet I can last
longer than you.

LORRAINE

You're on.



**Kicking
Habit**

www.GoSmokefree.ca

1 800 0-Canada
(1 800 622-3262)

MUSIC FADES IN

ANNOUNCER

If you'd like more information
on kicking the habit visit your
health centre, log on to our
website or call this toll free
number.

Canada

MUSIC UP AND OUT.

ANNOUNCER

A message from the
government of Canada.

Le 26 janvier 2005

Script sur l'abandon du tabagisme

Série A – 1^{er} message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie
STÉPHANE, le fils de Lorraine, a environ 25 ans. Il fume aussi.

Scène : À l'extérieur, par une journée claire mais glaciale.

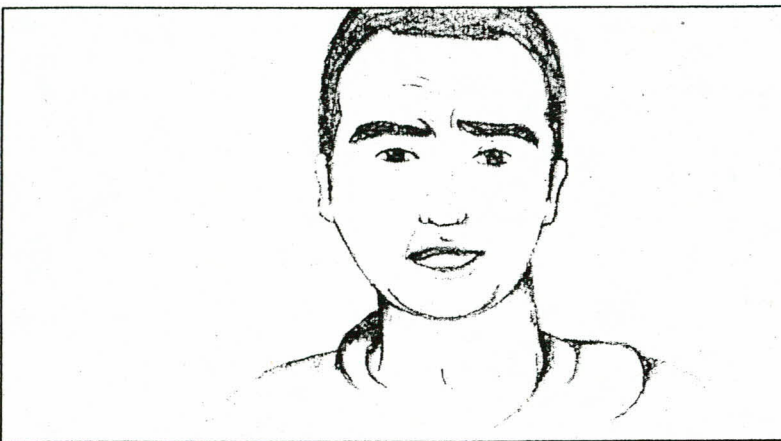


MUSIQUE.

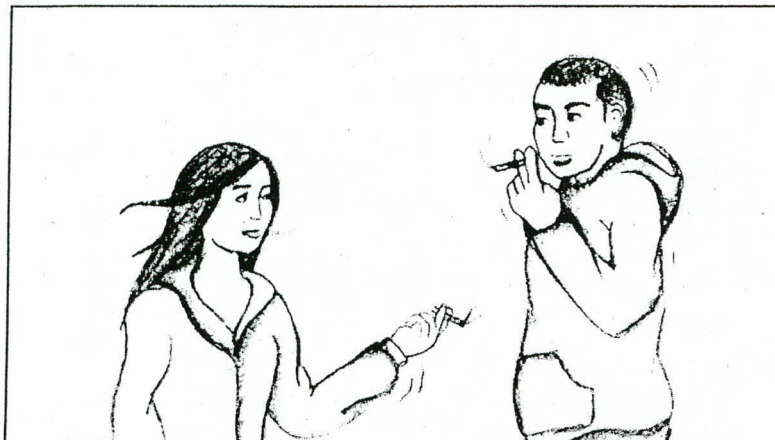
FONDU SONORE À LA
FERMETURE



MANON
Ça devient ridicule!



STÉPHANE
Quoi ça, m'an?



MANON

Se faire geler, Stéphane.
Juste pour une cigarette.

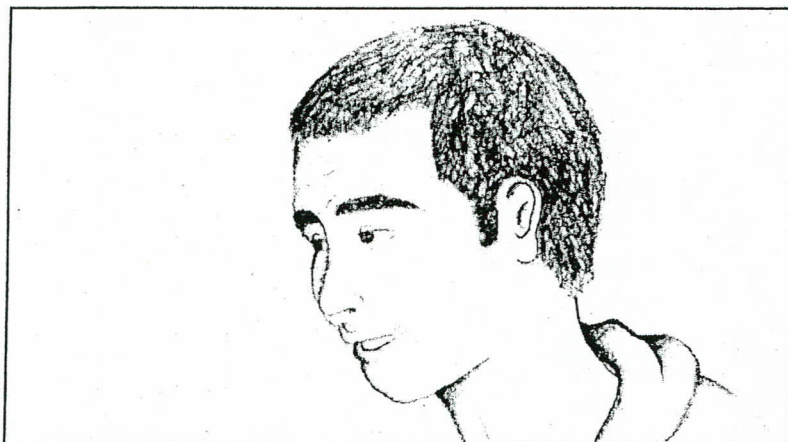
STÉPHANE

Ouais, t'as sans doute raison.



MANON (À LA BLAGUE)

À fumer dehors en plein
hiver, on va tous les deux
attraper une pneumonie.



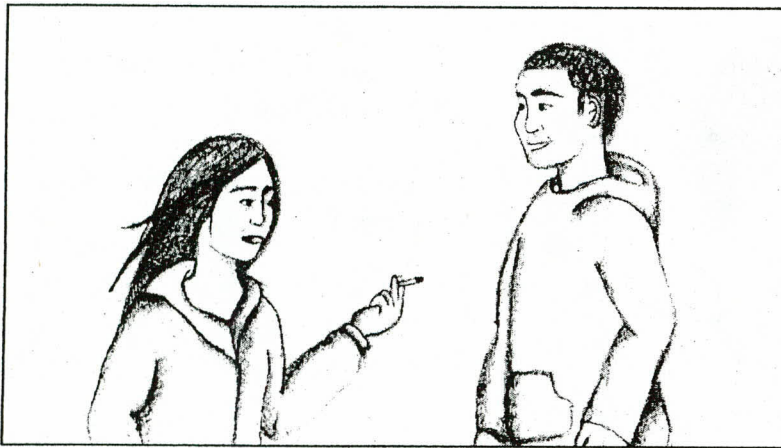
STÉPHANE

Et avec le bébé et tout et
tout, Louise ne me laissera
plus jamais fumer dans la
maison.



MANON

Elle fait bien. Vaut mieux ne pas fumer devant bébé Mathieu...



MANON (poursuit)

... Tu es papa maintenant, Stéphane, tu dois montrer l'exemple.

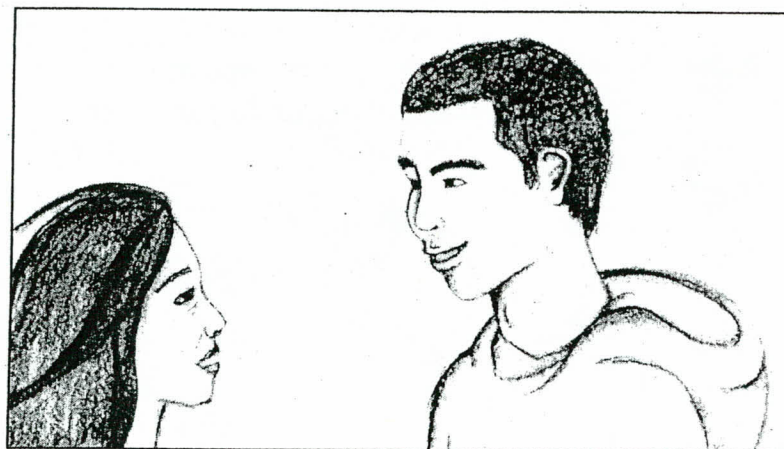
STÉPHANE

Comme tu l'as fait pour moi?



MANON

Hé, on était peu informé à l'époque!

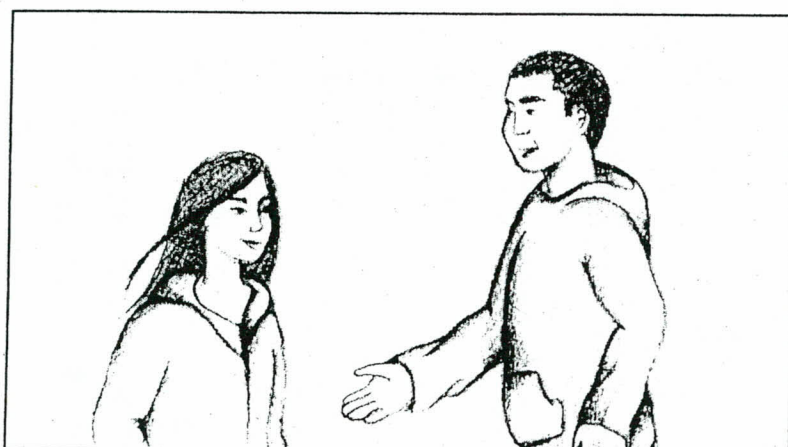


STÉPHANE

Avec un effort de volonté, je
parie qu'on peut arrêter.

MANON

Tu crois?



STÉPHANE

Je ne sais pas trop pour toi,
m'an, mais moi je pourrais.

MANON

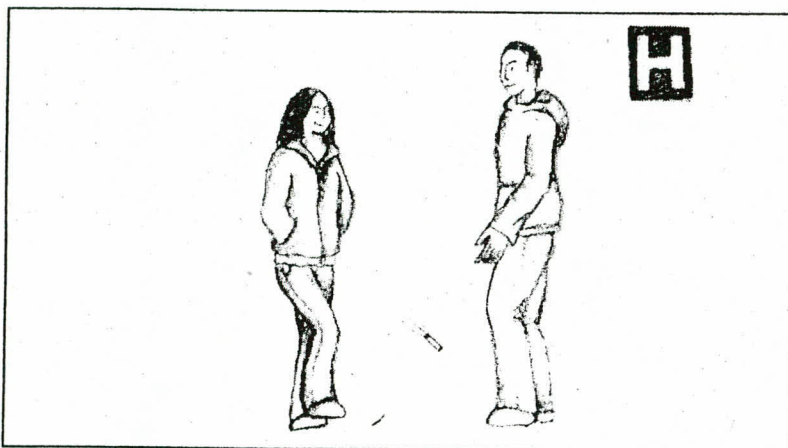
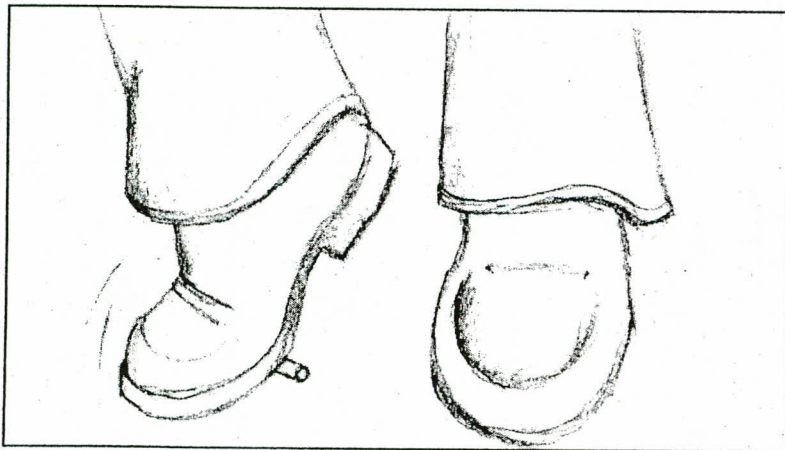
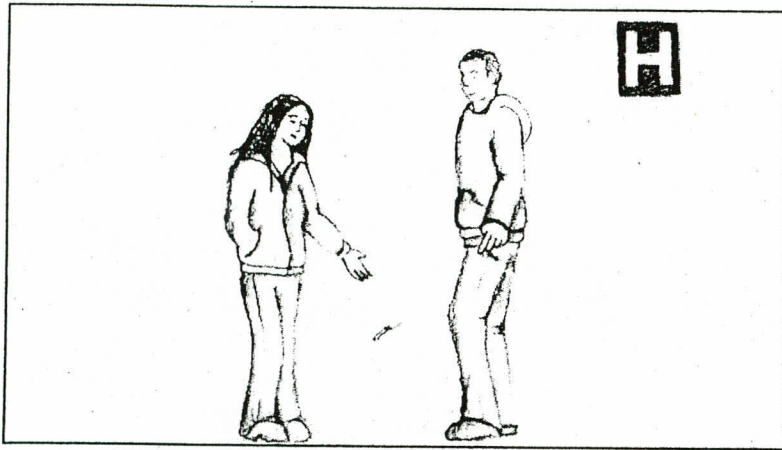
J'ai déjà arrêté, tu sauras. Je
peux y arriver si je veux.

STÉPHANE

Ah oui? Je te parie que je
vais être plus tenace.

MANON

C'est ce qu'on verra.



**Fumer
f. ni**

www.VivezSansFumee.ca

1 800 0-Canada
(1 800 622-3262)

FONDU SONORE À
L'OUVERTURE

ANNONCEUR

Pour en savoir plus sur
Fumer c'est fini, adressez-
vous à votre centre de santé,
visitez notre site web ou
composez le numéro d'appel
sans frais qui paraît à l'écran.

Canada

LE FOND MUSICAL
S'AMPLIFIE ET SE FOND À
LA FERMETURE.

ANNONCEUR

Un message du
gouvernement du Canada.

ኅዳር 31, 2005

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ ለህዝብ ጥቅም - ርዕሰ ጉዳይ 1

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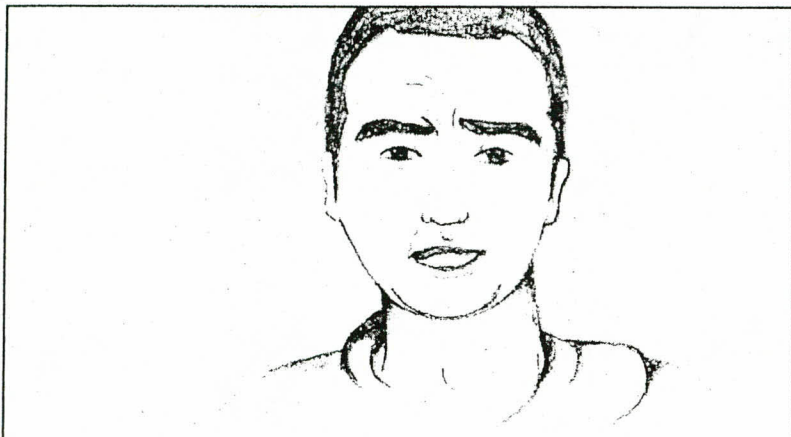
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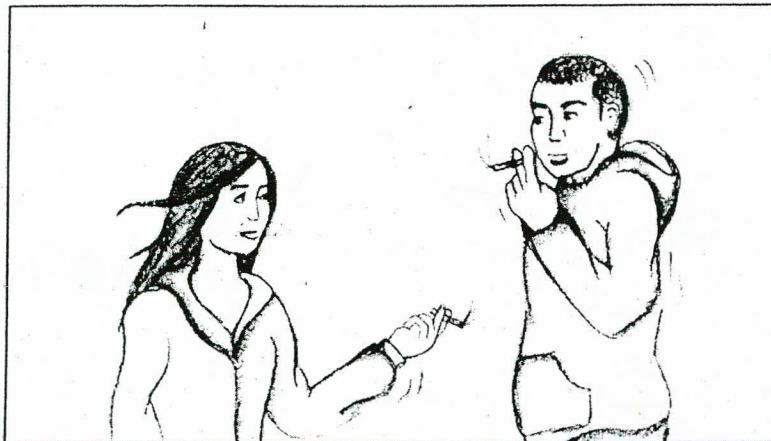
MUSIC.



ሀገር፣
ፍትህና



ገደብ
ፍትህ?

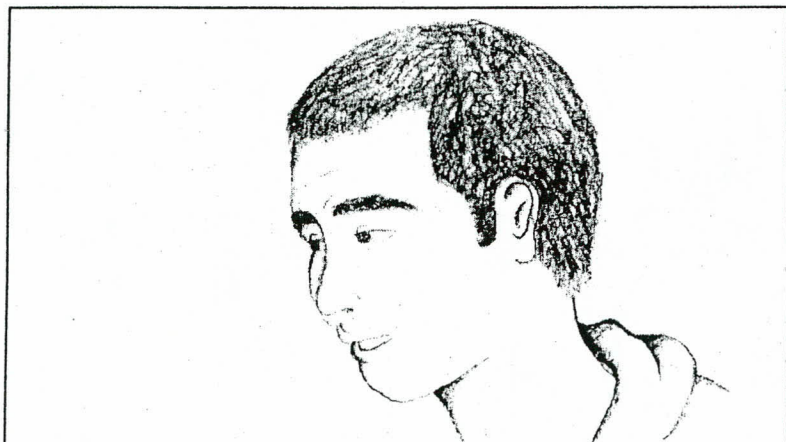


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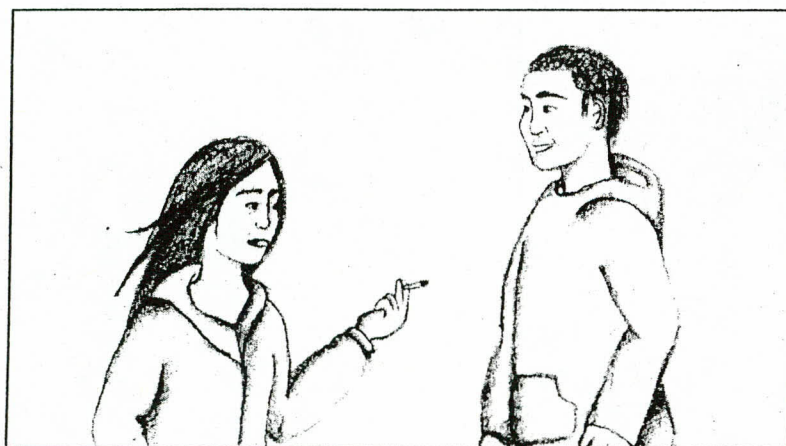
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ሌላ
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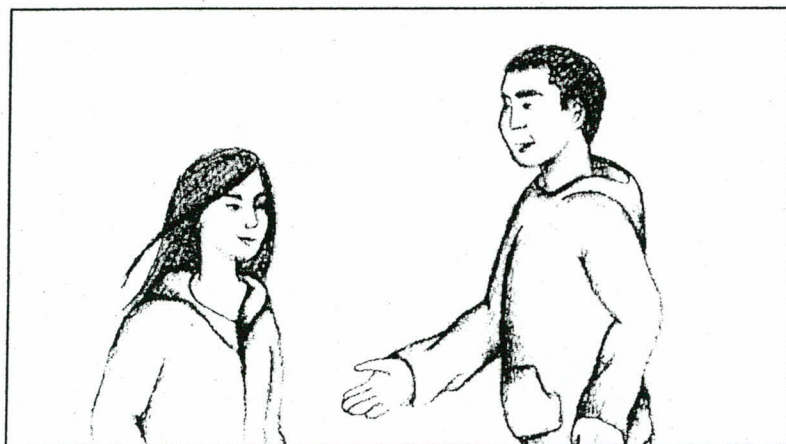
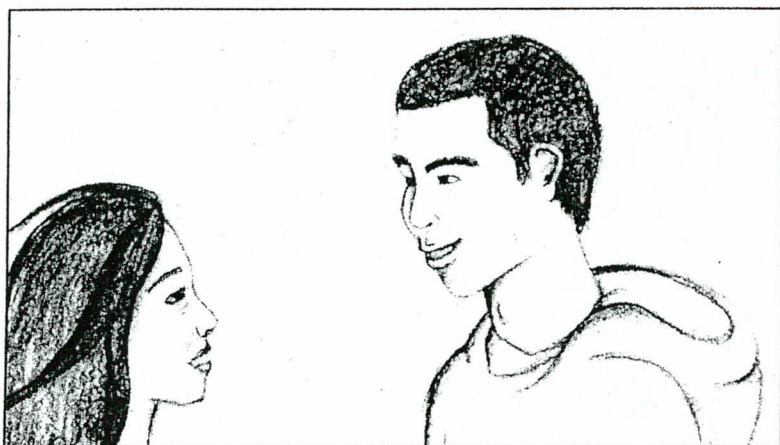


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ልሳጋር
 ልሳጋር?



ሌላ
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ՎՃԿՐ
 Նախընտրված ժամանակներում:

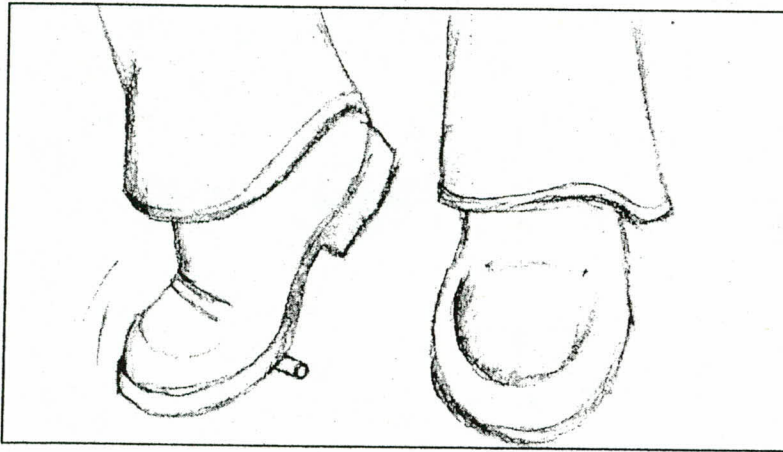
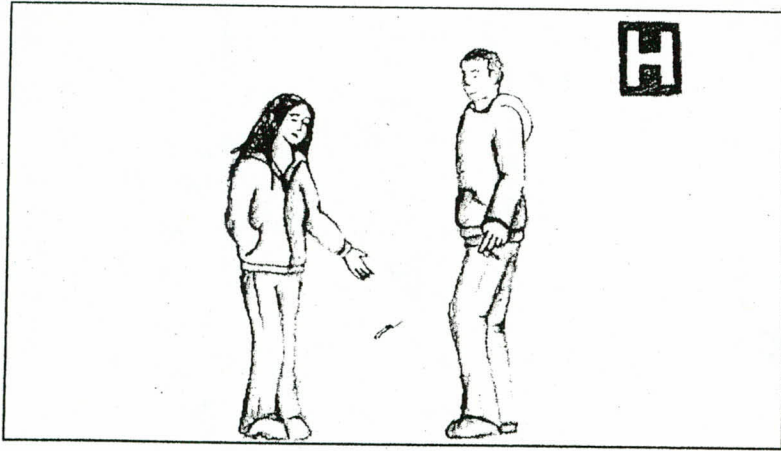
ԼՀԸԿ
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ՎՃԿՐ
 Եթե, Վճճճճճճճճճճ:

ԼՀԸԿ
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ՎՃԿՐ
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ԼՀԸԿ
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(1 800 622-3262)

$$D^{\epsilon} b_{\epsilon} \rightarrow 0.$$
$$L^a L^a \sigma^c.$$

January 26, 2005 - #2
Smoking Cessation Script
Series A - Spot #1

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Exterior, a bitterly cold and blue day.

Video	Audio
WS: LORRAINE & DEREK ARE HAVING A SMOKE OUTSIDE A HEALTH FACILITY. A SIGN BEHIND THEM INDICATES THE HOSPITAL. THEY KICK THEIR FEET TOGETHER AND DO THE SMOKER'S SHUFFLE TO TRY TO FEND OFF THE COLD. CUT TO: C/U LORRAINE AS SHE EXHALES A DRAG AND IS DISGUSTED WITH HERSELF. CUT TO: C/U DEREK CUT TO: MEDIUM 2-SHOT THEY SMOKE FOR A MOMENT AND THINK ABOUT THAT.	MUSIC. MUSIC FADES OUT. LORRAINE: This is getting stupid! DEREK What, Ma? LORRAINE Standin' out here in the cold, Derek. Just for a smoke. DEREK Sheesh, I guess so.

CUT TO:
C/U LORRAINE

CUT TO:
C/U DEREK

CUT TO:
C/U LORRAINE

CUT TO:
C/U DEREK
HE LOOKS MOMENTARILY PROUD

THEN.....

CUT TO:
C/U LORRAINE

SHE TAKES A DRAG ON HER
CIGARETTE AND STARTS TO
COUGH.

CUT TO:
C/U DEREK AS HE SHOOTS HER A
WORRIED LOOK.

THEN.....

CUT TO:

LORRAINE (JOKINGLY)
Smokin' outside in winter'll give us
both pneumonia.

DEREK
Debbie's not gonna let me smoke in
the house any more, with the new
baby an' all.

LORRAINE
She's right. You can't be smokin' in
front of little Jason....

LORRAINE (cont)
...You're a father now, Derek, you
gotta set an example.

DEREK
Like you did for me?

LORRAINE
Hey, we didn't know better back then.

DEREK
I bet ya if we put our minds to it we
could quit

LORRAINE
You think?

DEREK

MEDIUM 2-SHOT

CUT TO:
WS. SHE DROPS HER CIGARETTE,
GRINDS IT INTO THE GROUND
AND SHOOTS HIM A
CHALLENGING LOOK

HE DOES THE SAME.

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

Well I could. Dunno about you
though, Ma.

LORRAINE
Hey, I've quit before. I can do it if I
want.

DEREK
Oh yeah? I bet I can last longer than
you.

LORRAINE
You're on.

MUSIC FADES IN

ANNOUNCER
If you'd like more information on
kicking the habit visit your health
centre, log on to our website or call
this toll free number.

MUSIC UP AND OUT.

ANNOUNCER
A message from the government of
Canada.

END.

January 26, 2005
Radio Spot
Smoking Cessation Script
Series A - Spot #1

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: A bitterly cold and blue day outside a hospital.
Lorraine and Derek are having a cigarette.

SOUND: AN ICY WIND. A MOTOR RUNNING. A SECOND
CAR DRIVING UP. LORRAINE & DEREK'S FEET
SHUFFLING ON CONCRETE.

LORRAINE: (EXHALES A DEEP BREATH) This is getting
stupid!

DEREK: What, Ma?

LORRAINE: Stood out here in the cold, Derek. Just for a smoke.

DEREK: Sheesh, I guess so. And what with the new baby
come an' all, Debbie's never gonna let me smoke in
the house now.

LORRAINE: Well, she's right. You're a father now, Derek, you
gotta be settin' an example.

DEREK: Like you did for me?

LORRAINE: Hey, we didn't know better back then.

SOUND: MORE SHUFFLING OF FEET AS THEY TRY TO
KEEP WARM.

LORRAINE: You think we should quit?

DEREK: Well I could. Dunno about you though, Ma.

LORRAINE: Hey, I've quit before. I can do it if I want.

DEREK: Oh yeah? I bet I can last longer than you.

LORRAINE: You're on.

MUSIC FADES IN

ANNOUNCER: If you'd like more information on kicking the habit visit your health centre. You can also check out our website at GoSmokefree.ca or call our toll free number at 1-800-O-CANADA. That's 1-800-622-6232.

MUSIC UP AND OUT.

ANNOUNCER: A message from the government of Canada.

Tag - Aboriginal Language

For more information on kicking the habit, visit your local Health Centre.

Le 26 janvier 2005 – N° 2
Script sur l'abandon du tabagisme
Série A – 1^{er} message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie
STEPHANE, le fils de Manon, a environ 25 ans. Il fume aussi.

Scène : À l'extérieur, par une journée claire mais glaciale.

