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Final Report

SECOND-HAND SMOKE PERCEPTIONS AND BARRIERS

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1. EXECUTIVE SUMMARY

1.1 Background, Purpose and Methodology

- All earlier research and studies have demonstrated that a chasm exists between knowledge, attitudes and behaviour with respect to second-hand smoke (SHS).

- This study was commissioned by the Tobacco Control Programme to explore why parents continue to smoke and expose children to SHS and to test two creative concepts (cling stickers and fridge magnets) that would accompany a SHS brochure. It was hoped that the findings of this study would provide a framework to better understand smokers' resistance to SHS messages and provide suggestions as to how to overcome this barrier.

- In order to allow in-depth exploration and avoid the tendency of smokers to present themselves in a favourable light in a public setting, individual in-depth interviews with targeted types of smokers were conducted. Accordingly, from October 11-19, 2005, a total of 32 one-hour in-depth interviews were conducted in Montreal and Toronto with men and women aged 20-55 who had at least one child under the age of 18 living at home. Twenty-five interviews were with smokers (the primary target group) and seven were with non-smoking spouses of smokers (the secondary target group).

- To elicit personal and in-depth responses, each participant was probed using three projective techniques (cartoon drawings, what-if scenarios, and sentence completion exercises, shown in the appended Discussion Guide.) The stories told, the memories elicited, the personal experiences and revelations people talked about in the various situations depicted and described provided a cumulative effect which gradually revealed a global picture for each individual interviewed.

- By its very nature, the individual in-depth interview, as with all other qualitative methods, does not provide measurable or quantifiable results. Findings may or may not reflect the opinions and suggestions of the target audiences at large.

1.2 Key Findings

1.2.1 Smoking Behaviors and Attitudes

- Essentially, smoking helped smoking participants and smoking spouses of non-smoking participants relax and reduce stress.

- Some participants only smoked outside their homes or smoked inside only if no one else was there. However, many still smoked inside in front of spouses and/or their children, often in a specific room, or excluding specific rooms, or limited it to when they were especially stressed out. In the summer, most smoking participants opened doors and windows, smoked on balconies, decks, patios, porches and verandas, but in the winter months, this was curtailed.

- Frequent smokers tended to feel quite territorial about their home and their right to smoke in it, regardless of who else was there. Home was one of the few places where they could relax, where they made the rules and were in control. At home, they did not have to think of cigarettes as bad, something they had to deal with all day long. Thus, smoking at home was a very personal and private moment, rather than a public or social ritual, the way things used to be.

- All smoking participants admitted they smoked in their own cars, opening car windows to ventilate this small confined space. However, only some refrained from doing so when their children were in the car, or when a non-smoking passenger objected. Like their homes, smoking participants tended to view their own cars as their personal territory where they had rights, and where they got to make the decisions.

1.2.2 SHS Perceptions

- Overall, findings were quite consistent. Salience of SHS was quite low because: (1) smoking participants put mitigating measures in place they felt were effective in dealing with the sensory aspects of SHS, the only aspects they perceived; (2) people could not identify with the extreme examples used in SHS advertising; and (3) the relationship between SHS and health was unclear and poorly understood, so people could not explain to themselves how SHS was harmful to others and themselves.

- Participants generally lacked detailed accurate information about SHS, and most smoking participants did not believe SHS had significant harmful health effects. Their primary concerns were related to sensory drawbacks instead. Non-smoking participants, helpless in the face of their spouse's addiction, were resigned and reluctant to challenge smoking at home, wanting to avoid either a fight, or their spouse's increased smoking as a defensive reaction to such efforts.

- Most participants believed the mitigating measures they took to eliminate or reduce the physical or sensory drawbacks of SHS (the smell and sight of the smoke) were effective. While people seemed to believe that dilution (air ventilation or circulation dilutes SHS and eliminates or decreases its negative impact) or proximity (smoke travels, so the farther away you are from SHS, the safer you are) were adequate protections, they did not understand how the science worked. Thus, anything that can show what toxic particles remain in the home, how they travel, and how they can affect people and/or animals, could have some impact.

- Many participants demonstrated a strong visible response to learning that their behaviors based on dilution or proximity were in fact ineffective. One Toronto mother, who only smoked at home when her toddlers were absent, was so worried that SHS was not removed that she wanted to phone HC immediately to find out more, and copied down the HC website address before the interview ended.

- Clearly, people seemed to lack knowledge about why and how SHS is dangerous, but were highly receptive to this type of information. A focus on the mechanics of the effects, rather than on the effects themselves, could shift the smoker's perspective and produce a more favourable perceptual framework for SHS messages. Questions arose with regard to: (1) How long does SHS stay in the house or in a particular room, or, where does SHS go? (2) What toxic particles remain [from cigarette smoking] and what harm can they do? (3) Exactly what is exhaled? (4) How long does it take for the smoke to dissipate? (5) What actually hangs around or lingers? (6) Does room size have any impact? (7) Does ventilation have any impact?

1.2.3 SHS AND HEALTH

- While most participants recognized smoking carried serious health risks, a majority did not believe SHS was strongly linked to health. Participants were generally aware that inhaling SHS was not good for people, but there was no clear consensus as to whether SHS-related health problems were exaggerated. The prevailing perception seemed to be that a lot of SHS was dangerous, but a little was not that bad. Some smoking participants subscribed to the "genetics" theory -- that people were susceptible to various diseases (asthma, cancer) based on their genetic makeup, which meant that SHS was not a problem for everyone. Some smoking participants said they would change their behavior if their child got asthma, while others would not unless the condition was "serious."

- Most participants thought children would be more vulnerable to SHS than adults because they and their immune systems were still growing and developing. There was also a general consensus that air pollution was worse than SHS, based mainly on a belief that air included SHS, plus toxic fumes from factory smoke stacks, industry, car exhausts, etc. Many cited smog alerts as proof.

- Many recalled TV ads about the dangers of SHS, but were not clear how or why this could be true. A fair number cited the TV ad with the waitress dying from cancer (caused by SHS), which they could not identify with, since it was outside of their own experience (she suffered from the cumulative effect of working in a poorly-ventilated confined space for years).

- Not surprisingly, most smoking participants had not considered the impact of SHS on themselves, just the impact of the direct smoke. They had never seen themselves at risk from SHS, or the accumulated affect of SHS plus their own smoking, especially in social settings. For some, the idea was food for thought. After all, SHS wasn't "filtered," like cigarettes, and SHS contains "nicotine," doesn't it? This may in fact be an area to pursue, especially with lighter smokers.

1.2.4 REACTION TO CREATIVE CONCEPTS

- Overall reactions to the creative concepts were generally lukewarm. The concepts held some appeal for a small proportion of participants (mainly light smokers who refrained from smoking inside their homes or cars when children were present).

- While non-smoking spouses appeared to value whatever support they could garner from Health Canada, they also worried that bringing stickers or fridge magnets into their home would probably further alienate smoking spouses and increase their resistance to quitting, rather than encourage a change in behavior.

Stickers

- Comparative reaction to the cling stickers suggested that the "wave" option was seen as somewhat more likeable and user-friendly for use in cars or homes, because it seemed less aggressive and less hostile than the "forbidden-cigarette" symbol. However, the unfamiliar wave seemed to have questionable communications value because effort was required to understand what it meant. The link between it and SHS has not yet been built in the public domain.

- In contrast, while the very familiar forbidden-cigarette symbol had strong public recognition, it was generally seen as too official and thus unsuitable for homes or cars. For some, its familiarity made it easy to ignore or overlook. However, all participants instantly knew it meant smoking was not allowed. While it has high communication value, its direct and well-established link is with smoking, not SHS. Thus, supporting text would be needed to make an SHS link with this symbol.

Fridge Magnets

- The fridge magnets themselves did not seem to generate much enthusiasm as items in and of themselves, except among those few smoking participants who refrained from smoking inside their homes when children were present. There were no clear-cut findings about the fridge magnet, or its preferred shape.

- However, the thought-provoking information contained on the fridge magnet evoked strong positive reactions, mainly of surprise and curiosity as to whether the facts presented were actually true. Such information (1) directly contradicted currently held and cherished beliefs about SHS related to dilution and proximity, and (2) helped create some uncertainty about one's own beliefs, the beginning stage where change becomes possible.

1.3 Implications

1.3.1 Resistance Factors

- People have only a surface awareness and limited knowledge of SHS. They do not seem to understand exactly what it is, what it does, how it affects others, and even themselves. Thus, they do not believe SHS could negatively impact the health of their children and family.

- Resistance to current SHS health messaging appears to be based on 4 main factors: (1) a sensory perspective based on visible smoke and smell, but not physiology, (2) a territorial reaction where it's "my domain, my right to call the shots," (3) failure to identify with extreme situations depicted in previous SHS campaigns, and (4) anti-smoking message burnout.

- Thus, there is a need to (1) fill the understanding gap and shift the current sensory-based perspective to one which will give relevance to health-related SHS messages, (2) provide new information in a palatable way, to break through the territorial mindset, (3) use current day-to-day easily identifiable examples in SHS campaigns, and (4) provide new information in an empathetic way so that smokers will be more receptive to receiving it.

1.3.2 Communication Factors

- Mitigating behaviors definitely do need to be challenged -- perhaps with the idea that they will not remove the invisible components of SHS.

- Non-smoking participants know they need to exercise caution when approaching the topic with their spouses, to keep the latent tension from exploding. Without support from a public campaign and/or new facts, challenging their spouse on SHS would likely be perceived as either an aggressive signal, or ignored. They told us that a radio ad would be more helpful to them than a fridge magnet or a sticker used alone.

- Children appear to be much more influential on smoking parents than non-smoking spouses. Therefore, we believe that the creative concepts tested have more potential with children or young people than with non-smoking parents. We also believe that the highly relevant information contained on the fridge magnet may see its impact diluted if it is not used as part of a broader informational or awareness campaign.

- Results from this study strongly suggest that people would support a campaign that would: (1) provide facts, rather than moralization, about how SHS operates and the damage it does, especially the damage only a little can do; (2) show the ineffectiveness of currently-used but easy-to-relate-to mitigating behaviors and situations (3) provide information to simply explain why and how such behaviors are ineffective, and (4) present the smoker in an empathetic way, (i.e., smokers are not bad people, they just have a bad habit or bad addiction; smokers care about their children, and want to do right by them, keep them safe; kudos to smokers who go the extra mile for their kids, who go outside to smoke, who keep SHS totally away from them).

1. SYNTHÈSE DES RÉSULTATS

1.1 CONTEXTE, OBJECTIF ET MÉTHODOLOGIE

- Toutes les recherches et les études précédentes ont démontré qu'il y a un gouffre qui sépare les connaissances, les attitudes et les comportements à propos de fumée secondaire (FS).

- Cette étude réalisée pour le compte du Programme de lutte au tabagisme visait à explorer ce qui amène les parents à continuer de fumer et de faire subir à leurs enfants la FS, puis à tester deux concepts de création (autocollants et aimants de frigo) qui accompagneraient un feuillet sur la FS. Il était souhaité que cette étude puisse fournir un cadre conceptuel pour mieux comprendre la résistance des fumeurs aux messages sur la FS et fournir des suggestions sur les manières de passer outre cette résistance.

- De façon à permettre une exploration en profondeur et éviter la tendance des fumeurs à se présenter sous un jour favorable lorsqu'en public, des entrevues individuelles ont été réalisées avec certains types de fumeurs ciblés. Ainsi, du 11 au 19 octobre 2005, 32 entrevues en profondeur, d'une durée d'une heure, ont été réalisées à Montréal et Toronto avec des hommes et des femmes de 20 à 55 ans, parent d'au moins un enfant âgé de moins de 18 ans, vivant avec eux à la maison. Vingt-cinq entrevues ont été réalisées avec des fumeurs (le groupe cible primaire) et sept avec des conjoints non-fumeurs (le groupe cible secondaire).

- Pour favoriser des réponses personnelles et en profondeur, nous avons utilisé trois techniques projectives (illustrations avec bulles, scénarios hypothétiques et exercice de phrases à compléter, qu'on retrouvera dans le guide de discussion annexé). Les histoires rapportées et les souvenirs évoqués, les expériences personnelles et les révélations des participants dans les diverses situations illustrées ont eu un effet cumulatif qui a graduellement permis de brosser un portrait d'ensemble de chaque personne interviewée.

- Étant donné le caractère empirique et qualitatif de cette étude, il n'est pas possible de quantifier ses résultats. Ainsi, toute généralisation des résultats à l'ensemble du public cible est laissée au jugement des décideurs.

1.2 PRINCIPAUX RÉSULTATS

1.2.1 COMPORTEMENTS ET ATTITUDES ENVERS LA CIGARETTE

- Essentiellement, les participants fumeurs et les conjoints fumeurs des participants non-fumeurs fumaient pour se détendre et réduire leur niveau de stress.

- Quelques participants fumaient uniquement à l'extérieur de la maison ou à l'intérieur à la condition que personne d'autre ne soit présent. Par contre, plusieurs fumaient encore à l'intérieur en présence de leur conjoint et ou de leurs enfants, soit en se restreignant à une seule pièce ou à l'exclusion de certaines pièces, ou uniquement

quand ils étaient très stressés. Durant l'été, la plupart des participants ouvrent portes et fenêtres, fument sur le balcon, le patio, sous le porche ou sur la véranda, mais durant la période hivernale, ces solutions sont moins fréquemment utilisées.

- Les gros fumeurs avaient tendance à considérer leur maison comme leur territoire, là où ils ont le droit de fumer, peu importe qui d'autre s'y trouve. La maison est l'un des rares endroits où ils peuvent se détendre, établir les règles et avoir le contrôle. À la maison, ils n'avaient pas à penser au fait que la cigarette est mauvaise, ce avec quoi ils devaient composer à longueur de journée. En conséquence, fumer à la maison représentait un moment très personnel et privé, plutôt qu'un rituel social ou public, comme c'était le cas par le passé.

- Tous les participants fumeurs nous ont avoué fumer dans leur propre auto, en ouvrant les fenêtres pour aérer cet espace restreint. Toutefois, seulement quelques-uns d'entre eux se retenaient de fumer dans leur auto en présence de leurs enfants ou d'un passager non-fumeur qui se plaignait de la fumée. Comme leur maison, l'auto représentait un territoire personnel où les participants fumeurs se sentaient en droit de fumer, où ils pouvaient décider.

1.2.2 Perceptions envers la FS

- Dans l'ensemble, les résultats ont été très homogènes. La FS occupait peu de place dans l'esprit des participants car: (1) ceux qui fument avaient mis en place des mesures qu'ils croyaient efficaces pour atténuer les aspects sensoriels de la FS, le seul aspect perceptible pour eux; (2) les gens ne s'identifiaient pas aux cas extrêmes des publicités sur la FS; et (3) le lien entre la FS et la santé n'étant pas évident et mal compris, les gens n'arrivaient pas à s'expliquer en quoi la FS était dommageable pour les autres ou pour eux-mêmes.

- En général, les participants manquaient d'information détaillée et précise au sujet de la FS et la plupart d'entre eux ne croyaient pas que la FS ait des effets nuisibles importants sur la santé. Leur principale préoccupation concernait plutôt les désavantages sensoriels de la FS. Les participants non-fumeurs qui ne pouvaient rien à la dépendance de leur conjoint semblaient plutôt résignés et n'osaient pas remettre en question le droit de fumer à la maison, pour éviter une dispute, ou que leur conjoint fume encore plus en réaction défensive à ces démarches.

- La plupart des participants croyaient que les mesure d'atténuation qu'ils avaient mises en place pour éliminer ou réduire les inconvénients sensoriels ou physiques de la FS (l'odeur et la vue de la fumée) étaient efficaces. D'une part, ils semblaient croire que la dilution (l'aération ou la circulation d'air diluent la FS et éliminent ou réduisent ses impacts négatifs) ou la distance (la fumée se déplace, donc plus on est loin de la FS, plus on est en sécurité) étaient des mesures de protection adéquates; d'autre part, ils ne comprenaient pas vraiment comment la FS se disperse. En conséquence, tout ce qui pourrait illustrer quelles particules toxiques restent dans la maison, comment elles se dispersent, comment elles affectent les personnes et / ou les animaux pourrait avoir un impact.

