ENVIRONICS RESEARCH GROUP

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FINAL REPORT

Focus groups: (1) never smokers (2) current smokers only (3) current + former smokers

Consumers' Awareness and Perceptions of Potential "Harm Reduced" Products

Final Report on Qualitative and Quantitative Research

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PART I - INTRODUCTION TO THE RESEARCH PROJECT AND EXECUTIVE SUMMARY

Environics Research Group Limited was commissioned by Health Canada to conduct qualitative focus group research and quantitative survey research among Canadian consumers and targeted segments of the population regarding potential "harm reduced" products.

Potential "harm reduced" products are those which may reduce mortality and morbidity but still harm human health. These products may include (but are not limited to) smokeless tobacco products such as chewing tobacco and snuff; nicotine replacement therapy products such as nicotine gum or the nicotine patch; and, herbal cigarettes, which do not contain tobacco nor marijuana.

The major goals of the research are to understand consumer awareness, perceptions, beliefs, knowledge, and behaviours related to these potential "harm reduced" products and to determine their respective perceived health risks as compared to cigarettes which only contain tobacco, i.e., whether there is a perception that these products are potentially less harmful to human health than tobacco cigarettes. The research will also help understand the possible appeal of such products as being potentially "safer" than tobacco cigarettes, and their potential use as aids to reducing consumption (amount smoked) and quitting smoking.

Background

In the book entitled *Clearing the Smoke* (2001), the Institute of Medicine defined what was being meant by "harm reducing" as follows: "*For the purpose of this report, a product is harm-reducing if it lowers total tobacco-related mortality and morbidity even though use of that product may involve continued exposure to tobacco-related toxicants.*" It should be noted that there is little evidence that removal of specific toxic substances from tobacco or from tobacco smoke actually reduces risks to health; the health consequences of using any tobacco product are determined by the exposure to the toxic agents that remain present in the product. Hence, the term potential "harm reduced" is used throughout this document to describe alternative tobacco products that may or may not reduce exposure to toxic chemicals when used.

Smokers of tobacco cigarettes may use strategies to help them in situations where cigarette smoking is prohibited or not possible. One such strategy is to use nicotine replacement therapy products or smokeless tobacco products. This may be seen by some as a "harm reduction" strategy since the use of nicotine replacement therapy products or smokeless tobacco products replace and thus reduce the number of tobacco cigarettes smoked.

Herbal cigarettes, coming in various flavours such as Ginseng, Menthol and Rum, are available on Canadian market and are being promoted as aids for quitting smoking. Since herbal cigarettes do not contain tobacco, they do not fall under the purview of the Tobacco Act, and their sale is not restricted to minors (youth). As they do not contain nicotine, they are not addictive. Few people smoke them. Herbal cigarettes are labelled for tar, nicotine (to emphasize that they do not contain nicotine) and carbon monoxide, voluntarily, and are sold in health food stores and in tobacco shops. Tar is found in smoked products including herbal cigarettes. An herbal cigarette is likely as dangerous as a tobacco cigarette as it burns vegetable matter, releasing toxic chemicals in its smoke which are then inhaled. However, the public may erroneously believe that these herbal cigarettes are "safer" for health than tobacco cigarettes.

Smokeless tobacco products, including chewing tobacco and snuff, contain tobacco and therefore have many of the same harmful and addictive substances as cigarettes, pipes and cigars. Smokeless tobacco products are sold along side tobacco cigarettes in various retail outlets. Smokeless tobacco is a major cause of mouth and throat cancer. It can also cause serious dental health problems including recession of the gums, tooth loss and discoloration of the teeth and gums.

Nicotine replacement therapy products such as nicotine lozenges, nicotine gum, nicotine patches and nicotine inhalers provide the body with nicotine without the other harmful compounds of tobacco. These aids can help a person concentrate more on quitting the habit of smoking by relieving the symptoms of withdrawal. Nicotine replacement therapy products do not fall under the purview of the Tobacco Act and are sold without prescription in pharmacies.

Objectives

Currently there is no available information regarding Canadian consumers' awareness, perceptions, beliefs, knowledge, and behaviour regarding these potential "harm reduced" products including smokeless tobacco products, nicotine replacement therapy products and herbal cigarettes. The overall rationale behind this research is to increase Health Canada Tobacco Control Programme's knowledge of public perceptions regarding these potential "harm reduced" products and to determine whether there is a perception that products available on market today may be viewed as "safer" than tobacco cigarettes. These findings will help guide the Tobacco Control Programme in the development of information for potential dissemination.

The qualitative focus group research was undertaken to explore these topics among youth and current smokers age 15 years and older and former smokers – segments believed to have greater potential to use or try such products. As well, learning from the focus groups would provide input into the design of the quantitative survey, which was undertaken to provide a statistical examination of these topics based on statistically representative samples of the Canadian general public and selected sub-groups.

A total of 12 focus groups were conducted in four locations in February and March 2006. A survey of 1,505 respondents aged 15 and older was conducted between March 21, and April 6, 2006.

The project was directed by Dr. Donna Dasko, Senior Vice President, Environics.

Report

This report describes the findings of the research: an executive summary of the main findings and conclusions of the project, a discussion of the qualitative design and findings, and a discussion of the quantitative survey design and findings.

Throughout this report the terms "smokers" and "current smokers" are used interchangeably to refer to current smokers who smoke cigarettes either daily or occasionally. The term "cigarettes" in the report refers to tobacco cigarettes, unless otherwise specified. Other terms and definitions are described below.

Appended to the report are the focus group discussion agenda, description of the survey methods, and the English and French survey questionnaires.

Executive Summary

Among the key findings of the research are:

Awareness and Use of Potential "Harm Reduced" Products

- Of the major potential "harm reduced" products examined in the research study, awareness of nicotine gum, the nicotine patch, and chewing tobacco are high; awareness of herbal cigarettes, and oral and nasal snuff, are much lower.

- Use of potential "harm reduced" products among non-smoking Canadians is very low. Smokers are more likely than non-smokers to have used or tried most of these products, but even among smokers, use of most products, with the exception of nicotine gum and the patch, is low.

Herbal Cigarettes

- There is generally little interest in trying or using herbal cigarettes, although smokers show some interest in the product for a wide variety of reasons. In the focus groups, some liked or were intrigued by the flavours, some were interested in the graphic elements of the packaging, and some were curious about the taste.
- In the focus groups, awareness of the contents of the herbal cigarettes was low, although most thought they contained chemicals. Although most associated "herbal" with "natural" and "healthy," many also knew that breathing in smoke or toxic substances was harmful to the lungs.
- Opinion is divided as to whether herbal cigarettes would cause less harm to health, or the same amount of harm, as smoking tobacco cigarettes.

Chewing Tobacco

- Although awareness of the product is high, there is virtually no interest in trying or using chewing tobacco.
- Focus group participants found chewing tobacco "disgusting," "gross," and less appealing than smoking cigarettes; a small number had positive reactions to the perceived flavours of the products.
- Between eight and nine in ten Canadians – both smokers and non-smokers – think that chewing tobacco would contain nicotine, tar and other chemicals; four in ten think it would contain carbon monoxide.
- Two-thirds of Canadians think using chewing tobacco would cause the same amount of harm as smoking tobacco cigarettes. In the focus groups, it was seen as less harmful to lungs than smoking, more harmful to mouth and stomach; some mentioned links with oral cancers.

Snuff

- There is very little interest in trying or using nasal or oral snuff.
- The idea of "snorting tobacco" seemed unappealing to most focus group participants, but nasal snuff products drew some positive attention for their aromas and for their containers and packaging.

- Some oral snuff products, particularly the sachets, were received with interest by some, who found the aroma of the various products and their packaging, to be attractive.
- Most Canadians think that snuff would contain nicotine, tar, and other chemicals; four in ten think it would contain carbon monoxide.
- Seven in ten Canadians think using snuff would cause the same amount of harm as smoking tobacco cigarettes. Many of those who think it is more harmful, do so because it involves direct contact with the nose or mouth; many of those who think it is less harmful, do so because it is not burned or inhaled.

Nicotine Replacement Therapy Products

- Few Canadians, and almost no non-smokers, are interested in trying nicotine gum. Those who are interested, almost all of whom are smokers, are likely to try it for access to nicotine without smoking, as a safer way to have nicotine, if they were cheaper, as a way to quit smoking, and as a substitute in situations where smoking is not possible.
- Most Canadians think that nicotine gum would contain chemicals other than tar or carbon monoxide.
- Few Canadians, and almost no non-smokers, are interested in trying the nicotine patch. Those who are interested, almost all of whom are smokers, are most likely to try it as a way to have nicotine other than smoking, as a safer way to have nicotine, and as a way to quit smoking.
- Most Canadians think that the nicotine patch would contain other chemicals. Three in ten or fewer think it would contain tar or carbon monoxide.
- Most Canadians think that both nicotine gum and the nicotine patch would cause less harm than smoking tobacco cigarettes.
- In the focus groups, the general perception was that all NRT products would cause less harm than tobacco cigarettes as long as users followed instructions.

Regulation

- From the survey, seven in ten Canadians agree that tobacco companies should not be allowed to add flavours to tobacco products.
- Most agreed, in the focus groups, that anti-smoking regulations – particularly those concerning where smoking is permitted – should apply to herbal cigarettes. Adults favoured age restrictions on the purchase of herbal cigarettes; some youth thought herbal cigarettes should be freely available without age restrictions.

- In the focus groups, many were concerned that flavoured nicotine gums and lozenges, and snuff in sachets, might be attractive to children and adolescents, and suggested that manufacturers should be prevented from adding flavours to tobacco or nicotine products or that warning labels appear on all such products.

PARTIE I - INTRODUCTION DU PROJET DE RECHERCHE ET RÉSUMÉ DU RAPPORT

Environics Research Group Limited a été chargé par Santé Canada d'effectuer une recherche qualitative en séances de discussion de groupe et une recherche quantitative par sondage, auprès des consommateurs canadiens et de segments cibles de la population au sujet des produits pouvant causer des « méfaits réduits. »

Le produits qui peuvent causer des « méfaits réduits » sont ceux capables de réduire les taux de mortalité et de morbidité, mais en présentant tout de même des dangers pour la santé humaine. Ces produits comprennent (ceci n'est pas une liste exhaustive) les produits de tabac sans fumée tels que le tabac à chiquer et le tabac à priser, les produits de remplacement du tabac tels que la gomme à mâcher à la nicotine ou le timbre de nicotine (timbre transdermique de nicotine), ainsi que les cigarettes à base d'herbe qui ne contiennent ni tabac ni marijuana.

Les principaux objectifs de la recherche sont de comprendre la sensibilisation, les perceptions, les croyances, les connaissances et les habitudes du consommateur à l'égard de ces produits pouvant être à « méfaits réduits » et de déterminer les perceptions des risques qu'ils représentent pour la santé, comparativement aux cigarettes qui ne contiennent que du tabac, p.ex. savoir s'il existe ou non une perception que ces produits peuvent présenter un danger moindre pour la santé humaine que les cigarettes à base de tabac. La recherche aidera aussi à comprendre l'attrait possible de ces produits comme pouvant être « moins dangereux » que les cigarettes à base de tabac, ainsi que leur utilisation possible en tant qu'aides pour réduire la consommation de tabac (la quantité de tabac qui est fumé) et pour cesser de fumer.

Renseignements généraux

Dans le livre intitulé *Clearing the Smoke* (2001), l'Institute of Medicine définit ce qu'on entend par « méfaits réduits » de la façon suivante : [traduction] *« Aux fins de ce rapport, un produit est dit à méfaits réduits s'il abaisse les taux de mortalité et de morbidité totaux liés au à la consommation de tabac, même si l'utilisation de ce produit peut comprendre une exposition soutenue aux produits toxiques liés au tabac. »* Il faut noter qu'il existe peu de preuves à l'effet que l'enlèvement de substances toxiques précises provenant du tabac ou de la fumée du tabac réduit réellement les risques pour la santé; les conséquences pour la santé qu'entraîne l'utilisation de tout produit du tabac sont déterminées par l'expositions aux agents toxiques qui demeurent présents dans le produit. Par conséquent, l'expression possibilité de « méfaits réduits » est utilisée dans ce document afin de décrire des produits de remplacement du

tabac qui peuvent ou non réduire l'exposition à des produits chimiques toxiques au cours de leur utilisation.

Les fumeurs de cigarettes de tabac peuvent utiliser des stratégies qui les aident dans des situations où il est interdit ou impossible de fumer la cigarette. Une de ces stratégies est l'utilisation de produits de remplacement de la nicotine ou de produits du tabac sans combustion. Certains peuvent percevoir qu'il s'agit d'une stratégie de « réduction des méfaits » puisque l'utilisation des produits de remplacement de la nicotine ou des produits du tabac sans combustion se substitue aux cigarettes à base de tabac et, ainsi, réduit le nombre de cigarettes fumées.

Les cigarettes à base d'herbe, offertes en diverses saveurs telles que le ginseng, le menthol et le rhum, sont disponibles dans le marché canadien et on en fait la promotion en tant qu'aides pour cesser de fumer. Puisque les cigarettes à base d'herbe ne contiennent pas de tabac, elles ne sont pas assujetties aux dispositions de la Loi sur le tabac et leur vente n'est pas interdite aux mineurs (jeunes). Puisqu'elles ne contiennent pas de nicotine, elles n'entraînent pas de dépendance. Peu de gens en fument. La composition des cigarettes à base d'herbe est affichée en termes de goudron, de nicotine (pour bien mettre en évidence qu'elles ne contiennent pas de nicotine) et de monoxyde de carbone, sur une base volontaire, et elles sont vendues dans les magasins d'alimentation naturelle et les tabagies. On note la présence de goudron dans les produits fumés, y compris les cigarettes à base d'herbe. Une cigarette à base d'herbe est probablement tout aussi dangereuse qu'une cigarette à base de tabac car elle brûle une substance végétale, libérant des produits chimiques toxiques dans la fumée qui est inhalée. Cependant, le public pourrait croire à tort que ces cigarettes à base d'herbe sont « moins dangereuses » pour la santé que les cigarettes à base de tabac.

Les produits du tabac sans fumée, comprenant le tabac à chiquer et le tabac à priser, contiennent du tabac et, par conséquent, un grand nombre des mêmes substances dangereuses et créant une dépendance que celles qui sont présentes dans les cigarettes, le tabac à pipe et les cigares. Les produits du tabac sans fumée sont vendus où l'on vend des cigarettes à base de tabac dans divers commerces de détail. Le tabac sans fumée est une des principales causes du cancer de la bouche et de la gorge. Il peut aussi provoquer de graves problèmes dentaires, y compris la récession des gencives, la perte de dents et la décoloration des dents et des gencives.

Les produits de remplacement de la nicotine tels que les pastilles à la nicotine, la gomme à mâcher à la nicotine, le timbre de nicotine et l'inhalateur de nicotine apportent de la nicotine au corps sans les autres substances dangereuses contenues dans le tabac. Ces aides peuvent aider une personne à se concentrer davantage sur l'abandon de ses habitudes de consommation de tabac en soulageant les

symptômes du sevrage. Les produits de remplacement de la nicotine ne sont pas assujettis aux dispositions de la Loi sur le tabac et ils sont en vente libre dans les pharmacies.

Objectifs

À l'heure actuelle, il n'existe pas d'information disponible se rapportant à la sensibilisation des consommateurs canadiens ou à leurs perceptions, croyances, connaissances et habitudes au sujet de ces produits pouvant être à « méfaits réduits, » y compris les produits du tabac sans fumée, les produits de remplacement de la nicotine et les cigarettes à base d'herbe. La logique sous-jacente à ces travaux de recherche est d'accroître les connaissances que le Programme de la lutte au tabagisme de Santé Canada possède au sujet des ces produits pouvant causer des « méfaits réduits » et à déterminer s'il existe ou non la perception que les produits qui sont en vente aujourd'hui peuvent être considérés comme étant « moins dangereux » que les cigarettes à base de tabac. Ces résultats aideront à guider le Programme de la lutte au tabagisme dans l'élaboration d'information pouvant être diffusée.

La recherche en groupes de discussion a été effectuée afin d'explorer ces sujets auprès de jeunes, de fumeurs actuels âgés de 15 ans ou plus et d'anciens fumeurs – des segments que l'on juge plus susceptibles d'utiliser ces produits ou d'en faire l'essai. De surcroît, les enseignements tirés des groupes de discussion ont contribué à la conception du sondage quantitatif qui a été mis en œuvre, afin de fournir un examen statistique de ces sujets auprès d'échantillons représentatifs de la population canadienne en général et de sous-groupes précis.

Un total de 12 séances de discussions de groupe se sont déroulées à quatre emplacements au cours des mois de février et mars 2006. Un sondage de 1 505 répondants âgés de 15 ans ou plus a été réalisé entre le 21 mars et le 6 avril 2006.

Le projet était sous la direction de Donna Dasko, vice-présidente principale, Environics.

Le rapport

Ce rapport présente les résultats des travaux de recherche : un résumé des principaux résultats et des conclusions du projet, une discussion de la conception de la recherche qualitative et de ses résultats, ainsi qu'une discussion de la conception du sondage et des résultats quantitatifs.

Dans ce rapport, les expressions « fumeurs » et « fumeurs actuels » sont utilisées de façon interchangeable pour identifier les fumeurs actuels qui fument la cigarette tous les jours ou à l'occasion.

Dans ce rapport, le terme « cigarettes » désigne les cigarettes à base de tabac, à moins d'indication contraire. Les autres termes et expressions utilisés sont décrits ci-dessous.

Le programme des séances de groupe de discussion, la description de la méthodologie de sondage, ainsi que les questionnaires en versions anglaise et française, sont présentés en annexe au rapport.

Résumé du rapport

Parmi les résultats clés de cette recherche, nous retrouvons :

La sensibilisation à l'égard des produits qui peuvent entraîner des « méfaits réduits » et leur utilisation

- Parmi les principaux produits pouvant entraîner des « méfaits réduits » qui ont été examinés au cours de cette étude, la sensibilisation à l'égard de la gomme à mâcher à la nicotine, du timbre de nicotine et du tabac à chiquer est élevée; la sensibilisation à l'égard des cigarettes à base d'herbe ou du tabac à priser oral ou nasal est beaucoup plus faible.
- L'utilisation de produits pouvant entraîner des « méfaits réduits » chez les Canadiens non-fumeurs est très faible. Les fumeurs ont plus tendance que les non-fumeurs à avoir déjà utilisé ou essayer la plupart de ces produits, mais même chez les fumeurs, l'utilisation de la plupart des produits, à l'exception de la gomme à mâcher à la nicotine et du timbre de nicotine, est faible.

Les cigarettes à base d'herbe

- L'essai ou l'utilisation des cigarettes à base d'herbe suscite généralement peu d'intérêt, même si les fumeurs manifestent un certain intérêt à l'égard de ce produit pour une gamme de raisons. Lors des séances de groupes de discussion, les saveurs ont plu ou intrigué certains participants, alors que certains étaient intéressés par les composantes graphiques des emballages et que d'autres affirmaient que le goût de ce produit piquait leur curiosité.
- Dans les séances de groupes de discussion, la sensibilisation à l'égard du contenu des cigarettes à base d'herbe était faible, même si la plupart croyaient qu'elles contenaient des produits chimiques. Alors que la plupart des participants associaient le fait d'être « à base d'herbe » à des

expressions telles que « naturel » et « sain, » un grand nombre d'entre eux savaient que le fait d'inhaler de la fumée ou des substances toxiques était nuisible pour les poumons.

- L'opinion est divisée quant à savoir si les cigarettes à base d'herbe sont moins dangereuses pour la santé ou tout aussi dangereuses que les cigarettes à base de tabac.

Le tabac à chiquer

- Alors que la sensibilisation à ce produit est élevée, essayer et utiliser le tabac à chiquer ne suscite pratiquement aucun intérêt.
- Les participants des séances de discussion trouvaient que le tabac à chiquer est « dégoûtant, » « dégueulasse » et qu'il est moins attrayant que le fait de fumer des cigarettes; un petit nombre d'entre eux ont eu des réactions positives à la perception des saveurs de ce produit.
- Entre huit et neuf sur dix Canadiens – tant fumeurs que non-fumeurs – pensent que le tabac à chiquer doit contenir de la nicotine, du goudron et d'autres produits chimiques; quatre sur dix pensent qu'il doit contenir du monoxyde de carbone.
- Les deux tiers des Canadiens pensent que l'utilisation du tabac à chiquer doit être tout aussi dangereuse que fumer des cigarettes à base de tabac. Dans les groupes de discussion, cela a été perçu comme étant moins dangereux pour les poumons, plus dangereux pour la bouche et l'estomac; certains ont mentionné un lien avec le cancer buccal.

Le tabac à priser

- Faire l'essai et utiliser du tabac à priser oral ou nasal suscite très peu d'intérêt.
- L'idée de « sniffer » du tabac semblait peu attrayant à la plupart des participants des groupes de discussion, mais les produits de tabac à priser nasal ont suscité une certaine attention positive en raison de leurs arômes, ainsi que de leurs contenants ou emballages.
- Certains produits de tabac à priser nasal, en particulier les sachets, ont été accueillis avec un certain intérêt par certains participants qui trouvent attrayants l'arôme des divers produits et leurs emballages.
- La plupart des Canadiens pensent que le tabac à priser doit contenir de la nicotine, du goudron et d'autres produits chimiques; quatre sur dix pensent qu'il doit contenir du monoxyde de carbone.
- Sept sur dix Canadiens pensent que l'utilisation du tabac à priser doit être aussi dangereuse que fumer des cigarettes à base de tabac. Un grand nombre de ceux qui pensent que cela doit être plus dangereux sont de cet avis parce que cela suppose un contact direct avec le nez ou la bouche;

un grand nombre de ceux qui pensent que cela doit être moins dangereux sont de cet avis parce qu'il n'y a ni combustion ni inhalation.

Les produits de remplacement de la nicotine

- Peu de Canadiens et pratiquement aucun non-fumeur sont intéressés à faire l'essai de la gomme à mâcher à la nicotine. Ceux qui sont intéressés, presque tous des fumeurs, auraient tendance à en faire l'essai pour obtenir de la nicotine sans fumer; ils les perçoivent comme des moyens moins dangereux pour obtenir de la nicotine et, s'ils étaient moins chers, comme un moyen pour cesser de fumer, ainsi que comme un substitut dans les situations où il n'est pas possible de fumer.
- La plupart des Canadiens pensent que la gomme à mâcher à la nicotine doit contenir des produits chimiques autres que le goudron ou le monoxyde de carbone.
- Peu de Canadiens et pratiquement aucun des non-fumeurs sont intéressés à faire l'essai du timbre de nicotine. Ceux qui sont intéressés, presque tous des fumeurs, auraient plus tendance à en faire l'essai en tant que moyen permettant d'obtenir de la nicotine sans fumer, comme une façon moins dangereuse d'obtenir de la nicotine et en tant que moyen pour cesser de fumer.
- La plupart des Canadiens pensent que le timbre de nicotine doit contenir d'autres substances chimiques. Trois sur dix ou moins pensent qu'il doit contenir du goudron ou du monoxyde de carbone.
- La plupart des Canadiens pensent que la gomme à mâcher à la nicotine et le timbre de nicotine sont moins dangereux que fumer des cigarettes à base de tabac.
- Lors des séances de groupe, la perception était que les produits de remplacement de la nicotine sont moins dangereux que les cigarettes à base de tabac tant et aussi longtemps que les utilisateurs suivent les directives.

Réglementation

- À partir du sondage, sept sur dix Canadiens sont d'accord pour dire que les compagnies de tabac ne doivent pas être autorisées à ajouter des saveurs aux produits du tabac.
- Dans les groupes de discussion, la plupart s'entendaient pour dire que la réglementation anti-tabac – en particulier celle sur les endroits où il est permis de fumer – doit s'appliquer aux cigarettes à base d'herbe. Les adultes étaient faveur d'un âge limitant l'achat des cigarettes à base d'herbe; certains jeunes pensaient que les cigarettes à base d'herbe doivent être en vente libre sans contrainte liée à l'âge.

- Dans les groupes de discussion, un grand nombre de participants étaient préoccupés par la possibilité que la gomme à mâcher et les pastilles à la nicotine aromatisées, ainsi que le tabac à priser en sachet, exercent un attrait sur les enfants et les adolescents; ils ont suggéré que l'on interdise aux fabricants d'ajouter des saveurs aux produits du tabac ou de nicotine ou qu'on appose des messages d'avertissement sur tous ces produits.

PART II - QUALITATIVE RESEARCH

1.0 INTRODUCTION TO QUALITATIVE FOCUS GROUP RESEARCH

Following from the research objectives, the focus group research was designed to explore awareness and perceptions of potential "harm reduced" products with an emphasis among youth (age 15 to 17) and among current and former smokers aged 15 years of age and over. Focus groups allow a unique assessment of products since they can be shown to participants.

The topics examined include:

- Awareness of the products;
- Previous use of the products;
- Perception of the health effects of the products both alone and in comparison to tobacco cigarettes;
- Impressions of and level of interest in the products, both before and after viewing them;
- Interest in using the products as a substitute for tobacco cigarettes and as an aid to quitting smoking.

Twelve (12) focus group sessions were conducted in February and March 2006 in four locations: Toronto (4 sessions), Montreal (4 sessions), Halifax (2 sessions) and Calgary (2 sessions), according to the following matrix. The Montreal sessions were held in French; the others in English.

Date and Location	#	Group Composition by Smoking Status and Age Group (Years)	
		Group 1	Group 2
Toronto February 20	2	18-24 Never Smokers (includes Potential Smokers)	25-39 Current Smokers
Toronto February 21	2	15-17 Girls, Current and Former Smokers	15-17 Boys, Never Smokers (includes Potential Smokers)
Calgary February 28	2	18-24 Current Smokers	25-64 Former Smokers
Montreal March 1	2	18-24 Current Smokers	15-17 Girls, Never Smokers (includes Potential Smokers)
Montreal March 2	2	15-17 Boys, Current and Former smokers	40-64 Current Smokers
Halifax March 1	2	18-24 Former Smokers	40-64 Current Smokers

The rationale for these sessions and locations was complex. The main demographic groups of interest were youth in general and current smokers of all ages 15 and over. Both of these demographic profiles were thought to have greater potential to try or use such products than other segments of the population. In focus groups with youth, homogeneous groupings are useful with the youngest age groups, including separate sessions with boys and girls. Thus the 15 to 17 years age group sessions were structured for boys and girls separately. The 18 to 19 years of age segment was included with the under 24 years of age segment. Among the older age groups, the 40-64 years age group of smokers is important since potential quitters are prominent in this segment (particularly the 40-54 years of age sub-group). Non-smokers over 24 years of age are unlikely to take up these products, but it was felt that an adult group with former smokers but not those who never smoked, might provide useful information about product use. However, it was important to include youth and young adult (18 – 24) never smokers in the study because of the possibility that they may be attracted to such products. The rationale for the community locations was to ensure that at least one current smokers' session was included in every location, and that all segments were included over the entire study, with a greater focus on current smokers overall.

In this focus group report the terms "smokers" and "current smokers" are used to describe participants who smoke cigarettes either daily or occasionally. Former smokers are non-smokers who report having smoked at least 100 cigarettes in their life. Never smokers are non-smokers who

report having smoked fewer than 100 cigarettes in their life. Potential smokers are never smokers who have ever tried smoking, seriously thought about trying smoking, or might try smoking within the next month.

Ten participants per group were recruited for the study. Each group lasted approximately two hours.

Dr. Donna Dasko moderated the English language groups in Toronto and Calgary. Mr. Derek Leebosh moderated the English language groups in Halifax. Ms. Elaine Rioux moderated the four French language groups in Montreal. All qualitative research work was conducted in accordance with the professional standards established by the Marketing Research and Intelligence Association (MRIA) (previously the Professional Market Research Society and the Canadian Association of Market Research Organizations).

Qualitative research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as indicative rather than projectable.

2.0 SUMMARY OF FOCUS GROUP FINDINGS

2.1 Top-of-mind Awareness of Tobacco Products and Potential "Harm Reduced" Products

Under the Tobacco Act, "Tobacco product" means a product composed in whole or in part of tobacco, including tobacco leaves and any extract of tobacco leaves. It includes cigarette papers, tubes and filters but does not include any food, drug or device that contains nicotine to which the *Food and Drugs Act* applies.

When asked what comes to mind in the term "tobacco products", cigarettes were mentioned in all groups, regardless of age, smoking status or location, followed by pipes or pipe tobacco and cigars. Chewing tobacco (or clear descriptions and references to chewing tobacco products) was also mentioned in several groups.

In both Toronto and Montreal, the greatest range of products mentioned came in the youth groups, regardless of smoking status. Some youth mentioned flavoured tobacco products.

When asked whether or not products such as rolling or tube papers and filters would be considered tobacco products, some felt that anything used in conjunction with tobacco could be deemed a tobacco product, while others felt that since such products could also be used for other purposes (primarily smoking marijuana), they were not necessarily tobacco products.

There was little top-of-mind awareness of anything that might be a tobacco-free cigarette in the never smoker groups, including the youth never smokers. Among both current and former smokers in Halifax, many were familiar with herbal cigarettes, and a few had tried them. Current smokers in Toronto, particularly girls, seemed aware of herbal cigarettes but awareness in Montreal was low. Calgary current and former smokers mentioned both herbal cigarettes and clove cigarettes (In fact, clove cigarettes contain tobacco). Many of those aware mentioned flavoured products.

In all groups, the nicotine patch and nicotine gum (Nicorette) were mentioned as nicotine-based products that are not cigarettes. There was little awareness of any other nicotine replacement therapy products.

2.2 Awareness, Beliefs and Behaviours: Herbal Cigarettes

The written exercise confirmed that awareness of herbal cigarettes was higher among current and former smokers than among never smokers, and lower in Montreal than in other locations. At least one participant in all current and former smoker groups (including youth current smokers) had tried herbal cigarettes – reported use was higher among younger adult current and former smokers.

Among adult current and former smokers, most participants perceived herbal cigarettes to have less tar, less nicotine, less chemicals and to cause less harm to health than tobacco cigarettes. Most adult never smokers in Toronto believed herbal cigarettes have less tar and nicotine, but were divided on whether the amount of chemicals and the harm to health was less or the same. In Toronto, most youth current or former smokers (girls) thought herbal cigarettes had less tar, less nicotine, less chemicals and caused less harm; youth in other groups were more likely to think the contents and harm caused could be the same.

Few participants had any clear idea of what herbal cigarettes might contain, other than some form of plant material. Many were unsure as to whether herbal cigarettes would contain tobacco or nicotine. Almost all, however, felt that herbal cigarettes would contain some chemicals – although perhaps not as many as would be found in tobacco cigarettes.

In all groups, most participants associated "herbal" with "natural" and "healthy," although very few thought that there would be no harm in smoking them. Many thought that breathing any kind of smoke or toxic substance was harmful to the lungs.

In Halifax, Toronto, and Calgary, herbal cigarettes were associated with the film industry, particularly among younger current smokers or former smokers. Older current smokers, however, were more inclined to associate herbal cigarettes with "hippies and long hair."

One of the first aspects that participants – particularly former and current smokers - commented on was the flavour or aroma of these products. Some liked or were intrigued by the flavours. The packaging of both varieties shown drew mixed comments. Many noted that the use of colourful graphic elements – bird/toucan, waterfall and tree – on one package made the product seem "more natural" and "less harmful". But many also worried that this brand was being marketed to youth – although youth smokers themselves, especially boys, claimed that they were not tempted.

There was some interest in using this product, particularly among young adult smokers in Calgary. Some would try herbal cigarettes as an experiment: "it might be fun, for a change." Occasional smokers, including some social smokers, thought that if they liked herbal cigarettes, they might smoke them instead of tobacco cigarettes. Some might smoke herbal cigarettes to try quitting or cutting back on smoking tobacco cigarettes; they thought smoking herbal cigarettes would satisfy the behavioural associations of smoking while removing their dependence on nicotine. However, most adult smokers showed virtually no interest in trying herbal cigarettes.

Adult former smokers were the least likely to express interest in using herbal cigarettes. Some felt that they had worked too hard to quit smoking to risk being drawn into smoking again. A few thought they might be tempted to try a product that was non-addictive and less harmful. Some might recommend herbal cigarettes to their smoking friends, or give them to their children if they discovered them smoking.

The most interest in these products among youth participants came from youth current/former smokers (girls) in Toronto, but some youth never smokers (boys) in Toronto also expressed interest. Curiosity about the product and the flavours was their main motivation. Some were also interested in a non-addictive product that would allow them to smoke or not as they desired, and might also help smokers to cut down or quit. There was little interest in these products among Montreal youth.

In general, there was a "gender gap" in terms of interest in herbal cigarettes – women were more likely to express interest in these products and to comment positively on the flavour and packaging.

The lack of health warning labels and images was noted in most groups. Many felt that the absence of these labels made these products appear less harmful and more attractive.

2.3 Awareness, Beliefs and Behaviours: Chewing Tobacco[1]

Based on the written exercise, awareness of chewing tobacco was very high among adult current and former smokers in Halifax, Toronto and Calgary, and among adult never smokers in Toronto; it was considerably lower among adult smokers in Montreal. Among youth participants, awareness of chewing tobacco was very high in Toronto, but less so in Montreal, particularly among youth never

[1] Definitions and descriptions of the various kinds of chewing tobacco discussed in this report can be found at the end of the Discussion Agenda in the Appendix.

smokers (girls). Reported usage was more common among smokers in Toronto than in other locations.

Awareness of spit tobacco was strong among young adults in Toronto, Halifax and Montreal regardless of smoking status, and among youth participants in all groups except for youth never smokers (girls) in Montreal.

Awareness of chew was strong among adult former and current smokers, and to a lesser extent among adult never smokers. Among youth, awareness was strongest among or youth former smokers (girls) in Toronto and least among never smokers (girls) in Montreal.

Awareness of both wad and plug was generally low, although participants in Halifax were more aware than others about both products.

Opinions on whether chewing tobacco has more the same or less tar, nicotine and chemicals than tobacco cigarettes varied widely, although adult participants tended to think that chewing tobacco has more or the same amount of all of these; they also tended to believe that the harm caused by chewing tobacco was the same or greater than that caused by smoking tobacco cigarettes. Youth participants tended somewhat to think that the amounts of tar, nicotine and chemicals and the degree of harm to health might be less with chewing tobacco.

Most participants were not aware of the distinctions between spit tobacco, chewing tobacco, chew, wad or plug. Many participants thought about baseball players or other athletes, cowboys or farmers and people from the American South when spit and chew tobacco were first mentioned. There was a general perception that men were more likely than women to use forms of chewing tobacco.

Participants tended to agree that chewing tobacco would in fact have tobacco in it, as well as tar, nicotine and chemicals. Many suggested that chewing tobacco was just as harmful as cigarettes because it had the same ingredients, and that while it might be less harmful to the lungs, it was probably more harmful in other ways. Some participants spontaneously mentioned that there were links between chewing tobacco and oral cancers.

Participants in all groups found chewing tobacco to be very unattractive, calling it "disgusting" or "gross." Most in all groups agreed that chewing tobacco was to be very less appealing than smoking cigarettes. A number of participants, particularly women and girls, were disturbed by the idea that use of this product involved repeated spitting of saliva and residue.

Despite these strong negative reactions, some participants had positive responses to the flavours and aromas of the chewing tobacco products. But most found the actual appearance of the products shown highly unappealing.

The vast majority of participants in all locations, age groups, and smoking statuses indicated that they had virtually no interest in trying any of the chewing tobacco products for any reason, and particularly not in order to quit smoking. The one disturbing exception to this overall response was among youth never smokers in Toronto, where some young men said they had friends who used chewing tobacco and they might consider trying it themselves.

The general opinion of almost all participants, after examining the products and discussing them, was chewing tobacco was at least as harmful to health, and possibly even more harmful, than cigarettes.

2.4 Awareness, Beliefs and Behaviours: Snuff [2]

Awareness of snuff was strongest among adult current and former smokers in Halifax, Toronto and Calgary; few participants in other groups were aware of the product. Reported awareness of nasal snuff, dip or dipping tobacco, oral snuff, pinch and snus was quite limited.

Overall, participants were uncertain about the contents and potential for harm of snuff products, and no strong trends emerged. There was a slight tendency for youth participants, particularly those in Toronto, to be more likely to believe that both kinds of snuff contain less tar, chemicals and nicotine than tobacco cigarettes, and cause less harm.

While many participants were familiar with the general term "snuff," few were able to differentiate nasal snuff from oral snuff, or to identify the terms dip, pinch or snus. Some knew that snuff was finely ground tobacco, while others described it as "brown powder" that "goes up your nose." Most agreed that it would likely contain chemicals.