Vidéo	Audio
PLAN GÉNÉRAL : MANON ET STEPHANE FUMENT UNE CIGARETTE À L'EXTÉRIEUR D'UN ÉTABLISSEMENT DE SANTÉ.	MUSIQUE.
UN PANNEAU IDENTIFIE LE CENTRE HOSPITALIER.	
ILS SE TAPENT LES PIEDS L'UN CONTRE L'AUTRE ET SE DANDINENT À LA MANIÈRE DES FUMEURS DANS L'ESPOIR DE SE RÉCHAUFFER.	FONDU SONORE À LA FERMETURE
COUPURE : GROS PLAN – MANON EXPIRE DE LA FUMÉE DE CIGARETTE ET PREND UN AIR DÉGOÛTÉ	MANON : Ça devient ridicule!
COUPURE : GROS PLAN – STEPHANE	STEPHANE Quoi ça, m'an?
COUPURE : PLAN MOYEN SUR 2 PERSONNES	MANON Se faire geler, Stéphane. Juste pour une cigarette.
	STEPHANE Ouais, t'as sans doute raison.
ILS FUMENT EN RÉFLÉCHISSANT	
COUPURE :	MANON (À LA BLAGUE)

GROS PLAN – MANON	À fumer dehors en plein hiver, on va tous les deux attraper une pneumonie.
COUPURE : GROS PLAN – STEPHANE	STEPHANE Et avec le bébé et tout et tout, Louise ne me laissera plus jamais fumer dans la maison.
COUPURE : GROS PLAN – MANON	MANON Elle fait bien. Vaut mieux ne pas fumer devant bébé Mathieu...
COUPURE : GROS PLAN – STEPHANE A UN ÉCLAIR DE FIERTÉ	MANON (poursuit) ... Tu es papa maintenant, Stéphane, tu dois montrer l'exemple.
PUIS...	STEPHANE Comme tu l'as fait pour moi?
COUPURE : GROS PLAN – MANON	MANON Hé, on était peu informé à l'époque!
ELLE TIRE UNE BOUFFÉE ET SE MET À TOUSSER	
COUPURE : GROS PLAN - STEPHANE LUI LANCE UN REGARD INQUIET	STEPHANE Avec un effort de volonté, je parie qu'on peut arrêter.
PUIS...	MANON Tu crois?
COUPURE : PLAN MOYEN SUR 2 PERSONNES	STEPHANE Je ne sais pas trop pour toi, m'an, mais moi je pourrais.
	MANON J'ai déjà arrêté, tu sauras. Je peux y arriver si je veux.

	STEPHANE Ah oui? Je te parie que je vais être plus tenace. MANON C'est ce qu'on verra. FONDU SONORE À L'OUVERTURE
COUPURE : GROS PLAN – ELLE JETTE SA CIGARETTE PAR TERRE, L'ÉCRASE VIGOUREUSEMENT ET DÉFIE STEPHANE DU REGARD IL EN FAIT AUTANT ÉLÉMENTS GRAPHIQUES EN SUPERPOSITION : ADRESSE DU SITE WEB ET NUMÉRO D'APPEL SANS FRAIS LOGO DU GOUVERNEMENT DU CANADA FONDU AU NOIR.	ANNONCEUR Pour en savoir plus sur <i>Fumer c'est fini</i>, adressez-vous à votre centre de santé, visitez notre site web ou composez le numéro d'appel sans frais qui paraît à l'écran. LE FOND MUSICAL S'AMPLIFIE ET SE FOND À LA FERMETURE. ANNONCEUR Un message du gouvernement du Canada. FIN.

Le 26 janvier 2005
Message radio
Script sur l'abandon du tabagisme
Série A – 1^{er} message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie aussi.
STEPHANE, le fils de Lorraine, a environ 25 ans. Il fume

Scène : À l'extérieur d'un hôpital, Manon et Stéphane fument une cigarette par une journée claire et glaciale.

BRUITAGE : UN VENT GLACIAL. UN MOTEUR QUI TOURNE. UNE DEUXIÈME VOITURE S'AMÈNE. MANON ET STEPHANE PIÉTINENT LE CIMENT.

MANON : (EXPIRE LONGUEMENT) Ça devient ridicule!

STEPHANE : Quoi ça, m'an?

MANON : Se faire geler, Stéphane. Juste pour une cigarette.

STEPHANE : Ouais, t'as sans doute raison. Et avec l'arrivée du bébé, Louise ne me laissera plus jamais fumer dans la maison.

MANON : Elle a raison. Tu es papa maintenant, Stéphane, tu dois montrer l'exemple

STEPHANE : Comme tu l'as fait pour moi?

MANON : Hé, on était peu informé à l'époque!

BRUITAGE : ILS CONTINUENT DE MARTELER LE SOL POUR ESSAYER DE SE RÉCHAUFFER.

MANON : Tu crois qu'on devrait arrêter?

STEPHANE : Je ne sais pas pour toi, m'an, mais moi je pourrais.

MANON : J'ai déjà arrêté, tu sauras. Je peux y arriver si je veux.

STEPHANE : Ah oui? Je parie que je serai plus tenace.

MANON : C'est ce qu'on verra.

FONDU SONORE À L'OUVERTURE

ANNONCEUR : Pour en savoir plus sur Fumer c'est fini, adressez-vous à votre centre de santé. Vous pouvez aussi visiter notre site web à vivezsansfume.ca, ou composer notre numéro d'appel sans frais 1 800 O CANADA. 1 800 622-6232.

LE FOND MUSICAL S'AMPLIFIE ET SE FOND À LA FERMETURE.

ANNONCEUR : Un message du gouvernement du Canada.

Annonce-annexe – Langue autochtone

Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

**TV
SERIE A
SPOT 2**

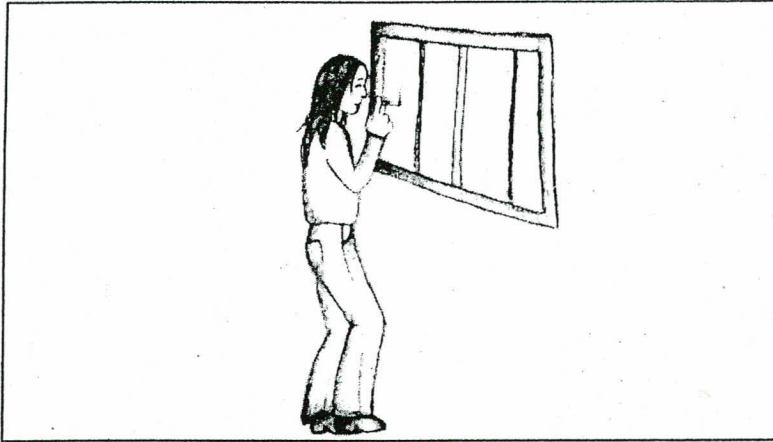
January 26, 2005

Smoking Cessation Script

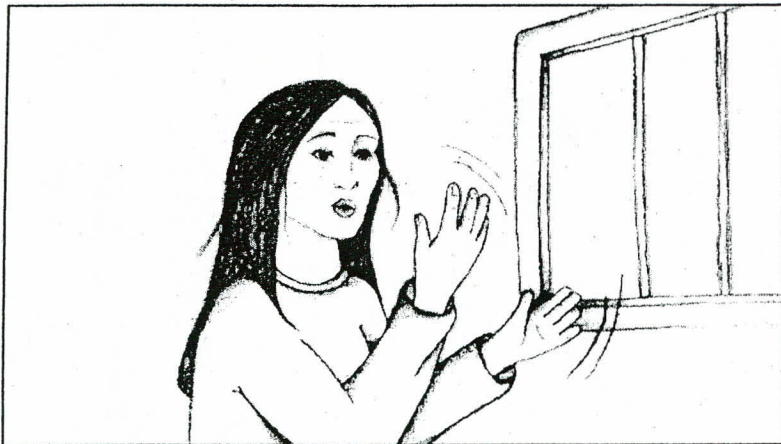
Series A - Spot #2

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

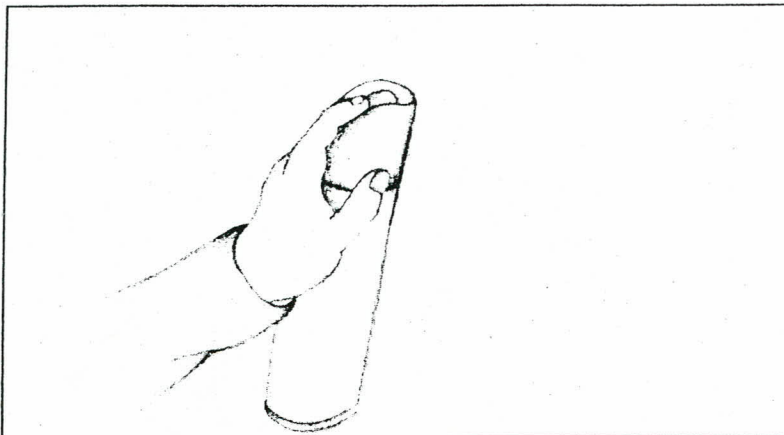
Scene: Interior, a kitchen.

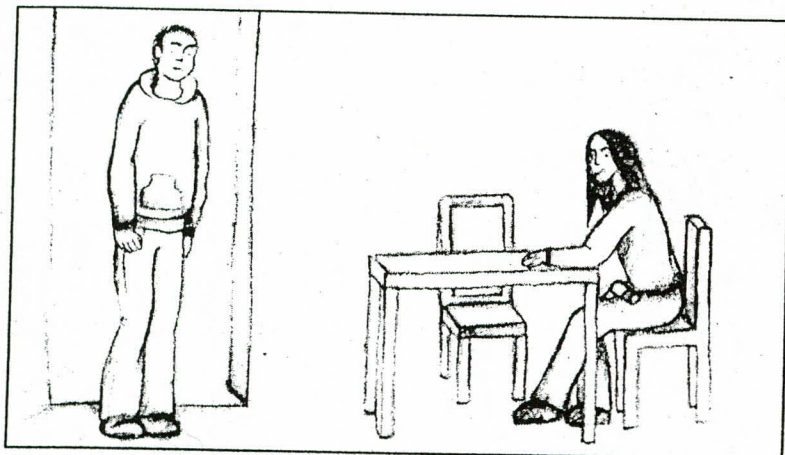


MUSIC.



SFX: THE FRONT DOOR
OPENS



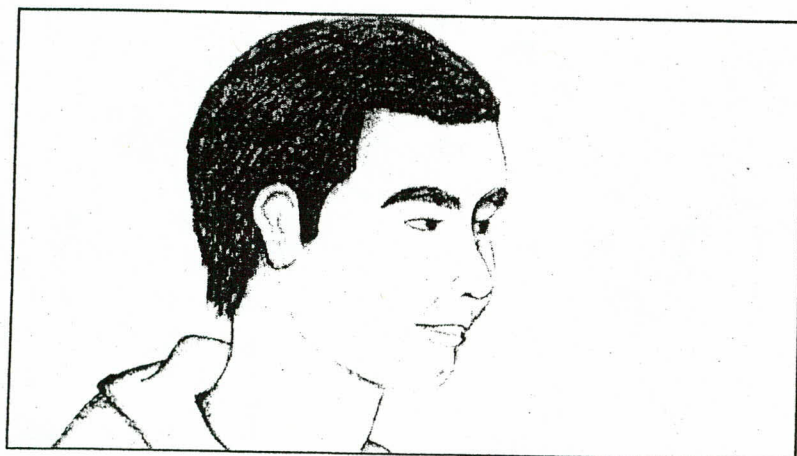


MUSIC FADES OUT.

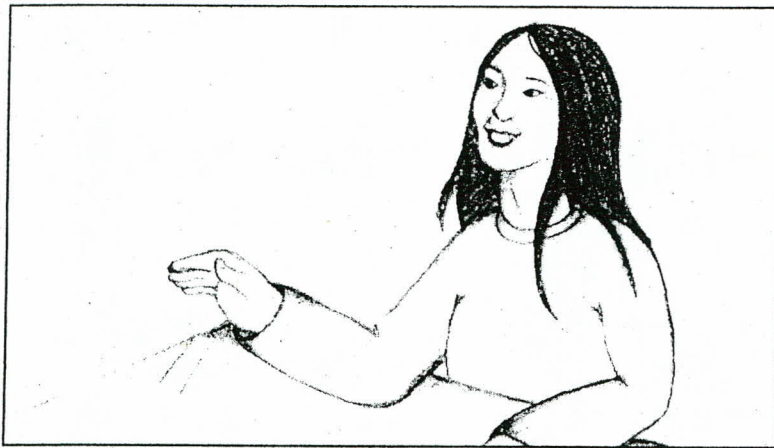
DEREK
It's no good , Ma. I'm sorry.



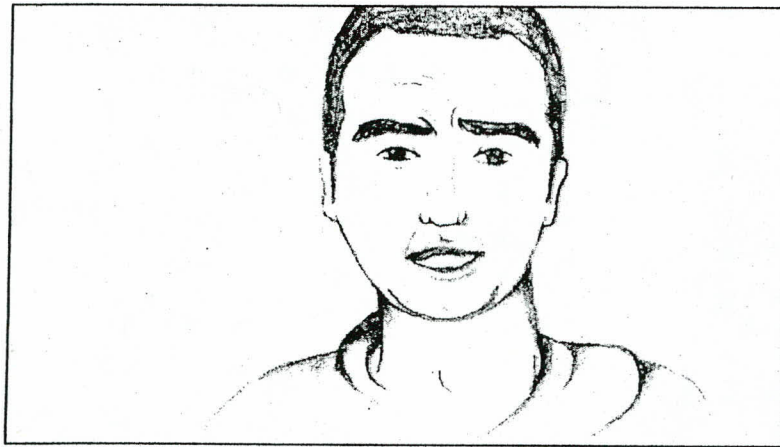
LORRAINE
What's no good, Derek?



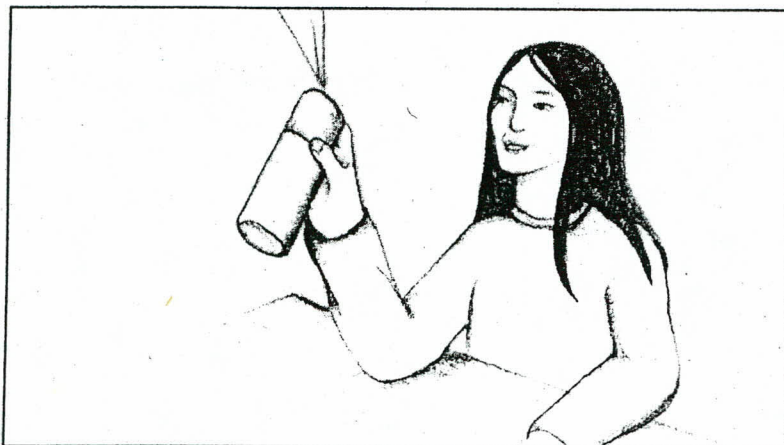
DEREK
I had a smoke today.



LORRAINE LAUGHS



DEREK
What's so funny?



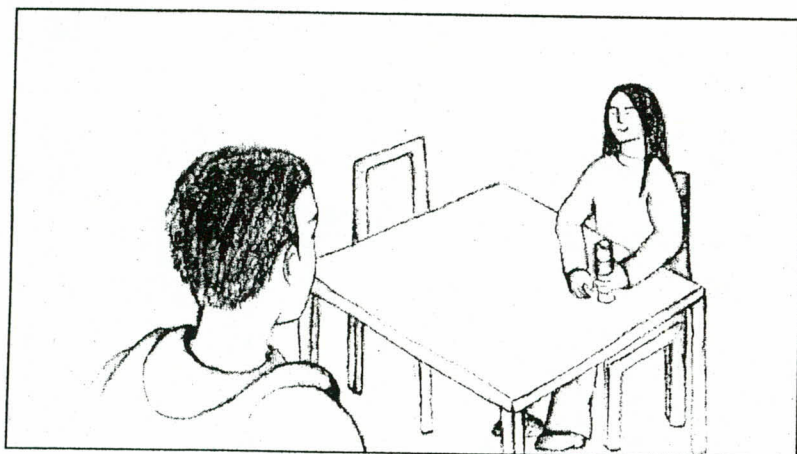
LORRAINE
I was doin' OK, but then
the phone rang. It's like it's
automatic. Phone rings, I
reach for my smokes.



DEREK
I don't believe it! My Ma's a
cheater!



LORRAINE
Yeah well, that's how it goes.
I tried to quit before. Three
or four times in fact.

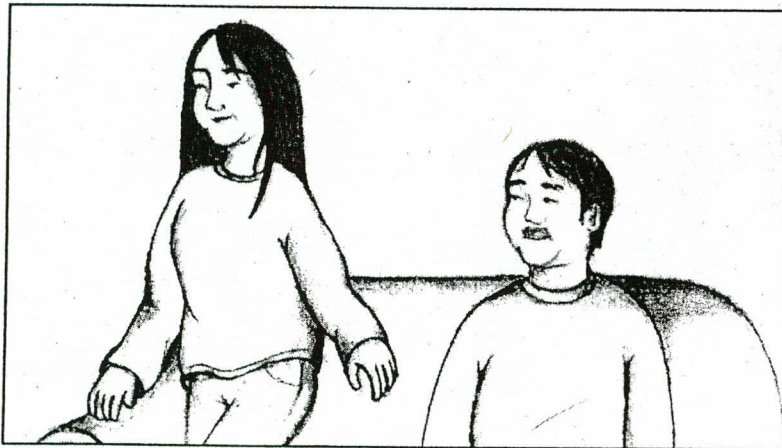


DEREK
You know, I heard that eight
outta ten smokers've tried to
quit more than once.

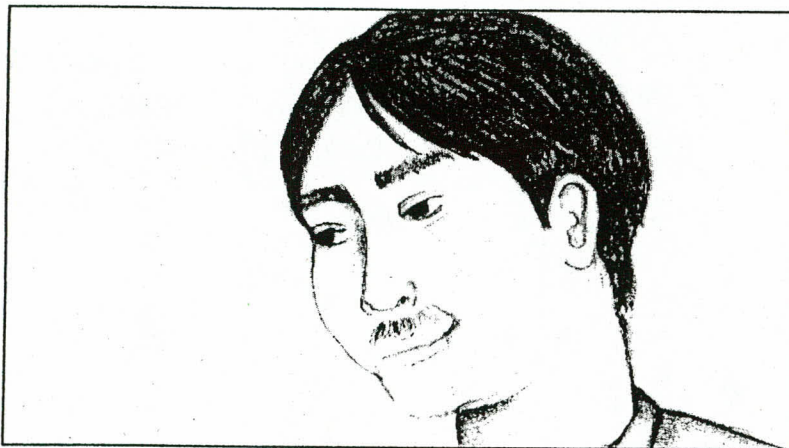
LORRAINE
It's like anything else in life.
You gotta practice. An' you
gotta have a plan.



WILLIE:
Yeah. Maybe I'll do that.



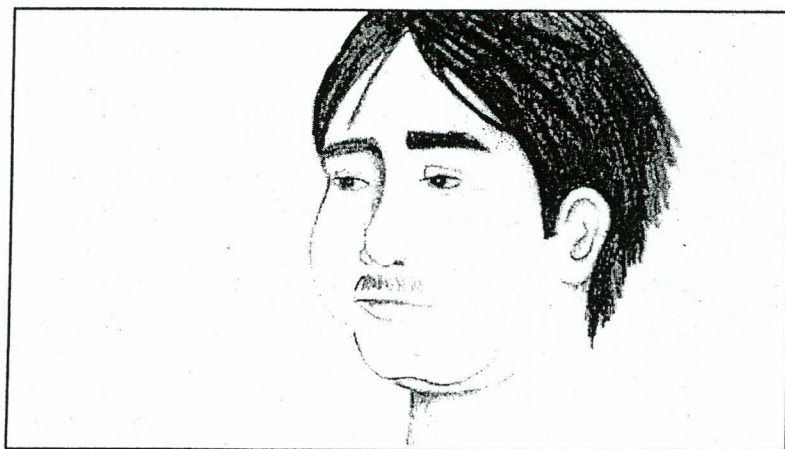
CHERYL
And we can ask Danny to
check on the internet at
school to see what he can
find out.



MUSIC FADES IN



CHERYL
....and think up something
else to do instead. That's how
I quit.



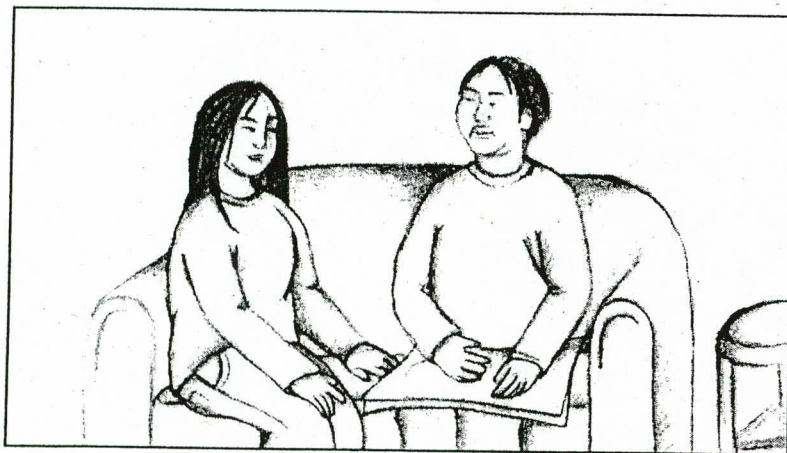
WILLIE
I dunno. Maybe I can't.



CHERYL
First thing you need is to get
some information. Maybe you
should go visit the nurse
down at the health centre for
some ideas.

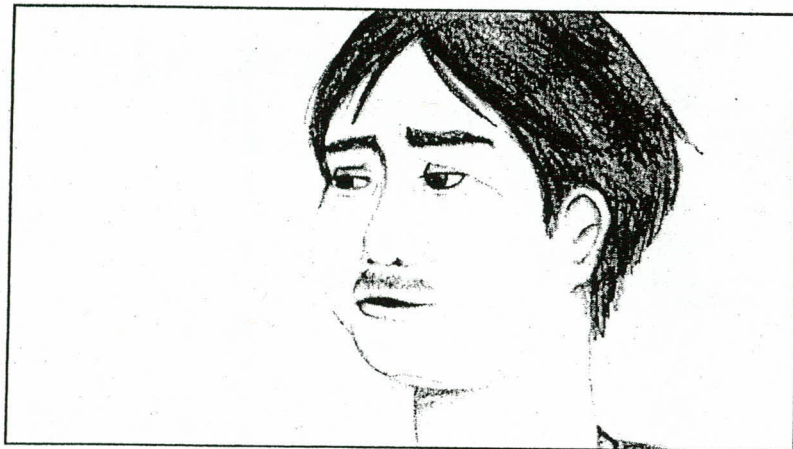


CHERYL
If you're gonna get serious
about this you need a plan.

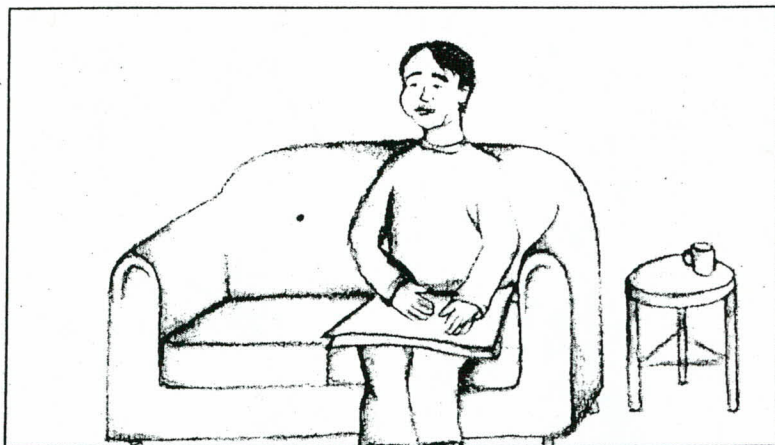


WILLIE
How am I supposed to make
a plan?

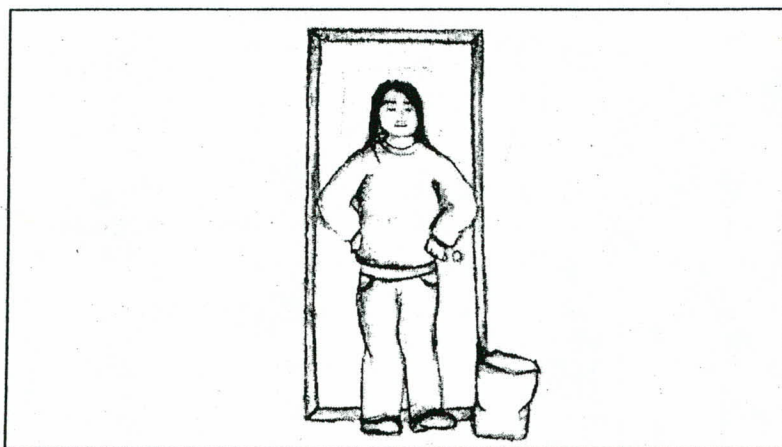
CHERYL
Well, the first thing you need
to do is figure out all the
things you do that make you
smoke...



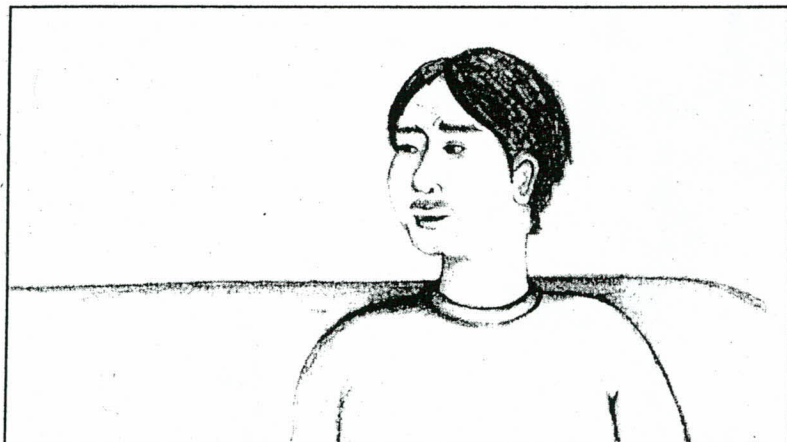
WILLIE
Yeah?



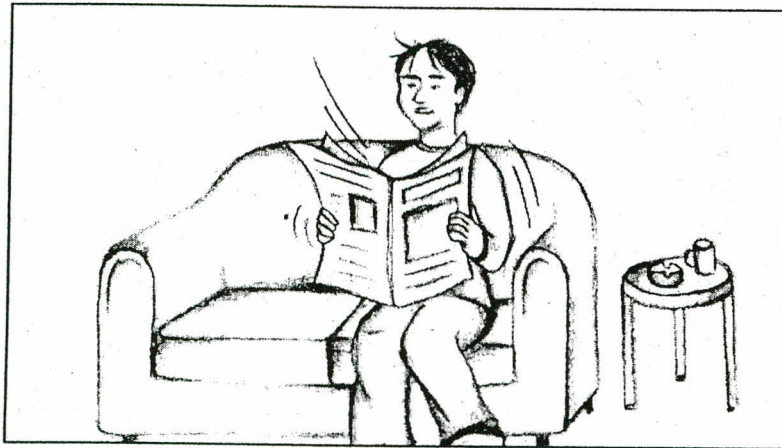
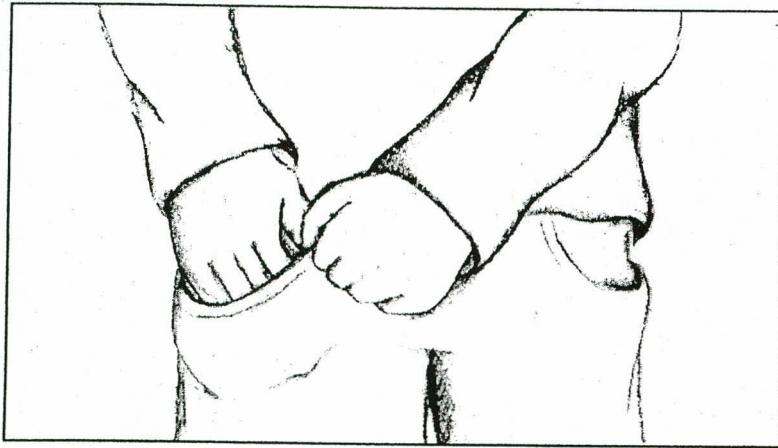
WILLIE
So.