- Plusieurs participants ont fortement réagi lorsqu'ils ont appris que leurs comportements de dilution ou de proximité n'étaient pas efficaces. Une mère de Toronto, qui ne fumait à la maison que lorsque ses petits n'étaient pas là, s'est tellement inquiétée d'apprendre que la FS n'était pas entièrement évacuée qu'elle a voulu appeler SC sur le champ pour en apprendre davantage et a noté l'adresse du site Web de Santé Canada avant la fin de l'entrevue.

- Les gens semblaient ne pas savoir en quoi et pourquoi la FS est dangereuse, mais ont été très réceptifs à de l'information à ce sujet. Axer l'information sur la mécanique des effets plutôt que sur les effets eux-mêmes pourrait modifier la perspective des fumeurs et produire un cadre perceptuel plus avantageux pour les messages sur la FS. Les principaux questionnements portaient sur: (1) Durant combien de temps la FS reste-t-elle dans la maison ou dans une pièce en particulier, ou encore où la FS s'en va-t-elle? (2) Quelles particules toxiques [de la fumée de cigarette] restent et quel dommage peuvent-elles causer? (3) Que contient la fumée exhalée ? (4) Combien de temps cela prend-il à la fumée pour se dissiper? (5) Qu'est-ce qui se maintient dans l'air ou persiste? (6) Est-ce que la grandeur des pièces a un impact? (7) Est-ce que l'aération a un impact?

1.2.3 La FS et la santé

- Bien que la plupart des participants reconnaissaient qu'il y a des risques sérieux pour la santé de fumer, une majorité ne croyaient pas que la FS soit liée de façon significative à la santé. Les participants savaient généralement que l'inhalation de la FS n'était pas bonne pour la santé des gens, mais étaient partagés quant à la possibilité que les risques associés à la FS soient exagérés. La perception la plus répandue semblait être que l'exposition à une grande quantité de FS était dangereuse, mais qu'une petite quantité ne nuisait pas. Certains participants fumeurs adhéraient à la théorie de la "génétique", à savoir que chacun est prédisposé à certaines maladies (asthme, cancer) selon son bagage génétique, et qu'ainsi, la FS ne posait pas un problème pour tout le monde. Certains participants fumeurs ont dit qu'ils changeraient leurs comportements de fumage si leur enfant devenait asthmatique, alors que d'autres ne le feraient qui si son cas était "grave".

- La plupart des participants pensaient que les enfants étaient plus vulnérables que les adultes à la FS parce qu'ils étaient, tout comme leur système immunitaire, toujours en croissance et en développement. De façon générale, les participants avaient tendance à croire que la pollution de l'air était plus dommageable pour la santé que la FS, principalement parce que l'air contient de la FS en plus des gaz toxiques provenant des cheminées d'usine, des industries, des gaz d'échappement d'auto, etc. Plusieurs ont parlé des alertes de smog pour appuyer cette idée.

- Plusieurs participants se rappelaient de publicités télévisées sur les dangers de la FS, mais ne comprenaient pas clairement comment ou pourquoi cela était possible. Un bon nombre de participants ont parlé de la publicité présentant une serveuse qui se meurt du cancer (causé par la FS), mais ils n'arrivaient pas à s'identifier à elle, puisque leur propre expérience ne ressemblait en rien à ça (elle souffrait de l'effet cumulatif d'avoir travaillé durant de nombreuses années dans un petit espace mal aéré).

- De façon peu surprenante, la plupart des participants fumeurs ne considéraient pas tenu compte des effets de la FS sur eux-même, seulement l'impact de la fumée directe. Ils n'avaient jamais perçu le risque pour eux d'être exposés à la FS ou de l'effet cumulatif de la FS et de leur propre tabagisme, notamment dans des situations sociales. L'idée en a fait réfléchir certains. Après tout, la fumée secondaire n'est pas "filtrée", comme la cigarette, et la FS contient de la "nicotine," n'est-ce pas ? Il se peut que ce soit une avenue à poursuivre, particulièrement avec les fumeurs légers.

1.2.4 RÉACTIONS AUX CONCEPTS CRÉATIFS

- Dans l'ensemble, les participants ont réagi de façon assez tiède aux concepts créatifs. Ils présentaient un certain attrait pour quelques participants (surtout des fumeurs légers qui se retenaient de fumer dans leur maison ou leur auto en présence d'enfants).

- Bien que les conjoints non-fumeurs semblaient apprécier tout support provenant de Santé Canada, ils craignaient de se mettre à dos leur conjoint fumeur en introduisant des autocollants ou des aimants de frigo dans la maison et d'augmenter leur résistance à cesser de fumer, plutôt que d'encourager un changement de comportement.

Autocollants

- Les réactions comparatives aux autocollants semblaient indiquer que l'option de la "vague" était plus appréciée et perçue comme plus conviviale pour une utilisation dans l'auto ou la maison, parce qu'elle semblait moins agressive et hostile que le symbole de "cigarette interdite". Toutefois, cette vague, avec laquelle personne n'était familier, semblait présenter une faible valeur communicationnelle parce que des efforts étaient nécessaires pour comprendre sa signification. Le lien entre le symbole et la FS n'a pas encore été établi auprès du public.

- À l'opposé, bien que le symbole de la cigarette interdite soit très connu du public, il était généralement vu comme trop officiel et ne convenant donc pas pour la maison ou l'auto. Pour certains, le fait qu'il soit si familier le rendait facile à ignorer ou à oublier. Par contre, tous les participants savaient instantanément qu'il signifiait qu'il n'est pas permis de fumer. Malgré sa forte valeur communicationnelle, il est directement associé depuis longtemps au tabagisme, pas à la FS. Il serait donc nécessaire de supporter ce symbole avec du texte en appui pour créer un lien entre la FS et ce symbole.

Aimants de frigo

- Les aimants de frigo en soi n'ont pas semblé générer beaucoup d'enthousiasme, sauf parmi les participants fumeurs qui se retenaient de fumer dans la maison en présence de leurs enfants. Les résultats concernant l'aimant de frigo ou une préférence quant à sa forme n'ont pas permis de tirer de conclusion claire et nette.

- Toutefois, l'information sur l'aimant de frigo a fait réfléchir et a suscité de fortes réactions positives, surtout sous la forme de surprise et de curiosité, amenant les participants à demander si les informations étaient véridiques. Ces informations (1) contredisaient directement les croyances bien ancrées par rapport aux effets de proximité et de dilution de la FS, et (2) a réussi à créer un doute dans l'esprit des participants vis-à-vis de leurs croyances personnelles, ce qui constitue la première étape nécessaire pour qu'un changement devienne possible.

1.3 Implications

1.3.1 Éléments de résistance

- Les gens ont une conscience et une connaissance limitées de la FS. Ils ne semblent pas comprendre précisément de quoi il s'agit, ses impacts, comment elle affecte les autres ni même eux-même. Ils ne croient donc pas que la FS pourrait avoir un impact négatif sur la santé de leurs enfants ou de leur famille.

- La résistance aux messages actuels concernant la FS semble s'appuyer principalement sur 4 éléments : (1) une perspective sensorielle qui s'appuie sur la fumée visible et l'odeur, mais pas sur la physiologie, (2) une réaction territoriale où "c'est mon domaine, moi qui prend les décisions", (3) un échec à amener les fumeurs à s'identifier aux situations extrêmes présentées dans les campagnes précédentes sur la FS, et (4) une usure par rapport aux messages anti-tabac.

- Il est donc nécessaire (1) de combler l'écart de connaissances et de réorienter la perspective actuelle basée sur les sens vers une perspective qui rendra les messages sur les risques reliés à la FS plus pertinents, (2) de fournir de l'information nouvelle de façon attrayante, pour percer le mur psychologique du territoire personnel, (3) d'utiliser, dans les campagnes sur la FS, des exemples concrets de la vie courante et faciles à reconnaître, et (4) de fournir de l'information nouvelle d'une manière empathique pour que les fumeurs l'accueillent de façon plus réceptive.

1.3.2 Éléments de communication

- Les comportements visant à atténuer les effets de la FS doivent clairement être remis en cause – peut-être avec l'idée que ces comportements ne permettent pas d'éliminer les composants invisibles de la FS.

- Les participants non-fumeurs savaient qu'ils doivent être prudents lorsqu'ils abordent le sujet avec leur conjoint, pour ne pas faire exploser une tension latente. Sans le support d'une campagne publique et/ou de faits nouveaux, toute remise en question de leur conjoint au sujet de la FS serait probablement perçue comme une agression tout simplement ignorée. Ils nous ont dit qu'une campagne radio leur serait plus utile qu'un aimant de frigo ou un autocollant seul.

- Les enfants semblent avoir beaucoup plus d'influence que les conjoints non-fumeurs sur les parents fumeurs. Nous croyons donc que les concepts créatifs que nous avons testés ont un plus grand potentiel auprès des enfants ou des jeunes qu'auprès des conjoints non-fumeurs. Nous croyons aussi que l'information très pertinente sur les aimants de frigo pourrait perdre de son impact si elle ne fait pas partie d'une campagne plus large d'information ou de notoriété.

- Les résultats de cette étude laissent fortement croire que les gens appuieraient une campagne qui: (1) fournirait des faits, plutôt que de faire la morale, au sujet du mode de fonctionnement de la FS et des dommages qu'elle cause, particulièrement le dommage qu'une faible quantité peut causer; (2) démontrerait l'inefficacité des situations et des comportements présentement utilisés pour atténuer les effets de la FS (3) fournirait de l'information pour simplement expliquer pourquoi des tels comportements ne sont pas efficaces, et (4) ferait preuve d'empathie pour le fumeur, (i.e., les fumeurs ne sont pas de mauvaises personnes, ils ont seulement une mauvaise habitude ou une dépendance nuisible ; les fumeurs aiment leurs enfants et veulent leur bien et préserver leur sécurité; des tapes dans le dos des fumeurs qui en font un peu plus pour leurs enfants, qui sortent à l'extérieur pour fumer, qui les préservent entièrement de la FS).

2. INTRODUCTION

2.1 Background Context

- All earlier research and studies have demonstrated that a chasm exists between knowledge, attitudes and behaviour with respect to second-hand smoke (SHS).
  - → A strong majority of smoking participants see smoking as a serious health problem in Canada today and exposure to SHS as a moderate hazard to health, at minimum.
  - → In addition, a strong majority of smoking participants view themselves as knowledgeable enough about the health effects of SHS. At least they acknowledge the range of specific health problems linked to SHS exposure.
  - → As indicated by recent qualitative research, parents who smoke are concerned about the health and well being of their children and as a result many do take precautions around children in their homes and cars.
  - → Unfortunately, however, a majority of smokers believe some smoking restriction methods are effective in reducing the impact of SHS at home or in the car. Thus, too many continue to smoke in the presence of others, at least occasionally.
  - → In addition, recent qualitative research also indicates that tension exists between:
    - Parents doing right by their children and also satisfying their addiction; and,
    - Smokers and non-smokers in the same families making trade-offs with varying degrees of success.
- While smokers are disturbed when the issue of SHS is brought to their attention, its impact on changing their behaviour is seriously challenged by either denial or self-exempting arguments.

2.2 Purpose of the Study

- This study was conducted in the hope that the findings would provide a framework to better understand smokers' resistance to SHS messages and how to overcome them.
- Overall, the main purpose of this study was twofold:
  - → To explore why parents continue to smoke and expose children to SHS; and,

→ To test creative concepts that would accompany a SHS brochure; namely, 2 versions of a cling sticker, and 3 versions of a fridge magnet.

2.3 METHODOLOGY

- Focus groups were, in fact, not the most appropriate qualitative approach to explore the dissonance or incoherence between knowledge, attitudes and behaviour with respect to SHS.

- Because all previous findings indicated the presence of SHS resistance issues in spite of its apparently well-known dangers and socially unacceptable practice, the chosen qualitative approach to best address the current objectives was individual in-depth interviews with targeted types of smokers. One-on-one interviews provided a context for allowing in-depth exploration while avoiding the tendency of participants to present themselves in a favourable light in a public setting. Focus groups would be less likely than the more intimate interview to provide the space and silence required for participants to collect their thoughts, become aware of their feelings and honestly reveal their personal conflicts.

2.3.1 TARGET GROUPS

- The primary target group consisted of smokers between the ages of 20-54 with at least one child living in their household.

  → For the purpose of this study, those parents who smoked were "visible" smokers, i.e. other non-smoking members of their household saw them smoke, at least occasionally.

- The secondary target group consisted of non-smoking parents with a smoking spouse. These men and women were an important source of insight into SHS resistance peculiar to the primary target group. They also acted as the "contrast group."

- Incidence of the target groups was estimated at about 20% of Canadian households.

2.3.2 NUMBER AND TYPE OF SESSIONS

- Accordingly, from October 11-19, 2005, a total of 32 in-depth interviews (1-hour in length each) were conducted in Montreal and Toronto with people aged 20-55 who had at least 1 child under the age of 18 living at home.

  → Half the sessions (16) were conducted in Toronto (English), and half in Montreal (French);

  → 25 interviews were with smokers (the primary target group);

  → 7 interviews were conducted with non-smoking spouses of smokers (the secondary target group).

- The interviews in Montreal were conducted at Createc's focus group facility, while in Toronto, a hotel meeting room was used.

  → All interviews were audio-taped for record-keeping and reference purposes.
  → No observers were present at any of the sessions.

2.3.3 Respondent Selection Criteria

- All interviewees were randomly recruited by Createc according to the following specifications:

  → In each target group, about half of the participants were men, and half were women.

  → All had at least 1 child under the age of 18 living at home.

  → All were between the ages of 20 and 55.

  → All used a car at least twice a week.

  → In total, a good range of educational backgrounds, type of employment, household incomes and ethnic backgrounds were represented.

  → Certain standard work-related employment exclusions applied. No one or no member of the interviewee's family had worked in market research, advertising or public relations, the media (radio, TV, newspapers or magazines), the federal or provincial government, the health sector, or the pharmaceutical or tobacco industry.

  → No one had participated in a focus group or in-depth interview within the past 2 years.

2.3.4 Participant Incentive

- Each participant received an incentive payment of $40.00 (Montreal) or $50 (Toronto) to thank them for their participation.

2.3.5 Discussion Guide

- Each participant was queried along the lines of the Discussion Guide, which is appended to the report (in English and in French).

2.3.6 Qualitative Materials Used

- During each interview session, three qualitative projective techniques were used to elicit respondent reaction. These included: cartoon or bubble drawings, what-if scenarios, and sentence completion exercises.

  → Cartoon drawings:

  - Each respondent was shown a series of four 8x11 cartoon drawings depicting typical smoking scenarios and invited to give life, words, reactions and emotions to the images. (These drawings are appended to the Discussion Guide).

  - The four drawings shown were rotated to avoid order bias.

  - Each respondent projected their own experience onto the drawings, which functioned, in fact, like a stimulus to provoke discussion of the main issue, SHS.

  - The stories told, the memories shared, the personal incidents and revelations uncovered about what people did or did not do in the various situations provided a cumulative effect, which gradually revealed a global picture for each individual.

  → What-if scenarios:

  - After the cartoon drawings were discussed, each respondent was drawn out further through the use of another projective technique, the what-if scenarios, where hypothetical situations were merely described (rather than shown). This often deepened participants' stories and recollections.

  → Sentence completion exercises:

  - Asking smokers and non-smokers to complete certain sentences helped them summarize and crystallize some of their attitudes, feelings and beliefs about SHS. It also helped any residual information not already uncovered to surface.

- The combination of these techniques plus skilful probing made each interview a unique event, as people told us about their particular specific situations.

- Thus, in contrast with a test for a print ad, for example, where it would be essential to provide feedback on each ad, feedback on each drawing, what-if scenario or sentence completion exercise, it was the findings about the respondents and their relationship to SHS that were essential.

  → Respondents could identify, more or less, with all the situations depicted in the cartoon drawings presented - some were able to put words to the scenes, others were not. Some were able to identify with the characters drawn, while others simply began to talk about their own situations or projected themselves onto the characters, which was really what we were looking for in the first place. This experience was similar for the other scenarios and techniques employed.

- The last 10 minutes of each interview were devoted to testing reactions to the creative concepts. Each respondent was shown 2 versions of a cling sticker and 3 versions of a fridge magnet, and probed for their reaction (creative concepts are appended to this report).

