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Smoking Panel Surveys and Interviews 2022-2023

Executive Summary

Prepared for Health Canada

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Smoking Panel Surveys and Interviews 2022-2023 – Executive Summary

Prepared for Health Canada by Environics Research

July 2023

This public opinion research report presents the results of a quantitative and qualitative research study conducted by Environics Research on behalf of Health Canada, comprising two return-to-sample online surveys and qualitative individual interviews (IDIs). The basis of the sample was participants from the Baseline survey (Wave 1), which was conducted with 7,248 Canadians aged 15 or older who currently smoked at the time of the original Baseline survey (conducted in 2022). All participants from the Wave 1 Baseline survey who could be reached were invited to return for the first return-to-sample survey (Wave 2), resulting in 1,064 respondents returning from Wave 1. All participants from the Wave 2 survey who could be reached were invited to return for the second return-to-sample survey (Wave 3), resulting in 675 respondents returning from Wave 2. The Wave 2 survey was conducted from December 13, 2022, to January 22, 2023, and the Wave 3 survey was conducted from April 5 to June 1, 2023. The IDIs were conducted from January 4 to February 1, 2023, with 38 respondents from the Wave 2 survey.

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Executive summary

A. Background and objectives

Canada's Tobacco Strategy has set an ambitious goal of lowering tobacco use among Canadians to 5% by the year 2035. To realize this objective, Health Canada needs to understand factors underlying transitions, be it starting smoking, quitting smoking, relapse smoking, and/or moving on to other nicotine use (e.g., vaping). This information could be used to develop programs that prevent the initiation of tobacco use as well as support users in their cessation efforts to quit tobacco long-term.

Transitional data is required to provide key insights into how changeable (or not) an individual's use behaviour can be over time, any factors influencing those changes (e.g., biases), and any factors that could be influenced by those changes (e.g. health self-ratings). As such, this research continues the exploration into attitudes and changes in smoking behaviour that started in the Baseline survey (POR 096-21). The Baseline survey was conducted in 2022 among Canadians 15 years of age and older, who currently smoked (defined as having smoked a cigarette in the past 30 days). They may have also vaped (i.e., were dual users). Transitions of interest include resuming smoking, quitting smoking, and/or starting vaping. Other variables of interest include the appeal and use of cessation aids, and if transitions are associated with changes of opinions (e.g. health self-ratings, attitudes around use, etc.).

The main objective of this research is to understand patterns of use over time at the individual level with respect to smoking cigarettes. The research will also gather attitudes and behaviours of Canadians who were current smokers aged 15 years and older in the Baseline survey and examine any changes over time that could be associated with changes in use.

Specific research objectives include, but are not limited to, the following:

- To establish patterns of use among those who were current smokers in the Baseline survey,
- To understand factors driving changes in smoking status, including quit attempts and cessation,
- To understand changes in patterns of vape use, including starting or quitting vaping,
- To measure Canadian current smokers' level of awareness and knowledge around vaping products, and
- To gather information on Canadian current smokers' level of awareness, knowledge and behaviours with respect to smoking cessation products,
- To gather information on the vaping devices and e-liquids currently being used by those who currently vape.

A. Methodology

This research study consisted of three parts:

1. **Wave 2 return-to-sample survey:** A quantitative online return to sample (RTS) survey of 1,075 Canadians drawn from the 2022 baseline survey (Wave 1) of 7,248 Canadians aged 15 or older who smoked at the time of the original study.
2. **Qualitative individual interviews (IDIs):** IDIs were conducted with 38 survey participants drawn from the Wave 2 survey, before the Wave 3 survey was fielded.
3. **Wave 3 return-to-sample survey:** A second quantitative online RTS survey of 675 Canadians drawn from Wave 2 participants.

This study is a follow-up to the [Smokers Panel Baseline Survey 2022](#) (Wave 1) with 7,248 Canadians aged 15 or older smoked at least once in the month before the survey, conducted from March 4 – April 8, 2022.