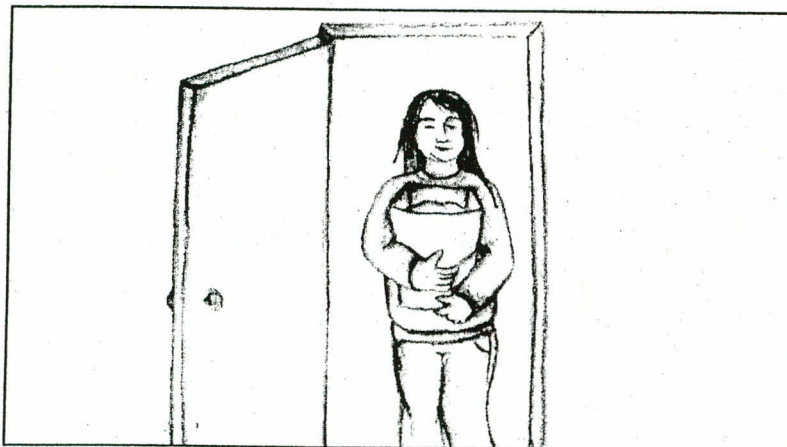
CHERYL
So? I thought you'd quit,
Willie.



WILLIE
I did. But you know how I
always like a smoke with my
coffee.



MUSIC FADES OUT.



CHERYL
You've been sneaking a
cigarette, haven't you?

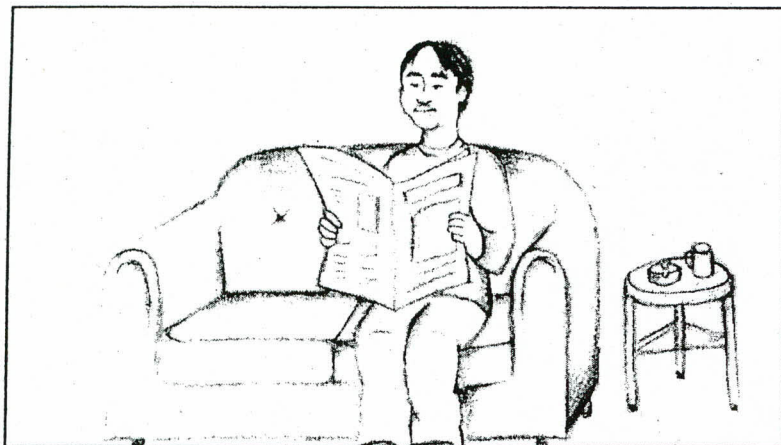
January 26, 2005

Smoking Cessation Script

Series B - Spot #2

Characters: WILLIE, a lifelong smoker in his mid-40s
CHERYL, late 30s, Willie's partner. A former smoker.

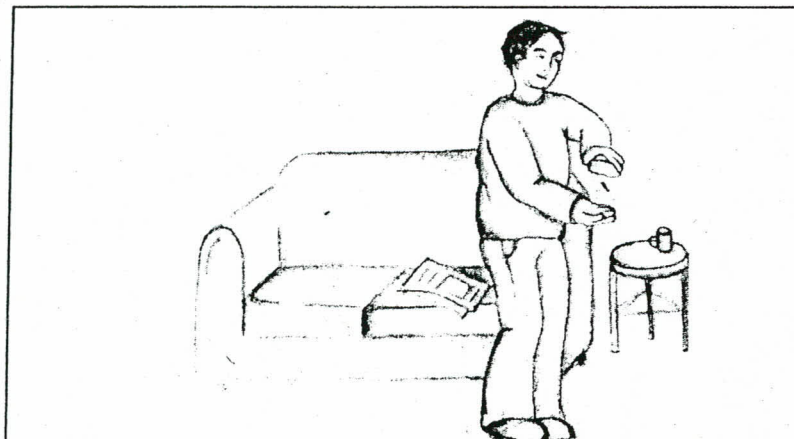
Scene: Interior, a living-room.



MUSIC.



SFX: MUFFLED SOUND
FROM THE OUTER HALL-
WAY OF THE FRONT DOOR
OPENING.



**TV
SERIE B
SPOT 2**

MARC : Tu sais, ce ne sera pas facile. Je peux être de très mauvaise humeur quand j'ai envie de fumer.

LINDA : Va pour la mauvaise humeur!

FONDU SONORE À L'OUVERTURE

ANNONCEUR : Pour en savoir plus sur Fumer c'est fini, adressez-vous à votre centre de santé. Vous pouvez aussi visiter notre site web à vivezsansfume.ca, ou composer notre numéro d'appel sans frais 1 800 O CANADA. 1 800 622-6232.

LA MUSIQUE S'AMPLIFIE ET SE FOND À LA FERMETURE

ANNONCEUR : Un message du gouvernement du Canada.

Annexe-annexe – Langue autochtone

Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

Le 26 janvier 2005
Message radio
Script sur l'abandon du tabagisme
Série B – 1^{er} message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
LINDA, fin de la trentaine, ancienne fumeuse et conjointe de Marc

Scène : Dans la cuisine de Marc et Linda

MUSIQUE

BRUITAGE : WILLIE EXPIRE LONGUEMENT ET ÉCRASE UN MÉGOT DANS UN CENDRIER

FONDU SONORE À LA FERMETURE

MARC : Ça y est! J'arrête!

LINDA : Pour vrai? Tu dis enfin adieu à tes cigarettes, Marc?

MARC : Oui, madame!

LINDA : Qu'est-ce qui t'a décidé?

MARC : J'en ai assez, Linda. Pour toutes sortes de raisons. Assez de me réveiller chaque matin avec un goût de cendrier dans la bouche, assez de toujours être à bout de souffle et de payer mes cigarettes de plus en plus cher.

LINDA : C'est d'avoir à aller fumer dehors l'hiver qui m'avait poussée à arrêter.

MARC : (DOUCEMENT) En plus, j'ai des douleurs à la poitrine depuis quelques mois.

LINDA : C'est grave?

MARC : Non. C'est juste un avertissement. C'est ce que le docteur a dit. Mais si je n'arrête pas, ça pourrait finir en crise cardiaque. Et je n'y tiens pas.

LINDA : Sûrement pas.

LINDA SE RETOURNE VERS MARC LINDA TEND LE BRAS AU-DESSUS DE LA TABLE ET TOUCHE LA MAIN DE MARC... ÉLÉMENTS GRAPHIQUES EN SURIMPRESSION : ADRESSE DU SITE WEB ET NUMÉRO D'APPEL SANS FRAIS LOGO DU GOUVERNEMENT DU CANADA FONDU AU NOIR.	MARC Tu sais, ce ne sera pas facile. Je peux être de très mauvaise humeur quand j'ai envie de fumer. LINDA Va pour la mauvaise humeur. FONDU SONORE À L'OUVERTURE ANNONCEUR Pour en savoir plus sur <i>Fumer c'est fini</i>, adressez-vous à votre centre de santé, visitez notre site web ou composez le numéro d'appel sans frais qui paraît à l'écran. LA MUSIQUE S'AMPLIFIE ET SE FOND À LA FERMETURE. ANNONCEUR Un message du gouvernement du Canada. FIN.
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COUPURE : PLAN MOYEN DE 2 PERSONNES LINDA HAUSSE LES ÉPAULES MARC SE FROTTE LA POITRINE COUPURE : GROS PLAN – LINDA EST INQUIÈTE COUPURE : PLAN MOYEN DE 2 PERSONNES. MARC, VISIBLEMENT MAL À L'AISE D'EN PARLER, PREND UNE GORGÉE DE CAFÉ. COUPURE : GROS PLAN – LINDA A PEUR COUPURE : GROS PLAN – MARC COUPURE : GROS PLAN – LINDA LE REGARDE, NE DIT RIEN MAIS N'EST PAS RASSURÉE. ELLE DÉTOURNE LA TÊTE. COUPURE : PLAN MOYEN DE 2 PERSONNES	les matins avec un goût de cendrier dans la bouche, de toujours être à bout de souffle et de payer mes cigarettes de plus en plus cher. LINDA C'est d'avoir à aller fumer dehors l'hiver qui m'avait poussée à arrêter. MARC (douxment) En plus, j'ai des douleurs à la poitrine depuis quelques mois. PAUSE MARC C'est juste un avertissement. Pour l'instant, je vais bien, mais si je continue de fumer, ça pourrait finir en crise cardiaque. MARC (poursuit) C'est ce que le docteur m'a dit, en tout cas. MARC (poursuit) La bonne nouvelle, c'est que les risques de crise cardiaque commencent à diminuer deux jours après avoir arrêter de fumer.
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Le 26 janvier 2005
Script sur l'abandon du tabagisme
Série B – 1^{er} message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
 LINDA, fin de la trentaine, ancienne fumeuse et conjointe de Marc

Scène : Dans la cuisine

Vidéo	Audio
GROS PLAN : MARC ET LINDA SONT ATABLÉS DEVANT UN CAFÉ.	MUSIQUE.
SILENCIEUX ET IMMOBILES, ILS SONT SIMPLEMENT ASSIS DEVANT LEUR CAFÉ.	
LA CAMÉRA AVANCE ET FAIT UN PLAN RAPPROCHÉ – MARC REGARDE LA CIGARETTE À MOITIÉ FUMÉE QU'IL TIENT À LA MAIN.	
IL SE DÉCIDE SOUDAIN ET ÉCRASE SA CIGARETTE DANS LE CENDRIER DE MAUVAISE QUALITÉ QUI SE TROUVE DEVANT LUI.	FONDU SONORE À LA FERMETURE
	MARC : Ça y est!
COUPURE : GROS PLAN – LINDA EST TIRÉE DE SA RÉVERIE	LINDA T'arrêtes de fumer, Marc?
COUPURE : GROS PLAN – MARC	MARC Oui, madame.
COUPURE : GROS PLAN – LINDA	LINDA Enfin! Qu'est-ce qui t'a décidé?
COUPURE : GROS PLAN – MARC	MARC J'en ai assez, Linda. Pour toutes sortes de raisons. Assez de me réveiller tous

up giving myself a heart attack. And we don't want that, do we?

CHERYL: We surely don't.

WILLIE: Mind you, it's not gonna be easy. I can get pretty grumpy when I don't have a smoke.

CHERYL: Grumpy I can live with.

MUSIC FADES IN

ANNOUNCER: If you'd like more information on becoming smoke-free visit your health centre. You can also check out our website at GoSmokefree.ca or call our toll free number at 1-800-O-CANADA. That's 1-800-622-6232.

MUSIC UP AND OUT.

ANNOUNCER: A message from the government of Canada.

Tag - Aboriginal Language

For more information on becoming smoke free,
visit your local Health Centre.

January 26, 2005
Radio Spot
Smoking Cessation Script
Series B - Spot #1

Characters: WILLIE, a lifelong smoker in his mid-40s
smoker CHERYL, late 30s, Willie's partner. A former

Scene: Interior. Willie & Cheryl's kitchen

MUSIC

SOUND: WILLIE LETS OUT A DEEP BREATH AND
SQUASHES A CIGARETTE BUTT IN AN
ASHTRAY.

MUSIC FADES

WILLIE: That's it! I quit!

CHERYL: What? You're finally giving up the smokes, Willie?

WILLIE: Yup.

CHERYL: What has brought this on?

WILLIE: I'm sick of it, Cheryl. Sick of waking up every
morning with a bad taste in my mouth, sick of
always feeling like I'm short of breath or something,
sick of the price of cigarettes going up all the time.
How many reasons do I got to need?

CHERYL: It was the having to smoke outside in winter that
finally got me when I quit.

WILLIE: (QUIETLY) On top of that, I started getting these
chest pains a couple of months ago.

CHERYL: What does that mean?

WILLIE: Nothing. It's just a warning sign. That's what the
doctor said. But if I don't quit smoking I could end

CUT TO:
C/U CHERYL. SHE LOOKS AT HIM.
SHE DOESN'T SAY ANYTHING BUT
SHE CLEARLY REMAINS
UNCONVINCED. SHE TURNS HER
HEAD AWAY.

CUT TO:
MEDIUM 2-SHOT

CHERYL TURNS BACK TO HIM.

CHERYL REACHES ACROSS THE
TABLE AND TOUCHES HIS HAND
AS...

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

WILLIE

Mind you, it's not gonna be easy. I
can get pretty grumpy when I don't
have a smoke.

CHERYL

Grumpy I can live with.

MUSIC FADES IN

ANNOUNCER

If you'd like more information on
becoming smoke-free, visit your
health centre, log on to our website or
call this toll free number.

MUSIC UP AND OUT.

ANNOUNCER

A message from the government of
Canada.

END.

CUT TO:
C/U WILLIE

CUT TO:
MEDIUM 2-SHOT

CHERYL SHRUGS

HE RUBS HIS CHEST.

CUT TO:
C/U CHERYL. SHE IS ALARMED.

CUT TO:
MEDIUM 2-SHOT.
WILLIE, OBVIOUSLY
UNCOMFORTABLE WITH THIS
QUESTION, TAKES A SIP OF
COFFEE.

CUT TO:
C/U A WORRIED CHERYL

CUT TO:
C/U WILLIE

WILLIE

I'm sick of it, Cheryl. Sick of waking
up every morning with ashtray mouth,
of always feeling like I'm short of
breath or something, of the price of a
pack of smokes going up all the time.
How many reasons do I need?

CHERYL

It was the having to smoke outside in
winter that finally got me when I quit.

WILLIE (QUIETLY)

And then a couple of months ago I
started getting these chest pains.

PAUSE

WILLIE

It's just a warning sign. Right now I'm
OK but if I keep on smoking I could
end up giving myself a heart attack.

WILLIE (CONT)

That's what the doctor said, anyway.

WILLIE (CONT)

The good news is the risk of heart
attack begins to go down two days
after quitting.

January 26, 2005
Smoking Cessation Script
Series B - Spot #1

Characters: WILLIE, a lifelong smoker in his mid-40s
CHERYL, late 30s, Willie's partner. A former smoker.

Scene: Interior, a kitchen.

Video	Audio
WS: WILLIE AND CHERYL SIT AT A KITCHEN TABLE HAVING A COFFEE.	MUSIC.
THEY ARE NOT TALKING, NOT EVEN MOVING. JUST SITTING WITH THEIR COFFEE CUPS.	
CAMERA DOLLIES IN AND PANS TO MCU OF WILLIE AS HE CONSIDERS THE HALF-SMOKED CIGARETTE HE HOLDS IN HIS HAND.	
SUDDENLY, HE MAKES A DECISION AND GRINDS THE BUTT INTO THE CHEAP TIN ASHTRAY IN FRONT OF HIM.	MUSIC FADES OUT.
CUT TO: C/U CHERYL AS SHE LOOKS UP FROM HER REVERIE	WILLIE: That's it!
CUT TO: MCU WILLIE	CHERYL You mean you're quitting, Willie?
CUT TO: C/U CHERYL	WILLIE Yup.
	CHERYL Hallelujah! What brought this on?

(1 800 622-3262)

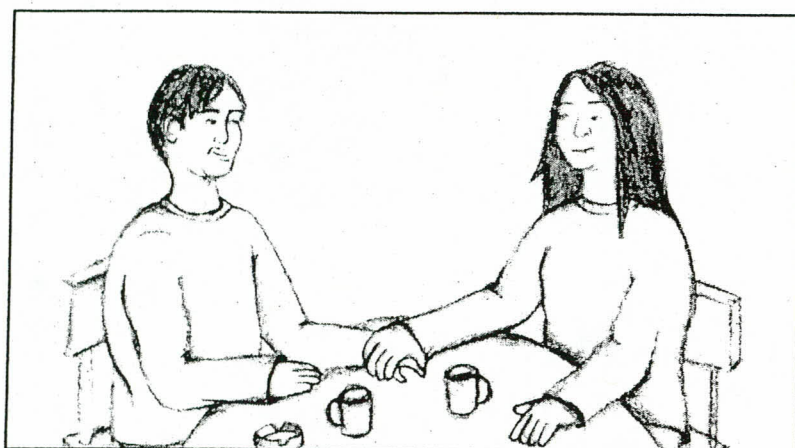
$\triangleright^{\circ} \text{bc} \neg \Pi^{\circ}$.

Canada

$$L^{\infty} L^2 \sigma^c.$$



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 ለጥራት ማረጋገጥና ለጥራት ማረጋገጥ፡፡



ሥራ
 የሥራ ልምድ ለማድረግና
 የጥራት ማረጋገጥ፡፡

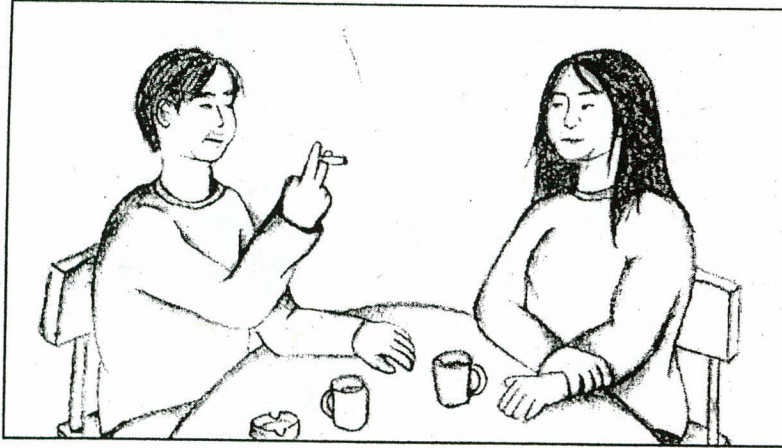
MUSIC FADES IN

ከጥቅምት 31, 2005

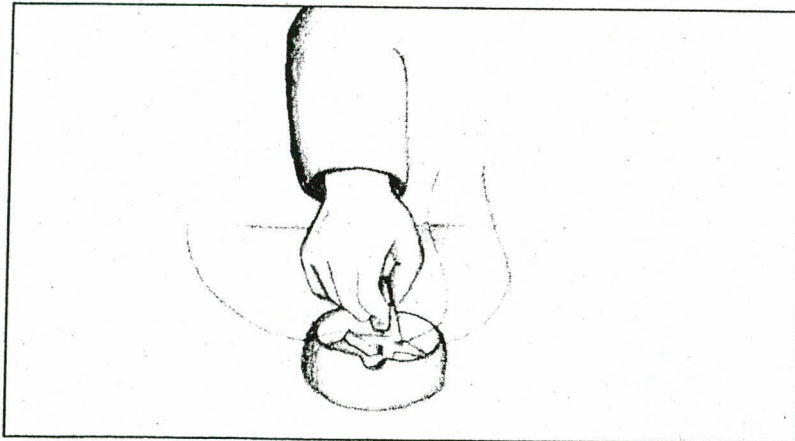
የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ ሕገ-መንግሥት የሥነ-ልቦና - ምርመራና ምርመራ

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30-ዓመት ዕድሜ ስጋጥጥ ለሥነ-ልቦና ምርመራ ምርመራ

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MUSIC.



MUSIC FADES OUT.

ለሥነ-ልቦና ምርመራ ምርመራ

**Fumer
fini**

www.VivezSansFumee.ca

1 800 0-Canada
(1 800 622-3262)

ANNONCEUR

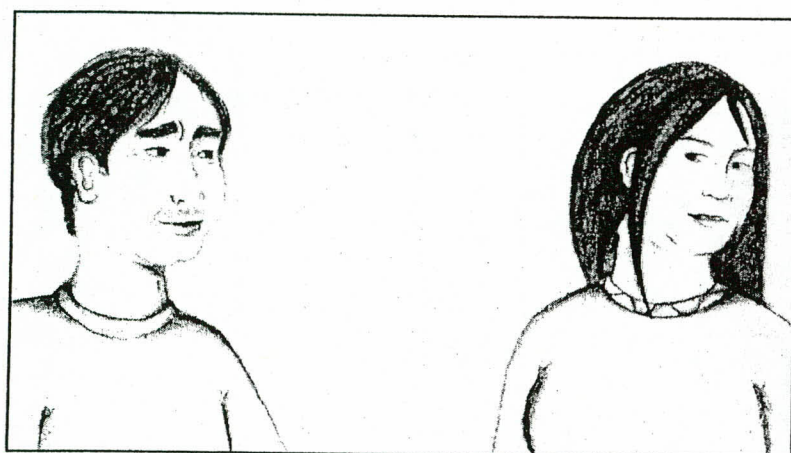
Pour en savoir plus sur
Fumer c'est fini, adressez-
vous à votre centre de santé,
visitez notre site web ou
composez le numéro d'appel
sans frais qui paraît à l'écran.

**LA MUSIQUE S'AMPLIFIE
ET SE FOND À LA
FERMETURE.**

Canada

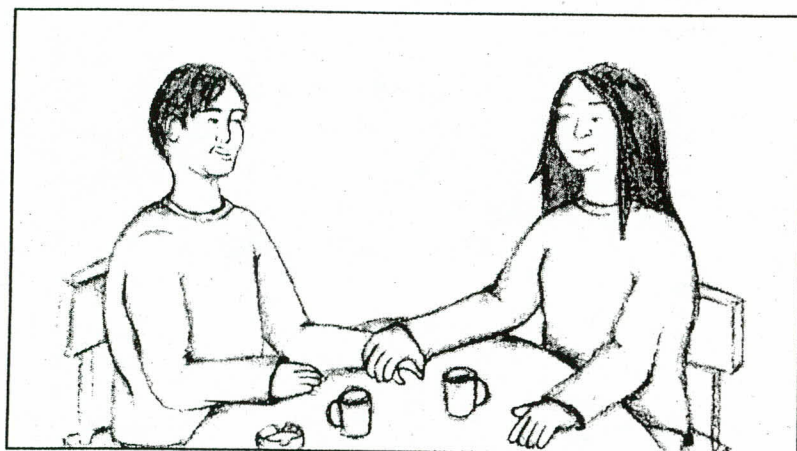
ANNONCEUR

Un message du
gouvernement du Canada.



MARC

Tu sais, ce ne sera pas facile. Je peux être de très mauvaise humeur quand j'ai envie de fumer.



LINDA

Va pour la mauvaise humeur.

FONDU SONORE À
L'OUVERTURE



PAUSE

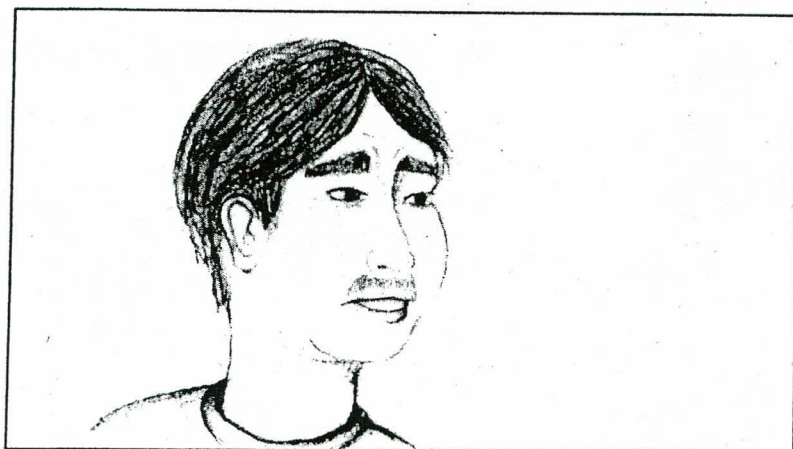
MARC

C'est juste un avertissement.
Pour l'instant, je vais bien,
mais si je continue de fumer,
ça pourrait finir en crise
cardiaque.



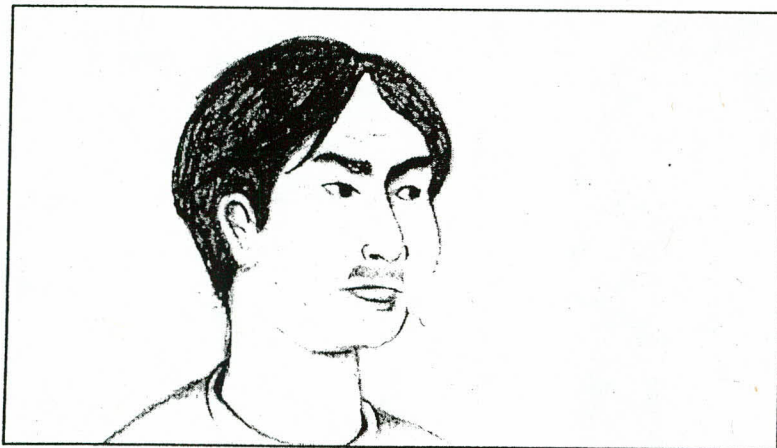
MARC (poursuit)

C'est ce que le docteur m'a
dit, en tout cas.



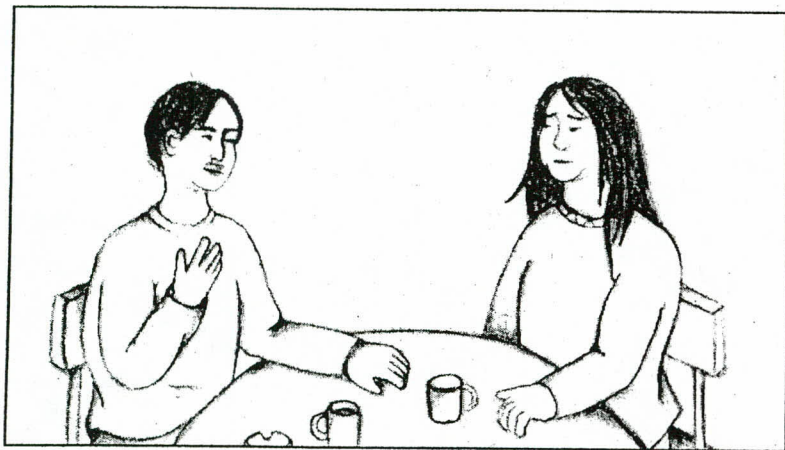
MARC (poursuit)

La bonne nouvelle, c'est
que les risques de crise
cardiaque commencent à
diminuer deux jours après
avoir arrêté de fumer.



MARC

J'en ai assez, Linda. Pour toutes sortes de raisons. Assez de me réveiller tous les matins avec un goût de cendrier dans la bouche, de toujours être à bout de souffle et de payer mes cigarettes de plus en plus cher.



LINDA

C'est d'avoir à aller fumer dehors l'hiver qui m'avait poussée à arrêter.

