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Youth and Young Adults Vaping Segmentation

Prepared for Health Canada

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Canada 

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This public opinion research report presents the results of an online survey and focus groups conducted by Earnscliffe Strategy Group on behalf of Health Canada. The quantitative research was in field from January 9th to 28th, 2024, and the qualitative research was conducted on March 25th and 26th, 2024.

Cette publication est aussi disponible en français sous le titre : Segmentation du vapotage chez les jeunes et les jeunes adultes.

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Executive summary

Earnscliffe Strategy Group (Earnscliffe) is pleased to present the following report to Health Canada summarizing the results of the quantitative, qualitative, and segmentation phases of this study on youth and young adult vaping behaviours.

Background and objectives

Recent evidence from the Canadian Student Tobacco, Alcohol and Drugs Survey 2021-22 (CSTADS 2021-22) and the Canadian Tobacco and Nicotine Survey (CTNS 2021) have yielded a variety of new insights on the behaviours and motivations of youth with regards to vaping. The data from CSTADS shows the rate of students grades 7-12 who have ever vaped, as well as those who have vaped in the past 30 days, has somewhat stabilized from 2018-19 to 2021-22. While too early to identify a new trend, in this survey cycle, students who identify as female reported both higher vaping and overall substance use in 2021-22, against historical trends.

The data from CTNS suggest that vaping among young people is motivated by peer influence, addiction, the availability of flavours, and for the purpose of stress management, with roughly 33% of youth aged 15-19 reporting that they are vaping to reduce stress.

Youth who vape are not a monolith and can be grouped by substance use behaviours: experimenters, regular users, and dual or polysubstance users. Data from various studies seem to suggest that these segments have distinct characteristics, reasons for e-cigarette use, and needs. For instance, experimenters seem to vape out of curiosity, whereas regular users seem to vape because they enjoy its effects (i.e., head rush, perceived stress relief, managing withdrawal symptoms), and dual/polysubstance users seem to vape as a way to cope with life and poor mental health. From this, we can make certain assumptions about the needs of these target audiences. For example, information about risks and avoiding peer pressure may be more relevant to experimenters than dual users. Dual users, for their part, would likely benefit from information on adaptive coping skills to manage or improve their mental health.

Health Canada is considering approaches to tailoring public education, campaign content, and resources towards different groups of youth that vape. In order to inform this thinking, Health Canada commissioned this public opinion research to update its existing information and to develop a segmentation to better understand the groupings of behaviours and opinions of Canadians aged 13–24-year-olds.

The overall objective of this study was to better understand the segmentations of Canadian youth and young adults aged 13-24 with regard to their psychographic traits, behaviour characteristics, and their values, in order to ultimately better reach these audiences with messaging on making informed choices about vaping and how to quit. With this in mind, the results of this report will help better inform decisions on strategy, target audience(s), key messaging, and activities for future public awareness and education campaigns, including a focus on helping young Canadians quit vaping.

In addition to building on work done by Earncliffe in 2017-18, this project includes several novel research foci, including: polysubstance use; the relationship between vaping and mental health; dependence; teen and young adult values and behaviours; further segmentation of three vaping groups based on behaviour type (non-users, experimenters, and regular vapers); and the introduction of vaping cessation messaging. This research provides evidence-based data and insights to guide Health Canada’s future planning in these areas. The contract value for this project was \$249,836.84.

Methodology

To meet these objectives, Earncliffe conducted a two-phased approach involving both quantitative and qualitative research.

The initial phase involved quantitative work involving an online survey of 6103 Canadian residents aged 13 to 24 years old, with quotas set to ensure the sample is reflective of the distribution of the population based upon age, gender, and region, to align with the most recent Census information.

All interviews identified respondents as falling into one of three categories: regular vapers (i.e., those who have vaped multiple times in the past 30 days or more); experimental vapers (i.e., those who have vaped once in the last 30 days or less); and those who have never vaped. These were determined in consultation with Health Canada.

The estimated frequencies used to guide the design of this study can be found in the quantitative methodology in Appendix A. The final breakdown of each audience was as follows:

	Regular users	Experimenters	Non-users	TOTAL
Youth 13-15 (n)	374	177	936	1527
Youth 16-18 (n)	258	217	846	1344
Young adults 19-24 (n)	1093	690	1368	3232
TOTAL INTERVIEWS	1725	1084	3150	6103

The quantitative field work was conducted from January 9th to January 28th, 2024. The survey was offered in English and in French. The average length of interview was 14 minutes.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13-24 by region, gender, and age. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys. Appendix A provides full details on the survey methodology and Appendix C provides the survey instrument used.

The second phase of this project was qualitative and involved a series of twelve online focus groups on March 25th and 26th, 2024. The groups were conducted with youth aged 13-18 and young adults aged 19-24. Three groups were conducted in each of the following regions: Atlantic Canada, Quebec, Ontario, and Western Canada. The groups with residents in Quebec were conducted in French; the others were conducted in English. Within each region, groups were divided by age and by reported vaping behaviours. The sessions were approximately 90 minutes in length.

Up to 10 participants were recruited for each group, with the goal that at least 8 be able to participate. In total, 95 people participated in the focus group discussions. Appendix B provides greater detail on how the groups were recruited, Appendix D provides the discussion guides used to facilitate the focus groups, and Appendix F provides the recruitment screener.

It is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

The key findings from the research are presented below.

Key findings

Section A: Phase 1 frequencies and key significant differences

Substance use and audience identification

- Respondents were grouped into regular vapers (28% of the total population), experimenters (18%), and non-vapers (52%). For the purposes of this study, vaping refers exclusively to nicotine products.
 - Regular vapers are those who have vaped multiple times in the past 30 days or more. Experimenters are those who have both vaped in the past 30 days as well as those who have vaped previously, but not in the past 30 days.
- Regular vapers are more likely to qualify as regular users of all other substances tested (smoking cigarettes, cannabis, alcohol, opioids, and illegal drugs) than experimenters and non-vapers. This is true across the three age brackets examined (13-15, 16-18, and 19-24).
- Roughly equal portions of all respondents aged 13-24 who smoke cigarettes have tried to quit smoking and were successful (34%), have tried to quit and were unsuccessful (32%), or have never tried to quit (29%).
 - At almost half (47%) saying so, those who have experimented with vaping are the most likely to have successfully quit smoking cigarettes.
 - By contrast, regular vapers in all age brackets who also smoke cigarettes are the least likely to say that they have tried to quit cigarettes and were successful.
 - When asked specifically about the tools used to attempt to quit smoking cigarettes, more respondents across all ages said they had tried to quit by vaping with nicotine (with 47% saying so) than using a nicotine replacement therapy (44%).
- Compared with smoking cigarettes, respondents are slightly more likely to report their first experience with vaping nicotine to be later in life (although most still saying they tried prior to when they could legally purchase vaping products).
 - Outside of the very few aged 13-15 who report first vaping before the age of 10 (2%), no one in the other age brackets reports starting that young.
- The top reasons that respondents who have vaped say that they first started is because their friends were vaping (43%) or because they were curious (39%). This is true across all age cohorts examined.

- Relatively few say that they started vaping because they did not think they could get addicted (13%), that it is not harmful like smoking (12%), or that they started to quit smoking cigarettes (11%).
- Reflective of the social element of vaping, over half (52%) of respondents report that they vape when they are around friends who do so.
 - Roughly the same number say that it is a coping mechanism for stress (41%) with regular vapers across all ages being significantly more likely to say so than experimenters.
- Among all respondents who vape aged 13-24, alcohol (58%) is the substance most likely to be consumed at the same time as a respondent is vaping. This followed by cannabis (39%) and smoking a cigarette (35%).
 - Regular vapers are more likely to smoke a cigarette than experimenters across every age bracket.
- A third (34%) of those who have ever vaped nicotine say that they have tried to quit and were successful – the same number as those who have ever tried smoking cigarettes and who say they were successful in quitting (34%). Slightly fewer say they have been unsuccessful with quitting vaping than smoking cigarettes (28% versus 32%) whereas more say that they have not tried to quit vaping than smoking (34% versus 29%).
 - Those aged 13-15 who vape are more likely to say that they have tried a nicotine replacement therapy to quit vaping than their older counterparts who are more likely to say that they have not tried to quit vaping in the past year.
 - Experimenters are far more likely to say that they definitely would not, or that it is not likely, that they would take a nicotine replacement therapy in order to quit vaping (61% versus 43% of regular vapers).
- Two-in-five (44%) of those who have ever vaped report that they have hidden their vaping from someone, most commonly from family (74%).
- Half of non-vapers (51%) across all ages say they have been offered the chance to vape. This offer most commonly originates from friends who vape (75%) – something true across all age cohorts.
 - Those aged 13-15 report slightly lower rates of being offered the chance to try vaping (44%) than those aged 16-18 (54%) or 19-24 (54%).

Psychographic profiling

- This section deals with the psychographic variables through which the segmentation analysis was built. Only some directional results are presented here, with the bulk of the profiling discussed in Section B.
- Regular vapers are far more likely to agree with statements that position themselves as being surrounded by others who drink alcohol (63%) or who use cannabis products (49%) than experimenters or non-vapers.
- Regular vapers are also much more likely to describe themselves as experience seeking (49%), trendy (46%), and rebellious (41%), than experimenters or non-vapers. That being said, experimenters more closely align with regular vapers than non-vapers on these metrics.
- When looking across all ages, non-vapers are significantly more likely to say they are somewhat or very satisfied (75%) with their lives than experimenters (65%) or regular vapers (63%).
 - While non-vapers 13-15 years old (35%) and 16-18 years old (30%) are the most likely to say that they are very satisfied with their lives in their respective age brackets, regular vapers are the most likely to say the same at 31% in the 19-24 age range.
- When asked about overall mental health, regular vapers are more likely to say that it is either excellent or very good (43%) than non-vapers (39%) or experimenters (31%).
 - Two-in-five (39%) of all respondents report having issues with work or school in the last four weeks due to their mental health or emotional state, with experimenters 13-24 being the most likely to say that it is having an impact on them with half (48%) saying so.
 - At three in-five (57%) saying so, regular vapers are by far the most likely to report also using substances other than vaping (e.g., cannabis, alcohol, opioids, other illegal drugs) to cope with poor mental or emotional health.
- Respondents over the age of 15 were asked about their financial situations. Those who regularly vape are significantly more likely to say that they are financially secure (at 22%) than experimenters (12%) and non-vapers (14%).
 - Among regular vapers who are 16-18 years old, half (51%) say they are just getting by financially. This compared with regular vapers aged 19-24 who self-assess as the most financially secure of their age cohort 23% saying they are secure.

Vaping attitudes and impressions of risk

- Perceptions of the social acceptability of various substances varies widely both within audiences as well as overall. Regular vapers are the most open to all substances mentioned in the survey whereas non-vapers consistently have the most negative views. The one exception is alcohol, which is perceived as broadly socially acceptable across all audiences.
- A plurality of respondents across all vaping categories (26-35%) surveyed say that vaping products that contain nicotine is both a recreational activity as well as an aid to help people quit smoking.
- On the subject of harm, three-in-five (58%) regular vapers say that vaping nicotine is less harmful than cigarettes.
- Regular vapers profess to be the most knowledgeable about the harms of consuming all the substances tested except for smoking cigarettes or drinking alcohol, where they self-assess as only slightly less knowledgeable than experimenters and non-vapers.
- The youngest respondents are the most likely to say that each of the substances tested is extremely or very harmful. As the age of respondents increases, however, they perceive each as less and less dangerous (again, with the exception of alcohol which only a minority view as harmful to begin with).

Section B: Phase 1 segmentation analysis

- Multivariate analysis was done on the data using cluster segmentation. The most helpful solution was an approach that separated the sample into ten (10) distinct segments based on respondents' agreement patterns on a list of 29 attitudinal statements.
- While the ten segments have some clusters which share similarities, each remains unique in one way another and the uniqueness present specific implications for public health communicators – either in terms of their views on the health risks associated with vaping nicotine, their behaviours, their attitudes, their preferences, or their demographics.
- Based on an assessment of the different traits present in the various segments, each was sorted on a spectrum with one end deemed to be the hardest to reach with vaping messaging and the other end deemed to be the most receptive.
- Among the ten segments there are three which include those who are more rebellious than the average respondent. They represent 29% of respondents:

- **Respondents who have a tendency to seek out risky activities (10%)** are less concerned about health risks, seek out risky or thrilling activities, are more likely to vape nicotine, smoke cigarettes, perceive just about any substance use to be socially acceptable, and are among a circle of friends who use substances. They are not terribly concerned about peer acceptance, issues like the environment or following what is going on in government.
- **Respondents who have a tendency to be thrill-seekers (12%)** are similarly rebellious and, as the name suggest, thrill-seeking. Their vaping and smoking profile is similar to response who have a tendency to seek our risky activities and they, to, tend to think of these as socially acceptable. However, they do care what their peers think, try to be stylish, and listen to their parents and are open to following traditions. They are more interested in following politics.
- **Respondents who have a tendency to push boundaries (7%)** are particularly rebellious and break rules and skip classes more than most. They share a similarly high tendency to vape nicotine and smoke as the other two rebellious segments, but they are the least likely to follow rules. However, while they see smoking and vaping as socially acceptable to a similar degree as the other two segments, they are even more inclined to see cannabis as socially acceptable, while less convinced that is the case for opioids.
- Two segments are somewhat independent, but not as rebellious as the three above. They represent 21% of respondents:
 - **Respondents who have a tendency to be free-spirited (11%)** are not as likely as the above segments to describe themselves as rebellious but have certain independent tendencies such as spontaneity and pursuing adrenaline-producing experiences. They are not as likely as average to vape nicotine or smoke but are not much different than average in describing those activities as socially acceptable, although they are much less likely to say that of opioid use or illegal drug use.
 - **Respondents who have a tendency to be less socially active (10%)** form a segment that is less socially active or civically engaged than most and, although they are more likely than average to smoke and to vape nicotine, they are more inclined to see vaping nicotine as something one does to quit smoking.
- The remaining five segments are all less rebellious and more respectful of authority figures than the previous five segments and as the spectrum progresses, the segments become much less active in using nicotine or other substances and less inclined to think favourably about vaping nicotine. They represent 50% of respondents:

- **Respondents who have a tendency to be independent and face challenges (3%)** are far smaller than all other segments and, while they do not describe themselves as rebellious, they do not care as much about what parents, peers, schools, or society thinks. They are less engaged in current events, traditions, or religion. They are least satisfied with their life, falling behind financially and more inclined to use substances to cope with mental health or emotional challenges. They have a higher incidence of vaping nicotine and smoking but are also most likely to see vaping nicotine as something used to quit smoking.
- **Respondents who have a tendency to be more conformist (11%)** care about what people think, value education, and think life goals are important. They tend not to pursue risky behaviours and, although they are as likely as average to vape nicotine or smoke, they are not as inclined as most of the segments above to describe these behaviours or using other substances as socially acceptable.
- **Respondents who have a tendency to be value-driven (10%)** are one of the younger segments. They are among the least likely to currently be vaping nicotine or smoking. They are highly respectful of tradition and the elderly, and less into wild parties, unpredictable friends, rule-breaking or rebelliousness.
- **Respondents who have a tendency to be careful adventurers (12%)** want to enjoy a healthy, happy, social life, are fairly educated, twice as likely to be part of the LGBTQ2IA+ community and, though they are less likely to feel their mental health is good and more likely to have faced mental health or emotional challenges lately, they are less inclined to use a substance to cope with such challenges. They are less likely than average to smoke or vape nicotine, but they are around the average when it comes to seeing those behaviours as socially acceptable.
- **Respondents who have a tendency to follow the rules (14%)** are the largest and youngest segment and, as the name and age implies, are probably yet to be exposed to opportunities, people and situations where substances may be introduced to them. Currently, they do not tend to smoke or vape nicotine and hold the most negative views towards those activities, as well as towards other substance use. They are not rebellious and instead are respectful of parents and tend to follow rules.
- These ten psychographic segments each present unique target audiences – unique in their attitudes, profile, and behaviours and unique in terms of their communications needs on the health risks associated with vaping nicotine. This will be helpful for prioritizing target audiences and also for seeing that profiles can be somewhat similar to neighbouring segments yet varying progressively across the spectrum in some key respects.

Section C: Phase 2 focus groups

Attitudes and behaviours around health/healthy living

- The majority of youth and young adults conveyed that they think about their health and try to live a healthy lifestyle by trying to stay active, eat healthy, get more sleep, and drink more water.
 - Non-vapers also spoke of avoiding behaviours such as using drugs, smoking cigarettes, and vaping to keep healthy; whereas regular vapers or experimenters did not often raise limiting or avoiding vaping to keep healthy.
- For information, advice, or support related to their health, most would typically turn to their family and/or friends first, followed by their family doctor and/or internet searches. Several mentioned they may turn to social media, particularly for exercise workouts or healthy eating tips such as meal prepping and planning.

Behaviours around vaping and vaping cessation

- Most regular users were introduced to vaping by friends. They spoke of initially being curious, particularly of the flavours, vapour clouds, and tricks, but having developed a dependence very quickly (almost instantaneously).
- Experimental/occasional users tended to have been introduced to vaping while in social settings and say they do it only recreationally in certain social settings such as at parties.
- For non-users, while the vast majority have been asked or pressured to vape, only some have been tempted to try it.
- Interestingly, when asked to complete a projective exercise by writing down an adjective that comes to mind when thinking of vaping, there was a perception difference between the three user types.
 - Most non-users tended to refer to the addictive nature of vaping using words like, “addictive”, “addiction”, or “dependence”. Secondly, they used words that spoke to a sense of derision towards vaping, citing words like, “gross”, “disgusting”, “unhealthy” and “expensive”. Additionally, youth (13-18) cited the words “danger” and “dangerous”.
 - While most experimenters also referred to the addictive nature of vaping, they also introduced words around the recreational and experiential nature of vaping citing words like, “social”, “recreational”, “relaxing”, and “soothing”.

- Unlike the two other audiences, regular users rarely noted the addictive nature of vaping as part of this particular exercise and more often focussed on the experiential nature of vaping citing words such as, “relaxing”, “Zen”, “pleasurable”, and “peaceful”.
- Participants noted a variety of perceived risks associated with vaping including addiction, lung damage and/or cancer, respiratory issues, altered brain development, poor blood circulation, persistent cough, mental health issues, and/or cost.
 - Awareness of nicotine and the addictive nature of nicotine, was universal and significant. Nicotine came up spontaneously in every group and addiction was perhaps the perceived risk most non-users were most afraid of and the aspect of vaping that most regular users were most resentful/regretful of.
- When discussing whether anyone had ever tried to quit vaping, noting most regular users have tried at least once in the past, participants spoke of the difficulty managing nicotine withdrawal.
- In terms of the approaches used to quit vaping, many regular users explained they had initially tried to quit cold turkey, which was met with varying degrees of success.
- For future cessation attempts, most experimenters had the impression it would be easy for them to quit as they vape so rarely. Regular users were a little more split, though, with those who had tried before (cold turkey) tended to think it would be difficult and thought they may be more successful if they took a staged approach by reducing their nicotine levels incrementally or limiting the number of times in the day and amount (number of puffs) they vaped.

Communications testing

- The discussion then turned to participants’ recall and impressions of public awareness campaigns about vaping. The emphasis of the discussion was to gauge reactions to a variety of components of Health Canada’s Consider the Consequences campaign. Participants were shown three print products (some with a poster and mirror cling); four videos; and nine messages.
- With respect to any public awareness campaign about vaping prevention, the vast majority of participants offered that they would like to see more hard-hitting approaches where the health risks are featured graphically front and centre.

Print products

- Reaction to the print products was lukewarm.
- The element of the print products that was the most positively received was messaging that communicated about the health risks associated with vaping. These were understood, credible, and widely accepted.
- The message that vaping can cause lung damage and that metal particles can be found in vapes was the most persuasive as it confirmed one of their concerns about vaping, while the message that the long-term impacts of vaping are unknown was not received all that well as it implied that if the impacts are unknown, they cannot be that bad.
- In terms of the overall look and feel of the print products, most tended to feel they were not all that attention-grabbing or memorable. The look was described as out of date and typical.

