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Smoking Panel Surveys and Interviews 2022-2023

Final Report

Prepared for Health Canada

Supplier Name: Environics Research

Contract Number: CW2246278

Contract Value: \$260,332.93 (including HST)

Award Date: October 28, 2022

Delivery Date: July 18, 2023

Registration Number: 072-22

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

Ce rapport est aussi disponible en Français

Canada

Smoking Panel Surveys and Interviews 2022-2023 – Final report

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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Cat. No. H14-455/2023E-PDF
ISBN 978-0-660-67964-8

Cette publication est aussi disponible en français sous le titre *Sondages par panel et entretiens sur le tabagisme 2022-2023*.

PDF:

Cat. No. H14-455/2023F-PDF
ISBN 978-0-660-67965-5

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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.

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Original contract date: October 28, 2022

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Introduction

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.

Previous work conducted by the Tobacco Control Directorate (TCD) of Health Canada has largely been retrospective and cross-sectional in nature, in the form of focus groups or surveys, asking about past behaviours. However, there is limited understanding of the transition between products occurring among people who are smoking and using vaping products at the individual level. Previous public opinion research (POR) projects have started to examine transitions among vapers, but more transitional and prospective data are required for smokers. Transitional data will 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).

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 among Canadians 15 years of age and older (with an oversample of respondents aged 15-24), who had 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.).

This work involved the use of both quantitative and qualitative research methods, including two return-to-sample (RTS) online surveys, as well as qualitative in-depth interviews (IDIs) to explore drivers, impacts, and barriers.

Objectives

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 also gathered attitudes and behaviours of Canadians aged 15 years and older who smoked at the time of the Baseline survey to 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 Baseline patterns of use among those who currently smoked 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.
- 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.

About this report

This report begins with an executive summary outlining the key findings of the quantitative surveys and qualitative interviews, followed by a detailed analysis and breakdown of the results. Detailed descriptions of the survey and IDI methodologies are presented in Appendix A. The survey questionnaires are provided in Appendix B and C, and the IDI discussion guide and screener are provided in Appendix D and E.

The report uses certain terminology to differentiate between certain sub-groups of 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. 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 detectable quitting, reducing, or increasing. 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. 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 on a regular basis according to their survey responses.

Note that in the Baseline report, the terms ‘vapers’ and ‘smokers’ were used to refer to people who smoked or vaped. In an effort to avoid stigma, this report uses different terminology to describe sub-groups of survey respondents based on their smoking and vaping behaviour.

Quantitative results are based on the entire sample unless otherwise noted. In this report, results are expressed as percentages unless otherwise noted. Results may not add to 100% due to rounding or multiple responses.

Provided under a separate cover is a detailed set of “banner tables” presenting the results for all survey questions for Wave 2 and Wave 3 by subgroup segments. These tables are referenced by the survey question in the detailed analysis.

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 overlapping groups.

When interpreting results, note that because 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.

With regard to the qualitative research results, note that 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.

I. Detailed findings – Quantitative

B. Profile of respondents

The following table shows the profile of participants in the study by wave. Note that Wave 1 and Wave 2 data were weighted to align with CTNS 2020 data by region, age, and gender. Wave 3 data was not weighted in order to avoid amplifying individual responses within smaller sub-groups.

In Wave 3, the unweighted sample composition shifted to some degree by age and gender, with adults 25+ and women somewhat overrepresented relative to previous waves. Without weighting in Wave 3, women remain overrepresented in the sample, but the age proportions are similar to the weighted proportions in previous waves. In general, the sample composition in other demographic variables was fairly consistent from wave to wave, with a slight increase noted in the proportion French-speaking respondents.

For interpretation of results, it is important to note the decreasing sample size in subsequent study waves. The smaller sample sizes make it difficult to detect trends within specific sub-groups, or differences between sub-groups, particularly on an ongoing (i.e. wave to wave) basis. Further discussion of the sample composition is included in the methodology section of this report.

Respondent profile by wave

Characteristic	Wave 1 (n = 7,248)	Wave 2 (n = 1,064)	Wave 3 (n = 675)
Age			
Youth (15-19)	2%	2%	2%
Young adult (20-24)	6%	6%	7%
Adult (25+)	92%	92%	91%
Gender			
Female	40%	40%	56%
Male	60%	60%	44%
Gender diverse	<1%	<1%	1%
Prefer not to say	<1%	0%	0%
Region			
BC/Territories	10%	10%	10%
Alberta	13%	13%	10%
Saskatchewan	4%	4%	3%
Manitoba	4%	4%	3%
Ontario	35%	35%	39%
Quebec	26%	26%	28%
Atlantic	7%	7%	8%
Marital status			
Never legally married lived with common-law partner	29%	31%	31%
Legally married/not separated	36%	34%	36%
Living w/ common-law partner	19%	18%	18%
Separated, still legally married	4%	4%	3%
Divorced	7%	8%	8%
Widowed	3%	3%	3%
Prefer not to say	2%	3%	1%

Base: All respondents

Respondent profile by wave (continued)

<i>Characteristic</i>	Wave 1 (n = 7,248)	Wave 2 (n = 1,064)	Wave 3 (n = 675)
Occupation			
Senior/middle management	16%	16%	13%
Professional	21%	25%	26%
Technical/Paraprofessional	11%	8%	11%
Sales and Service	12%	12%	14%
Administrative, clerical and office support	12%	14%	15%
Industrial, electrical and construction trades	6%	5%	4%
Maintenance and equipment operation trades, installers, repairers, and material handlers	5%	4%	3%
Processing, manufacturing and utilities machine operators and assemblers	4%	3%	3%
Construction, agricultural, forestry, fishing, landscaping labourer/general worker	6%	9%	5%
Prefer not to say	6%	5%	5%
Household income			
NET: Under \$40K	25%	27%	27%
\$40,000 to just under \$60,000	16%	16%	15%
\$60,000 to just under \$80,000	15%	17%	15%
\$80,000 to just under \$100,000	15%	13%	12%
\$100,000 to just under \$150,000	16%	15%	17%
\$150,000 and above	8%	7%	7%
Prefer not to say	5%	6%	5%
Identity			
A member of a visible minority group	21%	19%	20%
A member of the LGBTQ2+ community	11%	8%	9%
Someone living with a physical disability	N/A	16%	16%
Someone living with a mental illness	N/A	17%	16%
None of the above	71%	57%	55%

Base: All respondents

Respondent profile by wave (continued)

<i>Characteristic</i>	Wave 1 (n = 7,248)	Wave 2 (n = 1,064)	Wave 3 (n = 675)
Indigenous identity			
NET: Indigenous	5%	7%	7%
First Nations	3%	4%	4%
Métis	2%	3%	3%
Inuk (Inuit)	<1%	<1%	0%
A non-Indigenous person	86%	86%	86%
Prefer not to say	9%	7%	8%
Education			
NET: HS or less	30%	29%	30%
Registered Apprenticeship/ other trades certificate/ diploma	8%	8%	8%
College, CEGEP or other non- university certificate/diploma	23%	25%	25%
University certificate/diploma below bachelor's level	10%	8%	7%
Bachelor's degree	20%	22%	21%
Postgraduate degree above bachelor's level	9%	7%	9%
Language most spoken at home			
English	79%	73%	72%
French	17%	23%	24%
Other	3%	4%	4%

Base: All respondents

C. Frequency, history and heaviness of use

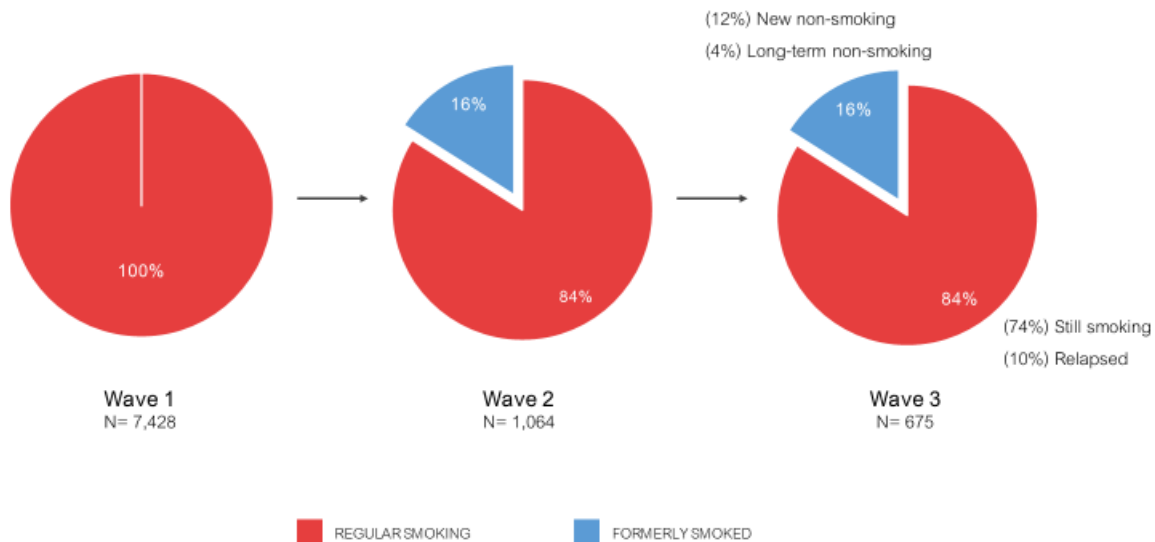
1. Smoking status

Most often, smoking was continuous and ongoing from the baseline survey through to Wave 3; just one in four experienced a detectable time period of quitting between any of the survey waves.

Across three waves of studies, respondents’ smoking behaviour over time resulted in four possible dispositions by the end of the study:

1. Still smoking – those who were currently smoking in the Baseline (Wave 1), Wave 2, and Wave 3.
2. Longer term non-smoking – those who were smoking in Wave 1, but were not smoking in Waves 2 or 3.
3. New non-smoking – those who were smoking in Wave 1 and 2, but not smoking in Wave 3.
4. Relapsed smoking – those who were smoking in Wave 1, not smoking in Wave 2, and smoking again in Wave 3.

Looking across the three waves, three quarters of respondents (74%) did not quit smoking (i.e., they had smoked in the past 30 days when asked during each survey wave). Within those smoking at Wave 3, some had detectably increased (13%) or reduced (12%) their frequency of smoking, shifting between daily, weekly, or monthly smoking. Of those who experienced transitions in smoking behaviour, there was a considerable amount of churn. Only 4 percent of Wave 3 respondents quit on a longer-term basis; this means that most of those not smoking in Wave 2 had relapsed by Wave 3, and most of those not smoking in Wave 3 had quit more recently, i.e., between Wave 2 and Wave 3.



A more detailed breakdown of smoking behaviour across each wave shows that even with quitting included in the total, the proportion of respondents smoking daily was nearly unchanged across all three waves, declining about 5 points from Wave 1 (66%) to Wave 3 (61%); this means that among those still smoking, the proportion of those smoking on a daily basis actually increased.

Looking more closely at smoking status over time, while those who were smoking *occasionally* (i.e., weekly or monthly) in Wave 1 are more likely to be not smoking than those who were smoking daily, by the end of Wave 3, those who began as occasional smokers were more likely to smoke daily than not at all.

Smoking status across three waves of survey

QA1. During the past 30 days, how often did you smoke cigarettes?	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Daily	66%	63%	61%
Net: Occasional smokers	34%	23%	23%
<i>Less than daily, but at least once a week</i>	20%	15%	15%
<i>Less than once a week, but at least once in the past month</i>	13%	8%	8%
Not at all	N/A	14%	16%

Base: All respondents

Wave 2 smoking status by Wave 1 smoking status

QA1. During the past 30 days, how often did you smoke cigarettes?	W1 Daily (n=577)	W1 Weekly (n=245)	W1 Monthly (n=240)
Daily	79%	26%	8%
Net: Occasional smokers	11%	57%	56%
<i>Less than daily, but at least once a week</i>	9%	41%	31%
<i>Less than once a week, but at least once in the past month</i>	2%	16%	25%
Not at all	10%	18%	36%

Base: All respondents

Wave 3 smoking status by Wave 1 smoking status

QA1. During the past 30 days, how often did you smoke cigarettes?	W1 Daily (n=452)	W1 Weekly (n=119)	W1 Monthly (n=104)
Daily	69%	52%	40%
Net: Occasional smokers	18%	32%	34%
<i>Less than daily, but at least once a week</i>	12%	19%	25%
<i>Less than once a week, but at least once in the past month</i>	6%	13%	9%
Not at all	13%	16%	26%

Base: All respondents

In Wave 3, there were some noteworthy distinctions between demographic sub-groups in terms of smoking behaviour and transitions.

- Regionally, Atlantic Canadians were less likely to relapse between Wave 2 and 3 (2%) compared to other regions.
- Women were more likely to be not smoking (15%) compared to men (9%).
- Those in the highest income bracket (\$100K+) were more likely to be not smoking (18%) compared to lower income brackets.

2. Number of cigarettes smoked per day

On days that they smoke, most consume between 1 and 10 cigarettes in a day; this was consistent across survey waves.

Number of cigarettes smoked per day remained steady over the three waves of the survey, with just over 6 in 10 reporting that they smoked between one and ten cigarettes on each day that they smoked. The mean number of cigarettes smoked hovered between 10 and 10.5. Only 2% of respondents in all waves reported smoking 31 or more cigarettes per day.

Number of cigarettes smoked per day

QB2. Daily smokers: On average, how many cigarettes do you smoke per day? Occasional smokers: On the days that you smoke, about how many cigarettes do you smoke?	W1 total (n=7,248)	W2 total (n=908)	W3 total (n=569)
<i>Net: 1-10</i>	61%	62%	63%
1	10%	10%	9%
2-5	29%	30%	32%
6-10	22%	22%	23%
11-20	30%	28%	28%
21-30	8%	7%	7%
31+	2%	2%	2%
<i>Mean</i>	10.50	10.57	10.17
<i>Median</i>	10	9	8

Base: Those who smoke daily and occasionally (Wave 1 n=7,248, Wave 2 n=908, Wave 3 n=569)

In addition to smoking less often, those who smoke occasionally (rather than daily) also smoke fewer cigarettes on each day they smoke.

Number of cigarettes smoked per day by frequency

QB2. <i>Daily smokers: On average, how many cigarettes do you smoke per day?</i> <i>Occasional smokers: On the days that you smoke, about how many cigarettes do you smoke?</i>	Wave 1		Wave 2		Wave 3	
	Daily smokers (n=4,140)	Occasional smokers (n=3,108)	Daily smokers (n=643)	Occasional smokers (n=265)	Daily smokers (n=415)	Occasional smokers (n=154)
<i>Net: 1-10</i>	47%	87%	50%	96%	51%	97%
1	2%	26%	4%	24%	2%	26%
2-5	18%	50%	18%	56%	20%	63%
6-10	27%	11%	28%	16%	29%	8%
11-20	40%	10%	37%	3%	37%	3%
21-30	11%	2%	10%	1%	10%	1%
31+	2%	1%	3%	0%	2%	0%
<i>Mean</i>	13.25	5.08	13.13	3.59	12.72	3.30
<i>Median</i>	12	5	11	2	10	2

Base: Those who smoke daily and occasionally (Wave 1 n=7,248, Wave 2 n=908, Wave 3 n=569)

Few demographic and smoking behaviour sub-group differences were noted in Wave 2 or Wave 3:

- In Wave 2, youth (95%) and young adults (92%) are far more likely to smoke 10 cigarettes or fewer each day compared to adults (60%). A directional difference is present in Wave 3 as well but due to the sample size it is not statistically significant.
- In terms of smoking transitions, those who were smoking continuously (i.e., status quo) from Wave 2 to Wave 3 tend to smoke more cigarettes per day (mean 11.93) than those who relapsed (8.39).

3. *Timing of first cigarette*

Timing of first cigarette was similar across all three waves; most have their first cigarette within 30 minutes of waking.

For each wave, of those who smoked in the past 30 days, about six in ten have their first cigarette within 30 minutes of waking; timing of first cigarette is very consistent across all waves.

Timing of first cigarette

QB3. How soon after you wake up do you usually have your first cigarette?	W1 total (n=7,248)	W2 total (n=908)	W3 total (n=569)
Net: within 30 minutes	58%	59%	58%
Less than five minutes	18%	16%	17%
6 to 30 minutes	40%	43%	41%
31 minutes to 1 hour	17%	17%	18%
More than one hour	26%	24%	25%

Base: Those who smoked in the past 30 days (Wave 1 n=7,428, Wave 2 n=908, Wave 3 n=569)

There were no noteworthy differences between demographic sub-groups, but time of first cigarette does differ between groups based on smoking behaviour in Wave 3:

- Those who smoke daily are far more likely to smoke within 30 minutes of waking (70%) than those who smoke occasionally (23%).
- Those who continued to smoke are more likely to smoke within 30 minutes (66%) compared to those who relapsed between Wave 2 and Wave 3 (46%).

4. Heavy smoking index (HSI)

Among those smoking daily in Wave 2 and Wave 3, half score as low dependence on the HSI.

The Heavy Smoking Index (HSI) assigns a score to daily smokers based on how they answer two key questions: how many cigarettes they smoke each day, and how soon after waking they usually have their first cigarette. Those who smoke more cigarettes per day and have their first cigarette shortly after waking are assigned higher scores, indicating higher dependence.¹

HSI scores fluctuated somewhat from wave to wave, but overall, the mean score was close to 2 for all three surveys and about half of those smoking daily were low dependence on the HSI. Fewer respondents in Waves 2 and 3 were in the low dependence category compared to Wave 1; this may represent an effect of attrition as those with lower dependence reduced or quit smoking between waves.

Heavy smoking index (HSI)

Score	W1 total (n=4,140)	W2 total (n=643)	W3 total (n=415)
Low dependence (score 0-2)	65%	52%	53%
Moderate dependence (score 3-4)	34%	45%	45%
High dependence (score 5-6)	1%	3%	2%
<i>Mean</i>	2.05	1.56	2.33
<i>Median</i>	2	2	2

Base: Smoking daily

Because the index is calculated only among those who smoke daily, the sample for this question includes a more homogenous group of people than the total sample and there were few notable differences for HSI between demographic or smoking sub-groups.

¹ B3 How soon after waking first smoke: SCORE: 0 if 61+ minutes; 1 if 31-60 minutes; 2 if 6-30 minutes; 3 if 0-5 minutes
B2 # cigarettes smoked per day: SCORE: 0 if 1-10 cigarettes; 1 if 11-20 cigarettes; 2 if 21-30 cigarettes; 3 if 31 or more cigarettes.

5. Frequency of strong urges to smoke

Two-thirds of people who smoke feel strong urges to smoke at least once a day. Strong urges are more frequent in adults 25+ and those who smoked consistently across all three waves.

For those who smoked in the past 30 days at each wave, about two in three feel the urge at least once a day and nearly one in ten say they feel the urge hourly. These proportions are relatively consistent from wave to wave.

Frequency of strong urges to smoke

QB5. How often do you get strong urges to smoke?	W1 total (n=7,248)	W2 total (n=908)	W3 total (n=569)
Never	5%	4%	2%
Less than daily	24%	24%	29%
<i>Net: at least daily</i>	69%	71%	66%
Daily	34%	37%	34%
Several times a day	25%	25%	24%
Hourly or more often	9%	9%	8%
Not sure	3%	2%	3%

Base: Those who smoked in the past 30 days (Wave 1 n=7,428, Wave 2 n=908, Wave 3 n=569)

In Wave 2, frequent urges (i.e., daily or more) are more common among adults (72%) compared to youth (46%) and young adults (59%). A directional difference is also noted in Wave 3, however it is not statistically significant.

Frequent urges to smoke are also more common among those who continued to smoke across all survey waves (74%) in comparison with those who relapsed between Wave 2 and 3 (51%).

6. Monthly spend on cigarettes

On average, spending on cigarettes was consistent between Wave 2 and Wave 3 at just over \$160 for all who currently smoke, breaking out to just over \$200 for those who smoke daily and over \$50 for those smoking occasionally.

Of those currently smoking, most report buying between one and ten packs a month in both Wave 2 (64%) and Wave 3 (65%), at a mean price between \$16-\$17 per pack. This comes out to a mean monthly spend of \$164 in Wave 2 and \$163 in Wave 3. Mean spend varies, understandably, by smoking frequency: those who smoke daily spend just over \$200 per month (Wave 2203, Wave 3 \$204) while those who smoke occasionally spend between \$50 and \$60 per month, on average (Wave 2 \$52, Wave 3 \$57)

Cigarette packs per month

QB6B. How many packs of cigarettes did you buy in the past month?	Wave 2 total (n=908)	Wave 3 total (n=569)
1 to 10	64%	65%
11 to 20	19%	17%
21 to 30	11%	12%
31 or more	6%	5%
<i>Mean (excluding zero)</i>	11.7	11.3
<i>Median</i>	8	7

Reported price per pack

QB6C. How much does a pack of cigarettes typically cost for you?	Wave 2 total (n=908)	Wave 3 total (n=569)
\$1 to \$10	18%	17%
\$11 to \$20	70%	67%
\$21 to \$30	8%	11%
\$31 or more	4%	5%
<i>Mean (excluding zero)</i>	\$16.08	\$16.68
<i>Median</i>	\$15.00	\$15.00

Calculated total spend per month

QB6B * QB6C Total Spend	Wave 2 total (n=908)	Wave 3 total (n=569)
<i>Mean (excluding zero)</i>	\$164.25	\$162.79
<i>Median</i>	\$80.00	\$96.00

Base: Those who smoked in the past 30 days (Wave 2 n=908, Wave 3 n=569).

Note: All means in this table exclude 0.

Cigarette buying for daily vs. occasional smoking

	Wave 2 Daily (n=643)	Wave 3 Daily (n=415)	Wave 2 Occasional (n=265)	Wave 3 Occasional (n=152)
QB6B Mean number of packs	14.86	14.55	3.12	2.64
QB6C Mean cost per pack	\$15.35	\$15.91	\$18.07	\$18.76
QB6B * Q6BC Mean Total Spend	\$203.29	\$203.68	\$57.83	\$52.61

Base: Those who smoked in the past 30 days (Wave 2 n=908, Wave 3 n=569).

Note: This question was new in Wave 2.

In both waves, adults tended to buy more packs of cigarettes per month compared to youth and young adults. In Wave 2, the mean packs per month was about 12 packs for adults, 5 for young adults, and 6 for youth. In Wave 3, the mean for adults was about 12 packs, and 8 packs for youth and young adults (combined due to small sample sizes).

Reported cost per pack is somewhat lower for Quebec in both Wave 2 (\$14) and Wave 3 (\$16) compared to other regions.

7. Perception of affordability of cigarettes

In all three waves, one in three considered smoking to be unaffordable.

For those still smoking on a regular basis, over one in three say smoking is unaffordable to them (Wave 2 37%, Wave 3 39%); this is consistent back to Wave 1.

Perception of affordability of cigarettes

QB7. How affordable are the cigarettes you buy? Use a scale of 1 to 10, where 1 means very unaffordable, and 10 means very affordable?	W1 total (n=7,248)	W2 total (n=908)	W3 total (n=569)
Affordable (8-10)	21%	17%	18%
Neutral (4-7)	44%	45%	44%
Unaffordable (1-3)	35%	37%	39%
<i>Mean</i>	4.94	4.66	4.60
<i>Median</i>	5	5	4

Base: Those who smoked in past 30 days (Wave 1 n=7,248, Wave 2 n=908, Wave 3 n=569).

Looking at Wave 2 results, adults, who also tend to smoke more and buy more cigarettes, are more likely to rate smoking as unaffordable (39%) compared to youth (18%) and young adults (20%); a directional difference between age groups is also noted in Wave 3.

Comparing based on smoking transitions and behaviour, among those smoking daily, nearly one in five (18%) see it as affordable, compared to 9 percent of those smoking monthly.

Those smoking on a daily basis may be more aware of the cost of cigarettes, because they are thinking about it more frequently than those who smoke occasionally. This result also highlights a degree of variability among those smoking daily; while some are not bothered by the cost, more than a third do find cigarettes to be unaffordable.

8. Cigarette price perceptions

Two-thirds noticed an increase in the price of cigarettes between Wave 2 and Wave 3; price increases were more evident to those still smoking.

Two-thirds of respondents in Wave 3 (66%) say they noticed a price increase in cigarettes since Wave 2; unsurprisingly this is concentrated among those with past 30 day smoking (70%), as opposed to those who are no longer smoking in Wave 3 (47%).

Cigarette price perceptions

QB9. Have you noticed if prices of cigarettes have increased, decreased, or remained the same since you took the last survey in December 2022?	W3 total (n=675)	P30D smoking (n=569)	Former smoking (n=106)
Increased	66%	70%	47%
Decreased	6%	7%	4%
Stayed the same	16%	17%	11%
Don't know	11%	6%	38%

Base: All respondents (Wave 3 n=675).