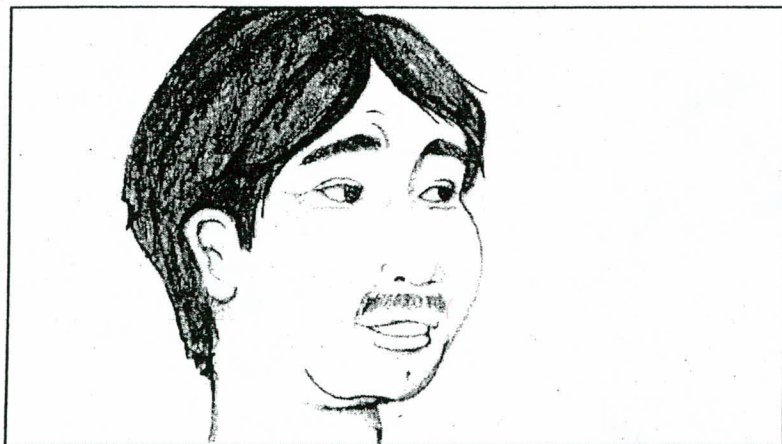
MARC (douxment)

En plus, j'ai des douleurs à la poitrine depuis quelques mois.





LINDA
T'arrêtes de fumer, Marc?



MARC
Oui, madame.



LINDA
Enfin! Qu'est-ce qui t'a
décidé?

Le 26 janvier 2005

Script sur l'abandon du tabagisme

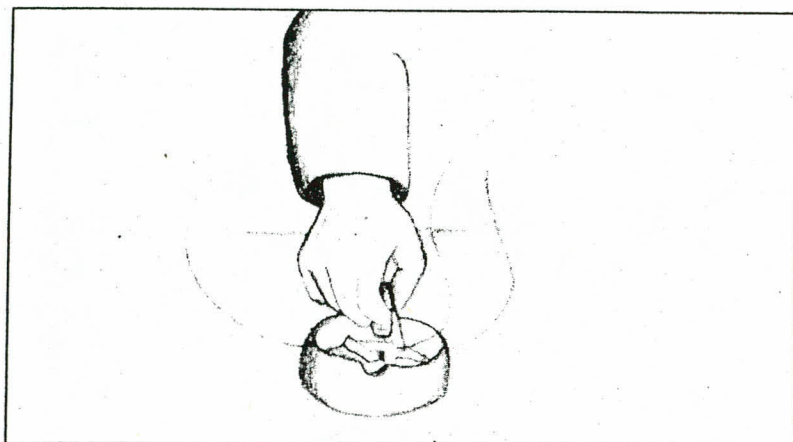
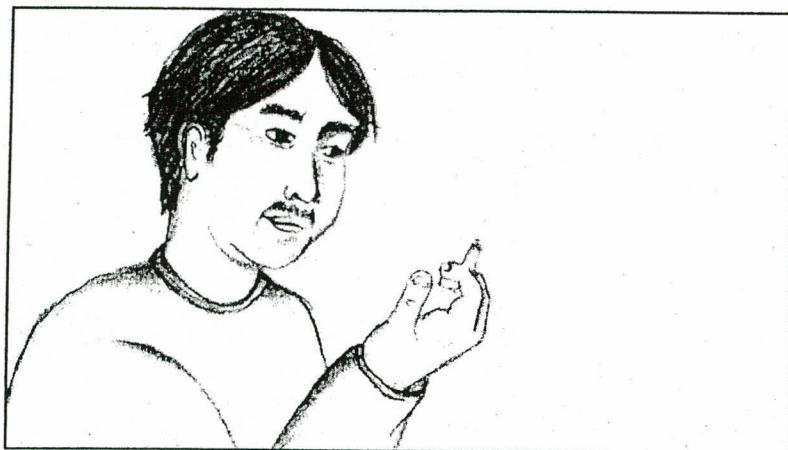
Série B – 1er message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
LINDA, fin de la trentaine, ancienne fumeuse et conjointe de Marc

Scène : Dans la cuisine



MUSIQUE.



FONDU SONORE À LA
FERMETURE

MARC :
Ça y est!

**Kicking
Addiction**

www.GoSmokefree.ca

1 800 0-Canada
(1 800 622-3262)

ANNOUNCER

If you'd like more information
on becoming smoke-free,
visit your health centre, log
on to our website or call this
toll free number.

MUSIC UP AND OUT.

Canada

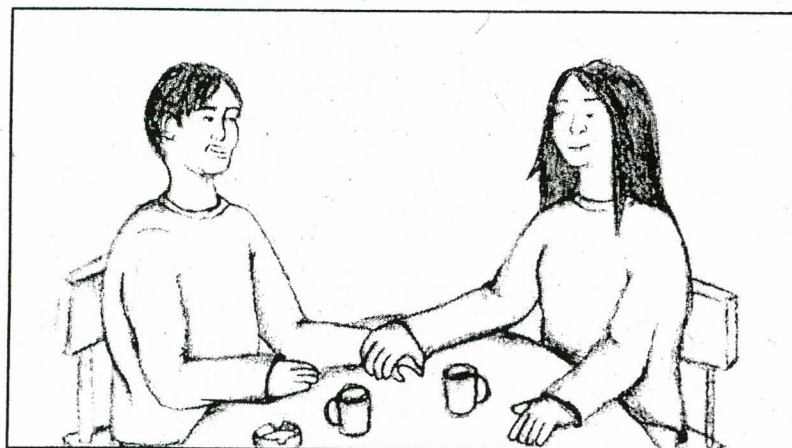
ANNOUNCER

A message from the
government of Canada.



WILLIE

Mind you, it's not gonna be easy. I can get pretty grumpy when I don't have a smoke.



CHERYL

Grumpy I can live with.

MUSIC FADES IN



PAUSE

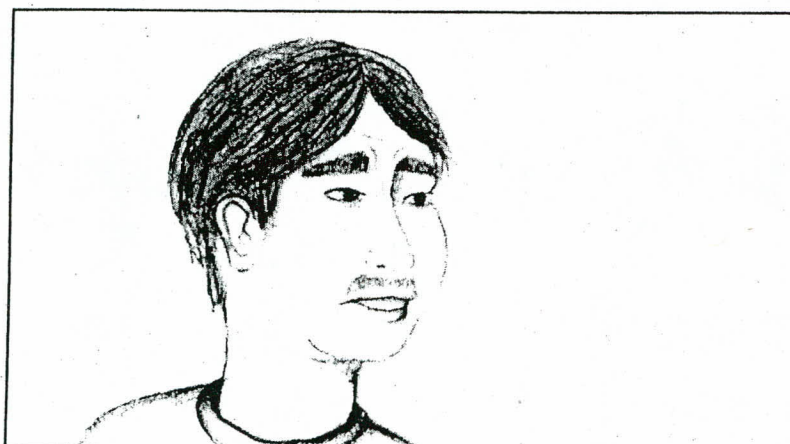
WILLIE

It's just a warning sign. Right now I'm OK but if I keep on smoking I could end up giving myself a heart attack.



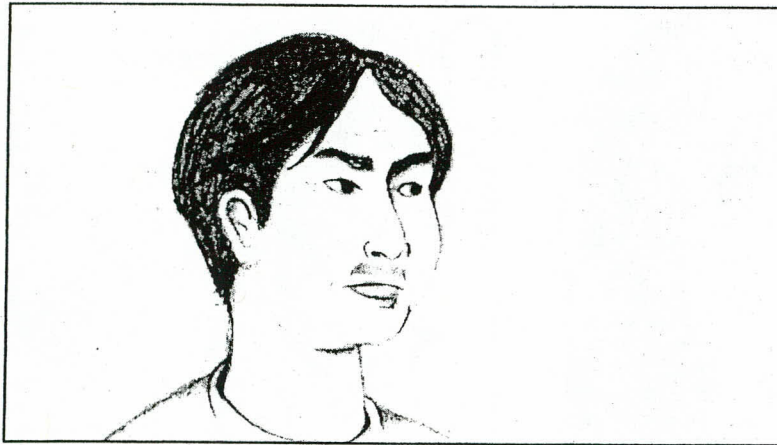
WILLIE (CONT)

That's what the doctor said, anyway.



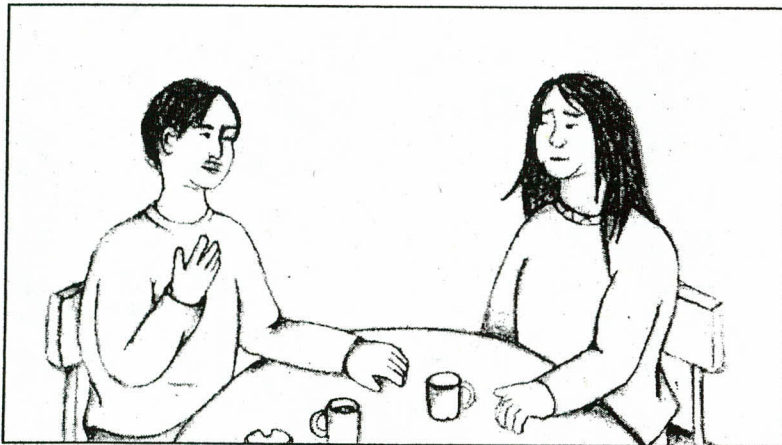
WILLIE (CONT)

The good news is the risk of heart attack begins to go down two days after quitting.



WILLIE

I'm sick of it, Cheryl. Sick of waking up every morning with ashtray mouth, of always feeling like I'm short of breath or something, of the price of a pack of smokes going up all the time. How many reasons do I need?



CHERYL

It was the having to smoke outside in winter that finally got me when I quit.

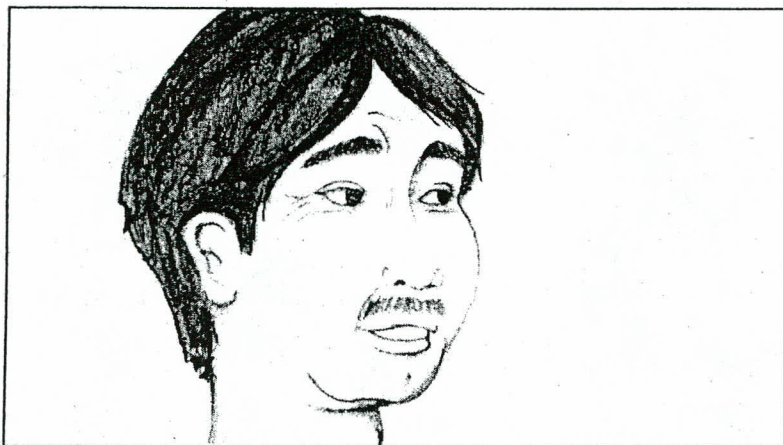
WILLIE (QUIETLY)

And then a couple of months ago I started getting these chest pains.





CHERYL
You mean you're quitting,
Willie?



WILLIE
Yup.



CHERYL
Hallelujah! What brought this
on?

January 26, 2005

Smoking Cessation Script

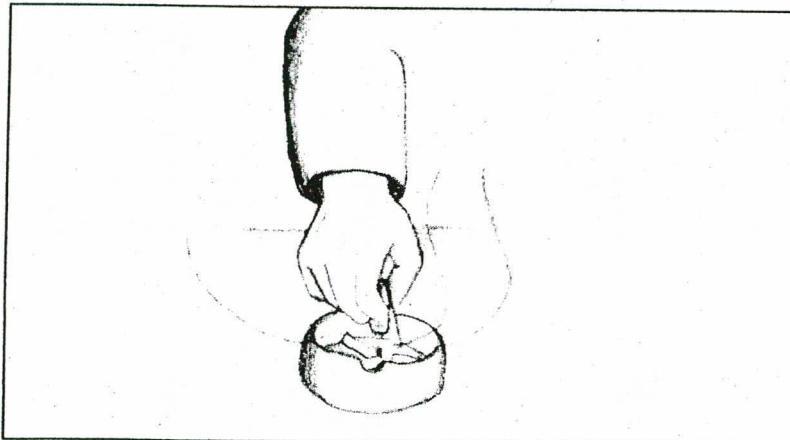
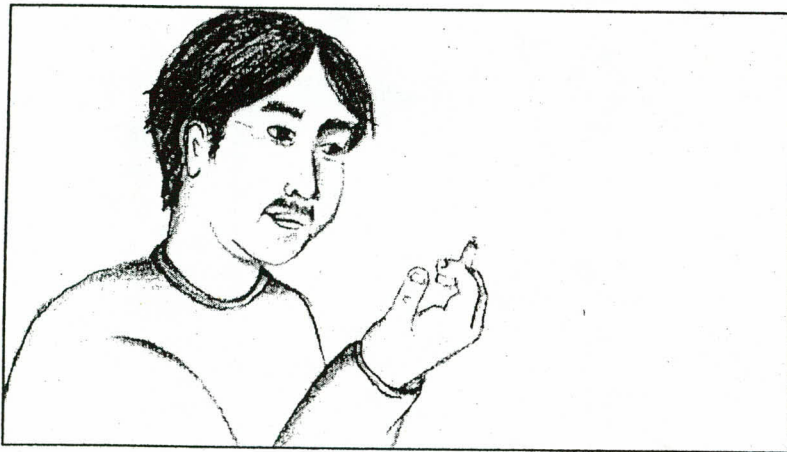
Series B - Spot #1

Characters: WILLIE, a lifelong smoker in his mid-40s
CHERYL, late 30s, Willie's partner. A former smoker.

Scene: Interior, a kitchen.



MUSIC.



MUSIC FADES OUT.

WILLIE:
That's it!

**TV
SERIE B
SPOT 1**

MANON : Bonne question.

FONDU SONORE À L'OUVERTURE

ANNONCEUR : Pour en savoir plus sur Fumer c'est fini, adressez-vous à votre centre de santé. Vous pouvez aussi visiter notre site web à vivezsansfume.ca, ou composer notre numéro d'appel sans frais 1 800 O CANADA. 1 800 622-6232.

LE FOND MUSICAL S'AMPLIFIE ET SE FOND À LA FERMETURE.

ANNONCEUR : Un message du gouvernement du Canada.

Annonce-annexe – Langue autochtone

Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

Le 26 janvier 2005
Message radio
Script sur l'abandon du tabagisme
Série A – 2^e message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie
STEPHANE, le fils de Lorraine, a environ 25 ans. Il fume
aussi.

Scène : Dans la cuisine de Manon.

BRUITAGE : OUVERTURE D'UNE PORTE

MANON : Bonjour Stéphane! Comment va mon petit-fils?

STEPHANE : Je n'y arrive pas, m'an. Je suis désolé.

MANON: De quoi parles-tu?

STEPHANE : J'ai fumé une cigarette aujourd'hui.

MANON : ÉCLAT DE RIRE

STEPHANE : Qu'est-ce qui te fait tant rire?

MANON : Moi aussi!

STEPHANE : Quoi?

MANON : Tout allait bien, puis le téléphone a sonné et je me suis
retrouvée la cigarette au bec.

STEPHANE : C'est pas croyable! Ma mère triche!

MANON : Eh oui! J'ai déjà essayé d'arrêter... Trois ou quatre fois, en
fait.

STEPHANE : Tu sais, il paraît que la plupart des fumeurs ont essayé
d'arrêter plus d'une fois.

MANON : C'est pareil pour tout. Il faut avoir un plan et le mettre en
pratique.

STEPHANE : Oui, mais comment on fait?

GROS PLAN – LE VISAGE DE STEPHANE S'ÉCLAIRE COUPURE : GROS PLAN – MANON COUPURE : MOYEN PLAN SUR 2 PERSONNES STEPHANE SE LÈVE D'UN BOND ET MIME SA TENTATIVE DE CHANGER UNE COUCHE, CE QUI FAIT RIRE MANON DE BON CŒUR ÉLÉMENTS GRAPHIQUES EN SUPERPOSITION : ADRESSE DU SITE WEB ET NUMÉRO D'APPEL SANS FRAIS LOGO DU GOUVERNEMENT DU CANADA FONDU AU NOIR.	Internet. MANON D'accord, dressons un plan. MANON (poursuit) Mais, avant, dis-moi comment va mon petit-fils. FONDU SONORE À L'OUVERTURE ANNONCEUR Pour en savoir plus sur l'abandon du tabagisme, adressez-vous à votre centre de santé, visitez notre site web ou composez le numéro d'appel sans frais qui paraît à l'écran. LE FOND MUSICAL S'AMPLIFIE ET SE FOND À LA FERMETURE. ANNOUNCEUR Un message du gouvernement du Canada. FIN.
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COUPURE :
PLAN RAPPROCHÉ – À LA TABLE,
MANON ÉCLATE DE RIRE

COUPURE :
GROS PLAN – STEPHANE EST
DÉCONCERTÉ.

COUPURE :
MANON SORT LE DÉSODORISANT
ET, L'AIR COUPABLE, EN
VAPORISE UN PEU

COUPURE :
PLAN RAPPROCHÉ – STEPHANE

COUPURE :
GROS PLAN – MANON

COUPURE :
PLAN MOYEN – LA CAMÉRA SUIV
STEPHANE QUI SE DIRIGE VERS
LA TABLE POUR S'ASSEOIR AVEC
SA MÈRE – PLAN DE 2
PERSONNES

COUPURE :

MANON RIT

STEPHANE
Qu'est-ce qui te fait tant rire?

MANON
Tout allait bien, puis le téléphone a
sonné. C'est automatique. Le
téléphone sonne, je m'allume une
cigarette.

STEPHANE
C'est pas croyable! Ma mère triche!

MANON
Eh oui! J'ai déjà essayé d'arrêter.
Trois ou quatre fois, en fait.

STEPHANE
Tu sais, il paraît que 8 fumeurs sur 10
ont essayé d'arrêter plus d'une fois.

MANON
C'est pareil pour tout. Il faut se faire
un plan et le suivre.

STEPHANE
Oui, mais comment on fait?

MANON
Le centre de santé pourrait peut-être
nous renseigner?

STEPHANE
Ouais. Ils doivent bien avoir des
dépliants ou des trucs du genre. Chez
moi, je peux aussi chercher dans

Le 26 janvier 2005
Script sur l'abandon du tabagisme
Série A – 2^e message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie
STEPHANE, le fils de Manon, a environ 25 ans. Il fume aussi.

Scène : À l'intérieur, dans une cuisine.

Vidéo	Audio
PLAN GÉNÉRAL : MANON SE TIENT TOUT PRÈS D'UNE FENÊTRE OUVERTE, UNE CIGARETTE À LA MAIN.	MUSIQUE.
LORSQU'ELLE ENTEND LA PORTE DE DEVANT QUI S'OUVRE, ELLE JETTE SA CIGARETTE DEHORS, DISSIPÉ LA FUMÉE D'UNE MAIN ET S'EMPARE D'UN DÉSODORISANT QUI SE TROUVE SUR LA TABLE, PUIS VAPORISE AUTOUR D'ELLE	BRUITAGE : OUVERTURE DE LA PORTE AVANT
ELLE S'ASSOIT À LA TABLE ET PLACE LE DÉSODORISANT SUR SES CUISSÉS AU MOMENT OÙ...	
COUPURE : GROS PLAN – STEPHANE APPARAÎT À L'ENTRÉE DE LA CUISINE	
IL SE TIENT LÀ, L'AIR PENAUD.	FONDU SONORE À LA FERMETURE
	STEPHANE Je n'y arrive pas, m'an. Je suis désolé.
COUPURE : GROS PLAN – MANON	MANON De quoi parles-tu, Stéphane?
COUPURE : GROS PLAN – STEPHANE	STEPHANE J'ai fumé une cigarette aujourd'hui.

MUSIC FADES IN

ANNOUNCER:

If you'd like information on kicking the habit visit your health centre. You can also check out our website at GoSmokefree.ca or call our toll free number at 1-800-O-CANADA. That's 1-800-622-6232.

MUSIC UP AND OUT.

ANNOUNCER:

A message from the government of Canada.

Tag - Aboriginal Language

For more information on kicking the habit, visit your local Health Centre.

Radio Spot
Smoking Cessation Script
Series A - Spot #2

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Interior. Lorraine's kitchen

SOUND: DOOR OPENS

LORRAINE: Hey Derek! How's that grandson of mine doin'?

DEREK: It's no good, Ma. I'm sorry.

LORRAINE: What's no good?

DEREK: I had a smoke today.

LORRAINE: STARTS TO LAUGH

DEREK: What's so funny?

LORRAINE: Me too!

DEREK: What?

LORRAINE: I was doin' OK. But then the phone rings an' I reach for my smokes.

DEREK: I don't believe it! My Ma's a cheater!

LORRAINE: Yeah well, that's how it goes. Tried to quit before... Three of four times in fact

DEREK: You know, I heard that most smokers've have tried to quit more than once

LORRAINE: It's like anything else. You need a plan an' you gotta practice it.

DEREK: Yeah but how d'you make a plan?

LORRAINE: Good question.

CUT TO:
C/U DEREK AS HE BRIGHTENS UP.

CUT TO:
MC/U LORRAINE

CUT TO:
MEDIUM 2-SHOT

DEREK LEAPS UP AND
PANTOMIMES HIS ATTEMPTS AT
DIAPER CHANGING, WHICH
LORRAINE FINDS HILARIOUSLY
FUNNY.

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

DEREK
Yeah. They're bound to have some
flyers or something. Hey, an' I can
check it out on the internet at my
place.

LORRAINE
OK, so let's make a plan.

LORRAINE(CONT)
But first I wanna know how that
grandson of mine is doin', eh?.

MUSIC FADES IN

ANNOUNCER
If you'd like more information on
kicking the habit visit your health
centre, log on to our website or call
this toll free number.

MUSIC UP AND OUT.

ANNOUNCER
A message from the government of
Canada.

END.

CUT TO:
MCU LORRAINE AT THE TABLE.
SHE BURSTS OUT LAUGHING

CUT TO:
C/U DEREK, CONFUSED.

CUT TO:
MS LORRAINE. SHE REVEALS THE
AIR FRESHENER AND GIVES THE
AIR A GUILTY LITTLE SQUIRT.

CUT TO:
MCU DEREK

CUT TO:
C/U LORRAINE

CUT TO:
MS DEREK. CAMERA FOLLOWS
HIM AS HE CROSSES TO JOIN HER
AT THE TABLE IN A 2-SHOT.

LORRAINE LAUGHS

DEREK
What's so funny?

LORRAINE
I was doin' OK, but then the phone
rang. It's like it's automatic. Phone
rings, I reach for my smokes.

DEREK
I don't believe it! My Ma's a cheater!

LORRAINE
Yeah well, that's how it goes. I tried
to quit before. Three or four times in
fact.

DEREK
You know, I heard that eight outta ten
smokers've tried to quit more than
once.

LORRAINE
It's like anything else in life. You gotta
practice. An' you gotta have a plan.

DEREK
Yeah, but how d'you make a plan?

LORRAINE
Maybe they got some information
down at that there health centre, eh?

January 26,2005
Smoking Cessation Script
Series A - Spot #2

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Interior, a kitchen.

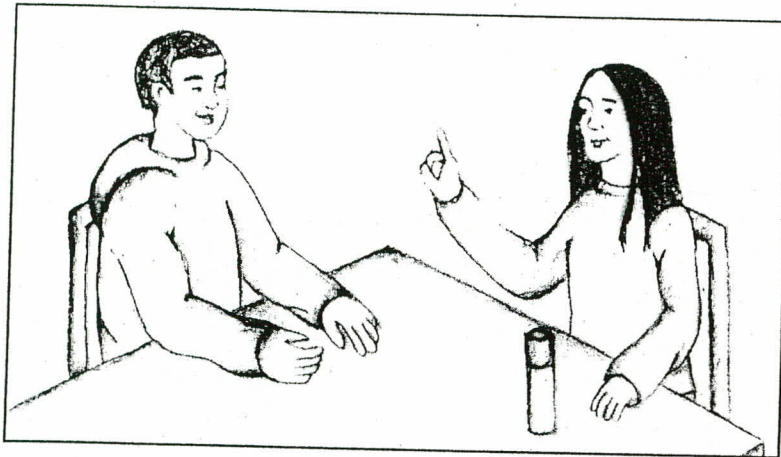
Video	Audio
MS: LORRAINE STANDS BESIDE AN OPEN WINDOW. SHE IS HOLDING A CIGARETTE. SHE HEARS THE FRONT DOOR OPEN, THROWS HER CIGARETTE OUT THE WINDOW, WAVES THE SMOKE AWAY WITH HER HAND, GRABS AN AIR FRESHENER FROM THE KITCHEN TABLE AND SPRAYS THE ROOM. SHE SITS AT THE TABLE AND DROPS THE AIR FRESHENER IN HER LAP JUST AS..... CUT TO: WS DEREK APPEARS IN THE KITCHEN DOORWAY. HE STANDS THERE MOMENTARILY, DEFEATED. CUT TO: C/U LORRAINE CUT TO: C/U DEREK	MUSIC. SFX: THE FRONT DOOR OPENS MUSIC FADES OUT. DEREK It's no good , Ma. I'm sorry. LORRAINE What's no good, Derek? DEREK I had a smoke today.

Canada

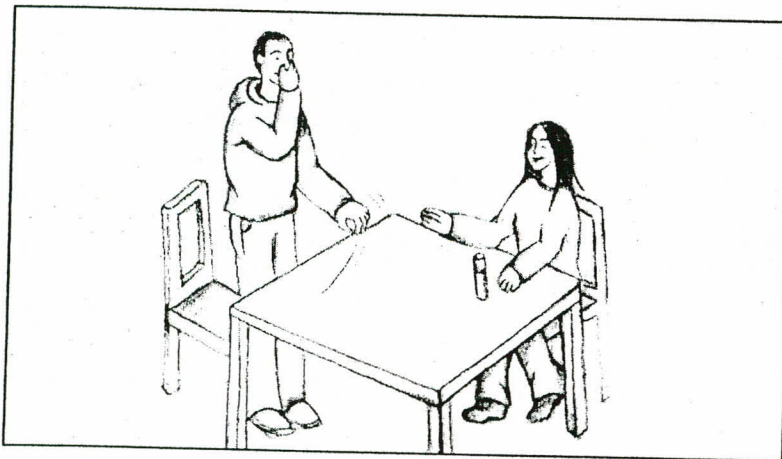
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ԼԷՃԷ (CONT)
 ՃԳՅՈՒՆԵՐ ԳԵՄՃԻՃԸ?