Videos

- Reaction to the videos was much more positive and participants seemed to find an element within each video that was of merit.
- The video that seemed to be the most widely well received across all audiences, was the *Teen vaping and nicotine* video. It was described as engaging/captivating, interesting, and sufficiently detailed especially about the risks associated with vaping, including the emphasis on addiction.
- Reaction to the *Vaping: Asking why is important* video was a little more mixed. While they liked the dynamism, music and inspirational (empowerment) messaging, they felt the ad was a little short and disjointed.
 - A few regular users found the suggestion that one could not do all of the activities featured in the ad if someone were to vape to be off-putting and stigmatizing.
- With respect to the *Don't wait to quit smoking* video many participants liked the suggestion that there is always a better day to quit smoking and the emphasis on the impacts of smoking on one's life.
 - But, again, for regular users the suggestion that they would not be able to accomplish many of these life milestones was a little stigmatizing.
- With respect to *The mechanics of vaping* video, the most effective element of this approach was the serious tone conveyed by the music, narrator's voice, and sombre colours but most

were unclear about the point of the ad and did not come away feeling it was meant to deter vaping.

Messages

- Most of the messages were deemed to be credible.
- As with the videos, most participants appreciated at least one message or some of the words within each of the three messaging themes: empowerment; cessation; and addiction.
- Those who identified as male seemed to gravitate to empowerment messages, while those who identified as female seemed to gravitate to addiction messages.

Risks of nicotine, including nicotine pouches

- Several participants, and more often regular users of vaping products, had heard of nicotine pouches. Most referred to them by specific brand names and described them as a product category.
- In terms of their understanding of who uses nicotine pouches and for what purpose, there seemed to be some divergent views. Some suggested they were used by people who were trying to quit smoking. Others talked of them being used by younger people, including themselves, as a way to receive nicotine which they found helpful for when they wanted to be alert for an extended period of time.

Research firm: Earnscliffe Strategy Group (Earnscliffe)

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Political neutrality statement

I hereby certify as a representative of Earnscliffe Strategy Group that the final 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.

Signed:

Date: May 3, 2024



Stephanie Constable
Principal, Earnscliffe

Introduction

Earnscliffe Strategy Group (Earnscliffe) is pleased to present the following report to Health Canada summarizing the results of the quantitative, qualitative, and segmentation phases of this study on youth and young adult vaping behaviours.

Background and objectives

Recent evidence from the Canadian Student Tobacco, Alcohol and Drugs Survey 2021-22 (CSTADS 2021-22) and the Canadian Tobacco and Nicotine Survey (CTNS 2021) have yielded a variety of new insights on the behaviours and motivations of youth with regards to vaping. The data from CSTADS shows the rate of students grades 7-12 who have ever vaped, as well as those who have vaped in the past 30 days, has somewhat stabilized from 2018-19 to 2021-22. While too early to identify a new trend, in this survey cycle, students who identify as female reported both higher vaping and overall substance use in 2021-22, against historical trends.

The data from CTNS suggest that vaping among young people is motivated by peer influence, addiction, the availability of flavours, and for the purpose of stress management, with roughly 33% of youth aged 15-19 reporting that they are vaping to reduce stress.

Youth who vape are not a monolith and can be grouped by substance use behaviours: experimenters, regular users, and dual or polysubstance users. Data from various studies seem to suggest that these segments have distinct characteristics, reasons for e-cigarette use, and needs. For instance, experimenters seem to vape out of curiosity, whereas regular users seem to vape because they enjoy its effects (i.e., head rush, perceived stress relief, managing withdrawal symptoms), and dual/polysubstance users seem to vape as a way to cope with life and poor mental health. From this, we can make certain assumptions about the needs of these target audiences. For example, information about risks and avoiding peer pressure may be more relevant to experimenters than dual users. Dual users, for their part, would likely benefit from information on adaptive coping skills to manage or improve their mental health.

Health Canada is considering approaches to tailoring public education, campaign content, and resources towards different groups of youth that vape. In order to inform this thinking, Health Canada commissioned this public opinion research to update its existing information and to develop a segmentation to better understand the groupings of behaviours and opinions of Canadians aged 13–24-year-olds.

The overall objective of this study was to better understand the segmentations of Canadian youth and young adults aged 13-24 with regard to their psychographic traits, behaviour

characteristics, and their values, in order to ultimately better reach these audiences with messaging on making informed choices about vaping and how to quit. With this in mind, the results of this report will help better inform decisions on strategy, target audience(s), key messaging, and activities for future public awareness and education campaigns, including a focus on helping young Canadians quit vaping.

In addition to building on work done by Earncliffe in 2017-18, this project includes several novel research foci, including: polysubstance use; the relationship between vaping and mental health; dependence; teen and young adult values and behaviours; further segmentation of three vaping groups based on behaviour type (non-users, experimenters, and regular vapers); and the introduction of vaping cessation messaging.

These different research objectives were divided across the quantitative and qualitative phases of this project. Specifically, in the quantitative phase, the objectives were:

- To determine and validate Canadian youth and young adults' key drivers such as risk behaviours, motivations to engage, values, interests, lifestyle, media consumption, and influencers; and,
- To further segment the Canadian youth and young adult populations into distinct groups based on their psychographic and behaviours characteristics in a context of vaping, including their frequency of usage, polysubstance use, morals, values, belief systems, health, and their self-assessed mental health.

The specific objectives of the qualitative phase were:

- To collect rich and in-depth information to learn more about each target audience;
- To determine if potential public education messages are:
 - Clearly understood by the audiences;
 - Credible, relevant, and of value to the audiences;
 - Appealing and appropriate to the audiences;
 - Able to motivate the audiences to take intended actions; and,
- To validate potential public education strategies, concepts, and channels, including:
 - Creative branding for a young adult audience;
 - If and how influencers are relevant to these audiences; and,

- Social media channels, including digital and out-of-home tactics.

This research provides evidence-based data and insights to guide Health Canada’s future planning in these areas. The contract value for this project was \$249,836.84.

Methodology

To meet these objectives, Earnscliffe conducted a two-phased approach involving both quantitative and qualitative research.

The initial phase involved quantitative work involving an online survey of 6,103 Canadian residents aged 13 to 24 years old, with quotas set to ensure the sample is reflective of the distribution of the population based upon age, gender, and region, to align with the most recent Census information.

All interviews identified respondents as falling into one of three categories: regular vapers (i.e., those who have vaped multiple times in the past 30 days or more); experimental vapers (i.e., those who have vaped once in the last 30 days or less); and those who have never vaped. These were determined in consultation with Health Canada.

The estimated frequencies used to guide the design of this study can be found in the quantitative methodology in Appendix A. The final breakdown of each audience was as follows:

	Regular users	Experimenters	Non-users	Total
Youth 13-15 (n)	374	177	936	1527
Youth 16-18 (n)	258	217	846	1344
Young adults 19-24 (n)	1093	690	1368	3232
Total interviews	1725	1084	3150	6103

The quantitative field work was conducted from January 9th to January 28th, 2024. The survey was offered in English and in French. The average length of interview was 14 minutes.

Respondents for the online survey were selected from among those who have volunteered to participate in online surveys. The data for the general population sample was weighted to reflect the demographic composition of the Canadian population aged 13-24 by region, gender, and age. Because the online sample is based on those who initially self-selected for participation in the panel, no estimates of sampling error can be calculated, and the results cannot be described as statistically projectable to the target population. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Government of Canada Public Opinion Research - Online Surveys. Appendix A provides full details on the survey methodology and Appendix C provides the survey instrument used.

The second phase of this project was qualitative and involved a series of twelve online focus groups on March 25th and 26th, 2024. The groups were conducted with youth aged 13-18 and young adults aged 19-24. Three groups were conducted in each of the following regions: Atlantic Canada, Quebec, Ontario, and Western Canada. The groups with residents in Quebec were conducted in French; the others were conducted in English. Within each region, groups were divided by age and by reported vaping behaviours. The sessions were approximately 90 minutes in length.

Up to 10 participants were recruited for each group, with the goal that at least 8 be able to participate. In total, 95 people participated in the focus group discussions. Appendix B provides greater detail on how the groups were recruited, Appendix D provides the discussion guides used to facilitate the focus groups, and Appendix F provides the recruitment screener.

It is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

Detailed findings

Section A: Phase 1 frequencies and key significant differences

This first section presents the results of the survey broken into two sets of banner tables: vaping status across all ages (13-24) and vaping status by three age cohorts (13-15, 16-18, and 19-24). It presents the results of almost all the questions contained in the survey instrument, with the small exception of some of the psychographic tests which are instead taken up in the segmentation analysis section. After some initial demographic questions, the first set of questions pertained to self-reported use of various substances. Unless otherwise noted the data points and demographic differences highlighted in the body of this report are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test. Hyphens (-) indicate that there is no data for that particular cell in a table. While inferential statistics were used to support the identification of these differences, they only serve to highlight trends within the existing data set as they cannot be extrapolated to a broader audience.

Substance use and audience identification

In this first table, it breaks out the number of users by the frequency with which they report vaping nicotine (for this report, vaping here refers exclusively to vaping nicotine products unless otherwise stated).

Respondents who had never vaped were labelled as non-users; those who had vaped once in the past 30 days or less were labelled experimenters; and those who vaped more than once a month were labelled as regular vapers.

Table A1: Use of vaping products containing nicotine by vaping status

Q7b: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used vaping products containing nicotine.

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	53%	-	-	100%
Have done this but not in the past 30 days	13%	-	75%	-
Once in the past 30 days	5%	-	25%	-
Multiple times in the past 30 days	5%	20%	-	-
Once in the past week	6%	21%	-	-
Multiple times in the past week	8%	28%	-	-
Multiple times a day in the past week	9%	31%	-	-
DK / PNA	2%	-	-	-
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

The below table contains the breakdown by the various age cohorts mentioned above.

Table A2: Use of vaping products containing nicotine by age and vaping status

Q7b: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used vaping products containing nicotine.

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	65%	-	-	100%	63%	-	-	100%	42%	-	-	100%
Have done this but not in the past 30 days	7%	-	63%	-	12%	-	75%	-	17%	-	77%	-
Once in the past 30 days	4%	-	37%	-	4%	-	25%	-	5%	-	23%	-
Multiple times in the past 30 days	6%	26%	-	-	4%	24%	-	-	6%	17%	-	-
Once in the past week	5%	23%	-	-	3%	18%	-	-	7%	21%	-	-
Multiple times in the past week	7%	32%	-	-	5%	28%	-	-	9%	27%	-	-
Multiple times a day in the past week	4%	19%	-	-	6%	30%	-	-	12%	36%	-	-
DK / PNA	2%	-	-	-	2%	-	-	-	2%	-	-	-
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Respondents who identify as female (62%) are more likely to say they have never vaped compared to those who identify as male (45%).
- Respondents who live in Ontario (56%) and Quebec (54%) are more likely to say they have never vaped compared to those in who reside in British Columbia (47%).
- Respondents in Alberta (13%) are more likely to say they vaped multiple times a day in the past week compared to other regions (7-10%).
- Non-Indigenous respondents (59%) are more likely to say that they have never vaped compared to those who identify as Indigenous (24%).
- Those who do not identify as part of the LGBTQ2IA+ community (59%) are more likely to say they have never tried vaping compared to those who do (48%).

The remainder of the variables in this particular question pertained to other substances, again here broken out by vaping status to see whether certain substance use behaviours correlate. This table suggests that those inclined to try vaping are also more inclined to try smoking as well. Nine-in-ten (87%) non-vapers, for example, also say that they have never smoked a cigarette.

An initial hypothesis that vaping is seen as a pathway to quitting smoking – which might partially explain the overlap – is explored in more detail later in the report.

Table A3: Frequency of smoking cigarettes by vaping status

Q7a: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Smoked cigarettes.

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	57%	14%	40%	87%
Have done this but not in the past 30 days	12%	16%	31%	4%
Once in the past 30 days	4%	9%	7%	1%
Multiple times in the past 30 days	4%	10%	4%	1%
Once in the past week	6%	15%	6%	1%
Multiple times in the past week	7%	19%	4%	2%
Multiple times a day in the past week	7%	17%	5%	3%
DK / PNA	2%	1%	2%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

If you combine the responses of those who say that they have smoked a cigarette more than once in the past 30 days – that is, the same frequency as regular vapers – there are some interesting dynamics which emerge by age. While a higher overall percentage of those aged 19-24 report being regular smokers (29%), among those who are also regular vapers those aged 13-15 are the most likely to report regularly smoking cigarettes at 69% saying so (this compared with 50% of regular vapers aged 16-18 and 61% of those aged 19-24).

Table A4: Frequency of smoking cigarettes by age and vaping status

Q7a: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Smoked cigarettes.

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	67%	12%	45%	91%	66%	22%	40%	87%	49%	12%	39%	84%
Have done this but not in the past 30 days	6%	10%	21%	3%	12%	18%	35%	4%	15%	17%	33%	5%
Once in the past 30 days	4%	9%	9%	1%	3%	9%	7%	1%	5%	9%	7%	1%
Multiple times in the past 30 days	5%	16%	5%	1%	3%	9%	6%	1%	4%	8%	3%	1%
Once in the past week	6%	17%	9%	1%	4%	12%	6%	1%	7%	15%	5%	2%
Multiple times in the past week	6%	21%	6%	1%	6%	19%	2%	3%	8%	19%	3%	2%
Multiple times a day in the past week	4%	15%	2%	1%	4%	10%	2%	3%	10%	19%	7%	5%
DK / PNA	2%	1%	2%	1%	2%	1%	2%	1%	2%	1%	3%	1%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Respondents who identify as female (71%) are more likely to say they have never smoked cigarettes compared to those who identify as male (44%).
- Respondents who live in Quebec (64%) are more likely to say they have never smoked cigarettes compared to those who reside in British Columbia (48%).
- Respondents in Alberta (12%) are more likely to say they smoked cigarettes multiple times a day in the past week compared to other regions (4-9%).

- Non-Indigenous respondents (66%) are more likely to say that they have never smoked cigarettes compared to those who identify as Indigenous (16%).
- Those who identify as a visible minority (59%) are less likely to say that they have never smoked cigarettes compared to the rest of the population (66%).

When asked about the usage of any cannabis products containing THC in any form, a similar trend to smoking cigarettes is noted. Specifically, the higher frequency you report vaping, the more likely you are to also use cannabis products with a related frequency.

Table A5 : Cannabis usage by vaping status

Q7c: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used cannabis containing THC in any form.

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	53%	14%	24%	83%
Have done this but not in the past 30 days	14%	14%	35%	8%
Once in the past 30 days	6%	9%	13%	3%
Multiple times in the past 30 days	5%	11%	8%	1%
Once in the past week	7%	17%	7%	2%
Multiple times in the past week	7%	21%	5%	1%
Multiple times a day in the past week	5%	14%	6%	1%
DK / PNA	2%	1%	2%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

At one third (32%) reporting taking cannabis products more than once in the past 30 days, those aged 19-24 are the most likely to qualify as regular cannabis users. For comparison, 19% of those aged 13-15 and 16% of those aged 16-18 say the same. Unlike smoking cigarettes, however, the number who are regular cannabis users and regular vapers remains relatively steady across all age tranches (with all falling into the 58-62% range).

Table A6: Cannabis usage by age and vaping status

Q7c: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used cannabis containing THC in any form.

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	68%	14%	38%	93%	64%	14%	30%	88%	40%	14%	18%	72%
Have done this but not in the past 30 days	7%	12%	24%	3%	12%	14%	33%	6%	19%	14%	39%	14%
Once in the past 30 days	4%	10%	12%	1%	7%	12%	16%	3%	7%	8%	11%	4%
Multiple times in the past 30 days	5%	14%	11%	1%	4%	12%	9%	1%	6%	9%	7%	2%
Once in the past week	6%	17%	8%	1%	4%	14%	5%	1%	9%	18%	8%	3%
Multiple times in the past week	5%	20%	3%	1%	4%	18%	4%	0%	9%	21%	6%	2%
Multiple times a day in the past week	3%	11%	3%	0%	3%	13%	1%	1%	7%	14%	8%	2%
DK / PNA	1%	1%	1%	0%	2%	2%	3%	1%	2%	1%	2%	1%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Non-Indigenous respondents (60%) are more likely to say that they have never taken THC compared to those who identify as Indigenous (27%).
- Those who identify as a visible minority (53%) are less likely to say that they have never used cannabis containing THC in any form compared to those who do not identify as being from a visible minority (60%).

- Those who do not identify as part of the LGBTQ2IA+ community (60%) are more likely to say they have never taken THC compared to those who identify as part of the LGBTQ2IA+ community (38%).
- Those who are non-users of cigarettes (77%) are more likely to say that they've never taken THC compared to those who have experimented (20%) or are regular cigarette smokers (20%)
- Those who say that vaping nicotine is harmful (57%) are more likely to say that they have never taken THC.

Alcohol appears to be by far the most prevalent substance used by all respondents aged 13-24, with only a quarter (26%) saying that they had never drank an alcoholic beverage. There still appears to be the relationship between non-usage whereby those who say they do not vape are also far more likely to say they have never consumed an alcoholic beverage before (at 44% saying so) than experimenters or regular vapers, albeit to a lesser extent than on other substances tested.

Table A7 : Alcohol consumption by vaping status

Q7d: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Drank an alcoholic beverage.

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	26%	4%	8%	44%
Have done this but not in the past 30 days	16%	8%	20%	19%
Once in the past 30 days	14%	11%	18%	14%
Multiple times in the past 30 days	13%	16%	20%	9%
Once in the past week	14%	23%	18%	8%
Multiple times in the past week	12%	26%	12%	5%
Multiple times a day in the past week	5%	13%	2%	1%
DK / PNA	2%	1%	1%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

In the 13-15 age bracket, almost half (47%) report having never had an alcoholic beverage. By 16-18, this number has fallen to a third (31%), before ultimately falling to only 13% of those aged 19-24 who say they have never drank an alcoholic beverage.

Across all age brackets, regular vapers are significantly more likely to report being a regular drinker than those who have only experimented with vaping or who have never vaped. This is most stark among 13-15-year-olds at 71% of regular vapers also being regular drinkers compared with 8% of non-vapers who say the same. This relationship decreases in intensity as respondents get older with 81% of regular vapers aged 19-24 qualifying as regular drinkers compared with 37% of non-vapers of the same age who also report being regular drinkers.

It is possible that alcohol consumption expands from being concentrated in more risk-prone groups among youth and becomes more prevalent across social groups among young adults.

Table A8 : Alcohol consumption by age and vaping status

Q7d: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Drank an alcoholic beverage.

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	47%	6%	21%	67%	31%	4%	7%	45%	13%	3%	5%	26%
Have done this but not in the past 30 days	15%	10%	25%	14%	19%	8%	23%	22%	15%	7%	17%	21%
Once in the past 30 days	12%	12%	18%	11%	18%	18%	23%	16%	13%	8%	17%	16%
Multiple times in the past 30 days	7%	17%	18%	2%	11%	19%	20%	7%	16%	15%	21%	15%
Once in the past week	8%	20%	9%	3%	11%	27%	16%	6%	17%	23%	20%	12%
Multiple times in the past week	7%	23%	6%	2%	6%	20%	7%	2%	17%	28%	16%	8%
Multiple times a day in the past week	3%	12%	1%	0%	2%	4%	-	1%	7%	15%	2%	2%
DK / PNA	1%	1%	1%	1%	2%	-	2%	1%	2%	1%	1%	1%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Respondents who identify as male are more likely to drink alcohol on a regular basis (multiple times a week (16%) and multiple times a day in a week (7%)) than females (at 8% and 2% respectively).
- Respondents in Alberta are more likely to say they have drunk multiple times in the past week (15%), or multiple times a day in the past week (8%), compared to other regions.

- Non-Indigenous respondents (30%) are more likely to say that they have never drank alcohol than those who identify as Indigenous (10%).
- Those who do not identify as part of the LGBTQ2IA+ community (30%) are more likely to say they have never drank alcohol compared to those who do (14%).

A quarter (25%) of respondents aged 13-24 say they have used pain relievers or opioids to get high at least once. As noted with other substances, regular vapers are more likely to have used pain relievers to get high, and to have done so with greater frequency, than experimenters or non-users. At 69% saying they have never done this, those aged 19-24 are the most likely to have at least tried using pain relievers to get high at least once (this compared with 77% of those aged 13-15 and 85% of those aged 16-18 who say they have never done this).

Table A9 : Opioid use by vaping status

Q7e: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used pain relievers (opioids) such as oxycodone or fentanyl to get high (this would include drugs such as oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®).