Note: QB9 was only asked in Wave 3.

Looking at demographic sub-groups, there is some regional variation, with those in Quebec noting that prices had increased (78%) more frequently than those in other regions, specifically BC (53%), Prairies (66%), and Ontario (61%).

9. Impact of inflation

Over two in three respondents who still smoked in Wave 3 reported that inflation had impacted their ability to afford cigarettes. This sentiment was even stronger among those who had relapsed smoking between Waves 2 and 3.

Those with past 30 day smoking in Wave 3 were asked if price increases for other goods and necessities had impacted their ability to afford cigarettes. Overall, most felt they were somewhat or very much impacted (71%); those who relapsed back to smoking between Wave 2 and 3 seem to feel this more acutely, with 82 percent saying they are very much or somewhat affected, compared to 68 percent of those smoking continuously between waves.

Inflation impact on ability to afford cigarettes

QB10. How much have increases in prices for food, gas, and other necessities impacted your ability to afford cigarettes?	P30 day smoking (n=569)	Status quo smoking (n=337)	Relapsed smoking (n=67)
Net: Very much / somewhat	71%	68%	82%
Very much	29%	28%	28%
Somewhat	42%	41%	54%
Not very much	17%	18%	6%
Not at all	13%	13%	12%

Base: All respondents (Wave 3 n=675)

Note: QB10 was only asked in Wave 3

Demographic sub-groups show minimal differences in their perception of impact in terms of region, age, or gender; two key areas where there is a distinction are noted below:

- Where household income is concerned, those earning less than \$40K annually are more likely to find themselves *very much* impacted (39%) compared to those in higher income brackets (24%).
- Those with children in the household are more likely to say they are *very much* or *somewhat* impacted (79%) compared to those without (67%).

10. Budgeting for cigarettes

QB11: How do you fit smoking into your budget? For example, have you cut other things from your budget to make room for cigarettes, do you look for where to find the cheapest cigarettes, have you reduced how often you smoke, etc.

Reducing or quitting smoking was the most common budget strategy, followed closely by making discounted or bulk purchases.

Those currently smoking were asked an open-ended question about how they fit smoking into their budget. Respondents described several tactics, most often indicating that they are trying to reduce or quit smoking (25%) or that they are trying to save money at the point of purchase by buying discount or bulk tobacco products (20%). Often, their budgeting takes aim at other aspects of life; more than one in ten mentioned general budgeting and cutting back on expenses to afford cigarettes (14%), while 8 percent specifically

mentioned cutting back on luxuries and 5 percent said they are cutting back on essentials like groceries in order to afford smoking. Buying on reserve is also mentioned frequently (5%). About one in ten mentioned other strategies (9%) that included working more, looking for other income sources, sharing tobacco products, and dipping into savings. It is worth noting that none specifically mentioned black market or cross-border purchases.

QB11. How do you fit smoking into your budget?	Wave 3 (n=569)
Reducing or quitting smoking	25%
Discount products or bulk purchases	20%
General budgeting and cutting back	14%
Cutting back on luxuries	8%
Cutting back on essentials	5%
Buying on reserve	5%
Other	9%
Not doing anything	21%
No response	5%
Don't know	2%

Base: Those who smoked in past 30 days (Wave 3 n=569).

While there were few demographic differences in perceptions of affordability, budgeting tactics differed between groups to some extent:

- Quebec residents were more likely to reduce or cut back on smoking (34%) compared to those in all other regions (22%).
- Adults 25+ were more likely to rely on general budgeting (15%) than younger respondents (6%).
- Adults 25+ were also more likely to cut back on luxuries (9%) than others (2%).
- Men were more likely to say they weren't doing anything (26%) compared to women (18%).

Among smoking behaviour groups:

- Those smoking daily were more likely to go for discount products or bulk purchases (22%) compared to those smoking occasionally (14%).
- Those smoking daily were also more likely to say they were not doing anything (23%) compared to those smoking weekly (15%).
- Those smoking occasionally were more likely to try reducing or quitting (36%) compared to those smoking daily (21%).

11. *Disposal of cigarettes and packaging*

Those who smoke are inconsistent with their means of disposal of cigarette butts; a significant portion of respondents dispose of cigarette butts and packaging improperly at least some of the time.

The environmental impact of smoking is an issue that often takes a backseat to tobacco-related health concerns. Cigarette butts are a common form of single-use plastic and contain nicotine, heavy metals, and other chemicals, that are harmful to the environment when discarded improperly. Packaging, including foil and plastic wrapping, are also problematic. Cleaning up discarded cigarette butts, which make up a sizable portion of litter that accumulates in urban areas, can be a burden for communities. Cigarette-related waste can be disposed of more safely through household waste disposal, and decreased environmental harm is noted to be a benefit of quitting smoking.²

To better understand perceptions around cigarette waste disposal, the Wave 3 survey asked respondents how they dispose of the different components of cigarettes and packaging. The results show that proper disposal is inconsistent; while this is likely due in part to convenience, lack of awareness may also be a factor since this topic is still emerging in the public discourse.

For cigarette butts, half say they use the garbage at home always or most of the time (51%); public ashtrays (31%) and public garbage (16%) cans are also common methods of disposal. Still, inappropriate methods of disposal are not uncommon with 61 percent tossing them on the ground, 40 percent flushing them down a toilet, and 25 percent putting them in the compost at least some of the time. With nearly one in three (31%) saying they disposed of cigarette butts another way, it is likely there are some common and potentially inappropriate forms of disposal that were not defined in the survey.

When it comes to cigarette packaging, recycling is the most common method of disposal used for cartons (63%) and packs (58%), while plastic and foil usually end up in the garbage (52% and 63% respectively).

² “Tobacco: Poisoning our planet,” May 2022, World Health Organization.
<https://www.who.int/publications/i/item/9789240051287>

Ways of disposing of cigarette butts

QB12. People dispose of their cigarette butts in different ways. How often do (or did) you dispose of your cigarette butts in the following ways:	Always/ Most of the time	Always	Most of the time	Sometimes	Rarely	Never
In the garbage at home	51%	28%	23%	14%	9%	26%
A public ashtray	31%	14%	17%	34%	18%	18%
A public garbage can	16%	6%	9%	23%	16%	45%
On the ground	11%	3%	9%	21%	28%	39%
Flushed down a toilet	8%	3%	6%	17%	15%	60%
In the compost	8%	3%	5%	9%	9%	75%
Other	31%	18%	13%	13%	6%	51%

Base: All respondents (Wave 3 n=675)

Note: QB12 was only asked in Wave 3

Ways of disposing of cigarette packaging

QB13. How do (or did) you usually dispose of the cigarette package materials?	Recycling	Garbage	Other
Carton	63%	31%	6%
Pack	58%	37%	5%
Plastic	44%	52%	4%
Foil	32%	63%	5%

Base: All respondents (Wave 3 n=675)

Note: QB13 was only asked in Wave 3

Those more likely to dispose of cigarette butts in the garbage at home *always* or *most of the time* include:

- Adults 25+ (52%) and young adults 20-24 (46%) compared to youth 15-19 (18%).
- Those who smoke daily (60%, compared to 38% of those who smoke occasionally).

For cigarette packaging, there were few major differences between sub-groups, but Quebec residents are notably more likely than other regions to dispose of all packaging components by recycling.

D. Drivers to use and quality of life

1. Overall satisfaction with life

Life satisfaction remained largely consistent across all three waves, with nearly 6 in 10 placing themselves in the 'satisfied' range. In Wave 3, quitting smoking was associated with higher life satisfaction.

Respondents were asked to rate their satisfaction with life on a scale of 0 to 10. Across the three waves of the study, general life satisfaction is fairly consistent; just under six in ten give themselves a score of 7 to 10 in each wave, and the mean overall score is virtually unchanged over time at 6.4.

Overall satisfaction with life

QA2 <i>Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied," how do you feel about your life as a whole right now?</i>	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Satisfied (7-10)	55%	56%	56%
Neutral (4-6)	32%	31%	33%
Dissatisfied (0-4)	13%	13%	11%
<i>Mean</i>	6.37	6.39	6.40
<i>Median</i>	7	7	7

Base: All respondents

Overall satisfaction in Wave 3 is broadly consistent between demographic sub-groups:

- Quebec residents are more likely to rate themselves *satisfied* (64%) compared to other regions.
- Those with income below \$40K are less likely to rate themselves as *satisfied* (38%) compared to other income groups.

Where smoking transitions are concerned, quitting smoking correlates with a higher degree of life satisfaction in Wave 3:

- Those with past 30 day smoking were less likely to say they were satisfied (54%) compared to those not smoking in Wave 3 (67%). This difference was noted directionally in Wave 2 but was not statistically significant.
- Those who had newly quit in Wave 3 were more likely to be satisfied with life (67%) than those who reduced their smoking (47%). Again, a directional but not significant difference was also present in Wave 2.

2. People in life who smoke

Fewer participants reported that most or all of their friends, parents, family members, and classmates/coworkers smoked in Wave 2, as compared to Wave 1.

In Wave 2, all respondents were asked about the people in their life who smoke; this question was also asked previously in the Wave 1 baseline survey. From Wave 1 to Wave 2, looking at all respondents there is a decline in the proportion who report that most of their friends (14%, down from 20%), parents (8%, down from 16%), family members (10%, down from 14%), and classmates or coworkers (9%, down from 14%) also smoke; the proportion with a partner who also smokes is consistent (38%).

Even removing those who had reduced or quit smoking between Wave 1 and Wave 2, the proportions of people in their lives who also smoke is still notably lower for parents, family members, and classmates / coworkers in Wave 2. There are several potential hypotheses that could explain this shift, such as a general inclination towards quit attempts in the population overall, an effort to create distance from others who smoke in preparation for a quit attempt, or it may be that those more entrenched in a smoking lifestyle were less likely to return for subsequent waves of the survey.

W2 People in life who smoke

QC1 How many of the following people in your life smoke?	Most or all	Some	None	Not applicable	Not sure
Friends	14%	70%	13%	1%	2%
Parents/guardians	8%	19%	53%	18%	2%
Family members	10%	51%	34%	3%	2%
Classmates/coworkers	9%	47%	19%	20%	4%

QC1B Do the following people in your life smoke?	Yes	No	Not applicable	Not sure
Spouse/partner	27%	45%	27%	1%
<i>With "Not applicable" and "Not sure removed"</i>	38%	62%	-	-

Base: All respondents (Wave 2 n=1,064)

Note: QC1 was not asked in W3 survey

Most or all smoke

QC1 <i>Most or all of the following people smoke</i>	W1 total (n=7,248)	W2 total (n=1,064)	W2 status quo (n=813)	W2 reduced (n=95)	W2 quit (n=156)
Friends	20%	14%	17%	10%	3%
Parents/guardians	16%	8%	9%	10%	6%
Family members	14%	10%	11%	9%	3%
Classmates/coworkers	14%	9%	9%	10%	3%
QC2 <i>Spouse/partner smokes</i>	30%	27%	29%	26%	17%
<i>With "Not applicable" and "Not sure removed"</i>	40%	38%	42%	33%	21%

Base: All respondents (Wave 1 n=7,248, Wave 2 n= 1,064)

Note: QC1 was not asked in W3 survey

There are few major differences between demographic sub-groups:

- Quebec residents are less likely to say *most or all* of their friends smoke (8%) compared to other regions.
- Young adults are more likely to say *most or all* of their classmates / coworkers smoke (19%) compared to adults 25+ (8%).

3. Agreement with statements about the experience of smoking

Smoking is most commonly seen as a way of coping with stress. Agreement with all statements about smoking declined after Wave 1, possibly representing a shift in thinking as some respondents move from smoking to not smoking.

In all three survey waves, respondents were asked about their level of agreement with six statements about smoking. At Wave 2, there was a notable decline in agreement of 5 to 10 points across all six statements, though agreement was consistent from Wave 2 and 3. Because the question was asked of all respondents, including those who had quit smoking, this decline may reflect a shift in thinking among those no longer smoking.

Agreement with statements about the experience of smoking

QC2 <i>Agree (score 8-10) with statements about the experience of smoking</i>	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Smoking calms me down when I am stressed or upset	52%	45%	43%
I smoke when I'm with other people who smoke	49%	39%	41%
I enjoy smoking when having coffee or tea	48%	42%	41%
Smoking is an important part of my life	26%	20%	22%
The medical evidence that smoking is harmful is exaggerated	20%	13%	11%
Smoking helps me control my weight	20%	15%	14%

Base: All respondents

When those not smoking at all are compared to those still smoking at the same rate (i.e., status quo smoking), there is a stark difference in attitudes; those who formerly smoked in both waves are markedly more likely to disagree with all statements in both waves.

Possible explanations for this finding emerged during the qualitative interviews (see section II-D, “Role of smoking in life”), where those still smoking widely expressed viewpoints similar to the statements here, even when they had strong intentions of quitting. So it may be that shifting away from these beliefs tends to occur after a person has had time to distance themselves from smoking and experience the benefits of quitting.

Agreement with statements about the experience of smoking

QC2 Agree (score 8-10) with statements about the experience of smoking	W2 P30 Day Smoking (n=908)	W2 Formerly Smoked (n=156)	W3 P30 Day (n=569)	W3 Formerly Smoked (n=106)
Smoking calms me down when I am stressed or upset	49%	19%	48%	20%
I smoke when I'm with other people who smoke	44%	10%	45%	18%
I enjoy smoking when having coffee or tea	47%	12%	46%	14%
Smoking is an important part of my life	23%	3%	26%	2%
The medical evidence that smoking is harmful is exaggerated	13%	10%	12%	7%
Smoking helps me control my weight	17%	6%	15%	8%

Base: All respondents (Wave 2 n= 1,064, Wave 3 n=675)

Some regional differences in attitudes are noted in Wave 2, but not Wave 3:

- Quebec residents are more likely than other regions to agree that they enjoy smoking with coffee or tea (48%), and that smoking is an important part of their life (26%). They are less likely to agree that they smoke when they are with others (31%).
- Compared to other regions, Ontario residents are more likely to agree that the medical evidence against smoking is exaggerated (17%).

Adults 25+ are more likely than younger respondents to agree with some statements:

- In Wave 2 and 3, they are more likely to agree that smoking calms them down (Wave 2 46%, Wave 3 44%).
- Also in both waves, they are more likely to agree they enjoy smoking with coffee or tea (Wave 2 44%, Wave 3 42%).
- In Wave 2 only, they are more likely to agree that smoking is an important part of their life (21%).

4. *Reasons for relapsing*

Those who returned to smoking in Wave 3 after quitting between Wave 1 and Wave 2 most often pointed to work or home stress as their main reason for relapsing. This finding aligns with observations from the qualitative portion of this study.

Within the Wave 3 survey, there was a subset of respondents who had quit smoking in Wave 2, but were smoking again by Wave 3. These participants (relapsed smoking) were asked to indicate if there was anything specific that triggered them to take up smoking again.

More than one in three noted stress at home as a trigger (39%), and stress at work was the second most common response (28%). This aligns with the findings of the qualitative IDIs, where discussions with participants revealed stress to be a major factor for those experiencing difficulty with long-term quitting. Difficulty resisting in social situations (22%) and resisting cravings (21%) were factors for one in five. Major events (15%) and weight gain (15%) are also triggers that were commonly discussed in the qualitative research.

The sample for this question was too small for further sub-group analysis.

Wave 3: Reasons for relapsing

QC2a In December 2022, you indicated you had not smoked in a while. Your responses now indicate you have smoked in the past 30 days. Was there anything that triggered you to smoke? This may be different to how strongly you agreed or disagreed with statements in the previous question.	Wave 3 (n=67)
Stress at home	39%
Stress at work	28%
People around me were smoking and it was hard to resist	22%
Could not resist the cravings	21%
A major event happened in my life	15%
I was gaining weight	15%
I decided it would be easier to quit another time	12%
Other	4%
Not sure	12%

Base: Wave 3 relapsed (n=67)

5. Feeling of smoking

Relatively few respondents had strong opinions about how smoking feels, though more leaned toward negative connotations than positive ones.

In Wave 3, all survey respondents were asked to rate the feeling of smoking across five 7-point scales; questions were shown to respondents as sliders on-screen. Across the five scales, responses clustered in the middle, with half to two-thirds of respondents picking a neutral (i.e., 3 to 5) response on each one.

For those who picked a side, most often smoking is associated with negative feelings:

- Nearly half say smoking is unhealthy (47%) compared to 4 percent who rate it as healthy.
- Chemical (34%) also dramatically outweighs natural (4%).
- Similarly, dirty (29%) was favoured over clean (4%).
- The distinction between heavy (14%) and light (8%) was much smaller.
- Harsh (9%) was actually outweighed by the proportion who see smoking as smooth (21%).

QC3 People experience different sensations when they smoke. Use the slider to indicate what smoking feels like to you.			
1-2	3-5	6-7	Mean
Harsh 9%	Neither 70%	Smooth 21%	4.41
Clean 4%	Neither 67%	Dirty 29%	4.80
Light 8%	Neither 78%	Heavy 14%	4.28
Healthy 4%	Neither 49%	Unhealthy 47%	5.25
Natural 5%	Neither 61%	Chemical 34%	4.90

Base: All respondents (Wave 3 n=675)

Note QC3 was only asked in Wave 3

Across demographics, there were few notable differences in these perceptions of smoking. Looking at smoking behaviour in Wave 3, those who were not smoking had similar perceptions of healthy/unhealthy compared to those still smoking but significantly more likely to have negative feelings on all other scales.

QC3 <i>People experience different sensations when they smoke. Use the slider to indicate what smoking feels like to you.</i>	Formerly smoked (n=154)	P30 Day Smoking (n=569)
Harsh	32%	5%
Dirty	44%	26%
Heavy	33%	11%
Unhealthy	51%	46%
Chemical	45%	32%

Base: All respondents (Wave 3 n=675)

Note QC3 was only asked in Wave 3

E. Vaping status and questions for alternating use

1. Vape use

Vaping is more common among those who continue to smoke than those who had quit by Wave 3.. Youth, young adults, and those who reduced but did not quit smoking entirely were somewhat more likely to vape than adults and those who had fully quit smoking.

Over the course of three survey waves, the proportion of survey respondents who vape decreased ten points from Wave 1 (47%) to Wave 3 (37%).

Vape use

QD1 <i>During the past 30 days, how often have you used a vaping product, with or without nicotine?</i>	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Daily	16%	13%	12%
<i>Net: Occasionally vaping</i>	31%	29%	25%
Less than daily, but at least once a week	19%	16%	16%
Less than once a week, but at least once in the past month	12%	13%	9%
Not at all	53%	59%	63%
Regular vaping (at least weekly)	35%	29%	28%
Currently vaping (daily + occasionally)	47%	41%	37%
Not vaping	53%	60%	63%

Base: All respondents (Wave 1 n=7,248, Wave 2 n=1,064, Wave 3 n=675)

In Wave 2, some differences are noted in vaping behaviour between age groups, though these statistical distinctions are not present in Wave 3. Vaping is much more prevalent among youth (86% currently vaping) and young adults (80%) compared to adults 25+ (38%).

The relationship between smoking behaviour and vaping is complex, but generally, vaping is more common among those who continue to smoke in Wave 3 (39% vaping in past 30 days) than those who had quit by Wave 3 (27% vaping in past 30 days). More specifically, a comparison between who had reduced and quit smoking in each of Wave 2 and 3 reveals an interesting difference; those who quit smoking are far less likely to vape compared to those who only reduced their smoking. This aligns with observations from the qualitative interviews, where participants often defined quitting in terms that included vaping and nicotine-based cessation aids.

QD1 During the past 30 days, how often have you used a vaping product, with or without nicotine?	W2 Quit Smoking (n=156)	W2 Reduced Smoking (n=95)	W3 Quit Smoking (n=84)	W3 Reduced Smoking (n=79)
Currently vaping (regular + infrequent)	41%	60%	29%	53%
Not vaping	59%	40%	71%	47%

Base: Reduced and Quit smoking (Wave 2 reduced n=95, Wave 2 quit n=156, Wave 3 reduced n=79, Wave 3 quit n=84)

2. Frequency of vaping

Those who vape occasionally tend to vape between one and ten days per month, and they vape with nicotine more frequently than without nicotine or when they are not aware of nicotine content.

Among those who vape occasionally, most vape between one and ten days a month; this is fairly consistent from Wave 2 (75%) to Wave 3 (81%) with few differences between demographic sub-groups or smoking behaviour groups.

Vaping use

QD1b On how many days of the past 30 days did you vape with or without nicotine? (please exclude vaping cannabis).	W2 total (n=301)	W3 total (n=171)
1-10	75%	81%
11-20	20%	15%
21-30	5%	4%
Mean	7.74	6.81
Median	5	5

Base: Those who vape occasionally (Wave 2 n=301, Wave 3 n=171)

Note: QD1b was only asked in Wave 2 and Wave 3

Vaping with nicotine is most common among those with past 30 day vaping; about two-thirds vaped with nicotine at least weekly (Wave 1 66%, Wave 2 70%, Wave 3 66%). One in three vaped without nicotine at least weekly (Wave 1 39%, Wave 2 35%, Wave 3 35%), and one in four vaped products where they are unsure of the nicotine content at least weekly (Wave 1 31%, Wave 2 23%, Wave 3 24%).

Frequency of vaping with nicotine

QD2 Which of the following best describes how often you vaped the following liquids in the past 30 days...	Net: at least weekly	Daily	Less than daily, but at least once a week	Less than once a week, but at least once in the past month	Not at all
Wave 1*	82% 66%	41% 34%	41% 32%	10% 25%	7% 9%
Wave 2	70%	33%	37%	21%	10%
Wave 3	66%	30%	36%	22%	12%

Base: Those who vaped in the past 30 days (Wave 1 n = 4,137, Wave 2 n= 443, Wave 3 n= 250)

Frequency of vaping without nicotine

QD2 Which of the following best describes how often you vaped the following liquids in the past 30 days...	Net: at least weekly	Daily	Less than daily, but at least once a week	Less than once a week, but at least once in the past month	Not at all
Wave 1*	48% 39%	15% 12%	32% 27%	16% 23%	36% 38%
Wave 2	35%	9%	26%	18%	47%
Wave 3	35%	10%	25%	22%	43%

Base: Those who vaped in the past 30 days (Wave 1 n = 4,137, Wave 2 n= 443, Wave 3 n= 250)

Frequency of vaping not sure of nicotine content

QD2 Which of the following best describes how often you vaped the following liquids in the past 30 days...	Net: at least weekly	Daily	Less than daily, but at least once a week	Less than once a week, but at least once in the past month	Not at all
Wave 1*	36% 31%	13% 11%	23% 20%	16% 21%	48%
Wave 2	23%	5%	18%	15%	61%
Wave 3	24%	9%	15%	15%	61%

Base: Those who vaped in the past 30 days (Wave 1 n = 4,137, Wave 2 n= 443, Wave 3 n= 250)

Looking specifically at vaping with nicotine, which is most common, in Wave 2 there are few variations between demographic or smoking behaviour sub-groups. By Wave 3, there is some differentiation between smoking behaviour groups. Weekly vaping with nicotine is more common among:

- Those currently smoking (69%), compared to those no longer smoking in Wave 3 (45%).
- Those who increased their smoking between Wave 2 and Wave 3 (82%), compared to those who reduced (57%) or quit smoking (46%).

Similar patterns can be noted in Wave 3 for vaping without nicotine (38% among those still smoking, 17% among those not) and when unsure of nicotine content (26% among those still smoking, 10% among those not).

This suggests that while vaping may be considered a cessation aid by many, within this particular population, vaping’s role in enhancing quit attempts is not clear-cut, and for some it may be associated with continued smoking, or simply used in addition to smoking.

3. Age when first started vaping

Most respondents who vape started doing so after age 25, though this is likely a reflection of the sample composition and recent introduction of legal vaping in Canada.

Those who vaped in Wave 1, and those identified themselves as newly vaping in Wave 2 and Wave 3 were asked to indicate how old they were when they first started vaping. Most started vaping after age 25, particularly in Wave 2 and Wave 3; this is a reflection of the age composition in the sample, because those reporting for Waves 2 and 3 necessarily report a starting age close to their actual age. Across three studies, the high age of starting also reflects the relatively recent emergence of vaping as a legal option in Canada; those who are older did not have the opportunity to begin vaping at a younger age.

Age when first started vaping

QD3 How old were you when you vaped for the first time?	W1 total (n=4,137)	W2 total (n=89)	W3 total (n=105)
Under 15	4% 10%	5%	7%
Youth (15-19)	19% 34%	12%	17%
Young adult (20-24)	18% 19%	6%	17%
Adult (25+)	58% 37%	78%	59%
Mean	29.32 24.49	35.48	28.62
Median	26 20	35	26

Base: Wave 1 vaped in past 30 days (n=4,137), Wave 2 & Wave 3 new P30D vaping (Wave 2 n= 89, Wave 3 n=105)

There are no major distinctions between demographic or smoking behaviour sub-groups to note for Waves 2 and 3.