MUSIC FADES IN

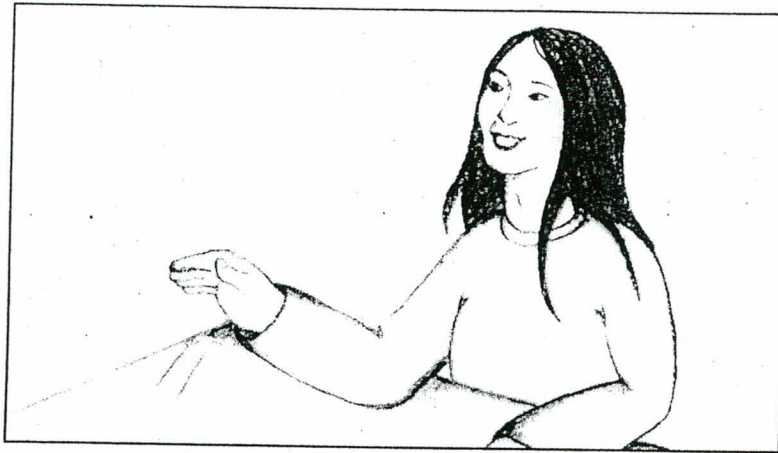
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 ԴԵՆԵՐԸ

www.GoSmokefree.ca

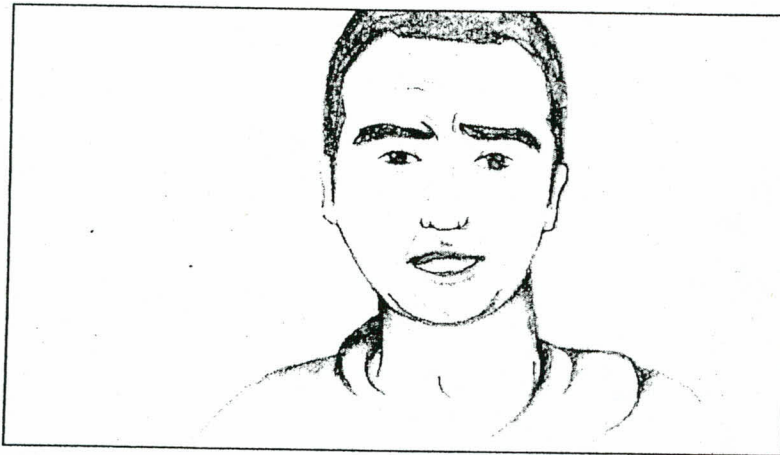
1 800 O-Canada
 (1 800 622-3262)

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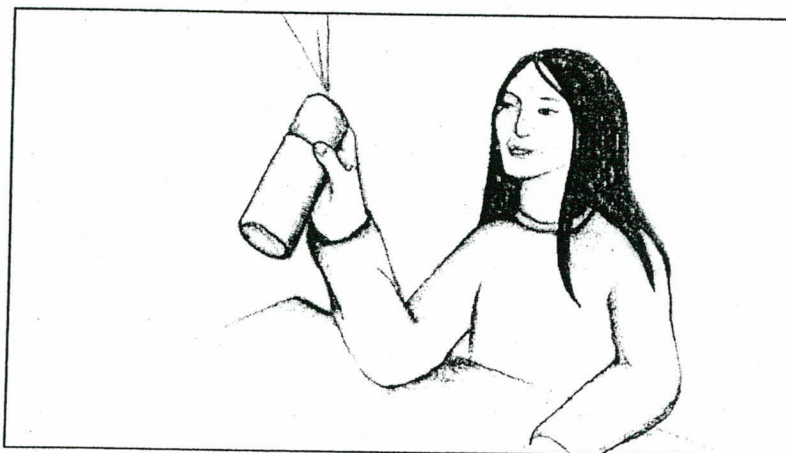
MUSIC UP AND OUT.



ԼԵՃԵ ԴԵՆՆԵՐՆԵՐ.



ՎԱԿԻ
ՔԻ ՈՒՄԱՆԵՐ?



ԼԵՃԵ
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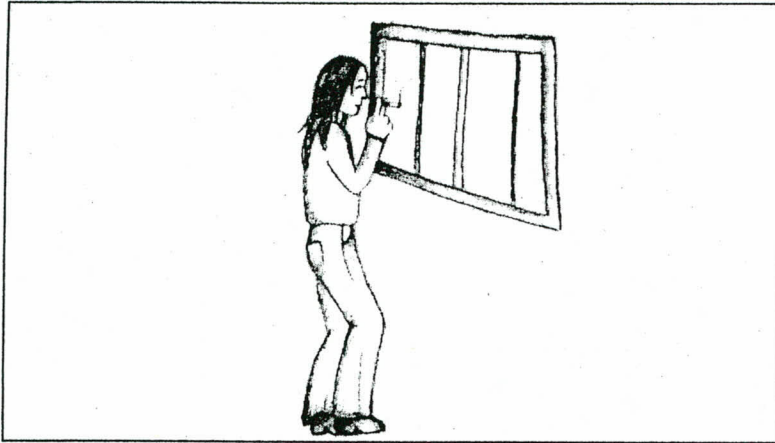
ኅዳር 31, 2005 - 2

የኢትዮጵያ ፌዴራላዊ ዲሞክራሲያዊ ሪፐብሊክ

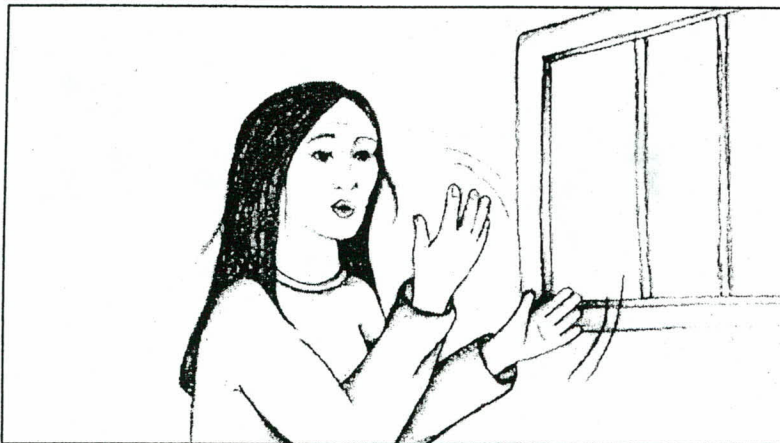
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ፍትህ ሚኒስቴር: ለፍትህ ሚኒስቴር ፍትህ ሚኒስቴር 40-ሺዎች ልዩ, 20-ሺዎች ልዩ, ለፍትህ ሚኒስቴር ፍትህ ሚኒስቴር

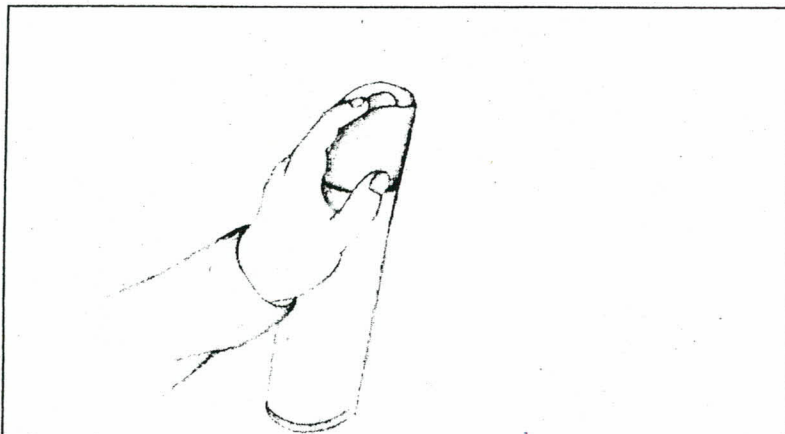
ፍትህ ሚኒስቴር: ልዩ ማረጋገጫ.



MUSIC.

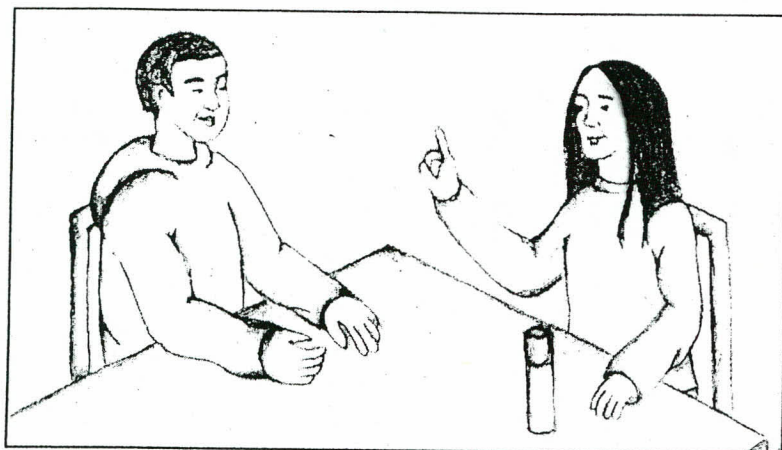


SFX: ልዩ ማረጋገጫ.

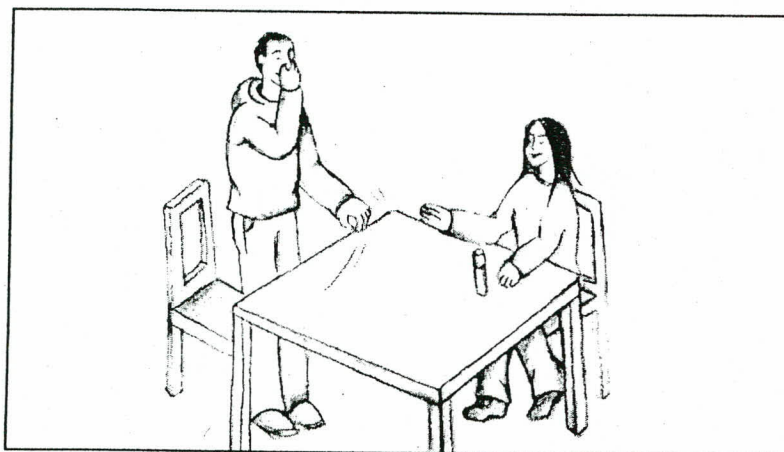


Canada

ANNONCEUR
Un message du
gouvernement du Canada.



MANON (poursuit)
Mais, avant, dis-moi
comment va mon petit-fils.



FONDU SONORE À
L'OUVERTURE

**Fumer
f. ni**

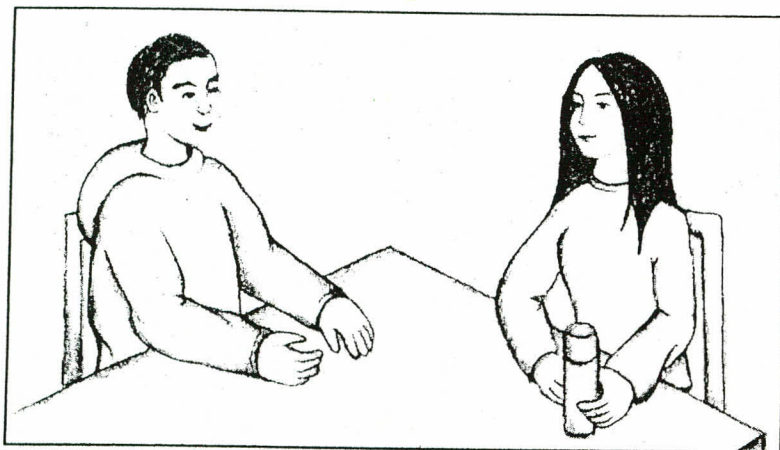
www.VivezSansFumee.ca

1 800 0-Canada
(1 800 622-3262)

ANNONCEUR

Pour en savoir plus sur
Fumer c'est fini, adressez-
vous à votre centre de santé,
visitez notre site web ou
composez le numéro d'appel
sans frais qui paraît à l'écran.

LE FOND MUSICAL
S'AMPLIFIE ET SE FOND À
LA FERMETURE.

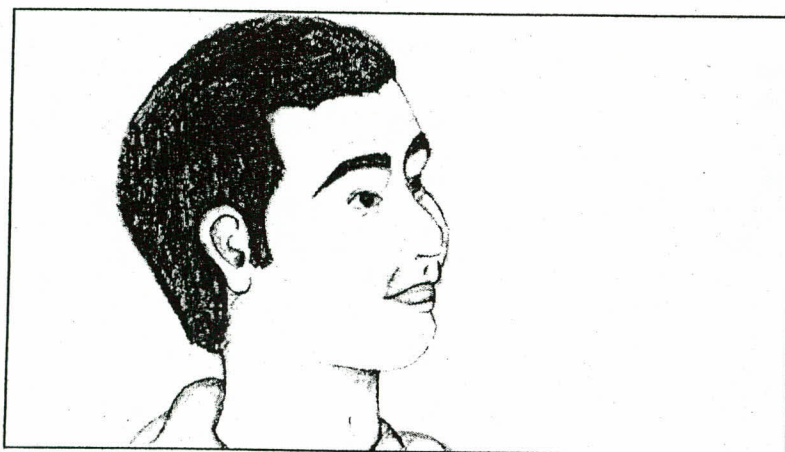


STÉPHANE

Oui, mais comment on fait?

MANON

Le centre de santé pourrait
peut-être nous renseigner?



STÉPHANE

Ouais. Ils doivent bien avoir
des dépliants ou des trucs du
genre. Chez moi, je peux
aussi chercher dans Internet.



MANON

D'accord, dressons un plan.



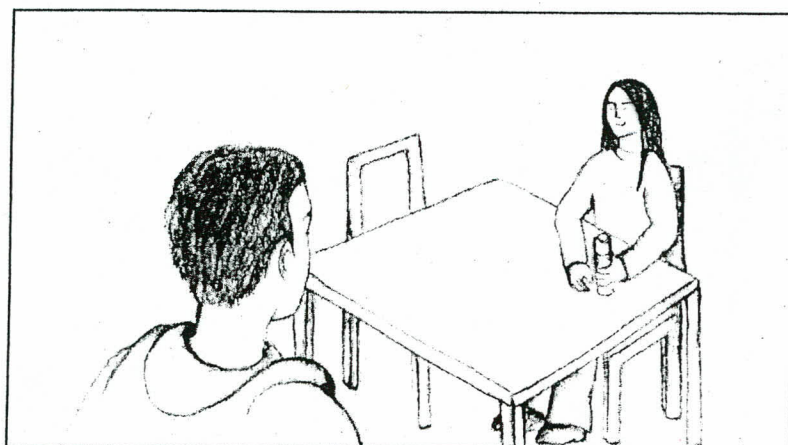
STÉPHANE

C'est pas croyable! Ma mère triche!



MANON

Eh oui! J'ai déjà essayé d'arrêter. Trois ou quatre fois, en fait.

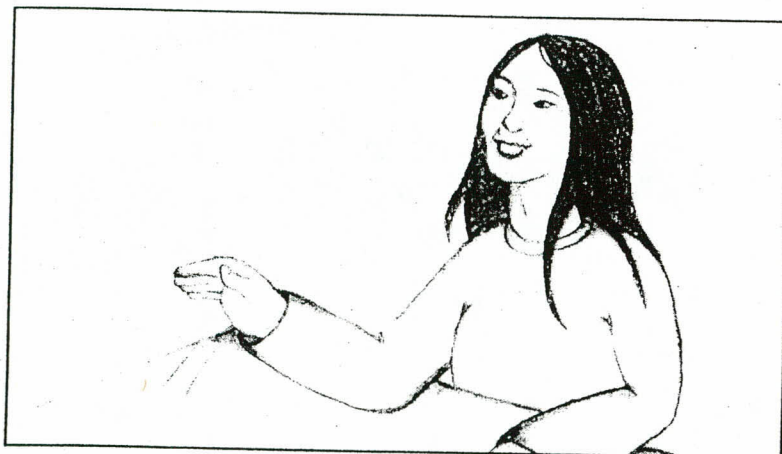


STÉPHANE

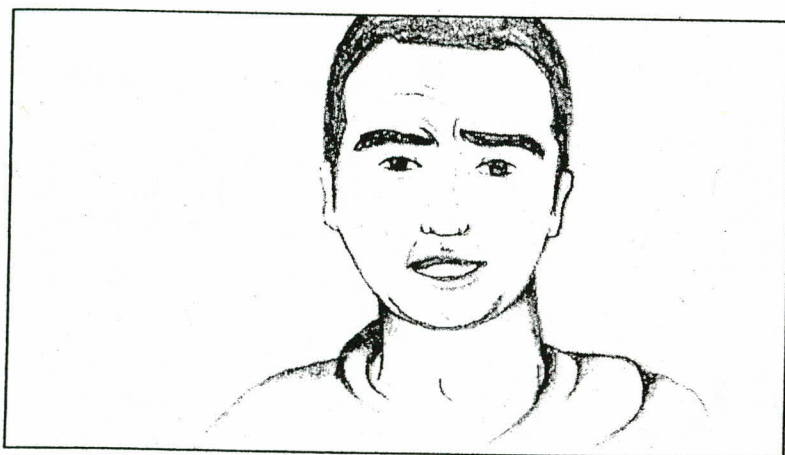
Tu sais, il paraît que 8 fumeurs sur 10 ont essayé d'arrêter plus d'une fois.

MANON

C'est pareil pour tout. Il faut se faire un plan et le suivre.

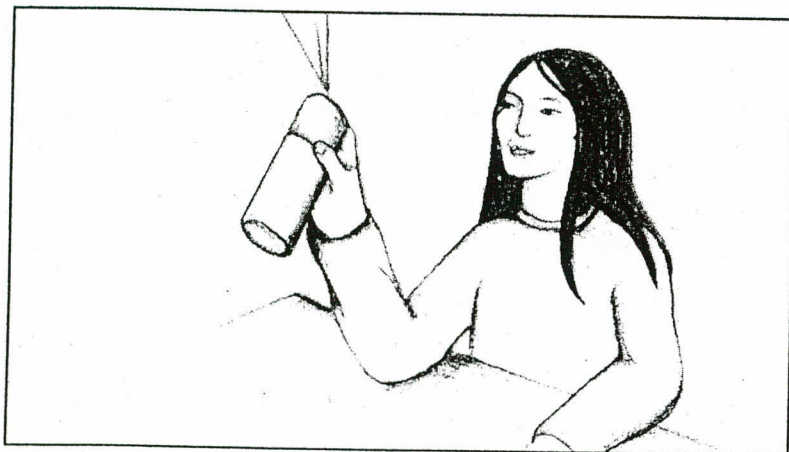


MANON RIT



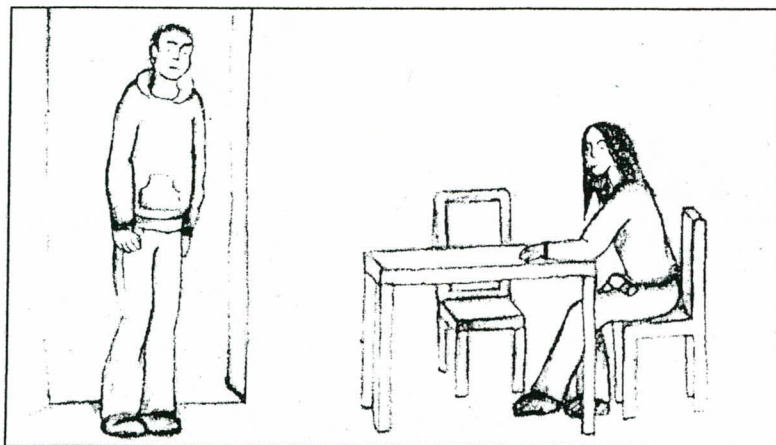
STÉPHANE

Qu'est-ce qui te fait tant rire?



MANON

Tout allait bien, puis le téléphone a sonné. C'est automatique. Le téléphone sonne, je m'allume une cigarette.



FONDU SONORE À LA
FERMETURE

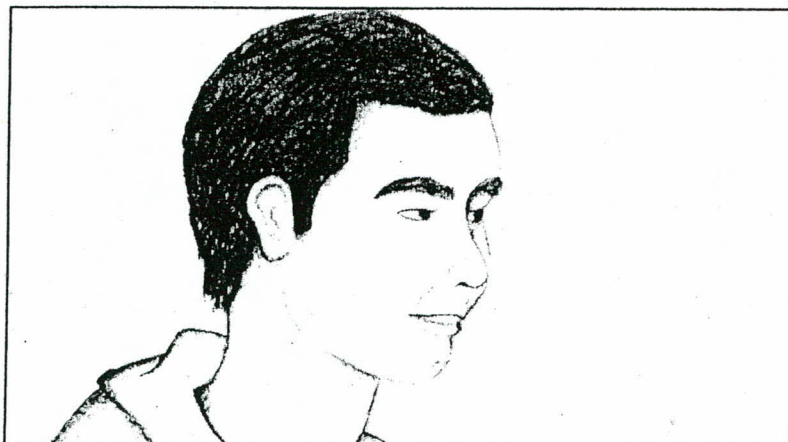
STÉPHANE

Je n'y arrive pas, m'an. Je
suis désolé.



MANON

De quoi parles-tu, Stéphane?



STÉPHANE

J'ai fumé une cigarette
aujourd'hui.

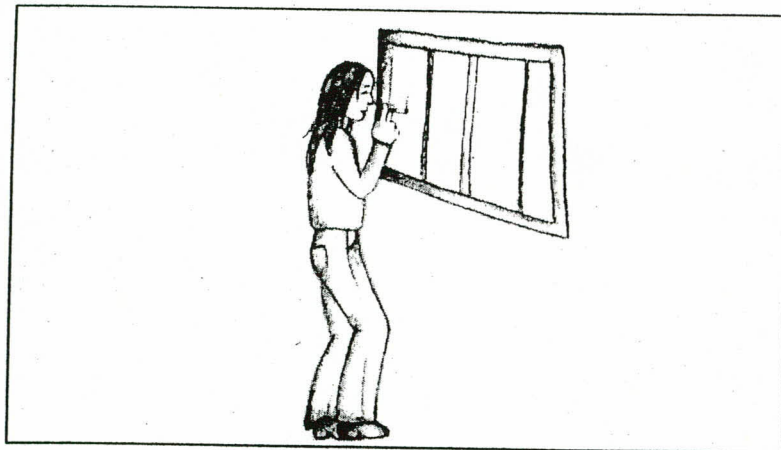
Le 26 janvier 2005

Script sur l'abandon du tabagisme

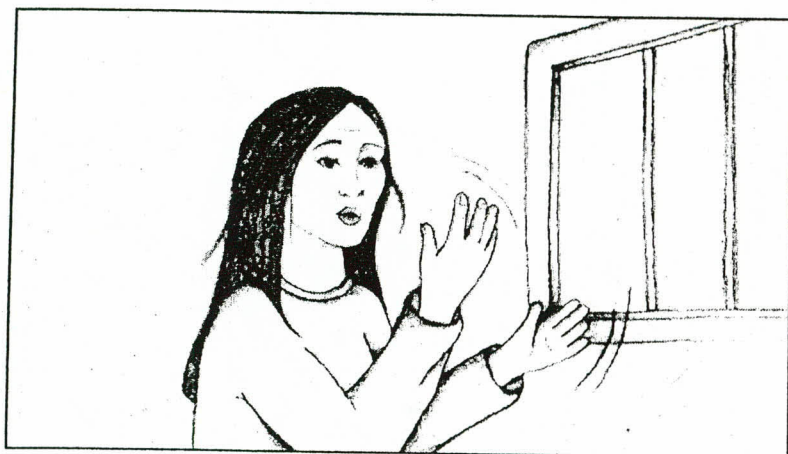
Série A – 2^e message

Personnages : MANON, au milieu de la quarantaine, a fumé toute sa vie
STÉPHANE, le fils de Lorraine, a environ 25 ans. Il fume aussi.

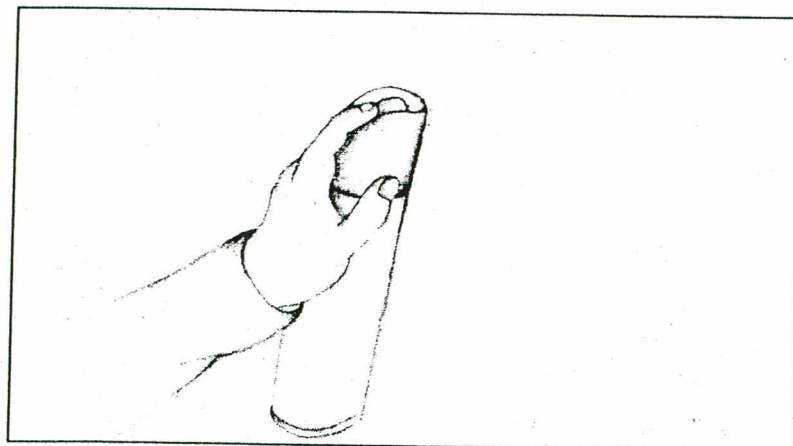
Scène : À l'intérieur, dans une cuisine.



MUSIQUE.



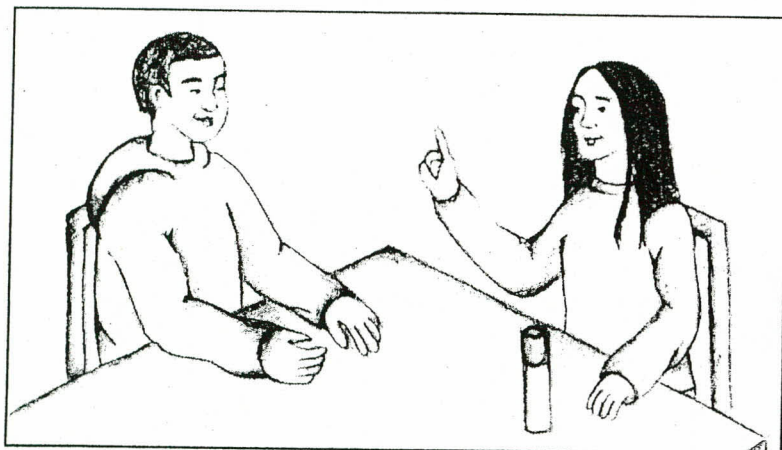
BRUITAGE : OUVERTURE
DE LA PORTE AVANT



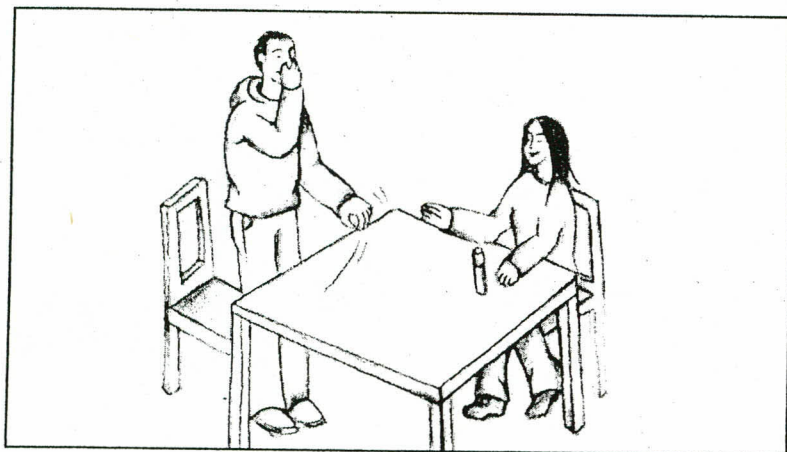
Canada

ANNOUNCER

A message from the
government of Canada.



LORRAINE(CONT)
But first I wanna know how
that grandson of mine is
doin', eh?.



MUSIC FADES IN

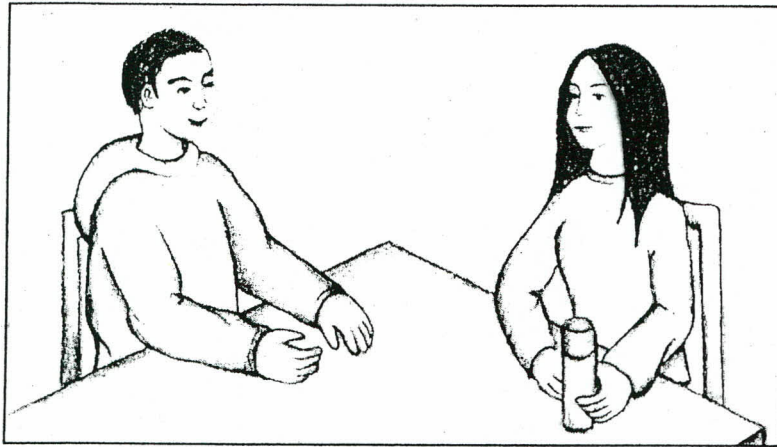
**Kicking
Habit**

www.GoSmokefree.ca

1 800 0-Canada
(1 800 622-3262)

ANNOUNCER
If you'd like more information
on kicking the habit visit your
health centre, log on to our
website or call this toll free
number.