[2] Definitions and descriptions of types of snuff discussed in this report can be found at the end of the Discussion Agenda in the Appendix.

Some participants had historical associations with snuff, such as "fancy snuff boxes" and courtiers in the Renaissance or Victorian eras "snorting it off their hands," or "from a little spoon." Others associated the use of nasal snuff with cocaine use.

Even though not many have used nasal snuff or seen others using it, the very idea of "snorting tobacco" was unappealing to most. However, nasal snuff products drew some positive attention both for their aromas and for their packaging.

Some oral snuff products, particularly the Access cinnamon-flavoured sachets, were also received with interest by some who called the aroma of the various products attractive and "great-smelling." While the loose oral snuff was often seen as "gross and offensive," many found the products sold in pouches or sachets more attractive.

Most participants said that they were not interested in trying or using any form of snuff, either as a means of trying to quit smoking or as a substitute for cigarettes when smoking is not permitted, or for reasons of interest. A small number of smokers, however, expressed interest in trying snuff, particularly oral products; Access seemed most appealing to these participants, particularly as something they could use when they were unable to smoke.

Participants were unsure about the amount of harm these products might cause: they noted that it might affect different organ systems than smoking cigarettes, and were not sure if the harm caused would be more, the same, or less. The products offered in pouches or packets were particularly difficult for participants in terms of assessing harm, as some thought that the sachet material would provide protection. A few noted that it was difficult to know just how harmful these products were because there was no education about them, and they did not notice any health warning labels on these products. (In fact, there are text warning messages on these products.) However, nobody thought the product would in fact be safe.

2.5 Awareness, Beliefs and Behaviours: Nicotine Replacement Therapy Products

Most or all participants in all groups reported having heard of nicotine gum and the nicotine patch. Some had heard of and had tried nicotine lozenges. Use at some point of both nicotine gum and nicotine patches was high among adult current and former smokers, and lower among youth current and former smokers.

Most participants perceived all three nicotine replacement therapy products as containing less tar than tobacco cigarettes. There was no clear consensus about the amount of nicotine in these products relative to that in cigarettes; this may be because both the nicotine patch and the nicotine gum are available in different "strengths." Again, there was no clear sense of whether there would be more, the same, or less chemicals in nicotine replacement therapy products as compared to cigarettes. The general perception was that all of these products would cause less harm than tobacco cigarettes.

Most participants initially identified nicotine gum and the nicotine patch as products specifically designed as temporary substitutes for smoking cigarettes to "help people quit." Awareness of nicotine lozenges was more limited, and only a few participants had heard of nicotine inhalers.

While many people saw these products primarily as aids for smokers trying to quit, others were aware of their potential as alternative sources of nicotine for smokers who did not want to quit, or even as "less harmful" sources of nicotine for non-smokers who want to use nicotine. In general, the nicotine patch was most likely to be seen as an aid to quitting, nicotine lozenges were most likely to be seen as sources of nicotine, and nicotine gum was seen as both.

Comments on the nicotine replacement therapy products shown were minimal compared to the other products in the study, perhaps because participants were familiar with both nicotine gum and the nicotine patch. Some commented that the nicotine gum did not look appealing. Participants did read and comment on the instructions for use of both products, and on the fact that the products were available in different strengths or dosages.

A number of current and former smokers had tried nicotine gum and the nicotine patch, and a few had tried nicotine lozenges. Among both current and former smokers, opinions on the effectiveness of these products varied. Some former smokers had quit successfully using nicotine gum or the nicotine patch, and a few current smokers had been able to stop smoking for fairly long periods of time after using the nicotine patch; others, both former and current smokers, said that these products had not worked for them.

Interest in using some or all of these products was related to smoking status. Never and former smokers were considerably less likely to express interest. A very few never and former smokers admitted that they might be interested in trying flavoured nicotine gum or nicotine lozenges.

Current smokers were divided as to whether they would use any of these products to help them quit.

Current smokers who would use a nicotine replacement therapy product if they wanted to quit were divided as to which would be more effective – the nicotine patch or nicotine gum. There was, in general, limited interest among current smokers in using nicotine replacement therapy products as substitutes for smoking tobacco cigarettes, either on a permanent basis or in situations where it was not possible to smoke.

Many participants felt that nicotine replacement therapy products would be less harmful than cigarettes, as long as users followed the instructions. Much of this perception came from the fact that these products are medically approved and recommended. However, few thought that these products would be completely harmless. Most thought that, being a drug, nicotine would likely have some harmful affects in addition to being addictive.

2.6 Attitudes toward Regulation and Restriction

Most participants thought that anti-smoking regulations – particularly those concerning where smoking is permitted – should apply to herbal cigarettes. Adults, regardless of smoking status, favoured age restrictions on the purchase of herbal cigarettes. Some youth however, tended to think that because herbal cigarettes are not addictive, they should be freely available without age restrictions.

Some adults also felt that products that could be used with tobacco, such as rolling papers, filters, even lighters and matches, should be age-regulated. (In fact, rolling papers and filters are age-regulated; lighters and matches are not.)

As well, many participants were concerned that some of the products – particularly flavoured nicotine gums and lozenges, and snuff in sachets – might be attractive to children and adolescents. A number of participants suggested that manufacturers should be prevented from adding flavours to tobacco or nicotine replacement therapy products. Others thought this might be impractical, but did recommend health warning labels on all such products, making it clear that they are harmful, and that children in particular should avoid them.

3.0 DETAILED FINDINGS

Each group began with brief discussions of participants' behaviours and histories, and top-of-mind discussion of tobacco products, cigarettes without tobacco, and nicotine products. Two written exercises were then completed, yielding top-of-mind awareness, usage and perceptions of a wide range of potential "harm reduced" products. Following this, each of the four categories of potential "harm reduced" products was introduced and examined more fully, and participants were provided representative samples of the products.

Of interest were not just the comments but also the behaviour of participants during the examination of the various products: there was a noticeable tendency for current smokers to be more active physically in exploring the products – handling them more, and taking more time in examining them. As well, among youth never smokers, those most clearly identified as potential smokers tended to be more active in handling the sample products.

Many participants, regardless of smoking status, were strongly engaged by the aromas/flavours of the products, even if they expressed revulsion at the appearance of it or the idea of using it (as in the case of chewing tobacco, nasal snuff and most kinds of oral snuff). It was often their first topic of observation, even before appearance or packaging, and a topic they would return to in the discussions.

3.1 Participant Profiles: Smoking Behaviours by Segment

Adult Current Smokers

Current smokers in the Calgary young adults age group (18-24 years) were all women, and tended to be lighter smokers – their daily consumption ranged from five to 15 cigarettes a day. Most had first tried smoking between the ages of 12 and 15, although one participant said she first experimented when she was eight and then began smoking in Grade 7, and another participant said she did not start smoking regularly until she was 17 years old. A few participants had tried to quit unsuccessfully in the past; one of these women planned to try again soon. Several others thought that they might try to quit at some point in the future, but were not seriously thinking about it at this time.

Among the current smokers in the Montreal young adults age group (18-24 years), almost all had started smoking in their mid teens, and smoked about half-a-pack of tobacco cigarettes per day.

Many of these participants indicated that they have tried quitting in the past – from anywhere between three weeks to a little over a year – but could not break the habit. "I made it my 2006 New Year's resolution to quit," said one of the participants. "That lasted about three weeks."

Among the current smokers in the Toronto adults' age group (25-39 years), daily consumption ranged from one or two tobacco cigarettes a week to a pack a day; most averaged around half a pack per day. Several participants first started smoking in their mid-teens (15-16 years), while others started in their early 20s (20-22 years) and some began smoking at an unusually late age, in their late 20s (27-29 years). Some said they started smoking because their friends did. Several participants have tried to quit multiple times, and several have tried to quit within the last two years. Only two participants had been able to quit for a significant period of time; one had quit for a year but started again because she found that she drank too much in social situations if she didn't have a cigarette in her hand, while the other had quit twice for a year or more each time, but kept coming back to smoking. Some said that they want to quit in the next six months, but others indicated that they do not really want to quit at this time, and believe that they can't quit until they really want to.

Current smokers in the Halifax older adults' age group (40-64 years) tended to be somewhat heavier smokers than the younger smokers in the study; their consumption ranged from about a half-a-pack a day to more than a pack a day. Participants tended to have begun smoking at a relatively early age: two have been smoking since the age of eight, and more than half the participants were smoking by age 13. However, two participants in the group did not begin smoking until they were adults; one woman reported starting to smoke after her first child was born, out of stress. Most had tried to quit at least once, and several had actually stopped smoking for periods of up to five years before starting again; while a few had tried to quit in the last two years, most said that their quitting attempts had happened "years ago." Participants mentioned cold turkey, the nicotine patch, nicotine gum and Zyban as methods they had tried. Feelings about quitting smoking were mixed. A few insisted that they had never tried quitting and never intend to, and some of those who had previously quit for a while were not interesting in trying again, because they enjoy smoking. On the other hand, several said they have thought about quitting recently, and some may try in the next six months. However, these current smokers said they "don't want to suffer" or "want a product to help them," and some said that they are ambivalent: "I want to quit but I don't want to quit."

Current smokers in the Montreal older adults age group (40-64 years) tended to be among the heaviest smokers in the study; they reported smoking between half-a-pack and two packs of tobacco cigarettes a day. While most of these participants indicated that they started smoking in their late teens, a few said they started smoking between the ages of eight and 11 years. All of these

participants said they have tried to quit smoking in the past – succeeding for from anywhere between one afternoon to five years – but started smoking again after returning from a vacation, gaining too much weight, or experiencing a death in the family. "I tried to quit but only managed to do so for an afternoon," said one of these participants. "I would have to be in a coma to quit."

Adult Former Smokers

Former smokers in the Calgary age group (25-64 years) have considered themselves to be ex-smokers for varying lengths of time, from less than a year to over five years, although a few admitted to "slipping" occasionally. Most tried several times before they were able to quit successfully – a few had stayed smoke-free for periods of several months or more, but resumed smoking (primarily because of social pressures, cravings, or stressful situations) and later tried again. However, several participants reported quitting successfully on the first try. For some, the motivation for quitting smoking was personal health concerns (ranging from just "wanting to be healthy" to experiencing severe breathing problems and being "scared" into quitting). Others quit because of concerns about their children – either in terms of health or in terms of being a good role model; some quit when they or their partners became pregnant, others quit when their children were older and they had concerns about modelling non-smoking behaviour to help their children stay away from cigarettes. Methods used in trying to quit included Zyban, nicotine patch, nicotine gum, quitting cold turkey, drinking grapefruit juice, and gradual or count-down withdrawal (smoked one less cigarette each day). Several reported that their partners or spouses continue to smoke, often in the house, but they are not able or actively trying to get them to try quitting.

Former smokers in the Halifax young adults' age group (18-24 years) had for the most part quit smoking cigarettes within the last two years, one as recently as in the past four months. Most had started smoking between the ages of 12 and 15 years; one began smoking at age 20. The amount smoked prior to quitting varied widely – one participant had smoked up to two packs a day, while others had smoked one to two cigarettes per day. Most had tried several times before successfully quitting. The quit methods they mentioned included cold turkey, stopping going out to bars, putting themselves in situations where they weren't able to smoke, stopping hanging out with smokers, and drinking water.

Adult Never Smokers

Never smokers in the Toronto young adults age group (18-24 years) for the most part said they had never tried smoking, not even as an experiment. One participant had experimented with cigarettes in Grade 8 because "it was the cool thing to do." One indicated that she had been a "social smoker" and had smoked regularly during university in social settings, after first trying cigarettes in Grade 8 because all her girlfriends smoked; she has not smoked in several years. One of the participants, while considering himself not to have ever "really been a smoker," smokes one or two cigarettes every three to four weeks, after first smoking in high school; he was at first curious "to see what it was all about" and, while he reported that he never buys cigarettes, continues to smoke occasionally both to relax and to relieve stress, and is worried that he might start smoking regularly. Among those who had never tried smoking, a few wondered about smoking but never actually felt curious enough to try it; others said that it had always "smelled horrible" to them so they had never wanted to try. A few of the never smokers in this group reported illnesses or deaths in their families from smoking-related diseases (emphysema, cancer)

Youth Current and Former Smokers

In the Montreal age group of boys (15-17 years), the majority said they started smoking cigarettes in their early-to-mid teens, but are generally light smokers today, with some smoking only a few cigarettes per day and others smoking a half-a-pack per day at the very most. Half of these participants indicated they have tried to quit smoking– and were smoke-free from anywhere between six months to two years – to ensure being in peak physical condition, or due to health concerns: "I quit for a year when I started worrying about cancer because my grandmother died of it."

In the Toronto age group of girls (15-17 years), most started smoking at around 13 or 14 years of age, but a few started as early as age 10. Many of those who are current smokers said they smoke two to three cigarettes a day, although some smoke up to 15 cigarettes per day; several said that they used to smoke more, up to a pack and a half a day, but have cut down even if they haven't been able to quit. Several of the current smokers have tried to quit several times in the past two years; a few have quit for a while but started again, mostly due to stress: "It's the only thing that calms me down other than shouting at people." Only two have quit successfully and consider themselves to be former smokers.

Youth Never Smokers

In the Montreal age group of never smoker girls (15-17 years), three said they had never smoked a cigarette before, while five admitted to having tried cigarettes in the past, but quickly stopped due to health concerns or because they did not like the odour: "I never smoked and never will. My parents smoke and I think the odour is disgusting."

In the Toronto age group of never smoker boys (15-17 years), most have tried cigarettes at least once, and some said they are concerned that they might start smoking: "when you have a lot of friends, you might try one time, and then another, and you think you'll just smoke once in a while, but you might start smoking all the time." Even the few who have not, have seriously thought about trying smoking: "why not smoke if you're around friends who smoke, when second-hand smoke is just as bad?" Those who have tried cigarettes give their age of first experimentation as anywhere from six to 15 years. Some of those who think that "there's a chance I might start smoking" said that whether they do or not "depends on the situation" – they mention problems with parents, friends, girlfriends, school, social pressures, and stress as reasons that they might start to smoke.

3.2 Top-of-mind Awareness of Tobacco Products and Potential "Harm Reduced" Products

Tobacco Products

Under the Tobacco Act, "Tobacco product" means a product composed in whole or in part of tobacco, including tobacco leaves and any extract of tobacco leaves. It includes cigarette papers, tubes and filters but does not include any food, drug or device that contains nicotine to which the *Food and Drugs Act* applies.

When asked what comes to mind in the term "tobacco products", cigarettes were the first product mentioned in all groups, regardless of age, smoking status or location. Mention of cigarettes was followed by pipes or pipe tobacco and cigars in all groups.

When it comes to "other tobacco products" the greatest range of products was mentioned in the youth groups. Regardless of smoking status, many youths mentioned products they had seen others using. Youth in both cities mentioned bidi cigarettes (sometimes called "beedies"), a flavoured Indian cigarette that contains tobacco wrapped in a tendu leaf. Montreal youth also mentioned loose tobacco, "Prime Time" flavoured cigars, "fruit-based tobacco," lighters and matches, while Toronto youth mentioned dip, chewing tobacco, flavoured tobacco for use in water pipes, and Colts.

Young adults (aged 18-24 years) in Halifax, Toronto and Calgary, regardless of smoking status, mentioned chewing tobacco. In the Halifax group, Colts, snuff and flavoured tobaccos for use in "bongs" were also mentioned. In Toronto, young adults mentioned loose pack tobacco and "Camel" posters and other branded merchandise associated with cigarettes or tobacco products. Young adults in Montreal mentioned rolling papers.

Adults in Montreal mentioned "tobacco plants" and one participant described bidis (but could not name the product). Adults in Toronto and Halifax mentioned chewing tobacco; "tobacco used orally" was also mentioned in Toronto, while in Halifax, participants mentioned "blocks of tobacco that you take pieces off of with a knife and then chew." Adults in Calgary and Halifax mentioned snuff. In both Toronto and Calgary, there was some confusion over whether nicotine gum or nicotine patches should be considered tobacco products because nicotine "comes from tobacco."

When asked specifically whether or not products such as rolling or tube papers and filters would be considered tobacco products, there was some difference of opinion in most groups. In Montreal,

and among older current smokers in Halifax, papers were more likely to be considered tobacco products, whereas in most other locations, at least some participants felt that papers could not be tobacco products because they did not contain tobacco, or because "papers are used for other things, too" and so should not be considered tobacco products. Many – but not all – were more comfortable thinking of filters as tobacco products, although a few felt that since they, too, were used for other purposes (generally marijuana cigarettes) they should not be considered as tobacco products. Where water pipes were mentioned, participants tended to conflate them with bongs used for the purposes of smoking marijuana, and believed that they should not be considered tobacco products. Some in Montreal and Halifax thought that in addition to papers and filters, matches and lighters should also be classed as tobacco products.

Some, particularly in Calgary, felt that whether or not they were considered tobacco products, paraphernalia such as papers and filters should not be available to children but should rather be regulated as if they were tobacco products. (In fact, rolling papers and filters are age-regulated.)

Cigarettes Without Tobacco

There was little top-of-mind awareness of anything that might be a cigarette without tobacco in the non-smoking groups, although in Toronto, a few never smoker boys discussed a flavoured cigarette product called Black Jack, which some thought might not have tobacco. At least some participants in the current and former smokers groups acknowledged having heard of such products.

Among current and former smokers in Halifax, many were familiar with herbal cigarettes, and a few had tried them; they mentioned the flavours of the products they had seen or tried – vanilla and orange. One former smoker also mentioned clove cigarettes.

Current smokers in Toronto, particularly girls, seemed aware of herbal cigarettes. One or two of the girls had tried herbal cigarettes, making specific mention of mullein and peppermint as the herbs they were familiar with. Several youth current smokers said that they knew other youths at school who had quit tobacco cigarettes but used herbal cigarettes to deal with the oral fixation. Clove cigarettes were also mentioned by the youth current smokers, but they appeared to be unsure as to whether these products contained tobacco as well as cloves.

In Montreal, participants mentioned tobacco-free products, but did not refer specifically to herbal cigarettes or any other brand tobacco-free product: "I bought something like that at a flea market

when I was younger. It was a real cigarette, but without the smoke, and no tobacco." It is likely, however, that some had been exposed to herbal cigarettes: "I tried one. It was made with plants and it was expensive."

Calgary current and former smokers mentioned both herbal cigarettes and clove cigarettes. One young adult current smoker mentioned shisha – the flavoured tobacco, often mixed with dried fruit, used in hookahs or water-pipes – apparently unaware that this is in fact a tobacco product. One former smoker mentioned a plastic "smokeless cigarettes" but was not sure if it contained tobacco or not.

Nicotine Products

In all groups, the nicotine patch and nicotine gum (Nicorette) were mentioned as nicotine-based products that are not cigarettes. In Calgary, a few participants in both groups wondered if Zyban might also contain nicotine. A Halifax former smoker wondered if nicotine might have any medical uses that would lead to its use in prescription medications. An older Montreal current smoker mentioned a "nicotine inhaler" which she said she had used sporadically over the course of five months. In both Halifax and Toronto, a few people mentioned rumours or allegations that various brands of sodas, coffees and alcoholic drinks have nicotine added to "hook" the users. Toronto youth also wondered whether products such as bidis and dips might have nicotine but no tobacco.

3.3 Awareness, Beliefs and Behaviours: Herbal Cigarettes

Unaided Awareness: Written Exercise

Awareness of herbal cigarettes was high among adult former and current smokers in Halifax, Toronto and Calgary – in all of these groups, most participants indicated that they had heard of herbal cigarettes. In the Montreal adult smoker groups, about half the participants had heard of this product.

At least one participant in all of the adult current and former smoker groups had tried herbal cigarettes. In groups conducted with adult current and former smokers under age 40 years, participants were more likely to report trying these products. However, no one in these groups reported smoking an herbal cigarette in the past 30 days.

In the young adult never smoker group conducted in Toronto, only one participant was aware of herbal cigarettes and no one had ever tried them.

Among youth participants, girls were more aware of herbal cigarettes than boys were, regardless of smoking status. In the two groups of youth current or former smokers, one participant in each had tried herbal cigarettes; neither youth reported smoking one in the past 30 days.

Awareness of brand names was limited. Fantasia and Sherman brands were mentioned, and one participant referred to a green box with a butterfly.

Unaided Perceptions of Harm: Written Exercise

Among adult current and former smokers, most participants in most locations perceived herbal cigarettes to have less tar, less nicotine, less chemicals and to cause less harm to health than tobacco cigarettes. The two exceptions to this were found among young adult smokers in Montreal, where opinion was divided on whether the harm to health is less or the same, and among former smokers in Calgary, where opinion was divided as to whether herbal cigarettes have less chemicals or more.

Most adult never smokers in Toronto believed herbal cigarettes have less tar and nicotine than tobacco cigarettes, but were divided on whether the amount of chemicals and the harm to health was less or the same.

In Toronto, most youth current or former smokers (girls) thought herbal cigarettes had less tar, less nicotine, less chemicals and caused less harm as compared to tobacco cigarettes; most youth never smokers (boys) agreed that there were less chemicals, but they were divided as to whether the amount of tar and nicotine and the degree of harm was less or the same. In Montreal, youth never smokers (girls) were divided on whether the amounts of tar, nicotine, and chemicals were less or the same, but most believed that the harm to health caused by herbal cigarettes was the same as compared to tobacco cigarettes. Among current or former smokers (boys), most thought the amount of tar was less and the degree of harm was the same; they were divided on whether there was less, the same, or more nicotine and chemicals.

Initial Associations and Impressions

When asked about their initial impressions about herbal cigarettes, few participants had any clear idea of what these cigarettes might contain; most mentioned plants, leaves, grasses or herbs in general: "some plant other than the tobacco plant, some sort of leaves." Among those who did have a specific idea of what these products might be made of, the range of ingredients included: eucalyptus, clove, mint, peppermint, vanilla and mullein. A few participants mentioned bidi cigarettes as being at least partly herbal, though some indicated that they also contained tobacco.

Opinions on whether there would be tobacco and nicotine in herbal cigarettes varied. In Calgary, among current and former smokers, some tended to think there might be some tobacco, although others disagreed. In Halifax, most current and former smokers felt that herbal cigarettes would not contain tobacco or nicotine. In Toronto, opinion in the adult current and never smoker groups was mixed; youth current and former smokers felt there would be no tobacco or nicotine, while youth never smokers believed that they would contain tobacco – possibly organic tobacco. In Montreal, older smokers felt there would be no tobacco or nicotine in such a product, while youth smokers believed there would be; opinion was mixed in the other Montreal groups.

> Nicotine is naturally found in tobacco – no tobacco, no nicotine. (Former smoker, Halifax)

> If someone said 'herbal cigarette' to me, I would assume it didn't have any tobacco otherwise, they'd call it a cigarette. (Never smoker, Toronto)

Almost all participants, however, felt that herbal cigarettes would contain some chemicals – although perhaps not as many chemicals as would be found in tobacco cigarettes. Some pointed out that anything that is processed or manufactured usually contains chemicals unless it is clearly stated otherwise; in particular, some who were familiar with the product noted that many herbal cigarettes are flavoured, and that would mean that chemicals had been added. Others felt that commercially grown herbs would probably contain pesticide and other chemical residues. Some pointed out that the papers would contain chemicals. Only a few felt that there would be no chemicals in herbal cigarettes.

> It's not tobacco, it doesn't have formaldehyde or cyanide or any of that other crap in it. (Current smoker, age group 40-64 years, Halifax)

> Everything has chemicals. (Former smoker, Calgary)

> It would absolutely have chemicals, stuff you spray on plants, pesticides. (Never smoker, Toronto)

In all groups, many participants associated "herbal" with "natural" and "healthy," and suggested that herbal cigarettes might be less harmful than tobacco cigarettes, but very few thought that there would be no harm involved in smoking them. Several participants in various groups mentioned associations with herbal remedies, herbal teas, and health food stores.

> Sounds like an alternative to smoking, easier on your lungs. (Former smoker, Calgary)

> When I think of herbal, I think of healthier, more natural, and the health aspect is the only thing I don't like about cigarettes, so I'd like to try them. (Never smoker, Toronto)

> They're cigarettes designed to be a little bit healthier, less tar, less nicotine, less chemicals. Very popular on movie productions. (Current smoker, age group 25-39 years, Toronto)

> Herbs are spiritual – it makes you feel better. (Current/former smoker, age group 15-17 years, Toronto)

> Herbal cigarettes might be less harsh, like herbal tea is soothing. (Never smoker, Toronto)

Some, however, were not convinced that herbal products would necessarily be less harmful, just because herbal or natural products have come to be associated with health: "We're conditioned to believe that herbal means healthy, but it's not always the case." In many groups, some noted that tobacco is, after all, a natural plant, and it is harmful when smoked even without chemicals and additives. Many also mentioned that breathing in any kind of smoke or toxic substance was harmful to the lungs.

> Just because it's herbs doesn't mean it's good for you. (Former smoker, Calgary)
>
> Probably it would still harm you, but in a different way. (Former smoker, Halifax)
>
> You're still inhaling something that's not naturally meant to be inhaled. (Current smoker, age group 18-24 years, Calgary)
>
> Inhaling smog is bad for you, inhaling anything like smoke is harmful. (Never smoker, age group 18-24 years, Toronto)
>
> Smoking anything can hurt your lungs, even campfires can hurt your lungs. (Current/former smoker, age group 15-17 years, Toronto)

In Halifax, Toronto, and Calgary, herbal cigarettes were associated with the film industry, particularly among younger current or former smokers. Some referred to herbal cigarettes as being "fancier" than tobacco cigarettes. Mentions of the Fantasia brand, with gold-tipped filters and coloured paper, and the film connection, may indicate a tendency among younger current smokers to see herbal cigarettes as "glamorous" in some way. Older smokers, however, were more inclined to associate herbal cigarettes with "hippies and long hair" or to think of them as unusual or "weird" in a negative way: "It's from outer space."

Response to Packaging, Appearance and Flavour

Participants were shown two types of herbal cigarettes: Honeyrose brand Vanilla and Menthol.

One of the first aspects that participants commented on was the flavour or aroma of these products. Some liked or were intrigued by the flavours. Many commented in particular on the vanilla flavour; most liked the vanilla, although a few said that "sweet" flavours did not seem to go with smoking.

The menthol flavour was liked by some – primarily those who did or used to smoke menthol tobacco cigarettes – and disliked by others. Others suggested flavours they might prefer, such as mint or cinnamon; some men, notably in Halifax, suggested that they should be marketed with flavours that were "heavier" and might appeal more to men, or even that they should be flavoured to taste and smell like tobacco. Adult never smokers in general were less likely to find the flavours appealing – several thought the products smelled "weird," "funky" or "just like a cigarette."

> It smells like tea. It would be neat to try the vanilla. (Current smoker, age group 18-24 years, Calgary)

> It smells like a light cigarette – the smell doesn't hit you in the nostrils. (Former smoker, age group 18-24 years, Halifax)

> I love anything vanilla. (Current/former smoker, age group 15-17 years, Toronto)

Some participants also commented on the ingredients, noting the presence of marshmallow, honey and rose. While some found these ingredients interesting, others did not. A few commented that these did not seem like things one would be smoking. In several groups, male participants commented that the contents and flavours were not "manly" enough.

> Marshmallow, honey and rose – it sounds more like a hand lotion. (Current/former smoker, age group 15-17 years, Toronto)

> I wouldn't be caught dead with the marshmallow and vanilla – it would be too embarrassing. (Never smoker, age group 18-24 years, Toronto)

The packaging of both varieties shown drew mixed comments. With reference to the product with the more complex packaging design, many noted that the use of colourful graphic elements – bird/toucan, waterfall and tree – on the package made the product seem "more natural" and "less harmful." Some thought that this package did not look like a cigarette package, and suggested that the appearance made them think of a pack of cards or a box of chocolates.

Others felt that this package was too "kiddie oriented" and worried that it was intended to appeal to children or youth and possibly serve as a "gateway" product to tobacco use. In fact, girls in both Montreal and Toronto, regardless of smoking status, remarked on the attractiveness of this packaging, describing it as "colourful," "cute" and "tempting," although they denied that the

packaging would make them likelier to try the product; boys in both cities were less interested in the colourful images, and boys in Montreal said the "ridiculous toucan" on the packaging did not tempt them to buy the product.

> I personally think it would be a hook to try to get younger generations to try smoking and then progress to tobacco smoking, which I think isn't right. (Never smoker, Toronto)

The plainer package of the other brand displayed was said to "look more like a real cigarette package." Some participants described this package as having a "classic design" and among some participants there was a perception that this packaging was targeted more to adults than to youth.

> It looks like a regular cigarette, in regular packaging. (Never smoker, Toronto)

In a number of groups, participants noted that the product itself "looks like a cigarette" – saying it looks "real," "regular" or "normal," although a few thought the herbal mixture in the cigarette looked like marijuana.

Previous Experience and Use

In most groups of current or former smokers, about one or two participants had either tried some variety of herbal cigarette, or knew someone who had. Many of those who had tried them had only done so once or twice, either out of curiosity, because someone had offered them one, or in a few cases because they didn't have any tobacco cigarettes at the moment; most reported that they did not enjoy the taste or that the herbal cigarette had not given them the same experience they got from a tobacco cigarette. Several commented that, among herbal products, clove cigarettes were the worst in terms of taste.

Several of those few who had smoked herbal cigarettes more than a few times were actors, who used them on set or on stage instead of tobacco cigarettes and indicated that this was the norm in their profession. One young adult smoker in Toronto mentioned he had smoked them when he was still attending school because he had been encouraged by his teacher to smoke them rather than smoke cigarettes at school, because they "weren't at all harmful." One youth smoker in Toronto said she buys a smoking mix at a herbal health food store and rolls her own; she said that the herbs she smokes are "expectorants, they help clean out your lungs." One current smoker in Calgary reported that she smokes clove cigarettes regularly, which she buys whenever she travels in the US.

Most of those who have tried herbal cigarettes did not think they would use them as an alternative to tobacco cigarettes, or to help them quit smoking tobacco cigarettes. A few said they might use them in this manner, and one youth former smoker in Toronto said that she had in fact used herbal cigarettes to quit smoking tobacco cigarettes.

Interest in Using Herbal Cigarettes

There was some minimal interest in using this product, although interest seemed strongest among young adult smokers in Calgary. Several factors appeared to play a part in participant's interest regardless of region – perceived harm reduction, lack of addictiveness, and curiosity about the product.

For some smokers, the main reason for trying herbal cigarettes would be to experiment: "it might be fun, for a change." They saw smoking herbal cigarettes as something they might do when they are bored, or are going out, just to be different. However, some current smokers, who only smoke tobacco cigarettes when they are in a social setting, and some others who smoke occasionally, thought that if they found the taste of herbal cigarettes enjoyable, they might eventually replace tobacco cigarettes with herbal cigarettes.

> Smoking is sometimes a social act, or a way of taking a break or calming down – herbal cigarettes could serve the same purpose. (Current smoker, age group 18-24 years, Calgary)

> Now that I think of it, it could be a really good option – I'm just not thinking of quitting anytime soon, my work and lifestyle, professionally and personally, involves a lot of smoking. (Current smoker, age group 18-24 years, Calgary)

Some current smokers were interested in the idea of smoking herbal cigarettes to try quitting or cutting back on tobacco cigarettes– in the future if not now. They tended to think that smoking herbal cigarettes would satisfy the behavioural associations of smoking – having something to do with their hands, taking a deep breath, perhaps stopping what they are doing or going outside for a short break – while removing their dependence on nicotine. A few would try this "only if there's some science behind it."

However, participants in the five adult smokers groups, showed virtually no interest in trying herbal cigarettes. Interest was lowest among younger adult smokers in Montreal; none of the participants in this group indicated any interest in trying this product, or using it as a substitute for cigarettes when a smoking ban at restaurants and bars comes into effect later this year. As well, adult smokers in the Toronto group generally felt that herbal cigarettes did not really appeal to them as a means of cutting down or quitting smoking tobacco cigarettes; some might try them, but no one seemed interested in using them regularly for any reason. Some current smokers simply were not interested in smoking something that is not tobacco. Other current smokers thought that, since the act of smoking can be as addictive as the physiological need for nicotine, substituting one smoking behaviour for another makes no sense if one is really trying to quit.

> I'm not interested in smoking cigarettes that don't have nicotine in them. (Current smoker, age group 25-39 years, Toronto)

> I wouldn't smoke these unless tobacco disappeared. (Current smoker, age group 40-64 years, Halifax)

> It's the habit of having a cigarette that you are trying to break. So, if you're smoking something else, you're still smoking something. (Current smoker, age group 18-24 years, Montreal)

Adult former smokers were the least likely of all groups to express interest in using herbal cigarettes. Some felt that they had worked too hard to quit smoking tobacco cigarettes to risk being drawn into smoking again. However, a few did think they might be tempted to try a product that was non-addictive and less harmful. Most also said that herbal cigarettes would not have appealed to them when they were smoking, but a few thought they might have tried them as a less harmful alternative. Some adult former smokers mentioned that they might recommend herbal cigarettes to their smoking friends, or give them to their children if they discovered them smoking.

> Now that we're ex-smokers, anything you smoke doesn't appeal to us. (Former smoker, Calgary)

> If I was still smoking, I might try them, but I wouldn't now – I might try as an alternative if I still smoked. (Former smoker, Halifax)

In the adult never smokers group, a few indicated that they were a little curious about herbal cigarettes and might be inclined to try them, particularly those who could be considered as potential smokers. However, most were not interested in the product.

> Tobacco cigarettes, I hate the taste, I hate the smell, I hate the feeling, so I would want to know if there was tobacco in it, if it was addictive – I wouldn't rule out trying it, but I'd want to ask questions. If there was no tobacco, I'd probably try it. (Never smoker, age group 18-24 years, Toronto)

> It doesn't appeal to me, I wouldn't go out on my own to try it, but maybe if a group of friends were trying it around me, I might try it. (Never smoker, age group 18-24 years, Toronto)

The most interest in these products among youth participants came from current/former youth smokers (girls) in Toronto. Some youth never smokers (boys) in Toronto also expressed some interest in trying them, but others felt that the only reason for smoking was probably the nicotine. Curiosity about the product and the flavours was the motivation of Toronto youth regardless of smoking status; they were also interested in a non-addictive product that would allow them to smoke or not as they desired, and might also help smokers to cut down or quit. Some youth current smokers, however, did not think this could be used to help them quit.

> That could be something that would get me away from real cigarettes, and since there's no nicotine in them, I wouldn't have to smoke them. (Current/former smoker, age group 15-17 years, Toronto)

> What's the point in smoking if there's no nicotine? (Never smoker, age group 15-17 years, Toronto)

> A lot of people smoke for something to do. This way they wouldn't get addicted. (Never smoker, age group 15-17 years, Toronto)

> I don't see how replacing one cigarette with another cigarette is going to do any good. . (Current/former smoker, age group 15-17 years, Toronto)

In Montreal, youth smokers (boys) said they had seen this product in convenience stores before, but were never tempted to try it. They said it "might be cheaper" than regular cigarettes, but felt it was

too "granola" for them to draw their interest. Youth never smokers expressed little interest in trying the product, despite describing its appearance as "tempting."

In most of the groups conducted with current smokers, of all ages, the question of price was raised in connection with herbal cigarettes. In some cases, participants who were not familiar with the products wanted to know how the cost compared to that of tobacco cigarettes, saying that "price is an important factor" in whether they might use herbal cigarettes as a substitute for tobacco cigarettes. Some expected that herbal cigarettes would be more expensive than tobacco cigarettes.

> I think they would be more expensive – herbal things usually are. (Former smoker, Halifax)

> It would have to be half the price of cigarettes to be worth trying. (Current smoker, age group 25-39 years, Toronto)

In general, there was a gender gap in terms of interest in herbal cigarettes – women were more likely to express interest in these products and to comment appreciatively on the flavour and packaging. While some men were also interested in the products shown to them, others indicated that they may be interested in the concept of herbal cigarettes but are concerned that these products are "frou-frou" or not masculine enough.

Perceptions of Harm

The lack of health warning labels and images was noted in most groups. Many felt that the absence of these labels made these products appear less harmful, and more attractive. At the same time, many commented on the "do not inhale" warning and on the presence of tar and absence of nicotine.

> Avoid inhaling – how do you do that? (Current smoker, age group 18-24 years, Calgary)

> Looks safer because the warning labels aren't on it. (Current smoker, age group 40-64 years, Halifax)

> The warning on back says everything – don't inhale. (Never smoker, Toronto)

> You're still putting smoke in your lungs, there's still some harm. (Current smoker, age group 40-64 years, Halifax)

> It doesn't have lungs shrivelled up like a prune on the cover. (Current smoker, age group 25-39 years, Toronto)

There was some suspicion, particularly among never smokers (adults and youth) that the products were not as innocent as they appeared from the packaging. In Montreal, some youth never smokers said that examining the products left them feeling that it was simply an "arnaque" (or con), to get people to start smoking. They also felt this product might contain tobacco or nicotine in order to "create a dependence." Youth never smokers in Toronto pointed out that the smoke and chemicals from herbal cigarettes would be as harmful as second-hand smoke from tobacco cigarettes. Adult never smokers in Toronto expressed some similar concerns.