4. *Timing of first vape with nicotine*

In Waves 2 and 3, just over 4 in 10 vape with nicotine within 30 minutes of waking, a decline compared to Wave 1.

Compared to smoking, vaping with nicotine within the first 30 minutes after waking is somewhat less common; in Waves 1, 2 and 3, just over four in ten report that they vape with nicotine shortly after waking (Wave 1 44%, Wave 2 43%, Wave 3 45%) compared to about six in ten for those smoking cigarettes (see discussion for QB3).

Timing of first vape with nicotine

QD3B How soon after you wake up do you usually have your first vape with nicotine?	W1 total (n=3,756)	W2 total (n=400)	W3 total (n=220)
Net: within 30 minutes	51% 44%	43%	45%
Less than 5 minutes	19% 18%	10%	9%
6 to 30 minutes	32% 26%	33%	36%
31 minutes to 1 hour	17%	18%	19%
More than 1 hour	32% 39%	40%	36%

Base: Vaped with nicotine in the past 30 days (Wave 1 n = 3,756, Wave 2 n=400, Wave 3 n=220)

There are no notable differences in time of first vape between key demographic groups. Looking at smoking transitions and behaviour:

- Those with past 30 day smoking are more likely to vape with nicotine within 30 minutes (47%) compared to those no longer smoking (33%) in Wave 3. This relationship is not noted in Wave 2.

5. *Frequency of vaping per day*

Vaping while unsure of nicotine content is somewhat more frequent compared to other vaping, perhaps because this type of vaping is more social.

Compared to cigarettes, which can be counted easily for a measure of smoking heaviness and frequency, vaping is difficult to quantify. Vaping can be experienced as a quick session with very few “puffs,” or as a longer session more comparable to smoking a whole cigarette. As a rough measure of vaping intensity, those who vape were asked how many separate times they usually vape each day, with nicotine, without nicotine, and when they are unsure of nicotine content.

For vaping with nicotine, it is most common for respondents to vape 5 times a day or less (Wave 1 55%, Wave 2 42%, Wave 3 43%), though similar proportions vape 11 times a day or more (Wave 1 41%, Wave 2 37%, Wave 3 39%). The pattern for vaping without nicotine is very similar.

For those unsure of the nicotine content, the daily frequency tends to be somewhat higher; around half say they vape 11 times a day or more when they are unsure (Wave 1 45%, Wave 2 54%, Wave 3 47%). It could be that vaping when the nicotine content is unknown is more typical of social or trick vaping, rather than smoking replacement or cessation where nicotine content is important to its use.

Frequency of vaping per day

QD4 On days you use them, please estimate how many separate times per day you usually vape...	With nicotine			Without nicotine			When you're unsure if it contains nicotine		
	W1 (n=3,756)	W2 (n=400)	W3 (n=220)	W1 (n=2,545)	W2 (n=240)	W3 (n=143)	W1 (n=2,135)	W2 (n=180)	W3 (n=98)
5 or less times	36% 37%	42%	43%	39% 41%	48%	46%	35% 39%	36%	36%
6-10 times	19% 16%	20%	19%	20% 18%	13%	13%	20% 16%	9%	16%
Net 11+	45%	37%	39%	41%	45%	39%	45%	54%	47%
11-15 times	13% 10%	11%	15%	14% 12%	12%	11%	15% 13%	20%	17%
16-20 times	11% 10%	11%	8%	11% 10%	12%	14%	11% 10%	15%	12%
21-25 times	6%	3%	5%	6% 7%	7%	6%	7%	11%	7%
26-30 times	3%	2%	3%	4%	2%	3%	6%	3%	5%
31 or more times	3% 4%	2%	<1%	2%	0%	1%	3%	1%	0%
Vape continuously	9% 12%	8%	6%	4% 5%	6%	4%	3% 5%	4%	6%

Base: Vaped in the past 30 days (Wave 1 n=3,756, Wave 2 n=443, Wave 3 n=250)

Vaping frequency does not vary substantially by age, gender, or region in Waves 2 and 3.

In terms of smoking transitions and smoking behaviour, vaping frequency is notably lower among those no longer smoking in Wave 3 compared to those who smoked in the past 30 days. Looking specifically at vaping 5 times a day or less:

- For vaping with nicotine, two-thirds (67%) of those who had quit smoking by Wave 3 vape 5 times a day or less, compared to 40% of those still smoking.
- For vaping without nicotine, this is 75 percent for those who formerly smoked, compared to 44% with past 30 day smoking.
- For vaping when unsure of nicotine content, this is 71 percent for formerly smoked, compared to 33% for past 30 day smoking.

In other words, among those vaping, those who are alternating use of cigarettes and vaping are vaping more often than those who are vaping and not smoking. This further points to the possibility that vaping is not working to enhance quit attempts for those still smoking.

6. *Heaviness of Vaping with Nicotine Index (HVNI)*

HVNI shows a decline since Wave 1.

As with the Heavy Smoking Index, the Heaviness of Vaping with Nicotine Index (HVNI) assigns a score based on two key questions: how many times smokers vape with nicotine each day, and how soon after waking they usually first vape with nicotine.³ Those who vape with nicotine more often per day and have their first vape with nicotine shortly after waking are assigned higher scores, indicating higher dependence.

Compared to the baseline study (i.e., Wave 1), among those currently vaping there is a shift with a higher proportion landing in the low dependence category in Waves 2 and 3, though the mean HVNI stays close to 2 throughout.

Heavy vaping with nicotine index (HVNI)

<i>Score</i>	W1 total (n=3,756)	W2 total (n=400)	W3 total (n=220)
Low dependence (score 0-2)	59% 60%	65%	65%
Moderate dependence (score 3-4)	30% 27%	26%	29%
High dependence (score 5-6)	11% 13%	8%	6%
<i>Mean of 3 dependence categories</i>	1.52 1.53	1.43	1.40
<i>Mean of HVNI (score 0-6)</i>	2.15 2.09	1.83	1.79
<i>Median of 3 dependence categories</i>	1	1	1
<i>Median of HVNI (score 0-6)</i>	2	2	2

Base: Vaped in the past 30 days (Wave 1 n=3,756, Wave 2 n=443, Wave 3 n=250)

HVNI is generally consistent between demographic sub-groups and smoking sub-groups.

7. *Vaping transitions*

Consumption patterns among individuals who vape tend to fluctuate over time.

Because vaping is often used as a quitting aid or as a substitute for smoking, vaping behaviour tends to fluctuate, even among those who continue to vape (rather than starting or quitting). Between Waves 1 and 2, about four in

³ D3B How soon after waking first vape with nicotine: SCORE: 0 if 61+ minutes; 1 if 31-60 minutes; 2 if 6-30 minutes; 3 if 0-5 minutes
D4A # times vape with nicotine: SCORE: 0 if 1-10 (codes 01 or 02); 1 if 11-20 (codes 03 or 04); 2 if 21-30 (codes 05 or 06); 3 if 31 or more (codes 07 or 08).

ten of those with ongoing vaping (41%) said their vaping frequency had changed between surveys, and between Waves 2 and 3, this was nearly half (47%).

Vaping transitions

QD4B Compared to...when you did the previous survey, would you say that – overall – you are now vaping more, less, or about the same?	W2 (since W1) (n=354)	W3 (since W2) (n=124)
More	24%	25%
About the same	59%	53%
Less	17%	22%
Net: Vaping frequency changed	41%	47%

Base: Ongoing vaping (Wave 2 n=354, Wave 3 n=124)

These more subtle vaping transitions did not vary significantly by region, age, or gender sub-groups, nor were there differences between smoking transition groups.

8. Length of time vaping at current rate

Changes in vaping frequency among those whose vaping was ongoing tended to be more recent (within the past two months), while those newly vaping had usually made this change less recently.

Those who indicated a change in their vaping frequency were asked to indicate how long they had been vaping at their current rate.

Changes were generally quite recent for those who were vaping on an ongoing basis; more than half of those who continued vaping but changed their frequency of vaping had changed within the past two months (Wave 2 55%, Wave 3 59%).

Among those newly vaping in each wave, the change was usually less recent. In Wave 2, three-quarters of those who were newly vaping said they started at least two months ago (73%), and in Wave 3 this was just over half (54%).

Variation between waves likely reflects different lengths of time between Waves 1 and 2, and between Waves 2 and 3. Samples sizes are too small for further sub-group analysis.

W2 Length of time vaping at current rate

QD5 You indicated that your vaping rate has changed since you did the previous survey in April 2022. How long have you been vaping at your current rate?/How long have you been vaping at your current rate?	W2 Ongoing vaping (n=148)	W3 Ongoing vaping (n=58)	W2 Newly vaping (n=89)	W3 Newly vaping (n=105)
Net: less than 2 months	55%	59%	27%	46%
Less than one month	14%	19%	17%	17%
1 month to < 2 months	41%	40%	10%	29%
Net: 2 months or more	45%	41%	73%	54%
2 months to < 5 months	23%	24%	31%	10%
5 months or more	22%	17%	42%	44%

Base: Ongoing vaping & newly vaping (Wave 2 ongoing n=148, Wave 2 new vaping n=89, Wave 3 ongoing n=58, Wave 3 new vaping n=105)

9. Flavour vaped most often

Fruit and tobacco are the two flavours used most often among those who vape.

Among those vaping in Wave 2 and Wave 3, fruit flavours are used more often (Wave 2 32%, Wave 3 36%) followed by tobacco flavour (Wave 2 16%, Wave 3 14%).

Flavour vaped most often

QD5B What flavour do you vape most often?	W2 total (n=443)	W3 total (n=250)
Fruit	32%	36%
Tobacco flavour	16%	14%
Menthol	13%	10%
Mint	12%	13%
Candy	6%	3%
Coffee/Tea	5%	5%
Dessert	4%	6%
Flavourless/no flavour in descriptor	3%	6%
Alcohol flavour	2%	2%
Other	2%	4%
Not sure	5%	2%

Base: Vaped in the past 30 days (Wave 2 n=443, Wave 3 n=250)

*Note: QD5B was not asked in the Wave 1 survey

There are few noteworthy differences between demographic groups:

- In Wave 2, adults 25+ are more likely to choose tobacco flavour (17%) compared to younger groups. This is consistent with other research about vaping.
- Also in Wave 2, while fruit flavour is the top choice for both men and women, women (42%) are more likely to use it than men (25%). Second choice tobacco is more common for men (19%) than women (11%).

Among different categories of smoking behaviour, there are few differences in flavour preference.

10. Type of vaping device

Reusable devices are somewhat more commonly used than disposable devices. Those using reusable devices tend to prefer refillable liquid types than pods or cartridges.

There is a degree of overlap between disposable and reusable vaping devices, with six in ten using reusable devices (Wave 2 62%, Wave 3 60%), and nearly half using disposable ones (Wave 2 47%, Wave 3 47%). These proportions are stable across Wave 2 and Wave 3.

For those using reusable devices, manual refills are somewhat more common (Wave 2 57%, Wave 3 64%) than devices that use pre-filled cartridges or pods (Wave 2 51%, Wave 3 44%).

Type of vaping device used

QD5F What type of vaping device do you currently use? Please select all that apply.	W2 total (n=443)	W3 total (n=250)
Disposable	47%	47%
Reusable	62%	60%

Base: Vaped in the past 30 days (Wave 2 n=443, Wave 3 n=250)

Note: QD5F was not asked in Wave 1

Type of reusable vaping device

QD5G What type of reusable vaping device do you currently use? Please select all that apply.	W2 total (n=268)	W3 total (n=149)
It uses pre-filled e-liquid cartridges or pods. The cartridge/pod can be replaced with a new prefilled one; it cannot be manually refilled.	51%	44%
Its cartridge or pod can be manually refilled with e-liquid. Parts of the atomizer, such as coils and filler materials, can be customized.	57%	64%
Other	2%	1%

Base: Use reusable vaping devices (Wave 2 n=268, Wave 3 n=149)

Note: QD5G was not asked in Wave 1

In Wave 3, adults 25+ are more likely to use disposable devices (49%) than younger respondents (30%); this difference is not present in Wave 2.

In terms of smoking and transitions, there are some differences in device preference in Wave 3:

- Those who smoke daily use disposable devices more frequently (54%) than those who smoke occasionally (39%).
- Those smoking continuously from Wave 2 to Wave 3 use disposable devices more (52%) compared to those who newly quit smoking in Wave 3 (29%), while those who newly quit smoking strongly favour reusable devices (75%) next to those who continued smoking (55%).
- Liquid formats, i.e., cartridges, pods, refillable liquid, etc., did not really differ between groups in Wave 3.
- In Wave 2, there were no notable differences in devices or liquid formats use between smoking transition groups.

11. Availability of vaping products

A third of those who vaped in Wave 2 had experienced an occasion where they had difficulty accessing a flavour or device they wanted.

Of those vaping in Wave 2, just over one in three (36%) said that since the previous survey, they had encountered a situation where they could not get the vaping flavour or device they wanted. Most often, the solution to this issue was to select another flavour (30%), look at another store (22%), shop online (20%), or switch to a different device that was compatible with their preferred flavour (19%). Nearly equal proportions said they switched to cigarettes (16%) or reduced/quit vaping (15%).

Availability of vaping products

QD5J Since you did the previous survey in April 2022, was there ever a time you could not get a vape flavour or device you wanted?	W2 total (n=443)
Yes	36%
No	64%

Base: Vaped in the past 30 days (Wave 2 n=443)

Note: QD5J was only asked in Wave 2

Adjustment when vaping products were unavailable

QD5M When the vape flavour or device you wanted was not available, how did you adjust? Select all that apply.	W2 total (n=164)
Switched to a flavour that was available for my device	30%
Found another store in my province	22%
Shopped online	20%
Switched to another device that could provide the flavour I wanted	19%
Replaced with cigarette use	16%
Reduced/quit vaping	15%
Bought from someone else	14%
Made my own flavours	9%
Found a store in another province	9%
Replaced with another substance (e.g. alcohol, cannabis)	7%
Other	2%
Not sure	2%

Base: Those who could not get a vape flavour or device they wanted (Wave 2 n=164)

Note: QD5M was only asked in Wave 2

Young adults 20-24 were more likely to say they encountered difficulty getting the vaping product they wanted (53%) compared to adults 25+ (34%); this may be related to differences in device and flavour preferences between age groups.

While difficulty accessing products was similar regardless of smoking status, those with past 30 day smoking were more likely to cope with the issue by finding another store (24%) or shopping online (22%), compared to those no longer smoking in Wave 2 (1%, 1% respectively). This indicates that for those smoking and vaping, acquiring the product they wanted may have been a matter of greater urgency than it was for those who were only vaping in Wave 2, perhaps because many of them are vaping as a way to reduce (18%) or quit (17%) smoking.

12. Reasons why those who smoke may also vape

For those still smoking, and those who formerly smoked, vaping is often used to avoid or reduce smoking, and for simple enjoyment.

Vaping serves different purposes for those who also smoke, and for those who are no longer smoking. For those still smoking in Waves 2 and 3, reducing smoking is the top reason for vaping (Wave 2 19%, Wave 3 18%), but simple enjoyment is also a common motivator (Wave 2 17%, Wave 3 16%). Among those who vape but no longer smoke, common reasons for vaping are to avoid smoking (Wave 2 32%, Wave 3 21%), enjoyment (Wave 2 17%, Wave 3 24%), and because it is considered less harmful than smoking (Wave 2 22%, Wave 3 21%).

Reasons for vaping (alternating use and formerly smoked)

QD7 Which of the following best describes the main reason you vape in addition to smoking?/Which of the following best describes the main reason you vape?	W1 total (n=4,137)	Wave 2		Wave 3	
		P30 day smoking (n=404)	Formerly smoked (n=39)*	P30 day smoking (n=221)	Formerly smoked (n=29)*
Trying to reduce my smoking	20%	19%	N/A	18%	N/A
Enjoyment (flavour/relaxing)	23%	17%	17%	16%	24%
Trying to quit smoking	16%	14%	N/A	17%	N/A
I can vape when or where I can't smoke	15%	19%	12%	16%	3%
Habit	12%	11%	4%	8%	14%
Addiction/can't give it up/hard to quit	10%	7%	2%	8%	3%
It's less harmful to my health than smoking	n/a	10%	22%	14%	21%
Avoid returning to smoking	N/A	N/A	32%	N/A	21%
Other	2%	1%	3%	3%	10%
Not sure	2%	3%	9%	1%	3%

Base: P30D smoking and P30D vaping (Wave 1 n=4,137 Wave 2 n=404, Wave 3 n=221) AND Former smoking and P30D vaping (Wave 2 n=39, Wave 3 n=29)

*Warning: small sample size

For those with alternating use (i.e., past 30 day smoking and vaping), there are few demographic differences:

- In Wave 2, vaping where they can't smoke is a more common motivator for adults 25+ (19%) and young adults (23%) compared to youth (9%). This reason is also more common in BC (42%) compared to all other regions, who range from 10% to 20%.
- Also in Wave 2, men are more likely to vape because it is less harmful than smoking (13%) compared to women (7%).

The sample sizes for those who formerly smoked and vape are too small for further sub-group analysis.

F. Transitions, cessation and relapse

1. Attempting to quit or reduce smoking

Two-thirds of those who smoke were actively trying to reduce their smoking, and one third were trying to quit in each wave.

Two in three of those currently smoking in Wave 2 (67%) and Wave 3 (68%) are trying to reduce their smoking, though just over one in three are actively trying to stop smoking (38%, both waves).

Currently trying to quit or reduce smoking

QE1 Are you currently trying...	W2 total (n=908)	W3 total (n=569)
To stop smoking	38%	38%
To reduce your frequency of smoking	67%	68%

Base: Those who smoked in the past 30 days (Wave 2 n=908, Wave 3 n=569)

Note: This question was asked differently in Wave 1.

In Wave 2, women were more likely to be trying to reduce their smoking (73%) compared to men (64%); this difference was not present in Wave 3.

Those smoking daily were less likely to be reducing smoking in both Wave 2 and 3; in Wave 3 they were also less likely to be trying to stop smoking. This may indicate that as some people transition away from smoking over time, those still smoking on a daily basis are more entrenched and less inclined to attempt stopping.

Currently trying to quit or reduce smoking by smoking frequency

QE1 Are you currently trying...	W2 Daily smoking (n=643)	W2 Occasional smoking (n=265)	W3 Daily smoking (n=415)	W3 Occasional smoking (n=154)
To stop smoking	31%	56%	30%	60%
To reduce your frequency of smoking	66%	71%	65%	78%

Base: Those who smoked daily (Wave 2 n=643, Wave 3 n=415) and those who smoked occasionally (Wave 2 n=265, Wave 3 n=154)

Looking at final smoking disposition in Wave 3, those who relapsed smoking are not significantly more likely to be stopping (37%) or reducing (67%) compared to those who smoked continuously (30% stopping, 66% reducing). So while findings from other questions suggest that smoking behaviour is less frequent and less heavy for those who relapsed, their perception of their effort and intentions is the same.

2. *Have made a serious quit attempt lasting more than 24 hours*

In both Wave 2 and Wave 3, 4 in 10 respondents who had smoked in the past 30 days reported having made a serious quit attempt since the previous survey.

About four in ten of those with past 30 day smoking in each of Wave 2 and 3 say that since the previous survey, they made a serious quit attempt lasting more than 24 hours.

If made a serious attempt to quit smoking

QE2 <i>Since you did the previous survey, have you ever made a serious attempt to quit smoking which lasted more than 24 hours?</i>	W2 total (Since W1) (n=908)	W3 total (since W2) (n=569)
Yes	42%	39%
No	58%	61%

Base: Those who smoked in the past 30 days (Wave 2 n=908, Wave 3 n=569)

Youth (62%) and young adults (68%) are more likely to have a quit attempt at Wave 2 compared to adults (40%); this difference is not significant in Wave 3.

In terms of smoking transitions sub-groups:

- Serious attempts at quitting are more common among those occasionally smoking (Wave 2 61%, Wave 3 62%) compared to daily smoking (Wave 2 35%, Wave 3 30%).
- Those who reduced their smoking between waves are more likely to have a serious quit attempt (Wave 2 59%, Wave 3 63%) than those whose smoking continued and didn't change (Wave 2 40%, Wave 3 30%).
- In Wave 3, those who relapsed smoking (45%) were also more likely to report a quit attempt than those who continued smoking the same amount (30%).
- Also in Wave 3, quit attempts were reported more frequently by those who had increased their smoking (49%) compared to those whose smoking was steady between waves (30%). This raises an interesting question about the possibility that for some, a failed quit attempt has the potential to backfire and result in an increase in smoking.

3. Longest quit attempt

Over half of those who had attempted to quit in Waves 2 and 3 had only managed to do so for a matter of days.

Those with serious quit attempts in Wave 2 and 3 were asked to indicate the longest period of time they had gone without smoking. For more than half, the longest attempt was a matter of days (Wave 2 55%, Wave 3 58%). About one in four counted this time in months (Wave 2 22%, Wave 3 25%).

Length of longest quit attempt

QE3 What was the longest time you have gone without smoking?	W1 total (n=4,600)*	W2 total (since W1) (n=389)	W3 total (Since W2) (n=222)
Days (less than a week)	26%	55%	58%
Weeks (less than a month)	17%	22%	17%
Months (less than a year)	30%	22%	25%
1-10 years	26%	n/a	n/a
11+ years	2%	n/a	n/a

Base: Wave 1 have made a serious attempt to quit (n=4,600), Wave 2 and Wave 3 have made a serious attempt to quit since the previous wave (Wave 2 n=389, Wave 3 n=222).

*Note: In Wave 1 this question was asked to all respondents who had ever made a serious attempt at quitting, without a time parameter. In Waves 2 and 3 this question was only asked to those with a serious attempt between waves. Wave 1 results are shown for informational purposes.

Length of time without smoking did not vary meaningfully between regions, age groups, or genders in Wave 2 or Wave 3.

In Wave 3, there were some variations between smoking transition groups:

- Those smoking daily more often measured their longest time without smoking as a matter of days (71%), compared to those smoking occasionally (40%).
- A period of months was more common for those smoking occasionally (40%), compared to those smoking daily (14%).
- A time period of days was more common for those whose smoking continued without changing (71%) and those whose smoking increased (71%) compared to those who reduce their smoking in Wave 3 (36%) or had relapsed between Wave 2 and 3 (30%).
- Those who relapsed were more likely to report weeks (33%) or months (37%) without smoking compared to those whose smoking did not change between waves (13% months, 16% weeks).
- Those who had reduced their smoking in Wave 3 were also more likely to report not smoking for months (46%) compared to those whose smoking was status quo (16%).

Those who were smoking consistently in each wave of the study reported shorter periods of non-smoking between waves, compared to those who were identified as quitting or relapsing.

4. *Time since quitting*

Most who had quit smoking in Wave 2 and Wave 3 had done so at least 6 months earlier.

Those who had quit smoking in Wave 2 and Wave 3 were asked how long it had been since they stopped smoking. With approximately eight months between the Baseline Wave 1 study and Wave 2 and four months between Waves 2 and 3, participants were asked to record this time in months.

In both waves, most reported that they had quit smoking at least 6 months earlier (Wave 2 71%, Wave 3 55%). There is a shift between waves, with more recent quitting in Wave 3 (44%) compared to Wave 2 (28%); this is a reminder of the quitting and relapsing churn that occurs between study waves.

Time since quitting smoking

<i>QE3b How long ago did you quit smoking?</i>	W2 total (n=156)	W3 total (n=106)
Net: Less than 6 months	28%	44%
<i>1 month</i>	18%	16%
<i>2 months</i>	2%	8%
<i>3 to 5 months</i>	8%	20%
Net: 6 months or more	71%	55%
<i>6 to 8 months</i>	11%	10%
<i>9 or more months</i>	60%	45%

Base: Formerly smoked (Wave 2 n=156, Wave 3 n=106)

Note: QE3b was not asked in Wave 1

Due to the small sample size of those who formerly smoked in both Wave 2 and 3, there are few notable differences between key demographic groups. By Wave 3, men are more likely to have quit for less than one month (28%) compared to women (9%).

5. **Number of quit attempts since previous wave**

Those who were still smoking but had made a serious quit attempt between waves had an average of 3 quit attempts between waves, suggesting a cyclical pattern of quit attempts that aligns with findings in the qualitative research.

Among those who were still smoking, but had reported a serious quit attempt between surveys, about half say they had attempted to quit smoking at least twice during that time (Wave 2 50%, Wave 3 47%). In both waves, the mean number of attempts was close to 3. This aligns closely with some participants' stated experiences of quitting expressed during the qualitative research; for many, the process of trying and failing to quit smoking is a rapid and repeating cycle.