The Wave 2 survey was conducted from December 13, 2022 to January 22, 2023, and the Wave 3 survey was conducted from April 5 to June 1, 2023. Waves 2 and 3 used an RTS approach, attempting to recontact all participants from the previous wave (i.e. Wave 2 is drawn from Wave 1, Wave 3 is drawn from Wave 2). Note that the original sample was designed to (a) reflect the demographic composition of the current smoking population by age, gender, and province, and (b) to maximize the subsample of youth (15-19 years) and young adult (20-24 years) smokers, for adequate analysis in subsequent waves (despite expected attrition).

| | Dates | Sample size |
|---------------------|--------------------------------|-------------|
| Wave 1 (POR-097-21) | March 4 to April 8 2022 | 7,248 |
| Wave 2 | December 13 to January 22 2023 | 1,064 |
| Wave 3 | April 5 to June 1 2023 | 675 |

To note: the incidence of current smoking among Canadians 15+ is 10.3 percent nationally (per Canadian Tobacco and Nicotine Survey [CTNS] 2020 data). As this online survey used an opt-in panel, it is a non-probability survey and no margin of sampling error should be calculated. Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect.

The following completions were achieved in Wave 2:

| Age | 2020 Population | Current smoker incidence (CTNS 2020) | Proportion of smoker population | Unweighted sample size | Proportion of total sample | Weighted sample size |
|--------------|-------------------|--------------------------------------|---------------------------------|------------------------|----------------------------|----------------------|
| 15-19 | 2,102,402 | 3.1% | 2% | 48 | 5% | 21 |
| 20-24 | 2,484,313 | 8.4% | 6% | 116 | 11% | 64 |
| 25+ | 27,408,756 | 11.0% | 92% | 900 | 85% | 979 |
| Total | 31,995,471 | 10.3% | 100% | 1,064 | 100% | 1,064 |

The following completions were achieved in Wave 3:

| Age | 2020 Population | Current smoker incidence (CTNS 2020) | Proportion of smoker population | Unweighted sample size | Proportion of total sample | Weighted sample size |
|--------------|-------------------|--------------------------------------|---------------------------------|------------------------|----------------------------|----------------------|
| 15-19 | 2,102,402 | 3.1% | 2% | 11 | 2% | N/A |
| 20-24 | 2,484,313 | 8.4% | 6% | 48 | 7% | N/A |
| 25+ | 27,408,756 | 11.0% | 92% | 616 | 91% | N/A |
| Total | 31,995,471 | 10.3% | 100% | 675 | 100% | N/A |

Note that respondent ages in each survey wave are based on the age first recorded in the baseline study in 2022. Wave 2 data was weighted by age, gender, and region to reflect the smoking population in CTNS 2020. Wave 3 data was not weighted due to the small sample size, to avoid distorting individual responses.

Note about limitations of qualitative research: Qualitative research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as measured in a quantitative survey. The results of the qualitative research should be viewed as indicative rather than projectable to the population.

B. Contract value

The contract value was \$260,332.93 (including HST).

Report

This report begins with an executive summary outlining key findings and conclusions, followed by a detailed analysis of the quantitative survey data and qualitative interviews. Provided under a separate cover is a detailed set of “banner tables” presenting the results for all questions in the quantitative surveys by population segments as defined by region and demographics. These tables are referenced by the survey question in the detailed analysis.

In this report, quantitative results are expressed as percentages unless otherwise noted. Results may not add to 100% due to rounding or multiple responses. Net results cited in the text may not exactly match individual

results shown in the tables due to rounding. Notable differences between subgroups are noted based on Z-test results at 95% probability for comparing proportions and based on two-tailed T-test results at 95% probability for comparing means. Comparisons are based on differences between exclusive sub-groups, and not on differences compared to the total or groups that overlap.

The report uses certain terminology to differentiate between certain sub-groups of quantitative respondents based on their smoking behaviour, transitions, and vaping. The following groups are discussed throughout the report:

- **Past 30 day smoking:** Respondents who smoked on a daily, weekly, or monthly basis in the 30 day time period leading up to the survey, based on their responses to the key smoking status question (QA1). In some instances in the narrative they are referred to as *still smoking*.
 - **Status quo smoking:** A subset of past 30 day smoking who were smoking continuously from Wave 1 until Wave 3 without quitting, reducing, or increasing, based on their responses to QA1. In some instances in the narrative they are referred to as *smoking at the same rate* or similar wording to differentiate from others.
 - **Relapsed:** A subset of past 30 day smoking who quit between Wave 1 and 2, but were smoking again in Wave 3.
 - **Reduced:** A subset of past 30 day smoking who had reduced their smoking frequency between Wave 1 and Wave 3.
 - **Increased:** A subset of past 30 day smoking who had increased their smoking frequency between Wave 1 and Wave 3.
- **Quit smoking:** Respondents who had not smoked in the 30 day time period leading up to the survey, based on QA1. In some instances they are referred to as having *formerly smoked*.
 - **Newly quit:** A subset of those who quit smoking who were still smoking in Wave 2, but had quit by Wave 3.
 - **Longer-term quitting:** A subset of those who quit smoking who had quit in Wave 2, and were still not smoking in Wave 3.
- **Past 30 day vaping:** Respondents who had vaped, with or without nicotine, in the 30 day time period leading up to the survey. Excludes cannabis vaping.
 - **Alternating use:** A subset of past 30 day vaping who were both smoking and vaping in the past 30 days leading up to the survey.
 - **Vaping only:** A subset of past 30 day vaping, who had quit smoking.
- **Formerly vaped:** Those who had vaped in the past but not in the 30 day time period leading up to the survey.
- **Never vaped:** Those who never vaped in the past 30 days in Waves 1, 2, or 3, according to their survey responses.