2.3.7 Qualitative Considerations

- While public opinion surveys can tap the views of the Canadian public as a whole, qualitative research canvasses individual beliefs, views and feelings by posing questions and listening, and having participants answer freely. The aim of this study was to discover underlying resistance factors, and to derive meaning and understanding from listening to and observing participants.

- Individual in-depth interviews provided the most appropriate context for each participant to express his or her views with the flexibility, tone and direction they desired. In addition, in-depth interviews enabled an open discussion and free exchange between the respondent and the moderator about an extremely sensitive and personal issue, without the diversion of others to potentially influence their self-expression.

- We note here that the aim of the qualitative process is to explore awareness, perceptions and views. The moderator's role, in this case, was not to inform or suggest right or wrong answers, but to facilitate the discussion, to collect information and to observe, while encouraging participants to speak freely and honestly (which they did).

- As in all qualitative research, and in accordance with the Code of Ethics and Standards of the Marketing Research Intelligence Association (MRIA)[1], findings from this study may or may not be regarded as statistically representative of the target populations at large. However, this research may be further pursued by other instruments (qualitative and/or quantitative) to contribute to our knowledge base.

2.3.8 Research Team

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

- **Ms. Natalie Gold** (based in Toronto) moderated and analyzed the 16 sessions in Toronto (English), prepared and presented the verbal debrief to the client on October 25, 2005 (which incorporated findings from all 32 interviews), and prepared the final report.

- **Mr. Sylvain Laroche** (based in Montreal) moderated and analyzed the 16 sessions in Montreal (French).

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1 *Formerly PMRS (Professional Marketing Research Society)*

2.3.9 About the Report

- This report presents the findings from all 32 respondents together and points out where findings were generally consistent or where relevant differences emerged, whether by location/language or target population.

- The report begins with an Executive Summary, which provides an overview of key findings and offers some implications for consideration. The Detailed Findings, and then the Appendices containing the Discussion Guide and the projective techniques, follow this section.

- With regard to style:

  → This report is written using respondents' own language, wherever possible, to let them speak in their own words.

  → For clarity and ease, the report is written in bullet format, and respondent verbatims appear in *italics* (usually without quotation marks, except when incorporated into the text).

  → Some verbatims have undergone slight editing to make people's comments understandable, but all have been used within their intended context.

3. DETAILED RESULTS

3.1 About the Respondents

3.1.1 Smokers

- Overall, the 25 participants included light, moderate and heavy smokers.

  → While some participants said they smoked about 5-6 cigarettes in an average day, some smoked between 10-15, and some smoked a pack a day (20), or a large pack (25), others indicated they probably smoked more than a large pack sometimes, but especially when they were "stressed."

  → Those who did smoke about a pack a day did not see themselves as heavy smokers, especially when compared to people they knew who smoked 2 or 3 packs a day.

- In general, the number of cigarettes smoked in an average day differed between English and French participants.

  → Most Montreal smoking respondents smoked more than 10 cigarettes a day.

  → However, in Toronto, there was a wider range of cigarette consumption, with most in either the medium (about 10-12 a day) or light category (about 5-6 a day).

- Most smoking respondents also lived with spouses or someone else who smoked, often more per day than they did.

- Essentially, for almost all smokers in this study, smoking was rationalized as a way to relax, reduce stress and anxiety. One woman described smoking as an extremely intimate personal moment, and she was by far not the only one who felt this way.

  → *J'ai difficilement un contrôle là-dessus, pas que j'ai pas conscience, je considère que quand je fume ma cigarette, c'est mon moment à moi, j'ai quand même trois jobs, me faire dire toujours quoi faire, un moment donné... je suis en train de fumer ma cigarette. (I hardly control that [SHS], not that I am unaware; I consider that when I smoke my cigarette, it is my moment. I have three jobs, you know, so I'm always being told what to do. Then, all of a sudden, I am smoking my cigarette.)*

- In addition, for some, smoking helped prevent additional weight gain.

  → *Quand on arrête de fumer, on engraisse, ton corps bouffe plus, ça a rapport avec tout le reste du corps. (When you stop smoking, you gain weight, your body takes it in more, it involves the entire body.)*

  → One woman who had gained 45-50 pounds trying to quit felt that smokers were ostracized enough. She said only 20% of people smoke nowadays, but fat people were really socially discriminated against.

- *I am a yoyo. When I start to quit, I gain weight, so here I am fat. I have gained 50 lbs. trying to quit! I weigh 220 lbs., so now I am fat and I still smoke – I have gotten nowhere!*

- Many smokers in this study, more from Toronto, had tried to quit smoking, even succeeded for a time (from 1 month up to 1½ years). Some had quit more than once.

  → *I didn't smoke when I was pregnant, but right after giving birth, I was in the smoking room!*

  → *J'ai essayé d'arrêter trois fois. Je n'ai pas arrêté bien longtemps. J'ai essayé les patchs, la gomme. Ça n'a pas marché. Je compte essayer le médicament. Je pense que ce serait mieux que j'arrête parce que ça fait longtemps que je fume. (I have tried three times. I have not quit very long. I tried the patches, the gum. It did not work. I want to try the medication. I think it would be better if I quit because I have smoked for a long time.)*

  → Ironically, some in both locations reported returning to smoking after being in a social setting with friends who smoked, and being unable to resist the temptation.

    - *I did quit for 1½ years once, I was sitting in a bar, picked it up with my friends after a few drinks, and started again*!

- Some mentioned that they were plagued with guilt about smoking because of comments from their children.

  → *My kids do it with their remarks. We don't sit down and talk about it, but my sons say "with every drag, you are taking away 2 minutes of your life." I think about it at night.*

- Not surprisingly, the number of cigarettes smoked seemed to have some effect on peoples' attitudes toward SHS.

  → For light smokers in this study, it was less difficult to remove oneself from the house or car, or wait until they could go outside for a cigarette than for the medium or heavy smokers.

3.1.2 Non-smokers

- The 7 non-smoking spouses reported years of frustration trying to do whatever they could to persuade their smoking spouses to quit, sometimes with short-term success.

  → Even extended family members had offered bribes, rewards, or to pay for a smoking cessation program.

- A few said they had smoked when they met their spouse, but were able to quit (for example, after or just before their child was born), while their spouse was not.

- The main reasons non-smoking participants encouraged their spouses to quit was for health related reasons, rather than SHS.

  → Non-smoking participants seemed to know and believe in the health risks and dangers of smoking.

  → However, while some non-smoking participants felt very strongly about SHS and believed it was dangerous to others, especially children, they did not have the information to support their claims, and they didn't appear to know how damaging it was and/or why.

3.2 SMOKING AT HOME

- Some smoker participants (who tended to be the light or medium smokers) only smoked outside their homes, or only smoked inside if no one else was home, or when their children were away.

  → *I don't like smoking in the house, the kids can't make the choice to breathe it in or not.*

- But many, especially, but not exclusively, in Montreal, smoked somewhere inside.

  → *Many leave a room to smoke, I have tried it, but most of the time I smoke on the phone, so I leave the windows wide open, that is the best I can do.*

  → Some limited their smoking to a specific room (home office, basement, kitchen, their own bedroom while watching sports or which they shared with a spouse).

    – *Dans la maison, si le petit écoute la télé, je vais dans la cuisine fumer. C'est grand. J'ai ma place pour fumer, pour ne pas lui nuire. (In the house, if the kid watches TV, I go in the kitchen to smoke. There is space, and I have my area to smoke, where I'm not hurting him.)*

  → In contrast, several smoking participants, including one heavy smoker, said they always excluded the kitchen as a place to smoke because there was something incompatible related to SHS and food or food preparation.

    – *C'est sûr que ce n'est pas bon de fumer dans la cuisine. Moi, j'ai une affaire, un purificateur d'air juste au dessus de ma table dans la cuisine. (Of course, it is not good to smoke in the kitchen. I have something, an air purifier directly above the kitchen table.)*

  → And some smoked only when they were stressed out. One Toronto man explained:

    – *I try not to smoke in the house, but it depends on the situation. If stressed, I automatically smoke in the house. My kids or wife tell me not to smoke in the house, even the 2-year old. He waves his finger and says "No smoke!"*

- During the summer or during milder weather, most smoking participants opened doors and windows, smoked on balconies, decks, or outside on the patio, porch or veranda. Some used smoking as an excuse to walk the dog.

- When visiting non-smokers, Montrealers tended to smoke in the garage, but those in Toronto said they stood just outside the door, or went for a walk away from the house.

  → One woman said she walked down the street so her friends couldn't see her and so she could avoid their negative comments or pleadings to quit.

- When receiving a non-smoking visitor, most smoking participants who smoked inside their home maintained that habit. Sometimes they cut back a bit, used an exhaust fan, or went outside.

- The more frequent smokers in this study seemed to feel quite territorial about their own home, and their right to smoke in it, regardless of who else was there.

  → *En général, je fume quand même. Ils viennent chez moi et ils savent d'avance que je fume. Chez eux, je sors dehors. Ça a toujours bien été comme ça. (In general, I still smoke. They come to my house and they know ahead of time that I smoke. At their place, I go outside. It has always been like that.)*

  → They emphasized what seemed to be a sense of unfairness, that they couldn't smoke anywhere anymore.

    – *The whole ban thing on smoking is interesting to me. It has gotten out of hand. You can't smoke anywhere. Smokers have no rights, only non-smokers have rights . . . One of my aunts is a smoker, her theory is "this is my house, I will smoke if I want to." I feel like this!*

  → And soon, starting January 1, 2006, a new law in Quebec bans people from smoking outside unless they are 10 metres away from a door of a public building. Even non-smoking participants in Montreal thought the law goes too far.

  → Because smoking participants have fewer and fewer places they can smoke, they felt that their own home was one of the few places where they could relax. It was definitely not a place where they wanted to think about cigarettes being bad. They had to think about that all day long, so when they got home, it was a relief to be somewhere where they could have a cigarette and relax.

    – *C'est chez nous. Au souper, on ne fumera pas à table. Mais après, on va fumer. J'ai une amie non fumeuse, elle est habituée. (It is my home. At supper, we will not smoke at the table. But after, we will smoke. I have a non-smoker friend, she is used to it.)*

- One Montreal woman who worked 3 different jobs, said that the only time she stopped smoking in front of her child was when the child was receiving chemotherapy treatments to deal with cancer, around the age of 7. Now that the child was 10 and in remission, the woman smokes in front of her.

  → *Ça m'est arrivé quand je ramenais ma fille de ses traitements de chimio. Je me retenais de fumer dans l'auto. – [Parce que tu croyais que ça pouvait nuire à sa santé?] --- Non, parce que ça lui donnait mal au cœur. (I did stop smoking in the car in front of my daughter, when I took her back from her chemotherapy treatment – [Because you thought it could be bad to her health?] -- No, because it made her nauseous.*

- While frequent smokers felt territorial about their right to smoke in their own home, several light smoking participants reported making a shift away from this type of attitude. For example:

  → One Toronto smoker described how he used to smoke inside his home. However, since he and his family moved to a new home, he chose to smoke outside, to avoid what he considered the damage of SHS on walls, furnishings and furniture.

- However, some smoking participants were riddled with guilt. Many had tried to quit, and had succeeded for various periods of time.

  → *Some people are oblivious, nicotine is a drug, an addiction. Those who need it don't care what others feel, even their own kids. If this was me [in the drawing], I would not feel good. This has been me! I put it out of my mind. I want the cigarette!*

3.3 SMOKING IN THE CAR

- All smokers in this study admitted they had smoked in their own cars.

  → *I have to smoke in the car, there are too many nuts on the road!*

  → *In the winter, we smoke in the car. We don't keep the windows open. Our daughter does not mind. It never bothered me as a kid.*

  → *C'est difficile de ne pas fumer, surtout après avoir mangé. Quand je conduis, je fume, mais je réduis s'il y a des non-fumeurs. J'essaie de ne pas fumer, mais ça dépend de la distance. Je peux passer au maximum une demi-heure sans fumer. (It is hard not to smoke, especially after eating. When I drive, I smoke, but I cut down if there are non-smokers. I try not to smoke, but it depends on the distance. I can last a maximum of 30 minutes without smoking.)*

- Virtually all smoking participants also admitted opening car windows when they smoked, usually on the driver's side, but sometimes on the passenger's side if they were being driven.

  → *Il y a des fois, je n'y pense même pas. Je préfère ne pas fumer avec mes filles. Je baisse la fenêtre. L'hiver, ça m'arrive de fumer avec elle, si j'ai trop le goût de fumer, mais alors j'ouvre la fenêtre et je mets le chauffage. (Sometimes, I don't even think about it. I prefer not to smoke in front of my daughters. I pull down the window. In the winter, I sometimes smoke with them, but I open the windows and turn the heat up.)*

  → Some described how they rolled their windows down, to varying degrees. As one man explained:

  – *It is better to have the window open just a bit rather than all the way, if you're going faster, so smoke does not come back in.*

  → Some held their arm, and the cigarette, out the window.

  – *My wife sprays the car, has breath mints, and holds her hand out the window.*

  – *Dans l'auto, j'ouvre la fenêtre. C'est efficace, surtout que je garde ma main dehors. (In the car, I roll down the window. It works, especially since I keep my hand outside.)*

  → Several opened other car windows as well, for cross ventilation purposes or to reduce the smell of SHS.

  – *I open windows because I don't want my car to smell. I will pull over and stop to have a* cigarette.

  → Some also opened the sunroof and put the car fan on.

- Smokers in this study tended to view their own cars as their personal territory, where they had rights, similar to those they ascribed to in their own homes. The car was another place where they made decisions.

  → One smoker told us how her spouse, also a smoker, no longer smoked in his new car, but still smoked in her car.

- Only some said they did not smoke in their car if their children were present, or if a non-smoking passenger objected.

  → *My son asks me to stop smoking. My daughter (3 ½) asks me what I am doing!*

  → One young Toronto mother thought it was illegal to smoke in the car with children present.

    – *I think it is illegal to smoke in a car with a child. I'm pretty sure anyway. I would agree with that, it should be.*

  → Another mother described how she and her spouse changed their habit of smoking in the car as their children got older, even though one child had once suffered from asthma.

    – *We didn't smoke in the cars when the kids were younger and smaller. The oldest one had asthma, but he outgrew it. I guess we felt as they got older, their lungs were stronger. So we started smoking in the car.*

3.4 ATTITUDES TO SHS

3.4.1 HOW SERIOUS IS SHS, ANYWAY?

- All participants had heard at least something about SHS, its effects on others, including its range of perceived health risks.

  → Some in Toronto had heard about SHS from their children, who brought home some printed information on SHS from school.

  → Many recalled TV ads saying SHS was dangerous. Most were willing to agree that this was probably true, but people were not clear how or why.

  - A fair number of participants in both locations mentioned the TV ad featuring the waitress who was dying from SHS, but saw this as an extreme example. The woman had worked in a confined space for years, which was probably poorly ventilated, so the effect on her was cumulative.

  - Thus, few could or would identify with or relate to that particular situation, however powerful, because it was outside of their own experience.

- Some had heard SHS was more dangerous than direct smoking.

  → In both locations, only a few smoking and non-smoking participants considered that SHS was <u>probably</u> more dangerous than smoking.

  - *I have heard SHS is worse than actually smoking. I have read it at the doctor's office. It is bad, depressing to know we are affecting others.*

  - *I do worry about the health risks associated with SHS; these days it is so out there. It is a big thing, it is on radio, billboards, on cigarette packages.*

  - *SHS in general is bad for you, worse than first-hand smoke apparently.*

  → But some non-smoking participants weren't sure <u>why</u> SHS was bad, or how it affected health.

  - *SHS affects me because if I am around SHS, it chokes me up, I can't breath, I get stuffy. I argue with my wife a lot about this.*

  - *I am worried about the health risks from SHS – it affects my lungs and my throat.*

  - *What I have heard about SHS has impacted me. It has impacted my wife as well, but in a stressful and guilty way, so she smokes because of it!*

- Some smoking participants in both locations subscribed to the "genetics" theory -- which meant that people in general were susceptible to various diseases (such as asthma, or cancer) based on their genetic makeup. This allowed them to believe that SHS was not a problem for everyone. According to a one pack-a-day smoker:

  → *A lot of things are blamed on SHS. It never bothered people years ago, why now? What I have heard about SHS does not bother me, I don't believe any of it.*

- Overall, the majority of participants seemed to consider smoking itself as much more dangerous than SHS, because the unhealthy toxins were being inhaled.