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	75%	45%	72%	93%
Have done this but not in the past 30 days	6%	9%	9%	3%
Once in the past 30 days	3%	7%	5%	1%
Multiple times in the past 30 days	4%	8%	4%	1%
Once in the past week	4%	12%	3%	1%
Multiple times in the past week	3%	10%	2%	1%
Multiple times a day in the past week	2%	7%	2%	-
DK / PNA	3%	3%	4%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

The same relationship between vaping and substance use mentioned above also holds true across the individual age brackets.

Table A10 : Opioid use by age and vaping status

Q7e: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used pain relievers (opioids) such as oxycodone or fentanyl to get high (this would include drugs such as oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®).

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	77%	39%	62%	94%	85%	55%	80%	96%	69%	44%	71%	89%
Have done this but not in the past 30 days	4%	9%	5%	2%	3%	7%	6%	2%	8%	10%	11%	4%
Once in the past 30 days	4%	9%	9%	1%	3%	8%	4%	1%	4%	6%	4%	1%
Multiple times in the past 30 days	3%	8%	6%	1%	2%	7%	5%	-	4%	8%	3%	2%
Once in the past week	4%	14%	9%	-	2%	10%	-	-	5%	12%	3%	1%
Multiple times in the past week	3%	11%	4%	-	1%	4%	-	-	4%	11%	2%	1%
Multiple times a day in the past week	2%	7%	1%	-	1%	5%	2%	-	3%	7%	2%	-
DK / PNA	2%	3%	3%	1%	3%	4%	2%	1%	3%	2%	4%	2%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Respondents who identify as female (86%) are more likely to say they have never used opioids compared to those who identify as male (64%).
- Non-Indigenous respondents (83%) are more likely to say that they have never used opioids than those who identify as Indigenous (39%).
- Those who say that vaping nicotine is harmful (79%) are more likely to say that they have never used opioids.

When it comes to illegal drug use the data tracks fairly closely with the above tables on using pain relievers and opioids to get high with one quarter (25%) of all respondents saying that they have tried them at some point. Regular vapers are also most likely to be regular users of illegal drugs.

Table A11 : Illegal drug use by vaping status

Q7f: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used illegal drugs and other psychoactive substances (ecstasy or MDMA, magic mushrooms, cocaine, bath salts, methamphetamines (meth), glue/gas, etc.).

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Have never done this	75%	45%	69%	95%
Have done this but not in the past 30 days	7%	12%	14%	2%
Once in the past 30 days	3%	6%	5%	1%
Multiple times in the past 30 days	3%	8%	4%	0%
Once in the past week	4%	10%	3%	0%
Multiple times in the past week	3%	10%	2%	0%
Multiple times a day in the past week	2%	7%	0%	0%
DK / PNA	2%	3%	2%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

As noted with many of the other substances, those aged 19-24 are more likely to have tried illegal drugs regardless of vaping status than their younger counterparts.

Table A12 : Illegal drug use by age and vaping status

Q7f: The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. Used illegal drugs and other psychoactive substances (ecstasy or MDMA, magic mushrooms, cocaine, bath salts, methamphetamines (meth), glue/gas, etc.).

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Have never done this	79%	42%	65%	96%	83%	47%	73%	97%	70%	45%	69%	92%
Have done this but not in the past 30 days	4%	9%	8%	1%	6%	15%	12%	1%	10%	12%	17%	4%
Once in the past 30 days	2%	5%	8%	-	3%	10%	5%	1%	3%	6%	4%	1%
Multiple times in the past 30 days	3%	9%	9%	-	2%	6%	3%	-	4%	7%	4%	1%
Once in the past week	4%	13%	6%	1%	2%	6%	2%	-	4%	10%	3%	1%
Multiple times in the past week	3%	10%	2%	1%	2%	8%	1%	-	4%	10%	2%	1%
Multiple times a day in the past week	2%	8%	-	-	1%	6%	-	-	2%	7%	1%	-
DK / PNA	2%	3%	1%	1%	2%	3%	4%	-	3%	2%	2%	1%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	332	168	974	1448	266	239	918	3144	1059	676	1331

Other statistically significant results:

- Respondents who identify as female (85%) are more likely to say they have never used illegal drugs and other psychoactive substances compared to those who identify as male (67%).
- Respondents in Alberta (5%) and in Quebec (4%) are more likely to say they have used illegal drugs and other psychoactive substances multiple times in the past week.

- Non-Indigenous respondents (2%) are less likely to say that they have used illegal drugs and other psychoactive substances multiple times in the past week than those who identify as Indigenous (9%).
- Respondents who say that vaping nicotine is not at all harmful (8%) are more likely to say that they have used illegal drugs and other psychoactive substances multiple times within the past week.

After this battery of questions of which substances respondents have tried, a series of follow-up questions were asked to further understand their behaviour and use of the substances targeted in this study – cigarettes and vaped nicotine – so that the relationship between them could be expanded upon.

Among those respondents who have smoked a cigarette, the age of first trying appears fairly static across vaping status when looked at the aggregate responses of all those aged 13-24.

Table A13: Age of first experience with smoking cigarettes by vaping status

Q8: How old were you the first time you ever tried smoking cigarettes?

Base: Those who have smoked cigarettes at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
<9	2%	2%	2%	2%
10-14	30%	30%	31%	31%
15-19	43%	44%	46%	43%
20-24	10%	11%	9%	8%
DK / PNA	16%	13%	13%	16%
<i>Unweighted</i>	2724	1504	657	449
<i>Weighted</i>	2612	1432	646	426

Among the 13-15 and 16-18 age brackets, regular vapers are more likely to have tried smoking a cigarette at a younger age than experimenters or non-users. This relationship breaks down in the 19-24 cohort, however.

Table A14: Age of first experience with smoking cigarettes by age and vaping status

Q8: How old were you the first time you ever tried smoking cigarettes?

Base: Those who have smoked cigarettes at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
<9	5%	4%	9%	3%	1%	1%	1%	1%	1%	2%	1%	1%
10-14	70%	76%	67%	61%	40%	45%	39%	39%	14%	12%	19%	14%
15-19	6%	5%	6%	11%	41%	37%	48%	45%	56%	58%	54%	56%
20-24	-	-	-	-	-	-	-	-	15%	16%	14%	16%
DK / PNA	19%	15%	18%	24%	17%	17%	11%	15%	14%	12%	12%	13%
<i>Unweighted</i>	576	338	107	99	479	204	132	124	1669	962	418	226
<i>Weighted</i>	506	294	92	91	490	208	144	118	1616	929	410	217

Roughly equal portions of all respondents aged 13-24 who smoke cigarettes have tried to quit smoking and were successful (34%), have tried to quit and were unsuccessful (32%), or have never tried to quit (29%). At almost half (47%) saying so, experimenters are the most likely to have successfully quit.

Table A15: Attempts at quitting smoking by vaping status

Q9: Have you ever tried to quit smoking cigarettes?

Base: Those who have smoked cigarettes at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes, I have tried to quit smoking and was successful	34%	29%	47%	32%
Yes, I have tried to quit smoking and was unsuccessful	32%	37%	23%	28%
No, I have never tried to quit smoking	29%	31%	25%	32%
DK / PNA	5%	3%	5%	8%
<i>Unweighted</i>	2724	1504	657	449
<i>Weighted</i>	2612	1432	646	426

In all age brackets, regular vapers who also smoke cigarettes are the least likely to say that they have tried to quit cigarettes and were successful. By contrast, experimenters among the 16-18 and 19-24 brackets are significantly more likely than both regular vapers and non-vapers to report having successfully quit smoking (at 48% and 52% saying so respectively).

Table A16: Attempts at quitting smoking by age and vaping status

Q9: Have you ever tried to quit smoking cigarettes?

Base: Those who have smoked cigarettes at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes, I have tried to quit smoking and was successful	24%	22%	27%	28%	32%	23%	48%	33%	37%	33%	52%	34%
Yes, I have tried to quit smoking and was unsuccessful	41%	43%	44%	32%	28%	35%	22%	24%	30%	36%	19%	28%
No, I have never tried to quit smoking	29%	34%	20%	30%	32%	35%	28%	35%	28%	29%	24%	31%
DK / PNA	5%	1%	8%	10%	7%	6%	2%	8%	5%	3%	5%	8%
<i>Unweighted</i>	576	338	107	99	479	204	132	124	1669	962	418	226
<i>Weighted</i>	506	294	92	91	490	208	144	118	1616	929	410	217

Other statistically significant results:

- Male respondents are more likely to say they have tried to quit smoking (68%) but are more likely to say they were not successful in so doing (37%). Female respondents are significantly more likely to be successful at quitting smoking (41%).
- Respondents in Ontario (31%), Alberta (32%), and British Columbia (32%), are more likely to say they have not tried to quit smoking. Respondents from Quebec are also more likely to say they were successful (44%) in quitting smoking compared to any other region.

- Indigenous respondents are more likely to say that they have tried to quit smoking (75%) than those who do not identify as Indigenous (61%). Half (50%) of Indigenous respondents say they were not successful in quitting.
- Those who have experimented with smoking cigarettes (53%) are more likely to say that they were successful in quitting compared to those who are regular smokers (22%).

When asked specifically about the tools used to attempt to quit smoking cigarettes, more respondents said they had tried to quit by vaping with nicotine (with 47% saying so). At 56%, regular vapers are the most likely to report having tried vaping with nicotine to quit smoking.

While three-in-ten (30%) of those who currently qualify as non-vapers report also having tried vaping to quit smoking cigarettes, they were more likely have tried a nicotine replacement therapy (44%) or some other way to quit smoking (38%).

Table A17: Tools for quitting smoking by vaping status

Q10: Which of the following, if any, have you done in the past year. Please select all that apply.

Base: Those who have smoked cigarettes at least once and who have tried quitting

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Tried vaping with nicotine to quit smoking	47%	56%	38%	30%
Tried a nicotine replacement therapy to quit smoking (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.)	44%	50%	31%	44%
Tried some other way to quit smoking (e.g. counselling or participated in a quit)	29%	28%	26%	38%
Have not tried to quit smoking in the past year	12%	7%	22%	13%
DK / PNA	3%	2%	5%	8%
<i>Unweighted</i>	1796	1007	462	269
<i>Weighted</i>	1716	953	457	265

Regular vapers across all age brackets are the most likely to have tried vaping nicotine as a way to quit smoking cigarettes. That being said, when looked at by totals for each age group (i.e., not by vaping status), trying a nicotine replacement therapy to quit smoking is chosen by more respondents aged 13-15 (61%) and those aged 16-18 (45%) than vaping with nicotine. It is possible that this is related to the desire to hiding vaping among younger users – a question which is explored in greater detail below.

Table A18: Tools for quitting smoking by age and vaping status

Q10: Which of the following, if any, have you done in the past year. Please select all that apply.

Base: Those who have smoked cigarettes at least once and who have tried quitting

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Tried vaping with nicotine to quit smoking	49%	56%	43%	35%	42%	49%	37%	37%	48%	58%	37%	25%
Tried a nicotine replacement therapy to quit smoking (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.)	61%	66%	56%	46%	45%	58%	28%	42%	39%	44%	26%	45%
Tried some other way to quit smoking (e.g. counselling or participated in a quit)	34%	33%	30%	38%	34%	35%	28%	44%	26%	24%	24%	35%
Have not tried to quit smoking in the past year	6%	5%	7%	8%	12%	8%	20%	9%	13%	7%	25%	17%
DK / PNA	3%	1%	4%	11%	5%	3%	4%	10%	3%	2%	5%	6%
Unweighted	389	230	76*	60*	289	119	93	70*	1118	658	293	139
Weighted	331	192	66*	55*	297	122	102	67*	1087	638	289	133

*Small sample size, please interpret results with caution.

Other statistically significant results:

- Male respondents are more likely to say that they have tried a nicotine replacement to quit smoking (90%) than others.

- Respondents in Quebec (75%) are less likely to say they have tried a nicotine replacement to quit smoking, while respondents in British Columbia (91%) are the most likely to say so.
- Indigenous respondents are more likely to say that they have tried a nicotine replacement therapy to quit smoking (96%) than those who do not identify as Indigenous (78%).
- Respondents who identify as being from a visible minority are more likely to say they tried a nicotine replacement to quit smoking (90%) than their counterparts (78%).
- Those who are regular smokers of cigarettes (95%) are more likely to say that they have tried a nicotine replacement to quit smoking compared to those who have only experimented (72%).
- Those who say that vaping nicotine is a little harmful (90%) or not all harmful (91%) are more likely to say that they have tried to quit smoking using a nicotine replacement. Those who mention that vaping is a little harmful (56%) are more likely to have tried vaping to quit smoking than those who say that vaping is harmful (45%) or not at all harmful (44%).

The next set of questions moves away from experience with smoking cigarettes and focuses instead on those who vape with nicotine. The first asked about the age at which respondents who vape with nicotine first tried it. Compared with smoking cigarettes, respondents are slightly more likely to report their first experience with vaping nicotine to be later in life. That being said, a majority of those who have vaped with nicotine appear to be doing so prior to the age at which they would legally be allowed to purchase such products.

Table A19: Age of first experience with vaping by vaping status

Q11: How old were you the first time you ever tried vaping?

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
<9	1%	1%	1%	-
10-14	25%	26%	25%	-
15-19	47%	46%	53%	-
20-24	13%	14%	11%	-
DK / PNA	14%	13%	10%	-
<i>Unweighted</i>	2953	1725	1084	-
<i>Weighted</i>	2879	1658	1084	-

Other significance:

- Respondents in British Columbia (8%), Saskatchewan and Manitoba (7%), and Ontario (6%), are more likely to say they have started vaping as young as the age of 12.

Outside of the very few aged 13-15 who report first vaping before the age of 10 (2%), no one in the other age brackets report starting that young.

Table A20: Age of first experience with vaping by age and vaping status

Q11: How old were you the first time you ever tried vaping?

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
<9	2%	2%	3%	-	0%	0%	0%	-	0%	0%	0%	-
10-14	74%	77%	72%	-	33%	39%	28%	-	9%	7%	12%	-
15-19	8%	7%	11%	-	52%	46%	63%	-	57%	58%	60%	-
20-24	0%	0%	0%	-	0%	0%	0%	-	20%	22%	18%	-
DK / PNA	16%	14%	14%	-	15%	15%	9%	-	14%	12%	10%	-
<i>Unweighted</i>	591	374	177	0	498	258	217	0	1864	1093	690	0
<i>Weighted</i>	536	333	169	0	530	266	240	0	1813	1059	676	0

The top reasons that both regular vapers and experimenters say that they first started vaping is because their friends were or because they were curious. Regular vapers are slightly more likely to say that they like the flavours and smell (31%) or that it looked fun and exciting (29%). For their part, experimenters are more likely to say that they first tried it because it was offered to them (36%) – this combined with half (50%) of experimenters who say that it was because their friends were vaping suggests that peer pressure is a strong catalyst for vaping.

Roughly similar numbers say that they did not think they could get addicted (13%), that it is not harmful like smoking (12%), or that they started to quit smoking cigarettes (11%).

Table A21: Main reasons for trying vaping by vaping status

Q12: What were the main reasons you tried vaping nicotine for the first time? Please select up to 3 reasons.

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
My friends were vaping	43%	40%	50%	-
I was curious	39%	34%	47%	-
It was offered to me	30%	26%	36%	-
I liked the flavours and smell	27%	31%	23%	-
It looked fun and exciting	25%	29%	22%	-
Didn't think I could get addicted	13%	16%	8%	-
It's not harmful like smoking cigarettes	12%	15%	7%	-
To quit or reduce my use of cigarettes	11%	14%	7%	-
My siblings vape	9%	10%	7%	-
My parent(s)/guardian(s) vape	7%	9%	3%	-
I can't recall	1%	1%	1%	-
Other (SPECIFY)	-	-	1%	-
DK / PNA	2%	1%	1%	-
<i>Unweighted</i>	2953	1725	1084	-
<i>Weighted</i>	2879	1658	1084	-

The main reason reported by respondents across all age cohorts for why they started vaping is because their friends were, although in each age bracket experimenters are more likely to cite this as a factor than regular vapers. Beyond friends, it is interesting to note that the presence of other figures who vape appears to influence younger vapers. For example, those who vape in the 13-15 age range are the most likely to say that one of the main reasons why they started was because siblings (14%) or parents or guardians (12%) also vape – a correlation which declines as respondents age.

Table A22: Main reasons for trying vaping by age and vaping status

Q12: What were the main reasons you tried vaping nicotine for the first time? Please select up to 3 reasons.

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
My friends were vaping	41%	40%	45%	-	46%	46%	50%	-	42%	38%	51%	-
I was curious	34%	31%	42%	-	43%	38%	52%	-	38%	33%	47%	-
It was offered to me	24%	23%	28%	-	29%	27%	34%	-	31%	27%	39%	-
I liked the flavours and smell	23%	27%	17%	-	24%	29%	20%	-	29%	33%	25%	-
It looked fun and exciting	26%	31%	20%	-	25%	29%	22%	-	25%	28%	22%	-
Didn't think I could get addicted	15%	17%	10%	-	12%	17%	7%	-	13%	16%	8%	-
It's not harmful like smoking cigarettes	14%	15%	14%	-	10%	13%	8%	-	12%	16%	5%	-
To quit or reduce my use of cigarettes	11%	10%	8%	-	7%	10%	4%	-	13%	17%	8%	-
My siblings vape	14%	15%	13%	-	8%	11%	5%	-	8%	8%	6%	-
My parent(s)/guardian(s) vape	12%	14%	7%	-	7%	11%	3%	-	5%	7%	2%	-
I can't recall	-	-	-	-	1%	1%	-	-	1%	1%	1%	-
Other (SPECIFY)	-	-	-	-	-	1%	-	-	1%	-	1%	-
DK / PNA	1%	-	-	-	4%	1%	1%	-	2%	1%	1%	-
<i>Unweighted</i>	591	374	177	0	498	258	217	0	1864	1093	690	0
<i>Weighted</i>	536	333	169	-	530	266	240	-	1813	1059	676	0

Other statistically significant results:

- Male respondents (15%) are more likely to say that vaping is not as harmful as smoking cigarettes compared to female respondents (6%).
- Male respondents (36%) are less likely to say that they started vaping because their friends were vaping compared to female respondents (52%) and those who identify as another gender (64%).
- Respondents in Manitoba and Saskatchewan (52%) are more likely to say that they started vaping because their friends were vaping, while respondents in British Columbia (12%) are more likely to say they started vaping because of exposure through their parent or guardian.
- Indigenous respondents (31%) are less likely to say they started vaping because their friends were vaping than those who do not identify as Indigenous (49%).
- Indigenous respondents (20%) are also more likely to say that they used vaping to quit or reduce the use of cigarettes than those who do not identify as Indigenous (9%).
- Those who say that vaping nicotine is harmful are more likely to say that they have tried vaping because they were curious (41%).

In line with what was noted above about the presence of friends who vape being the initial catalyst for starting, over half (52%) of respondents report that they vape when they are around friends who do so. Roughly the same number say that it is a coping mechanism for stress (41%), a way to deal with boredom (37%), and as something to do at parties or the bar (37%). Fewer report doing it with friends who do not vape (22%) or when they are alone (19%).

Table A23: Situations in which vaping occurs by vaping status

Q13: In which of the following situations do you vape?

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
When I'm around friends who vape	52%	53%	58%	-
When I'm stressed out	41%	46%	21%	-
When I'm bored	37%	41%	22%	-
When I'm at a party or bar	37%	39%	36%	-
When I am home	24%	27%	10%	-
When I am with friends who don't vape	22%	23%	14%	-
When I am alone	19%	22%	9%	-
Other (SPECIFY)	1%	1%	1%	-
None / Don't vape	1%	-	1%	-
DK / PNA	2%	1%	2%	-
<i>Unweighted</i>	2152	1725	283	0
<i>Weighted</i>	2070	1658	275	0

Regular vapers across all age brackets are significantly more likely to say that they vape when they are stressed out or bored. Among those aged 13-15 and 16-18, regular vapers are more likely than experimenters to say they vape at a party or at the bar. This reverses with those aged 19-24 with experimenters (46%) being more likely than regular vapers (40%) to say they do so.

Table A24: Situations in which vaping occurs by age and vaping status

Q13: In which of the following situations do you vape?