Results are also analyzed by demographic sub-groups, mainly region, age, and gender; in some instances, other sub-groups are included in the analysis to illuminate the findings where relevant. To the extent possible, sub-group differences are noted for Wave 2 and Wave 3.

The nature of RTS sampling presents some complications when analyzing data across waves, including where sub-group differences are concerned. Due to the diminishing sample sizes from wave to wave, and changes in behaviour among respondents, some associations are present in one wave but not another. Regardless of their presence in one wave or the other, statistical differences between sub-groups are noted where they are interpreted to be important and relevant to the analysis.

Use of findings of the research. Data from this research will allow the Tobacco Control Directorate to understand and contextualize any recent changes in smoking prevalence.

C. Key findings

Key findings - Quantitative

Most survey respondents who completed all three waves of the study, smoked persistently throughout. After three waves of surveys, spanning just over a year, most of these respondents were still smoking by the end (84%). Broken down further, this comprises 74 percent who did not quit at all, and another 10 percent who had quit in Wave 2, but relapsed by Wave 3. Just 4 percent of the Wave 3 sample had quit on a long term basis lasting through Wave 2 and Wave 3, another 12 percent had newly quit in Wave 3.

Smoking frequency and intensity was also largely unchanged from wave to wave. The proportion of those who smoke daily, which started at 67 percent in the baseline study, only declined slightly in Wave 2 (63%) and Wave 3 (61%); this means that even as some respondents moved toward quitting, others increased their smoking from occasionally to daily over the course of the three study waves. Other measures of smoking were markedly consistent from the baseline survey through to Wave 3, like the number of cigarettes smoked per day (mean of 10 for those who smoke in all waves), the timing of first cigarettes (six in ten have their first cigarette within 30 minutes of waking, in all survey waves), and feeling the urge to smoke (two in three feel strong urges to smoke at least once a day, in all waves).

Among those who participated in all three waves, the stability of smoking behaviour over time hints at the immense difficulty of quitting to them. Even though most of those who smoke understand that smoking will lead to negative consequences, and they usually have strong intentions of quitting eventually, over the course of a year and three waves of surveys, few were able to succeed at a meaningful or long-lasting attempt at quitting.

This stasis in smoking behaviour is not for a lack of trying; most of those who continued smoking report that they attempted to quit between survey waves, often several times, and most were actively trying to quit or reduce their smoking when they were surveyed. Of those with past 30 day smoking, about four in ten were actively trying to stop smoking in both Wave 2 (38%) and Wave 3 (38%), and two out of three were trying to reduce their smoking (Wave 2 67%, Wave 3 68%). Four in ten reported quit attempts lasting at least 24 hours between survey waves in Wave 2 (42%) and Wave 3 (39%). Of those with quit attempts, half report two or more attempts in the time between survey waves (Wave 2 50%, Wave 3 47%). Almost half of those who were smoking used at least one nicotine-based cessation aid recently (Wave 2 48%, Wave 3 46%), while more than three quarters tried other methods (Wave 2 81%, Wave 3 83%). These results only cover the time period between survey waves, indicating a remarkable degree of quitting effort in just the span of a few months, let alone over years of smoking.

Stress is a major cause of failure in quit attempts. The relationship between stress and smoking is clear in the survey data. About half of those who smoke agree (8 to 10 on a 1 to 10 agreement scale) that smoking calms them down when they are stressed (Wave 2 49%, Wave 3 48%). Among those who relapsed between Waves 2 and 3, stress at home (39%) and stress at work (28%) were named most often as reasons for smoking again.