  → *I think first-hand smoke is worse. SHS is, if inhaled. Close to a person, smoking could be dangerous. The farther the distance, I don't know.*

- In addition, it would seem that the more people smoked, the less cautious they were about SHS, and the less they viewed SHS as serious.

- Overall, the general perception seemed to be that a lot of SHS could be dangerous, but a little was not that bad.

- Pressure from family members regarding smoking and SHS had some impact, albeit limited, as we heard from both smoking and non-smoking participants.

  → Respondents seemed to be more open to looking at the consequences of SHS if pressured by their children, who exerted a more powerful influence than their spouse.

  → Some said they would tend to listen and take some action, or go outside to smoke if requested by their children, but not always.

- Some smoking participants said they would be more careful at home or in the car with visitors or guests than they would be with their own children.

  → *Je le fais pareil. C'est pire avec les enfants de mon chum, ils sont plus fermes là-dessus -- fumer dans l'auto -- Je fais plus attention qu'avec mes enfants. C'est horrible ce que je dis là. (I still do it. My boyfriend's kids are tougher on that -- smoking in the car -- I am more careful with them than with my own children. That is a horrible thing to say).*

- Some non-smokers in this study seemed to suffer a great deal, emotionally, trying to deal with their spouse's addiction, and the SHS.

  → *It is hopeless to get someone to quit, we can't control others, I have been trying to get my wife to quit for over 10 years. Smoking is related to being stressed, venting. My wife ignores SHS issues, she admits it is bad. Who wouldn't know, it is on every pack! She has a cough. She smokes in the bedroom. That is very bad, I find myself now not wanting to go in there!*

  → *I try to minimize smoking at home by taking away her cigarettes! If I find them, I rip them up and throw them in the garbage. There is tension between us because of this smoking (the only tension we have).*

→ In Montreal, non-smoking spouses found it very hard to admit they were bothered by SHS because their spouses still smoked in front of them and their children.

- Some said they put pressure on their spouses, but found it difficult to discuss the topic with them.

→ Some non-smoking spouses took an empathetic stance with their spouses' addiction.

- *If you love someone, you don't stop loving them because they have a bad habit.*

- *J'aimerais mieux qu'il arrête. C'est une addiction. Je ne veux pas l'agacer, sinon c'est des problèmes. (I would prefer if he could quit. It is an addiction. I do not want to bug him, otherwise it will become a problem.)*

→ But for others, smoking and SHS seemed to be a really big problem in the marriage.

- One Toronto woman described how she "harassed" her husband to smoke outside, not always successfully. When discussing the asthma-related question (what if one of their children was diagnosed with asthma), she strongly hinted that if her husband was confronted with a health issue affecting their son which was exacerbated by SHS and he was "that selfish" and continued to smoke in spite of it, then perhaps the marriage ought to be reconsidered.

- Overall, people in this study did not really understand how dangerous SHS really is, nor did they understand why it is dangerous, or how it affects others. But because they took what they saw as sufficient precautions to ventilate rooms and cars, their motivation to understand or seek out more information was low.

- There would seem to be an information gap here that HC might use to help persuade people not only about the dangers of SHS, but also how and why to smoke away from loved ones.

3.4.2 WHAT'S WRONG WITH SHS?

- Overall, it is safe to say that most people in both locations tended to treat SHS as more of an annoyance, and tended to focus more on the sensory drawbacks, the smell, and irritation to the eyes, rather than see it as a serious health concern.

  → *I don't know anything about the effects of SHS, I suspect it is harmful because scientists and researchers have told me it is. I have not seen it myself firsthand. My youngest one has a slight case of asthma, but I don't believe it is because of our smoking, our other kids are fine.*

  → *Ça dépend, des fois mon conjoint fume, je trouve que ça pue. (It depends, sometimes my spouse smokes. I find it stinks.)*

- Smokers in this study generally didn't want to bother others, or be bothered by those family members who pestered them to stop smoking, so most of the time they took action to reduce the annoying aspects of smoking.

  → *Oui, des fois j'en discute avec mon chum, pour l'odeur, non, pas pour les problèmes de santé. (Yes, I sometimes discuss it with my spouse, for the smell, not for the risks to our health.)*

- Some participants who went outside to smoke developed various routines to eliminate the smell when they re-entered their homes. For example:

  → One woman described how, after a smoke outside in the garage, she carefully washed her hands, brushed her teeth, and used mouthwash to remove the smell. Yet when she went to kiss her teenage daughter goodnight, the daughter critically mentioned that her hair smelled. So now, she also has to shake her hair to try and air it out before returning to the house after a cigarette.

  → Some women smoking participants also mentioned that after attending a party or event with other smokers present, they would never wear that particular outfit again unless it was washed or dry-cleaned. And, they would also have to wash their hair.

- Some worried about the bad example they and/or their smoking spouses set for their children by smoking, and told us how they explained to their children that smoking is a bad habit, and something they simply did not want them to start doing. But these efforts appeared to have more to do with smoking per se than with SHS.

  → *J'ai peur de l'exemple qu'il donne aux enfants, ils vont peut-être fumer. (I am afraid of the example for our children, they might start smoking.)*

  → *I show my kids pictures of black lungs, I talk about cancer, how you can get it from cigarettes. My wife agrees with me doing this, I tell her not to do it [smoke] in the car, or in the house. She has been smoking for over 20 years.*

3.4.3 Ways of Mitigating SHS in Cars

- A number of participants in this study seemed to believe that SHS was worse in the car, because it was a smaller, more confined space. In spite of this, only some said they took action to entirely avoid SHS in their cars, at least when their children were travelling with them.

  → *Ce n'est pas bon, c'est plus restreint comme espace. (It is not good, there is less space.)*

- Because it was such a small space, people in both locations seemed to believe that opening a window, or all the windows for cross-ventilation, would eliminate most of the SHS problem.

- And, if car windows were open, the sunroof was up, and perhaps the fan was on, the smoke and smell would seem to disappear.

  → *I don't know how anyone can smoke inside a car without the windows down.*

  → *Je fume mais je baisse ma fenêtre, la fumée va à l'extérieur. Je ne peux pas dire que la fumée n'entre pas du tout dans la voiture, mais c'est sûr qu'elle va plus à l'extérieur. (I smoke but I roll down the window. I cannot say that SHS does not stay in the car at all, but it certainly mainly goes outside.)*

  → *J'ai des vitres qui s'ouvrent de côté. C'est toujours ouvert. Donc, y a beaucoup d'air qui circule. (I have car windows that open sideways. They are always open. Therefore, there is a lot of air circulating.)*

- Only some participants mentioned that they did not smoke in the car when children were present, except for long drives. In those cases, they opened the window(s).

- When driving with non-smoking adults, there appeared to be a certain smoke-in-the-car etiquette, based on a territorial imperative, similar to that of homeowners.

  → In your own car, you have rights, but if you have adult passengers, you ask if its okay to smoke first. If they say no, you do without for awhile. But on a long drive, you open the windows. If you must, you stop along the way.

  - *I don't smoke in the car if someone is with me, it's not respectful.*
  - *I smoke when I am driving, frequently - it is MY vehicle! It is my right. If I am a passenger in someone else's vehicle, I ask first.*

  → In someone else's car, you hope they'll agree to let you smoke with the windows rolled down. But if they don't, you'll either have to cope, or perhaps ask them to stop if it's a long drive.

- Overall, people seemed to feel that what they did to reduce the discomfort created by SHS in their cars was good enough. As a result, they tended to view smoking in their cars in the presence of others as acceptable.

3.4.4 Ways of Mitigating SHS at Home

- Overall, only some in this study seemed to take real action to entirely avoid SHS in their homes.

- In general, participants seemed to think or believe that opening windows or doors at home and ventilating rooms (or houses) removed the SHS.

  → *Many leave the room to smoke. I have tried it, but most of the time I smoke on the phone, so I leave the windows wide open, that is the best I can do.*

  → *Je fume sous ma fenêtre de cuisine. (I smoke under my kitchen window.)*

  → *Oui, toute la fumée sort. La fan dans le bureau, ça aide. Si tu ouvres la porte, ça fait une circulation. (Yes, all the smoke goes outside. The fan in my home office helps. If you open the door, it creates circulation.)*

- To reduce or eliminate the effects of the smell and the smoke, some participants held their cigarettes under the oven's exhaust fan, or used other types of fans, often in combination with lighting candles or using air fresheners, air purifiers or even smokeless ashtrays.

  → *I have a fan I use sometimes – I just did it, I like to think it is very effective! I open the door, the windows. I use candles – I always light them to mask the smell of smoke, the air smells nicer. I used to have a small contraption that was supposed to clean the air at home, I don't think it did anything. I would like a big one, $250, because I have a dog.*

  → *I spray the house with Odor Eaters. It works. I saw it on TV, a commercial, and I saw it at Wal-Mart.*

  → *Je partirais la fan au plafond, la fumée secondaire va s'en aller. (I would start a ceiling fan, the smoke would then go away.)*

  → One Montreal man described his system of fans in opposite windows, one fan bringing fresh air in, and another fan across the room pushing air outside.

    – *Dans la maison, je fume. Y a des fans une dans la chambre qui tire l'air de l'extérieur et une au salon qui la pousse dehors. À moins qu'il fasse –30 dehors. Y a un courant d'air qui se fait. (Sometimes I smoke in the house. There are fans in the room that pull in fresh air and one in the living room that pushes it out. Unless it is 30 below outside. It creates circulation.)*

  → When a one pack-a-day Toronto smoker was asked why she used a ceiling fan and smokeless ashtray when she didn't believe in SHS, she said it was what she had grown up with in her parent's home.

    – *We use a ceiling fan, so the smoke rises and does not go in anyone's face. Even with the smokeless ashtray, we still use the ceiling fan.*

- Overall, as was the case for their cars, people felt that what they did to reduce or eliminate the effects of SHS in their home was effective.

3.4.5 What People Wonder About SHS

- Because smoking participants felt that what they did to reduce or eliminate SHS was effective, they arrived at the interview with preset notions somewhat fixed in their minds. SHS was far from a top-of-mind issue.

  → However, due to the interview questions and techniques which helped people articulate what they had not articulated before, some doubts and questions emerged which led them to question their prior knowledge and beliefs about SHS.

> → This dynamic of perceptions changing during the sessions suggests that it is (1) possible to reduce the current barriers to SHS messages, and (2) it offers some direction as to what type of information has the potential to do just that.

- During the discussions it became clear that some participants realized SHS travels, through walls, vents, and back into the house (from open windows or doors).

  → *SHS does not look serious. Yet, it can go through the doors, walls, I guess. Heat rises. Smoke can go through vents, etc.*

- In addition, participants generated various questions during their interviews, with regard to the following:

> → How long does SHS stay in the house, or in a particular room? Or, where does it go?

  - *I would like to know how long does it take for the cigarette to leave the room, or if it ever does?*

  - *Oui, la boucane s'en va où? Tu sais pas où ça s'en va. (Yes, where does the smoke go? You don't know where it goes.)*

> → What toxic particles remain [from cigarette smoking], and what harm can they do?

  - *I would ask 'to what extent does SHS remain in room when the window is open?'*

- In a similar vein, one man questioned exactly what was exhaled. He knew, sort of, that when he smokes he inhaled all sorts of toxins (it's on the package), but did not know what the exhale contained.

  → *I don't feel the smoke you are exhaling is as dangerous as when you inhale. Aren't the cancerous chemicals staying in your body? It's a very grey area as to what is being exhaled.*

- One respondent described why ventilation was necessary and how it prevented stained walls:

  → *Quand on n'aère pas, la fumée reste stagnante. C'est dans ces cas-là qu'on retrouve des murs jaunis par la cigarette, y a pas de circulation d'air, ça s'imprègne. (When we do not circulate the air, the smoke remains stagnant. It is in those cases that we end up with walls yellowed by cigarettes. There is no circulation, and it soaks in.)*

- A non-smoking spouse explained his theory about SHS, how it travels, and what it contains:

  → *SHS is serious - it does travel. Smoke is air, toxic particles are in air, air rises. Nicotine and other toxins (arsenic, etc.) stick to walls. That is why walls are yellow, there is a build up of toxins on the wall, in the paint. I think there is a build up of toxins on our bedroom wall. Nicotine is the addictive drug in the cigarette, but there is a medley of chemicals.*

- Because SHS travels, one young woman described what friends do when they live in non-smoking buildings:

  → *Some people put something under their doors, and cover their vents in non-smoking buildings.*

- One young Toronto woman who was adamant that she and her boyfriend smoke outside sometimes smoked in the home when her young children were not home. She figured that in 3-4 hours the smoke would disappear. At the same time, she cleaned her 80-year-old grandmother's apartment once a week (her grandmother smoked a lot in a small bachelor unit). Because of her grandmother's smoking, it required her to wipe the accumulated nicotine off the windows each week, which she considered "Gross! »

  → But when she learned (from the fridge magnet) that opening doors/windows did not remove smoke, she wondered just how long it took for the smoke to dissipate. What actually hung around? Did room size have any impact? Did ventilation?

    – *What I would like to know is how long it takes for cigarette smoke to leave the room, or if it ever does?*

  → She wanted to phone Health Canada to find out! She copied down the HC website address, and planned to check it out.

    – *Can you phone Health Canada at any time? I feel a lot of people would be interested in hearing this. A spray is a cover up, it doesn't tell us why it [smoke] doesn't go out of the room.*

- In general, people did not believe that SHS was strong enough to cause harm if a room was ventilated, or if they didn't blow smoke directly at or around non-smoking family members.

  → *My daughter sometimes comments if smoke goes her way. I would just say 'I am sorry'*

- There appeared to be a major assumption, and that is if you can't see the smoke, and if the immediate cigarette smell disappears, then so do the effects of SHS.

  → *Evidence of SHS is smell. When the smell is gone, I have no idea if SHS is gone. I never really thought about it.*

  → Some were aware of what they referred to as "nicotine" residue – the lingering yellow on the walls, curtains, furniture and generally everywhere in the homes of long-time smokers, most seemed to view that as an aesthetic- it was merely ugly, but not toxic.

- Another assumption was based on proximity**:** the farther away you are from the SHS, the safer you are. One college-educated non-smoker explained:

  → *[Smoking in another room in the house], the smoke would be diluted to some degree, but still in the house. That's not as bad as blowing it in someone's face, which is the worst. The same room would be next. The farther away from the smoker, it's not as bad, and the less likely you are to be affected by their smoke.*

- The issue would appear to be one of physics and scientific data. Anything that HC can provide to show what toxic particles remain in the home, how they travel, and how they can affect people or animals, could have some impact.

- Not surprisingly, most smoking participants had not considered the impact of SHS on themselves at all, just the impact of the direct smoke. They had never seen themselves as being at risk from SHS, or the accumulated effect of SHS plus their own smoking, especially when they were with their smoking friends in social settings.

  – *I am absolutely worried about smoking risks, but I haven't thought about the SHS aspect. You don't visualize it, I don't know why I don't. . . I guess I am as vulnerable as anyone. I smoke around my friends. I guess you just feel smoking is bad all round, not in the scenario of SHS.*

  → But some told stories of sitting in the non-smoking section at restaurants because the smoking section was gross, and they didn't want to inhale smoke while they ate.

→ While most smoking participants didn't seem to want to contemplate the effects of SHS on themselves, for some the idea was food for thought. After all, the SHS wasn't filtered, and it did contain nicotine, didn't it? This may in fact be an area to pursue, especially with lighter smokers.

- *I don't really worry about my own smoking. I don't really worry about my inhalation of my SHS, but it is sinking in now. I am inhaling my smoke, my friends smoke. I am starting to think now.*

- *I feel SHS is very serious, it is for anyone, especially me – I smoke the stupid things! I feel it is obvious how serious it is – it has tons of nicotine!*

- In this context, one woman described feeling light-headed when she moved from a smoke-filled room to a non-smoke-filled location.