> There's obviously something hidden somewhere – corporations have a habit of hiding things they don't want the public to know. (Never smoker, age group 18-24 years, Toronto)

> It's a bunch of leaves – how would you know if these leaves are not harmful to smoke? (Never smoker, age group 15-17 years, Toronto)

Several participants in various locations noted that because these products are sold in health food stores and do not carry the same health warning labels as tobacco cigarettes do, they are easily seen as being safer products.

3.4 Awareness, Beliefs and Behaviours: Chewing Tobacco

Unaided Awareness: Written Exercise

Several terms associated with chewing tobacco were included in the written exercise – spit tobacco, chew, wad, and plug.[3]

Awareness of chewing tobacco was very high among adults regardless of smoking status in Halifax, Toronto and Calgary – in some groups, all participants had heard of chewing tobacco. Awareness was considerably lower among adult smokers in Montreal. Usage varied by location: one participant in each group in Calgary; a couple of participants in each group in Halifax; about half of the participants in the Toronto adult smokers group; but none of the Montreal adult smokers or the Toronto adult never smokers. None of the participants in these groups had used chewing tobacco in the past 30 days.

Among youth participants, awareness of chewing tobacco was very high in Toronto – almost all participants had heard of it, regardless of smoking status. In Montreal, about half of the youth current or former smokers (boys) were aware of chewing tobacco, and a few of the youth never smokers(girls) were aware. One smoking youth in Montreal and two youth never smokers in Toronto (all boys) had tried chewing tobacco, but none had in the past 30 days.

Awareness of spit tobacco was very strong among young adults in Toronto, Halifax and Montreal regardless of smoking status. Most participants in these groups had heard of spit tobacco. Adults aged 25 years or older, both current and former smokers, and young adult smokers in Calgary, were somewhat less aware, but even in these groups, about half had heard of this product. One or two participants had tried spit tobacco in each of the current or former smokers group (with the exception of older smokers in Montreal, where none had tried it), but not one had used it within the last 30 days.

Among youth participants, awareness was very strong in all groups except for youth never smokers (girls) in Montreal, where only half had heard of spit tobacco. None of the youth participants had tried it.

[3] Definitions and descriptions of the various kinds of chewing tobacco discussed in this report can be found at the end of the Discussion Agenda in the Appendix.

Awareness of chew was very strong among adult former and current smokers – most or all participants in these groups have heard of it, with the exception of older smokers in Montreal, where half expressed awareness. Among the groups conducted with current smokers under age 40 years, one or two participants in each had tried chew; none of the older smokers had tried it. One participant in each of the former smokers groups had also tried chew. None had tried the product in the last 30 days. Half of the adult never smokers in Toronto were aware of chew, but none had tried it.

Among youth participants in Toronto, most of the current or former youth smokers (girls) and half of the youth never smokers (boys) were aware of chew. In Montreal, half of the youth current or former smokers (boys) and some of the youth never smokers (girls) were aware. Only one youth never smoker (boy) in Toronto had tried chew.

Awareness of wad was low among most segments and in most locations. Among adult current and former smokers, awareness was highest among young former smokers in Halifax, where about half the participants had heard of it. A few participants among adult smokers in Calgary were aware of wad, but there was no reported awareness among adult smokers in Montreal or adult never smokers in Toronto. None of the adult participants had tried the product. Among youth participants, some were aware of wad in the two Toronto groups, but no one in the Montreal groups had heard of it; none of the youths had tried it.

Awareness of plug was largely limited to older smokers in Halifax – almost all participants in this group had heard of the product. One or two participants indicated awareness in the Calgary former smokers group, the Toronto current smokers and never smokers groups, both youth current smoker or former smoker groups, and the Toronto youth never smokers group. Only one participant, a youth current smoker (boy) in Montreal, had tried plug.

Among all of these products, there was very limited awareness of product names. A few participants associated Copenhagen brand with chewing tobacco, and Skoal with spit or chew.

Unaided Perceptions of Harm: Written Exercise

Opinions about whether chewing tobacco has more the same or less tar, nicotine and chemicals than tobacco cigarettes varied widely among groups, although there was a slightly greater perception among adult participants that chewing tobacco has more or the same amount of all of these. Adult

participants also tended to believe that the harm caused by chewing tobacco is the same or more than that caused by smoking tobacco cigarettes.

Among the youth participants, there was a somewhat greater tendency to think that the amounts of tar, nicotine and chemicals and the degree of harm to health might be less with chewing tobacco.

No clear trends based on smoking status or location emerged.

Initial Associations and Impressions

Most participants were not aware of the various distinctions between spit tobacco, chewing tobacco, chew, wad or plug; many responded to the list of names by saying that "they're all the same thing, aren't they?" or, alternatively, that they "have no idea" what all these products are. Some said that spit, chew, wad and plug are all different forms of chewing tobacco; some are chewed, while with others, "you just put a piece in your mouth." Some mentioned that chewing tobacco was "moist rather than dry."

> Chewing tobacco is the same tobacco as in cigarettes, but easier to chew. (Current smoker, age group 18-24 years, Montreal)
>
> It's long strings of tobacco – you actually chew it. (Former smoker, Calgary)
>
> Spit tobacco, that's the stuff you put in your mouth and then spit. (Former smoker, Calgary)

Many participants associated chewing tobacco products with baseball players or other athletes, cowboys or farmers ("rural men") and people from the American South. Others mentioned spittoons. There was a general perception that men are more likely to use forms of chewing tobacco than women are.

When asked, participants tended to agree that chewing tobacco would in fact have tobacco in it, as well as tar, nicotine and chemicals: "It's all tobacco, and there's probably more tar and nicotine in it than in cigarettes." Many suggested that chewing tobacco was just as harmful as cigarettes because it had the same ingredients, and that while it might be less harmful to the lungs, it was probably more harmful in other ways. Some participants spontaneously mentioned that there were links between

chewing tobacco and oral cancers: "Just as dangerous as cigarettes, you hear about all these baseball players who get mouth or tongue cancer."

Participants in all groups found chewing tobacco to be very unattractive, calling it "disgusting" or "gross". One youth smoker in Toronto noted that "it's like when you smoke a joint and there's no proper filter and it gets on your teeth." Most in all groups agreed that chewing tobacco was less appealing than smoking cigarettes. A number of participants, particularly women and girls, were disturbed by the idea that use of this product would lead to repeated spitting of saliva and residue: "I wouldn't want to be seen chewing and spitting in public." Concerns over bad breath and discoloration of teeth were also mentioned as reasons for the product's lack o appeal.

A few commented that chewing tobacco is cheaper than cigarettes and lasts longer, making it the "poor man's cigarettes." Others noted that what makes it attractive to athletes and manual workers is the fact that it is hands-free; they can get their nicotine without having to stop what they are doing.

Several participants in Toronto and Halifax reported that some kinds of chewing tobacco – chew, spit and plug were mentioned – contain some kind of abrasive material or chemicals that make cuts or sores in the lining of the mouth, permitting the nicotine to enter the bloodstream more rapidly: " it has plexiglass bits in it that cut the inside of your mouth."

Response to Packaging, Appearance and Flavour

Participants were shown packs of Redman chewing tobacco.

A number of participants had positive reactions to the flavours and aromas of the chewing tobacco product. Among those who liked the aroma, several said it smelled like raisins, prunes or dried fruit. Others described the aroma in terms of "dead leaves," dulse or kelp.

> It smells kind of OK but looks disgusting. (Current smoker, age group 18-24 years, Calgary)
>
> It looks like some kind of weird tea. (Former smoker, Calgary)
>
> I'm not tempted by it, but it is a nice smell. (Former smoker, Halifax)

Most found the actual appearance of the products shown highly unappealing. A few had relatively neutral comments: "it looks like the ground in a forest." Others called it "gross," "dirty, messy, nasty" and "disgusting" and said it looked like something rotten.

> It looks like something that's been in the fridge for three weeks. (Never smoker, age group 18-24 years, Toronto)
>
> It looks like something regurgitated. (Current smoker, age group 25-39 years, Toronto)
>
> It's probably cheaper to just scrape it off the road. (Current/former smoker, age group 15-17 years, Toronto)

Associated with the negative response to the product's appearance was the idea that this product was intended to be chewed and then spit out, and the possible affects that using it might have on the user's appearance, such as stained teeth.

> It doesn't smell as bad as I thought it was going to, but it doesn't look appealing – I wouldn't want to chew it. (Current smoker, age group 18-24 years, Calgary)
>
> Just the idea of having a clump of that in your mouth that you're chewing and spitting is disgusting. (Current smoker, age group 18-24 years, Calgary)
>
> Why would you put that in your mouth? It's black! (Current/former smoker, age group 15-17 years, Toronto)

Several youth participants in Toronto made specific comments about the packaging of these products. A few indicated that some of the packages were not very modern in design: "it looks like something an old man would use." Others were troubled by the Redman brand packaging, feeling that it was politically incorrect, stereotypical and offensive to Aboriginal peoples.

Previous Experience and Use

A few participants had tried chewing tobacco in the past, but none reported having an enjoyable experience. One woman said that her mother had caught her smoking and forced her to chew the cigarette. Several had been offered chewing tobacco by relatives, friends or associates who use it – a

brother in the army, a professional athlete, a father or grandfather. None wanted to take up the practice.

> It's not good. It makes you feel like vomiting. (Current smoker, age group 18-24 years, Montreal)

> I tried chewing tobacco, it burned my mouth. (Former smoker, Calgary)

> It tasted like someone put a piece of shit in my mouth. (Current smoker, age group 40-64, Halifax)

While many participants reported that the people they know who use chewing tobacco tended to be older men, from their fathers' or grandfather's generations, some, particularly younger participants in Halifax and Toronto, said that they have noticed that chewing tobacco "seems to be a fad among younger men these days." Youth participants in Toronto, regardless of smoking status, said that they have seen students in the schools they attend sitting in class chewing tobacco and spitting in a cup that they hide from the teachers' sight. Some have heard that in some social circles, some high school and university students think that chewing tobacco is "cool" and that while this phenomenon is mostly among boys, some girls are taking up chewing tobacco as well. Others have noticed that some students use chewing tobacco or wad/plug tobacco in school where they can't smoke, or had taken up chewing tobacco when restrictions on smoking had been introduced in their area.

Interest in Using Chewing Tobacco

Almost all participants in all locations, regardless of age or smoking status, indicated that they had little or no interest in trying any of the chewing tobacco products for any reason, although one Halifax smoker did note that "I'd try it if I was out on a hunting trip and there was nothing else, nothing to smoke." Most, however, were quite certain that chewing tobacco would have no appeal for them under any circumstances, and certainly not as a way to quit.

> I would never try it in my life. (Current smoker, age group 18-24 years, Halifax)

> If you can't smoke anywhere in the future, I think I would quit smoking before trying this. (Current smoker, age group 18-24 years, Montreal)

> I don't even see it as a way to quit. It's like stopping to eat at McDonald's by going to Harvey's instead. (Current/former smoker, age group 15-17 years, Montreal)

The one disturbing exception to this overall response was among youth never smokers in Toronto, where some young men said that a number of their friends used chewing tobacco and they might consider trying it themselves.

Perceptions of Harm

The general opinion of almost all participants, after examining the products and discussing them, was that chewing tobacco was at least as harmful to heath, and possibly more harmful, than cigarettes: "it could make you sick – all that tobacco, and there's nothing like a filter."

Many noticed the health warnings that these products can cause mouth diseases, and this seemed quite reasonable to them, as the product is used primarily in the mouth. Some mentioned having read or heard about associations between using chewing tobacco and developing mouth cancer. Some noted that, given that this form of tobacco would leave some residue in the mouth, the product might be more dangerous than cigarettes because one can't easily quantify a dose (the way you can by counting cigarettes) and know when you have had too much.

Some also felt that the toxic components of chewing tobacco can get "into your digestive system and everywhere else," leading to intestinal problems or stomach cancer.

A very few felt that it might not be quite as harmful because the toxic components do not get into your lungs and thus the damage is localized rather than spreading through the entire body.

3.5 Awareness, Beliefs and Behaviours: Snuff

Unaided Awareness: Written Exercise

Snuff, nasal snuff and oral snuff were included in the written exercise, along with several terms associated with types of snuff – dip, snus, and pinch.[4]

Awareness of snuff was strongest among adult current and former smokers in Halifax, Toronto and Calgary; more than half in all of these groups had heard of it. A few adult current smokers in the Montreal groups – more so among the older current smokers – had heard of the product. One adult never smoker in Toronto had heard of snuff. Very few had ever tried snuff – one current smoker in Toronto, one younger adult current smoker in Montreal, one older current smoker in Halifax and one former smoker in Calgary. Only the young adult current smoker in Montreal had tried snuff in the past 30 days.

Among youth participants, a few of the youth current or former smokers in Toronto were aware of snuff; none of the youth participants had tried it.

Reported awareness of oral snuff was low in all segments and locations. A very few adult current and former smokers in Halifax, Toronto and Calgary, and one youth smoker in each of the Toronto and Montreal groups, reported that they had heard of the product; no one had tried it.

There was some limited awareness of nasal snuff among adult current and former smokers in all locations – but only a few, often only one in each group, reported having heard of nasal snuff. Among youth participants, only one girl in the current or former smokers group in Toronto had heard of this product. One participant – a young adult current smoker in Montreal – reported trying the product.

Awareness of dip or dipping tobacco was limited in most segments and regions. Familiarity was strongest among youth in Toronto (more among boys than among girls) and among young adult former smokers in Halifax. One or two participants also reported having heard of dip in each of the following groups: never smokers in Toronto, current smokers (aged 25-39 years) in Toronto, and both current and former smokers in Calgary. No awareness of this product was reported among

[4] Definitions and descriptions of the various kinds of snuff discussed in this report can be found at the end of the Discussion Agenda in the Appendix.

Montreal participants. One adult current smoker in Toronto, one youth never smoker in Toronto, and two former smokers in Halifax have tried this product.

There was almost no awareness of snus; one adult current smoker in Toronto and two in Halifax have heard of the product. One of the Halifax current smokers had tried the product and used it in the past 30 days.

Awareness of pinch was also very limited; a very few participants reported having heard of it in the Current smokers and youth groups in Toronto and the current and former smokers groups in Halifax and Calgary. None of the participants had tried this.

Unaided Perceptions of Harm: Written Exercise

In several groups, participants did not complete this exercise for oral or nasal snuff indicating they had no perception of the product. Where perceptions of oral and nasal snuff were reported, responses were varied among groups. There was a slight tendency for youth participants, particularly those in Toronto, to be more likely to believe that both kinds of snuff contain less tar, chemicals and nicotine than tobacco cigarettes, and cause less harm.

Adult current smokers in Montreal were slightly more likely to believe that oral and nasal snuff contain the same or more tar, nicotine and chemicals than tobacco cigarettes, and cause the same or more harm to health.

Initial Impressions and Associations

While many participants, particularly current or former smokers in Halifax, Toronto and Calgary, were familiar with the general term "snuff," few were able to differentiate nasal snuff from oral snuff, or to identify the terms dip, pinch or snus.

Those who recognized the term "snuff" tended to think of it as "a brown or white powder" and "something that goes up your nose." A few connected the term "pinch" to snuff, mentioning the phrase "a pinch of snuff." Some knew that it is finely ground tobacco, and thus contains nicotine – some believed that it is a "more concentrated" form of nicotine or tobacco than would be found in

other products. Others were unsure as to what snuff is actually made out of, or whether it contains tobacco or nicotine. Most agreed that it would likely contain chemicals.

Some participants had historical associations with snuff. Several people mentioned "fancy snuff boxes" and talked of courtiers in the Renaissance or Victorian eras "snorting it off their hands," or "from a little spoon."

> It's for another generation three, four generations ago. (Current smoker, age group 18-24 years, Calgary)

> It's something your distant relatives did a long time ago, not something you'd do. (Current smoker, age group 40-64 years, Halifax)

Others associated the use of nasal snuff with cocaine use. Some thought its use in public "might be mistaken for cocaine" because it would be used the same way. Those who associated nasal snuff with cocaine also felt that snuff would carry similar health risks: "It probably does the same thing coke does to your nose."

> It's tobacco for people who want to do drugs. (Never smoker, Toronto)

> It seems more like a drug. (Current smoker, age group 18-24 years, Montreal)

> When I think about it, I think cocaine. (Current smoker, age group 25-39 years, Toronto)

Even though not many have used nasal snuff or seen others using it, the very idea of "snorting tobacco" was strange and unappealing to most. Representative comments from participants, regardless of smoking status or location, included:

- Awkward
- Repulsive
- Difficult as well as disgusting
- Sounds like it hurts
- How do you snort tobacco, anyway?
- I don't know why it would appeal to anyone
- Gross
- I can't picture me doing that!

Health effects were also a key element of participants' initial impressions of the products. Again, their basic image was of using nasal snuff. The first reaction in most groups was to agree that snuff would be at least as harmful as smoking cigarettes, and perhaps more harmful. While recognizing that snorting snuff would "get nicotine to you more quickly" through the nasal membranes, many mentioned the likelihood of damage to the nose and possibly the brain as well as the throat and lungs.

> Wouldn't it burn your nose? (Current smoker, age group 18-24 years, Calgary)

> It would damage your nose and go straight to your brain. (Former smoker, Halifax)

> It goes into your nose and your lungs, so it's more harmful. (Current/former smoker, age group 15-17 years, Toronto)

While most participants found the idea of nasal snuff quite unappealing, a few did think it could be useful for smokers when they are at work or in some other circumstance in which they are unable to smoke.

Even though most initial associations were to nasal snuff, a few participants had associations with the term "dip." Some described it as a moist or sticky flavoured tobacco; some said it was held in the mouth, others that it could be smoked in a bong or waterpipe. Dip was also described as chewing tobacco containing small fibres that cut the inside of the mouth to facilitate absorption of nicotine. A very few have heard of the packet form of oral snuff.

> They're making little pouches of it now – instead of grains, it's in like a little tea bag. (Former smoker, Calgary)

Response to Packaging, Appearance, and Flavour

Participants were shown two brands of nasal snuff, three brands of oral snuff (moist), and two brands of oral snuff (dry sachets).

Nasal snuff products drew attention both for their aromas and for their containers. Many participants mentioned the aroma of the menthol-flavoured snuff. Some referred to a "noxious smell" and compared the aroma to Vicks Vaporub, cough syrups, or household cleaners. Others,

however, liked the menthol brand, and said the aroma reminded them of Altoids. References to the aroma of the apricot-flavoured brand were more diverse. Some identified it as apricot or as "fruity," others said it smells like spices, nutmeg, "something from the Body Shop," or ice tea. One participant found the idea of combining fruit and tobacco disturbing: "putting something good with something harmful." Some found both flavours unappealing: "I think they're both disgusting." Others felt that, despite their interest in the flavour, it was not enough to overcome their aversion to the product.

> The flavour is interesting, but I wouldn't try it (Current smoker, age group 18-24 years, Calgary)

> Something that smells that nasty can't be good for you (Current/former smoker, age group 15-17 years, Toronto)

The packaging of the nasal snuff products was viewed with interest and some appreciation. Some were intrigued by the "high-tech dispenser" on one product: "push the button and away you go." Others liked the idea and the sense of prestige associated with a "fancy snuff box" and thought it might be fun to carry it around and "show off" at parties. Some described the containers as "cool," "classy," and "nicer than other packaging." For some, the packaging – particularly the ejector – evoked further associations with cocaine.

> I like the case, but people would think you're a crackhead. (Former smoker, Halifax)

> How would you tell the difference between cocaine users and snuff users? What would a cop think if he saw that? (Never smoker, Toronto)

> Nasal drip would make you look like a coke head. (Current smoker, age group 24-39 years, Toronto)

However, the combination of flavours and packaging lead some to think that the use of nasal snuff might have some appeal.

> I'd rather smell like that than like cigarettes. (Current/former smoker, age group 15-17 years, Toronto)

Some oral snuff products, particularly the Access cinnamon-flavoured sachets, were also received with interest by a number of participants. The aroma of the various products was noted by many participants, who called some of the flavours attractive and "great-smelling." They identified the various flavours as cherry, cinnamon, liquorice, peppermint, tiger balm and spearmint. Some, however, associate the aromas with artificial flavours or chemicals, and others find most or all of the flavours unappealing.

> Great scent for some of them. (Current smoker, age group 25-39 years, Toronto)
>
> Smells are probably chemicals. (Current smoker, age group 40-64 years, Halifax)
>
> Different flavours make it interesting. (Never smoker, Toronto)
>
> Tobacco doesn't smell good, but these do. (Never smokers, age group 15-17 years, Toronto)

While some found the loose oral snuff "gross and offensive," many found the products sold in pouches or sachets more attractive. Visually, participants associated these products with harmless products like packets of gum, Certs candies, or "little tea-bags." It seems that the pouches would act as a filter, possibly reducing harm as well as keeping the product neat rather than messy. The "gum-like" Access packets in particular seemed "nicer" to some participants.

> It looks appealing – like cinnamon Dentine gum. (Former smoker, Calgary)
>
> The packets are less objectionable than the loose stuff. (Current smoker, age group 18-24 years, Halifax)
>
> The "Chicklet" ones might be less harmful. (Current smoker, age group 25-39 years, Toronto)
>
> It seems a little cleaner than chewing tobacco. (Never smoker, Toronto)

Previous Experience and Use

A very few participants had tried snuff products. One adult smoker in Toronto tried nasal snuff while in theatre school, while learning how to portray historical characters. Another adult smoker

tried Skoal; he commented that it lasts a long time, which makes it good if you are working outdoors in the country, but impractical in the city because of the spitting. One former smoker in Calgary mentioned trying snuff several times in an attempt to quit smoking; he thought that it might help him break out of the habit of handling a cigarette and inhaling it, but the snuff "wasn't his thing" and he turned to Nicorette (nicotine gum) instead.

Other Calgary participants mentioned relatives who do farm work and use oral snuff because it keeps their hands free. A few said they know some people who use snuff in places where they cannot smoke. Several people noted that in their experience, snuff products are used primarily by middle-aged or older men.

Interest in Using Snuff

Most participants, even in Montreal where bans on smoking in bars and restaurants will soon be implemented, said that they were not interested in trying or using any form of snuff, either as a means of trying to quit smoking, or as a substitute for cigarettes when smoking is not permitted, or for reasons of interest.

> Never in a million years. (Current smoker, age group 40-64 years, Halifax)
>
> It looks interesting, but I still know I'm going to be spitting up crap. (Current/former smoker, age group 15-17 years, Toronto)
>
> I would take up smoking again before I took up that. (Current/former smoker, age group 15-17 years, Toronto)
>
> Any way of putting tobacco in your body is just a glorified way of committing suicide. (Never smoker, age group 18-24 years, Toronto)
>
> Zero appeal. (Current smoker, age group 18-24 years, Calgary)
>
> I would not use this. I would simply not go to restaurants and start entertaining more at home instead of eating out, or, go to my car and smoke when I am out. (Current smoker, age group 40-64 years, Montreal)

Some current smokers, however, expressed interest in trying snuff, particularly oral products; access seemed most appealing to these participants. A few former smokers added that if they still smoked, they might be interested in oral snuff. Some were interested in it as a "fun" or novelty experience. Others were interested in it as a substitute for those times when they could not smoke. Few would use it to help them quit smoking.

> You could use these products inside. (Never smoker, age group 15-17 years, Toronto)

> It looks neat, not gross – I don't think I would regularly use it, but I might try it. (Never smoker, age group 18-24 years, Toronto)

> I'd buy it in a heartbeat – it would help you get through the day. (Current smoker, age group 25-39 years, Toronto)

Some youth participants in Toronto observed that one advantage of tobacco cigarettes over snuff was that tobacco cigarettes are more popular and more readily available.

> You can't bum it off your friends like you can a cigarette. (Current/former smoker, age group 15-17 years, Toronto)

Perceptions of Harm

Participants also indicated health concerns about snuff. In most groups, participants noticed the label indicating that one of the products contains two percent lead, and were both surprised and worried about this health risk. Participants noted that it might affect different organ systems than smoking cigarettes does, and although this led to some differences of opinion on whether snuff products would be more, the same, or less harmful than tobacco cigarettes, no one suggested that the product would be safe to use.

> It implicates the nasal passages and the stomach, (affecting) other organs beside the lungs. (Current smoker, age group 18-24 years, Montreal)

> Putting stuff up your nose can be worse, it sends it to the lungs and brain. (Current smoker, age group 18-24 years, Calgary)

> Snuff – just as harmful, goes straight to bloodstream. (Former smoker, Halifax)

> It's just as harmful or more harmful – there's lead in it, you're getting all the tobacco, while in a cigarette half of it is getting burned away. (Never smoker, age group 18-24 years, Toronto)

> You're still getting what you'd get in a cigarette, but not in your lungs. (Current smoker, age group 25-39 years, Toronto)

> It looks like it has the same things as cigarettes, lead, nitrosamines, etc – so it's probably just as harmful. (Never smoker, age group 15-17 years, Toronto)

The products offered in pouches or packets were particularly difficult for participants in terms of assessing harm. It seemed to some that the sachet material would provide protection much as a filter was thought to provide some protection for smokers, and that therefore the product would be less harmful. Others thought that snuff tobacco's effects on the stomach would be less than smoked tobacco's effects on the lungs.

> The pouches might be less harmful because you swallow it. (Never smoker, age group 18-24 years, Toronto)

> The packets are wolf in sheep's clothing. (Former smoker, Calgary)

A few noted that it was difficult to know just how harmful these products were because there was no education about them, and no health warning labels that were comparable to the labelling and education in place regarding cigarettes. (In fact, there are text health warning messages on these products.)

> They seem less harmful, but they might not be – we don't know. (Current/former smokers, age group 15-17 years, Toronto)

3.6 Awareness, Beliefs and Behaviours: Nicotine Replacement Therapy Products

Unaided Awareness: Written Exercise

Awareness of nicotine lozenges was very high among Montreal youth, regardless of smoking status, and among adult current smokers in Halifax. Half of the participants in the Toronto never smokers group and the Calgary former smokers groups and at least one participant in all other groups reported having heard of nicotine lozenges. One adult current smoker in Toronto, one youth current smoker in Montreal and two current smokers in Halifax have tried nicotine lozenges; the Montreal youth has used nicotine lozenges in the past 30 days.

Most or all participants in all groups reported having heard of nicotine gum and the nicotine patch. Among adult current smokers under age 40 years in Toronto, Montreal and Calgary, about half have tried nicotine gum. As well, about half of adult current smokers in Montreal and Halifax have tried the nicotine patch. At least one participant in most other groups of current or former smokers had tried nicotine gum and the same was true of the nicotine patch. One never smoker, in the Toronto youth group, had tried nicotine gum.

Brand awareness was high for nicotine gum. In most groups, Nicorette was mentioned; Life Brand gum was also mentioned. In several groups, Nicoderm was mentioned as a brand name for the nicotine patch; Smart brand was also mentioned.

Unaided Perceptions of Harm: Written Exercise

In almost all segments and regions, most participants perceived all three nicotine replacement therapy products – lozenges, gum and the patch – as containing less tar than tobacco cigarettes. Older current smokers in Halifax were divided as to whether there was less or the same amount of tar in nicotine gum and the nicotine patch, but most felt there was less tar in the nicotine lozenges.

There was a wide range of perceptions both between and among groups about the relative amount of nicotine in these products; no obvious trends emerged, although opinion in the youth groups was more likely to be divided among all three opinions for these products. This lack of consensus may be associated with the fact that both the patch and the gum are available in different "strengths" with respect to nicotine.

In Halifax, Montreal and Toronto, most participants in all groups believed that there would be less or the same amount of chemicals in nicotine replacement therapy products than in a tobacco cigarette. Opinions in the groups conducted in Calgary were divided among all three options for these products.

The general perception with respect to harm to health was that all of these products would cause less harm than tobacco cigarettes. Older current smokers in Halifax and Montreal were divided as to whether the nicotine patch caused the same or less harm, while most youth never smokers in Montreal believed that nicotine lozenges cause the same degree of harm. Former smokers in Calgary were divided as to whether the harm caused by all three nicotine replacement therapy products is less or the same.

Initial Associations and Impressions

Most participants, in all regions, ages and smoking statuses, were familiar with nicotine gum and the nicotine patch, and most initially identified them as products specifically designed as temporary substitutes for smoking to "help people quit." Several people mentioned recent advertising campaigns connected with nicotine patch and gum products. Awareness of nicotine lozenges was more limited, and only a few participants had heard of nicotine inhalers. Those who were aware of the nicotine lozenges described them variously as "cough drops with nicotine" and "candy with nicotine" – suggesting that these products are not seen as aids to quitting so much as flavoured, socially acceptable sources of nicotine.

Many participants were aware of the concepts behind nicotine replacement therapy products when used as aids to quitting smoking. They knew that nicotine is the addictive component in tobacco and that in order to quit successfully, smoking behaviours as well as nicotine dependence must be addressed. They understood that nicotine replacement therapy products are intended to be used to supply nicotine in slowly decreasing amounts, allowing smokers to "wean themselves" off nicotine.

> They're good products, meant to help people quit. (Former smoker, Halifax)

> The gum suppresses the cravings – it releases nicotine into your system. (Current smoker, age group 24-39 years, Toronto)

> The patch reduces the dose until you don't crave nicotine anymore. (Never smoker, age group 18-24 years, Toronto)

> The gum comes in different strengths – you reduce the strength, and it helps you step down from addiction to nicotine. (Current smoker, age group 18-24 years, Halifax)

In some groups, following further discussion of the ways in which nicotine replacement therapy products are used, it became clear that, while many people saw these products primarily as aids for smokers trying to quit, others were aware of their potential as alternative sources of nicotine for smokers who do not want to quit, or even as "less harmful" sources of nicotine for non-smokers who wanted to experience the rush of nicotine as a drug without having to face the health effects or the social unacceptability of smoking. Younger participants were somewhat more likely to think of nicotine as a potential "rush."

> You can keep using nicotine while avoiding health risk of smoking. (Former smoker, Halifax)

> It's a way to get your nicotine without smoking. (Current/former smoker, age group 15-17 years, Toronto)

In fact, comments of participants about the actual use of these products suggest that there is a continuum with respect to the way these products are perceived and used. On one end is the nicotine patch, which was seen primarily as a medical product used in smoking cessation; it was not viewed or used as a substitute source of nicotine for people who are not quitting, but are temporarily unable to smoke. At the other end are the nicotine lozenges, which were not seen as a means of quitting. In the middle lies nicotine gum, which was seen as being potentially useful in both instances.

> They're [lozenge and gum] more attractive than having a cigarette. (Former smoker, Halifax)

> It's being advertised that way – "when you can't smoke, chew." (Former smoker, Halifax)

> The patch is a medical thing. (Former smoker, Halifax)

> They [lozenge and gum] could be something to get you through when you can't smoke. (Current smoker, age group 24-39 years, Toronto)

Most participants said that all three nicotine replacement therapy products do not contain actual tobacco but do contain nicotine, and nicotine is derived from tobacco. Most also agreed that there are chemicals in these products – although some believed that there are fewer chemicals, especially in the nicotine patch. Some thought that these products might contain tar, but others were confident they do not.

> The patch gives you the nicotine without the (junk) found in cigarettes. (Current/former smoker, age group 15-17 years, Montreal)

> They don't have the chemicals created in smoking cigarettes – no tar. (Former smoker, Halifax)

> There's no tobacco, but it's derived from tobacco, the nicotine. (Current smoker, age group 18-24 years, Halifax)

> No tobacco, just nicotine, but there are definitely chemicals. (Current smoker, age group 24-39 years, Toronto)

> They've got to find a way to release it into your skin, so there's got to be chemicals. (Current/former smoker, age group 15-17 years, Toronto)

Some participants who had tried nicotine gum or knew people who had, said that nicotine gum is not appealing because the taste is "disgusting" and "gross." Others said that they enjoy nicotine gum, and mention a variety of flavours that are now available. Another drawback to using nicotine gum, according to some, is the fact that it cannot be chewed freely as regular gum is chewed. As one former smoker in Calgary noted, "if you chew it like gum, you get all the nicotine at once, get a gigantic head rush and have to lie down."

Response to Packaging and Appearance

Participants were shown boxes of nicotine patches (Nicoderm) and packages of nicotine gum (Nicorette).

Comments on the nicotine replacement therapy products presented were minimal compared to those about other products in the study, perhaps because participants were in general so familiar with both nicotine gum and the nicotine patch.

Some commented that the nicotine gum did not appeal to them – the gum itself is an "unattractive beige" colour, "nasty" or "dirty" and the packaging was described as being "cheap and cheesy."

> It would be more interesting if it weren't in a box like medicine, if it were more like Trident. (Current smoker, age group 24-39 years, Toronto)

> They should make it like regular gum, focus on the "ice" flavour, if they want people to use it. (Current/former smoker, age group 15-17 years, Toronto)

There was very little comment about the packaging of the nicotine patch, perhaps because it was seen more as a medical product than a consumer product. However, a few participants did comment that it did not look like anything they would want to use.

> The patch is intimidating, it would be creepy having it on your skin – I don't even like bandaids. (Current/former smoker, age group 15-17 years, Toronto)

Participants did read and comment on the instructions for use of both products, and on the fact that the products are available in different strengths or dosages for smokers with different levels of usage and nicotine dependence. A few participants – primarily youth participants in Toronto and older current smokers in Montreal – expressed some wariness about the nicotine patch, or about the various contraindications mentioned on the package.

> I'd rather smoke five cigarettes less a day than use a product that has no impact study. We know what cigarettes do, but not much about the patch. (Current smoker, age group 40-64 years, Montreal)

> For me it's like going from one bad thing to another, I'd rather just stop cold. (Current/former smoker, age group 15-17 years, Toronto)

Previous Experience and Use

A number of participants in the current and former smokers groups had tried nicotine gum and the nicotine patch, and a few had tried nicotine lozenges. Most of those who had used these products had used them for the express purpose of trying to quit smoking. A few had tried nicotine gum or nicotine lozenges out of curiosity or knew other people who used them occasionally.

Among both current and former smokers, opinions on the effectiveness of these products varied. Some former smokers had quit successfully using nicotine gum or the nicotine patch, and a few current smokers had been able to stop smoking for fairly long periods of time after using the nicotine patch. However, other former and current smokers reported that one or the other product – and in some cases, both products – had not been effective for them. A few observed that "these products only work if you really want to quit."

> I tried it [gum] for two weeks, but I lost patience. It tasted disgusting and I kept spitting it out too fast. (Current smoker, age group 40-64 years, Montreal)

> I used it [the patch] for a month and that went okay, but by the third step you're on your third month and don't want to smoke, and you tough it, but I could do no more than 13 days after that. (Current smoker, age group 40-64 years, Montreal)

A few participants had either used nicotine replacement therapy products as a nicotine supply during periods when they could not smoke, or knew of people who had done this. Most gave the example of a long plane ride as the kind of circumstances where this was necessary, but one or two mentioned using nicotine replacement therapy products this way at work.

> I tried using the patch during a very long day at work because there was no time to go out and smoke. (Current smoker, age group 40-64 years, Montreal)

A few participants shared anecdotes about people they knew who had become addicted to nicotine replacement therapy products – primarily nicotine gum – despite never having been smokers.

Interest in Using Nicotine Replacement Therapy Products

Interest in using some or all of these products was unrelated to smoking status. Never smokers and former smokers were considerably less likely to express any interest, although some thought they might recommend these products to friends or family who are still smokers.

> As an ex-smoker, I wouldn't be tempted to try these – I've kicked my nicotine habit, I don't want to go back. (Former smoker, Halifax)

> I have no use for them, because I don't smoke. (Never smoker, age group 18-24 years, Toronto)

> If you're not a smoker, there's no reason to try them. (Never smoker, age group 15-17 years, Toronto)

A very few never and former smokers admitted that they might be interested in trying flavoured nicotine gum or nicotine lozenges, but at the same time, were worried that if they did try either of these products, they might become addicted to nicotine. For former smokers, this scenario raised a fear that they might end up smoking again if they tried these products.

Current smokers were divided as to whether they would use any of these products to quit smoking tobacco products. Some are simply not interested in using cessation aids: "If I'm going to quit, I'm going to quit on my own." A few compared the use of nicotine replacement therapy products to quit smoking with the use of morphine or synthetic opiates such as methadone to quit using heroin. For some, it is a case of continuing an unhealthy addiction, while for others it is seen as a way to defeat an addiction without having to endure the physical illness associated with withdrawal.