Though many have the self-awareness to recognize stress as a weak point in their quit attempts, they lack the knowledge to prepare themselves for it, and blame themselves for failure. There is a widespread reliance on cold turkey or cigarette reduction as main quitting techniques; among those who attempted quitting between

survey waves, cold turkey was used by four in ten (Wave 2 40%, Wave 3 39%) and cigarette reducing was used by three in ten (Wave 2 30%, Wave 3 28%). From the qualitative research findings, this looks to be connected to a flawed overall mindset toward quitting that sees total abstinence, powered by willpower, as the only truly effective way to quit. This leads to cycles of attempting and failing, where quit attempts are derailed by stress, but smoking is seen as a failure of personal willpower rather than a failure of the approach itself. Interview participants often stated this quite directly, and it is also evident in the survey data: six in ten of all Wave 3 respondents (59%) agreed with the statement “*If I fail at quitting, it’s my own fault and I only have myself to blame.*” This self-blaming viewpoint is widely held across demographic lines and does not vary based on smoking behaviour and transitions.

Those who recently relapsed tend to smoke less than others who smoke, but they do not seem to be more inclined to quit again. Looking at those who relapsed from Wave 2 to Wave 3, their smoking behaviour is somewhat different than others who smoke. For example, they are less likely to smoke within 30 minutes of waking (46%) and they are less likely to report frequent urges to smoke (51%). Still, their attempts at stopping (37%) or reducing (67%) smoking were the same compared to those who smoked continuously through all three waves. This suggests that relapsed smokers may include some who have given up on a very solid attempt to quit or reduce, even though they are evidently still smoking less than those who did not quit at all. Further, this presents a potential opportunity; if those trying to quit smoking can be taught or convinced away from all-or-nothing thinking and self-blame, then perhaps even shorter-term efforts can be turned into foundation stones for longer term quitting .

Vaping is more common among those who continue to smoke than those who quit smoking. Among those still smoking in Wave 3, 39 percent were also vaping, compared to just 27 percent of those who had quit smoking, and 23 percent who had quit smoking long-term. Those using both tend to vape with nicotine earlier in the morning (47% within 30 minutes) compared to those who quit smoking (33%). Vaping was even more common among those who had reduced their smoking, more than half were also vaping in Wave 2 (60%) and Wave 3 (53%). What this suggests is that while vaping may be intended as a cessation aid for some, for others it is done in addition to, rather than instead of, smoking. Even among those who were vaping when they quit smoking, ratings of its usefulness as a cessation technique are lukewarm, with a mean rating of 7 (out of 10 on a 1 to 10 usefulness scale) in Waves 2 and 3. *Interpreting these findings, it is important to recall that this study begins with an original baseline sample of those who smoked at the time the first survey was conducted, and may not reflect the vaping experiences for those outside of this universe.*

Cannabis and alcohol use are associated with ongoing smoking to some extent. In Wave 2, those who still smoked were more likely than those who formerly smoked to have consumed cannabis via vaping (30% vs. 17%), smoking (58% vs. 17%) or edibles (32% vs. 20%) in the past 30 days; this association persisted for smoking and edibles in Wave 3. Those whose smoking was ongoing were more likely to drink alcohol in the past 30 days (Wave 2 78%, Wave 3 79%) than those who formerly smoked (Wave 2 68%, Wave 3 65%). Smoking frequency was also related to higher alcohol consumption; those who smoke daily were more likely to drink daily in Wave 2 (16%) and Wave 3 (16%), compared to those smoking occasionally or not at all.

Cigarette butts are often disposed of in ways that are inappropriate and potentially harmful to the environment. Where cigarette butts are concerned, a majority of respondents admitted that they toss cigarette butts on the ground at least some of the time (61%). A fairly large proportion also admitted to flushing them (40%) or putting them in the compost (25%) at least some of the time. This is concerning, because cigarette butts contain plastic, nicotine, heavy metals and other chemicals that can cause environmental harm when they are not disposed of properly, with the burden of clean-up falling to communities. Cigarette packaging seemed to pose confusion for some; while the paper cartons and packs usually end up being recycled, the plastic wrapping and foil more often wind up discarded in the garbage.

Key findings - Qualitative

Almost all interview participants, whether they were currently smoking or not, had made at least one quit attempt in the past, with varying levels of success. They most often saw smoking as a source of comfort or stress relief, but many also considered it to be a social activity or, alternatively, a peaceful escape from the rigours of daily life.