Number of quit attempts since previous wave

QE4 <i>Since you did the previous survey, how many times have you tried to quit smoking?</i>	W2 total (Since W1) (n=389)	W3 total (Since W2) (n=222)
One attempt	28%	32%
Net: Two or more attempts	50%	47%
2	20%	19%
3 to 5	23%	22%
6 to 19	6%	5%
20 +	1%	1%
Don't know	23%	21%
Mean	2.97	2.91
Median	2	2

Base: Those who have made a serious attempt to quit since the previous wave (Wave 2 n=389, Wave 3 n=222)

Number of quit attempts is similar for those in different regions, age groups, and genders. There is also little variation between different smoking transitions groups.

6. Nicotine replacement methods used since last survey

Regardless of success, those who had attempted to quit between survey waves largely reported using no nicotine cessation aids. Of those that had used them, gum and patches were the most common.

In both Wave 2 and Wave 3, those who formerly smoked and those with serious quit attempts were asked about nicotine cessation aids (other than vaping). Within this group, more than half did not use any nicotine replacement options in the list shown (Wave 2 52%, Wave 3 54%). Nicotine gum was the most common method of those used (Wave 2 29%, Wave 3 26%), followed by the patch (Wave 2 19%, Wave 3 17%).

Nicotine replacement methods used (Multiple responses permitted)

QE5 Which, if any, of the following nicotine replacement methods have you used to help you quit or reduce smoking?	W1 total (n=4,600)*	W2 total (Since W1) (n=451)	W3 total (Since W2) (n=281)
Nicotine gum	40%	29%	26%
Nicotine patch	36%	19%	17%
Nicotine inhaler	12%	6%	7%
Nicotine lozenge	12%	8%	7%
Nicotine mouth spray	6%	3%	5%
Nicotine nasal spray	5%	4%	4%
None of these	37%	52%	54%
<i>Net: used at least one nicotine aid</i>	<i>63%</i>	<i>48%</i>	<i>46%</i>

Base: Wave 1 have made a serious attempt to quit (n=4,600), Wave 2 and Wave 3 have made a serious attempt to quit or formerly smoked (Wave 2 n=451, Wave 3 n=281)

*Note: In Wave 1 this question was asked to all respondents who had ever made a serious attempt at quitting, without a time parameter. In Waves 2 and 3 this question was only asked to those with a serious attempt between waves. Wave 1 results are shown for informational purposes.

In Wave 2, there were some notable demographic differences (these were not evident in Wave 3):

- Nicotine gum was used less often by those in the Prairies (15%) compared to BC (35%) and Ontario (41%).
- The patch was used more often by adults 25+ (20%) compared to youth 15 to 19 (4%).

There were some differences between smoking behaviour and transitions sub-groups:

- In Wave 2, those who were still smoking (despite quit attempts) were more likely to report using gum, the patch, lozenges, inhalers, and nasal spray compared to those who were not smoking in Wave 2.
- By Wave 3, these distinctions are no longer statistically significant, with the exception of nicotine gum.

Evidently, these nicotine replacement methods appear to be used in addition to, rather than instead of, vaping:

- Nicotine gum is used more by those with past 30 day vaping in Wave 3 (38%), and especially those who alternate vaping and smoking (46%), compared to those who formerly vaped (19%) or never vaped (17%).

7. Other smoking cessation methods used

Cold turkey and cigarette reduction methods were reported most often by those with quit attempts. This is in line with qualitative findings that willpower-based methods are held in high regard among those who wish to quit smoking.

Within the same group of those who formerly smoked, or who had recent quit attempts, the vast majority report using a quitting method of some type (Wave 2 81%, Wave 3 83%). The most common methods are going cold turkey (Wave 2 40%, Wave 3 39%) and reducing the number of cigarettes (Wave 2 30%, Wave 3 28%).

This dovetails well with the anecdotes shared by qualitative IDI participants, who widely believed that cold turkey is the best method (or the only method that works). Both the quantitative and qualitative research show a broad reliance on methods driven by willpower (cold turkey, reducing) rather than mental and emotional support methods (friend/family, apps, books, counselling). Even though many who smoke understand that stress of any type is a major obstacle to quitting success, they seem to lack knowledge of other ways to quit that might help them overcome the life stressors that have caused them to fail in the past. This topic is discussed in more detail in the qualitative findings section of this report.

Other smoking cessation methods used (Multiple responses permitted)

QE6 Which of the following other methods have you used to help you quit or reduce smoking?	W1 total (n=4,600)*	W2 total (Since W1) (n=451)	W3 total (Since W2) (n=281)
Cold turkey (just quitting)	48%	40%	39%
Reducing the number of cigarettes	46%	30%	28%
Vaping	18%	13%	10%
Prescription medication, like Zyban, Wellbutrin or Champix	17%	9%	8%
A deal with a friend/family member	17%	13%	13%
A smart phone app	11%	8%	6%
Self-help books	9%	6%	7%
Counselling or support group (in-person, online, or telephone)	7%	3%	7%
Quit-and-Win type contests	7%	4%	5%
Acupuncture	6%	6%	4%
Other	1%	2%	4%
None of these	10%	19%	17%
Net: Mention of any method	90%	81%	83%

Base: Wave 1 have made a serious attempt to quit (n=4,600), Wave 2 and Wave 3 have made a serious attempt to quit or formerly smoked (Wave 2 n=451, Wave 3 n=281)

*Note: In Wave 1 this question was asked to all respondents who had ever made a serious attempt at quitting, without a time parameter. In Waves 2 and 3 this question was only asked to those with a serious attempt between waves. Wave 1 results are shown for informational purposes.

By Wave 3, men are more likely to report using the cold turkey method (47%) compared to women (33%).

Looking at smoking behaviour and transitions:

- In Wave 2 and Wave 3, use of cold turkey is consistent between groups, including those still smoking, those who formerly smoked, those who smoke daily or occasionally, and those who relapsed.
- In Wave 2 and 3, those who formerly smoked are less likely to report using several quit methods, compared to those still smoking. These include: reducing cigarettes, deals with family or friends, prescriptions, counselling, and contests. In Wave 3, self-help books and acupuncture are also used more by those still smoking.

As with nicotine replacement methods, other quit methods are often more common among those who vape than those who do not in Wave 3, including reducing, deals with friends or family members, counselling, apps, and contests.

8. Vaping to quit smoking

Vape flavours used when quitting smoking did not differ substantially from vape flavours used in general.

In Wave 2 and Wave 3, there was a subset of respondents who were no longer smoking, and were either currently or formerly vaping. They were asked what vaping flavours they used while they quit smoking. Flavours used while quitting are similar in ranking to vaping flavours in general, with fruit topping the list (Wave 2 42%, Wave 3 29%) followed by tobacco in wave 2 (13%), and mint in Wave 3 (19%). Often, respondents were unsure (Wave 2 22%, Wave 3 31%); this may include those who stopped vaping before they stopped smoking. The sample sizes were too small for further sub-group analysis.

Vape flavours used when quitting smoking

QE8b What vape flavour, if any, were you using at the time you quit smoking?	W2 total (n=85)	W3 total (n=68)
Fruit	42%	29%
Tobacco flavour	13%	6%
Mint	12%	19%
Candy	9%	4%
Dessert	6%	1%
Menthol	6%	3%
Flavourless/no flavour in descriptor	5%	3%
Coffee/tea	3%	7%
Alcohol flavour	2%	0%
Other	1%	7%
Not sure	22%	31%

Base: Vaped in the past 30 days or formerly vaped, and formerly smoked (Wave 2 n=85, Wave 3 n=68)

Note: QE8b was not asked in Wave 1

Those who specifically used vaping to help them reduce, avoid, or quit smoking were asked to rate its usefulness. In Wave 2, about half (51%) found vaping to be useful for this purpose, but by Wave 3 this had slipped to 37 percent. This could be a matter of attrition as those who find success move into the formerly smoked category, while those still smoking are more entrenched and experience more difficulty in their attempts to quit.

Looking at the usefulness ratings by demographics, there are few differences. In Wave 3, those in Atlantic Canada were less likely to find vaping useful (13%) compared to those in the prairies (60%) and Quebec (48%). Sample sizes in smoking and transitions sub-groups were too small for meaningful comparisons.

Helpfulness of vaping to quit smoking

QE9 How useful has vaping been in helping you reduce or quit smoking? Use a scale of 1 to 10, where 1 means not useful at all, and 10 means extremely useful.	W2 total (n=155)	W3 total (n=76)
Useful (8-10)	51%	37%
Neutral (4-7)	46%	62%
Not useful (1-3)	3%	1%
<i>Mean</i>	7.24	6.96
<i>Median</i>	8	7

Base: Vapes or has vaped to reduce, avoid or quit smoking (Wave 2 n=155, Wave 3 n=76)

Note: QE9 was not asked in Wave 1

9. Confidence in quitting smoking for good

Over one in three respondents are confident that they will eventually quit smoking, across all three waves.

All respondents were asked to indicate how confident they are that they will one day quit smoking for good. The overall results for all survey respondents, regardless of their transitions over the course of three surveys, are fairly consistent; more than one in three rate their confidence between 8 and 10 (35% to 39%), with a mean score just over 6 in all three waves.

Confidence in being able to quit smoking for good

QE10 How confident are you that you will quit smoking for good? / How confident are you that you will eventually quit smoking for good?	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Confident (8-10)	36%	39%	35%
Neutral (4-7)	48%	46%	49%
Not confident (1-3)	16%	15%	17%
<i>Mean</i>	6.30	6.46	6.30
<i>Median</i>	7	7	7

Base: Wave 1 currently smoke (n=7,248), Wave 2 and Wave 3 currently smoke and formerly smoked (Wave 2 n=1,064, Wave 3 n=675)

Confidence does not vary significantly between demographic groups of interest. There are some noteworthy differences between different smoking behaviour groups in terms of those rating their confidence between 8 and 10:

- Those smoking occasionally (Wave 2 46%, Wave 3 45%) are more likely to be confident (i.e. 8 to 10) than those smoking daily (Wave 2 29%, Wave 3 29%).
- Those not smoking in Wave 3 (62%) are more confident than those smoking (29%).
- Those who relapsed between Wave 2 and 3 (30%) are similar to those whose smoking continued (29%).

10. Importance of quitting smoking

Almost half of respondents see quitting smoking as an important goal across all three waves. Those who had quit in Waves 2 and 3 are more likely to view quitting as important than those still smoking.

Similar to the confidence question, the relative importance of quitting smoking is consistent between waves, even though many participants have experienced different transitions over the course of three survey waves. Just under half of respondents (43% to 48%) see quitting as an important goal; the mean importance rating in each wave is about 7.

Importance of quitting smoking

QE11 How important is stopping smoking to you? Use a scale of 1 to 10, where 1 means stopping smoking is not important at all, and 10 means it is the most important goal of your life	W1 total (n=7,248)	W2 total (n=1,064)	W3 total (n=675)
Important goal (8-10)	48%	47%	43%
Neutral (4-7)	42%	41%	46%
Not an important goal (1-3)	10%	11%	11%
<i>Mean</i>	7.00	6.93	6.88
<i>Median</i>	7	7	7

Base: Wave 1 currently smoke (n=7,248), Wave 2 and Wave 3 currently smoke and formerly smoked (Wave 2 n=1,064, Wave 3 n=675)

The importance of quitting is largely unvaried between sub-groups based on region, age, or gender.

In both Wave 2 and Wave 3, those who had quit smoking were more likely to give quitting an 8 to 10 rating on importance (Wave 2 74%, Wave 3 65%) compared to those still smoking (Wave 2 43%, Wave 3 39%).

11. Motivations for quitting smoking

General health concerns are consistently among the top rated motivations for quitting smoking, but in qualitative interviews and Wave 3, affordability and poor diagnoses, issues that may be felt more acutely and immediately, emerged as significant motivators.

People who smoke in each wave were shown the following statement:

Different people have their own reasons for trying to stop smoking. Even if you're not planning to stop smoking right now, it may be something you think about or hear about from time to time.

They were then asked to rate a series of statements using a scale of 1 to 10, where 1 is "Not true at all" and 10 is "Very true," based on their own perspectives on quitting.

The top statement that is most often rated 8 to 10 (i.e. true) for those still smoking is "If I stopped smoking, it would be because I personally believe it is the best thing for my health." While this statement stayed on top of the list across all survey waves, the proportion rating it as true declined from 67 percent in Wave 1 to 58 percent by Wave 3.

A similar decline is noted for the statement "... because I feel I want to take responsibility for my own health" which starts at 64 percent rating it true in Wave 1, to 56 percent in Wave 3. A third statement "because I have carefully thought about it and believe it is very important for many aspects of my life" also declines from Wave 1 to 3 (59% to 53%).

The relative decline in those who see these statements as true is likely due in part to attrition; those who see truth in these statements may be more likely to stop smoking from one wave to the next, and are subsequently excluded from the question.

In Wave 3, three new statements were added; these were designed based on common responses and anecdotes shared in the qualitative interviews that took place between Waves 2 and 3. In the interviews, some participants indicated that a real health issue like cancer or emphysema is what would finally motivate them to take quitting seriously; quantitatively, one in three (35%) of those smoking in Wave 3 found truth in the statement "If I stopped smoking, it would be because I experienced a health scare or poor diagnosis."

It is also interesting to note that the statement about quitting because smoking became unaffordable was rated to be true more often (30%) than the statement about quitting due to health research (27%). Together, the quantitative results from the three new statements line up with findings drawn from the qualitative study, and together suggest that people are more motivated to quit smoking when something happens to make smoking truly untenable or deeply inconvenient. To put it another way: people know smoking is bad for them intellectually, but they often need a direct impact to quit.

P30D smoking: Specific motivations for quitting smoking are true

QE12 Motivation for quitting smoking is true (score 8-10) “If I stopped smoking, it would be...”	W1 total (n=7,248)	W2 total (n=908)	W3 total (n=569)
...because I personally believe it is the best thing for my health	67%	63%	58%
...because I feel I want to take responsibility for my own health	64%	58%	56%
...because I have carefully thought about it and believe it is very important for many aspects of my life	59%	52%	53%
...because I would feel guilty or ashamed of myself if I smoked	27%	23%	22%
...because I feel pressure from others to not smoke	23%	19%	21%
I really don't think about stopping smoking	22%	22%	18%
...because I experienced a health scare or poor diagnosis	n/a	n/a	35%
...because I couldn't afford cigarettes	n/a	n/a	30%
...because I saw research that led me to believe it was worse for my health than I thought	n/a	n/a	27%

Base: Wave 1 all respondents (n=7,248), Wave 2 and Wave 3 smoked in the past 30 days (Wave 2 n=908, Wave 3 n=569)

Looking specifically at Wave 3, with all statements included, women rate several statements more highly than men:

- “Because I personally believe it is the best thing for my health,” 62% true for women, compared to 53% of men.
- “Because I feel I want to take responsibility for my own health,” 61% for women, 49% for men.
- “Because I have carefully thought about it and believe it is very important for many aspects of my life,” 59% for women, 46% for men.
- “Because I would feel guilty or ashamed of myself if I smoked,” 26% for women, 18% for men.

In Quebec, nearly half see “Because I experienced a health scare or poor diagnosis” as true (48%), which is notably higher than BC (33%), prairies (30%), and Ontario (28%).

Among specific sub-groups of those still smoking in Wave 3:

- “Because I experienced a health scare or poor diagnosis” is higher for those who smoke daily (38%) compared to those who smoke occasionally (29%).
- “Because I personally believe it is the best thing for my health” is higher for those whose smoking is status quo between waves (62%) compared to those whose smoking increased from Wave 2 to 3 (45%).

Those who had quit smoking in Waves 2 and 3 were shown the same statements, but prefaced with “I stopped smoking because...” and asked to rate them on the same scale of 1 to 10, where 1 is “Not true at all” and 10 is “Very true.” Believing it to be best for health is the top ranked motivation in Wave 2 (74%), though in Wave 3 taking responsibility for health is the statement with the most agreement (71%).

Formerly smoked: Specific motivations for quitting smoking are true

QE12b Motivation for quitting smoking is true (score 8-10) “I stopped smoking because...”	W2 total (n=156)	W3 total (n=106)
...because I personally believed it was the best thing for my health	74%	66%
...because I wanted to take responsibility for my own health	72%	71%
...because I believed it was very important for many aspects of my life	66%	58%
...because I felt guilty or ashamed of myself because of my smoking	41%	37%
...because I felt pressure from others to not smoke	29%	27%
...because I saw research that led me to believe it was worse for my health than I thought	n/a	42%
...because I could no longer afford cigarettes	n/a	36%
...because I experienced a health scare or poor diagnosis	n/a	26%

Base: Formerly smoked (Wave 2 n=156, Wave 3 n=106)

The small sample size of those who formerly smoked precludes further sub-group analysis.

12. Perceptions of quitting failure and success

Six in ten believe that failure to quit is their own fault; this belief is commonly held across demographics and regardless of smoking status.

In Wave 3, a new question was added to measure some perceptions of quitting success and failure; respondents were asked to rate their agreement with three statements, using a scale from 1 (strongly disagree) to 10 (strongly agree). Most agree with the statement that if they fail at quitting, it is their own fault (59% rating it 8 to 10 out of 10), and half see reducing smoking as a form of success (52%). Just one in four agree that quitting would be easier with less stress (23%).

The tendency to self-blame is clear here, and aligns with viewpoints noted frequently in the qualitative interviews that placed primacy on self-driven quit attempts that mainly rely on willpower for success.

These perceptions are similar across demographic groups, and do not vary significantly between those with different smoking behaviours or dispositions.

Perceptions of failure and success

QE13 Consider the following statements about quitting smoking and indicate whether you agree or disagree. (NET: Agree)	W3 total (n=675)	W3 Past 30 day smoking (n=569)	W3 Formerly smoked (n=106)
If I fail at quitting, it's my own fault and I only have myself to blame.	59%	59%	59%
Reducing the number of times I smoke in a day or a week is success in my mind.	52%	53%	46%
I could quit smoking easily if there was less stress in my life.	23%	22%	26%

BASE: All respondents (Wave 3 n = 675)

G. Cannabis, alcohol and relative harm perceptions

1. Frequency of use of cannabis

Cannabis use is fairly common among those who smoke, with as many as half smoking cannabis at least once in the past 30 days. Vaping and edibles are less common forms of cannabis consumption.

Cannabis use is common among respondents. Smoking is the most common form of cannabis consumption, with around half of respondents having smoked cannabis in the past 30 days in each wave, and a quarter smoking it daily. Vaping and edibles are less common consumption methods, with three in ten having used each of them in the past month, and less than 1 in 10 using them daily.

Wave 2: Frequency of use of cannabis

QF2 <i>In the past 30 days, how often did you use cannabis?</i>	Net: Any in past month	Daily	Less than daily, but at least once a week	Less than once a week, but at least once in the past month	Not at all
Vaping	29%	8%	11%	9%	71%
Smoking	52%	25%	14%	14%	48%
Edibles	30%	3%	10%	17%	70%

Base: All respondents (Wave 2 n=1,064)

Wave 3: Frequency of use of cannabis

QF2 <i>In the past 30 days, how often did you use cannabis?</i>	Net: Any in past month	Daily	Less than daily, but at least once a week	Less than once a week, but at least once in the past month	Not at all
Vaping	29%	7%	12%	11%	71%
Smoking	48%	21%	16%	12%	52%
Edibles	31%	4%	11%	16%	69%

Base: All respondents (Wave 3 n=675)

Cannabis use comparison table

QF2 <i>In the past 30 days, how often did you use cannabis? (NET: used in past 30 days)</i>	Wave 2 (n=1,064)	Wave 3 (n=675)
Vaping	29%	29%
Smoking	52%	48%
Edibles	30%	31%

Base: All respondents (Wave 2 n=1,064, Wave 3 n=675)

Note: QF2 was asked differently in Wave 1.

There were no noteworthy differences between demographic subgroups spanning Waves 2 and 3. However, some differences in cannabis consumption were noted between those who had quit in Wave 2 or Wave 3 compared with those whose smoking was ongoing.

- 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.

- Those still smoked in Wave 3 remained more likely than those who formerly smoked to have taken edibles (33% vs. 21%) or smoked cannabis (53% vs. 24%) in the past 30 days.

2. Frequency of use of alcohol

Over 5 in 10 have had at least one alcoholic drink in the past 30 days. Those who still smoked were more likely than those who had quit to have consumed alcohol in both waves.

In Waves 2 and 3, all respondents were asked how often they had consumed alcohol within the past 30 days. Drinking behaviour is consistent over the two waves, with over half consuming alcohol at least once a week, and just under a quarter having not consumed any alcohol at all in that time period.

Frequency of use of alcohol

QF4 <i>In the past 30 days, how often did you drink at least one alcoholic beverage?</i>	W2 total (n=1,064)	W3 total (n=675)
<i>Net: at least weekly</i>	54%	54%
Daily	13%	12%
Less than daily but at least once a week	41%	42%
Less than once a week, but at least once in the past month	23%	22%
Not at all	23%	24%

Base: All respondents (Wave 2 n=1,064, Wave 3 n=675)

Note: QF4 was asked differently in Wave 1.

No notable demographic subgroup differences emerged over the span of Waves 2 and 3. However, there are some differences in alcohol consumption patterns between groups in Waves 2 and 3 based on smoking behaviours.

- In Wave 2, those whose smoking was ongoing were more likely to drink alcohol in the past 30 days than those who formerly smoked (78% vs. 68%).
- Moreover, those who smoked daily in Wave 2 were also more likely to drink alcohol on a daily basis (16%) than those who smoked occasionally (7%) or who formerly smoked (9%).
- These patterns continued through to Wave 3, where those who had smoked in the past 30 days were more likely to drink alcohol in that time period (79%) than those who formerly smoked (65%), and those who smoked daily were also more likely to drink daily (16%) than those who smoked occasionally (6%) or who formerly smoked (7%).

3. Perception of relative harms

Of a list of six substances, smoking cigarettes is most likely to be rated as harmful, with two-thirds consistently rating it as harmful across all three waves.

In each wave, respondents were presented with a list of six activities and asked to rate how harmful they consider them to be, using a scale of 1 to 10, where 1 is “Not at all harmful” and 10 is “Extremely harmful.”

Smoking cigarettes is consistently perceived to be most harmful from the list of six substance-related activities, with approximately two-thirds rating it as harmful across all three waves. Vaping with nicotine closely follows

with around half perceiving it to be a harmful activity. Eating junk food, drinking alcohol, vaping and smoking cannabis were consistently seen as harmful by around 4 in 10 respondents, while 2 in 10 felt that none of the listed activities were harmful.

Substances are harmful – by wave

QF6 How harmful do you feel each of the following is, if done on a regular basis? Use a scale from 1 to 10 where 1 means “Not harmful at all” and 10 means “Extremely harmful.” NET harmful (8-10)	Wave 1 (n=7,248)	Wave 2 (n=1,064)	Wave 3 (n=675)
Smoking cigarettes	64%	65%	67%
Vaping with nicotine (excluding cannabis)	48%	47%	53%
Eating junk food	43%	40%	43%
Drinking alcohol	40%	37%	41%
Vaping cannabis	39%	39%	43%
Smoking cannabis	36%	36%	40%
None is harmful	17%	20%	19%

Base: All respondents

No notable subgroup differences remained significant across Wave 2 and Wave 3. However, perceptions of harm differed according to smoking status. Those who formerly smoked were more likely to perceive all inhalants as harmful when compared to those who still smoke.

- Smoking cigarettes (Wave 2: 78% vs. 63%) (Wave 3: 77% vs. 64%)
- Smoking cannabis (Wave 2: 48% vs. 34%) (Wave 3: 53% vs. 37%)
- Vaping with nicotine (Wave 2: 61% vs. 45%) (Wave 3: 62% vs. 51%)
- Vaping cannabis (Wave 2: 51% vs. 37%)

II. Detailed Findings – Qualitative IDIs

A. IDI context and objectives

In the Wave 2 survey, respondents were asked to opt-in if they were willing to participate in an in-depth interview; from those who opted in, 115 were invited to participate in interviews, 45 scheduled interviews, and 38 completed interviews between January 4 and February 1, 2023. The objective of the interviews was to gain a deeper understanding of factors that may drive changes in smoking status, including personal history, attitudes, quit attempts and cessation, and vaping.

B. Demographic / smoking behaviour of participants

At the time of the interviews, eight participants had quit smoking while the rest continued to smoke. Most had tried vaping, but only 13 vaped regularly. Among the eight who had quit smoking, three had transitioned to vaping as an alternative, while the other three quit using other methods.