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
When I'm around friends who vape	52%	56%	47%	-	56%	59%	60%	-	51%	51%	61%	-
When I'm stressed out	37%	39%	29%	-	39%	47%	17%	-	43%	48%	19%	-
When I'm bored	38%	41%	28%	-	35%	40%	19%	-	38%	42%	21%	-
When I'm at a party or bar	31%	35%	18%	-	35%	39%	27%	-	40%	40%	46%	-
When I am home	15%	16%	11%	-	27%	33%	8%	-	26%	29%	11%	-
When I am with friends who don't vape	24%	25%	21%	-	23%	26%	11%	-	21%	22%	13%	-
When I am alone	15%	17%	9%	-	23%	28%	9%	-	20%	22%	9%	-
Other (SPECIFY)	-	1%	-	-	1%	1%	1%	-	1%	1%	1%	-
None / Don't vape	-	-	-	-	1%	-	2%	-	1%	-	1%	-
DK / PNA	2%	-	3%	-	4%	1%	2%	-	2%	1%	1%	-
Unweighted	483	374	69*	0	337	258	56	0	1332	1093	158	0
Weighted	429	333	62*	-	351	266	61	0	1290	1059	153	0

*Small sample size, please interpret results with caution.

Other statistically significant results:

- Female respondents are more likely to say that they vape around friends who vape (66%), at parties or bars (40%), and when alone (26%), compared to male respondents. Male respondents are more likely to say that they vape around friends who do not do so (23%).
- Respondents in Manitoba and Saskatchewan (62%) are more likely to say they vape around friends who vape than other regions.
- Indigenous respondents (38%) are less likely to say they vape around friends who vape than those who do not identify as Indigenous (63%). By contrast, Indigenous respondents (31%) are more likely to vape around friends who do not vape.
- LGBTQ2IA+ respondents are more likely to vape when they are stressed (51%) than those who do not identify as part of the community (42%).
- Those who say vaping nicotine is a little harmful (44%) are more likely to vape when bored compared to those who say it is harmful (36%) or not at all harmful (32%).

As suggested above in the initial battery of questions about substance use, those who vape regularly are more likely to also use other substances. This question explicitly asks if other substances are used at the same time, even if only rarely, as a respondent is vaping. In line with what was found above about the prevalence of alcohol consumption among youth and young adults, it is the most likely to be chosen as something consumed at the same time as someone who is vaping (at 58%). This is followed by roughly equal numbers who say they use cannabis in any form (39%) and smoke a cigarette (35%). On smoking cigarettes, this is the only substance which, at this aggregate level, there is a distinction between regular vapers (38%) and experimenters (22%).

Table A25: Polysubstance use by vaping status

Q14: Please indicate which of the following, if any, you also do at times when you are vaping, even if it is only rare that you do so.

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Drink an alcoholic beverage	58%	61%	55%	-
Use cannabis in any form (smoked, vaped, edible, etc.)	39%	40%	37%	-
Smoke a cigarette	35%	38%	22%	-
Use opioids (pain relievers such as fentanyl, oxycodone, Percocet, etc.)	12%	12%	10%	-
Use illegal drugs (ecstasy or MDMA, magic mushrooms, cocaine, etc.)	5%	5%	5%	-
DK / PNA	8%	5%	12%	-
<i>Unweighted</i>	2152	1725	283	0
<i>Weighted</i>	2070	1658	275	0

As noted above, regular vapers are more likely to smoke a cigarette than experimenters across every age bracket. And, although the sample sizes are small and the results must be interpreted with caution, among those 13-15 years old regular vapers are also more likely to use cannabis at the same time as they vape than experimenters.

Table A26: Polysubstance use by age and vaping status

Q14: Please indicate which of the following, if any, you also do at times when you are vaping, even if it is only rare that you do so.

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Drink an alcoholic beverage	50%	55%	42%	-	49%	53%	46%	-	63%	65%	65%	-
Use cannabis in any form (smoked, vaped, edible, etc.)	44%	46%	34%	-	43%	45%	42%	-	36%	37%	35%	-
Smoke a cigarette	39%	43%	23%	-	34%	36%	28%	-	33%	36%	19%	-
Use opioids (pain relievers such as fentanyl, oxycodone, Percocet, etc.)	17%	15%	18%	-	9%	10%	9%	-	11%	12%	8%	-
Use illegal drugs (ecstasy or MDMA, magic mushrooms, cocaine, etc.)	5%	6%	1%	-	5%	5%	5%	-	5%	5%	6%	-
DK / PNA	10%	5%	26%	-	11%	7%	7%	-	6%	4%	9%	-
Unweighted	483	374	69*	0	337	258	56*	0	1332	1093	158	0
Weighted	429	333	62*	-	351	266	61*	-	1290	1059	153	0

*Small sample size, please interpret results with caution.

Other statistically significant results:

- Female respondents are more likely to say that they vape and drink alcohol (65%), compared to male respondents (55%). Male respondents, for their part, are more likely to vape while smoking cigarettes (39%) or using opioids (16%).

- Respondents in Manitoba and Saskatchewan (69%) are more likely to say they vape while drinking alcohol whereas those in Atlantic Canada (46%) are more likely to vape while smoking cigarettes.
- While Indigenous respondents (45%) are less likely to vape while drinking alcohol than non-Indigenous respondents (69%), they are more likely to vape while consuming cannabis (42%), smoking cigarettes (45%), or using opioids (22%).
- Members of the LGBTQ2IA+ community are more likely to vape while consuming cannabis (62%), using opioids (14%), or using illegal drugs (10%).

The same number of those who have ever vaped nicotine say that they have tried to quit and were successful (34%) as those who said the same of smoking cigarettes (34%). Slightly fewer say they have been unsuccessful with quitting vaping than smoking cigarettes (28% versus 32%) whereas more say that they have not tried to quit vaping than smoking (34% versus 29%).

Table A27: Attempts at quitting vaping by vaping status

Q15: Have you ever tried to quit vaping?

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes, I have tried to quit vaping and was successful	34%	20%	56%	-
Yes, I have tried to quit vaping and was unsuccessful	28%	38%	12%	-
No, I have never tried to quit vaping	34%	40%	28%	-
DK / PNA	4%	2%	4%	-
<i>Unweighted</i>	2152	1725	283	0
<i>Weighted</i>	2070	1658	275	0

Across all age brackets, experimenters report being far more likely to have quit vaping successfully than regular vapers who, for their part, are more likely to say that they have never tried to quit.

Table A28: Attempts at quitting vaping by age and vaping status

Q15: Have you ever tried to quit vaping?

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes, I have tried to quit vaping and was successful	26%	19%	40%	-	35%	18%	55%	-	36%	21%	60%	-
Yes, I have tried to quit vaping and was unsuccessful	35%	40%	25%	-	24%	37%	11%	-	26%	37%	10%	-
No, I have never tried to quit vaping	35%	40%	29%	-	35%	43%	30%	-	34%	40%	26%	-
DK / PNA	4%	2%	6%	-	6%	3%	4%	-	4%	2%	3%	-
Unweighted	483	374	69*	0	337	258	56*	0	1332	1093	158	0
Weighted	429	333	62*	-	351	266	61*	-	1290	1059	153	0

**Small sample size, please interpret results with caution.*

Other statistically significant results:

- Female identified respondents are more likely to say that they have successfully quit vaping (40%) than to male identified ones (30%).
- Respondents in Quebec (40%) are the most likely to say they have successfully quit vaping compared to other regions. By contrast, those in British Columbia (34%) are the most likely to say they were not successful in quitting vaping.
- At 70%, Indigenous respondents are more likely to say that they have tried quitting (compared with 59% of those who do not identify as Indigenous), they are less likely to be successful with 44% saying they did not successfully quit (this compared with 20% of non-Indigenous respondents).

- Those who say that vaping nicotine is harmful (66%) are more likely to say that they have tried to quit vaping than those who say that it is a little (54%) or not at all harmful (56%).
- Those who say that vaping nicotine is harmful (38%) are more likely to say that they have successfully quit vaping than those who say it's a little harmful (25%) and not at all harmful (21%).

At just over half (54%) saying so, regular vapers are significantly more likely to try a nicotine replacement therapy for quitting vaping than experimenters. And despite being more likely in the last question to say that they have never tried to quit vaping, regular vapers are less likely in this question than experimenters to say that they have not tried to quit in the last year.

Table A29: Tools for quitting vaping by vaping status

Q16: Which of the following, if any, have you done in the past year. Please select all that apply.

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Tried a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.) in an attempt to quit	42%	54%	24%	-
Tried some other way to quit vaping	50%	53%	48%	-
Have not tried to quit vaping in the past year	16%	9%	26%	-
DK / PNA	5%	2%	10%	-
<i>Unweighted</i>	1834	1004	750	0
<i>Weighted</i>	1773	956	744	0

Respondents aged 13-15 – both regular vapers and experimenters – are more likely to say (at 67% and 43% respectively) that they have tried a nicotine replacement therapy than their older counterparts who are more likely to say that they have not tried to quit vaping in the past year (at 17-18% saying so).

Table A30: Tools for quitting vaping by age and vaping status

Q16: Which of the following, if any, have you done in the past year. Please select all that apply.

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Tried a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.) in an attempt to quit	59%	67%	43%		36%	52%	21%		38%	51%	21%	
Tried some other way to quit vaping	52%	51%	56%		52%	55%	47%		50%	53%	46%	
Have not tried to quit vaping in the past year	8%	6%	12%		17%	8%	26%		18%	9%	29%	
DK / PNA	3%	2%	7%		9%	1%	16%		5%	2%	9%	
<i>Unweighted</i>	375	229	119	0	296	142	144	0	1163	633	487	0
<i>Weighted</i>	327	196	109	0	313	145	159	0	1133	615	477	0

Other statistically significant results:

- Indigenous respondents (65%) are more likely to say that they have tried to quit vaping using nicotine replacement therapies than non-Indigenous respondents (30%).
- Respondents who identify as a visible minority (47%) are more likely to try to quit vaping using nicotine replacement therapies than those who do not (30%).

- Those who say that vaping nicotine is not at all harmful (67%) are more likely to try to quit vaping using nicotine replacement therapies than those who say it is a little harmful (51%) or harmful (37%).
- Those who say that vaping nicotine is harmful (18%) are more likely to say that they have not tried to quit vaping within the past year than those who say it’s a little harmful (12%) and not at all harmful (5%).

When asked if they would take a nicotine replacement therapy, overall respondents who vape are evenly divided between those who say it is not likely or that they definitely would not (49%) and those who say they likely or definitely would (43%). When looked at by vaping status, however, experimenters are far more likely to say that they definitely would not or that is not likely (61% versus 42% of regular vapers) – perhaps due to a sense among experimenters that it would be easy enough to quit, something discussed in more detail in the focus group findings.

Table A31: Likelihood of trying a nicotine replacement therapy by vaping status

Q17: And looking ahead, how likely do you think it is that you will try or try again each of the following in an effort to quit vaping? Using a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.).

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Definitely not	23%	15%	35%	-
Not likely	26%	27%	26%	-
Likely	30%	37%	20%	-
Definitely will	12%	15%	8%	-
DK / PNA	9%	5%	11%	-
<i>Unweighted</i>	2953	1725	1084	0
<i>Weighted</i>	2879	1658	1084	0

Younger (13-15) experimenters are more likely to be open to trying a nicotine replacement therapy than older ones, although they remain less likely than regular vapers of the same age to say so.

Table A32: Likelihood of trying a nicotine replacement therapy by age and vaping status

Q17: And looking ahead, how likely do you think it is that you will try or try again each of the following in an effort to quit vaping?

Using a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.).

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Definitely not	18%	16%	24%	-	23%	17%	30%	-	24%	15%	40%	-
Not likely	27%	27%	26%	-	27%	27%	29%	-	26%	27%	25%	-
Likely	31%	33%	26%	-	28%	35%	21%	-	31%	39%	19%	-
Definitely will	15%	17%	13%	-	10%	14%	7%	-	12%	15%	7%	-
DK / PNA	9%	7%	10%	-	12%	7%	14%	-	8%	4%	10%	-
<i>Unweighted</i>	591	374	177	0	498	258	217	0	1864	1093	690	0
<i>Weighted</i>	536	333	169	0	530	266	240	0	1813	1059	676	0

Other statistically significant results:

- Respondents from Quebec (60%) are definitely not, or not likely, to try quitting using nicotine substitutes, whereas those from Alberta are more likely to try using nicotine substitutes to try quitting vaping (52%).
- Regular cigarette smokers are more likely to try to quit vaping using nicotine substitutes (57%) than those who experiment with smoking cigarettes (35%) and those who do not smoke cigarettes (26%).

Respondents who say vaping nicotine is harmful (52%) are definitely not or not likely to try quitting using nicotine substitutes. When asked about quitting vaping by some other means, experimenters are again more likely to say that they are not likely or definitely not going to try (40% compared to 33% of regular vapers). When looked at with the above results, this suggests that it is not so much the means of trying to quit so much as the act of quitting itself with experimenters perhaps being less inclined either to think that they need help to quit or even agree with the concept that the frequency with which they vape warrants quitting.

Table A33: Likelihood of trying other means of quitting vaping by vaping status

Q17: And looking ahead, how likely do you think it is that you will try or try again each of the following in an effort to quit vaping?

Trying some other way to quit vaping.

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Definitely not	16%	10%	25%	-
Not likely	20%	23%	16%	-
Likely	33%	38%	26%	-
Definitely will	21%	22%	19%	-
DK / PNA	10%	6%	14%	-
<i>Unweighted</i>	2953	1725	1084	0
<i>Weighted</i>	2879	1658	1084	0

Experimenters aged 13-15 exhibit the reverse trend of those aged 16-18 and 19-24 by being slightly more likely to say that they likely, or definitely, will try quitting vaping by some others means (54% versus 49%) than regular vapers. Experimenters in the other age cohorts are instead significantly more likely than regular vapers to say that they definitely will not try quitting vaping by some other means.

Table A34: Likelihood of trying other means of quitting vaping and vaping status

Q17: And looking ahead, how likely do you think it is that you will try or try again each of the following in an effort to quit vaping?

Trying some other way to quit vaping.

Base: Those who have tried vaping nicotine at least once and who have tried to quit

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Definitely not	13%	13%	13%		17%	11%	23%		17%	9%	28%	
Not likely	23%	28%	16%		20%	21%	18%		19%	22%	15%	
Likely	31%	32%	28%		33%	40%	26%		34%	40%	26%	
Definitely will	20%	17%	25%		17%	20%	16%		22%	24%	19%	
DK / PNA	13%	10%	17%		13%	7%	17%		9%	5%	13%	
<i>Unweighted</i>	591	374	177	0	498	258	217	0	1864	1093	690	0
<i>Weighted</i>	536	333	169	0	530	266	240	0	1813	1059	676	0

Other statistically significant results:

- Male respondents (57%) are more likely to say they will try quitting some way other than using a nicotine substitute.
- At 60% saying so, regular cigarette smokers are more likely to say they will try to quit using some means other than a nicotine substitute.

Vapers were then asked if they had ever hidden the fact that they were vaping, with two-in-five (44%) overall reporting that they had. Slightly more experimenters say that they have hidden their vaping than regular vapers (50% versus 44%).

Table A35: Frequency of hiding vaping by vaping status

Q18: Do you ever hide the fact that you are vaping?

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes	44%	44%	50%	-
No	51%	53%	45%	-
DK / PNA	5%	3%	5%	-
<i>Unweighted</i>	2152	1725	283	0

<i>Weighted</i>	2070	1658	275	0
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Perhaps reflective of the legal age required to vape, that many respondents would still be living with parents, or the fear of judgement at school, vapers and experimenters aged 13-15 (55%) are more likely to report concealing their vaping than those aged 16-18 (49%) or 19-24 (38%).

Table A36: Frequency of hiding vaping by age and vaping status

Q18: Do you ever hide the fact that you are vaping?

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes	55%	54%	72%	-	49%	50%	55%	-	38%	39%	39%	-
No	41%	45%	25%	-	43%	46%	37%	-	57%	58%	56%	-
DK / PNA	4%	1%	4%	-	8%	4%	8%	-	4%	3%	5%	-
<i>Unweighted</i>	483	374	69*	0	337	258	56*	0	1332	1093	158	0
<i>Weighted</i>	429	333	62*	0	351	266	61*	0	1290	1059	153	0

**Small sample size, please interpret results with caution.*

Other statistically significant results:

- Female identifying respondents (53%) are more likely to hide the fact that they are vaping than males identifying ones (40%).
- Respondents in Alberta (57%) are more likely to not hide the fact they are vaping compared to those from other regions.

Regardless of whether they are regular vapers or experimenters, at the aggregate level those who vape are more likely to say that they are hiding their vaping from family (74%) than anyone else. Roughly similar amounts say they are hiding their vaping from people at work (31%), friends (30%), and people at school (29%), with fewer feeling the need to hide vaping from strangers (14%).

Table A37: Who vaping is hidden from by vaping status

Q19: From whom do you hide the fact that you are vaping?

Base: Those who have tried vaping nicotine at least once

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Family	74%	75%	71%	-
People at work	31%	32%	30%	-
Friends	30%	29%	32%	-
People at school	29%	31%	25%	-
Strangers	14%	16%	7%	-
Partner/Spouse	1%	0%	1%	-
Others (SPECIFY)	0%	0%	0%	-
DK / PNA	0%	0%	0%	-
<i>Unweighted</i>	931	745	140	0
<i>Weighted</i>	905	728	136	0

Interestingly, family remains by and away the most cited response regardless of age when asked about from whom respondents are hiding their vaping from. Respondents aged 19-24 appear to be more prone to hiding their vaping from people at work (40%) and strangers (18%) than younger respondents who vape.

Table A38: Who vaping is hidden from by age and vaping status

Q19: From whom do you hide the fact that you are vaping?

Base: Those who have tried vaping nicotine at least once

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Family	73%	77%	73%	-	83%	84%	76%	-	71%	71%	68%	-
People at work	21%	19%	18%	-	22%	19%	34%	-	40%	42%	36%	-
Friends	28%	28%	29%	-	26%	26%	28%	-	32%	31%	37%	-
People at school	33%	34%	20%	-	33%	37%	20%	-	27%	27%	31%	-
Strangers	8%	9%	3%	-	11%	12%	6%	-	18%	20%	10%	-
Partner/Spouse	0%	0%	0%	-	0%	0%	0%	-	1%	1%	2%	-
Others (SPECIFY)	0%	0%	0%	-	0%	0%	0%	-	0%	0%	0%	-
DK / PNA	0%	0%	0%	-	1%	1%	0%	-	0%	0%	0%	-
<i>Unweighted</i>	261	195	48*	0	166	128	31*	0	504	422	61*	0
<i>Weighted</i>	238	179	44*	0	174	134	33*	0	494	415	59*	0

**Small sample size, please interpret results with caution.*

Other statistically significant results:

- Female respondents are more likely to hide their vaping from their family (86%) and people at work (36%).
- Respondents in British Columbia (41%) are more likely to hide their vaping from people at work than respondents from any other region.
- Respondents in Atlantic Canada (45%) are more likely to hide their vaping from their friends than any other region.
- Indigenous respondents are more likely to hide their vaping from their friends (45%) and people at work (38%) than those who do not identify as Indigenous.
- Regular cigarette smokers respondents are more likely to say that they hide their vaping from their friends (36%).

The next set of questions were asked to non-vapers, with the first asking if they had ever been offered the opportunity to try vaping. At an aggregate level of those aged 13-24, half (51%) say they had.

Table A39: Offers to try vaping by vaping status
Q20: Has anyone ever offered you the chance to try vaping?
Base: Those who have never tried vaping nicotine

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes	51%	-	-	51%
No	47%	-	-	47%
DK / PNA	2%	-	-	2%
<i>Unweighted</i>	3150	0	0	3150
<i>Weighted</i>	3224	0	0	3224

Those aged 13-15 report slightly lower rates of being offered the chance to try vaping (44%) than those aged 16-18 (54%) or 19-24 (54%).

Table A40: Offers to try vaping by age and vaping status
Q20: Has anyone ever offered you the chance to try vaping?
Base: Those who have never tried vaping nicotine

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes	44%	-	-	44%	54%	-	-	54%	54%	-	-	54%
No	54%	-	-	54%	45%	-	-	45%	44%	-	-	44%
DK / PNA	2%	-	-	2%	2%	-	-	2%	2%	-	-	2%
<i>Unweighted</i>	936	0	0	936	846	0	0	846	1368	0	0	1368
<i>Weighted</i>	974	0	0	974	919	0	0	919	1331	0	0	1331

In line with what might be expected based off the data presented above about friends who vape being a primary vector by which those who now vape were first introduced to it, non-vapers report the same with three quarters (75%) saying that friends were the source of the offer to try vaping. This followed by people at school (40%).