MUSIC UP AND OUT.

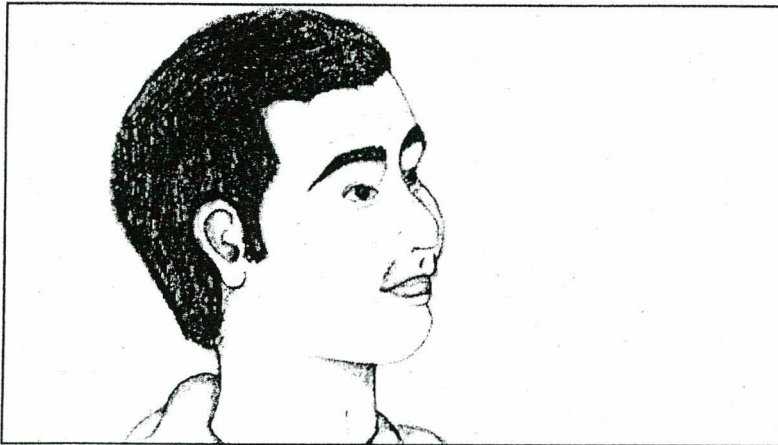


DEREK

Yeah, but how d'you make a plan?

LORRAINE

Maybe they got some information down at that there health centre, eh?



DEREK

Yeah. They're bound to have some flyers or something. Hey, an' I can check it out on the internet at my place.



LORRAINE

OK, so let's make a plan.

**Kicking
Addiction**

www.GoSmokefree.ca

1 800 0-Canada
(1 800 622-3262)

ANNOUNCER

If you'd like more information
on becoming smoke-free,
visit your health centre, log
on to our website or call this
toll free number.

MUSIC UP AND OUT.

Canada

ANNOUNCER

A message from the
government of Canada.

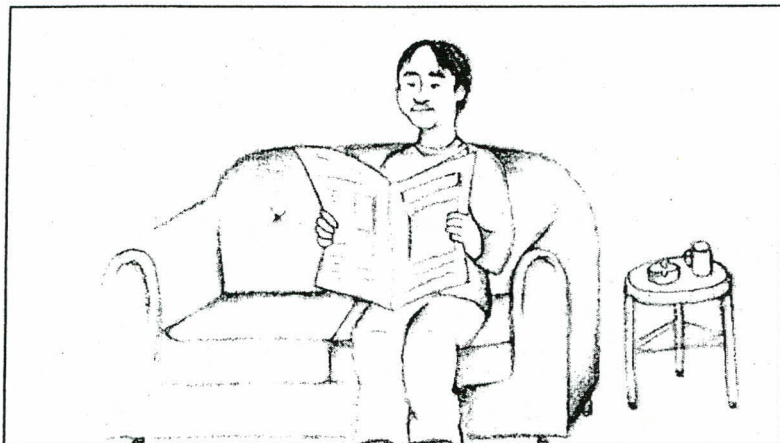
Le 26 janvier 2005

Script sur l'abandon du tabagisme

Série B – 2e message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
LINDA, fin de la trentaine, ancienne fumeuse et conjointe de Marc

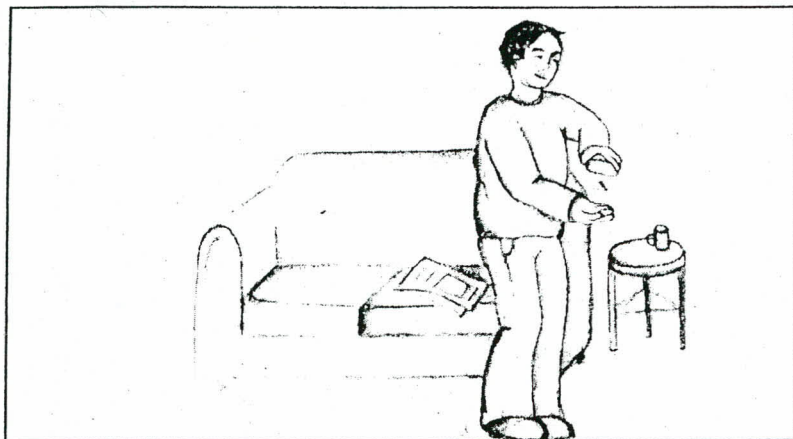
Scène : Dans le salon

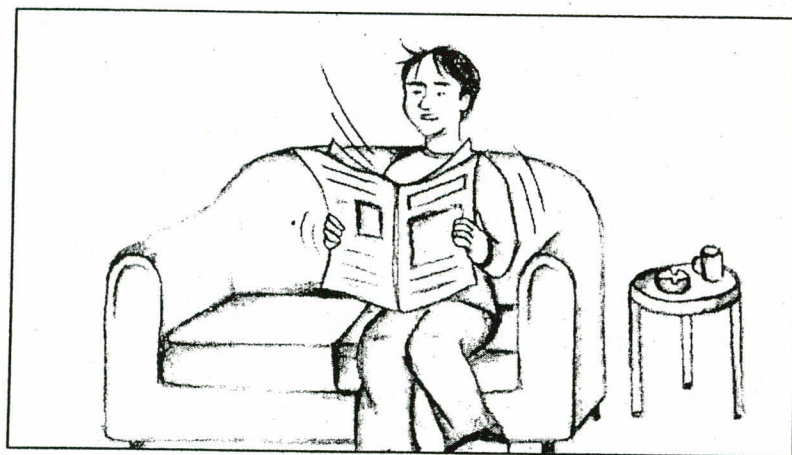
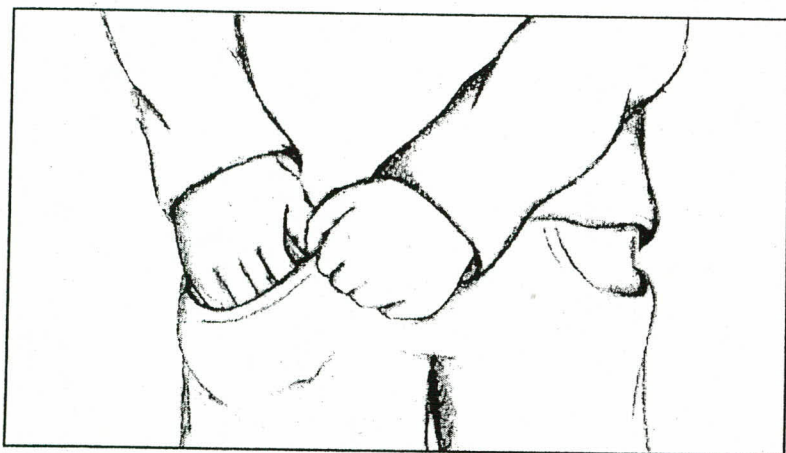


MUSIQUE.

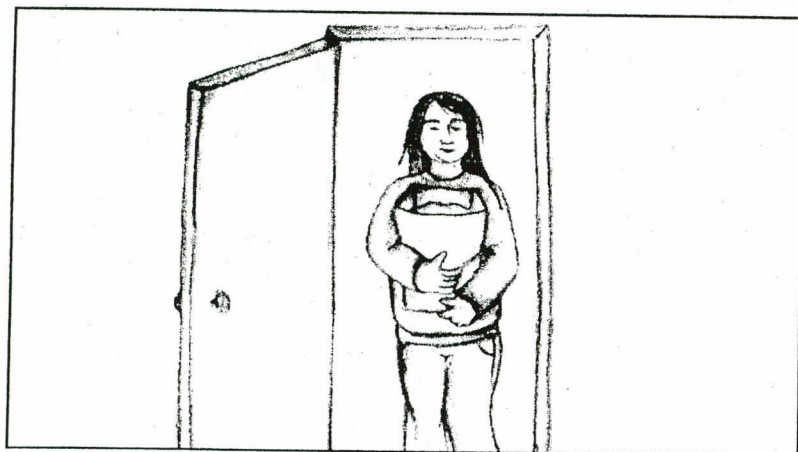


BRUITAGE : BRUIT
SOURD PROVENANT DU
COULOIR EXTÉRIEUR ET
OUVERTURE DE LA
PORTE AVANT.

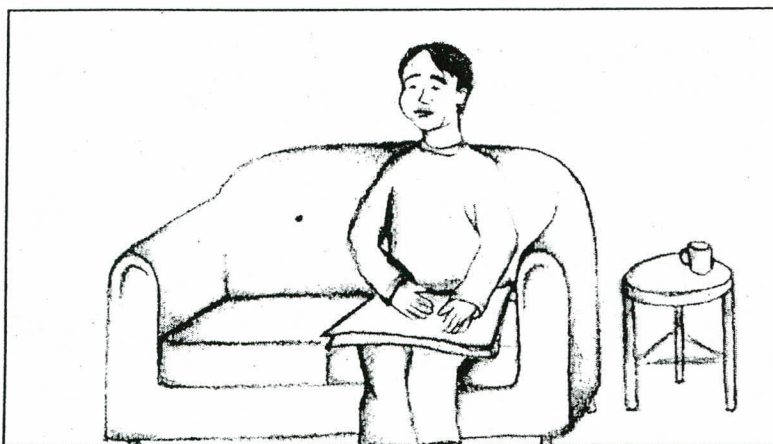




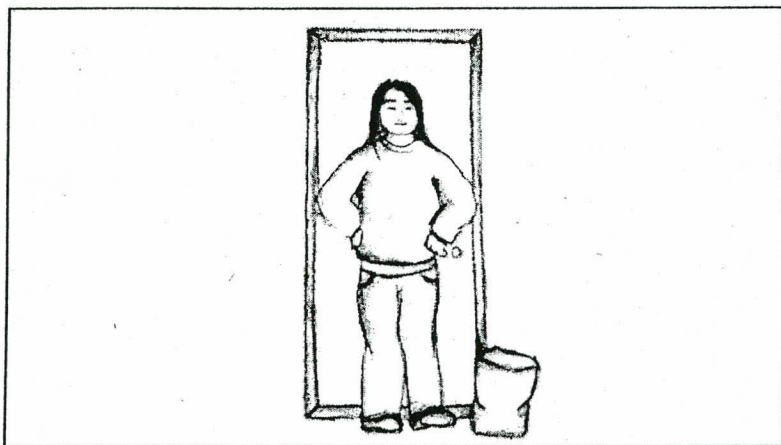
FONDU SONORE À LA
FERMETURE



LINDA
Tu as fumé une cigarette, pas
vrai?



MARC
Et alors?



LINDA
Et alors? Je croyais que tu
avais arrêté, Marc.

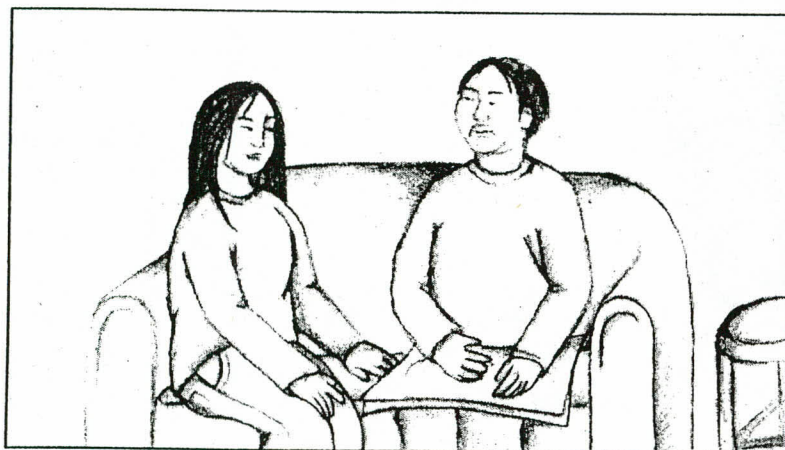


MARC
C'est vrai. Mais tu sais
comme j'aime prendre une
cigarette avec mon café.



LINDA

Si tu veux vraiment arrêter, il va te falloir un plan d'action.

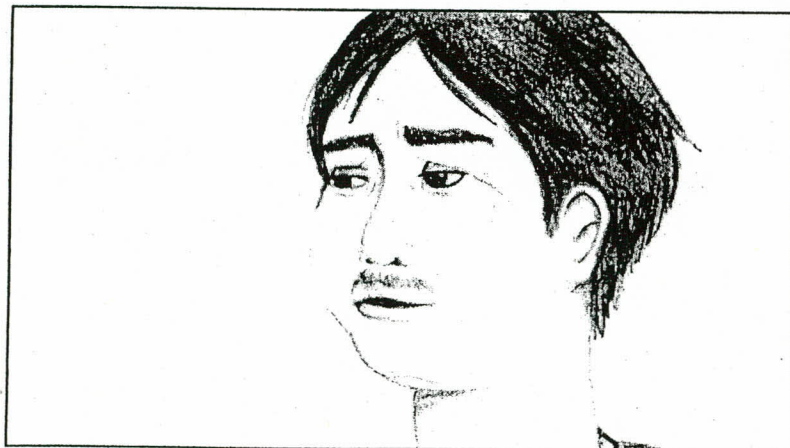


MARC

Comment je fais ça?

LINDA

La première étape est de déterminer tout ce qui te porte à t'allumer une cigarette...



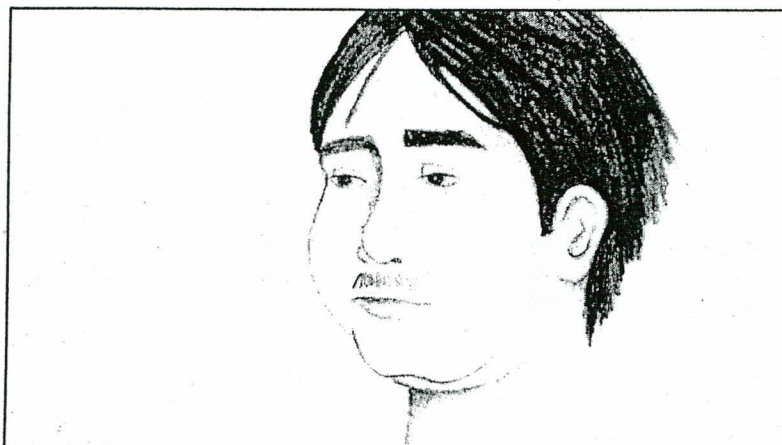
MARC

Ouais?



LINDA

... puis de remplacer ton
habitude par autre chose.
C'est comme ça que j'ai
arrêté.



MARC

J'sais pas. J'en suis peut-être
incapable.

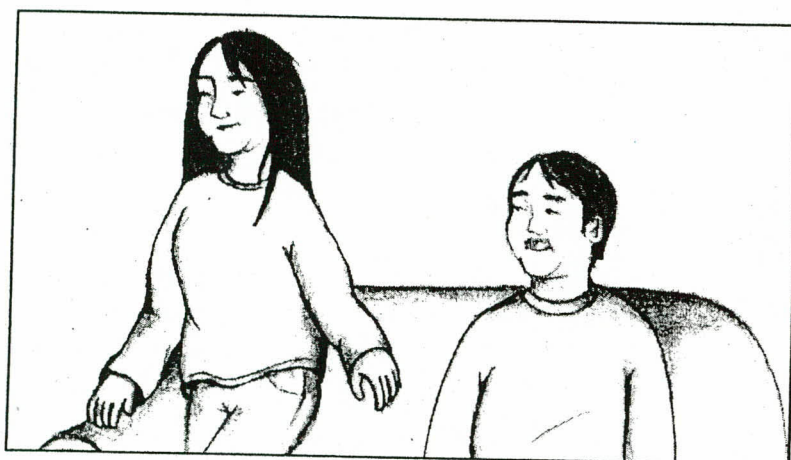


LINDA

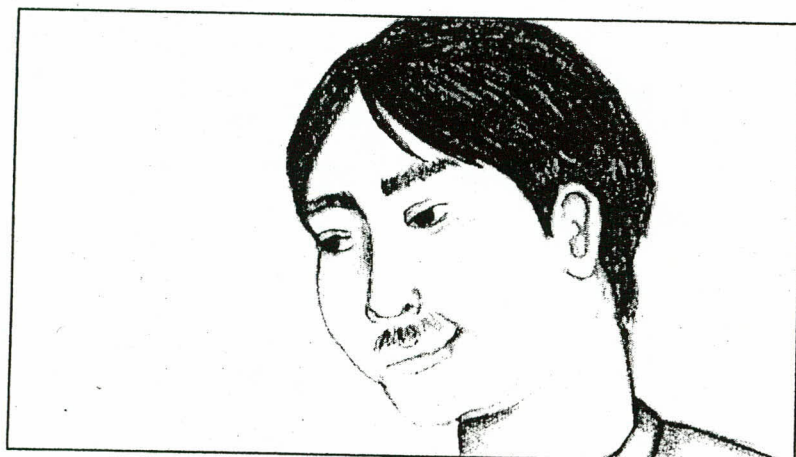
Tu dois d'abord te renseigner.
Tu pourrais peut-être aller
voir l'infirmière, au centre de
santé, pour lui demander des
trucs.



MARC
Oui. C'est une bonne idée.



LINDA
Et on peut demander à
Danny de chercher dans
Internet, à l'école, pour voir
ce qu'il pourrait trouver.



FONDU SONORE À
L'OUVERTURE

**Kicking
Addiction**

www.GoSmokefree.ca

1 800 0-Canada
(1 800 622-3262)

ANNONCEUR

Pour en savoir plus sur
Fumer c'est fini, adressez-
vous à votre centre de santé,
visitez notre site web ou
composez le numéro d'appel
sans frais qui paraît à l'écran.

LA MUSIQUE S'AMPLIFIE
ET SE FOND À LA
FERMETURE.

Canada

ANNONCEUR

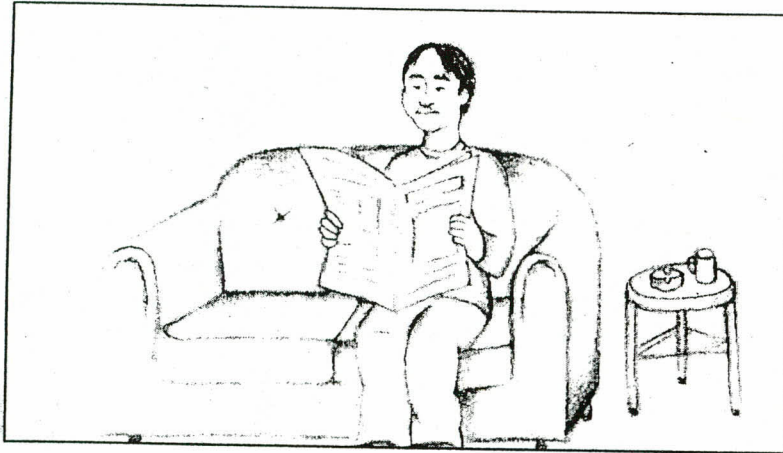
Un message du
gouvernement du Canada.

ክፍል 31, 2005 - 2

ገጽ 31 ምዕራባዊ ጥያቄዎች ለሰነድ ጥያቄዎች - ርዕሰ ጉዳይዎች 2

ጥያቄዎች: ለር, ገጽ 31 ምዕራባዊ ጥያቄዎች 40-ዓመት ልጁ ስራ, 30-ዓመት ልጁ ለርዕሰ ጉዳይዎች ምዕራባዊ ጥያቄዎች

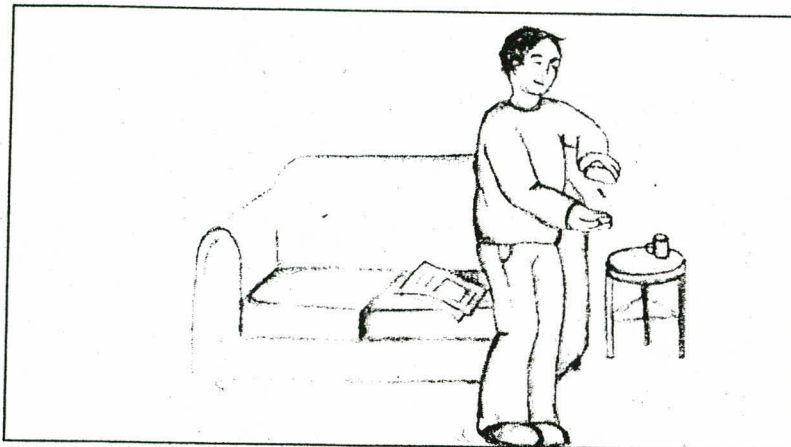
ጥያቄዎች: ለር ልጁ ስራ

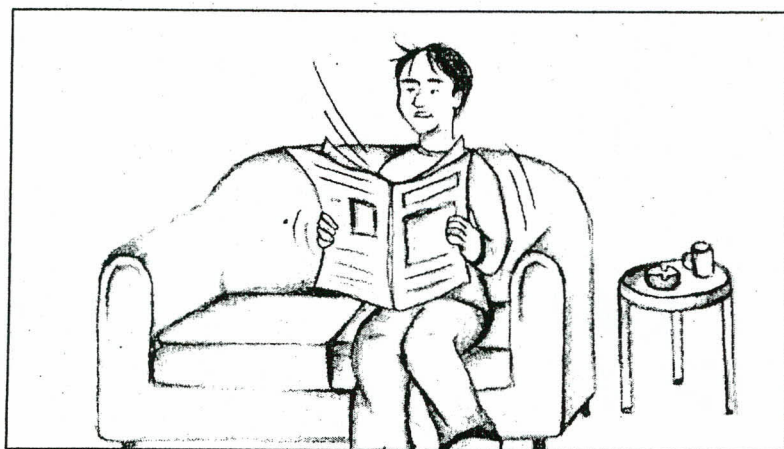
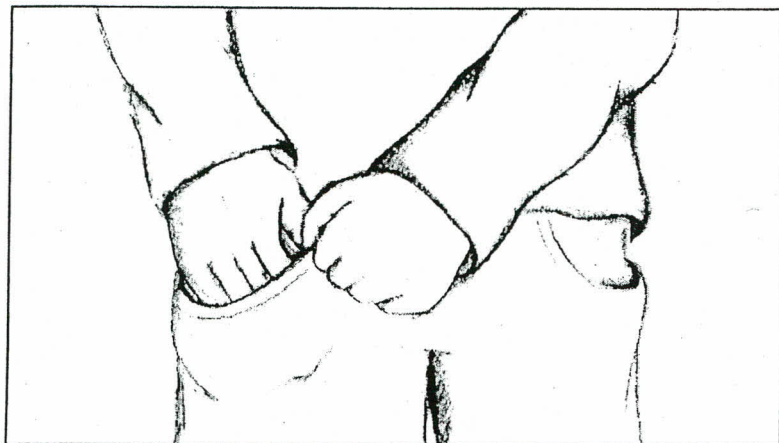


MUSIC.

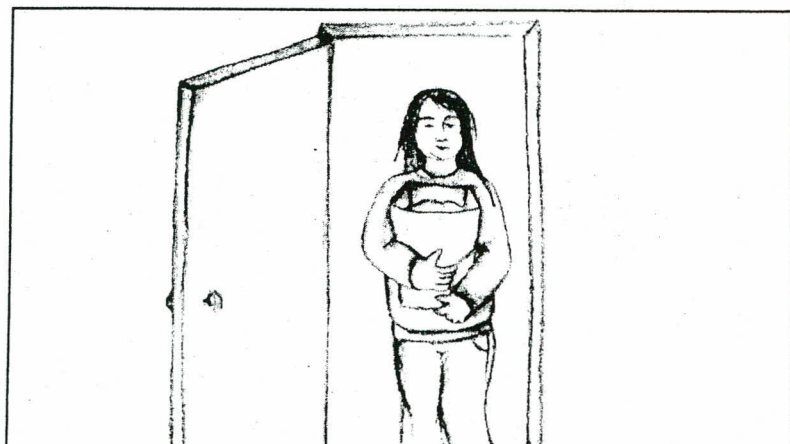


SFX: ርዕሰ ጉዳይዎች

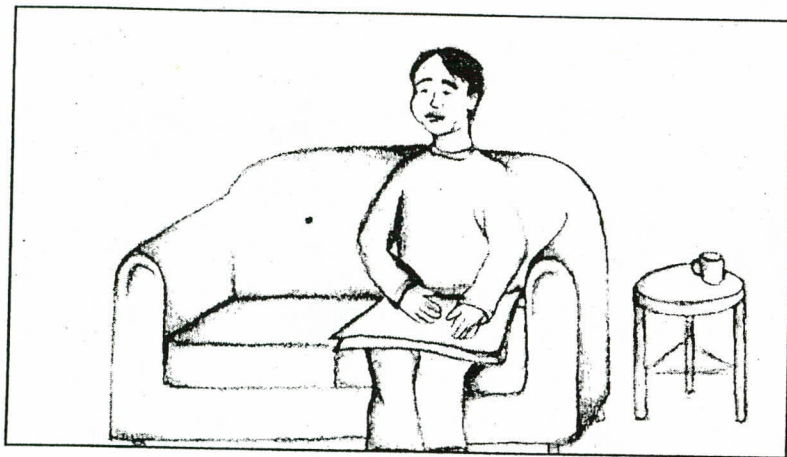




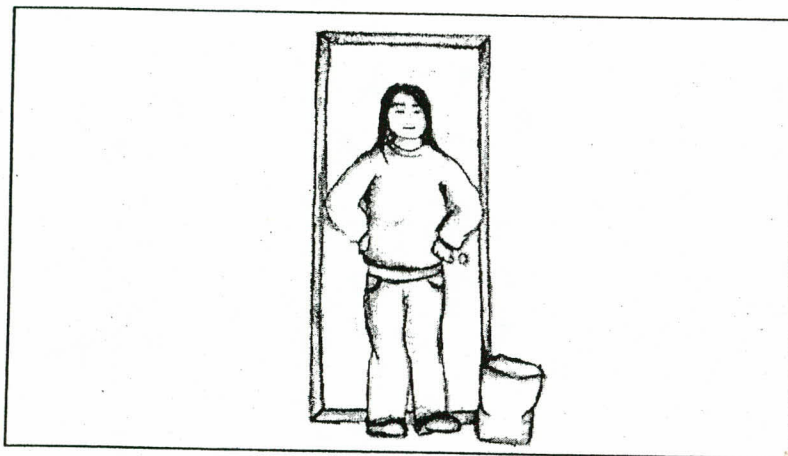
MUSIC FADES OUT.



ከ
ሰዓት ስላለሁ ልሆኝ?



ԱՇ
ԳԵՊՏԻՆ.



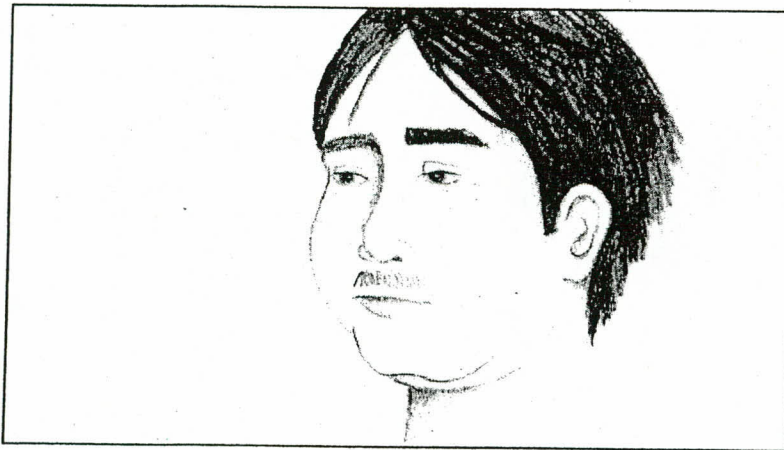
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ԵՐԵՎԱՆ ԵՄԵՐԻԿԱՆԵՐԵՐԸ.