Among current smokers, it tended to be those who saw themselves as occasional or light smokers who did not see the need for nicotine replacement therapy products as a quitting aid. Either they did not feel a need to quit, or they believed that their degree of addiction was such that they could easily quit without any assistance.

> I might use it if I smoked enough to want to try to quit. (Current smoker, age group 24-39 years, Toronto)

Some argued that using nicotine replacement therapy products to quit smoking was an inadequate approach because the drive to smoke was social as well as physical. Replacing the source of supply would not replace the experience of smoking, the social aspects, or the related behaviours, such as getting away for a break and taking deep breaths.

Current smokers who would use a nicotine replacement therapy product if they wanted to quit smoking were divided as to which would be more effective – the nicotine patch or the nicotine gum. The nicotine patch appealed to some because it was discreet, only had to be handled once a day, and was medically approved. Other smokers, however, were sceptical about the safety and long term effects of the nicotine patch, or were reluctant to use "medicine" because they did not perceive themselves as being sick. Others mentioned the vivid dreams that can accompany the use of the nicotine patch.

Other current smokers preferred nicotine gum as a cessation aid, pointing to the potential for addressing the oral fixation aspect of smoking. Others felt that while nicotine gum might ease cravings, the relatively unpleasant taste of the product made it difficult to stick to a regimen.

There was, in general, limited interest among current smokers in using nicotine replacement therapy products as substitutes for smoking tobacco cigarettes, either on a permanent basis or in those times when it was not possible to smoke. Most did not see themselves using any of these products in this fashion, at least in part because it would not provide the complex of sensory experiences they experience when they smoke – nicotine may be why they find it difficult to quit smoking, but it is far from being the only thing they enjoy about smoking. Others note that these products "aren't supposed to be a permanent thing" and are concerned that there could be problems with using these products over a long period of time, or in combination with smoking. However, a small group of current smokers were intrigued by the idea of being able to use nicotine replacement therapy products to get through longer stretches of time where they did not have the option to step out for a cigarette, such as during plane trips and at work.

> I would never think of using these as a substitute when going out to a club or bar. (Current smoker, age group 18-24 years, Montreal)

> I've heard of people using them on planes, but I would simply go smoke outdoors in a social situation and not use any products. (Current smoker, age group 40-64 years, Montreal)

> It's not the same as smoking. (Current smoker, age group 18-24 years, Calgary)

Perceptions of Harm

Many participants felt that nicotine replacement therapy products would be less harmful than cigarettes, as long as users followed the instructions. Some felt that they could trust that nicotine gum and the nicotine patch were "less dangerous" and "less damaging to the body" to use because they were recommended or prescribed by doctors. Others thought that it was the lack of certain chemicals such as tar, lead or arsenic that would make nicotine replacement therapy products safer.

> They're less harmful – there's just the nicotine, which still has health hazards, but doesn't have any of the other chemicals. (Never smoker, age group 18-24 years, Toronto)

> It's less harmful – no tar. (Current smoker, age group 24-39 years, Toronto)

> Less harmful – they don't have arsenic. (Former smoker, Halifax)

However, few thought that these products would be completely harmless. Most thought that, being a drug, nicotine would likely have some harmful effects in addition to being addictive. A few, however, did think that other than its addictiveness, nicotine was safe, and that the dangers of using tobacco products came from other components of tobacco.

> They're less harmful in general but there's some harm from the nicotine (Former smoker, Calgary)

> Nicotine gum will mess up your blood vessels, constrict them. (Current/former smoker, age group 15-17 years, Toronto)

> They probably have some bad effects, but not as bad as smoking. (Former smoker, Halifax)

> Of course it's harmful, it's nicotine. (Current/former smoker, age group 15-17 years, Toronto)

For some, any dangers associated with these products, and the nicotine patch in particular, were limited to fact that it cannot be used while smoking and should not be abused. Others felt that, while potentially harmful high doses of nicotine are given at first, that dosage is reduced with subsequent steps.

> It's dangerous if you smoke at the same time. (Current smoker, age group 18-24 years, Montreal)

> The patch gets less and less harmful as you step down the dosage. (Former smoker, Calgary)

> They're less harmful, because you're not going to stay on them. (Current smoker, age group 40-64 years, Halifax)

A few thought that these products would be more harmful than cigarettes, because they might actually deliver more nicotine, or because the nicotine would be more widely dispersed throughout the body, either because it is swallowed or because it is introduced directly into the bloodstream. Some were also concerned that using the nicotine patch or nicotine gum would make a person even more addicted than they would be just by smoking.

3.7 Attitudes toward Regulation and Restriction

Most participants thought that anti-smoking regulations – particularly those concerning where smoking is permitted – should apply to herbal cigarettes, and most believed that they did.

> The signs say "no smoking" not "no smoking tobacco." (Never smoker, Toronto)

> It's the smoke, not the tobacco that bothers people. (Current/former smoker, age group 15-17 years, Toronto)

> "No smoking" regulations apply, because you're smoking something. (Former smoker, Calgary)

There was, however, some difference of opinion concerning age restrictions on herbal cigarettes. In general, adults, regardless of smoking status, favoured age restrictions on the purchase of herbal cigarettes if such did not already exist. Some youth however, tended to think that because herbal cigarettes are not addictive, they should be freely available without age restrictions.

> I don't know if there are age restrictions on herbal cigarettes but I hope there are because I don't want my 14 year old buying these. (Former smoker, Calgary)

Concerns about regulation, however, went beyond the issues of whether herbal cigarettes should be regulated as other cigarettes are. Many participants were concerned that some of the products – particularly flavoured nicotine gums and lozenges, and snuff in sachets – might be particularly attractive to children and adolescents. Some participants, in fact, were convinced that manufacturers are adding flavours to all of these products in order to encourage people, especially young people, to use them. They felt that manufacturers are deliberately marketing to young people, using flavouring and packaging to make their products more appealing, and to broaden consumer base. While these observations were made by many adult participants, it is worth noting that many youth participants, particularly in Toronto, also commented pointedly on this issue.

A number of participants suggested that manufacturers should be prevented from adding flavours to tobacco or nicotine replacement therapy products in order to make them more interesting to youth. Others thought this might be impractical, but did recommend health warning labels on all such products, making it clear that they are harmful and that children in particular should avoid them.

PART III – QUANTITATIVE RESEARCH

1.0 Introduction to Quantitative Survey Research

Following from the research objectives, the quantitative research was undertaken to provide a statistical examination of potential "harm reduced" products based on statistically representative samples of the Canadian population and selected sub-groups, particularly current smokers.

The topics addressed in the survey included:

- Smoking and quitting behaviours
- Perceptions of health effects of smoking on smokers in general, and among smokers, on their own health
- Awareness and use of potential "harm reduced" products, including use as a means of helping to quit smoking
- General interest in using herbal cigarettes, chewing tobacco, snuff, nicotine gum and the nicotine patch
- Interest in using these products for specific reasons
- Perceptions of ingredients in these products
- Perceptions of the harm to health caused by these products
- Perceptions as to why flavour is added to tobacco products
- Support for regulation of flavoured tobacco products
- Perceptions of differences in chemicals found in tobacco smoke and smokeless tobacco products

The focus group research provided insights into the design of the survey questionnaire and interpretation of the survey findings. The survey was designed to obtain a representative sample of the Canadian population age 15 years and older, and to obtain a large sample of the smoking population. The design involved random sampling among the general population to obtain a sample of at least 500 non-smokers, followed by an over-sample of smokers to achieve a final sample of 1000 current smokers.

This survey was conducted by telephone with a sample of 1,505 Canadians aged 15 and older, including 501 non-smokers and 1,004 smokers, between March 24 and April 6, 2006. A survey based on a sample of 1,505 has a margin of error of approximately plus or minus 2.5 percentage points, 19 times in 20.

In this report, results are presented for the total general population, current smokers, former smokers, and never smokers in the display tables. Throughout this report, the terms "smokers" and "current smokers" are used interchangeably to refer to current smokers who smoke cigarettes either daily or occasionally. Where applicable, the report also discusses findings dealing with non-smokers in general (including former smokers and never smokers) and the subset of current smokers who are potential quitters (defined as current smokers who are seriously thinking of quitting smoking). Non-smokers are those who reported not to be smoking at time of interview, while former smokers are non-smokers who reported having smoked at least 100 cigarettes in their life and never smokers are non-smokers who reported having smoked fewer than 100 cigarettes in their life.

The sample sizes (N) and margins of error (in percentage points plus or minus at the 95% level) associated with these groups are:

	N	**Margin of Error (%)**
Total (General population):	1,505	2.5
Non-smokers:	501	4.4
Current Smokers:	1,004	3.1
Potential Quitters:	657	3.8
Former Smokers:	185	7.2
Never Smokers:	316	5.5

The survey results are weighted by age, gender, province/region, and smoking status, to reflect the proportions of these groups in the Canadian population. For smoking status, non-smokers were weighted as 80 percent and smokers as 20 percent, based on their distribution in the Canadian population according to 2004 CTUMS data.

Throughout the survey report, however, sample sizes (Ns) provided are unweighted Ns that reflect the actual number of respondents in particular population groups and not the proportionate weight of those population groups in the population as a whole. Extreme caution is advised in the interpretation of percentage results based on small sample sizes (where N=50 or fewer).

2.0 SUMMARY OF SURVEY FINDINGS

- Eight in ten Canadians think the harm to smokers from smoking cigarettes is very serious. Seven in ten current or former smokers think it is likely that their smoking will lead to health problems for them.
- About nine in ten Canadians, including smokers and non-smokers, are aware of nicotine gum, the nicotine patch, and chewing tobacco. Awareness is much lower among both smokers and non-smokers for other potential "harm reduced" products – overall, about four in ten are aware of herbal cigarettes and nicotine lozenges, and about one-quarter are aware of nicotine inhalers, oral snuff and nasal snuff. Smokers are more likely than non-smokers to be aware of the nicotine patch, herbal cigarettes, and nicotine inhalers.
- Use of potential "harm reduced" products among non-smoking Canadians is very low, although former smokers are more likely to use or have used nicotine gum, the patch, and chewing tobacco. Smokers are more likely than non-smokers to have used or tried most of these products, but even among smokers, use of most products, with the exception of nicotine gum and the patch, is low.
- Nine in ten current or former smokers who have used the nicotine patch have used it to try to quit smoking, and about eight in ten each of current or former smokers who have used nicotine gum and nicotine inhalers have used them to try and quit. With respect to other products, among current or former smokers who have tried them, one-quarter or fewer have used the products they have tried as an aid to quitting.
- Four in ten current or former smokers who have used nicotine gum have used it as a replacement for smoking in situations where they could not smoke tobacco cigarettes. With respect to almost all other potential "harm reduced" products, among current or former smokers who have tried them, one-third or fewer have used the products they have tried as a substitute for tobacco cigarettes.
- Most non-smokers are not at all interested in trying herbal cigarettes; however, about half of smokers express interest. Those who are interested in trying them, almost all of whom are smokers, are most likely to want to try them as a safer way to smoke, as another way to smoke, if they were cheaper, because it may be fun to try them, and as a way to quit smoking tobacco cigarettes.
- Six in ten Canadians believe that herbal cigarettes contain chemicals other than nicotine or tar; one-third or fewer think they contain nicotine or tar; Canadians are divided on whether or not herbal cigarettes contain carbon monoxide.
- Canadians are divided on whether smoking herbal cigarettes would cause less harm or the same amount of harm as smoking tobacco cigarettes. Virtually no one thinks they would cause more harm.

- Canadians are virtually unanimous in their lack of interest in trying chewing tobacco. Of the small number who do express interest, most are smokers. Smokers who are interested say they would want to try it if the cost were lower than tobacco cigarettes, as a substitute in situations where they cannot smoke, and as a way to help quit smoking tobacco cigarettes.
- Between eight and nine in ten Canadians – both smokers and non-smokers – think that chewing tobacco would contain nicotine, tar and other chemicals; four in ten think it would contain carbon monoxide.
- Two-thirds of Canadians think using chewing tobacco would cause the same amount of harm as smoking tobacco cigarettes.
- Canadians are virtually unanimous in their lack of interest in trying snuff. Among the very small number who are interested, most of whom are smokers, various reasons for interest are offered, including having access to nicotine without smoking, greater safety, lower price, because it might be interesting to try it, as a substitute in situations where smoking is not possible, and as a means to quit.
- Most Canadians think that snuff would contain nicotine, tar, and other chemicals; four in ten think it would contain carbon monoxide.
- Seven in ten Canadians think using snuff would cause the same amount of harm as smoking tobacco cigarettes. Many of those who think it is more harmful, do so because it involves direct contact with the nose or mouth; many of those who think it is less harmful, do so because it is not burned or inhaled.
- Few Canadians, and almost no non-smokers, are interested in trying nicotine gum. Those who are interested, almost all of whom are smokers, are likely to try it for access to nicotine without smoking, greater safety, if they were cheaper, as a way to quit smoking, and as a substitute in situations where smoking is not possible.
- Most Canadians think that nicotine gum would contain chemicals other than tar or carbon monoxide.
- Few Canadians, and almost no non-smokers, are interested in trying the nicotine patch. Those who are interested, almost all of whom are smokers, are most likely to try it as a way to have nicotine other than smoking, as a safer way to have nicotine, and as a way to quit smoking.
- Most Canadians think that the nicotine patch would contain other chemicals. Three in ten or fewer think it would contain tar or carbon monoxide.
- Most Canadians think that both nicotine gum and the nicotine patch would cause less harm than smoking tobacco cigarettes. Canadians are divided on whether nicotine gum and the nicotine patch would seem less harmful or just as harmful if they were not sold in pharmacies.
- Eight in ten or more Canadians think that flavours are added to tobacco products to make them more enjoyable and interesting, and to make them more attractive to young people.

- Seven in ten Canadians agree that tobacco companies should not be allowed to add flavours to tobacco products.
- There is no consensus among Canadians on the difference between chemicals in smokeless tobacco products and chemicals in tobacco smoke, but half believe that there are more chemicals in tobacco smoke than in smokeless tobacco.

3.0 DETAILED FINDINGS

3.1 Respondent Profile: Smoking and Quitting Behaviours

SMOKING STATUS

From the survey, 20 percent of Canadians aged 15 or older smoke cigarettes every day (17%) or occasionally (3%); 80 percent do not smoke. Among smokers, 84 percent smoke every day and 16 percent smoke occasionally.

About one-half of Canadians (48%) report having smoked at least 100 cigarettes in their life. Among non-smokers, one-third (35%) are former smokers while 65% of non-smokers are never smokers.

Among former smokers, over one in ten (13%) had their last cigarette in the last year, including nine percent who had their last cigarette less than six months ago. Almost one in ten (7%) had their last cigarette one to less than three years ago. More than one in ten (13%) had their last cigarette three to five years ago, and almost seven in ten (67%) had their last cigarette six years ago or more.

SMOKING BEHAVIOUR

Among current smokers who smoke every day, two in ten (18%) report smoking more than 20 cigarettes per day. Four in ten (45%) say they smoke between 11 and 20 cigarettes per day. About one-third (36%) report smoking 10 or fewer cigarettes per day, including three percent who smoke between one and four cigarettes per day.

Among current smokers who smoke occasionally, two percent report smoking more than 20 cigarettes per day. One in ten (10%) say they smoke between 11 and 20 cigarettes per day. Four in ten (40%) report smoking between five and 10 cigarettes per day, and a similar number (46%) smoke between one and four cigarettes per day.

Among former smokers, about three in ten report having smoked more than 20 cigarettes per day just before their most recent quit (28%), between 11 and 20 cigarettes per day (28%), or between five and 10 cigarettes per day (27%). Fewer than two in ten (14%) smoked between one and four cigarettes per day just before their most recent quit.

Among current smokers, Player's Light Regular Size (7%) and DuMaurier King Size (5%) are most often mentioned as their regular brand of cigarettes. Eighty-one percent mention some other brand, and three percent have no regular brand.

STARTING SMOKING

Over one-half of current smokers (53%) report first trying cigarettes between the ages of 12 and 15. Fewer than two in ten (15%) first tried cigarettes before the age of 12, including six percent who tried them before the age of 10. Three in ten (31%) first tried cigarettes after the age of 15, including 16 percent who first tried them when they were 18 or older.

About one-half of current smokers (53%) smoked their first cigarette between the ages of 12 and 15. One in ten (9%) smoked their first cigarette before the age of 12, including four percent who did this before the age of 10. One-third (35%) smoked their first cigarette after the age of 15, including 18 percent who did this when they were 18 or older.

Four in ten current smokers (38%) started smoking cigarettes daily between the ages of 12 and 15. Only two percent started smoking daily before the age of 12. Almost six in ten (57%) started smoking daily after the age of 15, including 35 percent who did this when they were 18 or older.

YOUTH SMOKERS AND POTENTIAL SMOKERS

This research includes a small number of youth aged 15 to 17. Because of the small sample size (N=38), interpretation of results dealing with this age group, and especially those dealing with subsets of this age group such as youth smokers (N=15), youth non-smokers (N=23), youth experimenters (N=9), and youth potential smokers (N=3) must be considered with caution.

Among the sample of youth aged 15 to 17, 14 percent say that they smoke occasionally (3%) or every day (11%). Sixteen percent have smoked 100 cigarettes or more in their life.

Among youth non-smokers, four in ten (40%) are youth experimenters – they have tried smoking cigarettes, even if just a few puffs. Thirteen percent say they have seriously thought about smoking; however, no youth aged 15 to 17 think that they will try smoking within the next month. Thus, 13 percent of youth non-smokers in this survey can be defined as potential youth smokers.

QUIT ATTEMPTS

Eight in ten smokers (80%) report having tried to quit smoking. Among smokers who have tried to quit smoking, almost two-thirds (64%) have stopped smoking for at least 24 hours one or more times in the past year, in an attempt to quit smoking; this includes 18 percent who have tried once, 18 percent who have tried twice, 11 percent who have tried three times and 17 percent who have tried more than three times. One-third (35%) have not attempted to quit smoking in the past year.

QUIT METHODS

Current smokers who have tried to quit and former smokers who have quit within the past year are most likely to say that willpower/cold turkey was the most helpful or useful method of quitting (58%). Smaller proportions mention the nicotine patch (17%), products such as Zyban (6%) and nicotine gum (4%).

Current and former smokers aged 35 or older and every day smokers are more likely to mention the nicotine patch. Occasional smokers and former smokers are more inclined than others to mention willpower/cold turkey. It should be noted that caution is advised in the interpretation of this finding concerning former smokers who have quit in the past year due to the small sample size (N=22).

Quit Methods (%)			
	Total	Current Smoker	Former Smoker **
	N=862	N=840	N=22
Will power/cold turkey/just stopping	58	51	88
Nicotine patch	17	20	4
Using a product such as Zyban	6	7	-
Nicotine gum	4	4	5
Using another Nicotine replacement therapy product such as a nicotine inhaler or nicotine lozenges	2	1	5
Becoming pregnant/having children	2	2	-
Chewing something such as regular gum or a pen or a straw	1	2	-
Hypnosis or acupuncture	1	1	-

Becoming ill/hospitalized	1	*	4
Getting more exercise/getting physically fit	1	1	-
Eating candy/fruit/veggies	1	1	-
Pill/prescription drugs (unspecified)	*	1	-
Making a deal with another smoker to quit together	*	1	-
Laser treatment	*	1	-
Avoiding other smokers or situations in which smoking is likely to be going on	*	*	-
Reducing the number of cigarettes smoked	*	*	-
Joining a self-help program/support group/clinic or group program	*	*	-
Drinking water or other fluids	*	*	-
Using a smokeless tobacco product such as chewing tobacco or snuff	*	*	-
Using herbal cigarettes (which do not contain tobacco or marijuana)	*	*	-
Seeking advice from a health professional e.g. doctor, nurse, pharmacist	*	*	-
Other	2	3	-
Nothing	7	8	-
DK/NA	3	4	-

*Less than one percent

**Sample size too small to permit analysis or interpretation.

Q.8c) Of all the ways or methods that you have used to quit smoking, which one or ones were the most helpful or useful?

Sub-sample: Current smokers who have tried to quit and former smokers who have quit in the last year

QUIT INTENTIONS

When it comes to potential quitters, more than six in ten smokers (65%) report they are now seriously thinking of quitting smoking. Not surprisingly, this number is lower among those who have never tried to quit smoking, or who have not tried to quit in the past year.

Among smokers who are seriously thinking about quitting smoking, one-third (35%) say they will try to quit within the next 30 days. Over one-half (55%) say they will try to quit within the next six months. Seven percent say they will not try within the next six months and three percent do not know when they will try to quit.

3.2 Health Effects

Most Canadians think the harm to smokers from smoking cigarettes is very serious. A large majority of current or former smokers think it is likely that their smoking will lead to health problems for them.

Virtually all Canadians agree that the harm to smokers' health caused by smoking cigarettes is very (78%) or somewhat (18%) serious; only three percent think it is not serious.

Smokers are less likely than non-smokers (both former and never smokers) to think that the harm caused to smokers is very serious. Among smokers, everyday smokers, and those who have either not tried to quit in the past year or never tried to quit are less likely than other smokers to think the harm caused to smokers' health is very serious. Potential quitters are notably more likely to think the harm caused to smokers is very serious.

Women, and those with higher levels of income and education are more likely than others to say the harm caused to smokers is very serious. Quebecers are notably less likely to say this.

Health Effects (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very serious	78	61	82	83
Somewhat serious	18	31	16	14
Not very serious	2	5	2	1
Not at all serious	1	2	-	1
DK/NA	1	1	1	1
Q.10a) Do you think the harm to smokers' health caused by smoking cigarettes is very, somewhat, not very, or not at all serious?				

Seven in ten current or former smokers say that it is very (38%) or somewhat (30%) likely that smoking will lead to health problems for them; three in ten say it is not very (8%) or not at all (20%) likely.

Current smokers are more inclined than former smokers to say it is very likely that smoking will lead to health problems for them. Among smokers, potential quitters and those who have tried to quit three times or more in the past year are more likely than other smokers to say this.

Women and the least affluent Canadians are more inclined to say it is very likely that smoking will lead to health problems for them. Quebecers are most inclined to say this is very likely, while Albertans and British Columbians are least inclined to say this.

Health Problems To Self From Smoking (%)

	Total	Current Smoker	Former Smoker
	N=501	N=185	N=316
Very likely	38	47	32
Somewhat likely	30	38	24
Not very likely	8	8	9
Not at all likely	20	5	31
DK/NA	4	3	5

Q.10b) How likely is it that smoking will lead to health problems for you…is it very somewhat, not very or not at all likely?
Sub-sample: Current and former smokers

3.3 Potential "Harm Reduced" Products

The survey asked questions to determine awareness and usage among the general population of a variety of potential "harm reduced" products, including nicotine replacement products (nicotine gum, nicotine patch, nicotine inhaler, nicotine lozenges), smokeless tobacco products (chewing tobacco, nasal snuff, and oral snuff) and herbal cigarettes.

AWARENESS OF POTENTIAL "HARM REDUCED" PRODUCTS

Most Canadians, both smokers and non-smokers, are aware of nicotine gum, the nicotine patch, and chewing tobacco. Awareness is much lower among both smokers and non-smokers for other products.

Looking specifically at nicotine replacement products, awareness among Canadians of nicotine gum (93%) and the nicotine patch (88%) is high; awareness of nicotine lozenges (36%) and nicotine inhalers (25%) is much lower.

Smokers are more likely than non-smokers to be aware of the nicotine patch and the nicotine inhaler; former smokers are more likely than smokers or never smokers to be aware of nicotine lozenges. Smokers who have tried to quit are more likely than those who have not to be aware of nicotine gum and the nicotine patch. Potential quitters are more likely than other smokers to be aware of nicotine lozenges.

Women are more likely than men to be aware of the nicotine patch. Those aged 35 to 54 are more likely to be aware of nicotine gum and the nicotine patch; and those aged 45 to 54 are also more likely to be aware of nicotine lozenges; those aged 18 to 34 are more likely to be aware of the nicotine inhaler. Those with higher levels of income and education are more likely to be aware of nicotine gum and the nicotine patch. Quebecers are less likely to have heard of any of these products.

Looking specifically at smokeless tobacco products, awareness among Canadians of chewing tobacco (86%) is high; awareness of nasal snuff (22%) and oral snuff (22%) is much lower.

Former smokers are more likely than current smokers or never smokers to be aware of chewing tobacco and nasal snuff. Potential quitters are also more likely than others to be aware of nasal snuff.

Men are more likely than women to be aware of nasal and oral snuff. Those aged 55 or older are also more likely to be aware of nasal and oral snuff, while those aged 25 to 54 are more likely to be aware of chewing tobacco. Those with higher levels of education and income are also more likely to be aware of chewing tobacco. Western Canadians tend to be more aware of all of these products, while Quebecers tend to be least aware of them.

Looking specifically at herbal cigarettes, awareness is relatively low, compared to products such as nicotine gum and patches, and chewing tobacco. Almost four in ten Canadians (37%) express awareness of this product.

Smokers are more likely than non-smokers to be aware of herbal cigarettes. Among smokers, those who have tried to quit are more likely than those who have not to be aware of herbal cigarettes.

Those aged 25 to 34 and those with higher levels of education are more likely to be aware of herbal cigarettes, as are residents of Alberta and British Columbia.

Awareness of Potential "Harm Reduced" Products (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Nicotine gum such as "Nicorette"	93	95	93	92
Nicotine patch	88	94	90	85
Chewing tobacco	86	83	90	85
Herbal cigarettes	37	46	40	32
Nicotine lozenges	36	34	45	32
Nicotine inhaler	25	36	25	21
Nasal snuff	22	16	29	20
Oral snuff	22	18	24	23
Q.11) Have you heard of any of the following products?				

USE OF POTENTIAL "HARM REDUCED" PRODUCTS

Use of potential "harm reduced" products among non-smoking Canadians, is very low. Smokers are more likely than non-smokers to have used most of these products, but even among smokers, use of most products, with the exception of nicotine gum or the nicotine patch, is low.

Looking specifically at nicotine replacement products, use among the general population, including smokers, is quite low; 13 percent have used nicotine gum, nine percent have used the nicotine patch, one percent have used nicotine inhalers and fewer than one percent have used nicotine lozenges.

Smokers are much more likely than non-smokers to have used all of these products; former smokers report some use of nicotine gum and the nicotine patch, but never smokers report virtually no use of any of these products. Among smokers, potential quitters and those who have tried to quit are more likely than other smokers to have tried nicotine gum and the nicotine patch.

Among users, smokers are far more likely than non-smokers to have used all of these products in the past year. Among those, mostly smokers, who have tried nicotine gum, 26 percent have tried it in the past year; among those, predominantly smokers, who have tried the nicotine patch, 36 percent have tried it in the past year; among the very small numbers, virtually all smokers, who have tried inhalers or lozenges, 60 percent and 27 percent, respectively, have tried these products in the past year. Caution is advised in the interpretation of the findings related to inhalers or lozenges, due to the small sample sizes of those who have tried inhalers (N=29) or lozenges (N=16).

Canadians aged 25 to 34 are more likely than others to have tried nicotine gum and the nicotine patch; those aged 45 to 54 are also more likely to have tried the patch.

Looking specifically at smokeless tobacco products, use among the general population, including smokers, is very low; six percent have used chewing tobacco, two percent have used oral snuff and fewer than one percent have used nasal snuff.

Current smokers and former smokers are somewhat more likely than never smokers to have tried chewing tobacco; use of oral snuff, while extremely limited, is similar among smokers and non-smokers. Use of nasal snuff is virtually non-existent among smokers, and no non-smokers report having used it. Among smokers, potential smokers are less likely than other smokers to have tried chewing tobacco.

Among those, primarily current or former smokers, who have tried chewing tobacco, 11 percent have used it in the past year; among the very small numbers who have tried oral or nasal snuff, four percent and 10 percent, respectively, have tried these products in the past year. Caution is advised in the interpretation of the findings related to snuff, due to the small sample sizes of those who have tried oral snuff (N=27) or nasal snuff (N=13).

Men and residents of Alberta are more likely than others to have tried chewing tobacco.

Looking specifically at herbal cigarettes, only three percent of Canadians have tried this product. Smokers, particularly occasional smokers, are more likely than non-smokers to have tried herbal cigarettes; reported usage is higher among smokers than among former smokers or never smokers.

Among the small number, mostly smokers, who have tried herbal cigarettes, 14 percent have tried them in the past year.

Use of Potential "Harm Reduced" Products (%)

Ever tried/used	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Nicotine gum	13	35	19	1
Nicotine patch	9	32	9	*
Chewing tobacco	6	8	9	3
Herbal cigarettes	3	11	3	1
Oral snuff	2	1	3	1
Nicotine inhaler	1	3	-	-
Nicotine lozenges	*	1	-	*
Nasal snuff	*	*	-	-

*Less than one percent

Q.12a) Have you ever tried or used of any of the following products?

Use of Potential "Harm Reduced" Products in Past Year (%)				
Among those who have ever used product	Total	Current Smoker	Former Smoker	Never Smoker*
Nicotine gum (N=431)	26	38	13	-
Nicotine patch (N=373)	36	50	-	100 (N=1)
Chewing tobacco (N=112)	11	16	-	20
Herbal cigarettes (N=120)	14	22	-	-
Oral snuff (N=27)**	4	28	-	-
Nicotine inhaler (N=29)**	60	60	-	-
Nicotine lozenges (N=16)**	27	54	-	-
Nasal snuff (N=13)**	10	10	-	-

*Sample sizes for never smokers are too small to permit analysis and interpretation.

**Sample sizes for users of these products are too small to permit analysis and interpretation

Q.12b) Have you tried or used (this/these) products within the past year?

Sub-sample: For each product, those who have ever tried the product.

Note: due to the varying sub-samples associated with each product (see product column), the base N for current, former and never smokers is different for each cell of the table.

SPECIFIC USES OF POTENTIAL "HARM REDUCED" PRODUCTS

As a Way to Help Quit Smoking

Nine in ten current or former smokers who have used the nicotine patch have used it to try to quit smoking, and about eight in ten each of current or former smokers who have used nicotine gum and nicotine inhalers have used them to try to quit. With respect to all other products, among current or former smokers who have tried them, one-quarter or fewer each have used them as an aid to quitting.

Looking specifically at nicotine replacement products, 93 percent of current and former smokers who have tried the nicotine patch have tried it as a way to help quit smoking and 80 percent of those who have tried nicotine gum have tried it as a way to help quit. Among the very small numbers of

current and former smokers who have tried nicotine inhalers and nicotine lozenges, 77 percent have tried nicotine inhalers as way to quit smoking, and 23 percent have tried nicotine lozenges as a way to quit smoking. Caution is advised in the interpretation of the findings related to nicotine inhalers or nicotine lozenges, due to the small sample sizes of current and former smokers who have tried nicotine inhalers (N=29) or nicotine lozenges (N=15).

Women are more likely than men to have used nicotine gum, and to a lesser extent, the nicotine patch, to quit smoking. Those who are older are also more likely to have used the nicotine patch. Potential quitters are more likely than others to have used both products as a way to quit smoking.

Looking specifically at smokeless tobacco products, 20 percent of current and former smokers who have tried chewing tobacco used it as a way to help them quit smoking. Among the very small numbers of current and former smokers who have tried oral and nasal snuff, four percent have tried oral snuff to quit smoking and 12 percent have tried nasal snuff to quit smoking. Caution is advised in the interpretation of the findings related to snuff, due to the small sample sizes of current and former smokers who have tried oral snuff (N=24) or nasal snuff (N=13).

Looking specifically at herbal cigarettes, 27 percent of current and former smokers who have tried this product have tried it as a way to quit smoking. Men and potential quitters are more likely than others to have used herbal cigarettes as a way to quit.

As a Replacement for Tobacco Cigarettes

Four in ten current or former smokers who have used nicotine gum have used it as a replacement for smoking in situations where they could not smoke tobacco. With respect to almost all other products, among those who have tried them, one-third or fewer each have used them as a substitute for tobacco cigarettes.

Looking specifically at nicotine replacement products, 40 percent of current and former smokers who have tried nicotine gum have tried it as a replacement or substitute for cigarettes containing tobacco in a situation where smoking tobacco cigarettes was prohibited or not possible, and 27 percent of those who have tried the nicotine patch have tried it as a replacement or substitute. Among the very small numbers of current and former smokers who have tried nicotine inhalers and nicotine lozenges, 61 percent have tried nicotine inhalers as a substitute, and 10 percent have tried nicotine lozenges as a substitute. Caution is advised in the interpretation of the findings related to

nicotine inhalers or nicotine lozenges, due to the small sample sizes of current and former smokers who have tried nicotine inhalers (N=29) or nicotine lozenges (N=15).

Women are more likely than men to have used nicotine gum and the nicotine patch as a substitute for cigarettes containing tobacco. Those who are younger are also more likely to have used gum as a substitute.

Looking specifically at smokeless tobacco products, 19 percent of current and former smokers who have tried chewing tobacco used it as substitute when they could not smoke tobacco cigarettes. Among the very small numbers of current and former smokers who have tried oral and nasal snuff, 28 percent have tried oral snuff as a substitute and 18 percent have tried nasal snuff as a substitute. Caution is advised in the interpretation of the findings related to snuff, due to the small sample sizes of current and former smokers who have tried oral snuff (N=24) or nasal snuff (N=13).

Looking specifically at herbal cigarettes, 11 percent of current and former smokers who have tried this product have tried it as a replacement or substitute for tobacco cigarettes in a situation where smoking tobacco cigarettes was prohibited or not possible.

Use of Potential "Harm Reduced" Products as... (%)						
	A Way to Help Quit Smoking			A Replacement for Tobacco Cigarettes		
	Total	Current Smoker	Former Smoker*	Total	Current Smoker	Former Smoker*
Nicotine patch (N=372)	93	93	93	27	34	12
Nicotine gum (N=428)	80	80	80	40	46	32
Nicotine inhaler (N=29)**	77	77	-	61	61	-
Herbal cigarettes (N=118)	27	30	21	11	15	-
Nicotine lozenges (N=15)**	23	23	-	10	10	-
Chewing tobacco (N=102)	20	24	17	19	22	17
Nasal snuff (N=13)**	12	12	-	18	18	-
Oral snuff (N=24)**	4	16	-	28	8	34

*Sample sizes for former smokers are too small to permit analysis and interpretation.

**Sample sizes for users of these products are too small to permit analysis and interpretation

Q.13a) Have you tried or used (this/these) products as a way to help you quit smoking?
Sub-sample: for each product, current and former smokers who have ever tried the product
Q.13b) Have you tried or used (this/these) products as a replacement or substitute for cigarettes containing tobacco in a situation where smoking tobacco cigarettes was prohibited or not possible?
Sub-sample: For each product, current and former smokers who have ever tried the product
Note: due to the varying sub-samples associated with each product (see product column), the base N for current and former smokers is different for each line of the table.

3.4 Herbal Cigarettes

INTEREST IN HERBAL CIGARETTES

Most non-smokers are not at all interested in trying herbal cigarettes; however, about half of smokers express interest. Those who are interested in trying them, almost all of whom are smokers, are most likely to want to try them as a safer way to smoke, as another way to smoke, if they were cheaper, because it may be fun to try them, and as a way to quit smoking tobacco cigarettes.

When herbal cigarettes are described to them, most Canadians – including almost all non-smokers – say they are not very or not at all interested in trying herbal cigarettes. One percent of Canadians, all of whom are current or former smokers, say they have already tried the product.

Smokers (53%) are far more inclined to express at least some interest in trying herbal cigarettes than are non-smokers (4% of former smokers and 2% of never smokers). Among smokers, every day smokers, potential quitters, and those who have tried to quit are more likely to be interested in trying herbal cigarettes.

Women, those aged 18 to 34, and those with lower levels of income and education are somewhat more likely to express some interest in trying herbal cigarettes.

Interest in Herbal Cigarettes (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very interested	5	22	1	-
Somewhat interested	8	31	3	2
Not very interested	5	11	5	3
Not at all interested	81	32	90	95
Already tried it/used it	1	2	1	-
DK/NA	*	1	–	*

*Less than one percent

Q.14) I am going to describe a product called herbal cigarettes, which are not the same thing as marijuana and do not contain marijuana. Herbal cigarettes are made from different types of grasses and herbs, and come in different flavours and aromas. They look like a tobacco cigarette, and are lit and smoked like a tobacco cigarette; but they do not contain tobacco. From this description, would you be very interested, somewhat interested, not very interested or not at all interested in trying or using herbal cigarettes?