Table 41: Source of offer to try vaping by vaping status

Q21: From whom have you ever been offered the chance to vape?

Base: Those who have never tried vaping nicotine

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Friends	75%	-	-	75%
People at school	40%	-	-	40%
People at work	8%	-	-	8%
Strangers	7%	-	-	7%
Family	6%	-	-	6%
Others (SPECIFY)	0%	-	-	0%
DK / PNA	1%	-	-	1%
<i>Unweighted</i>	1605	0	0	1605
<i>Weighted</i>	1643	0	0	1643

Friends remain the most important point of contact for opportunities to vape across all age cohorts surveyed. While this might be expected as older respondents would have had more opportunities to be offered the chance to vape or to connect with people who do, it is notable that by the age of 19-24 four-in-five (81%) of respondents have been offered the opportunity to vape by their friends.

Table A42: Source of offer to try vaping by age and vaping status

Q21: From whom have you ever been offered the chance to vape?

Base: Those who have never tried vaping nicotine

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Friends	66%	-	-	66%	75%	-	-	75%	81%	-	-	81%
People at school	49%	-	-	49%	44%	-	-	44%	33%	-	-	33%
People at work	4%	-	-	4%	5%	-	-	5%	14%	-	-	14%
Strangers	3%	-	-	3%	5%	-	-	5%	10%	-	-	10%
Family	4%	-	-	4%	4%	-	-	4%	10%	-	-	10%
Others (SPECIFY)	0%	-	-	0%	0%	-	-	0%	0%	-	-	0%
DK / PNA	1%	-	-	1%	0%	-	-	0%	1%	-	-	1%
<i>Unweighted</i>	413	0	0	413	451	0	0	451	741	0	0	741
<i>Weighted</i>	431	0	0	431	492	0	0	492	720	0	0	720

Other statistically significant results:

- Female respondents (78%) are more likely to say that friends offered them the opportunity to try vaping.
- Respondents in British Columbia (62%) are less likely to say that friends offered them the chance to vape than respondents from any other region.
- Indigenous respondents (23%) are more likely to say that their family offered them the chance to vape than non-Indigenous respondents (5%).
- Respondents who are regular cigarette smokers are more likely to say they were offered a chance to vape by people at work (27%) and their family (26%).

Psychographic profiling

This next section gets into some of the psychographic variables through which the segmentation analysis – the results of which are presented in Section B – was built. As mentioned at the top, some of the questions are omitted from this section as they are treated in the following section. For full breakdowns of each question, please see the data tables provided under separate cover.

The first question presents a number of statements linked to different behaviour profiles. The numbers shown are the combined responses of all those who either strongly agreed, or agreed, with each statement.

It is noteworthy that the top five statements, all of which could be broadly categorized as behaviours designed to fit into societal norms, see significantly more non-vapers than regular vapers agreeing with them. Experimenters, here, align much more closely with non-vapers and we see significant differences begin to emerge between vaping frequencies.

As suggested in some of the questions surrounding substance use in the previous section, regular vapers are far more likely to agree with statements that position themselves as being surrounded by others who drink alcohol (63%) or who use cannabis products (49%) than experimenters or non-vapers. They are furthermore, much more likely to see themselves as experience seeking (49%), trendy (46%), and rebellious (41%) than experimenters or non-vapers. When examined by these metrics, experimenters align more closely with vapers than non-vapers.

Table A43: Agreement with various statements by vaping status [% who agree or strongly agree]

Q22: To what extent do you agree or disagree with the following statements?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Getting good grades is important to me	75%	62%	76%	83%
A post-secondary education is important	73%	62%	73%	80%
I try to live a healthy lifestyle	69%	57%	70%	77%
Looking after the environment is important to me	68%	62%	69%	73%
I follow the rules almost all the time	67%	53%	64%	76%
I have friends in my life who are older than me	66%	66%	72%	66%
I usually try to avoid things that have health risks associated with them	65%	47%	60%	76%
Being accepted by my peers is important to me	62%	59%	66%	64%
I listen to what my parents tell me to do	61%	49%	57%	70%

Developing my own style of art/music/dance is important to me	54%	55%	55%	54%
It is important to follow what’s going on in government and public affairs	51%	51%	54%	50%
Most of my friends drink alcohol	51%	63%	68%	39%
I strive to follow the traditions and customs handed down to be me from my family or religion	48%	48%	45%	50%
I would describe myself as brand-conscious	43%	52%	44%	39%
I am usually the first among my friends to try new things	33%	49%	35%	24%
Most of my friends use cannabis	30%	49%	41%	18%
I am usually the first among my friends to have the latest technology or gadget	30%	45%	30%	23%
I am usually the first among my friends to wear the latest fashion trend	30%	46%	31%	21%
I frequently attend religious services	28%	33%	21%	28%
I am rebellious and like to test boundaries	27%	41%	32%	18%
I regularly skip/skipped classes in school	20%	33%	24%	12%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

The same directional trends noted above appear to carry across ages, albeit with some minor variation in the degree of agreement.

Table A44: Agreement with various statements by age and vaping status [% who agree or strongly agree]

Q22: To what extent do you agree or disagree with the following statements?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Getting good grades is important to me	74%	51%	63%	86%	79%	64%	74%	85%	74%	66%	79%	80%
A post-secondary education is important	75%	58%	65%	84%	76%	60%	74%	82%	71%	64%	75%	76%
I try to live a healthy lifestyle	69%	50%	66%	77%	71%	55%	69%	76%	69%	60%	71%	76%
Looking after the environment is important to me	66%	56%	57%	72%	67%	56%	67%	71%	70%	65%	73%	75%

I follow the rules almost all the time	69%	49%	56%	80%	71%	53%	64%	78%	64%	55%	66%	73%
I have friends in my life who are older than me	60%	64%	59%	59%	64%	62%	69%	64%	71%	68%	75%	72%
I usually try to avoid things that have health risks associated with them	66%	42%	57%	77%	69%	42%	61%	80%	62%	49%	61%	74%
Being accepted by my peers is important to me	67%	58%	63%	73%	66%	61%	74%	65%	58%	58%	63%	56%
I listen to what my parents tell me to do	66%	43%	59%	75%	66%	47%	62%	74%	57%	52%	55%	64%
Developing my own style of art/music/dance is important to me	57%	53%	57%	59%	55%	50%	56%	56%	52%	57%	54%	50%
It is important to follow what's going on in government and public affairs	39%	38%	39%	39%	50%	45%	50%	52%	57%	57%	59%	58%
Most of my friends drink alcohol	29%	58%	50%	16%	46%	64%	64%	37%	63%	64%	74%	58%
I strive to follow the traditions and customs handed down to be me from my family or religion	52%	46%	48%	55%	50%	44%	48%	52%	46%	50%	42%	45%
I would describe myself	46%	54%	50%	44%	45%	54%	48%	42%	41%	51%	41%	33%

as brand-conscious												
I am usually the first among my friends to try new things	31%	54%	38%	22%	27%	39%	32%	22%	36%	50%	34%	26%
Most of my friends use cannabis	20%	45%	36%	9%	26%	53%	36%	15%	37%	49%	44%	26%
I am usually the first among my friends to have the latest technology or gadget	32%	45%	44%	25%	27%	40%	29%	23%	31%	47%	26%	21%
I am usually the first among my friends to wear the latest fashion trend	29%	42%	44%	23%	27%	46%	31%	21%	31%	47%	28%	20%
I frequently attend religious services	27%	33%	32%	24%	26%	28%	15%	28%	29%	34%	20%	30%
I am rebellious and like to test boundaries	26%	49%	38%	16%	24%	42%	25%	18%	29%	39%	33%	19%
I regularly skip/skipped classes in school	16%	35%	22%	8%	18%	35%	21%	11%	23%	32%	25%	15%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3114	1059	676	1331

Other statistically significant results:

- Female respondents are more likely to agree with the statements “a post-secondary education is important” (80%) and “I try to live a healthy lifestyle” (75%).

- Male respondents are more likely to say they agree with the statements “I strive to follow the traditions and customs handed down to be me from my family or religion” (50%), “I would describe myself as brand-conscious” (47%), and “I am usually the first among my friends to try new things” (39%).
- Indigenous respondents are more likely to say they agree with the statements “I am usually the first among my friends to try new things” (41%), “most of my friends use cannabis” (39%), “I am usually the first among my friends to have the latest technology or gadget” (39%), “I am usually the first among my friends to wear the latest fashion trend” (39%), “I frequently attend religious services” (34%), and “I regularly skip/skipped classes in school” (33%).
- LGBTQ2IA+ respondents are more likely to say they agree with the statements “looking after the environment is important to me” (79%), “developing my own style of art/music/dance is important to me” (63%), “it is important to follow what’s going on in government and public affairs” (59%), and “most of my friends drink alcohol” (64%).
- Regular smokers are more likely to say they agree with the statement “I am rebellious and like to test boundaries” (41%), while experimenters are more likely to say they agree with the statement “I have friends in my life who are older than me” (72%).

This statement bank seeks to get at some of the same behavior profiles as the above question, but this time with more action-oriented statements. Again, non-vapers and experimenters are significantly more likely to agree that they would prefer to explore new places with planned routes and timetables than regular vapers.

Apart from this, however, regular vapers and experimenters are significantly more likely to agree with every other statement than non-vapers.

Table A45: Mental Health by Vaping status [% who agree or strongly agree]

Q23: To what extent do you agree or disagree with the following statements?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Would like to explore new places with planned routes and timetables	67%	60%	68%	71%
Would like to take off on a trip with no pre-planned routes or timetables	47%	54%	53%	42%
Get restless when I spend too much time at home	45%	50%	52%	41%
Would like to try bungee-jumping or sky-diving	44%	50%	51%	39%
Like new and exciting experiences, even if I have to break the rules	37%	53%	45%	26%
Like wild parties	30%	49%	39%	18%
Like to do things that frighten me	28%	38%	33%	21%
Prefer friends who are unpredictable	24%	39%	26%	16%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

Echoing what was mentioned above, regular vapers and experimenters are significantly more likely agree with all of the statements – with the exception of the first – than non-vapers.

Table A46: Mental Health by age and vaping status [% who agree or strongly agree]

Q23: To what extent do you agree or disagree with the following statements?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Would like to explore new places with planned routes and timetables	64%	53%	65%	68%	68%	59%	65%	72%	67%	62%	70%	72%
Would like to take off on a trip with no pre-planned routes or timetables	45%	53%	61%	39%	45%	52%	55%	42%	49%	55%	51%	44%
Get restless when I spend too much time at home	40%	50%	50%	35%	42%	55%	47%	38%	48%	50%	53%	46%
Would like to try bungee-jumping or sky-diving	38%	47%	46%	33%	40%	44%	55%	34%	49%	52%	51%	46%
Like new and exciting experiences, even if I have to break the rules	33%	54%	49%	22%	33%	55%	38%	25%	41%	52%	47%	30%
Like wild parties	26%	53%	41%	14%	25%	47%	36%	17%	35%	49%	40%	21%
Like to do things that frighten me	23%	41%	31%	15%	23%	33%	31%	18%	32%	38%	35%	27%
Prefer friends who are unpredictable	23%	43%	35%	13%	18%	30%	21%	13%	28%	40%	25%	20%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3114	1059	676	1331

Other statistically significant results:

- Male respondents (35%) are more likely to agree they like wild parties than female respondents (25%).
- Indigenous respondents are more likely to agree with the statements “I like new and exciting experiences, even if I have to break the rules” (43%), “I like wild parties” (40%), and “I like to try things that frighten me” (37%).
- LGBTQ2IA+ respondents are more likely to agree with the statements “I get restless when I spend too much time at home” (53%), “I like new and exciting experiences, even if I have to break the rules” (41%), and “I like to try things that frighten me” (30%).
- Regular smokers are more likely to agree with these statements “I like wild parties” (49%), “I like to try things that frighten me” (40%), and “I prefer friends who are unpredictable” (41%).
- Those who say that vaping is harmful are more likely to agree with the statement “I would like to explore new places with planned routes and timetables” (69%) than those who say vaping is a little harmful (63%) and not at all harmful (53%).

When looked at across all ages, non-vapers are significantly more likely to say they are somewhat or very satisfied (75%) with their lives than experimenters (65%) or regular vapers (63%). The inverse is also true, with regular vapers (22%) and experimenters (19%) being significantly more likely to say that they are somewhat or very dissatisfied than non-vapers (11%).

Table A47: Life satisfaction by vaping status

Q24: How satisfied would you say you are with your life right now?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Very satisfied	26%	29%	19%	28%
Somewhat satisfied	43%	34%	46%	46%
Neither satisfied nor dissatisfied	14%	14%	15%	13%
Somewhat dissatisfied	11%	16%	14%	8%
Very dissatisfied	4%	7%	5%	3%
DK / PNA	1%	1%	1%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

While non-vapers are the most likely to say that they are very satisfied in the 13-15 (35%) and 16-18 (30%) age brackets, interestingly regular vapers are the most likely to say the same at 31% in the 19-24 age range.

Table A48: Life satisfaction by age and vaping status
Q24: How satisfied would you say you are with your life right now?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Very satisfied	32%	29%	25%	35%	27%	21%	21%	30%	24%	31%	17%	22%
Somewhat satisfied	44%	36%	51%	45%	48%	45%	48%	49%	40%	31%	44%	45%
Neither satisfied nor dissatisfied	12%	11%	12%	11%	12%	14%	17%	10%	16%	14%	16%	17%
Somewhat dissatisfied	8%	14%	10%	5%	8%	13%	9%	7%	14%	17%	17%	11%
Very dissatisfied	4%	8%	2%	2%	3%	6%	4%	3%	5%	6%	6%	4%
DK/NR	1%	1%	0%	1%	1%	1%	1%	1%	1%	1%	1%	2%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3114	1059	676	1331

Other statistically significant results:

- While the sample sizes are small and must be interpreted with caution, it is worth noting that respondents who identify (32%) as another gender are more likely say they are dissatisfied with their life than female (14%) or male respondents (16%).
- Respondents in British Columbia (21%) are more likely to say they are dissatisfied with their life than those in any other region.
- Indigenous respondents (22%), those who identify as a visible minority (20%), and members of the LBGTQ2IA+ community (28%) are more likely to say they are dissatisfied with their lives compared to those who are not from these groups (12%).
- Non-cigarette smokers (74%) are more likely to say they are satisfied with their lives than those who are experimental cigarette smokers (62%) or regular smokers (63%).

In contrast with the data on life satisfaction where non-vapers scored the highest, when asked about overall mental health regular vapers are more likely to say that it is either excellent or very good (43%) than non-vapers (39%) or experimenters (31%). At one third (34%), experimenters are the most likely to rate their mental health as fair or poor.

Table A49: Mental health by vaping status
Q25: How would you rate your overall mental health?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Excellent	13%	16%	9%	13%
Very good	26%	27%	22%	27%
Good	32%	27%	34%	34%
Fair	20%	20%	23%	19%
Poor	8%	10%	11%	6%
DK / PNA	1%	1%	1%	1%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

Broken out by age, there appears to be a steady decline in the number of respondents saying that their mental health is either excellent or very good with age. From half (49%) of those aged 13-15 saying so, this declines to two-in-five (41%) of 16-18-year-olds

saying the same and only one third (33%) of those aged 19-24. There are some variations, however, by vaping status within these overall numbers.

Table A50: Mental health by age and vaping status

Q25: How would you rate your overall mental health?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Excellent	16%	19%	13%	16%	13%	13%	13%	14%	11%	16%	6%	10%
Very good	33%	34%	30%	33%	28%	25%	27%	29%	22%	26%	18%	20%
Good	33%	26%	43%	34%	33%	33%	29%	34%	31%	25%	34%	33%
Fair	13%	15%	11%	13%	18%	18%	20%	17%	24%	22%	26%	25%
Poor	4%	6%	2%	3%	7%	9%	11%	5%	11%	10%	13%	9%
DK / PNA	1%	0%	0%	1%	1%	2%	1%	1%	2%	1%	1%	2%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3114	1059	676	1331

Other statistically significant results:

- While the sample sizes are small, those who identify as another gender other than male or female (69%) are more likely to say they have fair or poor mental health, while those who identify as male (48%) are more likely to say they have excellent or very good mental health.
- Indigenous respondents (52%) are more likely to say that they have good mental health.
- Respondents who identify as a visible minority (33%) and as LBGTQ2IA+ (59%) are more likely to say that they have fair or poor mental health.
- Respondents who are regular smokers (49%) are more likely to say that they have excellent or very good mental health, while those who experiment with smoking (37%) are more likely to say that they have fair or poor mental health.

Overall, two-in-five (39%) respondents report having issues with work or school in the last four weeks due to their mental health or emotional state. Experimenters, who were mentioned above as being the most likely to rate their mental health poorly, are in turn the most likely to say that it is having an impact on them with half (48%) saying so.

Table A51: Problems with school due to mental health by vaping status

Q26: During the past 4 weeks, have you had any problems with school, your work or daily life due to your mental health or emotional challenges like feeling depressed, sad, overwhelmed, unmotivated or anxious?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes	39%	42%	48%	35%
No	55%	54%	47%	58%
DK / PNA	6%	5%	4%	7%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

Paralleling what was noted in the previous question, there appears to be a degradation of mental health as a respondent ages with those aged 19-24 being more likely to say that their work or school have been impacted by their emotional state than their younger counterparts.

That being said, regular vapers who are 13-15 and 16-18-years-old are more likely to report disruptions than non-vapers. The inverse is true, however, of those aged 19-24, where regular vapers are the least likely to report problems with school or work as the result of mental health.

Table A52: Problems with school due to mental health by age and vaping status

Q26: During the past 4 weeks, have you had any problems with school, your work or daily life due to your mental health or emotional challenges like feeling depressed, sad, overwhelmed, unmotivated or anxious?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes	31%	44%	36%	25%	36%	46%	45%	32%	45%	40%	53%	45%
No	63%	52%	60%	68%	57%	49%	49%	62%	50%	55%	44%	49%
DK / PNA	6%	4%	4%	7%	7%	6%	6%	7%	5%	5%	4%	6%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3114	1059	676	1331

Other statistically significant results:

- Those who identify as another gender (74%) are more likely to say that they had problems with school, work, or daily life, due to their mental health or emotional challenges like feeling depressed, sad, overwhelmed, unmotivated, or anxious, within the past four weeks.
- Respondents in Quebec (61%) and Alberta (60%) are more likely to say that they did not have any disruptions in the last four weeks due to their mental health.
- Indigenous respondents (46%), those who identify as being from a visible minority (44%), and those part of the LBGTQ2IA+ community (69%) are more likely to say they had problems in the past four weeks due to their mental health.
- Respondents who have experimented with smoking cigarettes (49%) are more likely to say they had problems with school, work, or daily life, due to their mental health or emotional challenges like feeling depressed, sad, overwhelmed, unmotivated, or anxious, within the past four weeks.

At three in-five (57%) saying so, regular vapers are by far the most likely to report using substances such as cannabis, alcohol, opioids, or other illegal drugs to cope with poor mental or emotional health in the past four weeks.

Table A53: Substance use to cope with poor mental health by vaping status

Q27: Have you been using substances (cannabis, alcohol, opioids, other illegal drugs) to cope with poor mental health or emotional challenges (feeling depressed, sad, overwhelmed, unmotivated or anxious) that you have been experiencing in the past 4 weeks?

Base: Those who have experienced poor mental health or emotional challenges in the past four weeks

	Respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Yes	30%	57%	34%	11%
No	67%	39%	63%	87%
DK / PNA	3%	4%	3%	2%
<i>Unweighted</i>	2924	879	628	1343
<i>Weighted</i>	2939	863	627	1379

Regular vapers are the most likely to report using other substances to cope with poor mental or emotional health across all age brackets. While the rate of regular vapers who report using other substances to cope varies by age range (from 72% among 13-15-year-olds to 53% among those aged 19-24), the proportion of non-users who say the same remains relatively static at 8-14% by comparison.

Table A54: Substance use to cope with poor mental health by age and vaping status

Q27: Have you been using substances (cannabis, alcohol, opioids, other illegal drugs) to cope with poor mental health or emotional challenges (feeling depressed, sad, overwhelmed, unmotivated or anxious) that you have been experiencing in the past 4 weeks?