  - *When I am in my bedroom smoking, I feel weird. If I come all the way down the hall to the living room where there is no smoke - you feel light-headed. In smoking rooms you feel stifled. After you leave, you feel light-headed.*

3.4.6 SHS AND HEALTH

- Overall, while the links between smoking and health seemed to be stronger in Toronto than in Montreal, the belief that smoking is harmful to health was generally accepted by most.

→ In both locations, most participants mentioned cancer or lung cancer. Some also mentioned the heart. However, some even doubted the link between cancer and smoking.

- *Cancer was here before our times. Did smoking cause cancer 150 years ago? The Chinese are the biggest smokers in the world and they don't have a lot of cancer. . . I have never really thought about the health risks.*

- *I don't know about the cancer thing. I have my doubts on this, I don't believe it is caused by smoking. I feel it is caused by overall pollution to radiation with cell phones, computers, and that we don't eat properly.*

→ In Toronto, people included bronchitis, emphysema, ear problems, and breathing problems.

→ In Montreal, gingivitis, emphysema, and asthma were mentioned only by a few. Some also talked about being short of breath.

- In contrast, for the most part, links between SHS and health seemed tenuous at best.

  → Participants were generally aware that inhaling SHS was not good for you.

  → But there was no clear consensus as to whether SHS-related health problems were exaggerated or not. Some participants, including non-smoking participants, felt the issue was portrayed accurately, while others thought the link was exaggerated.

    – *I feel the health problems are a bit exaggerated; they are just trying to get the public to stop smoking. I know lots of pregnant women who smoke and had healthy babies, not preemies.*

- As mentioned above, the main over-riding perception was that difficulties others might experience from breathing in SHS and cigarette toxins would be offset by any ventilation efforts participants made.

- In Montreal, a lot of people actually thought asthma was genetically acquired. For them, the link between SHS and asthma did not appear to exist.

  → Two smoking participants who had children or a spouse with asthma still smoked in front of them. They did not see SHS as a cause of asthma only something that it could worsen asthma symptoms. Asthma was caused by something else.

    – *Ça ne doit pas aider. Ça ne peut pas causer l'asthme. Pour quelqu'un qui l'est peut-être déjà, ça ne peut pas aider. (It must not help, but it can't cause asthma. For someone who already is asthmatic. It can not help.)*

    – *L'asthme? Ça peut l'aggraver mais pas de lien. (Asthma? It [SHS] can aggravate things, but there is no link.)*

- Some smoking participants said that if their child got asthma, even if their doctor only asked about smokers at home, that would be enough to get them to quit smoking, hands down.

  → That appears to be how they want to perceive themselves, and it may be the motivation they need to permanently stop. These individuals had successfully quit smoking before.

- However, others in both locations said they probably would not make any changes either to their smoking habits or smoking in the presence of others unless their child developed serious asthma. As one heavy smoker from Toronto said:

  → *If it was a big problem, we would smoke outside. If it was not serious asthma, we would still smoke inside. I don't believe there is a relationship between SHS and health.*

- Overall, most participants in both locations thought children would be more vulnerable to SHS, because they are still growing and developing and because their immune systems were not entirely developed.

  → *I feel children are more vulnerable, their immune system is still building, they are very fragile.*

- There was also a general consensus that air pollution was worse than SHS because the air was always around us, we were always breathing it.

  → Air pollution is a bigger risk; you are breathing the air constantly.

  → Some in both locations especially mentioned smog and how hard smog made it to breathe.

  - *I feel air pollution, living in Toronto, is worse than SHS. In the summer we had so many days we were warned about the smog.*
  - *La pollution, le smog, le monoxyde de carbone, les usines, la fumée qu'elles renvoient. (The pollution, the smog, the carbon monoxide, the shops, the smoke they emit.)*

  → Some believed that the air included SHS, plus toxic fumes from factory smoke stacks, industry, car exhausts, etc.

  - *La pollution parce qu'il y a des milliards de véhicules qui polluent depuis des années, les compagnies qui polluent. Tout ce qu'il y a dans l'air... (Pollution [is worse] because there are billions of cars that have been polluting for years. The companies pollute. Everything is in the air...)*
  - *Je suis convaincue que l'air dehors, c'est encore plus pollué. (I am convinced that the air outside is even more polluted.)*

  → On the other hand, some did think SHS was worse than air pollution, because it was inhaled within a small space and was not as diluted as the general air.

  - *La FS, t'es plus en contact. C'est plus direct. Tu la respires plus directement. (SHS, because you are more in contact, it is more direct. You breathe it in more directly.)*
  - *La cigarette, elle endommage plus le système. Si on regarde la plupart du monde, le monde sont plus à l'intérieur qu'à l'extérieur. (Cigarettes cause more damage to the system. Most people spend more time indoors.)*

→ And a few felt they were both harmful.

- *It is more smoke per square inch in a small confined area for a cigarette. But if you live downtown, there's a high percentage of air pollution.*

- *La pollution de l'air, ça commence à s'améliorer avec les nouveaux chars sur la route mais c'est sûr que ne t'étouffes pas. La fumée de cigarette, ils respirent direct, c'est pas ben mieux. (Air pollution starts to improve with new cars on the road but you obviously do not choke on it. Cigarette smoke is breathed in directly, it is not much better.)*

3.5 Reaction to Creative Concepts

3.5.1 Introductory Comments

- The creative concepts tested included 2 cling stickers, and 3 versions of a fridge magnet (see Appendices).

- Overall, findings were generally consistent in both locations, but there was no clear-cut consensus for either the stickers or fridge magnets. The findings from this study were not black and white.

- There were positives and negatives about each of the stickers, depending on smoking behaviour. For example:

  → Those smoking participants who currently did not smoke inside their homes could see a sticker on their doors or near their entrances, or perhaps even on their fridge.

  → However, those smoking participants who currently saw their home as one of the few places they could smoke, would never put a sticker anywhere near their homes or cars.

- It would appear that more information about SHS needs to be in the public domain before the effectiveness of stickers could be maximized.

- As for the fridge magnets, at the end of almost an hour's thought-provoking discussion, the content and information on the magnet turned out to be quite new and was considered very important.

  → This ties in with a major finding -- that people do not understand how smoke disburses in the air, how long it lingers, what particles are left and what damage these particles might do over time.

- Thus, the informational content of the fridge magnet -- about how SHS is not removed -- is key, rather than the actual magnet itself, or the photographs.

  → In fact, the information would appear to be so important that it needs to be part of a major media effort first, so people can think about it and look on the Health Canada website for the supporting scientific information they now currently lack (how SHS is not removed).

  → No participant in this study knew that information about SHS. When confronted with it at the end of the interview, a number of participants, both smoking and non-smoking participants, stated it made them stop and think.

- Findings suggest that the information on the fridge magnet (seen as quite important) would likely be diminished if introduced to the smoking public on such a seemingly trivial presentation tool, at this point in time. (Recall McLuhan's "The Medium is the Message.")

3.5.2 Overall Reaction

Smoking participants' overall reaction to the stickers and magnets as informational tools was generally lukewarm. However, from a positive perspective, non-smoking participants generally valued any help they might get to influence their spouses to quit smoking, but, on a negative note, the stickers and fridge magnets also carried the risk of further alienating their spouses rather than supporting them in their efforts to quit.

- What had a huge impact was the information on the fridge magnet. People in both locations made visible shifts. Some were surprised that a few of the items listed were just what they had been talking about! Said one non-smoker:

  → *When the door is open, it does break up the smoke in the house. But that is only a perception. Like the analogy of adding more water or liquid to liquor. You have diluted it, but if you drink the whole thing you have still had all the alcohol.*

- In fact, some smoking participants in both locations were emotionally moved and admitted on the spot that they had definitely been given something to think about.

  → *I guess I have to sterilize my bedroom now! It makes me think I should NOT smoke in my house now.*

  → *Maybe this is why no one knows - I always thought I was supposed to open a door or window.*

  → *Certaines choses me surprennent, d'autres non. Ouvrir une fenêtre, si la fumée va vraiment à l'extérieur, je suis surprise, dans une autre pièce, non, ça reste dans la maison, avec un ventilateur non plus. (Some things surprise me, others do not. Opening a window, if the smoke goes outside, I am surprised. In another room, no, it stays in the house, even with a fan.)*

  → *Ok!!! [rires] j'étais dans le champ avec mon purificateur d'air. Oui, je suis surprise. Je vais faire plus attention. Je vais essayer de faire plus attention. (Ok!! [laughter] I was way out with my air purifier. Yes, I am surprised. I will be more cautious. I will try to be more cautious.)*

  → *It's all the things I do! . . . This is good information. I don't know why I still smoke in one room - it is stupidity. I feel the fan makes it okay, but it doesn't!*

  → *This is new information for me. When are they coming out with this information? I feel they should!*

- Some non-smoking spouses also wanted this information out and available as soon as possible.

  → *I would support giving people information about SHS that we have gone over today.*

  → *I feel the information is very important to get across to people.*

- On the other hand, while the fridge magnet information on SHS removal was definitely thought-provoking, some were not so sure it was true.

  → *Non! Ah! Je ne savais pas ça. (rires) je ne sais pas si c'est vrai. On a l'impression que quand on a un ventilateur ou qu'on ouvre une fenêtre, que la fumée s'en va. (No! Ah! I did not know that [laughter]. I do not know if it is true. We tend to believe that when we have a fan or that when we open a window, the smoke goes away.)*

- In addition, there was some palpable anger at HC by some smoking and non-smoking participants alike, who felt the government was talking out of both sides of its mouth.

  → *I'm not sure why Health Canada would do this. The government makes a lot of money off smoking. If they were really concerned, they should make smoking illegal. I would love that!*

  → *We all know it is a bad thing and they support it and make money off it.*

3.5.3 Stickers

- Overall, the stickers tended to appeal more to light smoking participants, to smokers who always or usually smoked outside, and to some non-smoking participants.

The Wave

- The "wave" or "wavy line" version held some appeal because it was softer, less aggressive, and less like a "rule".

- In addition, the "wave" seemed more suitable for the home, and perhaps for the car, but less suitable for a public place because it was unfamiliar.

  → *I like the waves better, it looks so free and clean. The other one looks too suffocating.*

  → *I would put it at home, on the door - my wife would be happy.*

  → *I would like the fresh air one in my car.*

  → *Je dirais que celle-ci, si c'est pour une maison, c'est mieux. Mais si c'est pour un lieu public, c'est vide comme symbole. (I would say that this one, if it is for a house, is better. But if it is for a public place, it is an empty symbol.)*

  → *Pour une maison, ce serait ça. C'est moins évident, plus discret, mais si tu le lis, tu comprends. (For a house, it would be this one. It is less obvious, more subtle, but if you read it, you will understand it.)*

  → *Celui-là, ça fait moins harcelant. (This one, it is not as harassing.)*

- On the other hand, some felt the wave version was a little vague.

  → *The waves. This doesn't get to the point.*

The Forbidden Cigarette Symbol

- The familiar "forbidden cigarette" symbol with the "cancelling out" sign tended to create stronger reactions, both positive and negative.
- Some smoking participants said they would probably ignore it because it was so familiar.
- However, others preferred it because it carried a strong and familiar message.

  → *The cigarette, the no smoking symbol is obvious. It is a negative symbol. We are being told!*

  → *I would see this sign first. It says no smoking to me. I don't know what the other one is, some marine symbol! The cigarette is more effective, but I like the look of the other one.*

  → *I'd go more for the one with the cigarette – it is very clear.*

  → *Celle-là, c'est plus clair, juste en voyant le logo, c'est clair. (This one is clearer, just seeing the logo, it is clear.)*

  → *C'est ta maison, tu fais tes propres règlements, t'invites pas des inconnus chez toi. Pas besoin de ça. (It is your home, you make your own rules, you don't invite strangers. There's no need for this.)*

  → *Avec une cigarette barrée comme ça, ça fait plus "loi.". (With the stricken cigarette like this, it is more like a "law.")*

- Initially, most in Montreal preferred the sticker with the non-smoking sign, because it was easier to understand its meaning. However, they expected to see it in public buildings rather than in homes.

  → *Celui avec l'interdiction de fumer [logo de cigarette], ça pourrait être dans les édifices gouvernementaux, une pancarte. Mais chez les gens, dans leur auto, ça me surprendrait, c'est exagéré. (The one with the no-smoking sign, it could be in government offices, a large sign. But in people's homes, in their cars, it would surprise me. It is too much.)*

General Appeal of Stickers

- Overall, the sticker idea tended to appeal to light smoking participants who made big efforts not to smoke in their home.

  → These light smoking participants said they might put one of them near their front entrance, or on the fridge.

  → A few might use the wave on their car.

  → One person suggested stickers be available for free at car dealerships.

- In contrast, a few participants strongly disliked the whole idea of stickers being offered by a government that still legalized cigarettes:

  → *I find these offensive and not fair. I don't like either of them!*

3.5.4 Fridge Magnets

- Overall, the magnet idea seemed to have even more limited appeal than the stickers.

- As mentioned above, the main focus for most participants was the information about how various actions did not remove SHS. This information seemed to surprise most participants in both locations.

  → People felt they learned something that made them think differently about SHS.
  → It was generally seen as very useful information.

- There were no clear cut findings about the actual fridge magnet itself or its preferred shape because most participants' attention remained focused on the "new" and surprising information.

  → Most in Montreal disliked the rectangle because it looked like an ID card, so they chose the house shape.

    – *La maison. À cause de la maison justement. C'est plus significatif. On parle vraiment de pas fumer dans la maison. (The house, because of the house. It means more. We are talking about not smoking in the house.)*

    – *La maison c'est l'endroit où on dort. C'est cet endroit qu'on veut rendre plus sain. (The house is the place where we sleep. It is that place that we want to make healthier.)*

  → However, in Toronto, most preferred the rectangle shape.

    – *The house one is too structured.*

- When queried, some thought it would be a good idea to have pictures of their own children in the magnet holders, instead of the children portrayed on the samples.

- But some also thought the information should be included, instead of the photos. Several tried to redesign the magnet to include both the information and the photos.

  → *I want my wife to know the information too, so I would put the information somewhere too.*

- Some noticed that the main differences, apart from the different photos, were the wave and the forbidden-cigarette symbol and based their preferences on that.

3.5.5 Other Options Suggested by Participants

- During the discussions, in addition to the magnet information, some participants mentioned several other ideas related to smoking and/or SHS that might be relevant or useful to HC.

  → These are presented below, as suggestions emerging from the study.

Accentuate the Positive

- One person recalled hearing positive ads about SHS that praised smokers for going outside or removing themselves from non-smokers or children when they needed to smoke.

  → This idea would seem to have some merit. Smokers are almost immune (or try to be immune) to messages about the negative effects of smoking, etc.

  → They feel guilty, like bad people for smoking, for not being able to stop their addiction, and, for wanting to smoke to help them relax.

  → Any message that gave them support for whatever efforts they did make might help alleviate some of the guilt, which seems counter-productive at this point, and only serves to build up more resistance.

    - Smokers aren't bad people, I was told. They just have a bad habit, or a bad addiction. This may be an approach that gets some attention.

Keeping Mom Healthy

- One mother emphasized that when it came to her kids, she would do whatever she needed to look after them and their health. But when criticized by her children for smoking, her rationale was that it was her body, and her business.

  → However, during the conversation, another woman recognized that it would harm her children if something happened to their mother!!!!! This might also have some legs.

– *This [SHS] is more for my kids, but I also have to be healthy to take care of them!*

Being cool (or uncool)

- Some smoking participants mentioned how their young children came home from school with information about SHS, and questioned or criticized their smoking.

  → One woman told a story about picking up her 11-year-old son and his friend from school. He asked her not to smoke in the car in front of his friend, because it wasn't "cool."

  → She thought this was interesting, because when she started smoking, it was because it was cool then, and glamorized in advertising and magazines, etc.

  → She suggested that perhaps making smoking uncool, and showing smokers as socially ostracized might help them quit.

Mount an Aggressive Campaign

- Some participants, upon learning the information from the fridge magnet about how things they were doing did not remove SHS, wanted HC to really heavily promote this information.

  → *I feel Health Canada should push this. It should make us uncomfortable, make us feel crappy . . . this has opened my eyes a bit more.*

  → *Health Canada should be doing this, any advertising or information on SHS would be better than doing nothing.*

- In addition, several non-smoking spouses felt that a radio or TV ad could also be useful, because it would support them in their efforts to have their spouse stop smoking, or at least not smoke in their homes and/or cars.