Among smokers[5], 85 percent say they would be interested in trying herbal cigarettes as a way to help them quit, 84 percent would be interested in trying them as a way for them to smoke instead of smoking tobacco cigarettes, 83 percent say that they would be interested in trying them as a way to smoke that might be safer than smoking cigarettes, 78 percent would be interested in trying them if the cost was less than that of tobacco cigarettes and 66 percent would be interested in trying them because it might be interesting or fun.

Smokers tend to be more likely than non-smokers to express interest in trying herbal cigarettes for any of these specific reasons. However, caution is advised in interpreting these findings due to the small sample sizes of former smokers (n=9) and never smokers (n=7). Among smokers, potential quitters are less likely to express interest in trying herbal cigarettes because it might be fun. Potential quitters are also more likely than other smokers to express interest in herbal cigarettes as an aid to quitting.

[5] Non-smokers' reasons for interest in this product are not discussed due to the small sample sizes of both former and never smokers.

Quebecers who show interest in herbal cigarettes are somewhat less likely to express interest in trying them for most of these reasons, but are slightly more likely to say they would try them because it might be interesting or fun.

Reasons for Trying Herbal Cigarettes (%)				
	Total	Current Smoker	Former Smoker*	Never Smoker*
General population:	N=558	N=542	N=9	N=7
As a way for you to smoke that might be safer than smoking tobacco cigarettes	77	83	45	58
As a way for you to smoke instead of smoking tobacco cigarettes	75	84	44	27
If the cost of herbal cigarettes was lower than tobacco cigarettes	71	78	45	42
Because it might be interesting or fun to try them	63	66	55	46
Smokers only:	N=542	N=542		
As a way to help you quit smoking tobacco cigarettes	85	85		

*Sample sizes for former smokers are too small to permit analysis and interpretation.

Q.17) Would you be interested in trying or using herbal cigarettes for any of the following reasons?

Sub-sample: Those who are very or somewhat interested in trying herbal cigarettes, or who have already tried them

INGREDIENTS IN HERBAL CIGARETTES

Relatively few Canadians think herbal cigarettes contain nicotine or tar. Canadians are divided on whether or not herbal cigarettes contain carbon monoxide, but most think they have "other chemicals."

About half of Canadians (52%) think herbal cigarettes would contain carbon monoxide. One-third (35%) think they would contain tar and one-quarter (23%) think they would contain nicotine. Sixty

percent think they would contain "other chemicals" besides these. In all four instances, between one and two in ten offer no response to the question.

Smokers are more likely than non-smokers to say that herbal cigarettes do not contain any of these substances. Among smokers, those who have not tried to quit are more likely to think herbal cigarettes do not contain tar, carbon monoxide or other chemicals.

Ingredients in Herbal Cigarettes (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Other chemicals	60	50	61	64
Carbon monoxide	52	46	56	53
Tar	35	28	41	35
Nicotine	23	19	23	25

Q.15) From this description or from what you may have heard about them, do you think herbal cigarettes would or would not have any of the following ingredients?

Women and those aged 18 to 24 are more likely to say that herbal cigarettes do not contain any of these substances. Those with lower levels of income and education are more likely to say that herbal cigarettes do not contain carbon monoxide or other chemicals; those with lower education levels are also more likely to say herbal cigarettes do not contain tar.

Quebecers are more likely to believe that herbal cigarettes do not contain tar, carbon monoxide, or other chemicals. Residents of the western provinces are more likely to say that herbal cigarettes do not contain nicotine; Albertans are also more inclined to say they do not contain carbon monoxide and other chemicals, and residents of Manitoba and Saskatchewan are more likely to say they do not contain tar. Ontarians are also more likely to say herbal cigarettes do not contain tar.

PERCEPTIONS OF HARM TO HEALTH

Canadians are divided on whether smoking herbal cigarettes would cause less harm or the same amount of harm as smoking tobacco cigarettes. Virtually no one thinks that they would cause more harm.

Just under half of Canadians (47%) think that smoking herbal cigarettes would be less harmful to a person's health than smoking tobacco cigarettes; a similar number (43%) think that smoking herbal cigarettes would cause the same amount of harm. Two percent think they would cause more harm and seven percent offer no response.

Smokers are more likely than non-smokers to believe that smoking herbal cigarettes would cause less harm; among smokers, those who have tried to quit three times or more are more likely than other smokers to say they would cause less harm.

Harm to Health of Herbal Cigarettes (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	2	1	3	2
Less harmful	47	62	43	43
Cause same amount of harm	43	30	44	48
DK/NA	7	8	9	6

Q.16) And from this description or from what you may have heard about them, do you think herbal cigarettes would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

It is interesting to note that the suggestion of herbal cigarettes being sold in health food stores does not increase the perception of these as being less harmful than if they were sold in tobacco shops. One-half of Canadians (49%) say that if herbal cigarettes were sold in natural health stores, they would seem to be about as harmful to a person's health as if they were sold in smoke shops or tobacco shops; four in ten (40%) say that the product would seem less harmful if sold in natural health stores. Five percent think they would seem more harmful and five percent offer no response.

Smokers are more likely than non-smokers to think that herbal cigarettes would seem less harmful if they were sold in natural health stores; among smokers, those who have tried to quit more than three times in the past year are more inclined than others to think the product would seem less harmful if sold in these locations.

Men, older Canadians and university graduates are more likely to think that herbal cigarettes would seem about as harmful if they were sold in natural health food stores.

Harm to Health of Herbal Cigarettes if Sold in Tobacco Shops (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	5	3	7	4
Less harmful	40	50	35	40
About the same	49	41	53	51
DK/NA	5	5	5	5
Q.18) If herbal cigarettes were sold in natural health stores, would they seem to you to be more harmful to a person's health, less harmful, or about the same, as if they were sold in smoke shops or tobacco shops?				

3.5 Chewing Tobacco

INTEREST IN CHEWING TOBACCO

Canadians are virtually unanimous in their lack of interest in trying chewing tobacco. Of the small number who do express interest, most are smokers. Smokers who are interested say they would want to try it if the cost were lower than tobacco cigarettes, as a substitute in situations where they cannot smoke, and as a way to help quit smoking tobacco cigarettes.

When chewing tobacco is described to them, almost all Canadians – smokers and non-smokers alike – say they are not very (2%) or not at all (96%) interested in trying it. Only one percent say they are interested, and one percent volunteer that they have already tried it. Smokers (4%) are only slightly more inclined to express interest in trying chewing tobacco than are non-smokers (fewer than 1%). Among smokers, those who have tried to quit more than three times in the past year are slightly more likely to be interested in trying chewing tobacco.

Those with lower levels of income and education are slightly more likely to express some interest in trying chewing tobacco.

Interest in Chewing Tobacco (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very interested	*	1	*	*
Somewhat interested	1	3	*	*
Not very interested	2	5	1	2
Not at all interested	96	91	96	98
Already tried it/used it	1	1	2	-
DK/NA	*	*	-	-

*Less than one percent

Q.19) Chewing tobacco comes in two forms: loose tobacco leaves sold in pouches and shredded tobacco leaves pressed into a hard block. It is placed in the mouth and either chewed or held in place. Just from this description, would you be very interested, somewhat interested, not very interested, or not at all interested in trying or using chewing tobacco?

Among smokers[6], 74 percent say they would be interested in trying chewing tobacco as a substitute for smoking in a situation where smoking is not possible, 67 percent would try it if the cost was less than that of tobacco cigarettes, 60 percent say they would try it as a way to help them quit, 55 percent would try it as a way for them to have nicotine instead of smoking tobacco cigarettes, 52 percent would try it as a way to have nicotine that might be safer than smoking cigarettes and 36 percent would try it because it might be interesting or fun.

Reasons for Trying Chewing Tobacco (%)				
	Total*	Current Smoker*	Former Smoker*	Never Smoker*
General population:	N=46	N=39	N=5	N=2
If the cost of chewing tobacco was lower than tobacco cigarettes	44	67	18	42
As a way you could have nicotine instead of smoking tobacco cigarettes	32	55	-	42
As a way to have nicotine that might be safer than smoking tobacco cigarettes	31	52	-	42
Because it might be interesting or fun to try it	31	36	40	-
Smokers only:	N=39*	N=39*		
As a substitute for smoking in a situation where smoking cigarettes was not possible	74	74		
As a way to help you quit smoking tobacco cigarettes	60	60		

*Sample sizes are too small to permit analysis or interpretation

Q.22) Would you be interested in trying or using chewing tobacco for any of the following reasons?

Sub-sample: Those who are very or somewhat interested in trying chewing tobacco, or who have already tried it

Note: Percentages shown are a result of weighting by four factors and then rounding.

[6] Non-smokers' reasons for interest in this product are not discussed due to the small sample sizes of both former and never smokers.

INGREDIENTS IN CHEWING TOBACCO

Most Canadians – both smokers and non-smokers – think that chewing tobacco would contain nicotine, other chemicals, and tar.

Between eight and nine in ten Canadians think that chewing tobacco would contain nicotine (89%), other chemicals (84%), and tar (81%); four in ten (41%) think it would contain carbon monoxide. These results are quite consistent regardless of smoking status.

Ingredients in Chewing Tobacco (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Nicotine	89	88	91	89
Other chemicals	84	87	83	84
Tar	81	80	87	79
Carbon monoxide	41	37	45	40

Q.20) From this description or from what you may have heard about it, do you think chewing tobacco would or would not have any of the following ingredients?

Women are more likely than men to think that chewing tobacco would contain tar and carbon monoxide. Those aged 35 to 44, and those with higher levels of education and income are more likely to think chewing tobacco would contain nicotine, other chemicals and tar; those with lower levels of education and income are more likely to think it would contain carbon monoxide.

Residents of Quebec, Manitoba and Saskatchewan are less likely to think chewing tobacco would contain nicotine and other chemicals; Quebecers are also less likely to think it would contain tar. Albertans and British Columbians are less likely to think chewing tobacco contains carbon monoxide.

PERCEPTIONS OF HARM TO HEALTH

Most Canadians think using chewing tobacco would cause the same amount of harm as smoking tobacco cigarettes.

Two-thirds of Canadians (66%) think that using chewing tobacco would be as harmful to a person's health as smoking tobacco cigarettes; two in ten (18%) think that chewing tobacco would cause less harm, and 14 percent think it would cause more harm.

Smokers are more likely than non-smokers to believe that chewing tobacco would cause less harm.

Harm to Health of Chewing Tobacco (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	14	13	9	16
Less harmful	18	23	17	16
Cause same amount of harm	66	62	70	64
DK/NA	3	2	3	3

Q.21) And from this description or from what you may have heard about them, do you think chewing tobacco would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

3.6 Snuff

INTEREST IN SNUFF

Virtually no one is interested in trying snuff. Among the very small number who are interested, most of whom are smokers, various reasons for interest are offered, including having access to nicotine without smoking, greater safety, lower price, because it might be interesting to try it, as a substitute in situations where smoking is not possible, and as a means to quit.

When snuff is described to them, almost all Canadians say they are not very or not at all interested in trying snuff. Only one percent, almost all of whom are smokers, say they are interested, and fewer than one percent, all of whom are smokers, have already tried it. Smokers (6%) are somewhat more inclined to express interest in trying snuff than are non-smokers (fewer than 1%).

Interest in Snuff (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very interested	*	1	-	*
Somewhat interested	1	5	*	*
Not very interested	1	5	1	*
Not at all interested	97	88	98	99
Already tried it/used it	*	1	-	-
DK/NA	*	*	-	-

*Less than one percent

Q.23) Snuff is finely ground tobacco. There are two kinds. It can be nasal snuff, in dry, powder form that is used by inhaling it into the nose or by holding it between the lip and gum or holding it in the cheek. Or it can be oral snuff, available in loose form and very small packs, which is placed between the lip and gum or in the cheek. Both types come in different flavours and aromas. From this description, would you be very interested, somewhat interested, not very interested or not at all interested in trying or using snuff?

Among the very few who are at least somewhat interested in trying snuff, 30 percent would be interested in trying oral snuff, 29 percent would be interested in trying nasal snuff, and 41 percent would be interested in trying both kinds of snuff.

Type of Snuff (%)				
	Total**	Current Smoker**	Former Smoker**	Never Smoker**
	N=44	N=41	N=1	N=2
Nasal snuff	29	12	-	100
Oral snuff	30	42	-	-
Both	41	46	100	-
DK/NA	*	*	-	-

*Less than one percent

**Sample sizes too small to permit analysis or interpretation

Q.24) Which type of snuff would you be interested in trying or using…?

Sub-sample: Those who are very or somewhat interested in trying snuff

Among smokers[7], 81 percent would be interested in trying snuff as a way for them to have nicotine instead of smoking tobacco cigarettes, 74 percent would try it as a way to have nicotine that might be safer than smoking cigarettes, 72 percent would try it if the cost was less than that of tobacco cigarettes, 72 percent say they would try it as a substitute for smoking in a situation where smoking is not possible, 70 percent say they would try it as a way to help them quit and 62 percent would try it because it might be interesting or fun.

[7] Non-smokers' reasons for interest in this product are not discussed due to the small sample sizes of both former and never smokers.

Reasons for Trying Snuff (%)	Total*	Current Smoker*	Former Smoker*	Never Smoker*
General population:	N=48	N=45	N=1	N=2
As a way you could have nicotine instead of smoking tobacco cigarettes	79	81	-	100
As a way to have nicotine that might be safer than smoking tobacco cigarettes	73	74	-	100
If the cost of snuff was lower than tobacco cigarettes	72	72		100
Because it might be interesting or fun to try it	54	62		43
Smokers only:	N=45*	N=45*		
As a substitute for smoking in a situation where smoking cigarettes was not possible	72	72		
As a way to help you quit smoking tobacco cigarettes	70	70		

*Sample sizes are too small to permit analysis or interpretation

Q.27) Would you be interested in trying or using snuff for any of the following reasons?
Sub-sample: Those who are very or somewhat interested in trying snuff, or who have already tried it
Note: Percentages shown are a result of weighting by four factors and then rounding

INGREDIENTS IN SNUFF

Most Canadians think that snuff would contain nicotine, other chemicals and tar.

Between eight and nine in ten Canadians think that snuff would contain nicotine (85%) and three-quarters think it would contain tar (75%). Four in ten (38%) think it would contain carbon monoxide, and 84 percent think it would contain other chemicals.

Smokers are less likely than non-smokers to think snuff contains nicotine, tar and carbon monoxide. Among smokers, potential quitters are more likely than other smokers to think that snuff contains tar.

Ingredients in Snuff (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Nicotine	85	81	88	86
Other chemicals	84	83	82	85
Tar	75	68	82	75
Carbon monoxide	38	31	37	40
Q.25) From this description or from what you may have heard about it, do you think snuff would or would not have any of the following ingredients?				

Women are more likely than men to say that snuff would contain tar and carbon monoxide. Those aged 35 to 44, and those with higher levels of income and education are more likely to think snuff contains nicotine, tar, and other chemicals; those aged 45 or older, and those with lower levels of education are more likely to think it contains carbon monoxide.

Residents of Quebec, Manitoba and Saskatchewan are less likely to think snuff contains nicotine and other chemicals; Quebecers are also less likely to think snuff contains tar. Albertans and Atlantic Canadians are less likely to think snuff contains carbon monoxide.

PERCEPTIONS OF HARM TO HEALTH

Most Canadians think using snuff would cause the same amount of harm as smoking tobacco cigarettes.

Seven in ten Canadians (68%) think that using snuff would be as harmful to a person's health as smoking tobacco cigarettes; two in ten (19%) think that snuff would cause less harm, and 10 percent think it would cause more harm. Smokers are more likely than non-smokers to believe that snuff would cause less harm.

Men are more likely than women to think snuff would be less harmful than tobacco cigarettes.

Harm to Health of Snuff (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	10	8	8	11
Less harmful	19	24	20	16
Cause same amount of harm	68	63	69	70
DK/NA	3	5	3	2
Q.26a) And from this description of snuff or from what you may have heard about it, do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?				

Those who believe that snuff would cause more harm to a person's health are most likely to say this because snuff involves direct contact with the nose/mouth/body (49%). Much smaller proportions mention harmful/not good for health (12%), harmful regardless of being inhaled/chewed/ingested (10%), involves longer contact with a person (7%), gross/filthy habit (6%) and causes cancer (6%). Seventeen percent mention other reasons for believing that snuff causes more harm than smoking tobacco.

Why Is Snuff More Harmful? (%)				
	Total	Current Smoker	Former Smoker**	Never Smoker**
	N=146	N=96	N=14	N=36
Involves direct contact with nose/mouth/body	49	57	73	39
Harmful/not good for health	12	3	–	19
Harmful regardless of being inhaled/chewed/ ingested	10	9	7	12
Involves longer contact with a person	7	1	7	9
Gross/filthy habit	6	*	14	5
Causes cancer	6	16	–	5
Heard/had been told information/witnessed illness	4	4	–	5
Bad perception of sniffing/it's like drugs/	2	14	–	–

cocaine				
Contains the same chemicals	2	4	–	2
Goes into system/blood quicker	2	4	6	–
Contains tobacco/tobacco-based	2	1	–	2
Does not have tar/is not burned or smoked	2	–	–	3
Contains nicotine	*	1	–	–
Other	3	5	–	3
DK/NA	7	1	–	12

*Less than one percent

**Sample sizes are too small to permit analysis or interpretation

Q.26b) Why do you say that?

Sub-sample: Those who think snuff would be more harmful to a person's health than smoking cigarettes

Those who believe that snuff would cause less harm to a person's health are most likely to say this because it does not have tar/it is not burned or smoked (30%). Smaller proportions mention not inhaled/not going directly to lungs (13%), involves direct contact with nose/mouth/body (11%), less chemicals/CO2/nicotine (10%), healthier/less effect on others (7%) and harmful regardless of being inhaled/chewed/digested (5%). Twenty-two percent mention other reasons for believing that snuff causes less harm than smoking tobacco.

Why Is Snuff Less Harmful? (%)

	Total	Current Smoker	Former Smoker**	Never Smoker**
	N=310	N=221	N=38	N=51
Does not have tar/is not burned or smoked	30	33	31	28
Not inhaled/not going directly to lungs	13	14	14	11
Involves direct contact with nose/mouth/body	11	7	7	15
Less chemicals/CO2/nicotine	10	12	12	8
Healthier/less effect on others	7	1	8	10
Harmful regardless of being inhaled/chewed/ ingested	5	2	5	6
Harmful/not good for health	4	1	6	4

Causes cancer	3	2	8	–
Involves longer contact with a person	2	1	5	2
No carbon monoxide	2	5	–	2
Contains the same ingredients as cigarettes	2	3	–	4
Heard/had been told information/witnessed illness	1	*	–	2
Does not have the same ingredients/tobacco/ Nicotine/tar	1	3	–	–
Contains nicotine	1	1	–	2
Contains the same chemicals	*	1	–	–
Contains tobacco/tobacco-based	*	1	–	–
Contains tar	*	1	–	–
Other	6	3	8	6
DK/NA	14	22	11	11

*Less than one percent

**Sample sizes are too small to permit analysis or interpretation

Q.26b) Why do you say that?

Sub-sample: Those who think snuff would be less harmful to a person's health than smoking cigarettes

Those who believe that snuff would cause the same amount of harm as smoking cigarettes offer such reasons as: involves direct contact with nose/mouth/body (16%), contains tobacco/tobacco-based (15%), harmful/not good for health (13%), contains the same ingredients as cigarettes (13%), contains the same chemicals (12%) causes cancer (9%) harmful regardless of being inhaled/chewed/ingested (7%) and contains nicotine (7%). Eighteen percent mention other reasons for believing that snuff causes the same amount of harm as smoking cigarettes.

Why Is Snuff Just as Harmful? (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=970	N=621	N=128	N=221
Involves direct contact with nose/mouth/body	16	14	17	16
Contains tobacco/tobacco-based	15	16	17	13
Harmful/not good for health	13	9	17	13
Contains the same ingredients as cigarettes	13	15	11	14
Contains the same chemicals	12	13	13	11
Causes cancer	9	12	10	8
Harmful regardless of being inhaled/chewed/ ingested	7	6	7	8
Contains nicotine	7	9	7	7
Addictive	3	1	5	3
Contains tar	3	3	4	2
Does not have tar/is not burned or smoked	2	*	2	2
Heard/had been told information/witnessed illness	2	3	2	2
Less chemicals/CO2/nicotine	1	*	–	1
Involves longer contact with a person	1	1	2	1
Gross/filthy habit	1	1	1	1
Not inhaled/not going directly to lungs	*	*	1	–
Healthier/less effect on others	*	–	1	–
Does not have the same ingredients/tobacco/ nicotine/tar	*	*	–	–
Bad perception of sniffing/it's like drugs/ cocaine	*	1	1	–
Goes into system/blood quicker	*	1	1	-
Other	5	5	6	5
DK/NA	16	16	11	18

*Less than one percent

Q.26b) Why do you say that?

Sub-sample: Those who think snuff would be as harmful to a person's health as smoking cigarettes

3.7 Nicotine Replacement Therapy Products

INTEREST IN NICOTINE GUM

Few Canadians, and almost no non-smokers, express interest in trying nicotine gum. Those who are interested, almost all of whom are smokers, are likely to try it for access to nicotine without smoking, greater safety, if it were cheaper, as a way to quit smoking and as a substitute for smoking in situations where smoking is not possible.

When nicotine gum is described to them, most Canadians, and almost all non-smokers, say they are not very or not at all interested in trying it. Only one in ten, primarily smokers, say they are very or somewhat interested, and two percent, all of whom are smokers or former smokers, have already tried it.

Smokers (42%) are notably more inclined to express at least some interest in trying nicotine gum than are former smokers (5%) and never smokers (4%). Among smokers, everyday smokers and potential quitters are more likely than others to express interest in nicotine gum.

Younger Canadians are slightly more likely to express some interest in trying nicotine gum.

Interest in Nicotine Gum (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very interested	2	8	1	1
Somewhat interested	9	34	4	3
Not very interested	3	9	1	2
Not at all interested	82	45	88	93
Already tried it/used it	2	4	4	–
DK/NA	1	*	1	1

*Less than one percent

Q.28) Nicotine gum is a gum product containing nicotine that comes in different flavours that some people may chew to help them quit smoking. Would you be very interested, somewhat interested, not very interested or

not at all interested in trying or using nicotine gum for any reason?

Among smokers[8], 91 percent say they would be interested in trying nicotine gum as a way to help them quit, 81 percent would try it as a way for them to have nicotine instead of smoking tobacco cigarettes, 74 percent would try it as a way to have nicotine that might be safer than smoking cigarettes, 69 say they would try it as a substitute for smoking in a situation where smoking is not possible, 64 percent would try it if the cost was less than that of tobacco cigarettes, and 32 percent would try it because it might be interesting or fun.

Smokers tend to be more likely than non-smokers to express interest in using nicotine gum for any of these specific reasons; however, caution is advised in interpreting these findings due to the small sample sizes of former smokers (N=18) and never smokers (N=10). Among smokers, occasional smokers are more likely to express interest in nicotine gum because it might be fun.

Men, and those with lower levels of income and education are more likely than women to be interested in trying nicotine gum because it might be interesting or fun and as a way to have nicotine without smoking. Younger Canadians are also more likely to be interested in nicotine gum as a way to have nicotine without smoking. Women smokers and potential quitters are more likely to be interested in nicotine gum as a way to quit smoking. Quebec smokers are less likely than other Canadians to be interested in nicotine gum as a way to quit or as a substitute; British Columbian smokers are also less likely to be interested in nicotine gum as a substitute.

Quebecers are more likely to be interested in nicotine gum because it might be fun. Ontarians and Albertans are more likely to be interested in it as a way of getting nicotine without smoking. Western Canadians in general are more interested in nicotine gum if it were less expensive than cigarettes, and British Columbians are more likely to be interested in nicotine gum as a safer way to have nicotine.

[8] Non-smokers' reasons for interest in this product are not discussed due to the small sample sizes of both former and never smokers.

Reasons for Trying Nicotine Gum (%)				
	Total	Current Smoker	Former Smoker*	Never Smoker*
General population:	N=475	N=447	N=18	N=10
As a way you could have nicotine instead of smoking tobacco cigarettes	77	81	66	73
As a way to have nicotine that might be safer than smoking tobacco cigarettes	72	74	56	84
If the cost of nicotine gum was lower than tobacco cigarettes	60	64	39	70
Because it might be interesting or fun to try it	30	32	22	29
Smokers only:	N=447	N=447		
As a way to help you quit smoking tobacco cigarettes	91	91		
As a substitute for smoking in a situation where smoking cigarettes was not possible	69	69		

*Samples of former and never smokers are too small to permit analysis or interpretation

Q.31) Would you be interested in trying or using nicotine for any of the following reasons?

Sub-sample: Those who are very or somewhat interested in trying nicotine gum, or who have already tried it

INGREDIENTS IN NICOTINE GUM

Most Canadians think that nicotine gum would contain chemicals other than tar and carbon monoxide.

Three-quarters of Canadians (75%) think that nicotine gum would contain chemicals other than tar and carbon monoxide; three in ten (30%) think it would contain tar and fewer than two in ten (16%) think it would contain carbon monoxide.

Non-smokers are more inclined than smokers to think nicotine gum would contain tar, carbon monoxide and other chemicals. Among smokers, potential quitters are more likely than other smokers to think it would contain other chemicals.

Ingredients in Nicotine Gum (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Other chemicals	75	72	73	78
Tar	30	25	34	29
Carbon monoxide	16	12	16	17
Q.29) From this description or from what you may have heard about it, do you think nicotine gum would or would not have any of the following ingredients?				

Men are more likely to think that nicotine gum would contain other chemicals; women are more likely to think it would contain carbon monoxide. Older Canadians are more inclined to think it would contain tar and carbon monoxide. Those with lower levels of education and income, and Quebecers are more likely to think nicotine gum would contain carbon monoxide, but less likely to think it would contain other chemicals. Residents of Manitoba, Saskatchewan and British Columbia are less likely than other Canadians to think nicotine gum would contain tar.

INTEREST IN NICOTINE PATCH

Few Canadians, and almost no non-smokers, are interested in trying the nicotine patch. Those who are interested, almost all of whom are smokers, are most likely to try it as a way to have nicotine other than smoking, as a safer way to have nicotine, and as a way to quit smoking.

When the nicotine patch is described to them, most Canadians, and almost all non-smokers, say they are not very or not at all interested in trying it. Only one in ten, almost all of whom are smokers, say they are very or somewhat interested, and two percent, all of whom are smokers or former smokers, have already tried it.

Smokers (43%) are notably more inclined to express at least some interest in trying the nicotine patch than are former smokers (5%) and never smokers (2%). Among smokers, everyday smokers, potential quitters and those who have tried to quit are somewhat more likely to be interested in trying the nicotine patch.

Interest in Nicotine Patch (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Very interested	4	15	2	*
Somewhat interested	8	28	3	2
Not very interested	3	11	2	1
Not at all interested	84	41	91	96
Already tried it/used it	2	5	2	-
DK/NA	*	1	1	*

*Less than one percent

Q.32) The nicotine patch is an adhesive that people usually put on their arm that releases nicotine directly into their body and that comes in different strengths. Some people may use it to help them quit smoking. Would you be very interested, somewhat interested, not very interested or not at all interested in trying or using the nicotine patch for any reason?

Among smokers[9], 94 percent say they would be interested in trying nicotine patch as a way to help them quit, 69 percent would try it as a way for them to have nicotine instead of smoking tobacco cigarettes, 64 percent would try it as a way to have nicotine that might be safer than smoking cigarettes, 59 percent would try it if the cost was less than that of tobacco cigarettes, 46 say they would try it as a substitute for smoking in a situation where smoking is not possible and 27 percent would try it because it might be interesting or fun.

[9] Non-smokers' reasons for interest in this product are not discussed due to the small sample sizes of both former and never smokers.

Smokers tend to be more likely than non-smokers to be interested in trying the patch for any of these specific reasons; however, caution is advised in interpreting these findings due to the small sample sizes of former smokers (n=13) and never smokers (n=7). Among smokers, potential quitters are less likely to be interested in the patch because it might be fun or as a way to have nicotine without smoking. Potential quitters are also more likely than other smokers to be interested in the patch as a way of quitting.

Women are more likely than men to be interested in trying the patch if it costs less than cigarettes. Quebecers tend to be more likely than others to be interested in trying the patch because it might be fun; they tend to be less likely to be interested in trying the patch as a way to have nicotine without smoking, as a safer way to have nicotine, or if it cost less than cigarettes. Quebec smokers tend to be less likely to be interested in the patch as a way of quitting smoking or as a substitute.

Reasons for Trying Nicotine Patch (%)				
	Total	Current Smoker	Former Smoker*	Never Smoker*
General population:	N=509	N=489	N=13	N=7
As a way you could have nicotine instead of smoking tobacco cigarettes	65	69	56	45
As a way to have nicotine that might be safer than smoking tobacco cigarettes	62	64	48	74
If the cost of the nicotine patch was lower than tobacco cigarettes	56	59	38	56
Because it might be interesting or fun to try it	25	27	8	39
Smokers only:	N=489	N=489		
As a way to help you quit smoking tobacco cigarettes	94	94		
As a substitute for smoking in a situation where smoking cigarettes was not possible	46	46		

*Sample sizes of former and never smokers are too small to permit analysis or interpretation

Q.35) Would you be interested in trying or using the nicotine patch for any of the following reasons?

Sub-sample: Those who are very or somewhat interested in trying the nicotine patch, or who have already tried it

INGREDIENTS IN NICOTINE PATCH

Most Canadians think that the nicotine patch would contain chemicals other than tar and carbon monoxide. Fewer think it would contain tar and carbon monoxide.

Three-quarters of Canadians (74%) think that the nicotine patch would contain chemicals other than tar and carbon monoxide. Much smaller proportions think is would contain other ingredients: three in ten (30%) think it would contain tar and two in ten (18%) think it would contain carbon monoxide.

Non-smokers are more likely than smokers to think the patch would contain tar and carbon monoxide. Among smokers, potential quitters are more likely to think the patch would contain other chemicals.

Ingredients in Nicotine Patch				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=315
Other chemicals	74	74	67	77
Tar	30	23	31	31
Carbon monoxide	18	13	19	18
Q.33) From this description of the nicotine patch or from what you may have heard about it, do you think it would or would not have any of the following ingredients?				

Women are more likely to think that the patch would contain carbon monoxide; men are more likely to think it would contain other chemicals. Older Canadians are more likely to think the patch would contain tar. Those with lower levels of education and income are more likely to think the patch would contain carbon monoxide, but less likely to think it would contain other chemicals.

Western Canadians are less likely to think the patch would contain tar. Quebecers are more likely to think it would contain carbon monoxide, but less likely to think it would contain other chemicals.

PERCEPTIONS OF HARM TO HEALTH

Most Canadians think that both nicotine gum and the nicotine patch would cause less harm than smoking tobacco cigarettes. Canadians are divided on whether nicotine gum and the nicotine patch would seem less harmful or just as harmful if they were not sold in pharmacies.

Three-quarters of Canadians (76%) think that using nicotine gum would be less harmful to a person's health than smoking tobacco cigarettes; two in ten (19%) think it would cause the same amount of harm, and two percent think it would cause more harm.

Smokers are slightly more likely than non-smokers to believe that nicotine gum would cause less harm. Among smokers, potential quitters are more likely than other smokers to think nicotine gum would cause less harm.

Harm to Health of Nicotine Gum (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	2	1	2	2
Less harmful	76	81	72	75
Cause same amount of harm	19	15	22	20
DK/NA	3	3	4	3

Q.30) And from this description of nicotine gum, or from what you may have heard about it, do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

Three-quarters of Canadians (75%) think that using the nicotine patch would be less harmful to a person's health than smoking tobacco cigarettes; two in ten (20%) think it would cause the same amount of harm, and three percent think it would cause more harm.

Expectations of the harm caused by using the nicotine patch, as compared to smoking cigarettes, are relatively consistent among all Canadians, regardless of smoking status.

Harm to Health of Nicotine Patch (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	3	4	1	3
Less harmful	75	78	72	75
Cause same amount of harm	20	16	22	20
DK/NA	3	2	5	3
Q.34) And from this description of the nicotine patch, or from what you may have heard about it, do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?				

Younger Canadians, and those with higher levels of education and income are more likely to think nicotine gum and the nicotine patch would be less harmful than tobacco cigarettes. Quebecers are more likely than other Canadians to think that both nicotine gum and the nicotine patch would cause the same amount of harm as smoking cigarettes.

Almost one-half of Canadians (47%) think that, since the nicotine patch and nicotine gum are sold in pharmacies, they would seem less harmful to a person's health if they were not sold in pharmacies. A similar proportion (45%), think they would seem just as harmful. Only three percent think they would seem more harmful.

Smokers are more likely than non-smokers to think that the nicotine patch and nicotine gum would seem less harmful if they were not sold in pharmacies.

Harm to Health if Sold in Pharmacies (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
More harmful	3	3	2	4
Less harmful	47	57	45	45
Cause same amount of harm	45	36	49	45
DK/NA	5	4	5	5
Q.36) Since the nicotine gum and the nicotine patch are sold in pharmacies, would they seem to you to be more harmful to a person's health, less harmful, or about the same, than if they were not sold in pharmacies?				

Younger Canadians are more likely to think that the nicotine patch and nicotine gum would seem less harmful if they were not sold in pharmacies. British Columbians are most likely to think that these products would cause the same amount of harm.

3.8 Flavoured Tobacco Products

REASONS FOR ADDING FLAVOURS

Strong majorities of Canadians think that flavours are added to tobacco products to make them more enjoyable and interesting, and to make them more attractive to young people.

Nine in ten Canadians (90%) think that tobacco companies add flavours such as mint, cinnamon or fruit flavours to tobacco products to make them more enjoyable and interesting. More than eight in ten (84%), think that this is done to make these products more attractive to young people.

Two-thirds (66%) think that flavours are added to make it seem that tobacco products are less harmful to one's health. Six in ten (59%) think flavours are added to make it seem that tobacco products have natural ingredients in them.

Almost four in ten (37%) think that tobacco companies add flavours to make it seem that tobacco products may have some health benefits.

Non-smokers are more likely than smokers to think that flavours are added to tobacco for most of these reasons – except to make the products more enjoyable and interesting. Among smokers, occasional smokers and potential quitters are more likely to think flavours are added to make these products more attractive to young people and to make them seem less harmful; potential quitters are also more likely to think flavours are added to make it seem that these products have natural ingredients.

Reasons for Adding Flavours (%)				
	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
To make the tobacco products more enjoyable and interesting	90	91	89	90
To make the tobacco products more attractive to young people	84	75	87	86
To make it seem that tobacco products are less harmful to one's health	66	55	71	68
To make it seem that tobacco products have natural ingredients in them	59	53	61	61
To make it seem that tobacco products may have some health benefits	37	29	39	39
Q.37) Now thinking about tobacco products in general, why do you think tobacco companies add flavours such as mint, cinnamon, or fruit flavours to tobacco products? Is it for any of the following reasons… ?				

Women and older Canadians are more likely to think tobacco companies add flavours to their products to make it seem that the products are less harmful, have natural ingredients and may have some health benefits. Older Canadians, and those with higher levels of education and income are less likely to think flavours are added to make the products more enjoyable and interesting. Canadians with lower levels of education and income are more likely to think that flavours are added to make it seem that the products may have health benefits.

Residents of Manitoba and Saskatchewan are less likely than others to think tobacco products are flavoured for any of these reasons; Quebecers are also less likely to think flavours are added to make it seem that they are less harmful and have natural ingredients.

REGULATION OF FLAVOURED TOBACCO PRODUCTS

Most Canadians agree that tobacco companies should not be allowed to add flavours to tobacco products.

Canadians in general support the idea of regulation prohibiting the production of flavoured tobacco products. Seven in ten Canadians (70%) agree that tobacco companies should not be allowed to add flavours to tobacco products because these flavours attract more people, particularly young people, to harmful products. Almost three in ten (27%), think that tobacco companies should be allowed to add flavours to tobacco products because it makes these products more enjoyable and interesting for users.

Non-smokers, particularly former smokers, are more likely than smokers to agree that companies should not be allowed to add flavours to their products. Among smokers, those who have tried to quit, and potential quitters, are more likely than other smokers to agree that tobacco companies should not be allowed to flavour their products.

Prohibiting Tobacco Flavours (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=316
Should not be allowed	70	56	77	72
Should be allowed	27	42	21	25
DK/NA	2	3	2	3

Q.38) (Some) people think that tobacco companies should not be allowed to add flavours to tobacco products because these flavours attract more people, particularly young people, to these harmful products. (Other) people think that tobacco companies should be allowed to add flavours to tobacco products because it makes the products more enjoyable and interesting for users. (ROTATE SENTENCES) Which view is closer to your own?