Base: Those who have experienced poor mental health or emotional challenges in the past four weeks

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Yes	34%	72%	54%	8%	23%	57%	24%	9%	32%	53%	34%	14%
No	63%	26%	43%	90%	74%	38%	72%	90%	65%	42%	63%	84%
DK / PNA	2%	2%	3%	2%	3%	6%	4%	2%	3%	4%	2%	2%
<i>Unweighted</i>	549	183	76*	270	576	139	117	309	1799	557	435	764
<i>Weighted</i>	552	170	68*	296	628	146	130	340	1759	547	428	742

**Small sample size, please interpret results with caution.*

Other statistically significant results:

- Male respondents (40%) are more likely to say that they have used substances to cope with poor mental health or emotional challenges in the last four weeks.
- Indigenous respondents (56%) and LGBTQ2IA+ respondents (34%) are more likely to say that they have used substances to cope with poor mental health or emotional challenges over the last four weeks.
- Regular smokers (61%) are more likely to use substances to cope with poor mental health or emotional challenges they have been experiencing in the past 4 weeks.

Respondents over the age of 15 were then asked about the cost of living and their personal financial situation. Of note, those who regularly vape are significantly more likely to say that they are financially secure (at 22%) than experimenters (12%) and non-vapers (14%).

Table A55: Financial situation by vaping status

Q28: Thinking about the cost of living and your personal financial situation, are you currently...?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Financially secure	16%	22%	12%	14%
Getting ahead, with some savings	26%	25%	26%	28%
Just getting by, with no savings	30%	26%	33%	31%
Falling behind on your monthly expenses	9%	12%	8%	8%
Struggling	13%	13%	17%	11%
DK / PNA	5%	2%	4%	8%
<i>Unweighted</i>	3536	1139	747	1564
<i>Weighted</i>	3489	1113	742	1551

This aggregate picture is nuanced when broken down by age range. Among those who are 16-18 years old, half (51%) of regular vapers say they are just getting by, with no savings. This compared with a quarter (25%) of regular vapers aged 19-24 who say the same. Instead, regular vapers aged 19-24 self-assess as the most financially secure of their age cohort, with a quarter (23%) saying they are financially secure – this compared with 12% for experimenters and 13% for non-vapers who say the same.

Table A56: Financial situation by age and vaping status

Q28: Thinking about the cost of living and your personal financial situation, are you currently...?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Financially secure	-	-	-	-	15%	2%	16%	18%	16%	23%	12%	13%
Getting ahead, with some savings	-	-	-	-	27%	18%	33%	28%	26%	25%	26%	28%
Just getting by, with no savings	-	-	-	-	28%	51%	26%	24%	30%	25%	33%	33%
Falling behind on your monthly expenses	-	-	-	-	6%	7%	5%	6%	10%	12%	9%	8%
Struggling	-	-	-	-	14%	20%	13%	12%	13%	13%	18%	11%
DK / PNA	-	-	-	-	9%	3%	7%	12%	5%	2%	3%	7%
<i>Unweighted</i>	0	0	0	0	304	46*	57*	196	3232	1093	690	1368
<i>Weighted</i>	0	0	0	0	345	53*	66*	220	3144	1059	676	1331

**Small sample size, please interpret results with caution.*

Other statistically significant results:

- Male respondents (22%) are more likely to say that their current financial situation is financially secure.
- Respondents in Alberta (27%) are more likely to say that their current financial situation is secure whereas those in Quebec (31%) are more likely to say that they are getting ahead, with some savings.
- Indigenous respondents are more likely to say that their current financial situation is both secure (23%), or that they are falling behind on their monthly expenses (17%), than non-Indigenous respondents.

Questions 29 to 32 are lists of words and values that were used to create the segmentation analysis and are discussed in that section.

Vaping attitudes and impressions of risk

This next section sought to get at how people perceive vaping, those who vape, and the dangers of vaping. The first question presents the combined scores of those who agreed and strongly agreed to the below statements.

While there is a lot to unpack in this battery, at an overall level it lends credence to the idea that different substances enjoy widely different levels of social acceptability overall, but also within audiences. Drinking alcohol, for example, is seen as socially acceptable by at least seven-in-ten (70-79%) respondents in each category. No other substance has such a broad appeal, with non-vapers being far less likely to agree, or strongly agree with the idea that using cannabis, vaping nicotine, using opioids, or taking illegal drugs are socially acceptable.

Outside the idea that consuming alcoholic beverages is socially acceptable, the only statement that enjoys relatively similar levels of approval across audiences is that the same rules and restrictions that apply to tobacco products should apply to vaping products that contain nicotine (67-78%).

Of note, three-in-five (58%) regular vapers say that vaping nicotine is less harmful than cigarettes – a data point which is contextualized further below.

Table A57: Agreement with statements by vaping status [% strongly agree or agree]

Q33: To what extent do you agree or disagree with the following statements.

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
People close to me would be upset if I smoked	83%	65%	79%	87%
People close to me would be upset if I vaped	79%	-	68%	82%
The same rules and restrictions that apply to tobacco products should apply to vaping products that contain nicotine	74%	67%	74%	78%
Using alcohol is socially acceptable	73%	78%	79%	70%
Smoking cigarettes is disgusting	72%	51%	73%	83%
Vaping products that contain nicotine is disgusting	62%	38%	57%	77%
Using cannabis is socially acceptable	50%	64%	64%	39%
Vaping products that contain nicotine is socially acceptable	48%	72%	57%	34%
People close to me are upset at my smoking	47%	46%	50%	57%

People close to me are upset at my vaping	44%	46%	43%	-
Smoking cigarettes is socially acceptable	43%	64%	45%	31%
Vaping nicotine is less harmful than smoking cigarettes	32%	58%	34%	17%
Using opioids (pain relievers) is socially acceptable	27%	46%	24%	18%
Using illegal drugs is socially acceptable	20%	38%	22%	11%
<i>Unweighted</i>	6103	1658	1084	3224
<i>Weighted</i>	6103	1725	1084	3150

While there are some dimensions brought to light by a focus on age, it whether a respondent is a regular vaper or non-vaper continues to have more predictive value when it comes to the social acceptability of all the substances tested – with the exception of alcohol – and the behaviours surrounding them.

Table A58: Agreement with statements by age and vaping status [% strongly agree or agree]

Q33a: To what extent do you agree or disagree with the following statements.

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
People close to me would be upset if I smoked	91%	77%	87%	92%	89%	77%	86%	91%	75%	59%	75%	81%
People close to me would be upset if I vaped	87%		73%	88%	86%		75%	88%	71%		65%	73%
The same rules and restrictions that apply to tobacco products should apply to vaping products that contain nicotine	74%	69%	68%	78%	75%	57%	76%	80%	73%	69%	75%	77%
Using alcohol is socially acceptable	70%	84%	72%	65%	72%	75%	80%	70%	75%	77%	81%	73%

Smoking cigarettes is disgusting	77%	53%	75%	88%	77%	50%	75%	86%	67%	51%	72%	78%
Vaping products that contain nicotine is disgusting	67%	40%	53%	80%	68%	36%	59%	80%	57%	37%	58%	73%
Using cannabis is socially acceptable	45%	72%	60%	33%	46%	68%	61%	36%	54%	60%	66%	45%
Vaping products that contain nicotine is socially acceptable	44%	80%	54%	30%	42%	66%	55%	31%	54%	71%	59%	38%
People close to me are upset at my smoking	55%	56%	59%	54%	55%	49%	56%	74%	42%	42%	45%	50%
People close to me are upset at my vaping	57%	61%	50%		50%	52%	53%		38%	39%	36%	
Smoking cigarettes is socially acceptable	36%	70%	37%	24%	34%	54%	40%	27%	50%	65%	49%	39%
Vaping nicotine is less harmful than smoking cigarettes	31%	64%	53%	16%	28%	52%	36%	18%	34%	58%	29%	18%
Using opioids (pain relievers) is socially acceptable	26%	55%	31%	15%	22%	35%	26%	17%	30%	45%	22%	21%
Using illegal drugs is socially acceptable	21%	47%	36%	9%	18%	38%	21%	11%	21%	35%	19%	12%

<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3144	1059	676	1331

Other statistically significant results:

- Male respondents are more likely to agree with the following statements “smoking cigarettes is socially acceptable” (49%), “vaping nicotine is less harmful than smoking cigarettes” (41%), “using opioids (pain relievers) is socially acceptable” (35%), and “using illegal drugs is socially acceptable” (26%).
- Respondents in Alberta (33%) and British Columbia (35%) are more likely to agree with the following statements “using opioids (pain relievers) is socially acceptable.” Additionally, respondents in British Columbia are more likely to agree that “using illegal drugs is socially acceptable” (28%).
- Respondents in Quebec are more likely to agree with the following statements “smoking cigarettes is disgusting” (78%) and “vaping products that contain nicotine is disgusting” (66%).
- Respondents who identify as from a visible minority are more likely to agree with the following statements “smoking cigarettes is socially acceptable” (43%), “using opioids (pain relievers) is socially acceptable” (27%), and “using illegal drugs is socially acceptable” (18%).
- LGBTQ2IA+ respondents are more likely to agree with the following statements “using alcohol is socially acceptable” (82%), “using cannabis is socially acceptable” (69%), “vaping products that contain nicotine is socially acceptable” (61%), and “smoking cigarettes is socially acceptable” (45%).

A plurality of respondents across all vaping categories (26-35%) surveyed say that vaping products that contain nicotine is both a recreational activity as well as an aid to help people quit smoking.

Table A59: Perceptions of vaping by vaping status

Q34: When you think about vape products that contain nicotine, what do you tend to think of them as?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Mostly recreational or for fun	28%	35%	34%	22%
Mostly something to help people quit smoking	17%	23%	16%	13%
Both	30%	34%	35%	26%
Something else	13%	5%	9%	18%
DK / PNA	13%	2%	5%	20%
Unweighted	6103	1725	1084	3150
Weighted	6103	1658	1084	3224

While regular vapers are the most likely to say that vaping nicotine is mostly recreational or fun across all age ranges, this does decline from a peak of 42% who say so aged 13-15 to 33-34% who say the same in the over 16 categories.

Table A60: Perceptions of vaping by age and vaping status

Q34: When you think about vape products that contain nicotine, what do you tend to think of them as?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Mostly recreational or for fun	27%	42%	40%	20%	25%	33%	29%	22%	29%	34%	35%	25%
Mostly something to help people quit smoking	17%	26%	23%	12%	14%	22%	16%	11%	17%	23%	14%	15%
Both	25%	28%	30%	23%	30%	36%	35%	27%	32%	36%	36%	28%
Something else	13%	3%	0%	19%	14%	6%	12%	17%	12%	6%	11%	18%
DK / PNA	18%	1%	6%	26%	17%	4%	9%	22%	9%	3%	4%	16%
Unweighted	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
Weighted	1510	333	169	974	1448	266	240	919	3144	1059	676	1331

Other statistically significant results:

- Regular smokers are more likely to say that vaping products are made to help people quit smoking (29%).
- Respondents who do not smoke cigarettes (18%) and those who view vaping nicotine as harmful (15%) are more likely to say that vaping products are for something else.

Regular vapers profess to be the most knowledgeable about the harms of consuming all the substances tested except for smoking cigarettes or drinking, which may be partially explained by their greater exposure to, and willingness to partake in, said substances as discussed in the first section.

Table A61: Knowledge of substances by vaping status [% very or moderately knowledgeable]

Q35: How knowledgeable would you say you are about each of the following?

	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
The health impacts of smoking cigarettes	67%	65%	73%	67%
The health impacts of drinking alcohol	61%	61%	70%	59%
The health impacts of using cannabis	51%	58%	58%	45%
The health impacts of vaping products that contain nicotine	50%	59%	54%	45%
The health impacts of illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)	46%	54%	49%	41%
The health impacts of pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, OC, APO, OxyContin®, perc, roxies, OxyNEO®)	40%	48%	44%	35%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

If younger respondents are the least likely to say that they are very or moderately knowledgeable about all the substances tested, they do appear to get progressively more knowledgeable – albeit to different degrees and from very different starting points – about all of them as they age.

Table A62: Knowledge of substances by age and vaping status [% very or moderately knowledgeable]

Q35: How knowledgeable would you say you are about each of the following?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
The health impacts of smoking cigarettes	62%	60%	64%	63%	66%	65%	71%	66%	70%	67%	76%	70%
The health impacts of drinking alcohol	51%	54%	60%	49%	59%	56%	67%	59%	67%	65%	73%	67%
The health impacts of using cannabis	46%	49%	57%	42%	50%	59%	57%	46%	53%	60%	59%	46%
The health impacts of vaping products that contain nicotine	45%	52%	51%	42%	51%	61%	55%	48%	53%	61%	55%	46%
The health impacts of illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)	44%	56%	49%	39%	46%	53%	51%	44%	47%	53%	48%	41%
The health impacts of pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®)	38%	49%	45%	33%	40%	47%	45%	37%	41%	48%	43%	36%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3144	1059	676	1331

Other statistically significant results:

- Male respondents are more likely to say that they are knowledgeable of the health impacts of illegal drugs (48%).

- Respondents in Ontario are more likely to say that they are knowledgeable of the health impacts of smoking cigarettes (70%), while respondents in British Columbia are more likely to say they are knowledgeable of the health impacts of illegal drugs (53%).
- Those who say that vaping nicotine is harmful (70%) are more likely to say they are knowledgeable of the health impact of smoking cigarettes.

When asked how harmful each of these substances were, the least likely to be labelled as extremely harmful or very harmful by respondents were using cannabis (37%) and drinking alcohol (28%). With the exception of alcohol, non-vapers are significantly more likely to say that each is extremely or very harmful than regular vapers.

Table A63: Perceived harm of substances by vaping status [% extremely or very harmful]

Q36: How harmful do you feel each of the following is?

Column %	All respondents (13-24)			
	Total	Regular	Experimenter	Non-User
Using illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)	74%	58%	71%	84%
Using pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®)	68%	55%	66%	76%
Smoking cigarettes	64%	43%	65%	75%
Vaping products that contain nicotine	50%	30%	44%	62%
Using cannabis	37%	31%	26%	45%
Drinking alcohol	28%	27%	26%	30%
<i>Unweighted</i>	6103	1725	1084	3150
<i>Weighted</i>	6103	1658	1084	3224

Here again we see a relationship between age and the perceived harm of each of these substances, with the youngest respondents being the most likely to say each is extremely or very harmful. As respondents age, however, they perceive each as less and less dangerous (again, with the exception of alcohol). This is interesting to note given the point noted above about older respondents being more likely to say that they are at least moderately knowledgeable about the harms of these substances.

Table A64: Perceived harm by age and vaping status [% extremely or very harmful]

Q36: How harmful do you feel each of the following is?

	13-15				16-18				19-24			
	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User	Total	Regular	Experimenter	Non-User
Using illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)	77%	53%	69%	87%	79%	60%	73%	87%	70%	59%	71%	79%
Using pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, OC, APO, OxyContin®, percs, roxies, OxyNEO®)	72%	51%	59%	82%	72%	58%	66%	78%	64%	55%	68%	71%
Smoking cigarettes	66%	39%	59%	77%	69%	46%	67%	77%	61%	44%	66%	73%
Vaping products that contain nicotine	52%	27%	34%	65%	53%	26%	46%	64%	47%	33%	46%	59%
Using cannabis	41%	31%	31%	46%	40%	26%	26%	48%	34%	32%	25%	41%
Drinking alcohol	28%	26%	28%	29%	27%	26%	21%	29%	29%	27%	28%	31%
<i>Unweighted</i>	1527	374	177	936	1344	258	217	846	3232	1093	690	1368
<i>Weighted</i>	1510	333	169	974	1448	266	240	919	3144	1059	676	1331

Other statistically significant results:

- Indigenous respondents (33%) and those who identify as a visible minority (34%) are more likely to say that drinking alcohol is harmful.

Section B: Phase 1 segmentation analysis

As the title of this research project implies, one of the key objectives of the survey component was to develop insights into what different psychographic segments exist among youth and young adults that may relate to behaviours and attitudes regarding vaping nicotine. The hypothesis, supported by other research conducted by Health Canada in the past, is that there are a variety of relatively different thought-patterns or mindsets that both correlate with how one thinks, feels, or acts, when it comes to vaping nicotine and that segments may require tailored communications approaches to effectively convey information about risk and ultimately affect behaviour change.

In order to achieve this objective, Earncliffe employed a variety of data analysis techniques. Multiple versions of segment creation were undertaken controlling for such factors as, the mathematical logic or operation employed, the specific variables included, the number of segments created and the nature of the variables being included (for example, collapse logic and how non-response was handled). Ultimately, the approach that proved most constructive and enlightening was a combination of recoding a selection of 29 variables into a standardized collapse and a k-means cluster analysis that produced ten (10) distinct segments.

The 29 variables included comprised the full list of all statements tested using an agree/disagree scale. For each of these 29 included variables, the original response categories were a five-point scale (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree) with separate categories for response “don’t know” and “prefer not to answer.” For the purposes of the segmentation creation, the most valuable approach involved collapsing all of these variables into a three-point scale of “agree”, “neutral” (which included responses of “don’t know” and “prefer not to say”), and “disagree.” The full list of variables included is provided below:

Q22A:	I am rebellious and like to test boundaries
Q22B:	I have friends in my life who are older than me
Q22C:	Being accepted by my peers is important to me
Q22_A4:	I regularly skip/skipped classes in school
Q22_A5:	Most of my friends drink alcohol
Q22_A6:	Most of my friends use cannabis
Q22_A7:	I frequently attend religious services
Q22_A8:	Getting good grades is important to me
Q22_A9:	I would describe myself as brand-conscious
Q22_A10:	I am usually the first among my friends to try new things

- Q22_A11: I am usually the first among my friends to have the latest technology or gadget
- Q22_A12: I am usually the first among my friends to wear the latest fashion trend
- Q22_A13: I listen to what my parents tell me to do
- Q22_A14: I follow the rules almost all the time
- Q22_A15: Developing my own style of art/music/dance is important to me
- Q22_A16: Looking after the environment is important to me
- Q22_A17: I strive to follow the traditions and customs handed down to be me from my family or religion
- Q22_A18: It is important to follow what's going on in government and public affairs
- Q22_A19: A post-secondary education is important
- Q22_A20: I try to live a healthy lifestyle
- Q22_A21: I usually try to avoid things that have health risks associated with them
- Q23_A1: I would like to explore new places with planned routes and timetables
- Q23_A2: I would like to take off on a trip with no pre-planned routes or timetables
- Q23_A3: I like to do things that frighten me
- Q23_A4: I would like to try bungee-jumping or sky-diving
- Q23_A5: I like wild parties
- Q23_A6: I like new and exciting experiences, even if I have to break the rules
- Q23_A7: I get restless when I spend too much time at home
- Q23_A8: I prefer friends who are unpredictable

Each of the ten segments produced on this basis ranged in size from 3% of the sample to 14%. While some variation in opinion is subtly different between certain segments, each has some unique attitudinal tendencies. More importantly, when used as an independent variable against which all other variables were analyzed, it was clear that these segments present some very different strategic implications for Health Canada or anyone attempting to communicate about the health risks and potential harms of vaping.

While they are each unique, our analysis suggested that the ten segments can be arranged into a sort of spectrum where the lower-numbered segments have what might be considered more challenging behaviours and perspectives on risks relating to vaping nicotine and to receiving information on those risks to change behaviours.