A breakdown of participant demographics and smoking status is below:

Age	
Youth (15-19)	1
Young Adult (20-24)	1
Adult (25+)	36
Gender	
Female	28
Male	10
Region	
BC/Territories	3
AB/SK/MB	5
Ontario	20
Quebec	8
Atlantic	2
Wave 1 Smoking Status	
Daily	25
Less than daily but at least once a week	8
Less than once a week but at least once in the past month	5
Wave 2 Smoking Status	
Daily	25
Less than daily but at least once a week	2
Less than once a week but at least once in the past month	3
Not at all	8

C. Life status and recent life changes

When asked generally about their lives at the time of the interview, participants frequently mentioned general stress and worries stemming from the COVID-19 pandemic and inflation. Work-related issues and personal matters were also frequently top-of-mind during interviews.

“Well work, work and more work. I guess like everybody else. You know, in this type of climate, we are experiencing some challenges with inflation and things like that, rising prices of food and gas. So those are the challenges and it affects mental health, right now.”

“Not going well ever since this start of this pandemic – it’s driving me crazy. You know I lost my job because of it.”

“I retired in April of 2022 and so I’m just trying to get my footing, I no longer have kids at home. I have a grandchild who I help take care of.”

A few interview participants mentioned major life changes, like moving, a new grandchild, new job, or recent retirement. Sometimes, these life changes were sources of happiness and stress at the same time, but others were coping with events that had brought disappointment or grief.

“Just paid off my mortgage, that’s big.”

“I needed more to do in my life. So, I signed up for some university courses, which is not easy, it’s so hard. It has been so long since I’ve been in school.”

“I’ve got a heart condition and I’m unable to work any longer.”

“I lost my brother.”

Often, participants would voluntarily mention details about their smoking habits during the introductory phase of the interview, usually to note that stress or disruption in their life had made them smoke more often for relief or had made it difficult for them to pursue a quit attempt.

D. Role of smoking in life

Most interview participants were still smoking at the time of their interview, with only eight participants having quit. When asked what smoking means to them or how it fits into their daily lives, the most common response was that smoking relieves stress. Participants noted that smoking helps with general feelings of anxiety, calms them down when they feel tense, and gives them time and space in the day to relax and unwind.

“Smoking is my best friend.”

“I can actually think clearer, [smoking] helps me make decisions, calms me down.”

“Personally it’s kind of like an anxiety reliever.”

“If I’m uptight or stressed for whatever reason, and I light a cigarette, it has a calming effect; I enjoy smoking.”

A few described using smoking as a distraction from everyday stressors, or as something that eases boredom.

"I always found it as a stress reliever, and I've always had a weight problem. So I find that it does keep me out of the kitchen a little bit while also helping with stress."

"It's a distraction from my life... It distracts me from the things that irritate me the most."

Smoking also had a place as a social habit for several participants. Smoking with friends, colleagues, and family members was common.

"Sometimes I enjoy it because it is a social thing. I do have some friends that smoke and for me it almost goes hand-in-hand."

E. Vaping, alcohol and cannabis

In addition to discussing smoking habits, participants were asked to discuss their experiences with vaping, alcohol, and cannabis in general, and how those behaviours related to their smoking.

Vaping

Most participants had tried vaping at least once, but only a few vaped on a regular basis. Among those who did vape on an ongoing basis, vaping was seen as a somewhat healthier alternative to smoking, a way cut back on cigarettes, or an option to use when smoking was not permitted.

"Yes, it definitely fills a void... It feels gentler on my lungs."

"Sometimes I use it as a way to transition from cigarettes."

"I never smoke indoors anymore. That's one thing I don't do, my husband can't stand it. So I vape inside instead."

For most interview participants, however, vaping did not feel equivalent to smoking in taste, feel, and effect, which made it an ineffective tool for transitioning away from cigarettes. Several participants also worried that vaping itself was equally risky, or even more unhealthy, to cigarette smoking. The cost of vape products was also commonly mentioned as a detractor.

"I have vaped, I don't really like vaping. I don't know. I would prefer to just like smoke. Vaping's okay, but you don't really get the real taste of the cigarette when you vape."

"No, I was looking at it and thinking maybe it might be help. Make it easier to quit if I tried that, but it seems to be a little more expensive than smoking."

"Tried it but was way too expensive. Was doing really well but it got very expensive."

"Oh well, vaping is just as harmful and just there's not enough data out there."

In considering their experiences of vaping, it should be reiterated that the participants in these interviews were people who were still smoking, or had only recently stopped smoking. Their perceptions of vaping likely differ from those who primarily vape rather than smoke, or those who have successfully used vaping to reduce or quit smoking.

Alcohol

Most interview participants indicated that they drink alcohol moderately, but on a regular basis, though a handful noted that they only drink rarely, or abstain from alcohol entirely for various reasons. The 27 participants who drink at least occasionally were split in terms of its relationship with smoking. While some very emphatically noted that they smoke more when drinking, particularly in social situations, there were several participants who felt it depended on the circumstances, and that in some contexts they were less likely to smoke cigarettes while drinking. This was because they didn't like mixing the two, because they were drinking in social environments or establishments where it was difficult to smoke, or because drinking kept them otherwise occupied.

"I do [drink alcohol], but I am trying to phase it out. A couple of times a week. Beer and cigarettes, coffee and cigarettes. They complement each other so well."

"On the weekends - yes it heightens my desire to smoke more. The two definitely trigger each other."

"I do, once a week. If I'm out drinking socially, then yes it increases the amount I smoke. When it's cold, maybe not."

"I rarely do those two things together, so in terms of them combining, no there's no real correlation between those two. It's either one or the other."

Cannabis

Among those who participated in the interviews, very few said they currently used cannabis (several others noted they had tried it in the past).⁴ For those using it, or who had tried it in the past, cannabis could be for recreation, relaxation, pain relief, or as a sleep aid. They generally viewed cannabis use as separate from, and unrelated to, their cigarette smoking.

"I started legally smoking marijuana with my cigarettes which helped a lot because I later found out that I had an anxiety disorder."

"Occasionally. I just get really tired and sleep for 24 hours. It just puts me to sleep so there's no room for cigarettes."

"Just CBD for pain here and there... I haven't noticed it do anything for me cigarette wise."

"Recreationally when I was younger. Tried it for my chronic pain but didn't work."

F. Quitting considerations and attempts

On the topic of quitting smoking and individual perceptions of success, many participants equated success with *reducing* smoking, as opposed to quitting altogether. This could mean only reaching for a cigarette as a coping mechanism under extreme circumstances, or only smoking while out with friends. In fact, for a few participants, reducing their smoking to one or two cigarettes a day was a satisfactory outcome. In these cases, quitting altogether was seen to be unnecessary, and some worried that trying to quit altogether would backfire and cause them to smoke more in the future.

"Trying to be less stressed. I don't try to quit completely anymore. Just treating myself to some here and there."

⁴ Quantitative results for Wave 2 and 3 indicate that cannabis use in past 30 days was quite high. Interview participants may have been hesitant to disclose cannabis use during a live interview.

“Before [quitting] was not smoking at all. Now it means relaxing or having some with friends. I don't think of smoking right when I wake up anymore. Now I can mix it with other things. Depends on the weather or social situation.”

“Reduce cigarettes per day. Later on it would be to stop completely.”

There were some participants, however, who equated success with quitting altogether despite not being successful so far.

“I want to get out of it entirely, including vaping.”

“No smoking at all. No vaping either.”

Previous Quit Attempts

A majority of participants noted that they had already gone through multiple quit attempts and tried several different methods in their effort to quit. Some had gone for months or even years before coming back to it, but most had only achieved short periods of time without smoking. While those who had spent time without smoking often noticed benefits when they were not smoking, those benefits did not offset the urge to smoke; most participants who relapsed indicated that they did so because of stressful circumstances.

“Two times with a moderation of success. Up to a week at most.”

“Twice. I was on Champix twice (it worked really well).”

Unsuccessful so far

Some participants were still smoking at the time of the interview, but felt they had achieved some success in their journey toward quitting. This could mean cutting down the number of cigarettes they smoke in a day, switching to vaping, quitting nicotine entirely, and/or not ever feeling the urge to smoke.

“I've cut a pack already... My goal is to totally quit the smokes and just rely on vaping. Hoping to be off the cigarettes one year from now but hoping for earlier than that. From there, I can worry about the vaping. One thing at a time.”

“Not actively trying to quit. But finding the right balance, gradually cutting down and being able to resist urges. Feeling generally healthy and no coughing fits.”

Ongoing/Successful Quit Attempts

Among the interview participants, there were eight who were no longer smoking. Discussing their feelings about quitting, several of these participants talked about mental benefits of quitting; feeling that they had a clearer mind, better sleep, and overall relief about getting past the early stages of quitting the addiction. Some participants were already noticing physical benefits as well, including coughing less and having more energy to spend on daily exercise or playing with their grandchildren.

“Clearer thinking... I used to have a foggier brain.”

“Go up the flight of stairs without breathing heavily. I felt good not wanting it. Not craving it was something I noticed.”

“I felt really good mentally, physically. Smokers cough was gone.”

Weight gain was a common concern in general while discussing quitting. Among those interviewed who were no longer smoking, women were more likely to report weight gain as a side effect of quitting that was often, though not always, unwelcome. For some, snacking was a crutch that helped curb cravings. For others, staying away from cigarettes led to a recovery of taste and an end to the hunger suppression effects of smoking, which subsequently resulted in a greater interest in food and a bigger appetite.

“My appetite has increased.”

“Food tastes a lot better. Being hungry, weight gain, more of an appetite.”

G. Motivations for quitting

While interview participants widely recognized smoking to be undesirable for many reasons, including cost, social impact, and health, simple recognition of the risks was not a strong motivator for quitting. When asked what would motivate them to quit smoking, participants most often indicated that a serious emergent health issue was the one thing that would really push them towards a concerted effort to quit. In other words, health would only become a motivator for quitting when smoking had already made them sick.

“If I got a physical scan of my lungs/physical evidence. If I'm not seeing it, I'm not really a believer. I hear all the stats, but it doesn't affect me yet.”

“If I'm getting to a place where my breathing is limited, my general wellbeing affected. Or even if I have children, that's something to think about.”

“If something changed in my health and smoking could worsen it, then I would seriously consider quitting.”

Another common motivation for trying to quit was pressure from family members. Several participants discussed the ways that smoking had caused conflict in families, for example, family members limiting visits or access to grandchildren because of a participants' smoking. While these types of conflicts were upsetting for the participants who mentioned them, they often led to secretive behaviour around smoking rather than actual quitting.

“It's a burden because of friends and family, none of them smoke anymore. None of them. And I'm sort of the odd man out.”

“I think I would sooner just quit it all together and not have to worry about them finding out that Grandma smokes.”

“My husband is always reminding me. He'll say ‘remember I had a heart attack and I quit smoking, but when I see you smoke, it makes me want to smoke.’ So that really hits me hard.”

Though most interview participants were trying to quit, or planning to try quitting in the future, there was a small segment who had no interest or motivation to quit smoking. For these participants, smoking was a fact of life, and though they readily acknowledged it as an unhealthy habit, quitting was simply not something they were inclined to try.

“Now that I'm alone, and my health since the cancer has been good... I haven't had any other reason quit, I'm afraid.”

“It's not really in my wishes to quit smoking right now... I want to cut back on it.”

H. Quitting intentions and methods

Thinking about cessation aids, a large proportion of participants who still smoked and wished to either reduce or quit were fairly dismissive towards nicotine replacement products like gum or the patch, often because of past experience. Prescription drugs for cessation (e.g., Champix, Zyban) seemed to be held in higher regard, again based on past experience with quitting or anecdotes from others. Some also considered vaping to be potentially useful, though many had already tried and dismissed this option.

“Champix (though it had its own side effects), vaping as well (if it wasn't so expensive).”

“Vaping, Zyban was the only other thing that helped me.”

“I don't think so. I mean like if I put my mind to something, I'm pretty determined to do it. I don't like failure. So you know, I mean if I have to then yeah, the prescription probably would sound the best.”

Frequently, those intending to quit were mentally preparing themselves to go cold turkey; this method was often described in absolute terms as the only truly effective way to quit, but it was also perceived to be a method that required ideal conditions and a specific mental state in order to succeed. The need for ideal conditions for quitting is discussed later in this report.

“I don't think I would really use them because I didn't before. I quit before with just willpower, so I believe I could do it again.”

“That was how it was the first time when I was successful for three months, it was cold turkey.”

“I would just quit. You have to want to, and that's the way I feel. You have to want to in your heart.”

“I'm not big on the patches or the gum or anything like that. There are success stories but I don't see it being a success for myself. I think I have to go to an extreme method in order to help me to fast-track it in terms of facilitating and you know, pushing the process.”

Those attempting to quit or preparing to quit were generally quite self-aware when it came to common pitfalls and challenges with quitting. They often mentioned strategies to help them cope with cigarette cravings, stress and boredom while they transitioned away from smoking. These strategies included new hobbies and pastimes, exercise, oral fixation replacements like snacks and gum, and changing daily routines to avoid old triggers.

“Exercising, finding hobbies, distractions. Engaging in these surveys is something that keeps me a little bit occupied. I do surveys often.”

“Gum, hard candy, bonbons. Things that last longer in my mouth.”

“Exercising more to release my anxiety. Taking yoga classes.”

“Keeping busy with work. Activities, going out, hanging out with friends.”

Common among those who had previously attempted to quit without success was a curiosity about methods that could help them understand themselves and their stress triggers more.

“Therapy - knowing myself and my triggers. I've tried everything and I feel that willpower is what could really drive me.”

“More accessible/affordable therapy.”

I. Support to quit smoking

Participants talked about support systems mainly in terms of their social circle and family. A few found support in their doctor as well.

“My spouse, children and friends help. My coworker recently quit.”

“My partner is in the same boat. We cut down together. So we are each others’ biggest support system but also our worst enemies.”

“My doctor was the one who recommended the Zyban and he was the one who helped me the most. My family had a lot to say as well.”

“My doctor was really encouraging me, especially when I developed asthma. I am trying to support my brother.”

With the interviews taking place early in 2023, a question was included about the role of New Years resolutions and quitting smoking. Surprisingly, despite the timeliness of the question, none of the participants put much value on resolutions nor saw them as a successful tool in their journey to quitting smoking.

“No – I’ve never been the type to make resolutions. I used to say losing weight, etc., but my motto is if you want to quit something, just quit - don’t wait to January 1st. And if you need help then get help.”

“It’s been on my mind but not really for this year. Towards my late thirties, I’d like to stop.”

“I made a resolution to stop making resolutions. It adds pressure that doesn’t work for me.”

J. Drivers of continued smoking

A majority of those respondents who still smoked at the time of the interview cited stress as a main driver behind their continued smoking.

“It’s just stress, really.”

“It’s stress. Like a lot on my plate. My kids, parents getting elderly...”

Smoking was also often seen as a peaceful escape from daily life, or as a social activity.

“The moment of time to myself.”

“I enjoy it when I’m with friends or even like my son... we’ll step outside and we’ll have our time.”

“Yeah, the desire to quit isn’t there... it’s just enjoyable.”

Barriers to Transitions

Virtually all participants said that stress was the key factor that makes long-term quitting so difficult. Most participants had past experiences where well-intentioned quit attempts were derailed by stressful

circumstances, like illness or death in the family, job stress, or a move. In these cases, the ongoing effort required to avoid cigarettes was simply overwhelmed by a need for immediate stress relief. Other challenges such as boredom, cravings and a strong force of habit were also mentioned by participants.

“A lot of it with me is the stress. It ruins it every time when I try to quit.”

“I feel like it’s my best friend/crutch. Something to do. Routine, ritual.”

“A stressful day, something breaks in the house, something that wasn’t planned. Something that is unexpected.”

“The habit of coffee, cigarette, coffee, cigarette.”

“I get incredible cravings... If I haven’t smoked for a while I feel a draw through my whole body.”

Among those who expressed some desire to eventually quit, there was a hesitancy as most participants expressed a desire to wait for the ‘right’ time in their lives to make a serious quit attempt. Many wanted reach a point in their life with fewer challenges and stressors before quitting. This form of delay was common among a large portion of those who continued to smoke.

“In upcoming years, I hope I may smoke less, if the environment and my personal thinking is like, all the things are going smooth and I’m good with it.”

“I am going to try to quit. I have another 27 pounds to lose until I’m back in the regular zone and then I just talked to my doctor this morning, then we’re going to quit smoking.”

“I would say it’s a stress thing and now that some of the stress in my life is leaving I’m finding it easier and I’m thinking more about quitting. You know, when I had a lot of stress in my life I wouldn’t have even thought about giving it up, but now, my thought is really changing that way.”

Triggers

Triggers are events or situations that significantly increase the risk of relapse. Many participants identified being around others who are smoking as a trigger, and some pinpointed the smell of cigarettes as a significant obstacle when trying to quit or cut down on smoking.

“I think because some of my friends were smoking around me and that made me so badly to want to just take that cigarette and have a drag, you know.”

“When I’m seeing other people smoke, then that makes me want to smoke and I’m working really hard on that.”

“The smell of cigarettes. I actually like the smell, like the scent of the cigarette. I don’t know why, but it’s kind of weird.”

“Definitely with smokers, you know you smell the smoke. You want to smoke too.”

K. Accessing cigarettes

A majority of respondents did not report ever having any issues with accessing cigarettes. Generally, there was a perception among respondents that cigarettes were widely available to those who wanted them, and interview

participants had difficulty trying to conceptualize a situation where they wouldn't be available. Of the few who had experienced some difficulty, most identified financial or transportation problems as the reason.

"No, they're pretty readily available."

"Oh, back. When I was a single mom... I tried every cheap possible way I could... there probably were days where I had very little in terms of smoking, but my kids were fed."

"I'm about a 10-minute drive from town."

"I live just outside of the public transportation network, so there's no buses or anything here."

When asked how they react (or would react) without access cigarettes, participants were divided in their responses. More frequent smokers tended to describe the experience as stress-inducing, while those who smoked less frequently were less concerned.

"It's not a super stressful situation for me, I just wait until I can again."

"It adds a lot of stress ... I start to think about how much I can't have that right now ... how I have to ask someone else to help me get something they don't want me to have."

"Nervous, I guess. Get nervous."

Suggested coping mechanisms included finding something to distract themselves, such as drinking or eating candy, or else relying on other nicotine products like gum, patches or vapes.

"I think I would probably go to the drugstore and get something to help me like nicotine gum or a patch or something like that."

"Probably the vape."

"If I really, really needed then I think I'd stick a pencil in my mouth and start chewing it. Or head to my grandson's candy drawer."

L. Final thoughts

At the end of the interview, respondents were given the opportunity to provide any final thoughts that they felt Health Canada should know about quitting smoking. A strong sentiment among participants was that they were fully aware that smoking was not good for them. The message that they wanted to get across was just how difficult it is to quit smoking, and that what they would really benefit from would be additional supports to help them quit smoking, rather than messages that only remind them that smoking is bad.

"It is an addiction, a really bad addiction. Somebody said once that it was worse than heroin, I know, but somebody had that analogy, I don't know how true that is."

"Well, unless you've gone through it, it would be hard for them to even understand, but the biggest thing is the cravings."

"It's that emotional aspect, because you can address the symptoms or whatever all you want. But it's that emotional psychological aspect that some gum or a patch won't fix."

"Maybe try to be more supportive, offer more programs instead of always being so negative about it. Because I'm sure everybody who smokes knows that it's not good for them."

"I'm still open (I think a lot of people are) to finding something that draws like a cigarette, that feels like a cigarette, but isn't. And I think you're going to see loads of people quitting if there's an alternative that feels the same."

Participants also commonly noted that the government should focus on telling young people not to start smoking in the first place, often noting with regret that they had themselves started smoking at a young age. A few suggested that video advertisements might be more emotionally impactful than print ads or cigarette package designs. Teaching kids stress management tactics and raising mental health awareness in schools were also suggested as ideas to prevent young people from beginning to smoke.

"I think if there was more advertising, more things like what you see on TV with drinking and driving and cannabis but something that's more focused on smoking itself. And what it can do, I know on the packages, there's the warning, but I don't think it gets to people as much as it does when we actually see warnings that are verbal."

"If I had at 14 been exposed to skills to help in handling stress, because we don't all come from homes where we learn those skills, that I would not have caved into the peer pressure and I think they should make those kinds of support more easily accessible more widely available, put them into the schools."

"Target the younger crowd, because they are the future ones."

Appendix A: Quantitative Methodology

1. *Sample design and weighting*

The quantitative portion of this research study consisted of two return-to-sample surveys:

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. This survey was conducted from December 13, 2022 to January 22, 2023.
2. **Wave 3 return-to-sample survey:** A second quantitative online RTS survey of 675 Canadians drawn from Wave 2 participants. This survey was conducted from April 5 to June 1, 2023.

The original baseline smoking survey (Wave 1) conducted in spring of 2022 consisted of a national online survey of 7,248 Canadians aged 15 or over who currently smoked at the time of the survey. The sample from the previous baseline survey forms the basis of the quantitative research in this study.

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 as much as possible the current smoker 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).

To allow for the inclusion of youth under 18 years of age, the invitation was sent to panellists who were profiled as parents of children aged 15-17. They were then asked to provide consent for their child's participation before having their child complete the survey. This step was included in every wave, to ensure renewed parental consent every time. 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. The main effect of the decision to not weight the Wave 3 sample was a slight increase in the proportion of respondents from Ontario, a decrease in the proportion of respondents in the 15 to 19 age bracket, and a shift in the gender ratio with women being somewhat overrepresented in Wave 3.

The full demographic profile at the beginning of the report indicates that on most variables, the samples for Wave 2 and Wave 3 were similar.

Wave 2 sample demographics:

Demographic group	% of regular smokers (CTNS 2020)	Unweighted sample size	Unweighted proportion	Weighted proportion
Region				
Atlantic	7.3%	75	7%	7%
Quebec	25.9%	320	30%	26%
Ontario	35.0%	389	37%	35%
MB/SK/AB	21.3%	180	17%	21%
BC/Territories	10.5%	100	9%	10%
Age group				
15-19	2%	48	5%	2%
20-24	6%	116	11%	6%
25+	92%	900	85%	92%
Gender				
Male	60%	449	42%	60%
Female	40%	605	57%	40%
Gender diverse	-	5	<1%	<1%

Wave 3 sample demographics:

Demographic group	% of regular smokers (CTNS 2020)	Unweighted sample size	Unweighted proportion
Region			
Atlantic	7.3%	53	8%
Quebec	25.9%	188	28%
Ontario	35.0%	262	39%
MB/SK/AB	21.3%	104	15%
BC/Territories	10.5%	68	10%
Age group			
15-19	2%	11	2%
20-24	6%	48	7%
25+	92%	616	91%
Gender			
Male	60%	296	44%
Female	40%	375	56%
Gender diverse	-	4	<1%

To note: the incidence of current smokers 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.

2. *Questionnaire design*

Environics worked with Health Canada to develop questionnaires that ensured the research objectives were met and all questions were appropriately worded, and that they adhered to federal government standards for public opinion research. Upon approval from Health Canada, the questionnaires were translated into French. The final Wave 2 questionnaire is included in Appendix C, and the final Wave 3 questionnaire is included in Appendix D.

3. *Pre-test*

Prior to the launch of the Wave 2 and Wave 3 surveys, Environics provided test links to Health Canada for both language versions of the surveys and changes were made based on their comments. Then Environics arranged to conduct pretests in both official languages. For the pretests Environics selected a limited number of records and conducted a “soft launch” in each language. These preliminary surveys included standard Government of Canada pretest probing questions at the end, to ascertain the survey length and language was appropriate. The Wave 2 pretest took place on December 13, 2022, and achieved 14 responses (12 English and 2 French). The Wave 3 pretest took place on April 5, 2023 and achieved 35 responses (32 English and 3 French). No changes were required as a result of the pretests.

4. *Fieldwork*

The Wave 2 online survey was conducted from December 13, 2022, to January 22, 2023. The final average survey length for Wave 2 was 10.22 minutes. The Wave 3 survey was conducted from April 5 to June 1, 2023, and the final average survey length for Wave 3 was 9.52 minutes. The surveys were conducted by Environics using a secure, fully featured web-based survey environment. Environics’ data analysts programmed the questionnaires then performed thorough testing to ensure accuracy in set-up and data collection. This validation ensured that the data entry process conformed to the surveys’ basic logic. The data collection system handles sampling invitations, quotas and questionnaire completion (skip patterns, branching, and valid ranges). The sample was sourced from a trusted panel provider, Maru. Additionally, some respondents from Wave 1 who were no longer part of the Maru panel were contacted directly, having provided an email address and consent to be re-contacted in the previous survey.