Women, those aged 55 or older, and those with lower levels of education are more likely to agree that companies should not be allowed to add flavours to tobacco products.

3.9 Chemicals in Smokeless Tobacco Products

There is no consensus among Canadians on the difference between chemicals in smokeless tobacco products and chemicals in tobacco smoke, but half believe that there are more chemicals in tobacco smoke than in smokeless tobacco.

When asked about the difference between chemicals in smokeless tobacco products and chemicals in tobacco smoke, no consensus emerges among Canadians, but one-half think that there are either a few more or many more chemicals in tobacco smoke than in smokeless tobacco.

About one-quarter of Canadians each say that there are many more chemicals in tobacco smoke than in smokeless tobacco (25%), there are a few more chemicals in tobacco smoke than in smokeless tobacco (24%), there are the same number of chemicals, but different chemicals (23%), and that there is no difference, it is the same chemicals in both (21%).

Smokers are more likely than non-smokers to think there are many more chemicals in smoke than in smokeless tobacco. Among smokers, occasional smokers are more likely to say there are a few more chemicals in smoke, while potential quitters are more likely to say there are many more chemicals.

Chemicals in Smokeless Products (%)

	Total	Current Smoker	Former Smoker	Never Smoker
	N=1,505	N=1,004	N=185	N=185
There is no difference. It is the same chemicals in both	21	14	17	25
There are the same number of chemicals, but different chemicals	23	23	23	23
There are a few more chemicals in tobacco smoke than in smokeless tobacco	24	26	29	21
There are many more chemicals in tobacco smoke than in smokeless tobacco	25	32	23	24
DK/NA	7	5	8	7

Q.39) In this survey, I have asked you some questions about smokeless tobacco products like chewing tobacco and snuff. Is there a difference between the chemicals in these smokeless tobacco products and the chemicals in tobacco smoke? Which of the following statements comes closest to what you believe?

Men are more likely to think there are many more chemicals in smoke than in smokeless tobacco; women are more likely to think there are a few more chemicals. Those with the highest levels of education and income are more likely to think there are many more chemicals in smoke than in smokeless tobacco.

Quebecers are more likely than other Canadians to say there is no difference; residents of Manitoba, Saskatchewan and Alberta are more likely to say there are a few more chemicals in smoke than in smokeless tobacco.

APPENDICES

SURVEY METHODS

The results of the survey are based on questions asked to 1,505 residents of Canada aged 15 and over including 501 non-smokers and 1,004 smokers, between March 24 and April 6, 2006.

Sample selection

The sampling method was designed to complete approximately 1,500 interviews with Canadians (15 years of age and over), including 500 non-smokers and 1,000 smokers, living within households randomly selected across the 10 provinces.

It was designed as a general population survey of approximately 625, to achieve a national sample of 500 non-smokers, and 125 smokers, followed by a survey of approximately 875 smokers to achieve a total sample of 1000 smokers, including those sampled in the general population survey. The final sample is distributed as follows.

	N Unweighted	N Weighted	Margin of Error (%)
Canada	1,505	1,505	2.5
Atlantic Region	125	123	8.8
Quebec	389	379	5.0
Ontario	565	563	4.1
Manitoba/Saskatchewan	106	107	9.5
Alberta	151	136	8.0
British Columbia	169	197	7.5

Environics uses a sampling method in which sample is generated using the RDD (random digit dialling) technique. Samples are generated using a database of active phone ranges. These ranges are made up of a series of contiguous blocks of 100 contiguous phone numbers and are revised three to four times per year after a thorough analysis of the most recent edition of an electronic phonebook. Each number generated is processed through an appropriate series of validation procedures before it is retained as part of a sample. Each number generated is looked up in a recent electronic phonebook database to retrieve geographic location, business indicator and "do not call" status. The postal code for listed numbers is

verified for accuracy and compared against a list of valid codes for the sample stratum. Non-listed numbers are assigned a "most probable" postal code based on the data available for all listed numbers in the phone exchange. This sample selection technique ensures that both unlisted numbers and numbers listed after the directory publication are included in the sample.

From within each multi-person household contacted, respondents 15 years of age and older were screened for random selection using the "most recent birthday" method. The use of this technique produces results that are as valid and effective as enumerating all persons within a household and selecting one randomly. Respondents were also screened to ensure that no household member works for an advertising or market research firm, the media, or a tobacco company. For the smokers' oversample, households were screened for a smoker age 15 or older in the household. In households with more than one smoker, the smoker with the most recent birthday was selected for the interview.

In the data analysis, the sample was weighted by province/region based on population data to reflect the actual proportions of each region. The sample was also weighted by age group and gender to reflect proportions found in the general population. Finally, the sample was weighted to reflect the relative proportion of smokers and non-smokers in the Canadian population (20/80) based on 2004 CTUMS data.

Telephone interviewing

Fieldwork was conducted at Environics' central facilities in Toronto and Montreal. Field supervisors were present at all times to ensure accurate interviewing and recording of responses. During fieldwork, 10 percent of each interviewer's work was unobtrusively monitored for quality control in accordance with the standards set out by the Marketing Research and Intelligence Association – MRIA (formerly the Canadian Association of Marketing Research Organizations – CAMRO). A minimum of five calls were made to a household before classifying it as a "no answer."

Completion results

The sample for this survey consisted of 1,505 interviews completed among Canadians aged aged 15 and older. The margin of error for a sample of 1,505 is +/- 2.5 percentage points, 19 times in 20. The margin of error is greater for results pertaining to regional or socio-demographic subgroups of the total sample.

The calculated incidence for this sample of smokers and non-smokers aged 15 and older is 12.8 percent. The calculated response rate for this survey is 28.3 percent.

Completion results

	N
A. Total sample dialled	56,251
Household not eligible	10,240
Non-residential/not in service	14,713
B. Subtotal	24,953
C. New base (A – B)	31,298
D. No answer/line busy/not available	14,876
Language barrier	1,282
Refusals	13,512
Mid-interview refusals	123
E. Subtotal	29,793
F. Net completions (C – E)	1,505

ENVIRONICS
RESEARCH GROUP

Feb 22, 2006

Discussion Agenda
Draft 5
PN5831

1.0 INTRODUCTION (5 MINUTES)

Introduction

Introduction to focus group procedures.
We want your opinion.
Feel free to agree or disagree and express your views freely.
You are being audio-taped and observed.
Health Canada observers behind mirror.
Your individual comments will not be linked to you.
Please turn off your cell phones or pagers.
The receptionist will pay you at the end of the session.

2.0 INTRODUCTION TO PARTICIPANTS & SMOKING-RELATED BEHAVIOUR/CONTEXT (5 MINUTES)

Warm-up

Today we are going to be talking about some topics related to <u>smoking</u> and some <u>products</u> that you may or may not have heard about. When we recruited you for this study, you all indicated that you are… (CURRENT SMOKERS/FORMER SMOKERS/NON-SMOKERS).

ASK CURRENT SMOKERS (includes Potential Quitters)

Let's go around the table so that each one of you can tell us your name, something about
1. yourself. Do you smoke cigarettes every day or occasionally and about how many do you smoke each day?
(NOTE NUMBERS OF EVERYDAY AND OCCASSIONALLY)

2. At what age did you start to smoke cigarettes? (NOTE AGE OF INITIATION)

3. Has anyone tried to quit smoking cigarettes <u>within the last 2 years</u>, for <u>24 hours or more</u>?

(IF YES, HANDCOUNT, NOTE AND THEN ASK :)

4. How many quit attempts? (NOTE NUMBER OF QUIT ATTEMPTS.)

5. Is anybody seriously considering quitting smoking within the next 6 months? (IF YES, HANDCOUNT AND NOTE THIS GROUP OF PRE- CONTEMPLATORS)

ASK FORMER SMOKERS

6abc Let's go around the table so that each one of you can tell us your name, something about yourself. At what age did you start to smoke cigarettes? (NOTE AGE OF INITIATION) When did you quit smoking cigarettes? How many times did you try to quit before you finally quit? (NOTE INFO)

7 About how much were you smoking when you finally quit?

8 How did you quit smoking cigarettes? (CHECK FOR MENTION OF ANY QUITTING AIDS, USAGE OF STUDY PRODUCTS, OTHER)

ASK NON- SMOKERS (includes Potential Smokers)

Warm-up Let's go around the table so that each one of you can tell us your name, something about yourself.

9 Have you ever tried smoking cigarettes, even just a puff? (IF YES, HANDCOUNT AND NOTE AS POTENTIAL SMOKERS AND THEN ASK:) Why?

10 At what age did you try to smoke cigarettes? (NOTE AGE OF EXPERIMENTATION)

11ab Have you seriously thought about smoking? Yes or No?
(IF YES, HANDCOUNT AND NOTE AS POTENTIAL SMOKERS)
Why?

12ab Do you think you might try smoking within the next month? Yes or No?
(IF YES, HANDCOUNT AND NOTE AS POTENTIAL SMOKERS AND THEN ASK:)
Why?

3.0 AWARENESS – Top-of-mind (10 MINUTES)

13a-d

- When I use the term, "tobacco product" what comes to mind? PROBE: What products? Any others? Does a tobacco product include things like cigarette papers and filters?

Note to Moderator - *Under Tobacco Act: "Tobacco product" means a product composed in whole or in part of tobacco, including tobacco leaves and any extract of tobacco leaves. It includes cigarette papers, tubes and filters but does not include any food, drug or device that contains nicotine to which the Food and Drugs Act applies.*

14ab

- Have you ever heard of other tobacco products besides cigarettes? If so, what are they? (NOTE FOR MENTION OF "SMOKELESS TOBACCO" PRODUCTS such as chewing tobacco or Snuff)

15ab

- Have you ever heard of any cigarettes that do not contain tobacco? If so, what are they? (NOTE MENTION OF "HERBAL CIGARETTES", e.g., HONEY ROSE)

16ab

- Have you ever heard of any products that have nicotine in them, besides cigarettes? If so, what are they? (NOTE MENTION OF "SMOKELESS TOBACCO" PRODUCTS AND "NICOTINE REPLACEMENT THERAPY" PRODUCTS SUCH AS NICOTINE GUM, e.g., NICORETTE, NICOTINE LOZENGES, e.g., ARIVA (U.S.); and, THE NICOTINE PATCH, e.g., NICODERM)

4.0 AWARENESS OF SPECIFIC PRODUCTS - WRITTEN EXERCISE (1) (5 MINUTES)

exercise

I would like you to complete a brief written exercise HAND OUT AND COMPLETE FIRST WRITTEN EXERCISE (1).

5.0 "HARM REDUCTION" WRITTEN EXERCISE (2) – (10 MINUTES)

Now let us move to another written exercise HAND OUT AND COMPLETE SECOND EXERCISE

Please do not add or change any of your answers on these pages after this point

6.0 AWARENESS/KNOWLEDGE/BEHAVIOUR - Herbal cigarettes (15 MINUTES)

Note to Moderator – *Please ensure that participants are reminded in the appropriate sections that "herbal cigarettes" do not include marijuana.*

17abc
- Now looking at your answers to product #1 in the first exercise has anyone ever heard of herbal cigarettes? Has anyone seen them? What are they?

18 abc
- What's in them? Is there tobacco in them? Nicotine? Any Chemicals?

19a b
- Just from hearing about them or trying them (AS IDENTIFIED IN WRITTEN EXERCISE 1), do herbal cigarettes appeal to you or not? Why?

20 a→e
- Are they harmful? Are they less harmful to your health than cigarettes with tobacco? Are they safer to your health? Why do you say that? Are there any health effects?

21 a→n
- Has anyone tried them?
  - Where did you get them? (e.g. natural health food store, smoke shop, other retailer, friends, etc.)
  - When did you use them? How often did you use them? For how long?
  - Why did you use them? (Probe: novel product, cost)
  - Has anybody used them as a replacement or substitute for tobacco cigarettes? In what situations?
  - SMOKERS AND FORMER SMOKERS: Has anybody used them when trying to quit smoking tobacco cigarettes? As an aid to quitting? As a step to quitting? IF YES TO ANY: How did you use it for quitting? Did you gradually cut back on tobacco or switch completely to herbal? Did you then quit smoking?

HAND AROUND PACKS (Honeyrose Menthol & Vanilla)

Instruction
- These are some packs of herbal cigarettes. (INFORM PARTICIPANTS THAT HERBAL CIGARETTES DO NOT CONTAIN TOBACCO and DO NOT CONTAIN MARIJUANA)

22ab
- What are your impressions? PROBE: What do you think of the flavours?

23abc • If you have not tried them, might you be tempted to take up smoking herbal cigarettes? Would you try them? Why?

24abcd • If you had tried them, would you continue to use them? Why? Would you use them on a daily occasional basis? Why?

25ab • Just looking at the pack do they seem "less harmful" or safer for one's health than tobacco cigarettes? Why?

26ab • Would you be tempted to try them as a way to smoke that would be "less harmful to your health" than tobacco cigarettes? Why or why not?

27ab • SMOKERS : Would you consider using them when trying to quit? How? (i.e. cut back on tobacco, switch to herbal but keep smoking herbal?)

TAKE BACK PACKS

OPTIONAL: IF TIME PERMITS

28 • As far as you know, do restrictions against smoking in public places apply to herbal cigarettes as well as tobacco cigarettes?

29ab • As far as you know are there any age restrictions on buying herbal cigarettes? Should there be an age restriction?

7.0 AWARENESS/KNOWLEDGE/BEHAVIOUR – Smokeless Tobacco (Chewing Tobacco and Oral & Nasal Snuff) (30 MINUTES)

Awareness (10 minutes)

Instruction: Now let's go back to what you wrote in the first exercise. Look at your answers to products 2 to 12. Please do not write anything more on your answer sheets.

30 • Can anybody tell me what any of these products are and how they are used? (MENTION #2 TO 12 BY NAME)

Knowledge and Behaviour (20 minutes)

31a→e • What is in chewing tobacco? What kinds are available? Is there tobacco? Nicotine? Any chemicals?

- Chewing tobacco comes in two forms: loose tobacco leaves sold in pouches, also known as Loose Leaf Chew; and, shredded tobacco leaves pressed into a hard block, also known as Plug Tobacco. It is placed in the mouth and either chewed or held in place.
- Just hearing about chewing tobacco from this description does it appeal to you? Why? Which type? Chew? Or Plug?
- Are they less harmful to one's health than tobacco cigarettes? Why? Are there any health effects?
- Now what about snuff? What kinds are available? Is there tobacco in it? Nicotine? Any chemicals?
- Snuff is finely ground tobacco. It can be **nasal snuff**, in **dry, powdered** form that is used by inhaling it into the nostrils (nose) or by holding it between the lip and gum or cheek.. Or it can be **oral snuff**, also known as **moist snuff**, available in **loose** and **portion-packed** forms, which is placed between the lip and cheek or gum.
- From this description does snuff appeal to you? Why? Which type? Nasal? Or Oral?
- Is snuff less harmful to one's health than tobacco cigarettes? Why? Are there any health effects?
- Has anybody tried either chewing tobacco or snuff?
    - When did you use them? How often did you use them? For how long?
    - Why did you use them? (Probe: novel product, cost)
    - Has anybody used them as a replacement or substitute for tobacco cigarettes? In what situations?
    - SMOKERS AND FORMER SMOKERS: Has anybody used them when trying to quit smoking? How? Has anybody used them in a situation where you couldn't smoke or where smoking was prohibited?

HAND AROUND PRODUCTS IN THREE SEPARATE SETS – CHEWING TOBACCO FIRST, THEN 2 TYPES OF NASAL SNUFF TOGETHER, THEN 5 TYPES OF ORAL SNUFF TOGETHER. ASK THE FOLLOWING QUESTIONS WITH EACH SET:

- These are some different containers/packages of <u>chewing tobacco/nasal snuff/oral snuff.</u>
- What are your impressions? PROBE: What do you think of the flavours?
- <u>If you have not tried them</u>, might you be tempted to try? Which products? On what basis? Why?
- Would you be more tempted or less tempted to take them up than tobacco cigarettes or is there no difference?
- Just looking at them do they seem "less harmful" or safer than tobacco cigarettes? Why?
- Would you be tempted to try them as a way to try tobacco that would be "less harmful to your health" than <u>tobacco cigarettes</u>? Why?
- SMOKERS AND FORMER SMOKERS: Would you consider using them when trying to quit tobacco smoking? Which products? Would you consider using them in a situation where you couldn't smoke?

TAKE BACK PRODUCTS AFTER EACH SET

8.0 AWARENESS/KNOWLEDGE/BEHAVIOUR – Nicotine Replacement Therapy Products (Nicotine Lozenge, Nicotine Gum, Nicotine Patch) (25 MINUTES)

Awareness (5 minutes)

Instruction: Now let's go back to what you wrote in the first exercise. Look at your answers to products 13 to 15. Please do not write anything more on your answer sheets.

- Can anybody tell me what these products are and how they are used…nicotine gum? nicotine lozenges? nicotine patch? (**Notes to Moderator:** Example of nicotine lozenge found in the U.S.: **Ariva.** Also, someone may mention the nicotine inhaler.)

Knowledge and Behaviour (20 minutes)

- What is in these products? Is there tobacco? Nicotine? Any chemicals?
- Just hearing about each of these do they appeal to you? Which ones? Why?

- Are they less harmful to one's health than tobacco cigarettes? In what way? Are there any health effects of these products?
- Has anybody tried these products?
  - When did you use them? How often did you use them? For how long?
  - Why did you use them?
  - Has anybody used them as a replacement or substitute for tobacco cigarettes? In what situations? Has anybody used them in a situation where you couldn't smoke or where smoking was prohibited?
  - SMOKERS AND FORMER SMOKERS: Has anybody used them when trying to quit? Which products? How did you use them??

→ HAND AROUND PRODUCTS – Nicotine gum and Nicotine patch

- These are some boxes of nicotine gum and the nicotine patch.
- What are your impressions?
- If you have not tried them, might you be tempted to try? Nicotine gum? Nicotine patch? Any other products? (**Note to Moderator** – someone may mention the nicotine lozenge or nicotine inhaler) On what basis? Why?
- Would you be more tempted or less tempted to take them up than tobacco cigarettes or is there no difference?
- Would you be tempted to try them as a way to get nicotine that would be "less harmful to your health" than tobacco cigarettes? Why?
- SMOKERS AND FORMER SMOKERS: Would you consider using these products as an aid to quitting smoking? Which products? Why? Would you consider using them in a situation where you couldn't smoke? Which products?

TAKE BACK PRODUCTS

9.0 CLOSING COMMENTS (5 MINUTES)

Does anybody have a comment on what we have seen and discussed today?

Thank you and close.

Appendix:

Notes for Moderator regarding Smokeless Tobacco

2 Main Types of Smokeless Tobacco:
- Chewing Tobacco (placed in mouth)
- Snuff (placed in nose or in mouth)

"Spit tobacco" or "**spitting tobacco**" refers to various types of **smokeless tobacco (chew, plug and snuff) placed in the mouth** and is a mixture of tobacco, nicotine, sweeteners, abrasive salts and chemicals.

1. Chewing Tobacco

- **1.A. Loose Leaf Chew (loose**, shredded tobacco leaves sold in **pouches):**
  commonly known as "**chew**" or "**wad**". A piece of tobacco 0.75 to 1 inch in diameter is placed between the cheek and lower lip, typically toward the back of the mouth. It is either **chewed** or **held** in place. Saliva is spit or swallowed. **Example: Redman Chewing Tobacco** (chewing tobacco - loose leaf chew in a pouch).

- **1.B. Plug (**shredded tobacco leaves **pressed** into a hard block, sold in **brick form):**
  commonly known as "**plug**" or "**plug tobacco**" or a form of "**chew**"; may be labelled as **"bit"; chewed** or **held** between the cheek and lower lip. Saliva is spit or swallowed. **Example: Redman Plug** (chewing tobacco – moist plug in a pouch).

2. Snuff

- **Snuff (finely ground tobacco)** can be **dry (refer to 2.A.), moist (refer to 2.B. & 2.B.1.)** or in **sachets, tea bag-like pouches or packs (refer to 2.B. & 2.B.2.)**

- Snuff is sold in small metal tins or other containers.

- **Pinch** is a small amount of **snuff** gathered between thumb and forefinger and then placed on the back of the hand for **snuffing. Oral snuff (moist snuff)** is more popular than **nasal snuff (dry snuff).**

- **2.A. Nasal Snuff (dry snuff – processed into a dry, powdered form):**
  Typically, a **pinch** is **held** between the lip and gum or cheek. It may also be inhaled into the nostrils (**sniffed into the nose**).

  2.A.1. Dry snuff which could be **"pinched"** out of a small tin:
  Example: McChrystals Menthol Snuff (metal tin).

  2.A.2. Dry snuff which comes out of a **dispenser**:
  Example: Gawith Apricot Snuff (imported – black container)

- **2.B. Oral Snuff (moist snuff):**
  Sold either as **loose or packaged** in **small ready-to-use pouches** called **sachets or packs.** A **pinch** (called a **dip**) or a **pouch** is placed and **held** between the lip and cheek or gum. Saliva may be swallowed or, more commonly, spit out.

-

  2.B.1. Oral Snuff (moist snuff – loose: short cut/fine cut, long cut & long cut flavored):
  Tobacco is **processed** into **fine particles** ("fine cut") or **strips** ("long cut"). Act of usage is referred to as "**dipping**"; individual **dips** known as **lippers** or **fatties;**
  Examples: Copenhagen (short cut); **Skoal Fine Cut**; & **Skoal Long Cut Cherry** (in tins).

  2.B.2. Oral Snuff (moist snuff - packaged in dry sachets/packs):
  Examples: Skoal Bandits Mint (sachets in tin); **Access Cinnamon** (packs in container– relatively new brand).

  Snus is a type of **oral snuff (moist snuff)** consumed in Northern Europe, predominantly Sweden and exists in two forms, **loose** and **portion-packed**, the latter form becoming increasingly popular. **Example: Catch**

First Written Exercise

Please answer the following questions:

Have you ever **heard of** each of the following types of products?

Have you **ever tried** each of the following types of products?

Have you **used** each of the following types of products **in the last 30 days**?

Type of Product	Heard of?		Ever Tried it?		Used in last 30 days?		Brand Name (If Tried or Used)
	Yes	No	Yes	No	Yes	No	
1. Herbal cigarette (does not contain marijuana)							
2. Spit Tobacco (or Spitting Tobacco)							
3. Chew							
4. Dip (or Dipping Tobacco)							
5. Wad							
6. Plug (or Plug Tobacco)							
7. Snus							
8. Pinch							
9. Snuff							
10. Chewing Tobacco							

11. Oral Snuff							
12. Nasal Snuff							
13. Nicotine lozenge							
14. Nicotine gum							
15. Nicotine patch							

Second Written Exercise

Does each of the following products have or lead to more, less or about the same tar, nicotine, chemicals, and harm to users' health compared to a tobacco cigarette?

1. Herbal cigarette

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

2. Chewing Tobacco

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

3. Oral Snuff

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

4. Nasal Snuff

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

(over)

5. **Nicotine gum**

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

6. **Nicotine lozenge**

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

7. **Nicotine patch**

	More	Less	About the Same
	compared to a tobacco cigarette?		
Tar			
Nicotine			
Chemicals			
Harm to user's health			

ENVIRONICS
RESEARCH GROUP

22 février 2006

Agenda pour la discussion
5e ébauche
PN5831

1.0 INTRODUCTION (5 MINUTES)

Introduction aux méthodes de groupes de discussion.
Nous désirons avoir votre opinion.
N'hésitez pas à donner votre accord ou désaccord et à exprimer librement votre point de vue.
Vous êtes enregistré et observé.
Des observateurs de Santé Canada se trouvent derrière le miroir.
Vos commentaires individuels ne seront pas reliés à votre nom.
Veuillez éteindre vos téléphones cellulaires ou téléavertisseurs.
La réceptionniste vous paiera à la fin de la séance.

2.0 INTRODUCTION AUX PARTICIPANTS ET COMPORTEMENT/ CONTEXTE RELIÉ À L'USAGE DU TABAC (5 MINUTES)

Aujourd'hui nous allons parler de quelques sujets reliés à l'usage du tabac et de quelques produits dont vous pourriez avoir entendu parler. Lorsque nous vous avons recrutés pour cette étude, vous avez tous indiqué que vous … (FUMEZ ACTUELLEMENT/ÊTES ANCIENS FUMEURS/ÊTES NON FUMEURS).

DEMANDEZ AUX PERSONNES QUI FUMENT ACTUELLEMENT (Y compris celles qui envisagent la possibilité de cesser de fumer)

Nous allons faire le tour de la table de manière à ce que chaque personne puisse nous dire son nom et quelque chose à propos d'elle-même. Fumez-vous des cigarettes chaque jour ou à l'occasion et environ combien de cigarettes fumez-vous chaque jour ?
(NOTEZ LE NOMBRE DE PERSONNES QUI FUMENT CHAQUE JOUR ET À L'OCCASION)

À quel âge avez-vous commencé à fumer des cigarettes ? (NOTEZ L'ÂGE AUQUEL ON A COMMENCÉ)

Y a-t-il des personnes qui ont essayé de cesser de fumer des cigarettes au cours des 2 dernières années, pendant 24 heures ou plus ?

(DANS L'AFFIRMATIVE, COMPTEZ LE NOMBRE, NOTEZ ET PUIS DEMANDEZ :)
Combien n'ont pas réussi à continuer ? (NOTEZ LE NOMBRE D'ESSAIS NON RÉUSSIS.)

Y a-t-il quelqu'un qui envisage sérieusement de cesser de fumer au cours des 6 prochains mois ?
(DANS L'AFFIRMATIVE, COMPTEZ LE NOMBRE ET NOTEZ CE GROUPE DE PERSONNES QUI L'ENVISAGENT)

DEMANDEZ AUX ANCIENS FUMEURS

Nous allons faire le tour de la table de manière à ce que chaque personne puisse nous dire son nom et quelque chose à propos d'elle-même. À quel âge avez-vous commencé à fumer des cigarettes ? (NOTEZ L'ÂGE AUQUEL ON A COMMENCÉ)
Quand avez-vous cessé de fumer des cigarettes ? Combien de fois avez-vous essayé de cesser de fumer avant d' y arriver complètement ? (NOTEZ CE RENSEIGNEMENT)

Environ combien de cigarettes fumiez-vous quand vous avez cessé complètement de fumer ?

Comment avez-vous cessé de fumer des cigarettes ? (SONDEZ LES MENTIONS DE TOUT PRODUIT QUI AIDE À CESSER DE FUMER, UTILISATION DE PRODUITS DE L'ÉTUDE, AUTRE)

DEMANDEZ AUX NON FUMEURS (ceci comprend les fumeurs éventuels)

Nous allons faire le tour de la table de manière à ce que chaque personne puisse nous dire son nom et quelque chose à propos d'elle-même.

Avez-vous déjà essayé de fumer des cigarettes, même si ce n'est qu'une bouffée ? (DANS L'AFFIRMATIVE, COMPTEZ LE NOMBRE, NOTEZ COMME FUMEURS ÉVENTUELS ET PUIS DEMANDEZ :) Pourquoi ?

À quel âge avez-vous essayé de fumer des cigarettes ? (NOTEZ L'ÂGE AUQUEL ON A ESSAYÉ)

Avez-vous sérieusement songé à fumer ? Oui ou non ?
(DANS L'AFFIRMATIVE, COMPTEZ LE NOMBRE, NOTEZ COMME FUMEURS ÉVENTUELS)

Pourquoi ?

Pensez-vous que vous pourriez essayer de fumer au cours du mois prochain ? Oui ou non ? (DANS L'AFFIRMATIVE, COMPTEZ LE NOMBRE, NOTEZ COMME FUMEURS ÉVENTUELS ET DEMANDEZ ENSUITE :)
Pourquoi ?

3.0 NOTORIÉTÉ – Première réponse (10 MINUTES)

- Quand j'emploie le terme : « produit du tabac », qu'est-ce qui vous vient à l'esprit ? SONDEZ : Quels produits ? Y en a-t-il d'autres ? Est-ce qu'un produit du tabac comprend des articles comme les papiers à cigarettes et les filtres de cigarettes ?

Note à l'animateur(trice) – *En vertu de la loi sur le tabac : Un « produit du tabac » signifie un produit composé de tabac entier ou en partie, y compris des feuilles de tabac et des extraits de celles-ci. Cette définition comprend les tubes, papiers et filtres à cigarettes, mais exclut les aliments, drogues et instruments contenant de la nicotine régis par la Loi sur les aliments et drogues.*

- Avez-vous déjà entendu parler des produits du tabac autres que les cigarettes ? Si vous en avez déjà entendu parler, quels sont ces produits ? (NOTEZ LA MENTION DE PRODUITS DU TABAC SANS FUMÉE comme le tabac à chiquer ou le tabac à priser)

- Avez-vous déjà entendu parler de cigarettes qui ne contiennent pas de tabac ? Si vous en avez déjà entendu parler, quelles sont-elles ? (NOTEZ LA MENTION DE « CIGARETTES AUX HERBES », par ex. HONEYROSE)

- Avez-vous déjà entendu parler de produits qui contiennent de la nicotine, autres que les cigarettes ? Si vous en avez déjà entendu parler, quels sont ces produits ? (NOTEZ LA MENTION DE « PRODUITS DU TABAC SANS FUMÉE » ET « THÉRAPIE DE REMPLACEMENT DE LA NICOTINE, par ex. NICORETTE, PASTILLES DE NICOTINE, par ex. ARIVA (É-U); et LE TIMBRE DE NICOTINE, par ex., NICODERM)

4.0 CONNAISSANCE DE PRODUITS PARTICULIERS - EXERCICE ÉCRIT (1) (5 MINUTES)

Je vais vous demander de faire un bref exercice écrit REMETTEZ LE PREMIER EXERCICE ÉCRIT ET DEMANDEZ-LEUR DE RÉPONDRE AUX QUESTIONS (1).

5.0 « EXERCICE ÉCRIT SUR LA RÉDUCTION DU DANGER » (2) – (10 MINUTES)

Passons maintenant à un autre exercice écrit. REMETTEZ LE DEUXIÈME EXERCICE ÉCRIT ET DEMANDEZ-LEUR DE RÉPONDRE AUX QUESTIONS

N'ajoutez rien et ne changez pas vos réponses à ces pages après être arrivé ici.

6.0 NOTORIÉTÉ/CONNAISSANCE/COMPORTEMENT - Cigarettes aux herbes (15 MINUTES)

Note à l'animateur(trice) *– Assurez-vous de rappeler aux participants dans les sections appropriées que les «cigarettes aux herbes » ne comprennent pas la marijuana.*

- Si vous regardez maintenant vos réponses au produit N° 1 dans le premier exercice, est-ce que quelqu'un a déjà entendu parler des cigarettes aux herbes ? Est-ce que quelqu'un les as vues ? Qu'est-ce que c'est ?
- Qu'est-ce qu'elles contiennent ? Est-ce qu'elles contiennent du tabac ? De la nicotine ? Des produits chimiques ?
- Simplement après en avoir entendu parler ou après les avoir essayées (TEL QU'IDENTIFIÉ DANS L'EXERCICE ÉCRIT N° 1), est-ce que les cigarettes aux herbes vous intéressent, oui ou non ? Pourquoi ?
- Sont-elles dangereuses ? Sont-elles moins dangereuses pour la santé que les cigarettes qui contiennent du tabac ? Sont-elles plus sûres pour la santé ? Pourquoi êtes-vous de cet avis ? Ont-elles des effets quelconques sur la santé ?
- Est-ce que quelqu'un les a essayées ?
    - Où les avez-vous obtenues ? (par ex. produits d'aliments naturels, tabagie, autre détaillant, amis, etc.)
    - Quand les avez-vous utilisées ? À quelle fréquence les avez-vous utilisées ? Pendant combien de temps ?
    - Pourquoi les avez-vous utilisées ? (Sondez : Nouveau produit, coût)
    - Est-ce que quelqu'un les as utilisées pour remplacer les cigarettes de tabac ? Dans quelles situations ?

- FUMEURS ET ANCIENS FUMEURS : Est-ce que quelqu'un les as utilisées en essayant de cesser de fumer des cigarettes de tabac ? Pour aider à cesser de fumer ? Comme étape pour cesser de fumer ? SI AU MOINS UN « OUI » : Comment les avez-vous utilisées pour cesser de fumer ? Avez-vous réduit peu à peu le tabac ou passé complètement aux cigarettes aux herbes ? Avez-vous alors arrêté de fumer ?

DISTRIBUEZ DES PAQUETS (Honeyrose Menthol et Vanille)

- Voici quelques paquets de cigarettes aux herbes. (DITES AUX PARTICIPANTS QUE LES CIGARETTES AUX HERBES NE CONTIENNENT PAS DE TABAC et NE CONTIENNENT PAS DE MARIHUANA)
- Quelles sont vos impressions ? SONDEZ : Que pensez-vous des saveurs ?
- Si vous ne les avez pas essayées, seriez-vous tentés de commencer à fumer des cigarettes aux herbes ? Les essaieriez-vous ? Pourquoi ?
- Si vous les aviez essayées, continueriez-vous de les utiliser ? Pourquoi ? Les utiliseriez-vous quotidiennement ou à l'occasion ? Pourquoi ?
- Simplement en regardant le paquet, est-ce qu'elles semblent « moins dangereuses » ou plus sûres pour la santé que les cigarettes de tabac ? Pourquoi ?
- Seriez-vous tenté de les essayer comme moyen de fumer qui serait « moins dangereux pour la santé » que les cigarettes de tabac ? Pourquoi ou pourquoi pas ?
- FUMEURS : Considéreriez-vous les utiliser quand vous essayez de cesser de fumer ? Comment ? (par ex. en réduisant le tabac, en passant aux cigarettes aux herbes, mais en continuant à fumer des cigarettes aux herbes ?)

REPRENEZ LES PAQUETS

FACULTATIF : SI LE TEMPS LE PERMET

- À votre connaissance, est-ce que les restrictions contre les cigarettes fumées dans les endroits publics s'appliquent aux cigarettes aux herbes aussi bien qu'aux cigarettes de tabac ?
- À votre connaissance, y a-t-il des restrictions d'âge pour acheter des cigarettes aux herbes ? Devrait-il y avoir des restrictions d'âge ?

7.0 NOTORIÉTÉ/CONNAISSANCE/COMPORTEMENT – Tabac sans fumée (Tabac à chiquer et tabac priser oral et nasal) (30 MINUTES)

Notoriété (10 minutes)

Retournons maintenant à ce que vous avez écrit dans le premier exercice. Regardez vos réponses aux produits 2 à 12. N'écrivez rien d'autre sur vos feuilles-réponses.

- Est-ce que quelqu'un peut me dire ce que sont certains de ces produits et la manière dont ils sont utilisés ? (NOMMEZ LES PRODUITS N° 2 À 12)

Connaissance et comportement (20 minutes)

- Que contient le tabac à chiquer ? Quels types sont disponibles ? Contient-il du tabac ? De la nicotine ? Des produits chimiques ?
- Le tabac à chiquer est vendu en deux formes : les feuilles de tabac en vrac vendues en blagues (ce genre de tabac est connu aussi sous le nom de tabac en vrac à mâcher); et les feuilles de tabac coupées et pressées en forme de bloc dur, connu aussi sous le nom de chique. On le place dans la bouche et on le mâche ou on le laisse dans la bouche.
- Simplement en entendant parler du tabac à chiquer à partir de cette description, est-ce que ce produit vous intéresse ? Pourquoi ? Quel type ? Le tabac en vrac ? ou la chique ?
- Sont-ils moins dangereux pour la santé que les cigarettes de tabac ? Pourquoi ? Ont-ils des effets quelconques sur la santé ?
- Et en ce qui concerne le tabac à priser ? Quels types sont disponibles ? Contient-il du tabac ? De la nicotine ? Des produits chimiques ?
- Le tabac à priser est du tabac finement coupé. Il peut s'agir du **tabac à priser nasal**, en forme **sèche en poudre** qui est utilisée en l'inhalant dans les narines (le nez) ou en le laissant dans la bouche entre la lèvre et la gencive ou la joue. Ou il peut s'agit du **tabac à priser oral**, connu aussi sous le nom de **tabac à priser humecté**, qui est vendu **en vrac et en sachets**, que l'on place entre la lèvre et la gencive ou la joue.
- À partir de cette description, est-ce que le tabac à priser vous intéresse ? Pourquoi ? Quel type ? Nasal ? ou oral ?