  → *What would help me is if they had aggressive ads on TV, if kids brought home information from school. The kids might make her stop.*

3.6 Concluding Comments

3.6.1 Resistance Factors

- People have only a surface awareness and knowledge of SHS. They really do not have enough information about SHS, and do not seem to understand exactly what it is, what it does, how it affects others, and even themselves.

- Because they have only surface awareness and very limited knowledge about what SHS really is, they therefore cannot really understand or believe SHS could negatively impact on the health of their children and other family members.

- The steps they took to deal with visible smoke and the smell were based purely on sensory clues. In fact, what they appeared to be doing was mitigating the sensory drawbacks of SHS, but not the physiological effects.

- Therefore, there is a need to fill the understanding gap between people's awareness and concern over sensory SHS drawbacks, and the true associated health related dangers. Current health-related SHS messages do not appear to fit into this current (sensory) perspective of smokers.

  → Thus, there is a need to shift this perspective – the major resistance factor -- and build a new perceptual framework, which will give relevance to health-related SHS messages.

  → There is a need to convey some of the physics involved in how SHS travels, what it contains, and how long it lasts, etc. And, this new information needs to be conveyed in a credible manner.

- When in their own homes and cars, many smoking participants stopped thinking about SHS because they had a fairly primitive "territorial" reaction -- "my domain, my right to call the shots." This defense reaction is also a strong resistance factor to SHS messages.

  → Only new information, presented in a palatable way, has any chance of breaking through or disturbing this particular entrenched mindset.

- Previous SHS campaigns have apparently struck a chord and been memorable. However, the use of exceptional cases (i.e., the waitress) is unlikely to evoke personal identification, because it is such an extreme example, which does not currently fit with respondents' day-to-day lives and behaviours.

- In addition, care needs to be taken because smokers are so very sensitive and almost shell-shocked in their resistance to any information about smoking and its dangers. They feel like they know it all, which is also a strong barrier to SHS messages.

  → Therefore anything perceived as new information would be much more likely to get their attention.

3.6.2 COMMUNICATION FACTORS

- Mitigating behaviours definitely do need to be challenged -- perhaps with the idea that the invisible components of SHS will not be removed by these behaviours.

- Non-smoking participants have already agreed to engage in certain mitigating strategies to address the sensory drawbacks of SHS, which has made home life at least tolerable, for the most part. And while they would definitely appreciate help in their efforts to stop their spouses from smoking, and in fact most have already tried hard (to no avail), they know they need to exercise caution when approaching the topic with their spouses.

  → Smoking in the house or car created a fair amount of tension, most of the time latent, but exploding from time to time. Non-smoking spouses were not inclined to talk about SHS and increase the pressure, out of the blue. Without support from a public campaign and/or new facts, challenging their spouse on SHS would likely be perceived as either an aggressive signal, or ignored.

  → Non–smoking spouses would be better used in a communication strategy if supported by a public campaign and new facts. They told us, for example, that a radio ad would be more helpful to them than a fridge magnet or a sticker used alone.

- Because the understanding of SHS is very limited (low SHS literacy) and trade-offs for reducing the sensory drawbacks are in place, findings indicate that the non-smoking spouse is unlikely to be the most influential source, but children are.

  → Therefore, we believe that the creative concepts tested have more potential with children or young people than with non-smoking parents.

  → We also believe that the highly relevant information contained on the fridge magnet may see its impact diluted if it is not used as part of a broader informational or awareness campaign.

- Results from this study strongly suggest that people would support a campaign that would do the following:

  → Provide facts, rather than moralization, about how SHS operates and the damage it does, especially the damage only a little can do.

  → Use mitigating behaviours and situations that people currently use and can relate to. For example, show how opening windows in cars or homes doesn't work, how air purifiers or ceiling fans are ineffective, how holding a cigarette under the oven's exhaust fan doesn't do much, etc.

  → Provide information to simply explain why and how such behaviours are ineffective.

- Present the smoker in an empathetic way, for example, as a good person with a bad habit ("smokers are not bad people, they just have a bad habit", or bad addiction).

- Further examples of tone and approach that smokers might be less resistant to:

  - Smokers care about their children, and want to do right by them, keep them safe.

  - So kudos to those smokers who go the extra mile for their kids, who go outside to smoke, who keep SHS totally away from them.

APPENDIX 1 – DISCUSSION GUIDE

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October, 2005

INTERVIEW GUIDE
Second-hand Smoke (SHS)

1. INTRODUCTION (4 minutes)

This initial stage of the interview is to establish a level of confidence and a rapport between the moderator and the participant. The person being interviewed is informed of the purpose of the interview and what is expected of him/her.

GUIDELINES

- Word of welcome and introduction of moderator.
- Objectives of the research: ***We are going to talk about smoking and about some situations that you, as a parent and spouse may face in your day-to-day life****. I would like to have your views on what you think, like, dislike, etc. There are no right or wrong answers. All opinions are acceptable. If you agree – that's fine. If you don't agree – that's fine too. Nobody else will know what you said – it's all confidential. We're talking to lots of people to find out what they think.* ***We are not here to convince you about anything.***
- Role of moderator / taping for note-taking purpose only.
- Neutrality of moderator (*doesn't work for an advertising agency, the government, an association or a cigarette manufacturer or any organization related to the topic being discussed, and is not here to judge anything or anyone but only to listen*).
- Role of participant
- Duration: 60 minutes
- Are there any questions?

GO-AROUND

- Given name / occupation
- Children at home – age of children
- Driving habits – Do you drive to work? Do you drive your family?
  - Do you ever ride as a passenger?
- If smoker – Are there any non-smokers at home?
- If non-smoker – Are there any smokers at home?

2. WARM-UP – GENERAL HABIT (5 minutes)

ASK SMOKER ONLY:

I would like to know more about you as a smoker of cigarettes.

4 **1.** How many cigarettes do you smoke in a typical day?

5 **2.** Where do you smoke?

6 **3.** How easy or difficult is it for you to refrain from smoking where smoking is not permitted?

7a 7b **4.** Do you ever smoke when driving? What about when non-smokers are in the car, even if only occasionally? (don't probe why)

8a 8b **5.** Do you ever smoke at home? When non-smokers are present, even if only occasionally? (don't probe why)

ASK NON-SMOKER ONLY:

9 **6.** Have you ever smoked?

10a→c **7.** To what extent does someone smoking in your presence bother you? (don't probe)

- At home? Inside the (family) car?

10a 10b 10c

11a→d **8.** How often someone is smoking in your presence? At home? While in the car? (don't probe)

- In the presence of children?

11a 11b 11c 11d

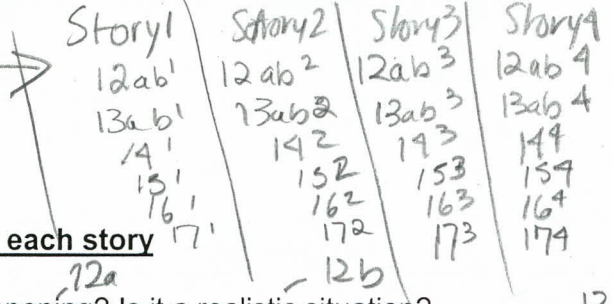
3. BALLOON-TEST (20 minutes)

Instructions

Guidelines: *I will show you a series of drawings, like cartoons. These drawings illustrate a situation. I ask you to use your imagination to describe what is happening, to give life, words, reactions and emotions to the images.*

We will take a few seconds to look them over and then we will discuss them.

1. *Show the drawing (without explanation / 15 seconds)*
2. *Probe and encourage interpretation*
3. *Go further into specific information related to SHS perceptions and barriers*



Interpretation of each story

12ab
13ab
14
15
16
17

1. What is happening? Is it a realistic situation?
2. If we had to create dialogue for a movie, what would we write? What would be said?
3. How serious a problem is SHS in that situation?
4. What would you feel if it was you (if you were) in that situation?
5. What would you say if it was you (if you were) in that situation?
6. What would you do if it was you (if you were) in that situation?

#1	A 45 year-old man is smoking a cigarette at the table, across from his wife (a non-smoker). Close by, we see a couple of young children (5-10 years-old). One is playing and one is looking at his/her parents. On the table, we can see that they just had pizza, with a coffee. We see a TV playing in the background, and on the floor, a cat. A balloon is associated with each parent and the child looking at them.

#2	We see a front view of a mini-van, with a mother driving. She is smoking a cigarette. His two children are in the back. A light smoke is noticeably flowing -- some is moving outside through the half-opened window (on the driver's side), and some is also moving into the front passenger side and the back. A balloon is associated with the father and both children.

#3	We see a cross-section view of an apartment, with a dividing wall in the middle of the drawing. On the left, we can see a mother and his two children, who are eating lunch. On the right, in an adjacent room, the father is alone, and lighting a cigarette. A balloon is associated with each parent and both children.

#4	We can see a woman smoking a cigarette while sitting on the edge of the bathtub. The bathroom door is closed, but the window is open. The stream of smoke rises and flows into the air-vent on the wall. Upstairs, (above the bathroom), we see the smoke flow from the air-vent into a child's bedroom, where an infant is asleep in its crib. A balloon is associated with the mother.

N.B. All characters in each drawing are the same as in drawing #1.

In drawing #3, same table and situation as in drawing #1 depicted in the left-side where we see the mother with the 2 children.

4. SCENARIOS (10 minutes)

Guidelines: *I am going to describe some situations to you that could happen to you. I am only interested in your first reactions. In reality, you might act very differently, but what I am interested in are your first reactions here today.*

Moderator: *Read each scenario and probe first for each one by asking:*

What would you do or think if faced with this situation? Why?
Further probe using the additional questions provided, if required.

1. **You are listening to a radio ad urging parents not to smoke around their children.**
   - *Does what you hear or believe about SHS have any effect on you?*

2. **You just learned that your child may have asthma and that the doctor asked if there were any smokers at home.**
   - *Do you think there is relationship between SHS and health?*
     - → *Which health problems do you think are related to smoking? Caused by smoking?*
     - → *Are children more vulnerable to SHS than non-smoking adults? Why?*
     - → *Do you think health problems related to SHS are exaggerated?*
     - → *Is SHS or air pollution a bigger health risk to non-smokers?*
   - *Are you worried about any health risks associated with SHS?*

3. **You come home from work / shopping and a family member would like to discuss your smoking habits around them.**
   - *How big a problem is SHS at your home? Has it always been like that? What about in the car?*
     - → *Why is it a problem / not a problem?*
   - *Can you remember family situations where smoking created some discussion or conflict?*

4. **Very good friends you haven't seen for a long time, are coming to visit, and will spend the whole day in your home. You know they don't smoke and don't allow smoking in their own home.**
   - *Does what your non-smoking friends say to you about SHS have any effect on you?*

5. STATEMENTS FOR COMMENTS (10 minutes)

I will read a few statements to you and I would like you to say whether each one is close to your way of thinking, or far away. (Moderator: probe why far or close first)

1. ASK SMOKER ONLY: **There's no way I would stop smoking in the presence of family members who don't smoke, even if they asked me to stop.**

   - *Have you ever talked about SHS issues with other family members?*
     - → *With children? How did your conversation start? Finish?*
   - *At home, what do you do / what do you think / how do you feel when you are around non-smokers but you can't stop smoking? When you are around children?*
   - *What do non-smoking family members say when you smoke in their presence?*
     - → *What do you say back to them?*
   - *What would convince you not to smoke at home or in the car, when non-smokers or children are with you?*

2. ASK NON-SMOKER ONLY: **If family members who don't smoke would complain more strongly about smoking, nobody would smoke in their presence.**

   - *Have you ever talked about SHS issues with other family members?*
     - → *With children? How did your conversation start? Finish?*
   - *At home, when a smoker can't stop smoking, what do you do / what do you think / how do you feel? What about when children are around?*
   - *What do smoking family members say when they want to smoke in your presence? When children are close? What do you say back to them?*
   - *What would help you convince a smoker not to smoke at home or in the car when they are with you or with children?*

3. ASK ALL: **Precautions have already been taken so that someone can smoke in the house when family members who don't smoke are also there.**

   - *Have you done anything to minimize the effect of SHS at home? In the car? (Probe for behaviour / special equipment / precautions)*
     - → *How did you learn this?*
     - → *How effective is it?*

24h

- *Are there any trade-offs that are made between smoking and non-smoking family members?*

24i

- *Do you think it's not a problem to smoke in the car or at home if nobody around has any health problems?*

6. SENTENCE COMPLETIONS (5 minutes)

To conclude, I will read you some sentences which need completion. I would like to hear the first thing that comes to mind.

ASK ALL:

25 **1.** The most annoying think about second-hand smoke is…

26 **2.** Parents who smoke when their children are present do so because…

27 **3.** I think that the most acceptable ways to smoke in the presence of family members who don't smoke are…

28 **4.** I think that the least acceptable ways to smoke in the presence of family members who don't smoke are…

ASK SMOKER ONLY:

29 **5.** I would never smoke when family members who don't smoke are present if…

30 **6.** I can smoke when family members who don't smoke are present if…

31 **7.** If I can't stop smoking in the presence of non-smokers, I would probably say…

ASK NON-SMOKER ONLY:

32 **8.** I would let someone smoke at my home if…..

33 **9.** I would let someone smoke in my car if…

34 **10.** I would never let someone smoke at my home if…

35 **11.** I would never let someone smoke in my car if…

11

7. TEST OF SHS CREATIVES (5 minutes)

Before you leave, look at this. (Briefly describe what it is: fridge magnet, cling sticker.) For each one ask:

36 1. Which one do you prefer?

37 2. Where would you see it?

38a 38b 3. Do you see it at your home (fridge magnet)? On your car (cling sticker)?

8. END OF DISCUSSION (1 minute)

The interview is over. Thank you very much for your participation.

39 1. Do you have other suggestions or comments?

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Octobre 2005

GUIDE D'ENTREVUE
Fumée secondaire (FS)

1. INTRODUCTION (4 minutes)

Cette première partie de l'entretien consiste à détendre l'atmosphère et créer un climat de confiance entre l'animateur et le participant. C'est à ce moment que l'animateur rassure la personne interrogée sur ses intentions et précise ses attentes à son égard.

CONSIGNES

- Bienvenue et introduction de l'animateur.
- Objectifs de la recherche : ***Nous allons parler de tabagisme et de situations que vous, en tant que parent et conjoint, pouvez avoir à faire face dans la vie de tous les jours.*** *J'aimerais avoir votre point de vue sur ce que vous pensez, aimez, n'aimez pas, etc. Il n'y a pas de bonnes ou de mauvaises réponses. Toutes les opinions sont acceptables. Si vous êtes d'accord, c'est très bien. Si vous n'êtes pas d'accord, c'est très bien aussi. Personne d'autre ne saura ce que vous avez dit. Tout est confidentiel. Nous allons parler à plusieurs personnes afin de savoir ce que les gens pensent.* ***Nous ne sommes pas ici pour vous convaincre de quoi que ce soit.***
- Rôle animateur / enregistrement seulement dans le but de prendre des notes.
- Neutralité de l'animateur (*ne travaille pas pour une agence de publicité, le gouvernement, une association ou un manufacturier de cigarettes ou toute organisation reliée au sujet qui sera discuté et n'est pas ici pour juger les commentaires ou les personnes mais bien pour écouter).*
- Rôle du participant
- Durée : 60 minutes
- Des questions?

TOUR DE TABLE

- Prénom / occupation
- Enfants à la maison – âge des enfants
- Habitudes de conduite – Conduisez-vous pour aller au travail? Conduisez-vous avec des membres de votre famille dans l'auto?
  - Vous arrive-t-il d'être passager en auto?
- Si fumeur – Y a-t-il des non-fumeurs à la maison?
- Si non-fumeur – Y a-t-il des fumeurs à la maison?

2. RÉCHAUFFEMENT – HABITUDE GÉNÉRALE (5 minutes)

DEMANDER AUX FUMEURS SEULEMENT :

J'aimerais en savoir davantage sur vous en tant que fumeur.

1. Combien de cigarettes fumez-vous dans une journée typique?

2. Où fumez-vous?

3. Dans quelle mesure est-ce facile ou difficile pour vous de vous abstenir de fumer dans des endroits où fumer n'est pas permis?