Environics assumed overall responsibility for all aspects of the survey fieldwork. The survey was conducted according to the following steps:

- Environics programmed and hosted the online surveys on a secure server. All data were stored on Canadian servers and Canadian back-up servers located and only accessible in Canada, and physically independent from all other databases, directly or indirectly, that are located outside Canada.
- Invitations including a unique URL link (to ensure only one version of the survey is accepted per respondent) were sent to panel members. Non-responders were sent periodic reminders to encourage participation.
- Technical support was provided to online survey respondents as required. Steps were taken to assure (and also guarantee) complete confidentiality and anonymity of survey responses.
- All survey responses were electronically captured as they were submitted and combined into an electronic data file that was coded and analyzed (including open-ended responses).

All respondents were offered the opportunity to complete the surveys in their official language of choice. All survey respondents were informed of Government of Canada's sponsorship of the research, that their participation was voluntary, and that information collected was protected under the authority of privacy legislation.

Survey respondents, who were drawn from panels of individuals who have agreed to participate in online surveys, were rewarded for taking part in the survey per the panel's incentive program. The reward was structured to reflect the length of survey and the nature of the sample.

All research work was conducted according to best practices in the industry, such as the Standards for the Conduct of Government of Canada Public Opinion Research – Online Surveys (<http://www.tpsgc-pwgsc.gc.ca/rop-por/enligne-online-eng.html>) as well as applicable federal legislation (Personal Information Protection and Electronic Documents Act, or PIPEDA). Environics is a founding member of the Canadian Research Insights Council (CRIC) and registered the survey with CRIC's Research Verification System, which permits the public to verify a survey call, inform themselves about the industry and/or register a complaint. For more information about CRIC: <https://www.canadianresearchinsightscouncil.ca/>

Non-response error results from not being able to interview people who are eligible to take the survey. In this case, non-response bias is the difference in responses of those qualified participants who are invited to participate and those who complete the survey. Additionally, since this is a RTS study, some participants became unavailable over time, due to panel attrition. Environics made every effort to minimize non-response error by inviting every possible past respondent from Wave 1 to complete Wave 2, and by inviting all Wave 2 respondents to complete Wave 3. Additionally, email addresses were collected in the baseline survey and in Wave 2, so that more participants could be reached even if they became unavailable through the panel.

Measurement error is error or bias that occurs when surveys do not measure what they are intended to measure. This type of error results from flaws in the instrument, question wording, translation issues, question order, timing, question response options, etc. Environics and Health Canada designed questionnaires that minimized this type of error.

Accessibility considerations for the online surveys. There is a diverse scope of individuals who participate in research, and Environics has worked toward formatting surveys to enable a user-friendly experience for all participants. We set up our online surveys so screen readers can deliver a better experience to those with disabilities. We extensively test our online surveys using industry-standard techniques and screen readers. Environics ensures its online surveys meet Web Content Accessibility Guidelines (WCAG).

5. *Data coding and tabulation*

Following data collection and prior to analysis in each wave, data analysts performed a data-cleaning and validation process, in accordance with the highest industry standards. Open-ended question data were coded and Environics designed banner tables in consultation with the project authority. Data tables were submitted in Excel format.

The data from the Wave 2 survey are statistically weighted by age, gender and region to ensure the sample is as representative of this population as possible according to the most recently available Government of Canada information (current smoker incidence from CTNS 2020). In consultation with Health Canada project authorities, the data in Wave 3 are not weighted.

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 on in overlapping groups.

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.

6. Completion results

The completion results for survey are presented in the following table.

Wave 2: Online survey contact disposition

Disposition	N
Total invitations (c)	7248
Total completes (d)	1064
Qualified break-offs (e)	74
Disqualified (f)	0
Not responded (g)	6110
Quota filled (h)	0
Contact rate $(d+e+f+h)/c$	15.70
Participation rate $(d+f+h)/c$	14.68

Wave 3: Online survey contact disposition

Disposition	N
Total invitations (c)	1064
Total completes (d)	675
Qualified break-offs (e)	37
Disqualified (f)	0
Not responded (g)	352
Quota filled (h)	0
Contact rate $(d+e+f+h)/c$	66.92
Participation rate $(d+f+h)/c$	63.44

Appendix B: Qualitative Methodology

The qualitative interviews were conducted from January 4 and February 1, 2023. The objective of the qualitative research was to develop an understanding of factors driving changes in smoking status and vape use, including quit attempts and cessation. Given the potentially sensitive nature of the subject matter at hand, IDIs were chosen to permit more in-depth exploration of smoking behaviour among individuals in an environment that promotes trust and candid discussion. IDI participants were selected from Wave 2 survey respondents, as screening for the IDIs first took place within the quantitative survey instrument. The screener is attached to this report at the end of the Wave 2 questionnaire in Appendix C.

1. *Sample Design*

A total of 38 interviews were conducted, 34 in English and 4 in French. In order to identify factors that were associated with a successful quit attempt compared to an unsuccessful quit attempt, the goal was to complete half of the interviews with respondents who had successfully stopped smoking, and half of the interviews with participants who reported a quit attempt but still report smoking, however, because few people in the sample had stopped smoking, these quotas were difficult to achieve. Every effort was made to prioritize invitations to those who had quit or attempted to quit. In total, 8 interviews were conducted with former smokers, and 26 interviews were conducted with those who had made unsuccessful quit attempts. No other quotas were set.

To encourage participation, an incentive of \$125 per participant was paid to all those who completed the exercise.

2. *Recruiting*

Interview participants were recruited via the Wave 2 online survey. To recruit participants, the Wave 2 quantitative survey included a qualitative screener which invited participants to the interviews. The screener was designed with standard questions to ensure that participants were qualified to participate in the qualitative research in accordance with Government of Canada requirements, specifically:

- Participants met all requirements specified in the study (i.e., they were current smokers in the Baseline survey).
- No participant (nor anyone in their immediate family or household) worked in an occupation that had anything to do with the research topic area, in related government departments/agencies, nor in advertising, marketing research, public relations or the media (radio, television, newspaper, film/video production, etc.). Those who worked in these areas in the past 5 years were also excluded.
- Since the research consisted of IDIs and participants were drawn from a survey sample, personal acquaintances between participants were not relevant.
- No participant was recruited who had attended a qualitative research session within the past six months.
- No participant was recruited who had attended five or more qualitative research sessions in the past five years..

Data from survey respondents who qualified and opted-in to the qualitative research were extracted into a data file containing information, basic demographics, and answers to key survey questions to determine quit

attempts, and screener responses. This file was used by the Environics research team to recruit qualified participants to interviews.

Using the file extracted from the initial survey, qualified respondents were invited by email to participate in an interview. Invitations were sent directly from Environics Research. Invitation wording included critical details about the study to help overcome hesitance, and assurances that confidentiality will be preserved.

Respondents were invited on a priority basis, based on target quotas for region, language and quit attempts. Ultimately, 115 respondents were invited to participate in interviews, 45 scheduled interviews, and 38 completed interviews.

3. Interviewing

In total, 38 interviews were conducted between January 4 and February 1, 2023. Interviews were scheduled to be less than 30 minutes, but the discussions often extended past the allotted time.

Environics drafted a discussion guide for review and approval by Health Canada. Topics covered throughout the guide included factors driving the change in cigarette use (e.g. stress, smoking cessation), cessation aids used, and barriers to change. Participants were interviewed in an online platform called Recollective, where they could schedule their own interviews at times that were convenient for them. Interviews were offered in both English and French.

At the outset of each interview, the facilitator confirmed the participant's consent to proceed and verified the participant's identity and qualification to participate. Sessions were recorded with participants' consent, and transcribed automatically by the Recollective platform. All resulting data was stored securely on servers located in Canada. Immediately following each session, the recordings were transcribed and then deleted. Transcriptions have been provided to Health Canada with personally identifying details removed.

Appendix C: Wave 2 Questionnaire

Health Canada

Fall 2022/Spring 2023 Longitudinal Smoking Survey

Wave 2 Questionnaire

LANDING PAGE

Please select your preferred language for completing the survey / Veuillez sélectionner la langue de votre choix pour remplir le sondage.

01–English / Anglais

02–Français / French

Background information

INVITATION FOR PARENTS AND LEGAL GUARDIANS OF 15-17 YEAR OLDS

Earlier this year, you gave permission for your 15, 16 or 17-year old teenager to participate in an important survey for Health Canada about smoking. We very much appreciate their participation and would like to get further opinions from them on this topic.

As before, it is a short 15-minute survey. The feedback will be used by Health Canada to develop regulations related to smoking and to design public education materials.

Since privacy is important while respondents answer this survey, we request that your teen be able to complete the survey in a setting where his/her answers will not be seen by others. All answers will remain anonymous and confidential.

How does the online survey work?

- Your child is being asked to give their opinions about smoking.
- Your child's participation is completely voluntary.
- Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

What about your child's personal information?

- The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your child's personal information such as demographics (e.g., age, gender) to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your child's rights under the *Privacy Act*:** In addition to protecting your child's personal information, the *Privacy Act* gives your child the right to request access to and correction of their personal information. Your child's personal information will be collected, used, retained and disclosed by Environics in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA). Please click [here](#) to review Environics' privacy policy.
- Your child's survey answers will remain anonymous and will not be attributed to him/her in any way.

What happens after the survey?

- The final report written by Environics will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, please contact Environics at stephanie.coulter@environics.ca.

If you agree to allow your child to participate in this survey, please provide the survey link to him/her. Your teen can also access the survey by copying the following URL into his/her browser:

Thank you for your support of this important research.

[LINK GOES TO "INTRODUCTION FOR ALL RESPONDENTS" BELOW](#)

ALL RESPONDENTS

Earlier this year, you participated in a survey for Health Canada about smoking. We thank you for your input and would like to get further opinions from you on this topic, regardless of whether you currently smoke.

As before, this a short **15-minute** survey being conducted by Environics, a Canadian public opinion research firm, on behalf of Health Canada. The feedback will be used by Health Canada to develop regulations related to smoking and to design public education materials.

Some of these questions are similar or identical to the ones you have answered before. Please answer them based on **what you think or do right now** without thinking about your previous answers.

15-17-YEAR-OLDS ONLY: As we did earlier this year, we asked your parent or legal guardian for permission for you to participate in this very important study. Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do! You can do the survey on your computer, laptop, tablet or phone. You can stop at any time if you feel uncomfortable or choose not to answer certain questions. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

How does the online survey work?

- You are being asked to give your opinions about smoking.
- Your participation is completely voluntary.
- Your decision whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your personal information such as demographics (e.g. age, gender) to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. Your personal information will be collected, used, retained and disclosed by Environics in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA). Please click [here](#) to review Environics' privacy policy.
- Your survey answers will remain anonymous and will not be attributed to you in any way.

What happens after the survey?

- The final report written by Environics will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, please contact Environics at stephanie.coulter@environics.ca.

[CONTINUE TO SCREENING]

< PROGRAMMING NOTE: All questions are mandatory.>

Eligibility/Screening

S1. [REMOVED; APPEND WAVE 1]

S2. [REMOVED – APPEND WAVE 1]

S3. [REMOVED; calculate with postal code, APPEND WAVE 1 AS SEPARATE VARIABLE]

A. Smoking status

[KEY SMOKING STATUS QUESTION]

A1. During the past 30 days, how often did you smoke cigarettes? Was it:

01 – Daily

02 – Less than daily, but at least once a week

03 – Less than once a week, but at least once in the past month

04 – Not at all

PAST 30-DAY (P30D) SMOKING: A1=1,2,3

DAILY SMOKING: A1=1

OCCASIONAL SMOKING: A1=2,3

ONGOING SMOKING: A1_W1=1,2,3AND A1=1,2,3

FORMERLY SMOKED: A1=4

PROGRAMMING CREATE VARIABLE FOR WAVE 2 TRANSITIONS AS BELOW

Wave 1	Wave 2	Wave 3
Daily Smoking	Status Quo (Daily Smoking)	<i>Status Quo (Daily Smoking)</i>
		<i>Reduced (Occasional Smoking)</i>
		<i>Quit Smoking</i>
	Reduced (Occasional Smoking)	<i>Relapsed (Daily Smoking)</i>
		<i>Status Quo (Occasional Smoking)</i>
		<i>Quit Smoking</i>
	Quit Smoking	<i>Relapsed (Daily Smoking)</i>
		<i>Relapsed (Occasional Smoking)</i>
		<i>Status Quo (Not Smoking Smoking)</i>
Occasional Smoking	Increased (Daily Smoking)	<i>Status Quo (Daily Smoking)</i>
		<i>Reduced (Occasional Smoking)</i>
		<i>Quit Smoking</i>
	Status Quo (Occasional Smoking)	<i>Relapsed (Daily Smoking)</i>
		<i>Status Quo (Occasional Smoking)</i>
		<i>Quit Smoking</i>
	Quit Smoking	<i>Relapsed (Daily Smoking)</i>
		<i>Relapsed (Occasional Smoking)</i>
		<i>Status Quo (Not Smoking)</i>

A2. [ASK ALL] Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

0 - Very dissatisfied

10 - Very satisfied

B. Frequency, history, and heaviness of use (1.5 minutes)

B1. [REMOVED]

B2. [IF QA1=1,2,3] IF DAILY (01 AT A1) On average, how many cigarettes do you smoke per day?
IF OCCASIONALLY (02, 03 AT A1) On the days that you smoke, about how many cigarettes do you smoke?

_____ Cigarettes per day (NUMERICAL RESPONSE) [RANGE 1-150]

B3. [P30D SMOKING] How soon after you wake up do you usually have your first cigarette?

- 01 – Less than 5 minutes
- 02 – 6 to 30 minutes
- 03 – 31 minutes to 1 hour
- 04 – More than 1 hour

B4. [REMOVED]

B5. [P30D SMOKING] How often do you get strong urges to smoke?

- 01 – Never
- 02 – Less than daily
- 03 – Daily
- 04 – Several times a day
- 05 – Hourly or more often
- 99 – Not sure

B6. [REMOVED]

B6b. [P30D SMOKING] How many packs of cigarettes did you buy in the past month? ENTER NUMBER

B6c. [IF B6>0] How much does a pack of cigarettes typically cost for you? ENTER NUMBER

B6d. [P30D SMOKING] based on the number of packs you bought in the month and how much a pack typically costs for you, it looks like you spent \$[B6b*B6c] on cigarettes. Is this correct?

- 01 – Yes
- 02 – No

[IF NO – SHOW FOLLOWING AND SKIP BACK TO B6B]

Please review the dollar amounts you entered for each item and correct as needed.

B7. [IF P30D SMOKING] How affordable are the cigarettes you buy? Use a scale of 1 to 10, where 1 means very unaffordable, and 10 means very affordable.

- 01 – Very unaffordable
- 10 – Very affordable

B8. [REMOVED]

[NOTE: HEAVINESS INDEX TO BE CALCULATED IN BACK END]

C. Drivers to use, cognitive dissonance, stigma, barriers to change, quality of life (1.5 minutes)

C1. [ALL] How many of the following people in your life smoke?

A)	None	Some	Most or all	Not applicable	Not sure
a. Friends					
b. Classmates / co-workers					
c. Family members					
d. Parents/guardians					

C1b. [ALL] Do the following people in your life smoke?

B)	Yes	No	Not applicable	Not sure
e. Spouse / partner				

C2. [ALL] The following statements are things that some people might say or think about smoking. For each one, indicate how much you agree with the statement, using a scale of 1 to 10 where 1 means you don't agree at all, and 10 means you strongly agree.

01 – Don't agree at all

10 – Strongly agree

[GRID, RANDOMIZE]

- a) I enjoy smoking when having coffee or tea.
- b) The medical evidence that smoking is harmful is exaggerated.
- c) Smoking is an important part of my life.
- d) Smoking calms me down when I am stressed or upset.
- e) I smoke when I'm with other people who smoke.
- f) Smoking helps me control my weight.

D. Vaping status and questions for dual users (3 minutes)

SHOW: The next few questions are about vaping. Vaping products are a diverse group of products containing a heating element that produces an aerosol from a liquid that users can inhale via a mouthpiece and include a range of devices such as “cig-a-likes,” vape tank systems, and vape mods.

[KEY VAPING STATUS QUESTION]

D1. During the past 30 days, how often have you used a vaping product, with or without nicotine?

Please exclude vaping cannabis

- 01 – Daily
- 02 – Less than daily, but at least once a week
- 03 – Less than once a week, but at least once in the past month
- 04 – Not at all

P30D VAPING: D1=1, 2, 3

NEW P30D VAPING: D1_W1=4 AND D1=1,2,3

ONGOING VAPING: D1_W1=1,2,3 AND D1=1,2,3

REGULAR VAPING: D1=1, 2

ALTERNATING USE: A1=1,2,3 P30D SMOKING AND D1=1,2,3

REMANANT FROM BASELINE: DUAL USE: P30D SMOKING AND D1=1, 2

FORMERLY VAPED: BASELINE P30D VAPING AND D1=4]

D1b. [IF D1=2,3] On how many days of the past 30 days did you vape with or without nicotine? (Please exclude vaping cannabis.)

___ days [RANGE 1-30]

D2. [ASK P30D VAPING] Which of the following best describes how often you vaped the following liquids in the past 30 days...?

Please exclude vaping cannabis

GRID

- a) With nicotine
- b) Without nicotine
- c) Not being sure if it contained nicotine or not

- 01 – Daily
- 02 – Less than daily, but at least once a week
- 03 – Less than once a week, but at least once in the past month
- 04 – Not at all

D3. [ASK IF NEW P30D VAPING] How old were you when you vaped for the first time?

ENTER AGE IN YEARS, MUST BE ≤ RESPONDENT AGE, ALSO LIMIT MINIMUM AGE [RANGE 5-99]

D3b. [IF D2A=01,02,03] How soon after you wake up do you usually have your first vape with nicotine?

- 01 – Less than 5 minutes
- 02 – 6 to 30 minutes
- 03 – 31 minutes to 1 hour
- 04 – More than 1 hour

D4. [ASK P30D VAPING] On days you use them, please estimate how many separate times per day you usually vape...?

GRID

Select one only for each

- a. With nicotine? [HIDE IF DIDN'T VAPE WITH NICOTINE IN D2A]
- b. Without nicotine? [HIDE IF DIDN'T VAPE WITHOUT NICOTINE IN D2B]
- c. When you're not sure if it contains nicotine? [HIDE IF DIDN'T VAPE UNSURE ABOUT NICOTINE IN D2C]

- 01 - 5 or less times per day
- 02 - 6–10 times per day
- 03 - 11–15 times per day
- 04 - 16–20 times per day
- 05 - 21–25 times per day
- 06 - 26–30 times per day
- 07 - 31 or more times per day
- 08 - I vape continuously throughout the day

[NOTE: HEAVINESS OF VAPING WITH NICOTINE INDEX TO BE CALCULATED IN BACK END]

D4b. [IF ONGOING VAPING] Compared to April 2022 when you did the previous survey, would you say that – overall – you are now vaping more, less, or about the same?

- 01 – More
- 03 – About the same
- 02 – Less

D5. [IF ONGOING VAPING AND D4b=1,2] You indicated that your vaping rate has changed since you did the previous survey in April 2022. How long have you been vaping at your current rate? [IF NEW VAPER] How long have you been vaping at your current rate?

- 01 - Less than one month
- 02 - 1 month to < 2 months
- 03 - 2 months to < 5 months
- 04 - 5 months or more

D5b. [P30D VAPING] What flavour do you vape **most often**?

[RANDOMIZE LIST IN GRID]

- 01 - Fruit
- 02 – Candy

- 03 - Coffee/tea
- 04 - Dessert
- 05 - Mint
- 06 - Menthol
- 07 - Tobacco flavour
- 08 – Alcohol flavour
- 09 – Flavourless/no flavour in descriptor
- 97 – Other [ANCHOR]
- 99 – Not sure [ANCHOR AT BOTTOM, SINGLE PUNCH]

D5f. [P30D VAPING] What type of vaping device do you currently use? Please select all that apply.

- 01 – Disposable – intended for single use until either the battery or flavour cartridge depletes fully.
- 02 – Reusable – intended for longer-term use. The battery can be recharged and parts are detachable and/or replaceable.
- 05 – Other, please specify

D5g. [IF FD5f=02] What type of reusable vaping device do you currently use? Please select all that apply.

- 01 – It uses pre-filled e-liquid cartridges or pods. The cartridge/pod can be replaced with a new prefilled one; it cannot be manually refilled.
- 02 – Its cartridge or pod can be manually refilled with e-liquid. Parts of the atomizer, such as coils and filler materials, can be customized.
- 05 – Other, please specify

D5j. [P30D VAPING] Since you did the previous survey in April 2022, was there ever a time you could not get a vape flavour or device you wanted?

- 01-Yes
- 02-No

D5m. [IF D5J=01] When the vape flavour or device you wanted was not available, how did you adjust? Select all that apply

[RANDOMIZE]

- 01 – Shopped online
- 02 – Found another store in my province
- 03 – Found a store in another province
- 04 – Bought from someone else
- 05 – Reduced/quit vaping
- 06 – Switched to a flavour that was available for my device
- 09 – Switched to another device that could provide the flavour I wanted
- 07 – Replaced with cigarette use
- 08 – Replaced with another substance (e.g., alcohol, cannabis)
- 10 – Made my own flavour(s)
- 98 – Other (please specify)
- 99 – Not sure

D6. [REMOVED]

D7. [ALTERNATING USE] Which of the following best describes the main reason you vape in addition to smoking?

[P30D VAPING WHO ALSO FORMERLY SMOKED] Which of the following best describes the main reason you vape?

Select one only

RANDOMIZE 01-08

- 01 – Addiction/can't give it up/hard to quit
- 02 – Habit
- 03 – Enjoyment (flavour/relaxing)
- 04 – [ALTERNATING USE] Trying to quit smoking
- 05 – [ALTERNATING USE] Trying to reduce my smoking
- 06 – I can vape when or where I can't smoke
- 07 – [P30D VAPING WHO IS ALSO A FORMERLY SMOKED] Avoid returning to smoking
- 08 – It's less harmful to my health than smoking
- 97 – Other (*Specify*)
- 99 – Not sure

D8. [REMOVED]

D9. [REMOVED]

D10. [REMOVED]

E. Transitions, cessation and relapse: History, predicting, why and how

The next few questions are about smoking cessation.

- E1. [P30D SMOKING] Are you currently trying...?
- a - To stop smoking
 - b - To reduce your frequency of smoking

01 - Yes

02 - No

- E2. [P30D SMOKING] Since you did the previous survey in April 2022, have you ever made a serious attempt to quit smoking which lasted more than 24 hours?

01 - Yes

02 – No SKIP TO E10

- E3. [E2=01] What was the longest time you have gone without smoking?

___ days [RANGE 1-6] OR ___ weeks [RANGE 1-3] OR ___ months [RANGE 1-11]

- [IF FORMERLY SMOKED] How long ago did you quit smoking?

___ months [RANGE 1-11]

- E4. [P30D SMOKING] Since you did the previous survey in April 2022, how many times have you tried to quit smoking?

___ times [RANGE 1-365]

99 Don't know

- E5. [E4 <> 99 OR FORMERLY SMOKED] Which, if any, of the following nicotine replacement methods have you used since you did the previous survey in April 2022 to help you quit or reduce smoking?

Select all that apply.

01 - Nicotine patch

02 - Nicotine gum

03 - Nicotine inhaler

04 - Nicotine nasal spray

05 - Nicotine lozenge

06 - Nicotine mouth spray

97 - None of these [SINGLE MENTION]

- E6 [E4 <> 99 OR FORMERLY SMOKED] Which of the following other methods have you used since since you did the previous survey in April 2022 to help you quit or reduce smoking?
Select all that apply.
- RANDOMIZE 01-10
- 01 - Cold turkey (just quitting)
 - 02 - Vaping SHOW IF NOT D7=4 OR 5 OR 7
 - 03 - Reducing the number of cigarettes
 - 04 - A deal with a friend/family member
 - 05 – Counselling or support group (in-person, online, or telephone)
 - 06 - A smart phone app
 - 07 - Prescription medication, like Zyban, Wellbutrin or Champix
 - 08 – Quit-and-Win type contests
 - 09 – Acupuncture
 - 10 – Self-help books
 - 98 - Other, please specify
 - 97 - None of these [SINGLE MENTION]
- E7. [REMOVED]
- E8. [REMOVED]
- E8b. [(P30D VAPING OR FORMERLY VAPED) AND FORMERLY SMOKED] What vape flavour, if any, were you using at the time you quit smoking?
- 01 - Fruit
 - 02 – Candy
 - 03 - Coffee/tea
 - 04 - Dessert
 - 05 - Mint
 - 06 - Menthol
 - 07 - Tobacco flavour
 - 08 – Alcohol flavour
 - 09 – Flavourless/no flavour in descriptor
 - 97 – Other [ANCHOR]
 - 99 – Not sure [ANCHOR AT BOTTOM, SINGLE PUNCH]
- E9. [D7=4 OR 5 OR 7 OR IF E6=02] How useful has vaping been in helping you reduce or quit smoking? Use a scale of 1 to 10, where 1 means not useful at all, and 10 means extremely useful.
- 01 Not useful at all
 - 10 Very useful
- E10. [ASK IF E1A=01 OR FORMERLY SMOKED] How confident are you that you will quit smoking for good?
[ASK IF E1A=02,03] How confident are you that you will eventually quit smoking for good?
Use a scale of 1 to 10, where 1 means not confident at all, and 10 means extremely confident.
- 01 – Not at all confident
 - 10 – Extremely confident

E11. [ASK P30D SMOKING OR FORMERLY SMOKED] How important is stopping smoking to you? Use a scale of 1 to 10, where 1 means stopping smoking is not important at all, and 10 means it is the most important goal of your life.