ԱՇ
ՃԵՄԵՐԵՐԸ. ԵՐԵՎԱՆԻ ԵՐԵՎԱՆԻ
ԴՆԵՐԵՐԸ ԵՄԵՐԵՐԸ.



ԴԸ
 ... Վրբրժմ ՎՉնԻՐճԵԿԻՐ
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 ԺԵԵԵԴԵԻԼԵԼ



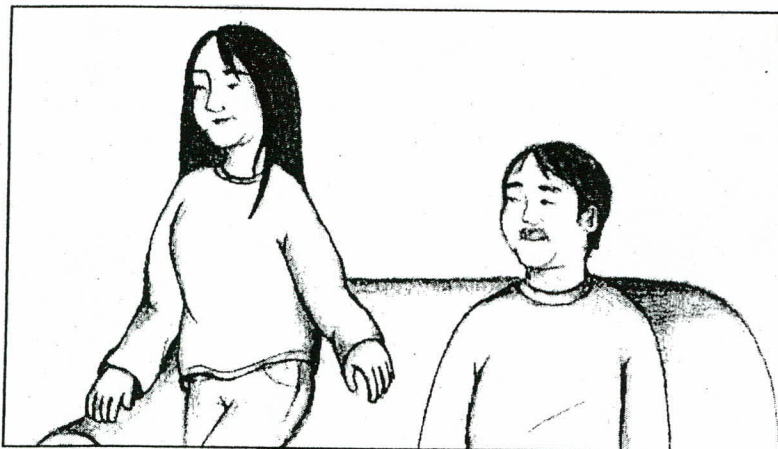
ԱՇ
 ՎԼԱ, ԺԵԵԴԵԻԼԵԼԵԼ.



ԴԸ
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 ՉՐԻԼԵԼԵԼԵԼ.



ለር
ብሂ, ነፍሰተላላታዊና.



ገረ
ለጽናጽፎል ነፍሰተላላታዊና
ለጽናጽፎል ነፍሰተላላታዊና.



MUSIC FADES IN

(1 800 622-3262)

$\triangleright^{\circ} \text{bc} \neg \text{nc}$.

MUSIC UP AND OUT.

Canada

$$\mathcal{L}^{\alpha} \mathcal{L}^{\beta} \mathcal{L}^{\gamma}.$$

January 26, 2005
Smoking Cessation Script
Series B - Spot #2

Characters: WILLIE, a lifelong smoker in his mid-40s
CHERYL, late 30s, Willie's partner. A former smoker.

Scene: Interior, a living-room.

Video	Audio
MS: WILLIE IS SITTING AT ONE END OF A SOFA. HE LOOKS BLISSFULLY CONTENT. ON THE OCCASIONAL TABLE BESIDE HIM, AN EMPTY COFFEE CUP.... ... AND AN ASHTRAY BEARING THE EVIDENCE OF A RECENTLY SMOKED CIGARETTE. CUT TO: C/U WILLIE. HIS BLISS VANISHES AS HE LOOKS DOWN AT THE ASHTRAY BESIDE HIM. CUT TO: ECU WILLIE'S POV OF THE ASHTRAY AND ITS EVIDENCE. CUT TO: WS. WILLIE LEAPS TO HIS FEET, EMPTIES THE ASHTRAY INTO HIS HAND AND STUFFS THE ASH AND BUTT INTO HIS POCKET. HE PICKS UP A MAGAZINE, WAVES FRANTICALLY AT THE AIR FOR A MOMENT AND SITS BACK DOWN, OPENS THE MAGAZINE AND MAKES AN ATTEMPT AT INNOCENCE AS.....	MUSIC. SFX: MUFFLED SOUND FROM THE OUTER HALLWAY OF THE FRONT DOOR OPENING. MUSIC FADES OUT.

CUT TO:
WS CHERYL STANDS IN THE
DOORWAY. SHE LOOKS AT HIM
FOR A MOMENT AND KNOWS
EXACTLY WHAT'S BEEN GOING
ON.

CUT TO:
MCU WILLIE. HE DECIDES TO
BRAVE IT OUT.

CUT TO:
MS CHERYL STILL STANDING IN
THE DOORWAY.

CUT TO:
MCU WILLIE

CUT TO:
MS CHERYL IN THE DOORWAY.
THE CAMERA FOLLOWS HER AS
SHE CROSSES TO THE SOFA AND
SITS BESIDE HIM IN A 2-SHOT

CUT TO:
MCU CHERYL

CHERYL
You've been sneaking a cigarette,
haven't you?

WILLIE
So.

CHERYL
So? I thought you'd quit, Willie.

WILLIE
I did. But you know how I always like
a smoke with my coffee.

CHERYL
If you're gonna get serious about this
you need a plan.

WILLIE
How am I supposed to make a plan?

CHERYL
Well, the first thing you need to do is
figure out all the things you do that
make you smoke...

WILLIE
Yeah?

CHERYL
....and think up something else to do
instead. That's how I quit.

CUT TO:
C/U WILLIE, HE LOOKS DEFEATED.

CUT TO:
MCU CHERYL

CUT TO:
C/U WILLIE. HE THINKS THIS IS
NOT SUCH A BAD IDEA.

CUT TO:
MEDIUM 2-SHOT AS CHERYL GETS
UP AND LEAVES TO PUT HER
GROCERIES AWAY.

CUT TO:
C/U WILLIE AS HE STARTS TO
THINK ABOUT HIS PLAN.

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

WILLIE
I dunno. Maybe I can't.

CHERYL
First thing you need is to get some
information. Maybe you should go visit
the nurse down at the health centre
for some ideas.

WILLIE:
Yeah. Maybe I'll do that.

CHERYL
And we can ask Danny to check on
the internet at school to see what he
can find out.

MUSIC FADES IN

ANNOUNCER
If you'd like more information on
becoming smoke-free, visit your
health centre, log on to our website or
call this toll free number.

MUSIC UP AND OUT.

ANNOUNCER
A message from the government of
Canada.

END.

January 26, 2005
Radio Spot
Smoking Cessation Script
Series B - Spot #2

Characters: WILLIE, a lifelong smoker in his mid-40s
smoker CHERYL, late 30s, Willie's partner. A former

Scene: Interior. Willie & Cheryl's living room.

MUSIC

SOUND: A DOOR OPENS.

MUSIC FADES

CHERYL: Have you been sneaking a cigarette again?

WILLIE: So?

CHERYL: So? I thought you'd quit.

WILLIE: I did. But you know how I always like a smoke with my coffee.

CHERYL: If you're gonna get serious about this you need a plan.

WILLIE: How am I supposed to make a plan?

CHERYL: Well the first thing you need to do is figure out all the things you do that make you want to smoke and think up something else to do instead. That's how I quit, remember?

WILLIE: I dunno. Maybe I just can't.

CHERYL: You need to practice, that's all.

WILLIE: I need some new ideas. Maybe I should go see the nurse down at the health centre. See if she's got any.

CHERYL: Yeah.

MUSIC FADES IN

ANNOUNCER: If you'd like information on becoming smoke-free visit your health centre. You can also check out our website at GoSmokefree.ca or call our toll free number at 1-800-O-CANADA. That's 1-800-622-6232.

MUSIC UP AND OUT.

ANNOUNCER: A message from the government of Canada.

Tag - Aboriginal Language

For more information on kicking the habit, visit your local Health Centre.

Le 26 janvier 2005
Script sur l'abandon du tabagisme
Série B – 2^e message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
LINDA, fin de la trentaine, ancienne fumeuse et conjointe de Marc

Scène : Dans le salon

Vidéo	Audio
PLAN GÉNÉRAL : MARC EST ASSIS À UN BOUT DU CAPANÉ. IL A L'AIR TOTALEMENT SATISFAIT SUR LA PETITE TABLE PRÈS DE LUI, UNE TASSE DE CAFÉ VIDE... ET UN CENDRIER CONTENANT UN MÉGOT ENCORE FUMANT. COUPURE : GROS PLAN – MARC REGARDE LE CENDRIER ET LA SATISFACTION DISPARAÎT DE SON VISAGE. COUPURE : PLAN RAPPROCHÉ – MARC SE SENT MISÉRABLE À LA VUE DU CENDRIER ET DE SON CONTENU COUPURE : GROS PLAN – MARC SE LÈVE D'UN BOND, VIDE LE CENDRIER DANS SA MAIN ET ENFOUIT LA CENDRE ET LE MÉGOT DANS SA POCHE. IL S'EMPARE D'UN MAGAZINE, BALAIE L'AIR FRÉNÉTIQUEMENT ET SE RASSEOIT. IL OUVRE LE MAGAZINE ET PREND UN AIR INNOCENT AU MOMENT OÙ...	MUSIQUE. BRUITAGE : BRUIT SOURD PROVENANT DU COULOIR EXTÉRIEUR ET OUVERTURE DE LA PORTE AVANT. FONDU SONORE À LA FERMETURE

COUPURE :
GROS PLAN – LINDA SE TIENT
DANS LE CADRE DE PORTE. ELLE
JETTE UN COUP D'ŒIL À MARC ET
SAISIT LA SITUATION.

COUPURE :
PLAN RAPPOCHÉ – MARC OPTÉ
POUR LA BRAVOURE.

COUPURE :
PLAN GÉNÉRAL – LINDA SE TIENT
TOUJOURS DANS L'EMBRASURE.

COUPURE :
PLAN RAPPROCHÉ – MARC

COUPURE :
PLAN GÉNÉRAL – LINDA DANS
L'EMBRASURE DE LA PORTE.
LA CAMÉRA LA SUIV QUAND ELLE
TRAVERSE LA PIÈCE POUR
S'ASSEOIR À CÔTÉ DE MARC –
PLAN DE 2 PERSONNES

COUPURE :
PLAN RAPPOCHÉ – LINDA

COUPURE :
GROS PLAN – MARC A L'AIR

LINDA
Tu as fumé une cigarette, pas vrai?

MARC
Et alors?

LINDA
Et alors? Je croyais que tu avais
arrêté, Marc.

MARC
C'est vrai. Mais tu sais comme j'aime
prendre une cigarette avec mon café.

LINDA
Si tu veux vraiment arrêter, il va te
falloir un plan d'action.

MARC
Comment je fais ça?

LINDA
La première étape est de déterminer
tout ce qui te porte à t'allumer une
cigarette...

MARC
Ouais?

LINDA
... puis de remplacer ton habitude par
autre chose. C'est comme ça que j'ai
arrêté.

MARC

VAINCU. COUPURE : GROS PLAN – LINDA COUPURE : GROS PLAN – MARC CROIT QUE CE N'EST PAS SI BÊTE COUPURE : PLAN MOYEN DE 2 PERSONNES – LINDA SE LÈVE POUR ALLER RANGER SES EMPLETTES COUPURE : GROS PLAN – MARC COMMENCE À PENSER À SON PLAN D'ACTION ÉLÉMENTS GRAPHIQUES EN SURIMPRESSION : ADRESSE DU SITE WEB ET NUMÉRO D'APPEL SANS FRAIS LOGO DU GOUVERNEMENT DU CANADA FONDU AU NOIR.	J'sais pas. J'en suis peut-être incapable. LINDA Tu dois d'abord te renseigner. Tu pourrais peut-être aller voir l'infirmière, au centre de santé, pour lui demander des trucs. MARC Oui. C'est une bonne idée. LINDA Et on peut demander à Danny de chercher dans Internet, à l'école, pour voir ce qu'il pourrait trouver. FONDU SONORE À L'OUVERTURE ANNONCEUR Pour en savoir plus sur <i>Fumer c'est fini</i>, adressez-vous à votre centre de santé, visitez notre site web ou composez le numéro d'appel sans frais qui paraît à l'écran. LA MUSIQUE S'AMPLIFIE ET SE FOND À LA FERMETURE. ANNONCEUR Un message du gouvernement du Canada. FIN.
--	--

Le 26 janvier 2005
Message radio
Script sur l'abandon du tabagisme
Série B – 2^e message

Personnages : MARC, milieu de la quarantaine, a fumé toute sa vie
LINDA, fin de la trentaine, ancienne fumeuse et conjointe
de Marc

Scène : Dans le salon de Marc et Linda

MUSIQUE

BRUITAGE : UNE PORTE S'OUVRE

FONDU SONORE À LA FERMETURE

LINDA : T'as pas encore fumé une cigarette?

MARC : Et alors?

LINDA : Et alors? Je croyais que tu avais arrêté.

MARC : C'est vrai. Mais, tu sais comme j'aime toujours prendre
une cigarette avec mon café.

LINDA : Si tu veux vraiment arrêter, il va te falloir un plan d'action.

MARC : Comment je fais ça?

LINDA : La première étape est de déterminer tout ce qui te porte à
t'allumer une cigarette, puis de remplacer ton habitude par
autre chose. Tu te souviens, c'est comme ça que j'avais
réussi?

MARC : J'sais pas trop. J'en suis peut-être incapable.

LINDA : Tu dois t'exercer, c'est tout.

MARC : J'ai besoin de nouvelles idées. L'infirmière, au centre de
santé, aurait peut-être des trucs à me donner.

LINDA : Bien sûr!

FONDU SONORE À L'OUVERTURE

ANNONCEUR : Pour en savoir plus sur Fumer c'est fini, adressez-vous à votre centre de santé. Vous pouvez aussi visiter notre site web à vivezsansfume.ca, ou composer notre numéro d'appel sans frais 1 800 O CANADA. 1 800 622-6232.

LA MUSIQUE S'AMPLIFIE ET COUPE

ANNONCEUR : Un message du gouvernement du Canada.

Annonce-annexe – Langue autochtone

Pour plus de renseignements sur l'abandon du tabagisme, visitez le centre de santé de votre région.

PRINT ADVERTISEMENTS



Health
Canada

Santé
Canada



Thinking About Quitting?

Derek and his mother, Lorraine, have finally decided to quit.

It's tough being a smoker these days...

Standing outside in the cold, constantly coughing...

Their list of reasons goes on and on. Besides, Derek wants to set an example for his children.

There's no need to do it alone. Join Derek, Lorraine and the thousands of others that are on the road to quitting.

For more information on
Kicking the habit:

**Kicking
the
Habit**

Visit your local **Health Centre**;

Log on to the **www.GoSmokefree.ca** web site; or

Get an information kit, by calling

1 800 O Canada (1-800-622-6232).

Canada



Santé
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Envie d'arrêter?

Stéphane et sa mère, Manon, ont enfin décidé d'arrêter de fumer.

De nos jours, la vie de fumeur n'est pas rose...

Se faire geler dehors, tousser constamment...

La liste des raisons s'étire à n'en plus finir. Par ailleurs, Stéphane veut montrer l'exemple à ses enfants.

Pourquoi relever seul le défi? Joignez-vous à Stéphane, Manon et des milliers d'autres qui ont choisi d'écraser.

**Vous avez besoin d'un
coup de pouce pour dire
Fumer c'est fini :**

**Fumer
f*u*ni**

Rendez-vous au **centre de santé** de votre région;

Visitez le site web **www.VivreSansFumee.ca**;

Procurez-vous une trousse d'information en composant
le numéro d'appel sans frais

1 800 O Canada (1-800-622-6232).

Canada



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Canada



Keep Trying!

Derek and his mother, Lorraine, are trying to quit smoking. Despite their good intentions, they were unable to give it up completely. They still want to keep trying though!

Derek and Lorraine found out that it takes most people more than one attempt to quit. They've decided that they need a plan. They need to find new ways to cope with their cravings.

If you are interested in
Kicking the habit! and
need help with your plan:

**Kicking
Habit**

Visit your local **Health Centre**;

Log on to the **www.GoSmokefree.ca** web site; or

Get an information kit, by calling

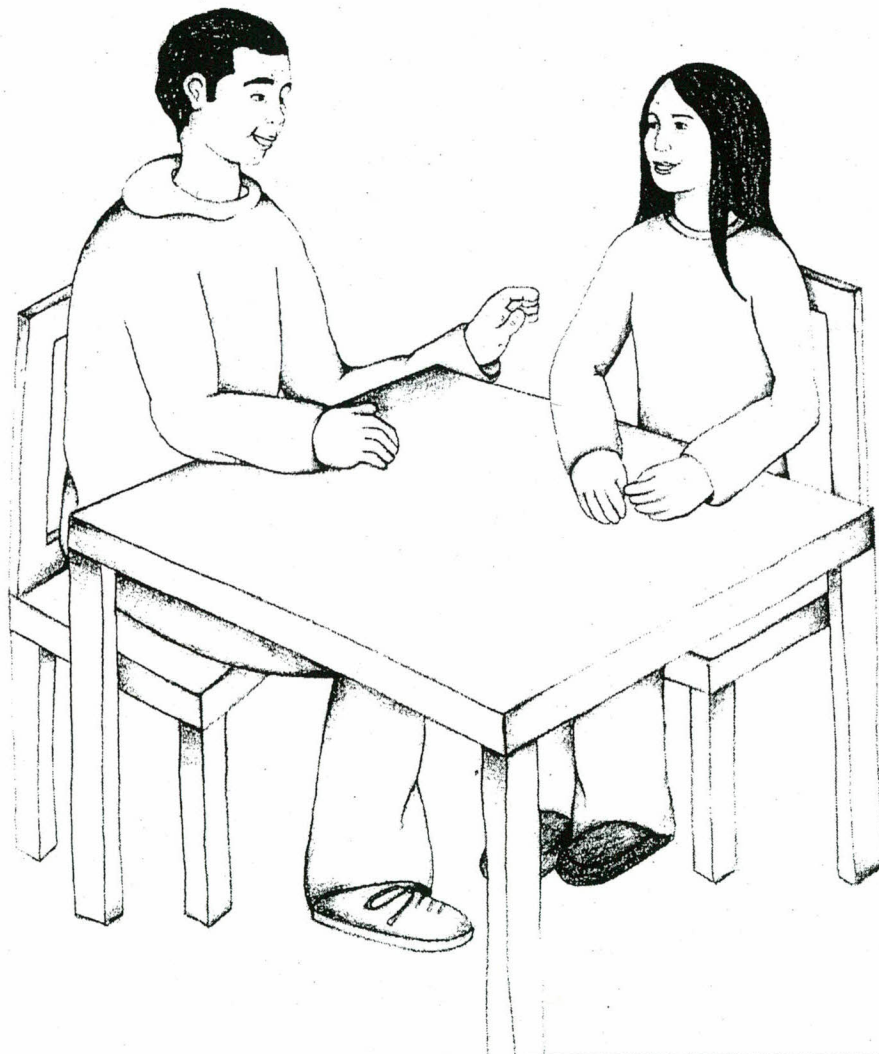
1 800 O Canada (1-800-622-6232).

Canada



Santé
Canada

Health
Canada



Persévérez!

Stéphane et sa mère, Manon, essaient d'arrêter de fumer. Malgré leurs bonnes intentions, ils n'arrivent pas à abandonner complètement. Mais ils veulent quand même continuer d'essayer!

Stéphane et Manon ont découvert que la plupart des gens ne réussissent pas du premier coup. Aussi, ils ont décidé de se tracer un plan d'action pour trouver de nouvelles façons de contrôler leur envie de fumer.

Si vous avez décidé que
Fumer c'est fini et vous avez
besoin d'un coup de pouce :

**Fumer
c'est fini**

Rendez-vous au **centre de santé** de votre région;

Visitez le site web **www.VivreSansFumee.ca**;

Procurez-vous une trousse d'information en composant
le numéro d'appel sans frais

1 800 O Canada (1-800-622-6232).

Canada



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Canada



Quitting Time!

Willie has finally decided to quit smoking.

He's tired of the shortness of breath, the high cost of a pack of cigarettes and many other factors.

With the support of his wife, Cheryl, Willie is ready to try. Cheryl used to smoke, so she knows some of the challenges that Willie will be facing.

More and more people, like Willie are thinking about quitting.

If you're interested in
becoming smoke-free:

Visit your local **Health Centre**;

Log on to the **www.GoSmokefree.ca** web site; or

Get an information kit, by calling

1 800 O Canada (1-800-622-6232).

**Kicking
Addiction**

Canada



Santé
Canada

Health
Canada



Finie la cigarette!

Marc s'est enfin décidé à arrêter de fumer.

Il en a assez d'avoir le souffle court, du coût élevé des cigarettes et de bien d'autres choses.

Avec l'appui de sa femme Linda, Marc est prêt à essayer. Ancienne fumeuse, Linda connaît quelques-unes des difficultés que Marc devra affronter.

Comme Marc, de plus en plus de gens songent à arrêter de fumer.

**Fumer
fûni**

**Si vous êtes intéressé
à vivre sans fumée :**

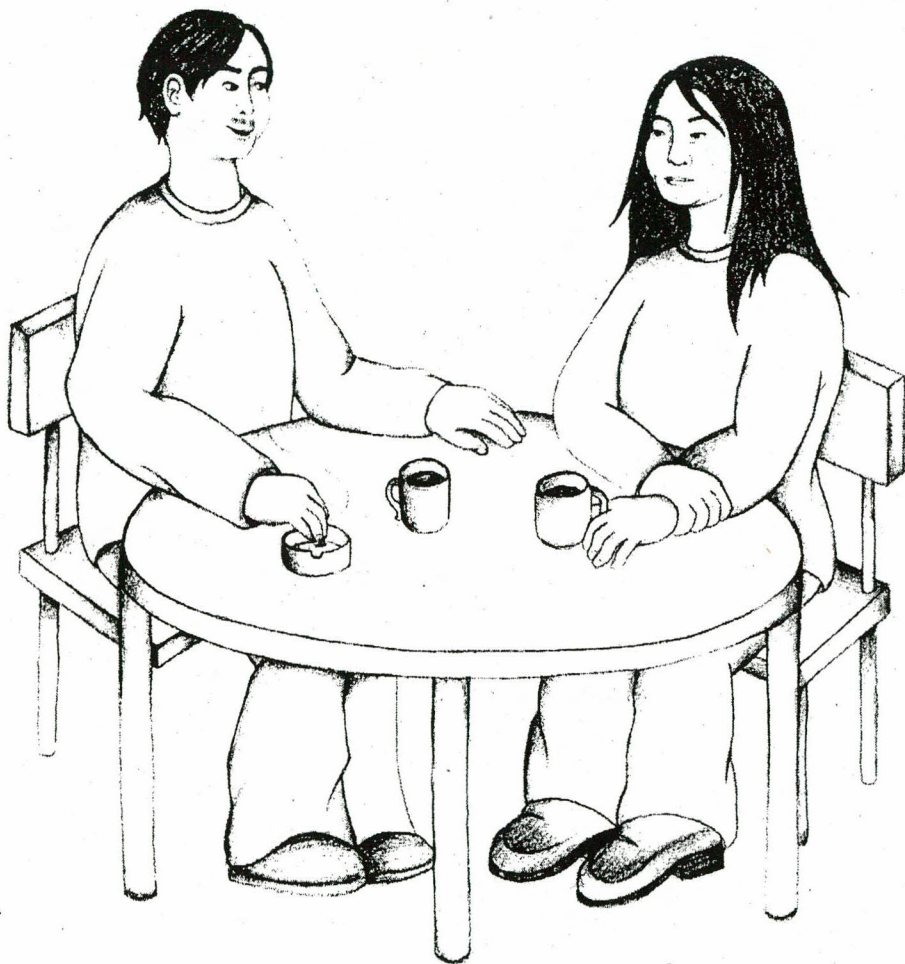
Rendez-vous au **centre de santé** de votre région;

Visitez le site web **www.VivreSansFumee.ca**;

Procurez-vous une trousse d'information en composant le numéro d'appel sans frais

1 800 O Canada (1-800-622-6232).

Canada



မၤနီပူဇော်အံ့နီုး!

$\Delta C \propto \gamma_b^{\frac{1}{2}} \omega_b^{\frac{1}{2}} C_P L^{-\frac{1}{2}} \sigma^{\frac{1}{2}} \gamma_b^{\frac{1}{2}}$

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1 800 O Canada (1-800-622-6232)

Canada



Health
Canada

Santé
Canada



Try, Try Again!

Willie is trying to quit smoking. Although he really wants to stop, he gave into a craving.

Cheryl tells Willie that most people need more than one attempt to quit. It takes some people three to four tries before they quit.

Cheryl used to smoke. She thinks Willie needs a plan. A plan that will help Willie deal with his cravings.

**If you are interested in
joining Willie in becoming
smoke-free and need help
with your plan:**

**Kicking
Addiction**

Visit your local **Health Centre**;

Log on to the **www.GoSmokefree.ca** web site; or

Get an information kit, by calling

1 800 O Canada (1-800-622-6232).

Canada



Santé
Canada

Health
Canada

Essaie, essaie encore!

Marc essaie d'arrêter de fumer. Malgré sa ferme intention, il a cédé à l'envie de fumer une cigarette.

Linda signale à Marc que la plupart des gens ne réussissent pas du premier coup. Certains font de trois à quatre tentatives avant d'écraser pour de bon.

Ancienne fumeuse, Linda croit que Marc doit se tracer un plan d'action. Un plan qui l'aidera à contrôler son envie de fumer.



**Si, comme Marc, vous êtes
intéressé à vivre sans fumée
mais avez besoin d'un coup
de pouce :**

**Fumer
fûni**

Rendez-vous au **centre de santé** de votre région;

Visitez le site web **www.VivreSansFumee.ca**;

Procurez-vous une trousse d'information en composant
le numéro d'appel sans frais

1 800 O Canada (1-800-622-6232).

Canada



Health
Canada

Santé
Canada

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1 800 O Canada (1-800-622-6232)

Canada

**FIRST NATIONS
TV SCRIPTS**

February 24, 2005
Smoking Cessation Script
First Nations - Spot #1
The Pact

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Exterior, a bitterly cold and blue day.

Video	Audio
WS: THE SETTING IS MONOCHROME (BLACK & WHITE) ONLY THE ACTORS ARE IN COLOUR. LORRAINE & DEREK ARE OUT FOR A WALK.	MUSIC.
THEY STOP BESIDE A GARBAGE BIN AND LORRAINE OFFERS DEREK A CIGARETTE.	MUSIC FADES OUT. LORRAINE Derek?
HE REACHES TO TAKE ONE FROM HER PACK.	 DEREK: No thanks, Ma. I've been thinking about quitting.
CUT TO: C/U DEREK. HE HAS SECOND THOUGHTS AND REJECTS IT.	 LORRAINE Good for you!
CUT TO: MEDIUM 2-SHOT	 DEREK Especially now, with a new baby in the house, an' all.
CUT TO: C/U DEREK	

CUT TO:
MCU LORRAINE.
SHE ADDRESSES THE CIGARETTE
IN HER HAND.

SHE PUTS HER CIGARETTE BACK
IN THE PACK.

CUT TO:
C/U DEREK

CUT TO:
MEDIUM 2-SHOT. LORRAINE
THROWS HER PACK IN THE
NEARBY GARBAGE BIN.

CUT TO:
C/U DEREK. HE LOOKS AT HER
FOR A MOMENT.

THEN.....

CUT TO:
C/U LORRAINE

LORRAINE (cont)

That makes sense. Me, I've been
sticking these things in my mouth for
30 years but you know what? It's
starting to wear thin. Like now
smoking outside; shortness of breath;
waking up every morning with ashtray
mouth.