- Est-ce que le tabac à priser est moins dangereux pour la santé que les cigarettes de tabac ? Pourquoi ? A-t-il des effets quelconques sur la santé?
- Est-ce que quelqu'un a essayé soit le tabac à chiquer ou le tabac à priser ?
    - Quand les avez-vous utilisés ? À quelle fréquence les avez-vous utilisés ? Pendant combien de temps ?
    - Pourquoi les avez-vous utilisés ? (Sondez : Nouveau produit, coût)
    - Est-ce que quelqu'un les as utilisés pour remplacer les cigarettes de tabac ? Dans quelles situations ?
        - FUMEURS ET ANCIENS FUMEURS : Est-ce que quelqu'un les as utilisés en essayant de cesser de fumer ? Comment ? Est-ce que quelqu'un les as utilisés dans une situation où vous ne pouviez pas fumer ou il était interdit de fumer ?

DISTRIBUEZ LES PRODUITS EN TROIS ENSEMBLES SÉPARÉS – LE TABAC À CHIQUER EN PREMIER, PUIS 2 TYPES DE TABAC À PRISER NASAL, PUIS 5 TYPES DE TABAC À PRISER ORAL EN MÊME TEMPS. POSEZ LES QUESTIONS SUIVANTES AVEC CHAQUE ENSEMBLE :

- Voici quelques différents contenants/emballages de tabac à chiquer/tabac à priser nasal/tabac à priser oral.
- Quelles sont vos impressions ? SONDEZ : Que pensez-vous des saveurs ?
- Si vous ne les avez pas essayés, seriez-vous peut-être tenté de les essayer ? Quels produits ? En quelles circonstances ? Pourquoi ?
- Seriez-vous plus tenté ou moins tenté de commencer à les utiliser par rapport aux cigarettes de tabac ou n'y a-t-il pas de différence ?
- Simplement en les regardant, est-ce qu'ils semblent « moins dangereux » ou plus sûrs pour la santé que les cigarettes de tabac ? Pourquoi ?
- Seriez-vous tenté de les essayer comme moyen d'essayer le tabac qui serait « moins dangereux pour la santé » que les cigarettes de tabac ? Pourquoi ?
- FUMEURS ET ANCIENS FUMEURS : Considéreriez-vous les utiliser quand vous essayez de cesser de fumer du tabac ? Quels produits ? Considèreriez-vous les utiliser dans une situation où vous ne pouviez pas fumer ?)

REPRENEZ LES PAQUETS APRÈS CHAQUE ENSEMBLE

8.0 NOTORIÉTÉ/CONNAISSANCE/COMPORTEMENT – Produits de thérapie de remplacement de la nicotine (pastilles de nicotine, gomme de nicotine, timbres de nicotine) (25 MINUTES)

Notoriété (5 minutes)

Retournons maintenant à ce que vous avez écrit dans le premier exercice. Regardez vos réponses aux produits 13 à 15. N'écrivez rien d'autre sur vos feuilles-réponses.

- Est-ce que quelqu'un peut me dire ce que sont ces produits et la manière dont ils sont utilisés ? La gomme de nicotine ? Les pastilles de nicotine ? Le timbre de nicotine ?

  (**Notes à l'animateur(trice) :** Un exemple de pastilles de nicotine : **Ariva** se trouve aux États-Unis. Quelqu'un pourrait également mentionner l'inhalateur de nicotine

Connaissance et comportement (20 minutes)

- Que contiennent ces produits ? Du tabac ? De la nicotine ? Des produits chimiques ?
- Simplement en entendant parler de chacun de ces produits, est-ce qu'ils vous intéressent ? Lesquels ? Pourquoi ?
- Sont-ils moins dangereux pour la santé que les cigarettes de tabac ? De quelle façon ? Ces produits ont-ils des effets sur la santé ?
- Est-ce que quelqu'un <u>a essayé</u> ces produits ?
  - <u>Quand</u> les avez-vous utilisées ? <u>À quelle fréquence</u> les avez-vous utilisées ? Pendant <u>combien de temps</u> ?
  - <u>Pourquoi</u> les avez-vous utilisés ?
  - Est-ce que quelqu'un les as utilisés pour remplacer les cigarettes de tabac ? Dans quelles situations ? Est-ce que quelqu'un les as utilisés dans une situation où vous ne pouviez pas fumer ou il était interdit de fumer ?
  - FUMEURS ET ANCIENS FUMEURS : Est-ce que quelqu'un les as utilisés pour essayer de cesser de fumer ? Quels produits ? Comment les avez-vous utilisés ?

DISTRIBUEZ LES PRODUITS – Gomme de nicotine et timbre de nicotine

- Voici quelques boîtes de gomme de nicotine et le timbre de nicotine.
- Quelles sont vos impressions ?
- Si vous ne les avez pas essayés, pourriez-vous être tenté de les essayer ? La gomme de nicotine ? Le timbre de nicotine ? D'autres produits ? (**Note à l'animateur(trice)** – Quelqu'un pourrait mentionner les pastilles de nicotine ou l'inhalateur de nicotine) En quelles circonstances ? Pourquoi ?
- Seriez-vous plus tenté ou moins tenté de commencer à les utiliser que les cigarettes de tabac ou n'y a-t-il pas de différence ?
- Seriez-vous tenté de les essayer comme moyen d'obtenir de la nicotine qui serait « moins dangereux pour la santé » que les cigarettes de tabac ? Pourquoi ?
- FUMEURS ET ANCIENS FUMEURS : Considèreriez-vous utiliser ces produits pour vous aider à cesser de fumer ? Quels produits ? Pourquoi ? Considèreriez-vous les utiliser dans une situation où vous ne pouviez pas fumer ? Quels produits ?

REPRENEZ LES PRODUITS

9.0 OBSERVATIONS DE CONCLUSION (5 MINUTES)

Est-ce que quelqu'un aimerait ajouter quelque chose à ce que vous avez vu et discuté aujourd'hui ?

Merci. Terminez.

Premier exercice écrit

Veuillez répondre aux questions suivantes :

Avez-vous déjà **entendu parler** de chacun des types de produits suivants ?

Avez-vous déjà **essayé** chacun des types de produits suivants ?

Avez-vous **utilisé** chacun des types de produits suivants **au cours des 30 derniers jours** ?

Type de produit	Entendu parler ?		Déjà Essayé ?		Utilisé au cours des 30 derniers jours ?		Marque (si essayée ou utilisée)
	Oui	Non	Oui	Non	Oui	Non	
1. Cigarette aux herbes							
2. « Spit Tobacco » (Le tabac à mâcher ou à priser)							
3. Chew (Le tabac à chiquer)							
4. Dip							
5. Wad							
6. Plug (en chique)							
7. Snus							
8. Une pincée (Pinch)							
9. Le tabac à							

priser (Snuff)							
10. Le tabac à mâcher							
11. Le tabac à priser oral							
12. Le tabac à priser nasal							
13. La pastille de nicotine							
14. La gomme de nicotine							
15. Le timbre de nicotine							

Deuxième exercice écrit

Est-ce que chacun des produits suivants contient plus, moins ou à peu près autant de goudron, de nicotine ou de produits chimiques et est plus, moins ou aussi dangereux pour la santé des utilisateurs qu'une cigarette de tabac ?

1. Cigarette aux herbes

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

2. Le tabac à mâcher

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

3. Le tabac à priser oral

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

4. Le tabac à priser nasal

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			

Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

(verso)

5. **La gomme de nicotine**

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

6. **La pastille de nicotine**

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

7. **Le timbre de nicotine**

	Plus	Moins	À peu près autant/aussi
	Par rapport à une cigarette de tabac ?		
Goudron			
Nicotine			
Produits chimiques			
Dangereux pour la santé des utilisateurs			

ENVIRONICS
RESEARCH GROUP

March 21, 2006

Harm Reduced Products Questionnaire – Draft 5 After Pretest
(HC-POR-05-56)
PN5832

INTRODUCTION

Hello, my name is _____ of Environics Research Group Limited. We are conducting a study for the Government of Canada on issues important to Canadians. Participation in the research is completely voluntary. Your answers will be kept strictly confidential and will be used for research purposes only, in accordance with privacy legislation.

We choose telephone numbers at random, then select one person from a household to be interviewed.

A. May I please speak to the person in your household who is 15 years of age or older, and has had the most recent birthday.

01 – Yes	
02 – Not Available	**SCHEDULE CALL-BACK**
03 – Refused	**DISCONTINUE & THANK**

B. Do you or does anyone in your household work for an advertising or market research firm, the media, or a tobacco company?

01 – Yes	**THANK AND TERMINATE**
02 – No	**CONTINUE**

B1. To what age group do you belong? READ

01 – 15 – 17 years old, or
02 – 18 or older
03 – DK / NA

C. (**READ IF NECESSARY**) Are you male or female? (**CHECK QUOTAS**)

01 – Male
02 – Female

D. Language of survey (**CHECK QUOTAS**)

01 – English

02 – French

INTRODUCTION FOR SMOKERS (OVERSAMPLE) SURVEY

Hello, my name is _____ of Environics Research Group Limited. We are conducting a study for the Government of Canada on issues important to Canadians. Participation in the research is completely voluntary. Your answers will be kept strictly confidential and will be used for research purposes only, in accordance with privacy legislation.

We choose telephone numbers at random, then select one person from a household to be interviewed.

A. Does anyone in your household age 15 or older smoke cigarettes (manufactured or roll your own)?

01 - Yes	**ASK B**
02 - No	**THANK AND TERMINATE**
03 - DK/NA	

B. Is there more than one person in your household age 15 or older that smokes cigarettes?

01 - Yes, more than one	**ASK C**
02 - One only	**CONTINUE OR SCHEDULE CALL BACK**

C. May I please speak to the one who has had the most recent birthday?
SCHEDULE CALL BACK

D. Do you or does anyone in your household work for an advertising or market research firm, the media, or a tobacco company?

01 - Yes	**THANK AND TERMINATE**
02 - No	**CONTINUE**

D1. To what age group do you belong? READ

01 – 15 – 17 years old, or
02 – 18 or older
03 – DK / NA

E. (**READ IF NECESSARY**) Are you male or female? (**CHECK QUOTAS**)

01 - Male
02 - Female

F. Language of survey (**CHECK QUOTAS**)

01 - English
02 - French

SMOKING BEHAVIOUR

ASK ALL

1. At the present time, do you smoke cigarettes every day, occasionally or not at all?

   01 - Every day **(Qualifies as DAILY SMOKER)**
   02 - Occasionally (less than every day) **(Qualifies as OCCASIONAL SMOKER)**
   03 - Not at all **(Qualifies as NON-SMOKER)**
   04 - DK/NA

2. Have you smoked at least 100 cigarettes in your life?

   01 - Yes
   02 - No
   03 - DK/NA

IF Q1, ANSWERS CODE 1 ("Every Day") OR CODE 2 ("Occasionally"), QUALIFIES AS 'CURRENT SMOKER'.
IF Q1, ANSWERS CODE 3 ("Not at all") AND ANSWERS CODE 1 ("Yes") in Q2, QUALIFIES AS 'FORMER SMOKER'.
IF Q1, ANSWERS CODE 3 ("Not at all") AND ANSWERS CODE 2 ("No") in Q2, QUALIFIES AS 'NEVER SMOKER'.
IF Q1, ANSWERS CODE 3 ("Not at all"), QUALIFIES AS 'NON-SMOKER'.

IF DAILY SMOKER ASK

3. a) On average, how many cigarettes do you smoke per day? **PROBE FOR A PRECISE NUMBER. IF RESPONDENT SAYS ONE PACK A DAY PROBE FOR NUMBER OF CIGARETTES IN A PACK**

   |_|_| cigarettes per day (response must be numerical – do not accept range)

   02 - DK/NA

   (DO NOT READ LIST)
   01 – < 1 cigarette a day
   02 – 1-4 cigarettes a day
   03 – 5-10 cigarettes a day
   04 – 11 to 20 cigarettes a day
   05 – More than 20 cigarettes a day

IF OCCASIONAL SMOKER, ASK

3 b) On the days that you smoke, about how many cigarettes do you smoke?

| | | cigarettes per day

02 - DK/NA

(DO NOT READ LIST)
01 – < 1 cigarette a day
02 – 1-4 cigarettes a day
03 – 5-10 cigarettes a day
04 – 11 to 20 cigarettes a day
05 – More than 20 cigarettes a day

IF CURRENT SMOKER ASK

4. What brand of cigarettes do you usually smoke? **DO NOT READ…CODE ONE BRAND ONLY… (INTERVIEWER NOTE: PROBE FOR WHETHER RESPONDENT SMOKES REGULAR, LIGHT, EXTRA LIGHT ETC. AND KING SIZE OR REGULAR SIZE WITHIN THEIR BRAND.)**

01 - DuMaurier King Size
02 - DuMaurier Regular Size
03 - DuMaurier Light King Size
04 - DuMaurier Light Regular Size
05 - DuMaurier Extra Light King Size
06 - DuMaurier Extra Light Regular Size
07 - DuMaurier Ultra Light King Size
08 - DuMaurier Special King Size
09 - Export "A" Regular Size
10 - Export "A" Medium Regular Size
11 - Export "A" Light Regular Size
12 - Matinee Extra Mild King Size
13 - Number 7 King Size
14 - Number 7 Regular Size
15 - Number 7 Light King Size
16 - Number 7 Light Regular Size
17 - Peter Jackson King Size
18 - Peter Jackson Regular Size
19 - Peter Jackson Light King Size
20 - Players Light Regular Size
21 - Players Light King Size
22 - Players Regular Size
23 - Players Extra Light King Size
24 - Players Extra Light Regular Size
25 - Rothmans King Size
26 - No regular brand
27 - Other (SPECIFY)_____
99 - DK/NA

5. a) How old were you when you first tried smoking cigarettes, even just a few puffs?

☐☐	**RECORD AGE IN YEARS**

02 - DK/NA

b) At what age did you smoke your first cigarette?

☐☐	**RECORD AGE IN YEARS**

02 - DK/NA

c) And at what age did you begin to smoke cigarettes daily?

☐☐	**RECORD AGE IN YEARS**

02 - DK/NA

IF NON-SMOKER AGE 15 TO 17, ASK

6. a) Have you ever tried smoking cigarettes, even just a puff?

01 – Yes **(Qualifies as EXPERIMENTER)**
02 – No
03 – DK/NA

b) Have you seriously thought about smoking?

01 – Yes **(Qualifies as POTENTIAL SMOKER)**
02 – No
03 – DK/NA

c) Do you think you might try smoking within the next month?

01 – Yes **(Qualifies as POTENTIAL SMOKER)**
02 – No
03 – DK/NA

IF FORMER SMOKER, ASK

7. a) When did you smoke your last cigarette? Was it …? **READ**

01 – Less than 6 months ago
02 – Six months to less than one year ago
03 – One to less than three years ago
04 – Three to five years ago

05 – More than six years ago
06 – DK/NA

b) When you smoked, and just before your most recent quit, on average how many cigarettes did you smoke in a day? **PROBE FOR A PRECISE NUMBER. IF RESPONDENT SAYS ONE PACK A DAY PROBE FOR NUMBER OF CIGARETTES IN A PACK**

| | | cigarettes per day (response must be numerical – do not accept range)

2 - DK/NA

(DO NOT READ LIST)
01 – < 1 cigarette a day
02 – 1-4 cigarettes a day
03 – 5-10 cigarettes a day
04 – 11 to 20 cigarettes a day
05 – More than 20 cigarettes a day

QUITTING BEHAVIOUR

IF CURRENT SMOKER

8. a) Have you ever tried to quit smoking?

01 - Yes
02 - No **GO TO Q.9**
03 - DK/NA **GO TO Q.9**

b) In the past year, how many times have you stopped smoking for at least 24 hours because you were trying to quit smoking? **READ**

01 - Once
02 - Twice
03 - Three times
04 - More than three times
05 - Not in the past year
06 - DK/NA

IF EVER TRIED TO QUIT SMOKING Q.8.a = 1 OR FORMER SMOKER who quit in past year (Codes 1, 2 in Q.7a), ASK…

c) Of all the ways or methods that you have used to quit smoking, which one or ones were the most helpful or useful? **DO NOT READ CODE UP TO 3 ANSWERS**

01 - Will power/cold turkey/just stopping
02 - Nicotine patch
03 - Nicotine gum

04 - Using another Nicotine replacement therapy product such as a nicotine inhaler or nicotine lozenges
05 - Reducing the number of cigarettes smoked
06 - Switching to a "Light" or "Mild" brand of cigarettes
07 - Using a product such as Zyban
08 - Using a smokeless tobacco product such as chewing tobacco or snuff
09 - Using herbal cigarettes (which do not contain tobacco or marijuana)
10 - Eating candy/fruit/veggies
11 - Drinking water or other fluids
12 - Chewing something such as regular gum or a pen or a straw
13 - Avoiding other smokers or situations in which smoking is likely to be going on
14 - Hypnosis or acupuncture
15 - Making a deal with another smoker to quit together
16 - Taking part in a quit smoking contest
17 - Using a 1-800 quit smoking help line
18 - Using an internet website program to quit smoking
19 - Joining a self-help program/support group/clinic or group program
20 - Getting more exercise/getting physically fit
21 - Seeking advice from a health professional e.g. doctor, nurse, pharmacist
22 – Other (**SPECIFY)**
23 – DK/NA

IF CURRENT SMOKER, ASK

9. a) Are you now seriously thinking of quitting smoking?

1 – Yes
2 - No **GO TO Q.10**
3 - DK/NA **GO TO Q.10**
4 - Refused

b) When do you think you will try to quit? **READ**

1 - Within the next 30 days,
2 - Within the next 6 months, or
3 - Not within the next 6 months
4 - DK/NA

HEALTH EFFECTS
ASK ALL

10. a) Do you think the harm to smokers health caused by smoking cigarettes is very, somewhat, not very, or not at all serious?

01 – Very serious
02 – Somewhat serious
03 – Not very serious

04 – Not at all serious
05 – DK/NA

IF CURRENT OR FORMER SMOKER ASK:

b) How likely is it that smoking will lead to health problems for you…is it very somewhat, not very or not at all likely?

1 -Very likely
2- Somewhat likely
3- Not very likely
4- Not at all likely

ASK ALL

HARM-REDUCED

11. Have you heard of any of the following products? **READ AND ROTATE**

a) Nicotine Gum such as "Nicorette"

01 – Yes
02 – No
03 – DK/NA

b) Nicotine Patch
c) Nicotine Inhalor
d) Nicotine Lozenges
e) Chewing tobacco
f) Nasal snuff
g) Oral Snuff
h) Herbal Cigarettes

12. a) Have you ever tried or used any of the following products? **READ AND ROTATE**

a) Nicotine Gum such as "Nicorette" **Ever tried/Used** **Tried/Used in Past Year**

01 – Yes
02 – No
03 – DK/NA

b) Nicotine Patch
c) Nicotine Inhalor
d) Nicotine Lozenges
e) Chewing tobacco
f) Nasal snuff
g) Oral Snuff

h) Herbal Cigarettes

IF YES TO ANY ITEM IN Q.12a ASK FOR EACH ITEM
Have you tried or used (this/these) products within the past year?

01 – Yes
02 – No
03 – DK/NA

IF YES TO ANY ITEM IN Q.12a AND IF CURRENT SMOKER OR FORMER SMOKER ASK FOR EACH ITEM

13. a) Have you tried or used (this/these) products as a way to help you quit smoking?

01 – Yes
02 – No
03 – DK/NA

b) Have you tried or used (this/these) products as a replacement or substitute for cigarettes containing tobacco in a situation where smoking tobacco cigarettes was prohibited or not possible?

a) Nicotine Gum such as "Nicorette"

01 – Yes
02 – No
03 – DK/NA

b) Nicotine Patch
c) Nicotine Inhalor
d) Nicotine Lozenges
e) Chewing Tobacco
f) Nasal snuff
g) Oral Snuff
h) Herbal Cigarettes

HERBAL CIGARETTES

14. I am going to describe a product called herbal cigarettes, which are not the same thing as marijuana and do not contain marijuana. Herbal cigarettes are made from different types of grasses and herbs and come in different flavours and aromas. They look like a tobacco cigarette and are lit and smoked like a tobacco cigarette; but they do not contain tobacco. From this description, would you be very interested, somewhat interested, not very interested or not at all interested in trying or using herbal cigarettes?

01 – Very interested
02 – Somewhat interested
03 – Not very interested

04 – Not at all interested
VOLUNTEERED
05 – Already tried it/used it
06 – DK/NA

15. From this description or from what you may have heard about them **(READ AGAIN IF NECESSARY)** do you think herbal cigaretttes would or would not have any of the following ingredients? **READ**

a) Nicotine

01 – Yes, would
02 – No, would not
03 – DK/NA

b) Tar
c) Carbon monoxide
d) Other chemicals

16. And from this description or from what you may have heard about them, do you think herbal cigarettes would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

01 – More harmful
02 – Less harmful
03 – Cause same amount of harm
04 – DK/NA

17. **IF VERY OR SOMEWHAT INTERESTED OR ALREADY TRIED ASK:** Would you be interested in trying or using herbal cigarettes for any of the following reasons? **READ**

a) Because it might be interesting or fun to try them?

01 – Yes
02 – No
03 – DK/NA

b) As a way for you to smoke <u>instead</u> of smoking tobacco cigarettes?
c) As a way for you to smoke that might be <u>safer</u> than smoking tobacco cigarettes?
d) **SMOKERS ONLY** as a way to help you quit smoking tobacco cigarettes?
e) If the cost of herbal cigarettes was lower than tobacco cigarettes?

18. If herbal cigarettes were sold in natural health stores, would they seem to you to be more harmful to a person's health, less harmful, or about the same, as if they were sold in smoke shops or tobacco shops?

01 – More harmful
02 – Less harmful
03 – About the same

04 – DK/NA

CHEWING TOBACCO

19. Chewing tobacco comes in two forms: loose tobacco leaves sold in pouches and, shredded tobacco leaves pressed into a hard block. It is placed in the mouth and either chewed or held in place. Just from this description would you be very interested, somewhat interested, not very interested, or not at all interested in trying or using chewing tobacco?

    01 – Very interested
    02 – Somewhat interested
    03 – Not very interested
    04 – Not at all interested
    05 – Already tried it/used it
    05 – DK/NA

20. From this description or from what you may have heard about it **(READ AGAIN IF NECESSARY)** do you think chewing tobacco would or would not have any of the following ingredients? **READ**

    a) Nicotine

    01 – Yes, would
    02 – No, would not
    03 – DK/NA

    b) Tar
    c) Carbon monoxide
    d) Other chemicals

21. From this description of chewing tobacco or from what you may have heard about it do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

    01 – More harmful
    02 – Less harmful
    03 – Cause same amount of harm
    04 – DK/NA

22. **IF VERY OR SOMEWHAT INTERESTED OR ALREADY TRIED ASK**: Would you be interested in trying or using chewing tobacco for any of the following reasons? **READ**

    a) Because it might be interesting or fun to try it?

    01 – Yes, would
    02 – No, would not
    03 – DK/NA

b) As a way you could have nicotine instead of smoking tobacco cigarettes?
c) As a way to have nicotine that might be safer than smoking tobacco cigarettes?
d) **SMOKERS ONLY.** As a way to help you quit smoking tobacco cigarettes?
e) **SMOKERS ONLY**. As a substitute for smoking in a situation where smoking cigarettes was not possible?
f) If the cost of chewing tobacco was lower than tobacco cigarettes?

SNUFF

23. Snuff is finely ground tobacco. There are two kinds. It can be nasal snuff, in dry, powder form that is used by inhaling it into the nose or by holding it between the lip and gum or holding it in the cheek. Or it can be oral snuff, available in loose form and very small packs, which is placed between the lip and gum or in the cheek. Both types come in different flavours and aromas. From this description, would you be very interested, somewhat interested, not very interested or not at all interested in trying or using snuff?

01 – Very interested
02 – Somewhat interested
03 – Not very interested
04 – Not at all interested
05 – Already tried it/used it
06 – DK/NA

IF VERY OR SOMEWHAT INTERESTED ASK:

24. Which type of snuff would you be interested in trying or using … **READ**

01 – Nasal snuff
02 – Oral snuff, or
03 – Both
04 – DK/NA

25. From this description of snuff or from what you may have heard about it, **(READ AGAIN IF NECESSARY)** do you think it would or would not have any of the following ingredients: **READ**

a) Nicotine

01 – Yes, would
02 – No, would not
03 – DK/NA

b) Tar
c) Carbon monoxide
d) Other chemicals

26. a) From this description of snuff or from what you may have heard about it, do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

01 – More harmful	**ASK b.**
02 – Less harmful	**ASK b.**
03 – Cause same amount of harm	**ASK b.**
04 – DK/NA	

b) Why do you say that? **DO NOT READ. CODE ALL THAT APPLY.**

01 – Involves direct contact with nose/mouth/body
02 – Involves longer contact with a person
03 – Does not have tar/is not burned or smoked
04 – Other **(SPECIFY)** _____
05 – DK/NA

27. **IF VERY OR SOMEWHAT INTERESTED OR ALREADY TRIED ASK**: Would you be interested in trying or using snuff for any of the following reasons? **READ**

a) Because it might be interesting or fun to try it?

01 – Yes
02 – No
03 – DK/NA

b) As a way you could have nicotine instead of smoking tobacco cigarettes?
c) As a way to have nicotine that might be safer than smoking tobacco cigarettes?
d) **SMOKERS ONLY.** As a way to help you quit smoking tobacco cigarettes?
e) **SMOKERS ONLY.** As a substitute for smoking in a situation where smoking cigarettes was not possible?
f) If the cost of snuff was lower than tobacco cigarettes?

NRT

28. Nicotine gum is a gum product containing nicotine that comes in different flavours that some people may chew to help them quit smoking. Would you be very interested, somewhat interested, not very interested or not at all interested in trying or using nicotine gum for any reason? **READ**

01 – Very interested
02 – Somewhat interested
03 – Not very interested
04 – Not at all interested
05 – Already tried it/used it
06 – DK/NA

29. From this description of nicotine gum or from what you may have heard about it, do you think it would or would not have any of the following: **READ**

a) Tar

01 – Yes, would
02 – No, would not
03 – DK/NA

b) Carbon monoxide
c) Other chemicals

30. From this description of nicotine gum or from what you may have heard about it do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

01 – More harmful
02 – Less harmful
03 – Cause same amount of harm
04 – DK/NA

31. **IF VERY OR SOMEWHAT INTERESTED OR ALREADY TRIED ASK**: Would you be interested in trying or using nicotine gum for any of the following reasons? **READ**

a) Because it might be interesting or fun to try it?

01 – Yes, would
02 – No, would not
03 – DK/NA

b) As a way you could have nicotine <u>instead</u> of smoking tobacco cigarettes?
c) As a way to have nicotine that might be <u>safer</u> than smoking tobacco cigarettes?
d) **SMOKERS ONLY.** As a way to help you quit smoking tobacco cigarettes?
e) **SMOKERS ONLY.** As a substitute for smoking in a situation where smoking cigarettes was not possible?
f) If the cost of nicotine gum was lower than tobacco cigarettes?

32. The nicotine patch is an adhesive that people usually put on their arm that releases nicotine directly into their body and that comes in different strengths. Some people may use it to help them quit smoking. Would you be very interested, somewhat interested, not very interested or not at all interested in trying or using the nicotine patch for any reason? **READ**

01 – Very interested
02 – Somewhat interested
03 – Not very interested
04 – Not at all interested
05 – DK/NA

33. From this description of the nicotine patch or from what you may have heard about it, do you think it would or would not have any of the following: **READ**

a) Tar

01 – Yes, would
02 – No, would not
03 – DK/NA

b) Carbon monoxide
c) Other chemicals

34. From this description of the nicotine patch or from what you may have heard about it do you think it would be more harmful to a person's health, less harmful, or cause about the same amount of harm, as using or smoking tobacco cigarettes?

01 – More harmful
02 – Less harmful
03 – Cause same amount of harm
04 – DK/NA

35. **IF VERY OR SOMEWHAT INTERESTED OR ALREADY TRIED ASK**: Would you be interested in trying or using the nicotine patch for any of the following reasons? **READ**

a) Because it might be interesting or fun to try it?

01 – Yes, would
02 – No, would not
03 – DK/NA

b) As a way you could have nicotine <u>instead</u> of smoking tobacco cigarettes?
g) As a way to have nicotine that might be <u>safer</u> than smoking tobacco cigarettes?
h) **SMOKERS ONLY.** As a way to help you quit smoking tobacco cigarettes?
g) **SMOKERS ONLY.** As a substitute for smoking in a situation where smoking cigarettes was not possible?
h) If the cost of the nicotine patch was lower than tobacco cigarettes?

36. Since the nicotine gum and the nicotine patch are sold in pharmacies, would they seem to you to be more harmful to a person's health, less harmful, or about the same, than if they were <u>not</u> sold in pharmacies?

01 – More harmful
02 – Less harmful
03 – Cause same amount of harm
04 – DK/NA

37. Now thinking about tobacco products in general, why do you think tobacco companies add flavours such as mint, cinnamon, or fruit flavours to tobacco products? Is it for any of the following reasons… ? **READ AND ROTATE**

a) To make the tobacco products more attractive to young people?

01 – Yes
02 – No
03 – DK/NA

b) To make it seem that tobacco products have natural ingredients in them?
c) To make it seem that tobacco products are less harmful to one's health?
d) To make it seem that tobacco products may have some health benefits?
e) To make the tobacco products more enjoyable and interesting?

38. (Some) people think that tobacco companies should not be allowed to add flavours to tobacco products because these flavours attract more people, particularly young people, to these harmful products. (Other) people think that tobacco companies should be allowed to add flavours to tobacco products because it makes the products more enjoyable and interesting for users. (**ROTATE SENTENCES**) Which view is closer to your own?

01 – Should not be allowed
02 – Should be allowed
03 – DK/NA

39. In this survey I have asked you some questions about smokeless tobacco products like chewing tobacco and snuff. Is there a difference between the chemicals in these **smokeless tobacco products** and the chemicals in **tobacco smoke**? Which of the following statements comes closest to what you believe? (**READ LIST; DO NOT ROTATE; REPEAT IF NECESSARY)**

01 - There is no difference. It is the same chemicals in both
02 - There are the same number of chemicals, but different chemicals
03 - There are a few more chemicals in tobacco smoke than in smokeless tobacco
04 - There are many more chemicals in tobacco smoke than in smokeless tobacco
05 – DK/NA

DEMOGRAPHICS

ASK ALL

Finally, a few questions for statistical purposes. Please be assured that all your responses will be kept entirely anonymous and absolutely confidential. In what year were you born?

01 - SPECIFY _____
02 - DK/NA

Numbering change for all demos below.

Adult Demographics (18 years and over):

40. What is the highest level of education you have reached? **DO NOT READ**

1 - Elementary school or less (no schooling to grade 7)
2 - Some high school (grades 8 - 11)
3 - Completed high school (grades 12 or 13 or OAC)
4 - Some community college, vocational or trade school (or some CEGEP)
5 - Completed community college, vocational or trade school (or complete CEGEP)
6 - Some university (no degree)
7 - Completed university (Bachelor's degree)
8 - Post graduate university (Master's, Ph.D., completed or not)
9 - DK/NA

41. Which of the following best describes your employment status? Are you… **READ**

1 - Employed full-time (30 hours/week or more)
2 - Employed part-time
3 - Unemployed or looking for a job
4 - Staying at home full-time (home-maker, social assistance)
5 - Student
6 - Retired
7 - OTHER
8 - DK/NA

42. Are you… **READ**

1 - Married or living as a couple
2 - Single
3 - Widowed
4 - Separated
5 - Divorced
6 - DK/NA

43. Are there any children in your household under the age of 18?

1 - Yes
2 - No
3 - DK/NA

44. Into which of the following categories would you put the total annual income, before taxes and deductions, for 2005, of all members of your household, including yourself? Is it… **READ**

1 - Less than $20,000
2 - $20,000 to $39,999
3 - $40,000 to $59,999
4 - $60,000 to $79,999
5 - $80,000 to $99,999
6 - $100,000 and over
7 - Refuse/DK/NA

ASK YOUTH AGED 15 to 17 Years

45. Are you currently attending school full or part-time?

1 - Yes, in school full-time **GO TO Q**
2 - Yes, in school part-time **GO TO Q**
3 - No, not in school **GO TO Q**
4 - DK/NA **GO TO Q**

IF IN SCHOOL, ASK

46. How would you describe the marks you get in school? Do you generally get above average marks, average marks or below average marks?

1 - Above average marks
2 - Average marks
3 - Below average marks
DO NOT READ
4 - Depends/Mixture
5 - DK/NA

IF IN SCHOOL, ASK

47. What grade or level are you in school? **DO NOT READ**

01 - Grades 1-5
02 - Grade 6
03 - Grade 7
04 - Grade 8
05 - Grade 9
06 - Grade 10
07 - Grade 11
08 - Grade 12
09 - Grade 13/OAC
10 - Community college, vocational trade school or CEGEP (not completed)
11 - Completed community college, vocational trade school or CEGEP
12 - University (no degree)

13 - Completed university (Bachelor's degree)
14 - Post-graduate university (Master's, Ph.D., completed or not)
15 - DK/NA

IF NOT IN SCHOOL, ASK

48. What is the highest grade or level of education that you have reached? **DO NOT READ**

01 - Grades 1-5
02 - Grade 6
03 - Grade 7
04 - Grade 8
05 - Grade 9
06 - Grade 10
07 - Grade 11
08 - Grade 12
09 - Grade 13/OAC
10 - Community college, vocational trade school or CEGEP (not completed)
11 - Completed community college, vocational trade school or CEGEP
12 - University (no degree)
13 - Completed university (Bachelor's degree)
14 - Post-graduate university (Master's, Ph.D., completed or not)
15 - DK/NA

ASK ALL YOUTH

49. Do you have a job for which you get paid? (For example baby-sitting, cutting lawns, delivering newspapers, working in a store, etc.) **READ**

1 - Yes, have a job
2 - No, have no job
3 - DK/NA

50. About how much spending money do you get a week from all sources?
PROBE FOR APPROXIMATE DOLLAR FIGURE

$_____
2 - DK/NA

51. Are you ... **READ**

1 - Living with both parents
2 - Living with one parent
3 - Living with someone else, or
4 - Living alone
5 - DK/NA
(NOTE: STEP-PARENTS ARE INCLUDED AS PARENTS.)

52. Into which of the following categories would you put the total annual income, before taxes and deductions, for 2005, of all members of your household, including yourself? Is it… **READ**

1 - Less than $10,000
2 - $10,000 to $19,999
3 - $20,000 to $39,999
4 - $40,000 to $59,999
5 - $60,000 to $79,999
6 - $80,000 to $99,999
7 - $100,000 to $119,999
8 - $120,000 and over
9 - DK/NA

THANK AND CLOSE

ENVIRONICS
RESEARCH GROUP

March 21, 2006

Questionnaire sur les produits à méfaits réduits – Ébauche 5 après le Pré-test - REVISED
(HC-POR-05-56)
PN5832
Questionnaire français

INTRODUCTION

Bonjour, je m'appelle _____ et je travaille pour Environics Research Group Ltd. Nous faisons un sondage pour le compte du gouvernement du Canada sur des sujets qui sont importants pour les Canadiens. La participation à cette recherche est entièrement sur une base volontaire. Vos réponses demeureront strictement confidentielles et serviront uniquement à des fins de recherche, conformément aux lois relatives à la protection des renseignements personnels.

Nous choisissons des numéros de téléphone au hasard, puis nous sélectionnons dans le foyer une personne qui sera interviewée.

A. Est-ce que je pourrais parler à la personne de votre foyer qui a 15 ans ou plus et qui a eu son anniversaire le plus récemment?

#01 Oui
#02 Non disponible.....**ORGANISER LE RAPPEL**
#03 Refus .....**REMERCIER ET TERMINER**

B. Est-ce que vous-même ou un membre de votre foyer travaillez pour une agence de publicité, une firme d'études de marché, les médias ou une compagnie de tabac?

1 - Oui **REMERCIER ET TERMINER**
2 - Non **POURSUIVRE LE QUESTIONNAIRE PRINCIPAL**

B1. À quel groupe d'âge appartenez-vous ? LIRE

01 – 15 – 17 ans ou
02 – 18 ans ou plus
03 – NSP/PR

C. (LIRE SI NÉCESSAIRE) Est-ce que vous êtes un homme ou une femme?

1 - Homme
2 - Femme

D. Langue du sondage

1 - Anglais
2 - Français

INTRODUCTION POUR LE SONDAGE SUR LES FUMEURS

Bonjour, je m'appelle _____ et je travaille pour Environics Research Group Ltd. Nous faisons un sondage pour le compte du gouvernement du Canada sur des sujets qui sont importants pour les Canadiens. La participation à cette recherche est entièrement sur une base volontaire. Vos réponses demeureront strictement confidentielles et serviront uniquement à des fins de recherche, conformément aux lois relatives à la protection des renseignements personnels.