- 01 – Not important at all
- 10 – Most important goal of my life

E12. [ASK P30D SMOKING] Different people have their own reasons for trying to stop smoking. Even if you're not planning to stop smoking right now, it may be something you think about or hear about from time to time.

Consider the following statements about why people might try to stop smoking, and indicate how true or not true each one is for you, on a scale of 1 to 10, where 1 means "not true at all" and 10 means "very true."

- 01 – Not true at all
- 10 – Very true

[GRID, RANDOMIZE BUT SHOW F LAST]

[SHOW WITH A TO E] If I stopped smoking, it would be

- a) because I feel I want to take responsibility for my own health.
- b) because I would feel guilty or ashamed of myself if I smoked.
- c) because I personally believe it is the best thing for my health.
- d) because I have carefully thought about it and believe it is very important for many aspects of my life.
- e) because I feel pressure from others to not smoke.
- f) [ALWAYS SHOW LAST, DO NOT SHOW "If I stopped smoking, it would be..."] I really don't think about stopping smoking.

E12b. [FORMERLY SMOKED] Different people have their own reasons for stopping smoking.

Consider the following statements about why people might stop smoking, and indicate how true or not true each one is for you, on a scale of 1 to 10, where 1 means "not true at all" and 10 means "very true."

- 01 – Not true at all
- 10 – Very true

[GRID, RANDOMIZE]

[SHOW WITH A TO E] I stopped smoking because...

- a) I wanted to take responsibility for my own health.
- b) I felt guilty or ashamed of myself because of my smoking.
- c) I personally believed it was the best thing for my health.
- d) I believed it was very important for many aspects of my life.
- e) I felt pressure from others to not smoke.

F. Cannabis, alcohol, and relative harm perceptions (3 minutes)

The following questions are about cannabis and alcohol. For the purpose of this survey, "cannabis" also refers to the terms marijuana, pot, or hashish.

F1. [REMOVED]

F2. [ASK F2A IF F1A=YES, ASK F2B IF F1B=YES, ASK F2C IF F1C=YES] In the past 30 days, how often did you use cannabis?

Please select one response for each

	Daily (01)	Less than daily, but at least once a week (02)	Less than once a week, but at least once in the past month (03)	Not at all (04)
a. Vaping				
b. Smoking				
c. Edibles				

F2b. [REMOVED]

F2c. [REMOVED]

F3. [REMOVED]

F4. [ASK ALL] In the past 30 days, how often did you drink at least one alcoholic beverage?

- 01 - Daily
- 02 - Less than daily, but at least once a week
- 03 - Less than once a week, but at least once in the past month
- 99 - Not at all

F5. [REMOVED]

F6. [ASK ALL] How harmful do you feel each of the following is, *if done on a regular basis*? Use a scale from 1 to 10 where 1 means "Not harmful at all" and 10 means "Extremely harmful." [GRID, RANDOMIZE]

- a) Vaping with nicotine (excluding cannabis)
- b) Smoking cigarettes
- c) Vaping cannabis
- d) Smoking cannabis
- e) Drinking alcohol
- f) Eating junk food

- 01 – Not harmful at all
- 10 – Extremely harmful

G. Respondent characteristics (2.5 minutes)

The following are a few questions about you and your household, for statistical purposes only. Please be assured all of your answers will remain completely anonymous.

G1. [REMOVED]

[PROGRAMMING NOTE – PLEASE APPEND FROM WAVE 1]

G2. What is your current marital status?

- 01 - Never legally married nor lived with a common-law partner
- 02 - Legally married (and not separated)
- 03 - Living with a common-law partner
- 04 - Separated, but still legally married
- 05 - Divorced
- 06 - Widowed
- 99 – Prefer not to say

G3. [REMOVED]

[PROGRAMMING NOTE – PLEASE APPEND FROM WAVE 1]

G4. Do you identify as either of the following?

Select one response for each

- c) Someone living with a physical disability
- d) Someone living with a mental illness

- 01 - Yes
- 02 - No
- 99 – Prefer not to say

[PROGRAMMING NOTE – PLEASE APPEND LGBTQ AND VISIBLE MINORITY STATUS FROM WAVE 1]

G5. What is the highest level of formal education you have completed?

Select one only

- 01—Less than a high school diploma or equivalent
- 02—High school diploma or equivalent
- 03—Registered Apprenticeship or other trades certificate or diploma
- 04—College, CEGEP or other non-university certificate or diploma
- 05—University certificate or diploma below bachelor's level
- 06—Bachelor's degree
- 07—Postgraduate degree above bachelor's level
- 99—Prefer not to say

G6. Which of the following categories best describes your current employment status?

Select one only

- 01 - Working full-time, that is, 35 or more hours per week
- 02 - Working part-time, that is, less than 35 hours per week
- 03 - Self-employed
- 04 - Unemployed, but looking for work
- 05 - A student attending school full-time/part-time
- 06 - Retired
- 07 - Not in the workforce (full-time homemaker, unemployed and not looking for work)
- 97 - Other [DO NOT SPECIFY]
- 99 - Prefer not to say

G7. [IF G6=04 ASK] Have you been unemployed for more than a year?

- 01 – Yes
- 02 – No
- 99 – Prefer not to say

G8. [REMOVED]

G9. [IF G6=01, 02, 03] Which of the following categories best describes your *main* occupation?

[IF G7=02] Which of the following categories best describes your *most recent* occupation?

- 01 - Senior and middle management
 - Examples: President, Vice-President, CEO, CFO, COO, Principal, Dean, Registrar, DM, ADM, DG, Director, Manager
- 02- Professional
 - Examples: Lawyer, Doctor, Nurse, Dentist, Professor, Engineer, Accountant, Veterinarians, Optometrists, Teachers, Social Workers, Policy Research Analysts, Journalists
- 03 - Technical/Paraprofessional
 - Examples: Paralegal, Early Childhood Educator, Instructor, Inspectors, Enforcement Officers, Opticians, Creative Design
- 04 - Sales and Service
 - Examples: Retail and Wholesale Salesperson, Clerk, Agent
- 05 - Administrative, clerical and office support

- Examples: Administrative, Office, Medical assistants; data entry, receptionist
- 06 - Industrial, electrical and construction trades
- Examples: Electrician, Plumber, Pipefitter, Carpenter, Boilermaker
- 07 - Maintenance and equipment operation trades, installers, repairers, and material handlers
- Examples: Truck or Transit Driver, Crane operator, Train Crew; Mechanical, Transport or Heating mechanic; longshore worker
- 08 - Processing, manufacturing and utilities machine operators and assemblers
- 09 - Construction, agricultural, forestry, fishing, landscaping labourer/general worker
- 99 - Prefer not to say

G10. [ASK 16+ ONLY] Which of the following best describes your total household income for 2020, before taxes, from all sources for all household members?

Select one only

- 01—Under \$20,000
- 02—\$20,000 to just under \$40,000
- 03—\$40,000 to just under \$60,000
- 04—\$60,000 to just under \$80,000
- 05—\$80,000 to just under \$100,000
- 06—\$100,000 to just under \$150,000
- 07—\$150,000 and above
- 99—Prefer not to say

G11. [REMOVED]

G12. [ASK 18+ ONLY] Are there any children under 18 years of age living in your household?

- 01 – Yes
- 02 – No
- 99 – Prefer not to say

G12b. What are the first three digits of your postal code? This will not be used to identify you.

- ___ [text response]
- 99 – Prefer not to say

G12c. [If WAVE 1 BASELINE S1=17-20] Are you currently...

- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old

G12d. Do you have insurance that covers all or part of your prescription medications?

- 01 – Yes
- 02 – No
- 99 – Prefer not to say

[Applicable panels: Request for follow up email for subsequent waves]

G13. We would like to get your email to follow up with you, to learn about how your smoking may change over time. If you consent to us re-contacting you, please provide your email address below. It will not be used for any other purpose. This request has been approved by your research panel. Your participation will continue to be absolutely voluntary.

_____ *Please enter your email* -PROMPT FOR VALID EMAIL FORMAT
 99–Prefer not to provide

This completes the survey. On behalf of Health Canada, thank you for your valuable input. In the coming months, the results of this survey will be available on the Library and Archives Canada website.

IDI SCREENING / OPT-IN

1. In the text box below, please describe what you consider to be the **luckiest thing** that ever happened to you. **Please be as specific and detailed as possible**, and explain not just what happened, but how you felt.

77 – Text box: [SET MIN 50 CHARS]\

2. On a scale of 1 to 10, how well do the following statements express your feelings. A score of 10 means the statement describes your feelings extremely well, a score of 1 means that the statement does not describe your feelings at all, or you can use any number in between.

1 < DOESN'T DESCRIBE ----- DESCRIBES WELL > 10

a. If asked to describe something, I can usually do so in detail:

1 2 3 4 5 6 7 8 9 10

b. I'm comfortable expressing my feelings online:

1 2 3 4 5 6 7 8 9 10

c. My friends often ask my opinions of things:

1 2 3 4 5 6 7 8 9 10

d. I generally have an opinion or point-of-view on topics or issues:

1 2 3 4 5 6 7 8 9 10

e. I enjoy exchanging ideas with people on a wide variety of things:

1 2 3 4 5 6 7 8 9 10

f. People tell me I'm creative:

1 2 3 4 5 6 7 8 9 10

g. I will share my ideas, even if other people have different points of view:

1 2 3 4 5 6 7 8 9 10

· ALL RESPONDENTS MUST HAVE 4 OR MORE STATEMENTS CIRCLED A "7", "8", "9", OR "10". IF NOT AND QUALIFY ON ALL OTHER FRONTS, HOLD RESPONDENT.

QUAL1. We will be conducting follow-up qualitative research to more deeply understand your experience with smoking. This would involve a more in-depth one-on-one discussion for people who smoke or used to smoke, like yourself. **Participants will receive an honorarium of \$125 as a thank you for your time.**

The discussions would be conducted by Environics Research (<https://environicsresearch.com/>) on behalf of the Government of Canada.

The discussions will happen in the next few weeks. Participation would involve a one-on-one interview that would last for approximately 15 minutes. The interview will be conducted by a highly trained researcher from Environics Research who will ask questions about your experience with smoking.

All data gathered will be securely stored on Environics Research servers in Toronto for approximately 12 months for documentation and insight generation purposes only. Environics Research will take reasonable steps to retain Personal Information only for as long as needed to complete the research. For more information, please see Environics Research's privacy policy: <https://environicsresearch.com/privacy-policy/>

Taking part in these interviews is completely voluntary. If you are interested, you will need to provide your first name, last name and a telephone number you can be reached at. Please note that this information (name and phone number) will only be used to invite you to participate, should you be selected, and will be kept separate from your responses in the interview.

Are you interested in participating?

- Yes
- No

QUAL2. [IF QUAL1=YES] Your participation in these interviews would be anonymous – the interviewer will only have access to your first name and some basic demographic information (age, gender, region, smoking status). The information you provide will not be linked with your name on any written document. Government of Canada representatives may record the conversations to aid them in analyzing the results, so we ask that you do not disclose your last name and/or any identifiable information about yourself.

Do you agree to these terms of participation?

- Yes
- No

QUAL3: [IF QUAL2=YES] Please provide us with the following contact information so we can send you details about the interviews if you are selected to participate:

First name	
Last name	
Email address	
Telephone number	

- I am not willing to provide my contact information (you will not be invited to participate).

This completes the survey. On behalf of Health Canada, thank you for your valuable input. In the coming months, the results of this survey will be available on the Library and Archives Canada website.

[PROGRAMMING NOTE: ADD PRE-TEST QUESTIONS]

Appendix D: Wave 3 Questionnaire

Health Canada
Fall 2022/Spring 2023 Longitudinal Smoking Survey
Wave 3 Questionnaire

LANDING PAGE

Please select your preferred language for completing the survey / Veuillez sélectionner la langue de votre choix pour remplir le sondage.

01–English / Anglais

02–Français / French

Background information

INVITATION FOR PARENTS AND LEGAL GUARDIANS OF 15-17 YEAR OLDS

Last year, you gave permission for your 15, 16 or 17-year old teenager to participate in an important survey for Health Canada about smoking and a second follow-up survey on the same topic. We very much appreciate their participation and would like to get further opinions from them on this topic. This is the third and final wave of this study.

As before, it is a short 15-minute survey. The feedback will be used by Health Canada to develop regulations related to smoking and to design public education materials.

Since privacy is important while respondents answer this survey, we request that your teen be able to complete the survey in a setting where his/her answers will not be seen by others. All answers will remain anonymous and confidential.

How does the online survey work?

- Your child is being asked to give their opinions about smoking.
- Your child's participation is completely voluntary.
- Your decision on whether or not to allow your child to participate will not affect any dealings you may have with the Government of Canada.

What about your child's personal information?

- The personal information your child will provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your child's personal information such as demographics (e.g., age, gender) to better understand the topic of the research. However, your child's responses are always combined with the responses of others for analysis and reporting; your child will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your child's rights under the *Privacy Act*:** In addition to protecting your child's personal information, the *Privacy Act* gives your child the right to request access to and correction of their personal information. Your child's personal information will be collected, used, retained and disclosed by Environics in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA). Please click [here](#) to review Environics' privacy policy.
- Your child's survey answers will remain anonymous and will not be attributed to him/her in any way.

What happens after the survey?

- The final report written by Environics will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, please contact Environics at stephanie.coulter@environics.ca.

If you agree to allow your child to participate in this survey, please provide the survey link to him/her. Your teen can also access the survey by copying the following URL into his/her browser:

Thank you for your support of this important research.

[LINK GOES TO "INTRODUCTION FOR ALL RESPONDENTS" BELOW](#)

ALL RESPONDENTS

Last year, you participated in a survey for Health Canada about smoking and a follow-up survey on the same topic. We thank you for your input on both surveys and would like to get further opinions from you on this topic, regardless of whether you currently smoke. This will be the third and final wave of this study.

As before, this a short **15-minute** survey being conducted by Environics, a Canadian public opinion research firm, on behalf of Health Canada. The feedback will be used by Health Canada to develop regulations related to smoking and to design public education materials.

Some of these questions are similar or identical to the ones you have answered before. Please answer them based on **what you think or do right now** without thinking about your previous answers.

15-17-YEAR-OLDS ONLY: As we did in previous surveys last year, we asked your parent or legal guardian for permission for you to participate in this very important study. Your participation is voluntary, so it is up to you to decide whether you are willing to answer, but we hope you do! You can do the survey on your computer, laptop, tablet or phone. You can stop at any time if you feel uncomfortable or choose not to answer certain questions. Your answers will not be shown to your parent(s), legal guardian(s), teachers or anyone else, so please be as honest as you can.

How does the online survey work?

- You are being asked to give your opinions about smoking.
- Your participation is completely voluntary.
- Your decision whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

- The personal information you provide to Health Canada is governed in accordance with the *Privacy Act* and is being collected under the authority of section 4 of the Department of Health Act in accordance with the *Treasury Board Directive on Privacy Practices*. We only collect the information we need to conduct the research project.
- **Purpose of collection:** We require your personal information such as demographics (e.g. age, gender) to better understand the topic of the research. However, your responses are always combined with the responses of others for analysis and reporting; you will never be identified.
- **For more information:** This personal information collection is described in the standard personal information bank Public Communications – PSU 914, in Info Source, available online at infosource.gc.ca.
- **Your rights under the *Privacy Act*:** In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and correction of your personal information. Your personal information will be collected, used, retained and disclosed by Environics in accordance with the applicable provincial privacy legislation or the Personal Information Protection and Electronic Documents Act (PIPEDA). Please click [here](#) to review Environics' privacy policy.
- Your survey answers will remain anonymous and will not be attributed to you in any way.

What happens after the survey?

- The final report written by Environics will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca/>).

If you have any questions about the survey, please contact Environics at stephanie.coulter@environics.ca.

[CONTINUE TO SCREENING]

< PROGRAMMING NOTE: All questions are mandatory.>

Eligibility/Screening

S1. [REMOVED; APPEND WAVE 1]

S2. [REMOVED – APPEND WAVE 1]

S3. [REMOVED; calculate with postal code, APPEND WAVE 1 AS SEPARATE VARIABLE]

A. Smoking status

[KEY SMOKING STATUS QUESTION]

A1. During the past 30 days, how often did you smoke cigarettes? Was it:

- 01 – Daily
- 02 – Less than daily, but at least once a week
- 03 – Less than once a week, but at least once in the past month
- 04 – Not at all

PROGRAMMING NOTE:

DEFINITIONS based ON W3 QUESTIONS:

- PAST 30-DAY (P30D) SMOKING: A1=1,2,3
- DAILY SMOKING: A1=1
- OCCASIONAL SMOKING: A1=2,3
- FORMERLY SMOKED: A1=4

DEFINITIONS REQUIRE PAST WAVE DATA FROM SPSS:

- RELAPSED: SPSS W2_SMOKE_STATUS=3 AND A1 < 4
- NEWLY QUIT: SPSS W2_SMOKE_STATUS=(1 or 2) AND A1=4.

A2. [ASK ALL] Using a scale of 0 to 10, where 0 means "Very dissatisfied" and 10 means "Very satisfied", how do you feel about your life as a whole right now?

- 0 - Very dissatisfied
- 10 - Very satisfied

A3. [ASK ALL] How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? [NEW QUESTION]

- 01 - Never
- 02 - Rarely
- 03 - Sometimes
- 04 - Most of the time
- 05 - Always
- Not applicable
- Don't know / Prefer not to say

B. Frequency, history, and heaviness of use (1.5 minutes)

B1. [REMOVED]

B2. [IF QA1=1,2,3] IF DAILY (01 AT A1) On average, how many cigarettes do you smoke per day?
IF OCCASIONALLY (02, 03 AT A1) On the days that you smoke, about how many cigarettes do you smoke?

_____ Cigarettes per day (NUMERICAL RESPONSE) [RANGE 1-150]

B3. [P30D SMOKING] How soon after you wake up do you usually have your first cigarette?

- 01 – Less than 5 minutes
- 02 – 6 to 30 minutes
- 03 – 31 minutes to 1 hour
- 04 – More than 1 hour

B4. [REMOVED]

B5. [P30D SMOKING] How often do you get strong urges to smoke?

- 01 – Never
- 02 – Less than daily
- 03 – Daily
- 04 – Several times a day
- 05 – Hourly or more often
- 99 – Not sure

B6. [REMOVED]

B6b. [P30D SMOKING] How many packs of cigarettes did you buy in the past month? ENTER NUMBER

B6c. [IF B6>0] How much does a pack of cigarettes typically cost for you? ENTER NUMBER

B6d. [P30D SMOKING] based on the number of packs you bought in the month and how much a pack typically costs for you, it looks like you spent \$[B6b*B6c] on cigarettes. Is this correct?

- 01 – Yes
- 02 – No

[IF NO – SHOW FOLLOWING AND SKIP BACK TO B6B]

Please review the dollar amounts you entered for each item and correct as needed.

B7. [IF P30D SMOKING] How affordable are the cigarettes you buy? Use a scale of 1 to 10, where 1 means very unaffordable, and 10 means very affordable.

- 01 – Very unaffordable

10 – Very affordable

B8. [REMOVED]

B9. [ASK ALL] Have you noticed if prices of cigarettes have increased, decreased, or remained the same since you took the last survey in December 2022? [NEW QUESTION]

- 01 – Increased
- 02 – Decreased
- 03 – Remained the same
- 04 – Don't know

B10. [P30D SMOKING] How much have increases in prices for food, gas, and other necessities impacted your ability to afford cigarettes? [NEW QUESTION]

- 01 – Very much
- 02 – Somewhat
- 03 – Not very much
- 04 – Not at all

B11. [P30D SMOKING] How do you fit smoking into your budget? For example, have you cut other things from your budget to make room for cigarettes, do you look for where to find the cheapest cigarettes, have you reduced how often you smoke, etc. [NEW QUESTION] [OPEN END]

B12. [ASK ALL] People dispose of their cigarette butts in different ways. How often do (or did) you dispose of your cigarette butts in the following ways: [NEW QUESTION]

[SCALE: Never, Rarely, Sometimes, Most of the time, Always]

1. In the garbage at home
2. A public ashtray
3. A public garbage can
4. On the ground
5. Flushed down a toilet
6. In the compost
7. Other, please specify

B13. [ASK ALL] How do (or did) you usually dispose of the cigarette package materials?

Packaging	Recycling	Garbage	Other
Plastic			
Foil			
Pack			
Carton			

[NOTE: HEAVINESS INDEX TO BE CALCULATED IN BACK END]

C. Drivers to use, cognitive dissonance, stigma, barriers to change, quality of life (1.5 minutes)

C1. REMOVED

C1b. REMOVED

C2. [ALL] The following statements are things that some people might say or think about smoking. For each one, indicate how much you agree with the statement, using a scale of 1 to 10 where 1 means you don't agree at all, and 10 means you strongly agree.

01 – Don't agree at all

10 – Strongly agree

[GRID, RANDOMIZE]

- b) I enjoy smoking when having coffee or tea.
- b) The medical evidence that smoking is harmful is exaggerated.
- c) Smoking is an important part of my life.
- d) Smoking calms me down when I am stressed or upset.
- e) I smoke when I'm with other people who smoke.
- f) Smoking helps me control my weight.

C2a. [RELAPSED] In December 2022, you indicated you had not smoked in a while. Your responses now indicate you have smoked in the past 30 days. Was there anything that triggered you to smoke? Check all that apply.

This may be different to how strongly you agreed or disagreed with statements in the previous question.

[NEW QUESTION]

[RANDOMIZE]

- 01 – Stress at work
- 02 – Stress at home
- 03 – A major event happened in my life
- 04 – Could not resist the cravings
- 05 – I decided it would be easier to quit another time
- 06 – People around me were smoking and it was hard to resist
- 07 – I was gaining weight
- 97 – Other (*Specify*)
- 99 – Not sure

C3. [ASK ALL] People experience different sensations when they smoke. Use the slider to indicate what smoking feels like to you. [NEW QUESTION]

Smoking feels...

[7-point SLIDING SCALE WITH EACH PAIR AS ANCHORS, MID-POINT AS NEITHER]

- a) Harsh / Smooth
- b) Clean / Dirty

- c) Light / Heavy
- d) Healthy / Unhealthy
- e) Natural / Chemical

D. Vaping status and questions for alternating use (3 minutes)

SHOW: The next few questions are about vaping. Vaping products are a diverse group of products containing a heating element that produces an aerosol from a liquid that users can inhale via a mouthpiece and include a range of devices such as “cig-a-likes,” vape tank systems, and vape mods.

[KEY VAPING STATUS QUESTION]

D1. During the past 30 days, how often have you used a vaping product, with or without nicotine?
Please exclude vaping cannabis

- 01 – Daily
- 02 – Less than daily, but at least once a week
- 03 – Less than once a week, but at least once in the past month
- 04 – Not at all

NOTES: DEFINITIONS based ON CURRENT SURVEY

- P30D VAPING: D1=1, 2, 3
- REGULAR VAPING: D1=1, 2
- ALTERNATING USE: P30D SMOKING AND P30D VAPING

NOTES DEFINITIONS REQUIRE PAST WAVE DATA:

- ONGOING VAPING: SPSS W2_Vape_Status=1 AND D1=1,2,3
- RELAPSED VAPING: SPSS W2_Vape_Status=2 AND D1=1,2,3
- NEW P30D VAPING: SPSS W2_Vape_Status=3 AND D1=1,2,3
- FORMERLY VAPED: SPSS W2_Vape_Status=1 OR 2 AND D1=1,2,3
- NEVER VAPED: SPSS W2_Vape_Status=3 AND D1=4

D1b. [IF D1=2,3] On how many days of the past 30 days did you vape with or without nicotine? (Please exclude vaping cannabis.)

___ days [RANGE 1-30]

D2. [ASK P30D VAPING] Which of the following best describes how often you vaped the following liquids in the past 30 days...?

Please exclude vaping cannabis

GRID

- d) With nicotine
- e) Without nicotine
- f) Not being sure if it contained nicotine or not

- 01 – Daily
- 02 – Less than daily, but at least once a week
- 03 – Less than once a week, but at least once in the past month
- 04 – Not at all

D3. [ASK IF NEW P30D VAPING] How old were you when you vaped for the first time?