The names and sizes of the ten segments we created are:

Segment	Size (%)	n (unweighted)	Name
1	10%	613	Respondents who have a tendency to seek out risky activities
2	12%	734	Respondents who have a tendency to be thrill-seekers
3	7%	451	Respondents who have a tendency to push boundaries
4	11%	667	Respondents who have a tendency to be free-spirited
5	10%	608	Respondents who have a tendency to be less socially active
6	3%	221	Respondents who have a tendency to be independent and face challenges
7	11%	663	Respondents who have a tendency to be more conformist
8	10%	597	Respondents who have a tendency to be value-driven
9	12%	729	Respondents who have a tendency to be careful adventurers
10	14%	820	Respondents who have a tendency to follow the rules

Below, more detailed descriptions are provided of the various segments in turn. For each segment, a dashboard of key characteristics, responses, and notable differences are provided. Before reviewing each segment’s dashboard, it will be helpful to understand what the dashboard is displaying. Each section of the dashboard serves a specific purpose. They show:

- segment name;
- size;
- incidence of vaping nicotine and smoking compared to the overall incidence;
- age distribution compared to the overall age distribution;
- gender split (since the overall average is almost 50/50, that comparator was not included);
- demographic skews of interest indexed to the national average;
- notable differences on current life assessment variables (top-two-box satisfied with life; top-two-box self-assessment of mental health; indication of experiencing mental health or emotional challenges recently; indication of having used substances to cope with recent mental health or emotional challenges; and sense of financial situation) indexed to national average;
- notable differences in life goals (top-two-box importance assigned to life goals tested) indexed to national average;
- notable differences on views of the social acceptability of using various substances including vaping nicotine, smoking, using illegal drugs and opioids, as well as key metrics relating specifically to vaping nicotine (top-three-box knowledge of health

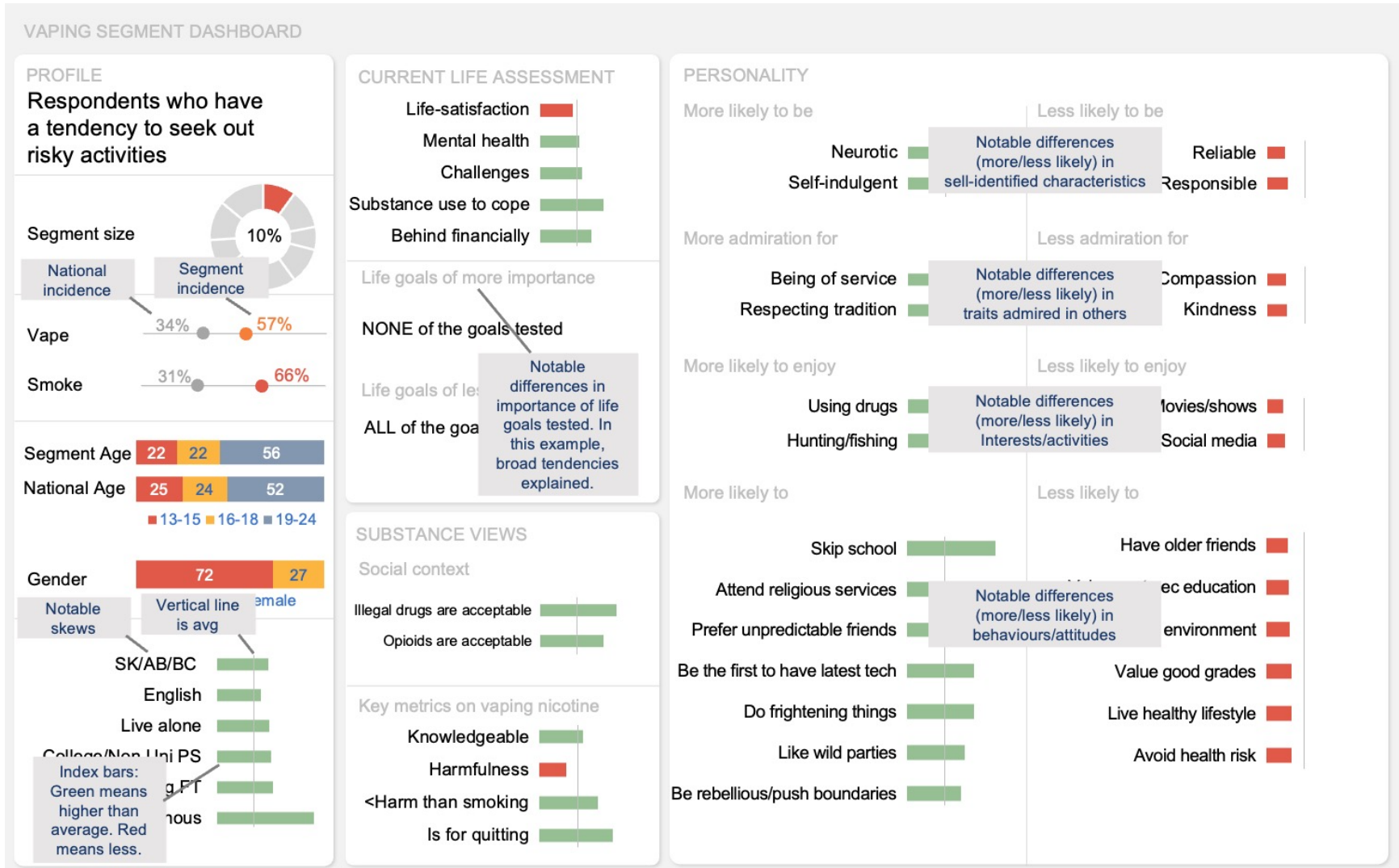
impacts; top-two-box harmfulness; tendency to see vaping nicotine as less harmful than smoking; notable differences on whether vaping nicotine is for fun, to quit smoking, both, or neither) indexed to national average;

- notable differences on personality elements (characteristics selected; traits admired in others; activities or interests; behaviours or attitudes) indexed to national average.

All the green and red index bars are calculated compared to the national average for that characteristic or responses. The grey vertical line represents the national average (an index score of 100). For example, among the respondents who have a tendency to seek our risky activities segment, there is a slight tendency to indicate lower levels of life satisfaction than the national average. On the dashboard, this is indicated by a red bar (indicating being less likely than average) that is fairly close, but just short of, the national average axis. The same segment is only a tiny bit more likely than average to indicate having had mental health challenges recently, but they have a much higher tendency to indicate having used a substance to cope with those mental health challenges. As a result, the green bar (indicating being more likely than average) reaches well beyond the national average axis.

Due to space constrictions, not all differences can be shown on a dashboard. Therefore, we have selected the most notable, usually for the magnitude of difference they are from the national average. In cases where the tendency was the same for all items within a section, instead of highlighting some of many identical differences, the overall tendency is described.

The example pasted below includes labels to explain specific elements.



1. Respondents who have a tendency to seek out risky activities (10%)

Demographically, this segment skews male and is more likely than average to live in British Columbia or in Atlantic Canada. They have an age profile that skews slightly older than average, are less likely to be francophone and, although they have a variety of household sizes, they are more likely than others to live alone. This segment is also more likely than others to identify as Indigenous. They are less likely to live in a small population centre or rural area.

Perhaps reflective of their age, they are more likely than others to have completed a college or other non-university education and also skew higher on post-graduate degrees. Along the same lines, they are more likely to be working fulltime or self-employed.

This segment is not as inclined as others to feel satisfied with their life at the moment and are more likely to feel they are financially behind where they need to be. Although they self-assess their mental health at least as positively as others, they are slightly more likely to say that they have had mental health or emotional challenges recently and much more likely to say they have used substances to help cope with those challenges.

In terms of their substance profile, this segment is more likely than others to be vapers and/or smokers, slightly more confident in their knowledge about the harms of vaping with nicotine, and much less likely to describe it as being harmful. They are more inclined to see it as less harmful than smoking and much more inclined to describe it as something that is mostly for helping people quit smoking than something done for fun. They are among those most likely to feel that any substance use (vaping nicotine, smoking, using opioids, using illegal drugs) is socially acceptable.

Since the agree/disagree statements were used to create the psychographic segments, it is to be expected that there are significant differences from one segment to another on these variables, but for the most part, differences are modest or non-existent. A smaller set of statements play more of a role in sorting respondents into one segment as opposed to another. At the same time, however, in scanning across the ten segments, there are some differences that appear more gradual, almost like a correlated measure than a litmus determinant.

For example, respondents who have a tendency to seek out risky activities are more likely to agree they are rebellious and like to push boundaries, that they like wild parties, prefer friends who are unpredictable, and to do frightening things. While these tend to distinguish them from most other youth and young adults, the next two segments (respondents who are thrill-seekers and respondents who have a tendency to push boundaries) also share these skews. However, some of the statements that separate

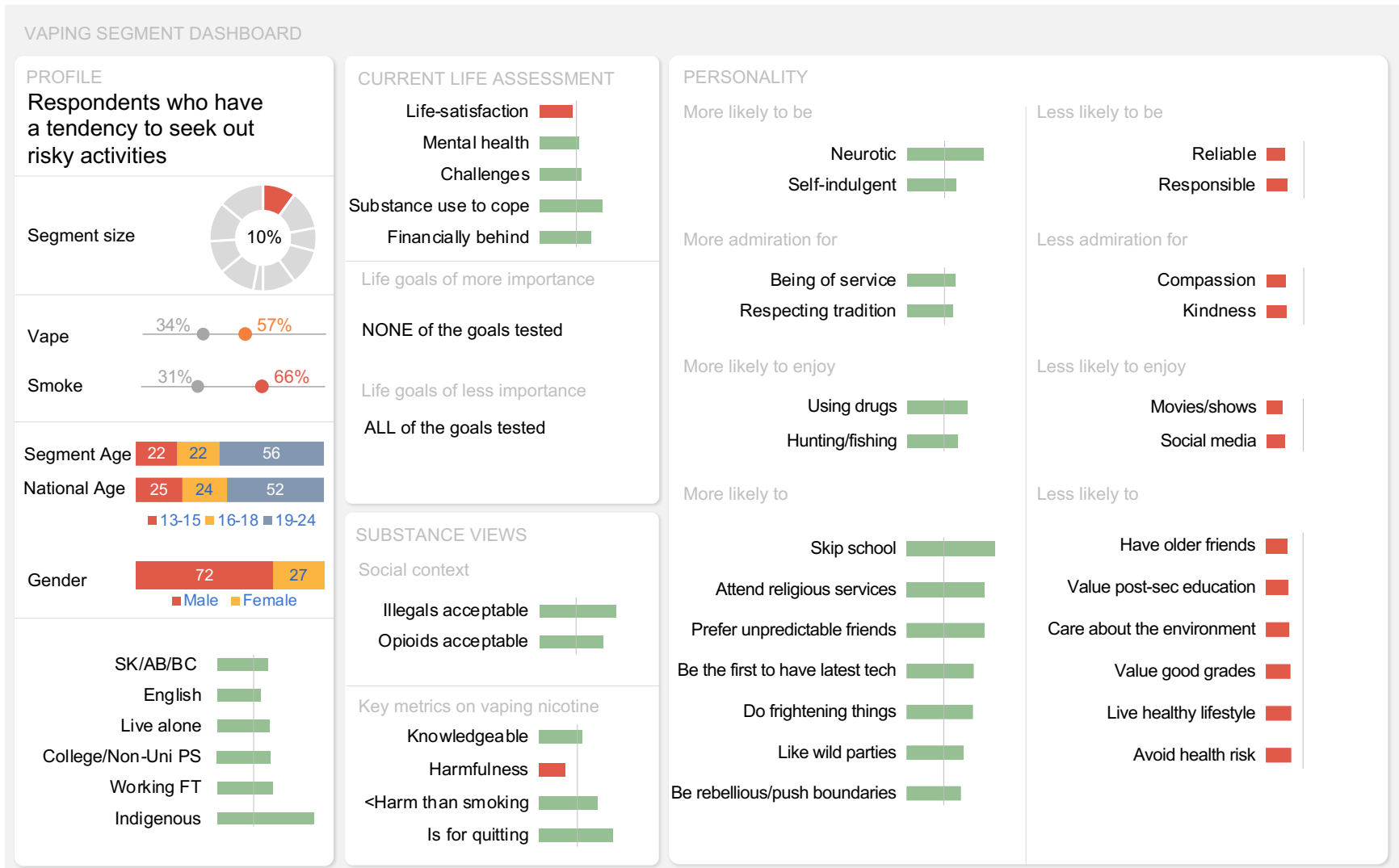
them from those two segments are that respondents who have a tendency to seek out risky activities are less likely to have friends who are older, to have friends who drink alcohol, to describe themselves as brand-conscious, or explore new places with planned routes and timetables.

Respondents who have a tendency to seek out risky activities are more likely to be forging new trends, being the first among their friend to have the latest gadget or clothes, or to try new things.

Testing a variety of life goals one might have, respondents who have a tendency to seek out risky activities are less likely to select any of them. In terms of their self-described personality traits, their views on life goals, on what kinds of traits they admire in others, and their activities or interests, respondents who have a tendency to seek out risky activities differ from the typical youth or young adult in some interesting ways.

They are less likely to pick just about any of the adjectives offered to describe themselves but are particularly disinclined to say they are reliable or responsible – two of the more common traits respondents identify – and are twice as likely to describe themselves as neurotic and more likely to feel they are self-indulgent. Looking outwardly, they are also less likely to identify almost any trait as being something they admire in other people. Where other segments had more differentiation among admired traits with overall proportions ranging from 9% to 40% selecting each trait, respondents who have a tendency to seek out risky activities had typically between 12-20% identifying any as admirable. Yet, interestingly, they are more likely than others to admire being of service to one's community, respecting tradition, being spiritual, and being proud to be Canadian.

Likewise, there is a general disinclination to identify any of the specific activities or interests tested, but this segment was higher than others on saying they enjoy using drugs or alcohol and hunting and/or fishing. They are much less likely than all other youth and young adults to say they enjoy widely popular things like movies, social media, getting together with people, reading, or shopping.



2. Respondents who have a tendency to be thrill-seekers (12%)

Demographically, this segment is similar to the respondents who have a tendency to seek out risky activities in most ways with a few slight differences. This segment skews male and is more likely than average to live in Alberta. They have an age profile that skews 19-24, are less likely to be francophone and are more likely than other to live in a household of three people. This segment is also slightly more likely than others to identify as Indigenous. They are less likely to live in a small population centre or rural area.

Again perhaps partly due to their higher age, there is a higher tendency to have completed any form of post-secondary education and to be working fulltime. They are also more likely than others to be working part-time.

They have about the normal level of life satisfaction and are among the most positive in terms of assessing their mental health but are no less likely than average to feel they have had mental health or emotional challenges recently. However, they are more likely to have used a substance to cope with these challenges.

While they are less likely than average to feel positively about their financial situation, the strongest skew they show is towards feeling financially secure.

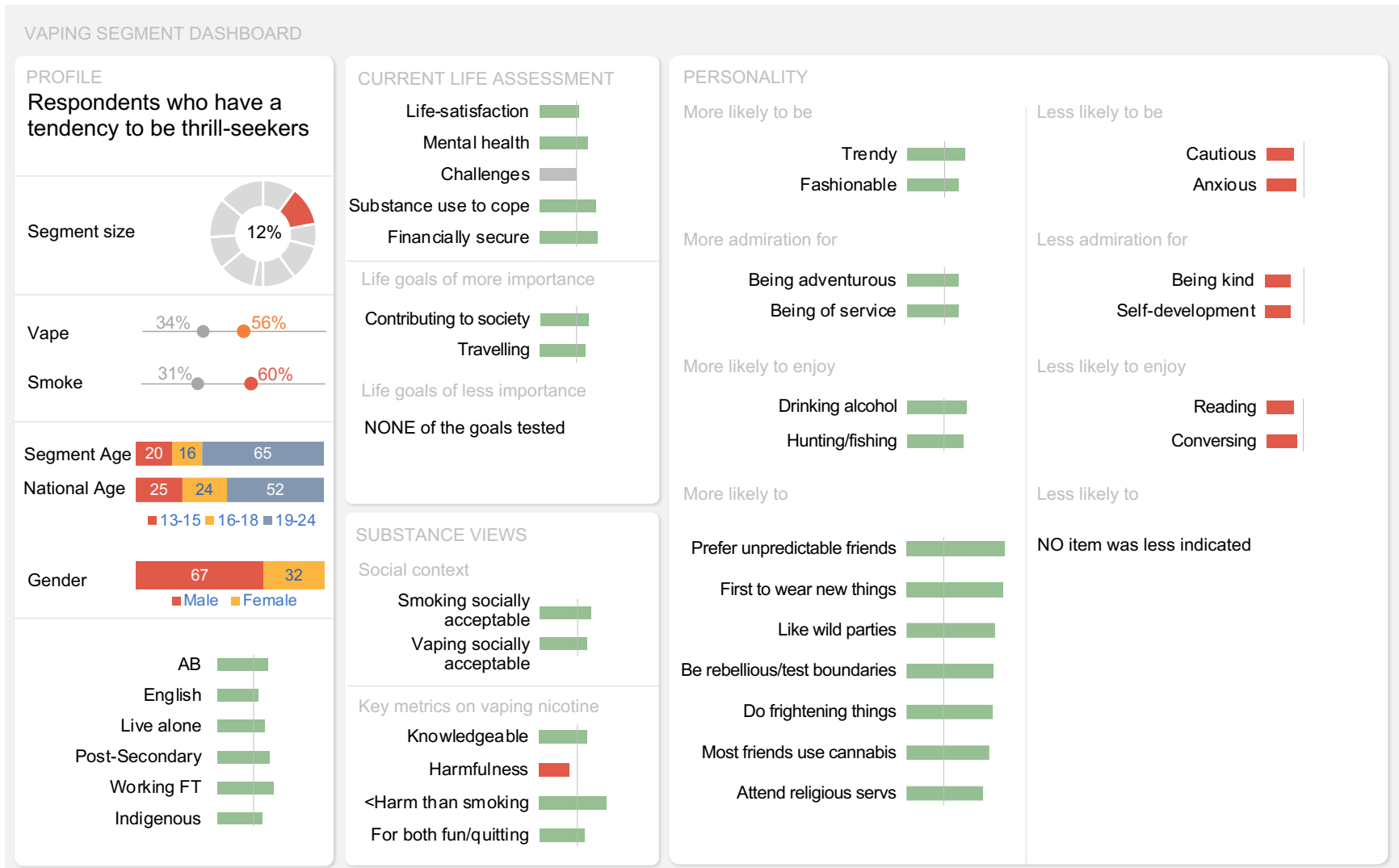
In terms of their substance profile, like respondents who have a tendency to seek out risky activities, this segment is more likely than others to be vapers and/or smokers, more confident in their knowledge about the harms of vaping with nicotine, and less likely to describe it as being harmful. They are much more inclined to see it as less harmful than smoking and more divided over whether it something done for fun or for both fun and to help people quit smoking. Like respondents who have a tendency to seek out risky activities, they are among those most likely to feel that any substance use (vaping nicotine, smoking, using opioids, using illegal drugs) is socially acceptable.

On the statements that defined the segment clustering, respondents who have a tendency to be thrill-seekers have all the same skews as respondents who have a tendency to seek out risky activities but, additionally, indicate more restlessness and interest in thrilling or challenging activities. They also do have friends who are older than them and have more interest in style. They also have an even greater propensity to be rebellious and, unlike the respondents who have a tendency to seek out risky activities, are more likely to say most of their friends drink alcohol.

Respondents who are engaged at thrill-seekers contrast strongly with respondents who have a tendency to seek out risky activities when it comes to life goals one might have, being more likely than average to identify with any of them and particularly when it comes to contributing to society.

They share the same reluctance that respondents who have a tendency to seek out risky activities show in feeling the most commonly identified traits apply to them but are more likely than average – and in contrast to respondents who have a tendency to seek out risky activities – to feel they are courageous, excitable, modern, fashionable, trendy, and experimental. A similar pattern is found in the traits they admire in others, with the same four skews as respondents who have a tendency to seek out risky activities (being of service to community, spiritual, proud Canadian and respecting tradition) but differ from them on in more often admiring adventurous people or people who tackle important challenges.

They have the same skews towards drugs/alcohol and hunting and/or fishing as the first segment on the spectrum. However, respondents who have a tendency to be thrill-seekers differ from the respondents who have a tendency to seek out risky activities by having some interest in travelling, sports (watching and playing), writing and volunteering.



3. Respondents who have a tendency to push boundaries (7%)

Demographically, this segment has a fairly average profile on several characteristics including gender, age, language, and household size. It has a normal distribution across most regions of Canada with minor variations in Quebec (a little less) and Atlantic Canada (a little more). This segment also has a higher incidence of those with high school or equivalent education and is lower on university. While they are about as likely to be employed as other segments, they are also more likely to be either unemployed or self-employed and less likely to be a student. Finally, while less likely to identify as member of an ethno-cultural community or visible minority, this segment has nearly twice the incidence of respondents who identify as part of the LGBTQ2IA+ community and is slightly more likely than average to identify as Indigenous.

Respondents who have a tendency to push boundaries are less likely to say they are satisfied with their life or to rate their own mental health positively. At 60%, they are much more likely than average to say they have faced mental health or emotional challenges recently and about as many (nearly twice the national average) say they have used substances to cope with those challenges. They are also more likely than others to say they are struggling financially or just getting by with no savings.