Nous choisissons des numéros de téléphone au hasard, puis nous sélectionnons dans le foyer une personne qui sera interviewée.

A. Est-ce qu'il y a un membre de votre foyer qui a 15 ans ou plus et qui fume la cigarette (de commerce ou roulées)?

1 - Oui **DEMANDER B**
2 - Non **REMERCIER ET TERMINER**
3 - NSP/PR

B. Est-ce qu'il y a dans votre foyer plus d'une personne âgée de 18 ans ou plus qui fume la cigarette?

1 - Oui, plus d'une **DEMANDER C**
2 - Une seulement **CONTINUER OU ORGANISER LE RAPPEL**

C. Est-ce que je pourrais parler au fumeur ou à la fumeuse qui a eu son anniversaire le plus récemment?
ORGANISER LE RAPPEL

D. Est-ce que vous-même ou un membre de votre foyer travaillez pour une agence de publicité, une firme d'études de marché, les médias ou une compagnie de tabac?

1 - Oui **REMERCIER ET TERMINER**
2 - Non **POURSUIVRE LE QUESTIONNAIRE PRINCIPAL**

D1. À quel groupe d'âge appartenez-vous ? LIRE

01 – 15 – 17 ans ou
02 – 18 ans ou plus
03 – NSP/PR

E. (LIRE SI NÉCESSAIRE) Est-ce que vous êtes un homme ou une femme?

1 - Homme

2 - Femme

F. Langue du sondage

1 - Anglais
2 - Français

QUESTIONNAIRE PRINCIPAL

1. À l'heure actuelle, est-ce que vous fumez la cigarette tous les jours, à l'occasion ou jamais?

1 - Tous les jours (**Admissible - FUMEUR QUOTIDIEN**)
2 - À l'occasion (pas tous les jours)(**Admissible - FUMEUR OCCASIONNEL**)
3 - Jamais (**Admissible – NON-FUMEUR**)
4 - NSP/PR

2. Est-ce que vous avez fumé au moins 100 cigarettes dans votre vie?

1 - Oui
2 - Non
3 - NSP/PR

SI Q1, RÉPONDU CODE 1 (« Tous les jours ») OU CODE 2 (« à l'occasion »), ADMISSIBLE EN TANT QUE « FUMEUR ACTUEL ».
SI Q1, RÉPONDU CODE 3 (« jamais ») ET RÉPONDU CODE 1 (« oui ») à Q2, ADMISSIBLE EN TANT QUE « ANCIEN FUMEUR ».
SI Q1, RÉPONDU CODE 3 (« jamais ») ET RÉPONDU CODE 2 (« non ») à Q2, ADMISSIBLE EN TANT QUE « JAMAIS FUMEUR ».
SI Q1, RÉPONDU CODE 3 (« jamais »), ADMISSIBLE EN TANT QUE « NON-FUMEUR».

SI FUME TOUS LES JOURS, DEMANDER :

3. a) En moyenne, combien de cigarettes fumez-vous chaque jour? SONDER POUR OBTENIR UN NOMBRE PRÉCIS. SI LE RÉPONDANT RÉPOND UN PAQUET PAR JOUR, SONDER POUR SAVOIR COMBIEN IL Y A DE CIGARETTES DANS LE PAQUET.

|_|_| cigarettes par jour (la réponse doit être numérique - ne pas accepter de fourchette)

2 - NSP/PR

(NE PAS LIRE LA LISTE)
01 – < 1 cigarette par jour
02 – 1-4 cigarettes par jour
03 – 5-10 cigarettes par jour
04 – 11 à 20 cigarettes par jour
05 – Plus de 20 cigarettes par jour

SI FUME À L'OCCASION, DEMANDER :

3 b) Les jours où vous fumez, environ combien de cigarettes fumez-vous?

cigarettes par jour (la réponse doit être numérique - ne pas accepter de fourchette)

2 - NSP/PR

(NE PAS LIRE LA LISTE)
01 – < 1 cigarette par jour
02 – 1-4 cigarettes par jour
03 – 5-10 cigarettes par jour
04 – 11 à 20 cigarettes par jour
05 – Plus de 20 cigarettes par jour

SI FUMEUR ACTUEL, DEMANDER

4 Quelle est la marque de cigarettes que vous fumez, généralement? NE PAS LIRE - CODER UNE MARQUE SEULEMENT. NOTE À L'INTERVIEWEUR : SONDER POUR SAVOIR SI LE RÉPONDANT FUME DES CIGARETTES RÉGULIÈRES, LÉGÈRES, EXTRA LÉGÈRES, ETC., ET GRAND FORMAT OU RÉGULIER POUR CETTE MARQUE.

01 - DuMaurier grand format
02 - DuMaurier régulier
03 - DuMaurier légères grand format
04 - DuMaurier légères régulier
05 - DuMaurier extra légères grand format
06 - DuMaurier extra légères régulier
07 - DuMaurier ultra légères grand format
08 - DuMaurier spéciales grand format
09 - Export "A" régulier
10 - Export "A" moyennes régulier
11 - Export "A" légères régulier
12 - Matinée extra douces grand format
13 - Number 7 grand format
14 - Number 7 régulier
15 - Number 7 légères grand format
16 - Number 7 légères régulier
17 - Peter Jackson grand format
18 - Peter Jackson régulier
19 - Peter Jackson légères grand format
20 - Players légères régulières
21 - Players légères grand format
22 - Players régulier

23 - Players extra légères grand format
24 - Players extra légères régulier
25 - Rothmans grand format
26 - Aucune marque régulière
27 - Autre (**PRÉCISER**) _____
99 - NSP/PR

5 a) Quel âge aviez-vous quand vous avez essayé de fumer la cigarette pour la première fois, même quelques bouffées seulement ?

|__|__| **INSCRIRE L'ÂGE EN NOMBRE D'ANNÉES**

02 - NSP/PR

b) À quel âge avez-vous fumé votre première cigarette ?

|__|__| **INSCRIRE L'ÂGE EN NOMBRE D'ANNÉES**

02 - NSP/PR

c) Et, à quel âge avez-vous commencé à fumer des cigarettes tous les jours ?

|__|__| **INSCRIRE L'ÂGE EN NOMBRE D'ANNÉES**

02 - NSP/PR

SI NON-FUMEUR ÂGÉ DE 15 À 17, DEMANDER

6 a) Est-ce que vous avez déjà essayé la cigarette, même juste une bouffé?

1 - Oui **(Admissible en tant qu'EXPÉRIMENTATEUR)**
2 - Non
3 - NSP/PR

b) Avez-vous sérieusement pensé à fumer ?

01 – Oui **(Admissible en tant que FUMEUR POTENTIEL)**
02 – Non
03 – NSP/PR

c) Est-ce que vous pensez que vous pourriez essayer la cigarette d'ici un mois?

1 – Oui **(Admissible en tant que FUMEUR POTENTIEL)**
2 – Non
3 - NSP/PR

SI ANCIEN FUMEUR DEMANDER

7 a) Quand avez-vous fumé votre dernière cigarette? Était-ce il y a …? LIRE

01 – Moins de six mois
02 – Six mois à moins d'un an
03 – Un an à moins de trois ans
04 – Trois à cinq ans
05 – Plus de six ans
06 – NSP/PR

b) Quand vous fumiez, et juste avant votre plus récent renoncement au tabagisme, combien de cigarettes fumiez-vous par jour, en moyenne ? **SONDER POUR OBTENIR UN NOMBRE PRÉCIS. SI LE/LA RÉPONDANT(E) DIT UN PAQUET PAR JOUR, SONDER POUR CONNAÎTRE LE NOMBRE DE CIGARETTES DANS UN PAQUET.**

|__|__| cigarettes par jour (la réponse doit être un chiffre – ne pas accepter de fourchette)

2 - NSP/PR

(NE PAS LIRE LA LISTE)
01 – < 1 cigarette par jour
02 – 1-4 cigarettes par jour
03 – 5-10 cigarettes par jour
04 – 11 à 20 cigarettes par jour
05 – Plus de 20 cigarettes par jour

COMPORTEMENT DE RENONCEMENT AU TABAC

SI FUMEUR ACTUEL

8 a) Est-ce que vous avez déjà essayé d'arrêter de fumer?

1 - Oui
2 - Non **PASSER À Q.10**
3 - NSP/PR **PASSER À Q.10**

b) Au cours de la dernière année, combien de fois avez-vous arrêté de fumer pendant au moins 24 heures parce que vous essayiez de cesser de fumer? **LIRE**

1 - Une fois
2 - Deux fois
3 - Trois fois
4 - Plus de trois fois

5 - Pas pendant la dernière année
6 - NSP/PR

SI A DÉJÀ TENTÉ DE CESSER DE FUMER Q.8.a = 1 OU ANCIEN FUMEUR qui a cessé l'an dernier (Codes 1, 2 à Q.7a), DEMANDER…

c) Parmi toutes les façons ou méthodes auxquelles vous avez eu recours pour cesser de fumer, quelle est celle ou quelles sont celles qui vous ont le plus aidé ou qui vous ont été les plus utiles ? NE PAS LIRE. CODER JUSQU'À TROIS RÉPONSES.

01 – Volonté/d'un coup sec/cesser simplement
02 – Timbre cutané (timbre transdermique de nicotine)
03 – Gomme à mâcher à la nicotine
04 – Utiliser un autre produit de remplacement de la nicotine tels qu'un inhalateur ou des pastilles à la nicotine
05 – Réduire le nombre de cigarettes fumées
06 – Changer pour une marque de cigarettes « Légères » ou « Douces »
07 – Utiliser un produit tel que Zyban
08 – Utiliser des produits de tabac sans fumée tels que le tabac à chiquer ou à priser
09 – Utiliser des cigarettes à base d'herbe (qui ne contiennent ni tabac ni marijuana)
10 – Manger du bonbon/des fruits/des légumes
11 – Boire de l'eau ou d'autres liquides
12 – Mâcher quelque chose tel que de la gomme ordinaire ou un stylo ou une paille
13 – Éviter la présence d'autre fumeurs ou de situations où il est probable que des gens fument
14 – Hypnose ou acupuncture
15 – S'entendre avec un autre fumeur pour cesser de fumer ensemble
16 – Participer à un concours de renoncement au tabagisme
17 – Appeler un ligne 1-800 d'aide au renoncement au tabagisme
18 – Utiliser un programme affiché sur un site Web pour cesser de fumer
19 – Joindre un programme d'auto-assistance/un groupe d'entraide/un programme en clinique ou de groupe
20 – Faire plus d'exercice/se mettre en forme
21 – Cherche l'avis d'un professionnel de la santé p.ex. médecin, infirmière, pharmacien
22 – Autre (PRÉCISER)
23 – NSP/PR

SI FUMEUR ACTUEL, DEMANDER

9. a) En ce moment, est-ce que vous envisagez sérieusement d'arrêter de fumer?

1 - Oui
2 - Non **PASSER À Q.10**
3 - NSP/PR **PASSER À Q.10**
4 - Refus **PASSER À Q.10**

b) À quel moment envisagerez-vous d'essayer de cesser de fumer?
LIRE

1 - D'ici les 30 prochains jours,
2 - D'ici les 6 prochains mois, ou
3 - Pas d'ici les 6 prochains mois
4 - NSP/PR

EFFETS SUR LA SANTÉ
DEMANDER À TOUS

10. a) Est-ce que vous pensez que le danger pour la santé des fumeurs causé par le fait de fumer la cigarette est… **LIRE**

1 - Très grave
2 - Assez grave
3 - Pas très grave, ou
4 - Pas grave du tout
5 - NSP/PR

SI FUMEUR ACTUEL OU ANCIEN FUMEUR, DEMANDER

b) Dans quelle mesure est-ce que vous pensez qu'il est probable que fumer vous causera des problèmes de santé? Est-ce que c'est très probable, assez probable, pas très probable ou pas du tout probable?

1 - Très probable
2 - Assez probable
3 - Pas très probable
4 - Pas du tout probable
5 - NSP/PR

DEMANDER À TOUS

MÉFAITS RÉDUITS

11. Avez-vous déjà entendu parler d'un ou l'autre des produits suivants ? LECTURE EN ROTATION

a) Gomme à mâcher à la nicotine telles que « Nicorette »

01 – Oui
02 – Non
03 – NSP/PR

b) Timbre cutané (timbre transdermique de nicotine)
c) Inhalateur de nicotine
d) Pastilles à la nicotine

e) Tabac à chiquer
f) Tabac à priser nasal
g) Tabac à priser oral
h) Cigarettes à base d'herbe

12. a) Avez-vous déjà fait l'essai ou utilisé un ou l'autre des produits suivants ? LECTURE EN ROTATION

a) Gomme à mâcher à la nicotine telles que « Nicorette » **Déjà essayé/utilisé** **Essayé/utilisé depuis un an**

01 – Oui
02 – Non
03 – NSP/PR

b) Timbre cutané (timbre transdermique de nicotine)
c) Inhalateur de nicotine
d) Pastilles à la nicotine
e) Tabac à chiquer
f) Tabac à priser nasal
g) Tabac à priser oral
h) Cigarettes à base d'herbe

SI OUI À UN OU L'AUTRE PRODUITS À Q.12a DEMANDER POUR CHAQUE PRODUIT

Avez-vous fait l'essai ou utilisé (ce/ces) produits depuis un an ?

01 – Oui
02 – Non
03 – NSP/PR

SI OUI À UN OU L'AUTRE PRODUITS Q.12a ET SI FUMEUR ACTUEL OU ANCIEN FUMEUR, DEMANDER POUR CHAQUE PRODUIT

13. a) Avez-vous fait l'essai ou utilisé (ce/ces) produits comme moyen pour vous aider à cesser de fumer ?

01 – Oui
02 – Non
03 – NSP/PR

b) Avez-vous fait l'essai ou utilisé (ce/ces) produits comme remplacement ou substitut aux cigarettes contenant du tabac dans une situation où il était interdit ou impossible de fumer des cigarettes traditionnelles ?

a) Gomme à mâcher à la nicotine telles que « Nicorette »

01 – Oui
02 – Non
03 – NSP/PR

b) Timbre cutané (timbre transdermique de nicotine)
c) Inhalateur de nicotine
d) Pastilles à la nicotine
e) Tabac à chiquer
f) Tabac à priser nasal
g) Tabac à priser oral
h) Cigarettes à base d'herbe

CIGARETTES À BASE D'HERBE

14. Je vais à présent vous décrire un produit appelé cigarettes à base d'herbe, ce qui ne signifie pas marijuana et qui ne contiennent pas de marijuana. Les cigarettes à base d'herbe sont faites à partir de différents types d'herbes et sont disponibles en plusieurs saveurs et aromes. Elles ressemblent aux cigarettes traditionnelles et elles s'allument et se fument comme des cigarettes traditionnelles, mais elles ne contiennent pas de tabac. À partir de cette description seriez-vous très intéressé(e), assez intéressé(e), pas très intéressé(e) ou pas du tout intéressé(e) à faire l'essai ou à utiliser des cigarettes à base d'herbe ?

01 – Très intéressé(e)
02 – Assez intéressé(e)
03 – Pas très intéressé(e)
04 – Pas du tout intéressé(e)
NON SUGGÉRÉ
05 – A déjà fait l'essai/utilisé
06 – NSP/PR

15. À partir de cette description ou de ce que vous avez peut-être entendu à leur sujet (LIRE DE NOUVEAU AU BESOIN) pensez-vous que les cigarettes à base d'herbe contiennent un ou l'autre des ingrédients suivants ? LIRE

a) Nicotine

01 – Oui, en contiennent
02 – Non, n'en contiennent pas
03 – NSP/PR

b) Goudron
c) Monoxyde de carbone
d) Autres substances chimiques

16. Et, à partir de cette description ou de ce que vous avez peut-être entendu à leur sujet, pensez-vous que les cigarettes à base d'herbe seraient plus dangereuses pour la santé d'une personne, moins dangereuses ou tout aussi dangereuses que le fait de fumer des cigarettes contenant du tabac ?

01 – Plus dangereuses
02 – Moins dangereuses
03 – Tout aussi dangereuses
04 – NSP/PR

17. SI TRÈS OU ASSEZ INTÉRESSÉ(E) OU A DÉJÀ FAIT L'ESSAI, DEMANDER : Seriez-vous intéressé(e) à faire l'essai ou à utiliser des cigarettes à base d'herbe pour une ou l'autre des raisons suivantes ? LIRE

a) Parce qu'il pourrait être intéressant ou amusant d'en faire l'essai ?

01 – Oui
02 – Non
03 – NSP/PR

b) Comme un moyen de fumer <u>au lieu de</u> fumer des cigarettes contenant du tabac ?
c) Comme un moyen de fumer qui peut <u>être moins dangereux</u> que fumer des cigarettes contenant du tabac ?
d) **FUMEURS SEULEMENT** Comme un moyen pour cesser de fumer des cigarettes contenant du tabac ?
e) S'il en coûte moins cher de fumer des cigarettes à base d'herbe que de fumer des cigarettes contenant du tabac ?

18. Si les cigarettes à base d'herbe étaient en vente dans des magasins d'alimentation naturelle, vous sembleraient-elles plus dangereuses pour la santé d'une personne, moins dangereuses ou tout aussi dangereuses que si elles étaient vendues dans les tabagies ou dans les magasins de tabac ?

01 – Plus dangereuses
02 – Moins dangereuses
03 – Tout aussi dangereuses
04 – NSP/PR

<u>TABAC À CHIQUER</u>

19. Le tabac à chiquer est disponible sous deux formes : des feuilles de tabac vendues en sachet et du tabac haché pressé en bloc. Il se place dans la bouche et peut soit être mâché ou laissé en place. À partir de cette description seriez-vous très intéressé(e), assez intéressé(e), pas très intéressé(e) ou pas du tout intéressé(e) à faire l'essai ou à utiliser du tabac à chiquer ?

01 – Très intéressé(e)
02 – Assez intéressé(e)
03 – Pas très intéressé(e)
04 – Pas du tout intéressé(e)
05 – A déjà fait l'essai/utilisé
06 – NSP/PR

20. À partir de cette description ou de ce que vous avez peut-être entendu à ce sujet (LIRE DE NOUVEAU AU BESOIN) pensez-vous que le tabac à chiquer contient un ou l'autre des ingrédients suivants ? LIRE

a) Nicotine

01 – Oui, en contient
02 – No, n'en contient pas
03 – NSP/PR

b) Goudron
c) Monoxyde de carbone
d) Autres substances chimiques

21. À partir de cette description du tabac à chiquer ou de ce que vous avez peut-être entendu à ce sujet, pensez-vous qu'il serait plus dangereux pour la santé d'une personne, moins dangereux ou tout aussi dangereux que le fait de fumer des cigarettes contenant du tabac ?

01 – Plus dangereux
02 – Moins dangereux
03 – Tout aussi dangereux
04 – NSP/PR

22. SI TRÈS OU ASSEZ INTÉRESSÉ(E) OU A DÉJÀ FAIT L'ESSAI, DEMANDER : Seriez-vous intéressé(e) à faire l'essai ou à utiliser du tabac à chiquer pour une ou l'autre des raisons suivantes ? LIRE

a) Parce qu'il pourrait être intéressant ou amusant d'en faire l'essai ?

01 – Oui, le ferait
02 – Non, ne le ferait pas
03 – NSP/PR

b) Comme une autre façon d'obtenir de la nicotine <u>au lieu de</u> fumer des cigarettes contenant du tabac ?
c) Comme une autre façon d'obtenir de la nicotine pouvant être <u>moins dangereuse</u> que fumer des cigarettes contenant du tabac ?
d) **FUMEURS SEULEMENT.** Comme un moyen pour cesser de fumer des cigarettes contenant du tabac ?
e) **FUMEURS SEULEMENT**. Comme un substitut dans une situation où il n'est pas possible de fumer des cigarettes ?
f) Si le prix du tabac à chiquer était moindre que celui des cigarettes traditionnelles ?

<u>TABAC À PRISER</u>

23. Le tabac à priser est du tabac finement moulu. Il en existe deux types. Il peut s'agir de tabac à priser nasal, sous forme de poudre sèche qui s'utilise en l'inhalant par le nez ou en le plaçant

entre la lèvre et la gencive ou en le retenant dans la joue. Ou encore, il peut s'agir de tabac à priser oral, disponible sous forme libre ou en très petits sachets, qui se place entre la lèvre et la gencive ou dans la joue. Les deux types sont disponibles en différentes saveurs et aromes. À partir de cette description seriez-vous très intéressé(e), assez intéressé(e), pas très intéressé(e) ou pas du tout intéressé(e) à faire l'essai ou à utiliser du tabac à priser ?

01 – Très intéressé(e)
02 – Assez intéressé(e)
03 – Pas très intéressé(e)
04 – Pas du tout intéressé(e)
05 – A déjà fait l'essai/utilisé
06 – NSP/PR

SI TRÈS OU ASSEZ INTÉRESSÉ(E), DEMANDER :

24. Quel type de tabac à priser seriez-vous intéressé(e) à faire l'essai ou à utiliser … LIRE

01 – Tabac à priser nasal
02 – Tabac à priser oral ou
03 – Les deux
04 – NSP/PR

25. À partir de cette description du tabac à priser ou de ce que vous avez peut-être entendu à ce sujet (LIRE DE NOUVEAU AU BESOIN) pensez-vous que le tabac à priser contient un ou autre des ingrédients suivants ? LIRE

a) Nicotine

01 – Oui, en contient
02 – Non, n'en contient pas
03 – NSP/PR

b) Goudron
c) Monoxyde de carbone
d) Autres substances chimiques

26. a) À partir de cette description du tabac à priser ou de ce que vous avez peut-être entendu à ce sujet, pensez-vous qu'il serait plus dangereux pour la santé d'une personne, moins dangereux ou tout aussi dangereux que le fait de fumer des cigarettes contenant du tabac ?

01 – Plus dangereux **DEMANDER b.**
02 – Moins dangereux **DEMANDER b.**
03 – Tout aussi dangereux **DEMANDER b.**
04 – NSP/PR

b) Pourquoi dites-vous cela ? **NE PAS LIRE. CODER TOUTES LES RÉPONSES QUI S'APPLIQUENT.**

01 – Entre directement en contact avec le nez/la bouche/le corps

02 – Entre plus longtemps en contact avec une personne
03 – Ne contient pas de goudron/n'est ni brûlé ni fumé
04 – Autre (PRÉCISER) _____
05 – NSP/PR

27. SI TRÈS OU ASSEZ INTÉRESSÉ(E) OU A DÉJÀ FAIT L'ESSAI, DEMANDER : Seriez-vous intéressé(e) à faire l'essai ou à utiliser du tabac à priser pour une ou l'autre des raisons suivantes ? LIRE

a) Parce qu'il pourrait être intéressant ou amusant d'en faire l'essai ?

01 – Oui
02 – Non
03 – NSP/PR

b) Comme une autre façon d'obtenir de la nicotine au lieu de fumer des cigarettes contenant du tabac ?

c) Comme une autre façon d'obtenir de la nicotine pouvant être moins dangereuse que fumer des cigarettes contenant du tabac ?

d) **FUMEURS SEULEMENT.** Comme un moyen pour cesser de fumer des cigarettes contenant du tabac ?

e) **FUMEURS SEULEMENT**. Comme un substitut dans une situation où il n'est pas possible de fumer des cigarettes ?

f) Si le prix du tabac à priser était moindre que celui des cigarettes traditionnelles ?

TRN

28. La gomme à mâcher à la nicotine est un produit à mâcher contenant de la nicotine et elle est disponible en diverses saveurs que certaines personnes peuvent mâcher pour s'aider à cesser de fumer. Seriez-vous très intéressé(e), assez intéressé(e), pas très intéressé(e) ou pas du tout intéressé(e) à faire l'essai ou à utiliser de la gomme à mâcher contenant de la nicotine pour une ou l'autre raison ? LIRE

01 – Très intéressé(e)
02 – Assez intéressé(e)
03 – Pas très intéressé(e)
04 – Pas du tout intéressé(e)
05 – A déjà fait l'essai/utilisé
06 – NSP/PR

29. À partir de cette description de la gomme à mâcher à la nicotine ou de ce que vous avez peut-être entendu à ce sujet (LIRE DE NOUVEAU AU BESOIN) pensez-vous qu'elle contient un ou autre des ingrédients suivants ? LIRE

a) Goudron

01 – Oui, en contient
02 – Non, n'en contient pas

03 – NSP/PR

b) Monoxyde de carbone

c) Autres substances chimiques

30. À partir de cette description de la gomme à mâcher à la nicotine ou de ce que vous avez peut-être entendu à ce sujet, pensez-vous qu'elle serait plus dangereuse pour la santé d'une personne, moins dangereuse ou tout aussi dangereuse que le fait de fumer des cigarettes contenant du tabac ?

01 – Plus dangereuse
02 – Moins dangereuse
03 – Tout aussi dangereuse
04 – NSP/PR

31. SI TRÈS OU ASSEZ INTÉRESSÉ(E) OU A DÉJÀ FAIT L'ESSAI, DEMANDER : Seriez-vous intéressé(e) à faire l'essai ou à utiliser de la gomme à mâcher à la nicotine pour une ou l'autre des raisons suivantes ? LIRE

a) Parce qu'il pourrait être intéressant ou amusant d'en faire l'essai ?

01 – Oui, le ferait
02 – Non, ne le ferait pas
03 – NSP/PR

b) Comme une autre façon d'obtenir de la nicotine au lieu de fumer des cigarettes contenant du tabac ?

c) Comme une autre façon d'obtenir de la nicotine pouvant être moins dangereuse que fumer des cigarettes contenant du tabac ?

d) **FUMEURS SEULEMENT.** Comme un moyen pour cesser de fumer des cigarettes contenant du tabac ?

e) **FUMEURS SEULEMENT.** Comme un substitut dans une situation où il n'est pas possible de fumer des cigarettes ?

f) Si le prix de la gomme à mâcher à la nicotine était moindre que celui des cigarettes traditionnelles ?

32. Le timbre cutané (timbre transdermique de nicotine) est un adhésif que les gens collent généralement sur leur bras et qui libère de la nicotine directement dans leur organisme et qui est disponible en plusieurs concentrations. Certaines personnes l'utilisent comme un aide pour cesser de fumer. Seriez-vous très intéressé(e), assez intéressé(e), pas très intéressé(e) ou pas du tout intéressé(e) à faire l'essai ou à utiliser le timbre cutané pour une ou l'autre raison ? LIRE

01 – Très intéressé(e)
02 – Assez intéressé(e)
03 – Pas très intéressé(e)
04 – Pas du tout intéressé(e)
05 – NSP/PR

33. À partir de cette description du timbre cutané ou de ce que vous avez peut-être entendu à ce sujet pensez-vous qu'il contient un ou l'autre des ingrédients suivants ? LIRE

a) Goudron

01 – Oui, en contient
02 – Non, n'en contient pas
03 – NSP/PR

b) Monoxyde de carbone
c) Autres substances chimiques

34. À partir de cette description du timbre cutané ou de ce que vous avez peut-être entendu à ce sujet, pensez-vous qu'il serait plus dangereux pour la santé d'une personne, moins dangereux ou tout aussi dangereux que le fait de fumer des cigarettes contenant du tabac ?

01 – Plus dangereux
02 – Moins dangereux
03 – Tout aussi dangereux
04 – NSP/PR

35. SI TRÈS OU ASSEZ INTÉRESSÉ(E) OU A DÉJÀ FAIT L'ESSAI, DEMANDER : Seriez-vous intéressé(e) à faire l'essai ou à utiliser du timbre cutané pour une ou l'autre des raisons suivantes ? LIRE

a) Parce qu'il pourrait être intéressant ou amusant d'en faire l'essai ?

01 – Oui, le ferait
02 – Non, ne le ferait pas
03 – NSP/PR

b) Comme une autre façon d'obtenir de la nicotine <u>au lieu de</u> fumer des cigarettes contenant du tabac ?

g) Comme une autre façon d'obtenir de la nicotine pouvant être <u>moins dangereuse</u> que fumer des cigarettes contenant du tabac ?

h) **FUMEURS SEULEMENT.** Comme un moyen pour cesser de fumer des cigarettes contenant du tabac ?

g) **FUMEURS SEULEMENT**. Comme un substitut dans une situation où il n'est pas possible de fumer des cigarettes ?

h) Si le prix du timbre cutané était moindre que celui des cigarettes traditionnelles ?

36. Puisque la gomme à mâcher à la nicotine et le timbre cutané sont vendus en pharmacie, vous semblent-ils plus dangereux pour la santé d'une personne, moins dangereux ou tout aussi dangereux que s'ils n'étaient pas vendus en pharmacie ?

01 – Plus dangereux
02 – Moins dangereux
03 – Tout aussi dangereux

04 – NSP/PR

37. À présent, si vous réfléchissez aux produits du tabac en général, pourquoi pensez-vous que les compagnies de tabac ajoutent des saveurs de menthe, de cannelle ou de fruits aux produits du tabac ? Est-ce pour une ou l'autre des raisons suivantes ? LECTURE EN ROTATION

a) Pour rendre les produits du tabac plus attrayants pour les jeunes ?

01 – Oui
02 – Non
03 – NSP/PR

b) Pour laisser croire que les produits du tabac contiennent des ingrédients naturels ?
c) Pour laisser croire que les produits du tabac sont moins dangereux pour la santé ?
d) Pour laisser croire que les produits du tabac peuvent avoir des avantages pour la santé ?
e) Pour rendre les produits du tabac plus agréables et plus intéressants ?

38. Certaines personnes pensent que les compagnies de tabac ne devraient pas être autorisées à ajouter des saveurs aux produits du tabac parce que ces saveurs attirent plus de gens, en particulier des jeunes, vers ces produits dangereux. D'autres personnes pensent que les compagnies de tabac devraient être autorisées à ajouter des saveurs aux produits du tabac parce que cela rend les produits plus agréables et intéressants pour les utilisateurs. (ROTATION DES PHRASES) Lequel de ces points de vue correspond le mieux au vôtre ?

01 – Ne devraient pas être autorisées
02 – Devraient être autorisées
03 – NSP/PR

39. Au cours de ce sondage, je vous ai posé des questions au sujet des produits du tabac sans fumée tels que le tabac à chiquer et à priser. Existe-t-il une différence entre les substances chimiques contenues dans ces produits du tabac sans fumée et les substances chimiques contenues dans la fumée du tabac ? Laquelle des affirmations suivantes correspond le plus à ce que vous croyez ? (LIRE LA LISTE; NE PAS EFFECTUER DE ROTATION, RÉPETER AU BESOIN)

01 – Il n'y a aucune différence. On retrouve les mêmes substances chimiques dans les deux
02 – Il y a le même nombre de substances chimiques, mais des substances chimiques différentes
03 – Il y a un peu plus de substances chimiques dans la fumée du tabac que dans le tabac sans fumée
04 – Il y a beaucoup plus de substances chimiques dans la fumée du tabac que dans le tabac sans fumée
05 – NSP/PR

DONNÉES DÉMOGRAPHIQUES

DEMANDER À TOUS

Enfin, je vais vous poser quelques questions à des fins statistiques. Soyez assuré que toutes vos réponses demeureront entièrement anonymes et confidentielles. En quelle année êtes-vous né?

1 - PRÉCISER _____
2 - NSP/PR

Données démographiques pour les adultes (18 ans ou plus) :

40. Quel est le niveau de scolarité le plus élevé que vous avez atteint?
NE PAS LIRE

1 - Cours primaire ou moins
2 - Une partie du cours secondaire
3 - Le cours secondaire
4 - Une partie du cours collégial, du cours professionnel ou du cours technique (ou une partie du cégep)
5 - Le cours collégial, professionnel ou technique (ou le cégep)
6 - Une partie du cours universitaire (sans diplôme)
7 - Un baccalauréat
8 - Des études supérieures (maîtrise ou doctorat, terminé ou non)
9 - NSP/PR

41. Laquelle des catégories suivantes décrit le mieux votre statut d'emploi? Est-ce que vous êtes…?
LIRE

1 - Au travail à temps plein (30 heures par semaine ou plus)
2 - Au travail à temps partiel
3 - Sans emploi ou à la recherche d'un emploi
4 - Au foyer à temps plein (au foyer, aide sociale)
5 - Aux études
6 - À la retraite
7 - Autre
8 - NSP/PR

42. Est-ce que vous êtes…?
LIRE

1 - Marié ou vivant en couple
2 - Célibataire
3 - Veuf/veuve
4 - Séparé
5 - Divorcé
6 - NSP/PR

43. Est-ce qu'il y a dans votre foyer des enfants de moins de 18 ans?

1 - Oui
2 - Non

3 - NSP/PR

44. Laquelle des catégories suivantes correspond le mieux au revenu total de tous les membres de votre foyer et de vous-même, avant impôt, en 2005? Est-ce que c'est…?
LIRE

1 - Moins de 20 000 $
2 - De 20 000 $ à 39 999 $
3 - De 40 000 $ à 59 999 $
4 - De 60 000 $ à 79 999 $
5 - De 80 000$ à 99 999 $
6 - 100 000 $ et plus
7 - Refus/NSP/PR

DEMANDER AUX JEUNES ÂGÉS DE 15 à 17 ans

45. Est-ce que vous êtes actuellement aux études à temps plein ou à temps partiel?

1 - Oui, aux études à temps plein	**PASSER À Q**
2 - Oui, aux études à temps partiel	**PASSER À Q**
3 - Non, n'est pas aux études	**PASSER À Q**
4 - NSP/PR	**PASSER À Q**

SI AUX ÉTUDES, DEMANDER :

46. Comment décririez-vous vos résultats scolaires? Est-ce que vous obtenez en général des résultats au-dessus de la moyenne, des résultats dans la moyenne ou des résultats en dessous de la moyenne?

1 - Résultats au-dessus de la moyenne
2 - Résultats dans la moyenne
3 - Résultats en dessous de la moyenne
NE PAS LIRE
4 - Ça dépend/combinaison
5 - NSP/PR

SI AUX ÉTUDES, DEMANDER :

47. En quelle année d'études êtes-vous? **NE PAS LIRE**

01 – Primaire à cinquième année
02 – Sixième année
03 – Secondaire un
04 – Secondaire deux
05 – Secondaire trois
06 – Secondaire quatre
07 – Secondaire cinq
08 – 12e année

09 – 13e année
10 - Une partie du cours collégial, du cours professionnel ou du cours technique (ou une partie du cégep)
11 - Le cours collégial, professionnel ou technique (ou le cégep)
12 - Une partie du cours universitaire (sans diplôme)
13 - Un baccalauréat
14 - Des études supérieures (maîtrise ou doctorat, terminé ou non)
15 – NSP/PR

SI N'EST PAS AUX ÉTUDES, DEMANDER :

48. Quel est le niveau de scolarité le plus élevé que vous avez atteint?
NE PAS LIRE

01 – Primaire à cinquième année
02 – Sixième année
03 – Secondaire un
04 – Secondaire deux
05 – Secondaire trois
06 – Secondaire quatre
07 – Secondaire cinq
08 – 12e année
09 – 13e année
10 - Une partie du cours collégial, du cours professionnel ou du cours technique (ou une partie du cégep)
11 - Le cours collégial, professionnel ou technique (ou le cégep)
12 - Une partie du cours universitaire (sans diplôme)
13 - Un baccalauréat
14 - Des études supérieures (maîtrise ou doctorat, terminé ou non)
15 – NSP/PR

DEMANDER À TOUS LES JEUNES

49. Est-ce que vous avez un emploi payé? (Comme garder des enfants, tondre le gazon, distribuer des journaux, travailler dans un magasin, etc.) **LIRE**

1 - Oui, a un emploi
2 - Non, n'a pas d'emploi
3 – NSP/PR

50. Environ combien d'argent avez-vous par semaine pour vos dépenses, peu importe la source?
SONDER POUR OBTENIR UN MONTANT APPROXIMATIF EN DOLLARS

$_____
2 – NSP/PR

51. Est-ce que vous vivez...
LIRE LA LISTE

1 - Avec vos deux parents
2 - Avec un de vos parents
3 - Avec quelqu'un d'autre
4 - Seul
5 - NSP/PR

(NOTA : TRAITER LES BEAUX-PARENTS COMME S'ILS ÉTAIENT DES PARENTS.)

52. Laquelle des catégories suivantes correspond le mieux au revenu total de tous les membres de votre foyer et de vous-même, avant impôt, en 2005? Est-ce que c'est…?
LIRE

1 - Moins de 10 000 $
2 - De 10 000 $ à 19 999 $
3 - De 20 000 $ à 39 999 $
4 - De 40 000 $ à 59 999 $
5 - De 60 000 $ à 79 999 $
6 - De 80 000 $ à 99,999 $
7 - De 100 000 $ à 119,999 $
8 - 120 000 $ et plus
9 - Refus/NSP/PR

REMERCIER ET TERMINER.