DEREK (JOKINGLY)

I'd like to see the day you quit, Ma.

LORRAINE

Let's quit together. That way we can
help each other through it.

DEREK

Ok. But I bet I last longer'n you.

LORRAINE

In you dreams!

MUSIC UP

CUT TO:
FULL COLOUR.
A ROOM IN A HEALTH CENTRE.

DR. EVAN ADAMS IS CONSULTING
A FILE FOLDER. HE WEARS A
STETHESCOPE AROUND HIS
NECK.

HE LOOKS UP AND ADDRESSES
THE CAMERA.

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

MUSIC FADES UNDER

DR. ADAMS

It's a shocking fact that almost 6 out of
10 First Nations people smoke. Hi, I'm
Evan Adams. You may know me as
an actor. I'm also a doctor and I am
here to tell you that quitting smoking is
one of the best things you can do for
your health.

And there is help. To get tips on how
to quit visit the Health Centre, log on
to our website. Or call this toll free
number.

MUSIC UP AND OUT.

ANNOUNCER

A message from the government of
Canada.

END.

February 24, 2005
Smoking Cessation Script
First Nations - Spot #2
Nic Fit

Characters: LORRAINE, a lifelong smoker in her mid-40s
DEREK, mid-20s, Lorraine's son. He also smokes.

Scene: Interior. Lorraine's kitchen

Video	Audio
MCU: THE SETTING IS MONOCHROME (BLACK & WHITE) ONLY THE ACTORS ARE IN COLOUR. LORRAINE IS ON THE TELEPHONE. SHE IS LISTENING TO THE PERSON ON THE OTHER END BUT IT IS OBVIOUS SHE IS EDGY, EAGER TO HANG UP. SHE HANGS UP. SHE TAKES A DEEP BREATH AND STARTS DOING JUMPING JACKS ON THE SPOT. CUT TO WS: DEREK APPEARS IN THE DOORWAY. HE LOOKS AT HIS MOTHER. CUT TO: C/U LORRAINE. STILL JUMPING HARD.	MUSIC. LORRAINE OK. Bye. MUSIC FADES OUT. DEREK: Practicing your new rain dance, Ma? LORRAINE: (SHOUTING OVER HER JUMPING JACKS) Nic fit!!!

CUT TO:
MEDIUM 2-SHOT

LORRAINE STOPS JUMPING

CUT TO:
C/U DEREK. HE LOOKS AT HER
FOR A MOMENT.

THEN.....

CUT TO:
C/U LORRAINE. SHE LET'S OUT A
DEEP BREATH. SHE IS ALREADY
BREATHING EASILY.

CUT TO:

DEREK
Oh.

LORRAINE
(CATCHING HER BREATH)
I was just talking to Anita an' I could
hear her smokin' down the phone.

DEREK
You're gonna give yourself a heart
attack, Ma.

LORRAINE
You couldn't be more wrong Derek.
I'm preventing one.

DEREK
(UNCONVINCED)
Oh yeah?

LORRAINE
I found out at the health centre, as
soon as you quit smoking you reduce
your risk of heart attack.

MUSIC UP

FULL COLOUR.
A ROOM IN A HEALTH CENTRE.

DR. EVAN ADAMS WALKS AROUND
TO THE FRONT OF HIS DESK AND
CASUALLY SITS ON IT. HE WEARS
A STETHESCOPE AROUND HIS
NECK.

HE LOOKS UP AND ADDRESSES
THE CAMERA.

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

CANADA WORDMARK

FADE TO BLACK.

MUSIC FADES UNDER

DR. ADAMS

Smokers are at extra risk for heart
attacks but its true that as quickly as
two days after you quit, medical
science shows that your risk of heart
disease starts to decrease

Hi, I'm Dr. Evan Adams.

If you'd like help to quit visit the Health
Centre, log on to our website. Or call
this toll free number.

MUSIC UP AND OUT.

ANNOUNCER

A message from the government of
Canada.

END.

**INUIT
TV SCRIPTS**

February 24, 2005
Smoking Cessation Script
INUIT - Spot #1
Bronchitis

Characters: PIITA, a lifelong smoker in his mid-40s
SIILA, late 30s, PIITA's partner.

Scene: Interior, a kitchen.

Video	Audio
WS: THE SETTING IS MONOCHROME (BLACK & WHITE) ONLY THE ACTORS ARE IN COLOUR. SIILA SIT AT A KITCHEN TABLE PLAYING A GAME OF SOLITAIRE.	MUSIC.
PIITA ENTERS. HE LOOKS SHOCKED.	MUSIC FADES OUT.
CUT TO: C/U SIILA AS SHE NOTICES SOMETHING IS WRONG	SIILA Piita? You look like you seen a ghost or something. Come. Sit down I'll make you a cup of coffee.
CUT TO: MCU PIITA	PIITA (VEHEMENTLY) No. No coffee!
CUT TO: C/U SIILA. SHE IS TAKEN ABACK.	
CUT TO: 2-SHOT. AS SHE WATCHES HIM COME AND SIT AT THE TABLE.	PIITA (A LITTLE CALMER) If I have a coffee I'll want a cigarette, too.
	SIILA (WARILY) And?

CUT TO:
C/U PIITA

CUT TO:
MEDIUM 2-SHOT

SIILA REACHES ACROSS THE
TABLE TO HOLD HIS HAND.

THEY SIT QUIETLY FOR A
MOMENT.

CUT TO:
C/U PIITA. HE MAKES AN EFFORT
TO BRIGHTEN UP.

CUT TO:
2-SHOT. SHE GATHERS UP THE
CARDS AND OFFERS A PLAYFUL
CHALLENGE.

CUT TO:
FULL COLOUR. A ROOM IN A
HEALTH CENTRE.
A NURSE IS SITTING AT HIS DESK.

SHE LOOKS UP AT THE CAMERA

GRAPHICS OVER VIDEO:
WEBSITE AND TOLL-FREE
NUMBER

PIITA

I gotta quit Siila. I'm coughing a lot
every day and the Doctor just said I
have bronchitis again. Either I quit or
I end up carrying an oxygen tank
around with them tubes up my nose.

How would I hunt caribou like that?

PIITA (CONT)

Hey, pass me those cards. I gotta
learn to do something else with my
hands.

SIILA

How about I deal?

DOCTOR

Hi I'm Evan Adams, I'm Coast Salish
First Nation and a doctor. Like Piita,
too many people wait until they have
an incurable disease before they quit
smoking. Why wait?

Visit your Health Centre for support
and ideas on how you can quit.

Log on to our website.
Or call this toll free number.

CANADA WORDMARK	MUSIC UP AND OUT.
FADE TO BLACK.	ANNOUNCER A message from the government of Canada.
	END.

February 24, 2005
Smoking Cessation Script
INUIT - Spot #2
The list

Characters: PIITA, a lifelong smoker in his mid-40s
SIILA, late 30s, PIITA's partner.

Scene: Interior, a kitchen.

Video	Audio
ECU: THE SETTING IS MONOCHROME (BLACK & WHITE) ONLY THE ACTORS ARE IN COLOUR. A HAND CRUSHES OUT A CIGARETTE BUTT IN AN ASHTRAY. CUT TO: MS REVEALS IT IS PIITA'S HAND. HE IS AT THE KITCHEN TABLE. HE LOOKS UP. CUT TO: W/S SIILA HAS JUST COME IN THE ROOM AND IS STANDING AT THE END OF THE TABLE HOLDING A SHOPPING BAG IN EACH HAND. SHE LOOKS AT HIM. CUT TO: MCU PIITA CUT TO: C/U SIILA. SHE LOOKS AT HIM FOR A MOMENT. SHE DECIDES NOT TO REACT. CUT TO: 2-SHOT. SHE PUTS HER BAGS ON THE TABLE AND STARTS TO	MUSIC. MUSIC FADES OUT. PIITA My second one today. SIILA That's better'n yesterday.(Positively) PIITA I know, but I've had cravings all day.

UNPACK THEM

SHE SITS DOWN BESIDE HIM.

CUT TO:
C/U PIITA

CUT TO:
C/U SIILA

CUT TO:
MEDIUM 2-SHOT. THEY NOD,
SAGELY

CUT TO:
FULL COLOUR. A ROOM IN A
HEALTH CENTRE.
A DOCTOR WALKS INTO THE
ROOM WITH SOME PATIENT
FOLDERS.

HE LOOKS UP AT THE CAMERA.

SIILA
Uh, huh.

PIITA
I was down at Jimmy's this morning.
It's hard to quit when everyone around
you smokes.

SIILA
You just need to find other things to
do in place of smoking.

PIITA
Like what?

SIILA
Mmmm. Like drink a glass of water, or
go for a walk.

BRIEF PAUSE.

SIILA (CONT)
Maybe we should make a list of things
and stick it on the fridge.

PIITA
I need something to do with my
hands. Maybe I could take up carving
again.

GRAPHICS OVER VIDEO: WEBSITE AND TOLL-FREE NUMBER CANADA WORDMARK FADE TO BLACK.	DOCTOR Quitting smoking is one of the biggest challenges you'll ever face. Eight out of ten smokers have tried to quit more than once. Hi, I'm Dr. Adams, I am here to tell you that quitting smoking is one of the best things you can do for your health. For more tips on how to quit smoking visit your Health Centre, log on to our website or call this toll free number. MUSIC UP AND OUT. ANNOUNCER A message from the government of Canada. END.
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PHASE II

FACTS SHEETS

Benefits of Quitting Smoking

When you quit smoking, you enjoy many benefits – and some of them start just hours after you have your last cigarette.

- Your sense of taste and smell will improve, and food will taste better.
- You will look and feel younger. You won't have the wrinkles and old look that smoking gives you, or the yellow stains on your teeth and fingers.
- You will save money.
- You will get fewer colds and flu's.
- You will have more energy to do the things you love.

Health benefits

Quitting smoking is probably the one best thing you can do to improve your health. Your body will start to heal on the very first day. After one year, you will be a lot healthier, and your risk for some major health problems will have dropped by half.

Within 12 hours after quitting

The oxygen levels in your blood return to normal.

Within 2 to 3 days after quitting

Your sense of taste and smell start to improve. Your airways relax, and it gets easier to breathe.

Within 2 weeks to 3 months after quitting

Your lungs work much better. You'll find it easier to walk and do other kinds of exercise. Your circulation improves. Because your blood moves better, you may enjoy warmer hands and feet.

Within 6 months after quitting

You cough less, and feel less stuffed up.

Within 1 year after quitting

Your risk of having a smoking-related heart attack is now half what it was before.

Within 10 years after quitting

Your risk of lung cancer is cut by half. Your risk of other types of cancer (for example, mouth cancer) is also lower.

Within 5 to 15 years after quitting

Your risk of heart attack is back to normal, as if you had never smoked.

For more information: www.gosmokefree.ca.

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Within 5 to 15 years after quitting

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For more information: www.gosmokefree.ca
www.pauktuutit.ca.

Choosing to Quit

Are you planning to stop smoking, chewing tobacco, or using snuff?

Congratulations!

- You will feel better about yourself
- You will be healthier and have more energy
- Your sense of taste and smell will improve
- You will be a good example to the children in your family

Quitting is tough, but worth it. Here are some suggestions that may help you on your journey.

Think about *why* you want to quit.

Plan.

- Think about how you will avoid or cope with your “triggers”
 - things that make you want to smoke, like feeling angry or stressed
 - times you usually smoke — like after a meal, when you drink coffee, or while drivingWhat strengths do you have that will help you?
- Plan how you will deal with cravings and withdrawal symptoms. Most cravings pass in 3-5 minutes. Withdrawal symptoms (like feeling restless or having trouble sleeping) usually go away within three weeks. But occasional cravings can come back for years.

Choose the method that feels right for you.

Some people choose to quit “cold turkey.” Others cut back for a few weeks first.

Set a quit date.

Get support.

- Tell your family and friends that you plan to quit. Ask a close friend to support you.
- See a nurse or doctor. They can advise you on things that might help, like the nicotine patch.

Regain control if you have a setback.

Setbacks don’t mean you have to give up. Be gentle with yourself.

Reward yourself.

Treat yourself with things you enjoy.

For more information:

Visit www.cancer.ca or call 1-888-939-3333 for the booklet *One Step at a Time*.

Visit www.gosmokefree.ca and look for *On the Road to Quitting*.

For people under 19, visit “Quit4Life” in the Youth section at www.gosmokefree.ca.

Visit a *Tribe called Quit* on the Aboriginal Youth Network site at www.ayn.ca/health/.

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Visit www.pauktuutit.ca.

Tips for Quitting

Find a replacement activity from this list that works for you.

- Put suggestions of things/activities to do in a jar (things that take between 2 to 5 minutes to accomplish) like sweeping the floor. Every time you have a craving, you draw an activity and do it. It keeps you busy just the time needed to overcome the craving and to change your mind.
- To keep your mouth and hands busy, try chewing gum, drinking a glass of water, doing sports, eating a fruit or vegetable.
- Make a for-and-against list that you can always refer to through the process of quitting. In one column write down your reasons for smoking and in the other your reasons for quitting.
- Write down your plan for quitting, which can include your reasons, potential pitfalls, stages of progress, and how you'll deal with temptations... and don't give up.
- Think positively, especially by focusing one day at a time on each of your achievements.
- Be sure to ask for help and support from those around you. Having at least one friend you can count on and share your feelings with may improve your chances of quitting for good. If your partner smokes, see if you can encourage him or her to join you on your journey.
- Decide whether you're going to quit cold turkey or gradually, and what kind of professional support services you want to use, if any. You may want to consider counselling, group programs or nicotine replacement therapies.
- Learn about and prepare yourself for possible withdrawal symptoms.
- If you slip, don't be too hard on yourself -- keep focused on sticking to your quit plan. Look at what triggered the lapse and figure out how to handle it differently next time. A slip or two does not mean you've failed in your effort to quit.
- Don't worry about weight gain, it doesn't happen to everyone and is often insignificant when it does. Control it by sticking to the same diet you usually eat, choosing low-calorie snacks, and by increasing exercise and physical activity.
- If you experience cravings, try the four Ds: Delay, Distract, Deep Breathing and Drink Water.
- If you believe you're someone who smokes to deal with stress, look into new ways of coping; there are many. Here are a few:
 - Finding one or two people to talk to or keeping a journal allows you to explore solutions instead of dwelling on your problems.
 - Try relaxing by listening to some soft music or taking a lingering bath or going for a walk.
 - Maintain a healthy diet and take time to eat proper meals at regular intervals. Becoming more physically active helps to release calming chemicals in the brain and promotes better sleep.
 - Learn to deep breathe to help cope with stress. Take a slow deep breath in through your nose and hold it for a count of five. Push your stomach out at the same time. This makes the air go deeper into your lungs, where the smoke used to go. Slowly breathe out through your mouth to the count of seven. Repeat this three times, and feel the relaxation as your stress drops away.
 - Learn positive self-talk - Sometimes we have negative thoughts about ourselves or our situation ("This is unbearable, I don't think I can do this" or "I feel awful, why

am I doing this to myself?"). The more people engage in negative self-talk, the less likely they will stop smoking. If you catch yourself using negative self-talk, say the word "stop" to yourself. Take a moment to clear your mind and then replace the negative talk with positive self-talk.

Examples of positive self-talk include:

- * It will get better in time.
- * I've handled things tougher than this.
- * What I feel is evidence that my body is healing itself.
- * I don't have to smoke. I can do something else right now.
- * I only have to deal with one day at a time.

Les avantages de cesser de fumer

Il y a plusieurs avantages à cesser de fumer, et certains se font sentir à peine quelques heures après votre dernière cigarette.

- Vos sens du goût et de l'odorat s'améliorent, et les aliments ont meilleur goût.
- Vous avez l'air et vous vous sentez plus jeune. Vous n'avez plus ces rides et cet air vieux que le tabagisme vous donne, ni les taches jaunes sur les dents et les doigts.
- Vous économisez de l'argent.
- Vous avez moins souvent le rhume ou la grippe.
- Vous avez plus d'énergie pour faire ce que vous aimez.

Les bienfaits pour la santé

Cesser de fumer est sans doute la meilleure chose à faire pour améliorer votre santé. Votre corps commence à en ressentir les bienfaits dès la première journée. Après un an, vous serez en bien meilleure santé et vos risques associés à certaines maladies graves auront diminué de moitié.

12 heures après avoir cessé

Votre taux d'oxygène revient à la normale.

De 2 à 3 jours après avoir cessé

Vos sens du goût et de l'odorat commencent à s'améliorer. Vos voies respiratoires relaxent et votre respiration devient plus facile.

De 2 semaines à 3 mois après avoir cessé

Vos poumons travaillent beaucoup mieux. Il vous est plus facile de marcher et de faire d'autres types d'exercice.

Votre circulation sanguine s'améliore. Comme votre sang circule plus librement, vos mains et vos pieds sont peut-être plus chauds.

6 mois après avoir cessé

Vous toussiez moins et vous vous sentez moins congestionné.

1 an après avoir cessé

Vous risquez deux fois moins qu'auparavant de subir une crise cardiaque.

10 ans après avoir cessé

Votre risque de cancer du poumon a diminué de moitié. Votre risque de contracter une autre forme de cancer (p. ex., le cancer de la bouche) est également réduit.

De 5 à 15 ans après avoir cessé

Votre risque de subir une crise cardiaque est revenu à la normale, comme si vous n'aviez jamais fumé.

Pour en savoir plus : www.vivresansfumee.ca
www.pauktuutit.ca

Décider de cesser de fumer

Songez-vous à cesser de fumer, de chiquer ou de priser?

Félicitations!

- Vous vous sentirez mieux
- Vous serez en meilleure santé et aurez plus d'énergie
- Vos sens du goût et de l'odorat s'amélioreront
- Vous serez un bon exemple pour vos enfants

Il est difficile de cesser de fumer, mais ça en vaut la peine. Voici quelques suggestions qui pourront vous aider à réussir.

Demandez-vous *pourquoi* vous voulez cesser.

Planifiez

- Réfléchissez à la façon d'éviter ou de contrôler les situations qui vous donnent « envie » de fumer :
 - ce qui vous pousse à fumer, comme la colère ou le stress;
 - les moments où vous fumez habituellement – comme après les repas, en buvant un café ou au volant.

Quelles sont vos forces qui vous aideront à réussir?

- Planifiez votre façon de faire face aux envies pressantes de fumer et aux symptômes de sevrage. La plupart des envies pressantes disparaissent au bout de 3 à 5 minutes. Les symptômes de sevrage (comme l'agitation ou l'insomnie) disparaissent habituellement dans les trois premières semaines. Mais des envies pressantes peuvent aussi ressurgir à l'occasion pendant des années.

Choisissez la méthode qui vous convient le mieux.

Certaines personnes préfèrent cesser d'un seul coup. D'autres préfèrent diminuer graduellement pendant quelques semaines avant de cesser complètement.

Fixez une date pour cesser.

Demandez de l'aide.

- Informez vos parents et amis de votre intention de cesser de fumer. Demandez à un ami proche de vous appuyer.
- Consultez une infirmière ou un médecin. Ils peuvent vous conseiller sur différents moyens pour vous aider, comme l'utilisation des timbres à la nicotine.

Offrez-vous des récompenses.

Offrez-vous des choses qui vous plaisent.

Ressaisissez-vous si vous avez une rechute.

Une rechute ne vous oblige pas à tout abandonner. Soyez indulgent envers vous-même.

Pour en savoir plus :

Visitez www.cancer.ca ou téléphonez sans frais au 1 888 939-3333 pour obtenir la brochure *Une étape à la fois*.

Visitez www.vivresansfumee.ca et recherchez *Sur la voie de la réussite*. Les personnes de moins de 19 ans peuvent préférer la trousse « V100F » sur ce site.

Visitez www.pauktuutit.ca.

Trucs pour cesser de fumer

Préparez-vous : C'est difficile de cesser de fumer, mais ça en vaut la peine! Voici quelques suggestions qui pourraient vous aider à tenir bon.

- Dressez une liste d'avantages et d'inconvénients que vous pourrez consulter en tout temps pendant le processus de cessation. Dans une colonne, énumérez les raisons de fumer, dans l'autre, les raisons de cesser.
- Mettez sur papier votre plan pour cesser de fumer, en y inscrivant vos raisons, les pièges qui vous guettent, les étapes de vos progrès et comment vous résisterez à la tentation... sans abandonner.
- Demandez l'aide de votre entourage. Le fait d'avoir au moins un bon ami avec qui partager vos émotions pourrait améliorer vos chances de cesser pour de bon. Si votre conjoint(e) fume, voyez si vous pouvez le (la) convaincre de vous accompagner dans cette aventure.
- Choisissez la méthode qui vous convient le mieux. Certaines personnes préfèrent cesser d'un seul coup. D'autres préfèrent diminuer graduellement pendant quelques semaines avant de cesser complètement.
- Renseignez-vous sur les symptômes de sevrage possibles et préparez-vous à y faire face.
- Si vous avez une rechute, ne soyez pas trop dur envers vous-même – tenez-vous-en à votre plan. Voyez ce qui a provoqué cette rechute et comment réagir différemment la prochaine fois. Une ou deux rechutes ne signifient pas que vos efforts ont échoué.

Trouvez dans la liste suivante une activité de substitution qui vous convienne.

- Placez dans un pot des suggestions de choses à faire ou d'activités à pratiquer (qui prennent de 2 à 5 minutes), comme balayer le plancher. À chaque envie de fumer, tirez du pot une activité et faites-la. Cela vous occupera le temps qu'il faut pour faire passer votre envie et vous changer les idées.
- Occupez votre bouche et vos mains en mâchant de la gomme, en buvant de l'eau, en faisant du sport ou en mangeant un fruit ou un légume.
- Pratiquez la pensée positive, surtout en vous concentrant une journée à la fois sur chacune de vos réussites.
- Ne craignez pas de prendre du poids; ça n'arrive pas à tout le monde et quand c'est le cas, la prise de poids est souvent minime. Vous pouvez la maîtriser en respectant votre régime alimentaire habituel, en choisissant des goûters hypocaloriques, et en faisant plus d'exercice et d'activité physique.
- En cas d'envie pressante, n'oubliez pas les quatre mots clés : retarder, distraire, respirer à fond et boire de l'eau.
- Si vous pensez fumer pour soulager votre stress, recherchez de nouvelles façons d'y faire face. Il y en a beaucoup et en voici quelques-unes :
- Trouvez une ou deux personnes à qui parler ou tenez un journal qui vous permettra d'explorer des solutions au lieu de ruminer vos problèmes.
- Essayez de relaxer en écoutant de la musique douce, en prenant un long bain ou en allant marcher.

Z CARD

Choosing to Quit

Congratulations!

- ◆ You will feel better about yourself
- ◆ You will be healthier and have more energy
- ◆ Your sense of taste and smell will improve
- ◆ You will save money
- ◆ You will be a good example to the children in your family



Benefits of Quitting

Quitting smoking is probably the one best thing you can do to improve your health. Your body will start to heal on the very first day. After one year, you will be a lot healthier, and your risk for some major health problems will have dropped by half.

12 hours after quitting

Your oxygen levels return to normal.

2 to 3 days after quitting

Your sense of taste and smell start to improve. Your airways relax, and it gets easier to breathe.

2 weeks to 3 months after quitting

Your lungs work much better. You'll find it easier to walk and do other kinds of exercise. Your circulation improves. Because your blood moves better, you may enjoy warmer hands and feet.

6 months after quitting

You cough less, and feel less stuffed up.

1 year after quitting

Your risk of having a heart attack is now half what it was before.

10 years after quitting

Your risk of lung cancer is cut by half. Your risk of other types of cancer (for example, mouth cancer) is also lower.

5 to 15 years after quitting

Your risk of heart attack is back to normal, as if you had never smoked.

For more information:

Visit www.GoSmokefree.ca and look for
On the Road to Quitting.



My Reasons for Quitting

Quit Tips

Getting Ready to Quit: Quitting is tough, but worth it! Here are some suggestions that may help you on your journey.

- Make a for-and-against list that you can always refer to through the process of quitting. In one column write down your reasons for smoking and in the other your reasons for quitting.
- Write down your plan for quitting, which can include your reasons, potential pitfalls, stages of progress, and how you'll deal with temptations... and don't give up.
- Be sure to ask for help and support from those around you. Having at least one friend you can count on and share your feelings with may improve your chances of quitting for good. If your partner smokes, see if you can encourage him or her to join you on your journey.
- Choose the method that feels right for you. Some people choose to quit "cold turkey". Other cut back for a few weeks first.
- Learn about and prepare yourself for possible withdrawal symptoms.
- If you slip, don't be too hard on yourself -- keep focussed on sticking to your quit plan. Look at what triggered the lapse and figure out how to handle it differently next time. A slip or two does not mean you've failed in your effort to quit.



My Patterns and Trigger Situations

My Replacement Behaviours



Choosing to Quit

Are you planning to stop smoking, chewing tobacco, or using snuff?

**Kicking
the
Addict on**

Canada

Décider de cesser

Songez-vous à cesser de fumer, de chiquer ou de priser?

Fumer c'est fini

Canada

Décider de cesser

Félicitations!

- ♦ Vous vous sentirez mieux
- ♦ Vous serez en meilleure santé et aurez plus d'énergie
- ♦ Vos sens du goût et de l'odorat s'amélioreront
- ♦ Vous économiserez de l'argent
- ♦ Vous serez un bon exemple pour vos enfants



Les avantages de cesser de fumer

Cesser de fumer est sans doute la meilleure chose à faire pour améliorer votre santé. Votre corps commence à en ressentir les bienfaits dès la première journée. Après un an, vous serez en bien meilleure santé et vos risques associés à certaines maladies graves auront diminué de moitié.

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De 5 à 15 ans après avoir cessé

Votre risque de subir une crise cardiaque est revenu à la normale, comme si vous n'aviez jamais fumé.

Pour en savoir plus :

Visitez le site www.vivresansfume.ca et recherchez les publications **Sur la voie de la réussite.**

Mes raisons de cesser de fumer

Mes habitudes et les facteurs déclencheurs

Mes activités de substitution

Décider de cesser

Songez-vous à cesser de fumer, de chiquer ou de priser?

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Canada

Trucs pour cesser de fumer

Préparez-vous : C'est difficile de cesser de fumer, mais ça en vaut la peine! Voici quelques suggestions qui pourraient vous aider à tenir bon.

- Dressez une liste d'avantages et d'inconvénients que vous pourrez consulter en tout temps pendant le processus de cessation. Dans une colonne, énumérez les raisons de fumer, dans l'autre, les raisons de cesser.
- Mettez sur papier votre plan pour cesser de fumer, en y inscrivant vos raisons, les pièges qui vous guettent, les étapes de vos progrès et comment vous résisterez à la tentation... sans abandonner.
- Demandez l'aide de votre entourage. Le fait d'avoir au moins un bon ami avec qui partager vos émotions pourrait améliorer vos chances de cesser pour de bon. Si votre conjoint(e) fume, voyez si vous pouvez le (la) convaincre de vous accompagner dans cette aventure.
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Z-Card	Separate Handouts
My reasons for quitting - with a space to fill in the blank	Choosing to quit
The benefits of quitting (see Benefits of Quitting document)	Benefits of quitting
My patterns and trigger situations - with a space to fill in the blank	Health effects
Tips for quitting smoking (see Tips for quitting document)	Helping someone to quit
My replacement behaviour(s) - with a space to fill in the blank	
Quit Line Numbers (see Quit Line document)	

Feb 24, 2005