Successful quitting looked different to each participant. Some considered significant reduction, transition to vaping, or only smoking on special occasions to constitute successful quitting, while others believed that truly quitting had to involve complete abstinence from any form of nicotine. Despite these different perceptions of quitting, a common theme emerged suggesting that the majority of interviewees did not think of quitting as a singular action with an end-point, but rather an ongoing and potentially lifelong effort involving a multitude of steps and goalposts.

Interviewees often felt they would have to already be experiencing negative health effects or a poor diagnosis in order to see health as a true motivator to make a change. What's more, the presence of any kind of life stress was a significant detractor from motivations to quit. Indeed, the tendency to lean on smoking as a 'crutch' in times of stress or uncertainty was the most prominent cause of derailed quit attempts.

A significant portion of those who consumed alcohol regularly felt that alcohol and cigarettes were closely related, and that consumption of alcohol would often lead to smoking. A small group, however, felt that the two were completely separate. Only a few participants admitted to using cannabis, but those that did reported no relationship between their use of cannabis and cigarettes.

There was some uncertainty about vaping and its usefulness as a smoking cessation aid. For some, this stemmed from skepticism about its ability to act as a replacement for smoking due to its different feel, taste or smell. Others were hesitant because they felt that there was a lack of information available about the potential negative effects of vaping, and a handful mistakenly believed that vaping was actually worse for their health than smoking. Overall, for those interviewed, vaping did not seem to be a reliable quitting method; note that since this group was drawn from those recently or currently smoking, it is not representative of all smoking and vaping experiences and perspectives.

Generally, participants viewed prescription drugs as a more useful tool for quitting than over-the-counter gums, lozenges or patches. Most of those interviewed had tried at least one type of quitting aid in the past, often several, and many felt that they might use them in the future. Those who had experienced long term quitting in the past often mentioned that quitting aids (most often medication, gum, or the patch) had helped them in the earlier stages of quitting.

There was little awareness of emotional and mental support techniques like counselling or self-help books. Among those who had previously attempted to quit, when prompted, there was a vague interest in methods like support groups or therapy that would help them to understand and manage the stress and emotional triggers that had made it difficult to succeed in the past. Some participants indicated that they would rely on their personal social circles for support when quitting smoking. They often spoke of family members and friends, and some also mentioned speaking to their doctors.

There was a strong sense among interviewees that self-driven cold turkey was the only 'real' way to quit. Many believed that in order to successfully quit, one had to be in the right state of mind to fully commit to the attempt. A need for 'perfect circumstances' often accompanied this view of quitting, meaning that participants

were often waiting for a time in their lives with fewer stressors to make a change, and then relying on their own willpower to see them through to success. This reliance on willpower could contribute to a tendency for those who resume smoking to self-blame, rather than recognizing the difficulty of quitting smoking. As noted in the quantitative data as well, this view of quitting seems to contribute to the cycle of quitting and relapsing that, for many, is frequent and rapid. Additionally, participants often lacked insight into resources that could help them address their stress-related reasons for relapsing.

To overcome stress and the perceived reliance on individual willpower, those trying to quit smoking need a rigorous set of tools that empowers them to address quitting obstacles on all fronts. Participants noted that messaging about quitting smoking often focuses on negative health consequences, cessation aids or techniques that mainly address physical withdrawal symptoms. While those who smoke often experience short-term quitting by using methods that curb the cravings and temporarily distract them from boredom, in the long run, those quit attempts usually end because people are not equipped to cope with stress without smoking. Interview participants often cited a need for communication and resources about quitting that helps those attempting to quit to find a method that addresses cravings, withdrawal symptoms, boredom, social habits, and stress. Additional comments from these participants indicated an interest in support that acknowledges how difficult it is to quit; building this kind of awareness might improve odds of longer-term quitting by steering people away from defeatism and self-blame, and toward evidence-based quitting resources.

Many participants noted a strong need for a different approach to anti-smoking advertising that will deter the next generation from developing smoking habits. This view was often accompanied by regret about smoking from a young age. Specific suggestions included video ads, social media posts or partnerships with influencers, which some believed would be more effective than print ads or messages on cigarette packaging.

D. Political neutrality statement and contact information

I hereby certify as senior officer of Environics that the deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada, and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate, or ratings of the performance of a political party or its leaders.

Stephanie Coulter
Senior Research Associate, Corporate and Public Affairs
Environics Research Group
stephanie.coulter@environics.ca

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For more information, contact Health Canada at: hc.cpab.por-rop.dgcap.sc@canada.ca