4. Fumez-vous toujours lorsque vous conduisez? Et lorsqu'il y a des non-fumeurs dans votre voiture, fumez-vous même si ce n'est qu'occasionnellement? (ne pas sonder pourquoi)

5. Fumez-vous toujours à la maison? Et lorsqu'il y a des non-fumeurs présents, fumez-vous même si ce n'est qu'occasionnellement? (ne pas sonder pourquoi)

DEMANDER AUX NON-FUMEURS SEULEMENT :

6. Avez-vous déjà fumé?

7. Dans quelle mesure êtes- vous dérangé(e) par quelqu'un qui fume en votre présence? (ne pas sonder)

   - Chez vous? En auto (familiale)?

8. À quelle fréquence fume-t-on en votre présence? À la maison? Et lorsque vous êtes en voiture? (ne pas sonder)

   - En présence des enfants?

3. TEST DES BULLES (20 minutes)

DEMANDER À TOUS

Consignes *: Je vais vous montrer une série de dessins, semblable à des bandes dessinées. Ces dessins illustrent une situation. Je vous demande d'user de votre imagination afin de décrire ce qui arrive, de donner vie, des mots, des réactions et des émotions aux images.*

Nous allons prendre quelques secondes pour leur jeter un coup d'œil et ensuite nous en discuterons.

1. *Montrez le dessin (sans explication / 15 secondes)*
2. *Sondez et encouragez l'interprétation*
3. *Sondez davantage pour de l'information spécifique reliée aux perceptions et aux barrières de la FS*

#1	Un homme de 45 ans fume une cigarette à la table, en face de son épouse (non-fumeuse). Tout près, nous voyons un couple avec de jeunes enfants (âgés de 5-10 ans). L'un est en train de jouer et l'autre regarde ses parents. Sur la table, on constate qu'ils viennent juste de manger une pizza, avec un café. Nous voyons que la télévision fonctionne à l'arrière, et sur le plancher, il y a un chat. Une bulle est associée à chaque parent et à l'enfant qui les regarde.

#2	Nous voyons une vue de face d'une mini fourgonnette, avec une mère en train de conduire. Elle fume et ses deux enfants sont à l'arrière. Une fumée claire flotte de façon perceptible -- un peu de fumée se déplace vers l'extérieur par la fenêtre mi-ouverte (du côté du conducteur) et un peu se déplace également vers le côté du passager avant et vers l'arrière. Une bulle est associée à la mère et aux deux enfants.

#3	Nous voyons une vue d'une coupe transversale d'un appartement, avec un mur divisant au milieu du dessin. À la gauche, nous pouvons voir une mère et ses deux enfants qui sont en train de prendre le déjeuner. À la droite, dans une pièce adjacente, le père est seul et s'allume une cigarette. Une bulle est associée à chaque parent et aux deux enfants.

#4	Nous pouvons voir une femme fumant une cigarette alors qu'elle est assise sur le bord de la baignoire. La porte de la salle de bain est fermée mais la fenêtre est ouverte. Un flot de fumée s'élève et monte dans la prise d'air sur le mur. En haut (au-dessus de la salle de bain), nous voyons que la fumée circule de la prise d'air jusque dans la chambre à coucher d'un enfant où un enfant est endormi dans son lit. Une bulle est associée à la mère.

N.B. Tous les personnages de chaque dessin sont les mêmes que dans le dessin #1.

Dans le dessin #3, même table et situation que dans le dessin #1 dépeint dans le côté gauche où nous voyons la mère avec 2 enfants.

Interprétation de chaque histoire

1. Que se passe-t-il? Est-ce une situation réaliste?

2. Si nous avions à créer un dialogue pour un film, qu'écririons-nous? Qu'est-ce qui serait dit?

3. Dans quelle mesure la fumée secondaire dans cette situation est un problème sérieux?

4. Comment vous sentiriez-vous si c'était vous (si vous étiez) dans cette situation?

5. Que diriez-vous si c'était vous qui étiez (si vous étiez) dans cette situation?

6. Que feriez-vous si c'était vous (si vous étiez) dans cette situation?

4. SCÉNARIOS (10 minutes)

Consignes *: Je vais vous décrire des situations qui pourraient vous arriver. Je m'intéresse uniquement à vos premières réactions. Dans la réalité, vous pourriez réagir différemment mais ce qui m'intéresse sont vos premières réactions ici, aujourd'hui.*

Animateur *: Lire chaque scénario et sonder pour chacun en demandant d'abord :*

Que feriez-vous ou penseriez-vous si vous faisiez face à cette situation? Pourquoi?
Sonder davantage avec les autres questions fournies, si nécessaire.

1. **Vous êtes en train d'écouter une publicité à la radio demandant aux parents de ne pas fumer lorsqu'ils sont avec des enfants.**

   - *Ce que vous entendez ou croyez par rapport à la FS a-t-il un effet sur vous?*

2. **Vous venez d'apprendre que votre enfant peut faire de l'asthme et que le médecin a demandé s'il y a des fumeurs à la maison.**

   - *Pensez-vous qu'il y a une relation entre la FS et la santé?*
     - → *Quels problèmes de santé croyez-vous être reliés au tabagisme? Causés par le tabagisme?*
     - → *Est-ce que les enfants sont plus vulnérables à la FS que les adultes non fumeurs? Pourquoi?*
     - → *Pensez-vous qu'on exagère les problèmes de santé reliés à la FS?*
     - → *Entre la FS et la pollution de l'air, lequel représente le plus grand risque pour la santé des non-fumeurs?*

   - *Êtes-vous inquiet des risques de la FS sur la santé?*

3. **De retour à la maison après le travail ou le magasinage, un membre de votre famille aimerait discuter de vos habitudes de fumer à la maison lorsque d'autres membres sont présents.**

   - *Quelle est l'ampleur du problème de la FS chez vous, à la maison? Est-ce que ça toujours été comme ça? Et qu'en est-il dans la voiture?*

     → *Pourquoi est-ce un problème / pas un problème?*

   - *Pouvez-vous vous souvenir de situations familiales où le tabagisme a engendré des discussions ou des conflits?*

4. **De très bons amis que vous n'avez pas vus depuis longtemps, viennent vous visiter et ils passeront toute la journée dans votre maison. Vous savez qu'ils ne fument pas et qu'ils ne permettent pas de fumer dans leur maison.**

   - *Est-ce que vos amis non-fumeurs vous disent à propos de la FS a un impact sur vous?*

5. ÉNONCÉS POUR COMMENTAIRES (10 minutes)

Je vais vous lire quelques énoncés et j'aimerais que vous me disiez si chacun d'eux se rapproche ou s'éloigne de votre façon de penser (sonder d'abord pourquoi près ou loin)

1. DEMANDER AUX FUMEURS SEULEMENT : **D'aucune façon je m'arrêterais de fumer en présence des membres de la famille qui ne fument pas, même s'ils me demandaient d'arrêter.**

   - *Avez-vous déjà discuté des problèmes de la FS avec les autres membres de la famille?*

     → *Avec les enfants? Comment la discussion a-t-elle commencé? Terminé?*

   - *À la maison, que faites-vous / que pensez-vous / que ressentez-vous lorsque que vous êtes autour de non-fumeurs mais que vous ne pouvez arrêter de fumer? Et lorsque vous êtes autour d'enfants?*

   - *Qu'est-ce que les membres de la famille qui ne fument pas disent lorsque vous fumez en leur présence?*

     → *Que leur répondez-vous?*

   - *Qu'est-ce qui vous convaincrait de ne pas fumer à la maison ou dans la voiture lorsque des non-fumeurs ou des enfants sont avec vous?*

2. DEMANDER AUX NON-FUMEURS SEULEMENT : **Si les membres de la famille qui ne fument pas se plaignaient plus fermement à propos du tabagisme, personne ne fumerait en leur présence.**

- *Avez-vous déjà discuté des problèmes de la FS avec les autres membres de la famille?*

  → *Avec les enfants? Comment la discussion a-t-elle commencé? Terminé?*

- *À la maison, lorsqu'un fumeur ne peut arrêter de fumer, que faites-vous / que pensez-vous / que ressentez-vous? Et qu'en est-il lorsque les enfants sont autour?*

- *Qu'est-ce que les membres de la famille disent lorsqu'ils veulent fumer en votre présence? Et lorsque les enfants sont près? Que leur répondez-vous?*

- *Qu'est-ce qui vous aiderait à convaincre un fumeur de ne pas fumer à la maison ou dans la voiture lorsqu'ils sont avec vous ou avec des enfants?*

3. DEMANDER À TOUS : **Des précautions ont déjà été prises alors quelqu'un peut fumer à la maison lorsque des membres de la famille qui ne fument pas sont là également.**

   - *Avez-vous fait quelque chose pour minimiser l'effet de la FS à la maison? Dans la voiture? (Sonder le comportement / équipement spécial / précautions)*

     → *Comment avez-vous appris cela?*
     → *Dans quelle mesure est-ce efficace?*

   - *Y a-t-il des compromis/négociations qui se sont faits entre les membres fumeurs et non fumeurs de la famille?*

   - *Pensez-vous qu'il n'y a aucun problème à fumer dans la voiture ou à la maison si personne aux alentours n'a des problèmes de santé?*

6. PHRASES À COMPLÉTER (5 minutes)

Pour terminer, je vais vous lire des phrases qui nécessitent d'être complétées. J'aimerais entendre ce qui vous vient en premier à l'esprit.

DEMANDER À TOUS :

1. La chose la plus ennuyante à propos de la fumée secondaire c'est…

2. Les parents qui fument lorsque leurs enfants sont présents le font parce que…

3. Je pense que les façons les plus acceptables de fumer en présence de membres non fumeurs de la famille sont…

4. Je pense que les façons les moins acceptables de fumer en présence de membres non fumeurs de la famille sont…

DEMANDER AUX FUMEURS SEULEMENT :

5. Je ne fumerais jamais lorsque des membres de la famille qui ne fument pas sont présents si…

6. Je peux fumer lorsque des membres de la famille qui ne fument pas sont présents si…

7. Si je ne peux pas arrêter de fumer en présence de non-fumeurs, je dirais probablement…

DEMANDER AUX NON-FUMEURS SEULEMENT :

8. Je laisserais quelqu'un fumer dans ma maison si…

9. Je laisserais quelqu'un fumer dans ma voiture si…

10. Je ne laisserais jamais quelqu'un fumer dans ma maison si…

11. Je ne laisserais jamais quelqu'un fumer dans ma voiture si…

7. TEST D'OBJETS PUBLICITAIRES RELIÉS À LA FS (5 minutes)

Avant que vous ne quittiez, regardez ceci. (Décrire brièvement ce que c'est – ex. : aimant pour le frigo, collant pour l'auto etc.). Pour chaque type d'objet demander :

1. Lequel préférez-vous?

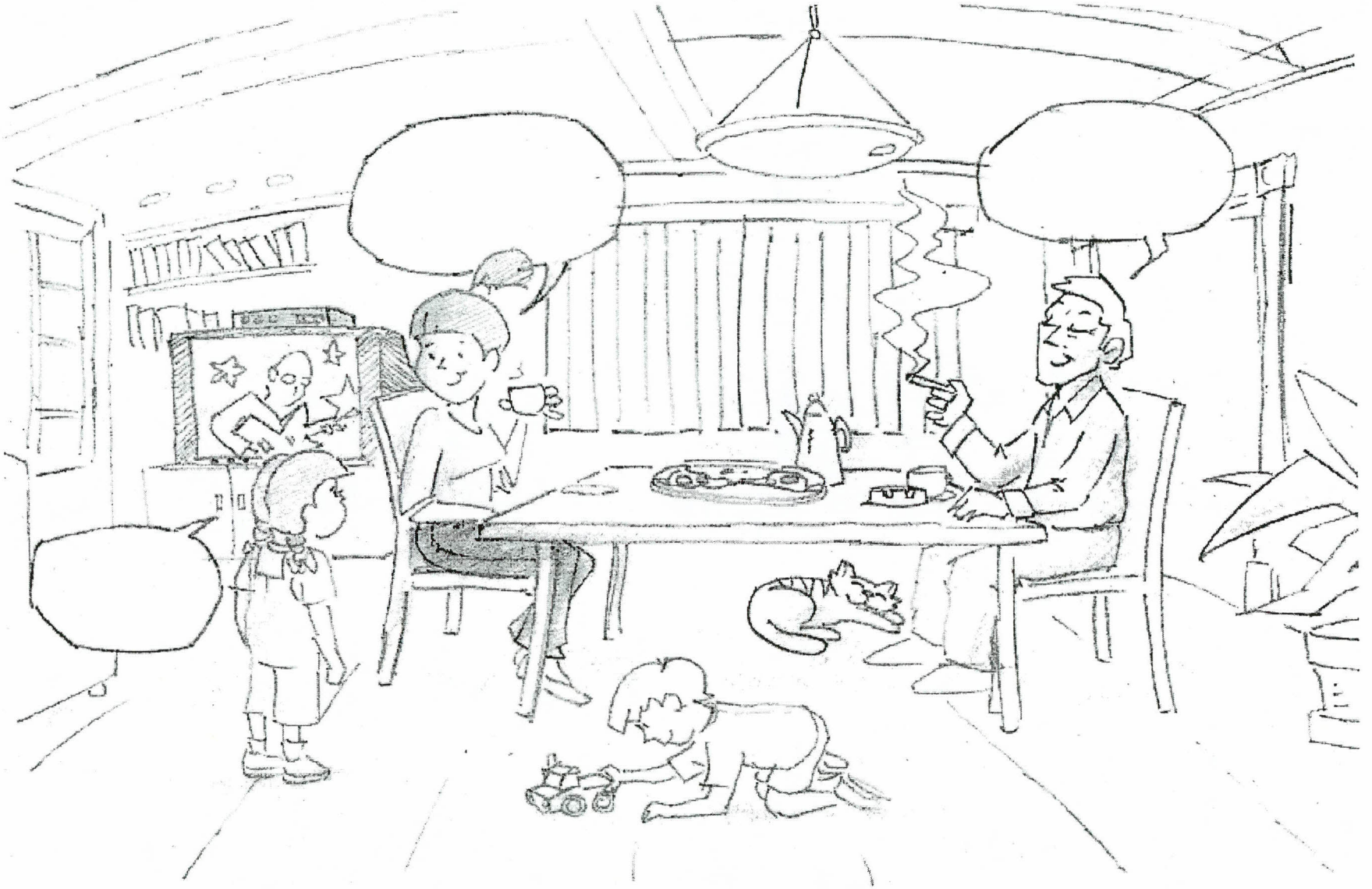
2. À quels endroits le verriez-vous?