ENTER AGE IN YEARS, MUST BE \leq RESPONDENT AGE, ALSO LIMIT MINIMUM AGE [RANGE 5-99]

D3b. [IF D2A=01,02,03] How soon after you wake up do you usually have your first vape with nicotine?

- 01 – Less than 5 minutes
- 02 – 6 to 30 minutes
- 03 – 31 minutes to 1 hour
- 04 – More than 1 hour

D4. [ASK P30D VAPING] On days you use them, please estimate how many separate times per day you usually vape...?

GRID

Select one only for each

- a. With nicotine? [HIDE IF DIDN'T VAPE WITH NICOTINE IN D2A]
- b. Without nicotine? [HIDE IF DIDN'T VAPE WITHOUT NICOTINE IN D2B]
- c. When you're not sure if it contains nicotine? [HIDE IF DIDN'T VAPE UNSURE ABOUT NICOTINE IN D2C]

- 01 - 5 or less times per day
- 02 - 6–10 times per day
- 03 - 11–15 times per day
- 04 - 16–20 times per day
- 05 - 21–25 times per day
- 06 - 26–30 times per day
- 07 - 31 or more times per day
- 08 - I vape continuously throughout the day

[NOTE: HEAVINESS OF VAPING WITH NICOTINE INDEX TO BE CALCULATED IN BACK END]

D4b. [IF ONGOING VAPING] Compared to December 2022 when you did the previous survey, would you say that – overall – you are now vaping more, less, or about the same?

- 01 – More
- 03 – About the same
- 02 – Less

D5. [IF ONGOING VAPING AND D4b=1,2] You indicated that your vaping rate has changed since you did the previous survey in December 2022. How long have you been vaping at your current rate? [IF NEW VAPER] How long have you been vaping at your current rate?

- 01 - Less than one month
- 02 - 1 month to < 2 months
- 03 - 2 months to < 5 months
- 04 - 5 months or more

D5b. [P30D VAPING] What flavour do you vape **most often**?

[RANDOMIZE]

- 01 - Fruit
- 02 – Candy
- 03 - Coffee/tea
- 04 - Dessert
- 05 - Mint
- 06 - Menthol
- 07 - Tobacco flavour
- 08 – Alcohol flavour
- 09 – Flavourless/no flavour in descriptor
- 97 – Other [ANCHOR]
- 99 – Not sure [ANCHOR AT BOTTOM, SINGLE PUNCH]

D5f. [P30D VAPING] What type of vaping device do you currently use? Please select all that apply.

- 01 – Disposable – intended for single use until either the battery or flavour cartridge depletes fully.
- 02 – Reusable – intended for longer-term use. The battery can be recharged and parts are detachable and/or replaceable.
- 05 – Other, please specify

D5g. [IF D5f=02] What type of reusable vaping device do you currently use? Please select all that apply.

- 01 – It uses pre-filled e-liquid cartridges or pods. The cartridge/pod can be replaced with a new prefilled one; it cannot be manually refilled.
- 02 – Its cartridge, pod, or tank can be manually refilled with e-liquid. Parts of the atomizer, such as coils and filler materials, can be customized.
- 05 – Other, please specify

D5j. REMOVED

D5m. REMOVED

D6. [REMOVED]

D7. [ALTERNATING USE] Which of the following best describes the main reason you vape in addition to smoking?

[P30D VAPING WHO ALSO FORMERLY SMOKED] Which of the following best describes the main reason you vape?

Select one only

RANDOMIZE 01-08

- 01 – Addiction/can't give it up/hard to quit
- 02 – Habit
- 03 – Enjoyment (flavour/relaxing)
- 04 – [ALTERNATING USE] Trying to quit smoking
- 05 – [ALTERNATING USE] Trying to reduce my smoking
- 06 – I can vape when or where I can't smoke
- 07 – [P30D VAPING WHO IS ALSO A FORMERLY SMOKED] Avoid returning to smoking
- 08 – It's less harmful to my health than smoking
- 97 – Other (*Specify*)
- 99 – Not sure

D8. [REMOVED]

D9. [REMOVED]

D10. [REMOVED]

E. Transitions, cessation and relapse: History, predicting, why and how

The next few questions are about smoking cessation.

E1. [P30D SMOKING] Are you currently trying...?

a - To stop smoking

b - To reduce your frequency of smoking

01 - Yes

02 - No

E2. [P30D SMOKING] Since you did the previous survey in December 2022, have you ever made a serious attempt to quit smoking which lasted more than 24 hours?

01 - Yes

02 – No SKIP TO E10

E3. [E2=01] What was the longest time you have gone without smoking?

___ days [RANGE 1-6] OR ___ weeks [RANGE 1-3] OR ___ months [RANGE 1-11]

[IF FORMERLY SMOKED] How long ago did you quit smoking?

___ months [RANGE 1-11]

E4. [P30D SMOKING] Since you did the previous survey in December 2022, how many times have you tried to quit smoking?

___ times [RANGE 1-365]

99 Don't know

E5. [E4 <> 99 OR FORMERLY SMOKED] Which, if any, of the following nicotine replacement methods have you used since you did the previous survey in December 2022 to help you quit or reduce smoking?

Select all that apply.

01 - Nicotine patch

02 - Nicotine gum

03 - Nicotine inhaler

04 - Nicotine nasal spray

05 - Nicotine lozenge

06 - Nicotine mouth spray

97 - None of these [SINGLE MENTION]

E6 [E4 <> 99 OR FORMERLY SMOKED] Which of the following other methods have you used since you did the previous survey in December 2022 to help you quit or reduce smoking?
Select all that apply.

RANDOMIZE 01-10

- 01 - Cold turkey (just quitting)
- 02 - Vaping SHOW IF NOT D7=4 OR 5 OR 7
- 03 - Reducing the number of cigarettes
- 04 - A deal with a friend/family member
- 05 – Counselling or support group (in-person, online, or telephone)
- 06 - A smart phone app
- 07 - Prescription medication, like Zyban, Wellbutrin or Champix
- 08 – Quit-and-Win type contests
- 09 – Acupuncture
- 10 – Self-help books
- 98 - Other, please specify
- 97 - None of these [SINGLE MENTION]

E7. [REMOVED]

E8. [REMOVED]

E8b. [(P30D VAPING OR FORMERLY VAPED) AND FORMERLY SMOKED] What vape flavour, if any, were you using at the time you quit smoking?

- 01 - Fruit
- 02 – Candy
- 03 - Coffee/tea
- 04 - Dessert
- 05 - Mint
- 06 - Menthol
- 07 - Tobacco flavour
- 08 – Alcohol flavour
- 09 – Flavourless/no flavour in descriptor
- 97 – Other [ANCHOR]
- 99 – Not sure [ANCHOR AT BOTTOM, SINGLE PUNCH]

E9. [D7=4 OR 5 OR 7 OR IF E6=02] How useful has vaping been in helping you reduce or quit smoking? Use a scale of 1 to 10, where 1 means not useful at all, and 10 means extremely useful.

- 01 Not useful at all
- 10 Very useful

E10. [ASK IF E1A=01 OR FORMERLY SMOKED] How confident are you that you will quit smoking for good?
[ASK IF E1A=02] How confident are you that you will eventually quit smoking for good?
Use a scale of 1 to 10, where 1 means not confident at all, and 10 means extremely confident.

- 01 – Not at all confident
- 10 – Extremely confident

E11. [ASK P30D SMOKING OR FORMERLY SMOKED] How important is stopping smoking to you? Use a scale of 1 to 10, where 1 means stopping smoking is not important at all, and 10 means it is the most important goal of your life.

01 – Not important at all

10 – Most important goal of my life

E12. [ASK P30D SMOKING] Different people have their own reasons for trying to stop smoking. Even if you're not planning to stop smoking right now, it may be something you think about or hear about from time to time.

Consider the following statements about why people might try to stop smoking, and indicate how true or not true each one is for you, on a scale of 1 to 10, where 1 means "not true at all" and 10 means "very true."

01 – Not true at all

10 – Very true

[GRID, RANDOMIZE BUT SHOW I LAST]

[SHOW WITH A TO I] If I stopped smoking, it would be

- g) because I feel I want to take responsibility for my own health.
- h) because I would feel guilty or ashamed of myself if I smoked.
- i) because I personally believe it is the best thing for my health.
- j) because I have carefully thought about it and believe it is very important for many aspects of my life.
- k) because I feel pressure from others to not smoke.
- l) because I experienced a health scare or poor diagnosis
- m) because I saw research that led me to believe it was worse for my health than I thought
- n) because I couldn't afford cigarettes
- o) [ALWAYS SHOW LAST, DO NOT SHOW "If I stopped smoking, it would be..."] I really don't think about stopping smoking.

E12b. [FORMERLY SMOKED] Different people have their own reasons for stopping smoking.

Consider the following statements about why people might stop smoking, and indicate how true or not true each one is for you, on a scale of 1 to 10, where 1 means "not true at all" and 10 means "very true."

01 – Not true at all

10 – Very true

[GRID, RANDOMIZE]

[SHOW WITH A TO E] I stopped smoking because...

- f) I wanted to take responsibility for my own health.
- g) I felt guilty or ashamed of myself because of my smoking.
- h) I personally believed it was the best thing for my health.
- i) I believed it was very important for many aspects of my life.

- j) I felt pressure from others to not smoke.
- k) I experienced a health scare or poor diagnosis
- l) I saw research that led me to believe it was worse for my health than I thought
- m) I could no longer afford cigarettes

E13. Consider the following statements about quitting smoking and indicate whether you agree or disagree:
 [NEW QUESTION]

01 – Not true at all
 10 – Very true

- a) If I fail at quitting, it’s my own fault and I only have myself to blame.
- b) Reducing the number of times I smoke in a day or a week is success in my mind.
- c) I could quit smoking easily if there was less stress in my life.

F. Cannabis, alcohol, and relative harm perceptions (3 minutes)

The following questions are about cannabis and alcohol. For the purpose of this survey, "cannabis" also refers to the terms marijuana, pot, or hashish.

F1. [REMOVED]

F2. [ASK ALL] In the past 30 days, how often did you use cannabis?
 Please select one response for each

	Daily (01)	Less than daily, but at least once a week (02)	Less than once a week, but at least once in the past month (03)	Not at all (04)
d. Vaping				
e. Smoking				
f. Edibles				

F2b. [REMOVED]

F2c. [REMOVED]

[REMOVED INTRO SENTENCE]

F3. [REMOVED]

F4. [ASK ALL] In the past 30 days, how often did you drink at least one alcoholic beverage?

- 01 - Daily
- 02 - Less than daily, but at least once a week
- 03 - Less than once a week, but at least once in the past month
- 99 - Not at all

F5. [REMOVED]

F6. [ASK ALL] How harmful do you feel each of the following is, *if done on a regular basis*? Use a scale from 1 to 10 where 1 means “Not harmful at all” and 10 means “Extremely harmful.” [GRID, RANDOMIZE]

- g) Vaping with nicotine (excluding cannabis)
- h) Smoking cigarettes
- i) Vaping cannabis
- j) Smoking cannabis
- k) Drinking alcohol
- l) Eating junk food

- 01 – Not harmful at all
- 10 – Extremely harmful

G. Respondent characteristics (2.5 minutes)

The following are a few questions about you and your household, for statistical purposes only. Please be assured all of your answers will remain completely anonymous.

G1. [REMOVED]

[PROGRAMMING NOTE – PLEASE APPEND FROM WAVE 1]

G2. What is your current marital status?

- 01 - Never legally married nor lived with a common-law partner
- 02 - Legally married (and not separated)
- 03 - Living with a common-law partner
- 04 - Separated, but still legally married
- 05 - Divorced

06 - Widowed
99 – Prefer not to say

G3. [REMOVED]

[PROGRAMMING NOTE – PLEASE APPEND FROM WAVE 1]

G4. Do you identify as either of the following?
Select one response for each

c) Someone living with a physical disability
d) Someone living with a mental illness

01 - Yes
02 - No
99 – Prefer not to say

[PROGRAMMING NOTE – PLEASE APPEND LGBTQ AND VISIBLE MINORITY STATUS FROM WAVE 1]

G5. What is the highest level of formal education you have completed?
Select one only

01–Less than a high school diploma or equivalent
02–High school diploma or equivalent
03–Registered Apprenticeship or other trades certificate or diploma
04–College, CEGEP or other non-university certificate or diploma
05–University certificate or diploma below bachelor’s level
06–Bachelor’s degree
07–Postgraduate degree above bachelor’s level
99–Prefer not to say

G6. Which of the following categories best describes your current employment status?
Select one only

01 - Working full-time, that is, 35 or more hours per week
02 - Working part-time, that is, less than 35 hours per week
03 - Self-employed
04 - Unemployed, but looking for work
05 - A student attending school full-time/part-time
06 - Retired
07 - Not in the workforce (full-time homemaker, unemployed and not looking for work)
97 - Other [DO NOT SPECIFY]
99 - Prefer not to say

G7. [IF G6=04 ASK] Have you been unemployed for more than a year?

01 – Yes
02 – No

99 – Prefer not to say

G8. [REMOVED]

G9. [IF G6=01, 02, 03] Which of the following categories best describes your *main* occupation?

[IF G7=02] Which of the following categories best describes your *most recent* occupation?

01 - Senior and middle management

- Examples: President, Vice-President, CEO, CFO, COO, Principal, Dean, Registrar, DM, ADM, DG, Director, Manager

02- Professional

- Examples: Lawyer, Doctor, Nurse, Dentist, Professor, Engineer, Accountant, Veterinarians, Optometrists, Teachers, Social Workers, Policy Research Analysts, Journalists

03 - Technical/Paraprofessional

- Examples: Paralegal, Early Childhood Educator, Instructor, Inspectors, Enforcement Officers, Opticians, Creative Design

04 - Sales and Service

- Examples: Retail and Wholesale Salesperson, Clerk, Agent

05 - Administrative, clerical and office support

- Examples: Administrative, Office, Medical assistants; data entry, receptionist

06 - Industrial, electrical and construction trades

- Examples: Electrician, Plumber, Pipefitter, Carpenter, Boilermaker

07 - Maintenance and equipment operation trades, installers, repairers, and material handlers

- Examples: Truck or Transit Driver, Crane operator, Train Crew; Mechanical, Transport or Heating mechanic; longshore worker

08 - Processing, manufacturing and utilities machine operators and assemblers

09 - Construction, agricultural, forestry, fishing, landscaping labourer/general worker

99 - Prefer not to say

G10. [ASK 16+ ONLY] Which of the following best describes your total household income for 2020, before taxes, from all sources for all household members?

Select one only

01–Under \$20,000

02–\$20,000 to just under \$40,000

03–\$40,000 to just under \$60,000

04–\$60,000 to just under \$80,000

05–\$80,000 to just under \$100,000

06–\$100,000 to just under \$150,000

07–\$150,000 and above

99–Prefer not to say

G11. [REMOVED]

G12. [ASK 18+ ONLY} Are there any children under 18 years of age living in your household?

01 – Yes

02 – No

99 – Prefer not to say

G12b. What are the first three digits of your postal code? This will not be used to identify you.

___ [text response]

99 – Prefer not to say

G12c. [If WAVE 1 BaseLINE S1=17-20] Are you currently...

- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old

G12d. Do you have insurance that covers all or part of your prescription medications?

01 – Yes

02 – No

99 – Prefer not to say

Appendix E: IDI Discussion Guide

Health Canada

Fall 2022/Spring 2023 Longitudinal Smoking IDIs

Draft Interview Guide

December 20, 2022

Participant Name:

Date:

Interviewer:

	Quotas:
<input type="checkbox"/>	Successfully quit smoking (target 20n). Quit smoking between W1 and W2 (QA1=04)
<input type="checkbox"/>	Unsuccessful quit attempt (target 20n). P30 day smoking and had made a serious quit attempt between W1 and W2 (QE2=01)
<input type="checkbox"/>	No quit attempt – only recruiting these participants if we need to

Introduction (2 minutes)

Hello, my name is _____ from Environics Research. Thanks for joining me today.

We are conducting interviews on behalf of Health Canada about smoking and changes in habits over time. We would like you to share your thoughts and experiences as openly as possible.

The interview will take approximately 15 minutes to complete.

Some of the questions might feel quite personal, because they are about your daily habits and your lifestyle. I would like to assure you that your responses will not be linked to your name in our reporting and your responses will be only reported in aggregate with other respondents.

This interview is voluntary. We are interested in learning about your experiences for research purposes and it's important to us that you feel comfortable and safe. If there is anything you don't wish to answer, that is okay. You can also choose to end the interview at any time.

I will be recording the interview for note-taking purposes. Transcripts from this interview will be provided to Health Canada with identifying details removed. The recording will only be used for analysis and will not be shared. Do I have your permission to record this interview?

Do you have any questions before we begin?

Participant Introduction (3 minutes)

1. Before we start talking about smoking, tell me a bit about yourself and your life right now. How are you doing?
2. Have you had any big changes in your life lately? Good or bad? *Probe: Some examples of big life changes might be moving, starting a new job, the end of a relationship, a new baby, or an illness in the family.*

3. Are you currently smoking?
4. Do you also vape? Have you vaped in the past?
Probe: With nicotine? Without?

Smoking / Quitting (5 minutes)

5. Over the past few months, you have completed a couple of surveys about smoking. What does (or did) smoking mean to you? How has that changed over time?
6. When you think about quitting smoking, what does success mean to you?
7. How many times have you tried to quit smoking?

[PROBE IF NEVER ATTEMPTED TO QUIT] What do you think, if anything, could drive your first quit attempt?

[PROBE IF ATTEMPTED TO QUIT] What's the most surprising thing so far you've encountered about quitting? What was its impact on your quitting?

[PROBE IF ATTEMPTED TO QUIT BUT CURRENTLY SMOKING] What do you think, if anything, could drive your next quit attempt?

[PROBE IF ATTEMPTED TO QUIT BUT CURRENTLY SMOKING] I know you're smoking now, but have you ever had success quitting for a period of time in the past? How did that go? Why did you start again?

8. [IF THEY ARE CURRENTLY VAPING] Do you use vaping as a tool to stay away from smoking?

Probe: Are you worried that quitting vaping might lead you back to smoking?

9. How often do you drink alcohol?
 - a. [IF THEY DRINK ALCOHOL] Do you think that using alcohol affects your ability to quit smoking? Does drinking make it more or less difficult to quit?
10. Do you ever use cannabis?
 - b. [IF THEY USE CANNABIS] Do you think that using cannabis affects your ability to quit smoking? Does it make it more or less difficult to quit?

Questions for those trying to quit smoking (2 minutes)

11. What methods, if any, have you found to be helpful with quitting or reducing your smoking?

PROBE: nicotine replacement that requires a prescription, nicotine replacement that doesn't require a prescription, vaping with or without nicotine, cold turkey, a reward, etc.

12. Have you had support from others while you try to quit smoking?

PROBE: Family / spouse, friends, coworkers, doctor / medical practitioner, therapist, etc.

a. How does support affect your ability to quit smoking?

Questions for those who have stopped smoking (2 minutes)

13. Now that you have stopped smoking, what do you think was the most important factor that helped you quit?

14. [IF THIS WAS NOT THEIR FIRST ATTEMPT] What was different about this quit attempt than previous attempts (i.e., why was this one successful? What was happening in your life when you quit this time, what if any supports (insurance, quit services, free NRT)

15. How are you feeling after quitting smoking? Probe: physical, mental, emotional, energy, sleep, etc.

16. Did anything make it difficult to quit smoking? How do you cope instead of smoking? How reliant are you on those alternatives?

17. How confident are you that you won't start smoking again in the future? Why do you say that?

Questions for those still smoking (2 minutes)

18. What do you think is the main reason you are still smoking?

19. Is there anything that has made it difficult to quit?

Probe: What types of situations make you want to smoke? Do you have triggers?

20. What methods, if any, will you try to quit or reduce your smoking?

PROBE: nicotine replacement that requires a prescription, nicotine replacement that doesn't require a prescription, vaping with or without nicotine, cold turkey, a reward, etc.

21. Using a scale of 0 meaning not at all likely to 10 meaning extremely likely, how likely are you to seek support from others to quit smoking?

22. What do you think you would need (free NRT, vaping products, counselling) to stop smoking?

23. Have you ever had trouble getting cigarettes? For example, you were unable to get to a store, other expenses to save for, bad weather, illness, travelling, etc. How did you adapt and how long did the change last?

Probe if they say no: If a scenario like this happened to you, what do you think you would do?

Wrap Up (2 minutes)

24. It's common for people to make New Years resolutions to quit smoking. Is this something you've been thinking about? Have you felt pressure from others to make a resolution to quit?
25. We are conducting this research on behalf of Health Canada, because they are trying to better understand how people quit smoking. Is there anything else, based on your experience, that you think they should know about quitting smoking?
26. Thank you for taking time today to talk to me. We'll be in touch in the coming days to pay you for your time and contribution to the research.

Appendix F: IDI Invitation and Screener

December 2022

**Environics Research Group
Health Canada Smoking / Vaping
Screener for IDIs**

PARTICIPANTS ARE BEING STREAMED IN FROM SURVEY.

INVITATION LETTER WORDING:

Hi {fname},

My name is Stephanie Coulter, I am a Senior Research Associate at Environics Research.

You recently completed a survey about {smoking / vaping}, where you indicated you are interested in participating in a 15 minute follow-up interview.

We'd like to invite you to schedule an interview with us. During the interview we will ask you some follow-up questions about {smoking / vaping}. Participation is voluntary, and your responses will be confidential.

A recording of the session will be produced for research purposes. The recording will be used only by the research professional to assist in preparing transcripts and a report on the research findings. Transcripts will be anonymized and shared with Health Canada, while all recordings will be destroyed once the report is completed. All information collected, used and/or disclosed will be used for research purposes only and administered as per the requirements of the Privacy Act. Environics Research has a privacy policy which can be consulted at <https://environicsresearch.com/privacy-policy/>.

Participants who complete an interview will receive \$125 in appreciation of your time and contribution.

Clicking the link below will take you to a site called Recollective. Please follow the instructions to confirm your eligibility and select a meeting time that works for you between {interviews start} and {interviews end}. The time slots are for half an hour, but the interviews usually only take about 15 minutes.

Environics is a member of the Canadian Research Insights Council (CRIC) and adheres to all its standards; the project is registered with the CRIC with the number 20221221-EN360.

If you have any questions about scheduling and the interview process, you can contact me through the Recollective portal, or email me directly.

Thank you for participating in this important research.

Stephanie Coulter
Senior Research Associate
Environics Research
stephanie.coulter@environics.ca

ELIGIBILITY SCREENER

We are conducting this research project for Health Canada, to help the department gain a better understanding of the factors that influence {smoking / vaping} behaviour. Before you schedule an interview, we have a few questions about you.

1. Are you or is any member of your household or your immediate family employed in:

Type	No	Yes
A market research, communications or public relations firm, or an advertising agency	1	2
Media (Radio, Television, Newspapers, Magazines, etc.)	1	2
Health Canada or the Public Health Agency of Canada	1	2
Combustible tobacco (cigarettes, cigars, etc.) and/or vaping industry	1	2

IF YES TO ANY OF THE ABOVE – THANK AND TERMINATE

TERMINATE LANGUAGE:

Thank you for your interest in this research. Unfortunately, you are not eligible to participate in an interview at this time.

2. Have you **ever** attended a focus group or a one-to-one discussion for which you have received a sum of money, here or elsewhere?

- Yes 1
- No 2 -> **(SKIP TO Q.14)**

3. **[IF YES TO Q2]** When did you last attend one of these discussions?

[TERMINATE IF IN THE PAST 6 MONTHS]

4. How many focus groups or one-to-one discussions have you attended in the past 5 years?

_____(SPECIFY)

IF 5 OR MORE, TERMINATE

ASK ALL

5. This interview will require participants to join a conference call in Recollective using a computer, tablet, or mobile phone. You will need internet access in a private and quiet location to take part in the study. We cannot provide this technology for you. Will you be able to access the Internet for a 15 minute discussion?

Yes	1	CONTINUE
No	2	TERMINATE

ASK ALL

6. The session will last about 15 minutes, but we are asking that all participants log into Recollective 5 minutes prior to the start of the session. Are you able to log-in about 5 minutes prior to the start time?

Yes	1	
No	2	TERMINATE

7. The Recollective platform may send you email to remind you of your session, and we may also follow-up with you directly if there is important information to share. Do we have your consent to contact you, either through Recollective, or directly by email?

Yes	1	
No	2	TERMINATE

8. Could you please confirm your email address so we can contact you about your interview?

E-mail address: _____

Thank you for completing these questions. Please follow the next set of instructions to select a date and time for your interview.