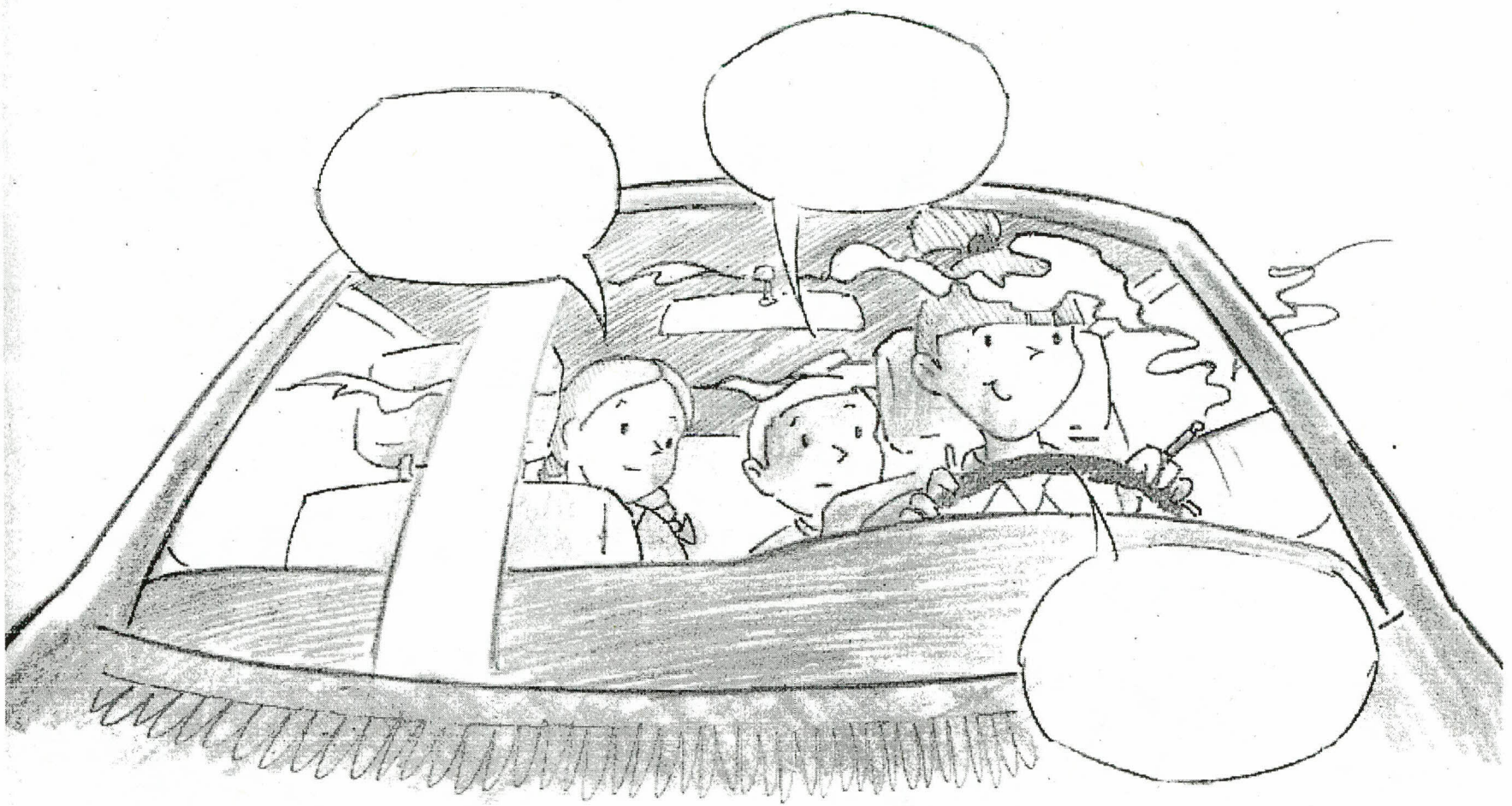
3. Le verriez-vous chez vous (aimant réfrigérateur)? Sur votre auto (collant)?

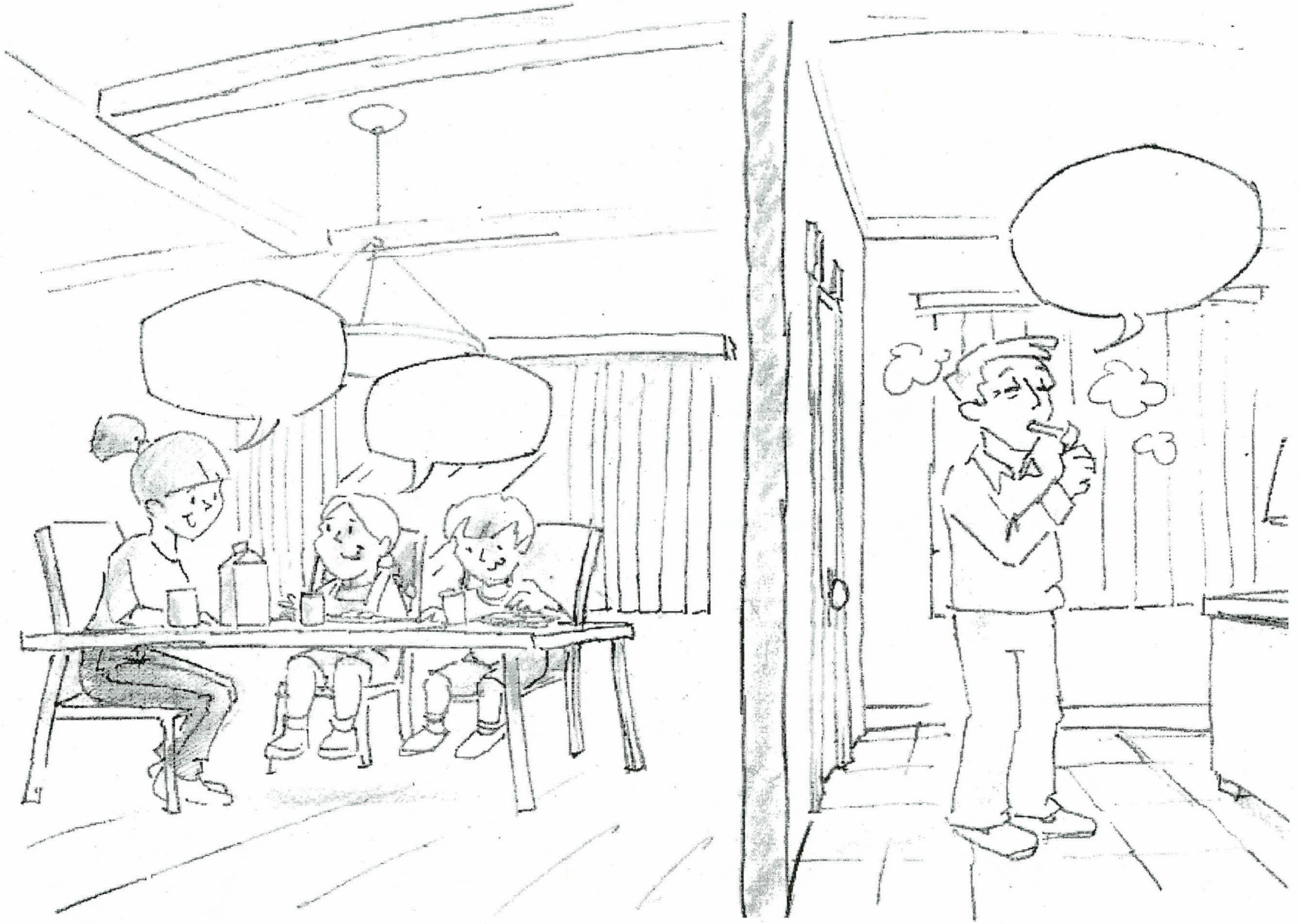
8. FIN DE LA DISCUSSION (1 minute)

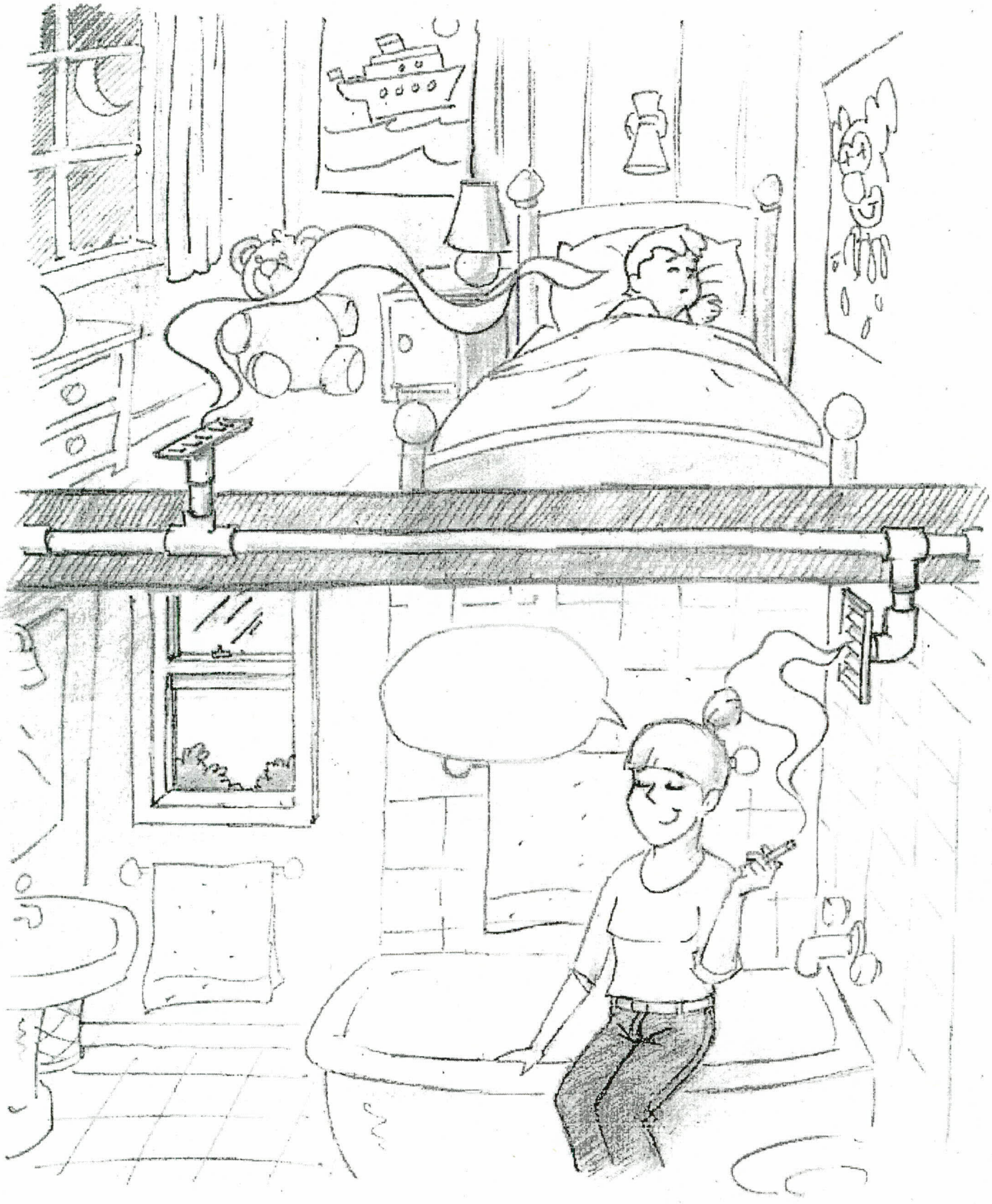
L'entrevue est terminée. Merci beaucoup pour votre participation.

1. Avez-vous d'autres suggestions ou commentaires à ajouter?



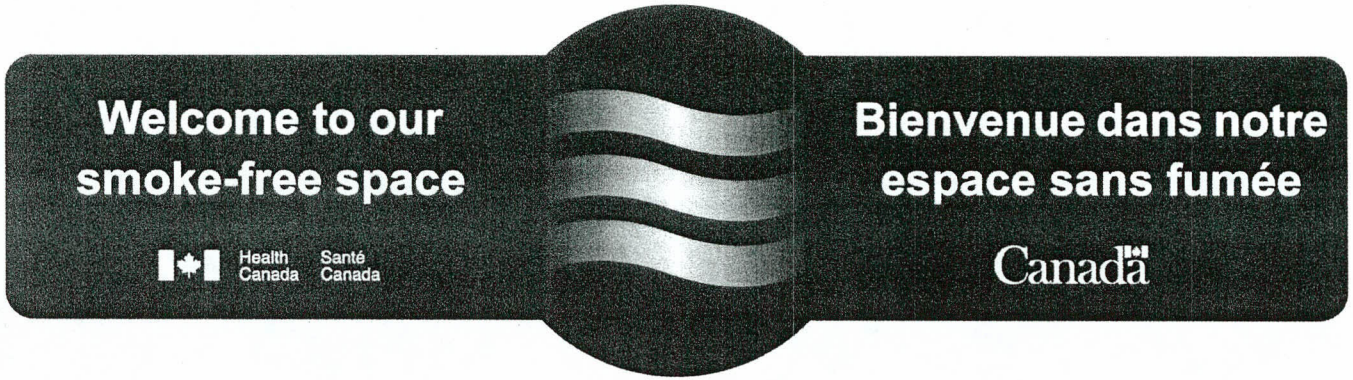






APPENDIX 2 – CREATIVES


Welcome to our
smoke-free space
Health Canada
Santé Canada
Bienvenue dans notre
espace sans fumée
Canada


Welcome to our
smoke-free space
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Santé Canada
Bienvenue dans notre
espace sans fumée
Canada

REASONS for keeping this home SMOKE-FREE

Second hand smoke is NOT removed by:

opening a window
turning on a fan
spraying air freshener
smoking in another room
using an air purifier

That is why this home is smoke-free.

Health Canada Santé Canada

www.gosmokefree.ca

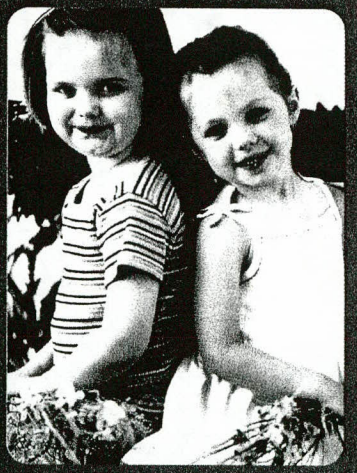
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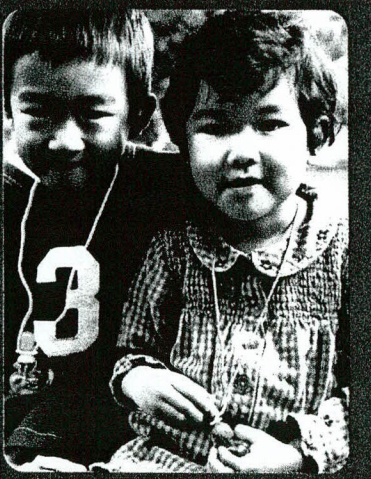
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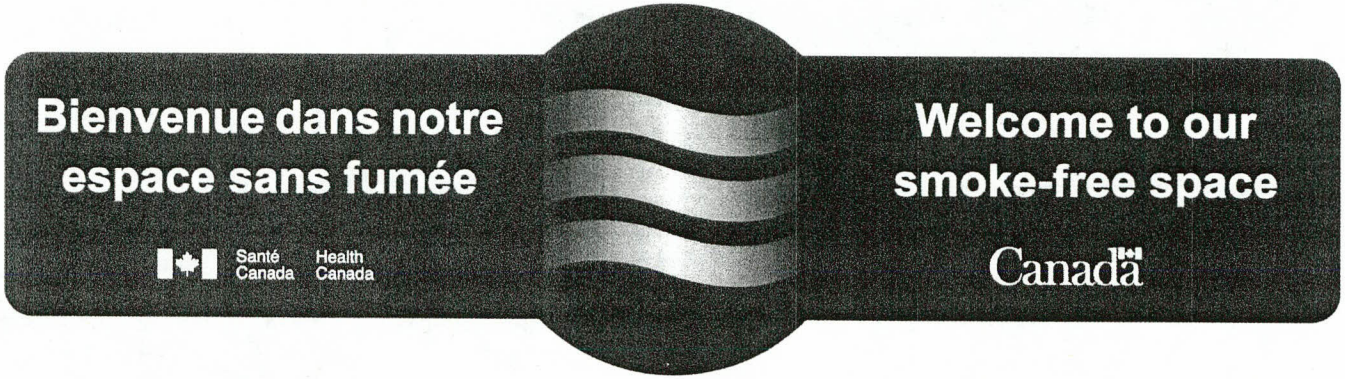


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Health Canada Santé Canada

Canada


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RAISONS de garder cette maison SANS FUMÉE

Les mesures suivantes N'ÉLIMINENT PAS la fumée secondaire:

ouvrir une fenêtre
utiliser un ventilateur
utiliser un assainisseur
fumer dans une autre pièce
utiliser un purificateur d'air

Voilà pourquoi cette maison est un endroit sans fumée.

Santé Canada Health Canada

www.vivezsansfumee.ca

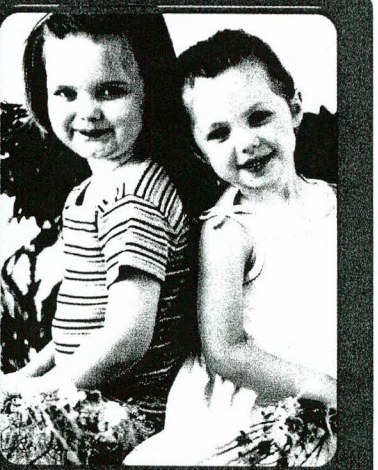
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