They are among the most likely to vape and while they are more likely than most other segments to smoke, their incidence of smoking is lower than either the respondents who have a tendency to seek out risky activities or respondents who have a tendency to be thrill-seekers. They are among those most likely to feel that vaping nicotine or smoking are both socially acceptable and less likely to describe vaping nicotine as disgusting. Respondents who have a tendency to push boundaries feel no less knowledgeable than average on vaping but are the least likely to say that vaping nicotine is harmful and are more likely than average to feel that vaping nicotine is less harmful than smoking. That said, they share the perspective of respondents who have a tendency to be thrill-seekers that even if it is also used to help quit smoking, fun is a factor driving the behaviour of vaping nicotine.

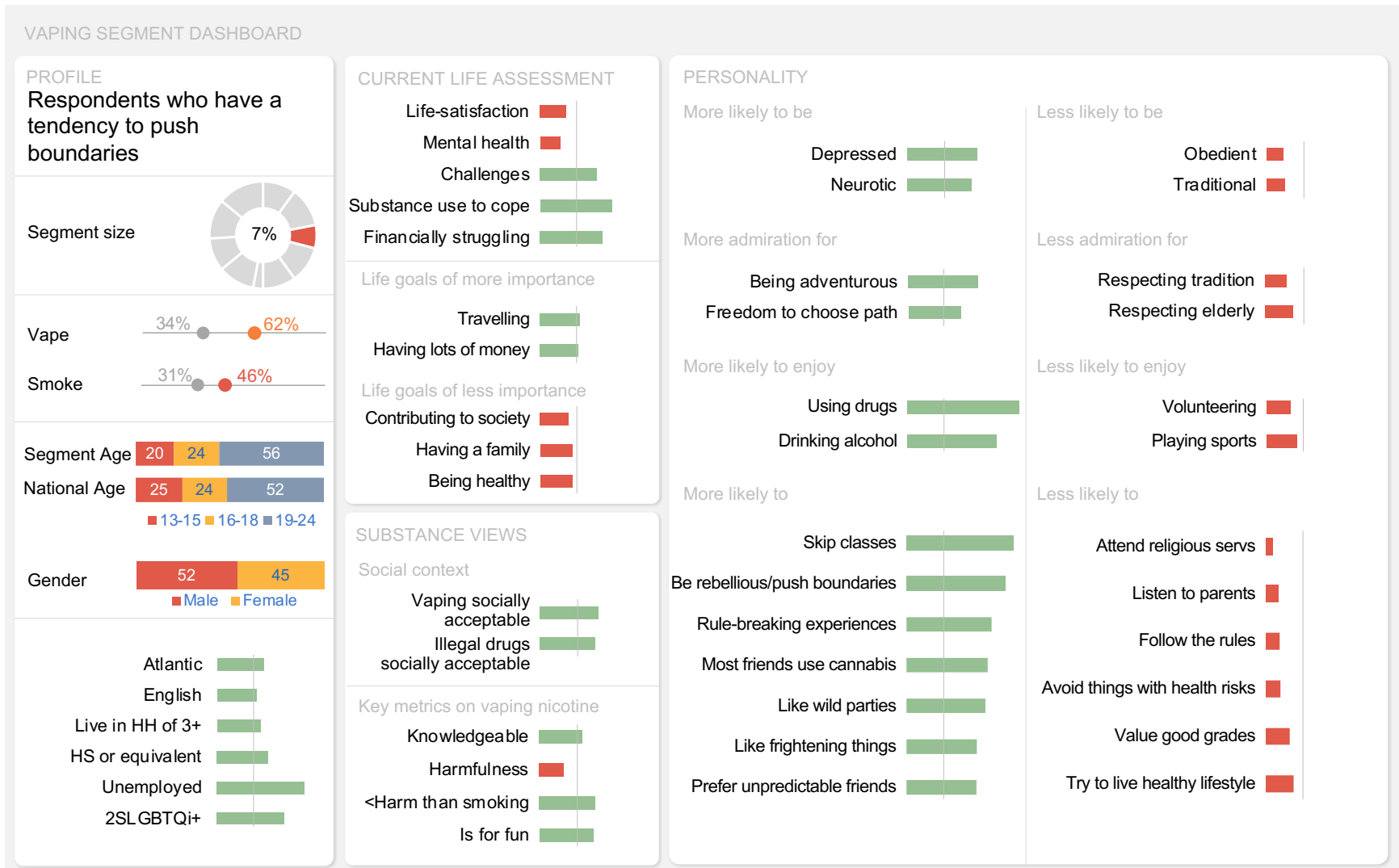
This segment is the one most likely to describe themselves as rebellious and testing boundaries. That mindset is reinforced by being the least likely to listen to parents, follow rules, attend classes, or avoid things that have health risks associated with them. They share several attitudinal skews identified with respondents who have a tendency to seek out risky activities and respondents who have a tendency to be thrill-seekers and are no less interested in a thrill than respondents who have a tendency to be thrill-seekers, but they do not share that segment's interest in following traditions or attending religious services.

Respondents who have a tendency to push boundaries are more like respondents who have a tendency to seek out risky activities than respondents who have a tendency to be thrill-seekers when it comes to life goals, being less likely than average to identify with most of them, and certainly not skewing significantly toward any.

Respondents who have a tendency to push boundaries are no less likely than average to describe themselves as sharing many of the most common traits (loyal, social, and caring, for instance) and fitting with their sense of self-direction. They are as independent, resourceful, and resilient as average, and they share some of the trait skews seen among one or both of the previous two segments (neurotic, trendy, experimental). They are more likely than others to describe themselves as depressed, anxious, stressed, lazy, or tough, and less likely to say they are happy. In keeping with the strong independent streak described above, they are less likely to identify as obedient or traditional.

Likewise, it should perhaps not be surprising that they are more likely than others to admire people who have the freedom to choose their own path and/or are adventurous.

This segment is at least four times more likely than average and more than twice as likely as the previous two segments, to indicate drug use as an activity or interest. They are even more likely to indicate alcohol, but this is not quite three times the national average. Keeping with their social inclination, they are more likely than others – and contrast with the previous two segments – in saying they enjoy social media and conversing.



4. Respondents who have a tendency to be free-spirited (11%)

As we have arranged the ten segments on something of a spectrum, the previous three segments have much more in common with each other than with the rest of the segments. The fourth segment – respondents who are free spirited – is the first of two segments who are somewhat independent-minded but lacking the substance use or opinions that could pose the greatest challenges to those trying to minimize harms and health risks associated with vaping nicotine or using other substances.

Demographically, the age and education profiles of respondents who have a tendency to be free-spirited is about the same as the national average as is their distribution by community-size. They are the first segment more likely to be female, skew Francophone, and be from Quebec, (and skew lower in Ontario). They are less likely to live alone, and to be either self-employed or employed full-time, instead skewing a little higher on being students. This segment is about the same as average in terms of identifying as a member of an ethno-cultural community and may be slightly more likely to identify as part of the LGBTQ2IA+ community. They are half as likely as average to identify as Indigenous.

In terms of their current life circumstances, they indicate about the same level of life satisfaction as average but are less likely to describe their mental health as excellent or very good. They are no less likely than others to feel they have faced mental health or emotional challenges recently and possibly have a higher incidence of them, but they are a lot less likely than average to say they have used any substance to cope with such challenges.

They are half as likely as average to describe themselves as financially secure, but they are more likely than others to feel they are at least getting by financially.

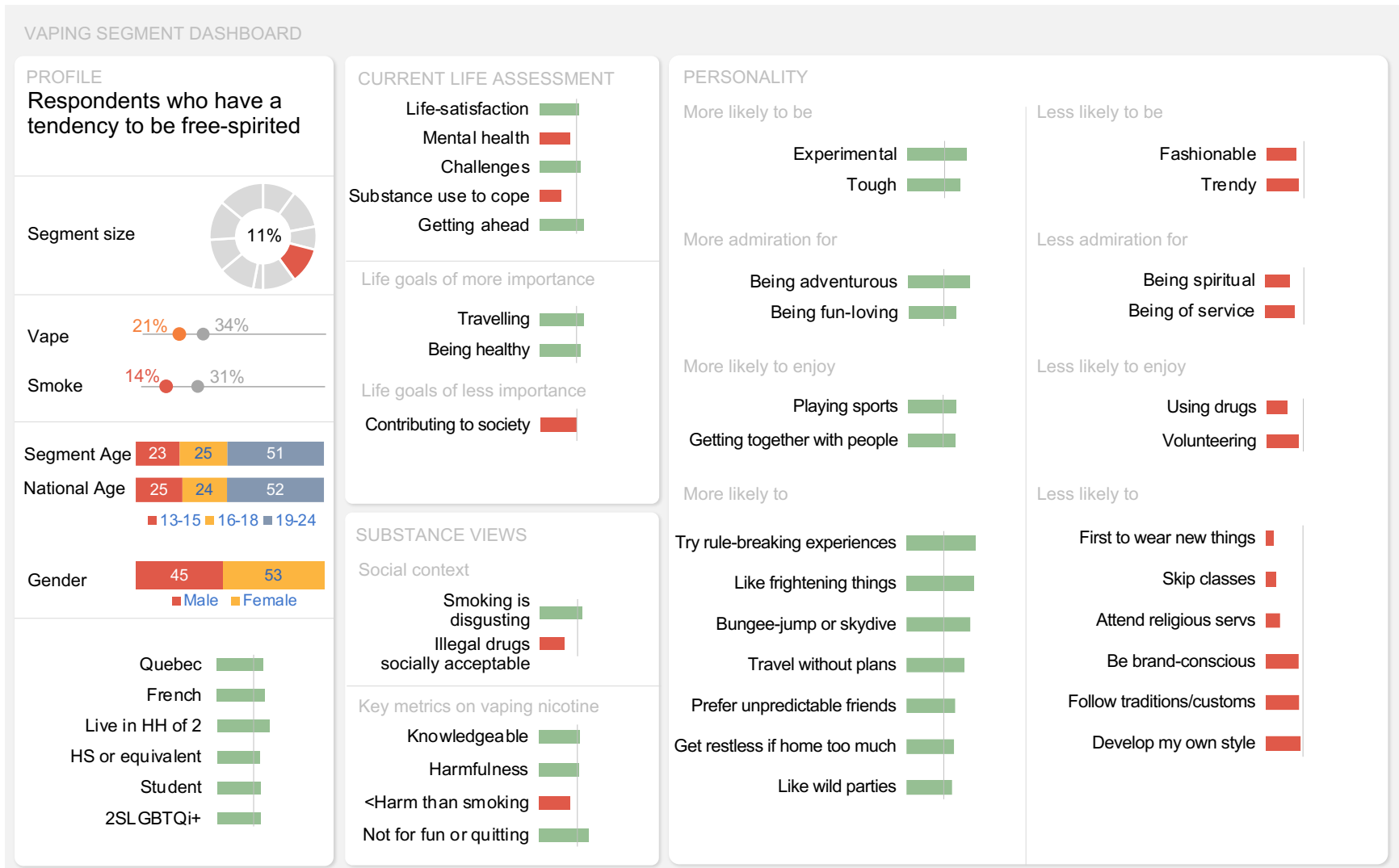
Respondents who have a tendency to be free-spirited are less likely than average to either smoke or vape nicotine, feel about as knowledgeable about the health impacts of vaping nicotine as the national average and are as likely to feel that vaping nicotine is harmful. They are also less likely than average to agree that vaping nicotine is less harmful than smoking cigarettes. They are less likely to feel that vaping nicotine is something done primarily to quit smoking and are more likely than others to feel that it is neither being done for fun nor for quitting smoking. They are also less likely than average to feel that any substance use is socially acceptable, particularly using illegal drugs or opioids.

Respondents who have a tendency to be free-spirited have about the same tendency to identify life goals as the national average, with things like being healthy, having a good work/life balance, having a fulfilling job and a purpose in life and being close to family and friends identified by the vast majority.

Likewise, they share high levels of agreement with the national average on many of the attitudinal statements that were used to create the segments. Where they stand apart most is on being less inclined to be the first to have new tech or wear new things, less likely to skip classes, have a majority of their friends using cannabis, and to regularly attend religious services. They are, however, more likely than average to seek thrills like bungee-jumping, do things that are frightening, want new experiences, including spontaneously travelling without any itinerary or route planned.

In terms of their self-identified traits, respondents who have a tendency to be free-spirited have a very similar hierarchy to the national average and if anything, more likely than average to identify all of the most common traits (responsible, caring, loyal, reliable, as examples). In addition, they are more likely than average to see themselves as experimental, tough, driven, courageous, and curious. The pattern is similar when it comes to identifying traits they admire in others – they are at least as likely to appreciate the most popular traits as everyone else, but particularly high on appreciating people who are adventurous, curious, and fun-loving.

The interest and activities identified by respondents who have a tendency to be free-spirited are numerous, with a tendency to identify just about any interest tested more often than others. Compared to the average, they are particularly keen on music, getting together with people, travelling, playing sports, and conversing. While they are no less likely to enjoy drinking alcohol, they are less likely to identify using drugs recreationally.



5. Respondents who have a tendency to be less socially active (10%)

Respondents who have a tendency to be less socially active make for a particularly interesting segment, although our positioning on the segment spectrum is middling since, although they have some behaviours and attitudes similar to the first three segments, they are not particularly drawn to vaping nicotine recreationally and seem potentially more receptive to messages about drawbacks associated with that behaviour.

Demographically, respondents who have a tendency to be less socially active skew male, are more likely to live in British Columbia and to live alone or in a household of less than four people. They are less likely to be Francophone or to live in a large urban area. Educationally, they are more likely to have completed college or non-university post-secondary education, particularly a registered apprenticeship or trade certification, but they are less likely to have a university education. They are more likely to be employed fulltime, including being twice as likely to be self-employed. This segment is also among the segments most likely to identify as being in an equity-deserving community, particularly being Indigenous.

Respondents who have a tendency to be less socially active are among the segments least satisfied with their current life situation and are less likely to rate their mental health as excellent or even good. They are no more likely than average to say they have experience mental health or emotional challenges recently but are more likely to have used a substance to cope when they have. This segment has among the most challenging financial situation, with less people financially secure or getting ahead and a higher proportion than average who are falling behind in their monthly expenses.

With half who are vaping nicotine and half who are smoking, this segment is more likely than average to be doing either. If anything they feel less confident in their knowledge about the health impacts of vaping nicotine, but they are less inclined than average to think vaping nicotine is harmful. Indeed, they are among the segments most likely to see vaping nicotine as something primarily done to quit smoking and less likely than others to see it as something merely done for fun.

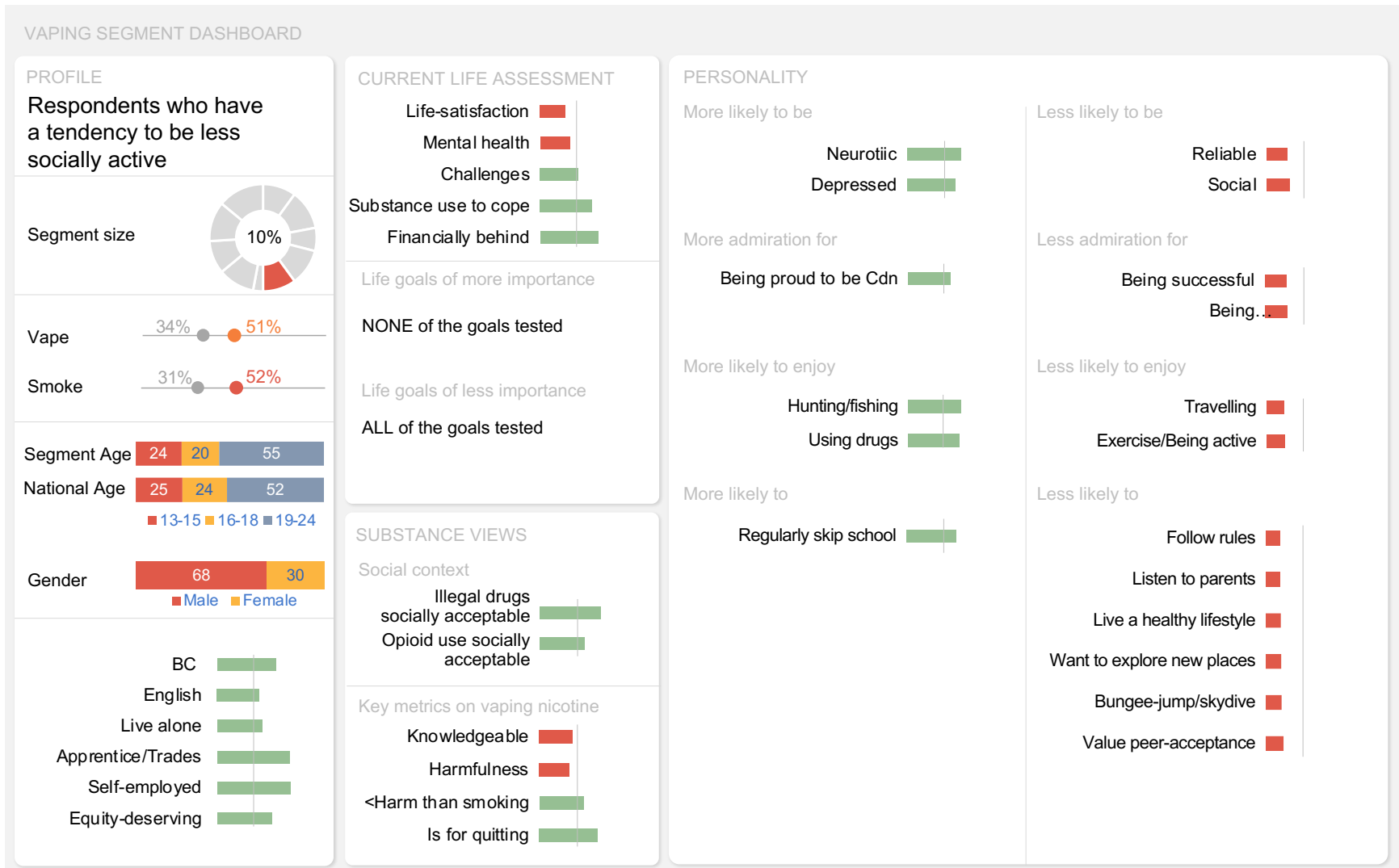
Respondents who have a tendency to be less socially active are as likely as others to describe vaping nicotine or smoking cigarettes as socially acceptable but are less likely than others to feel either is disgusting or have people around them who do. They are also a little more likely to feel opioid use is socially acceptable and more likely to say the same of illegal drug use.

Across nearly all the attitudinal statements tested, respondents who have a tendency to be less socially active were less likely than others to indicate agreement, which makes the two exceptions all the more noteworthy: regularly skipping classes and being

rebellious. While their vaping behaviours and attitudes towards substances and conforming make respondents who have a tendency to be less socially active appear similar to the first three segments, they differ significantly from those in being less likely than average to like wild parties, unpredictable friends, doing frightening things, or doing exciting but rule-breaking things.

Respondents who have a tendency to be less socially active are among the least inclined to describe any life goal tested as important and are less likely than others to say any of the common descriptors apply to them. Again, the exceptions shed light on the nature of this segment. They are more likely than average to describe themselves as moody, lazy, depressed, and neurotic. Among the traits one could admire in someone else, respondents who have a tendency to be less socially active again are less likely than average to identify any trait as admirable.

Finally, in terms of their interests and activities, respondents who have a tendency to be less socially active are among those least likely to identify any, but are higher than average on hunting and/or fishing and using drugs, although they are no more likely than average to identify drinking alcohol.



6. Respondents who have a tendency to be independent and face challenges (3%)

The smallest segment identified in the cluster analysis has been labelled the respondents who have a tendency to be independent and face challenges. They are decidedly male and the plurality live in Quebec, making it more than a normal geographic skew. In addition to that geographic differentiation, they skew to small population or rural areas. Despite the skew towards Quebec, they are among the segments least likely to be Francophone. They also skew a bit older and are more likely to either live alone or with one other person. While they are twice as likely as average to have a college or other non-university post-secondary education, they are among the least likely to have a university education or be a student currently. They are more likely to be working fulltime or self-employed. They are as likely as average to be from an ethno-cultural group, be a visible minority, or identify as part of the LGBTQQ2IA+, but are far more likely than average to identify as Indigenous.

Compared to the national average, respondents who have a tendency to be independent and face challenges are half as likely to feel satisfied with their life, but they nevertheless are more likely than average to describe their mental health as good or excellent and less likely to say they have had mental health or emotional challenges recently. However, they are more likely to report having used a substance to cope with mental health or emotional challenges.

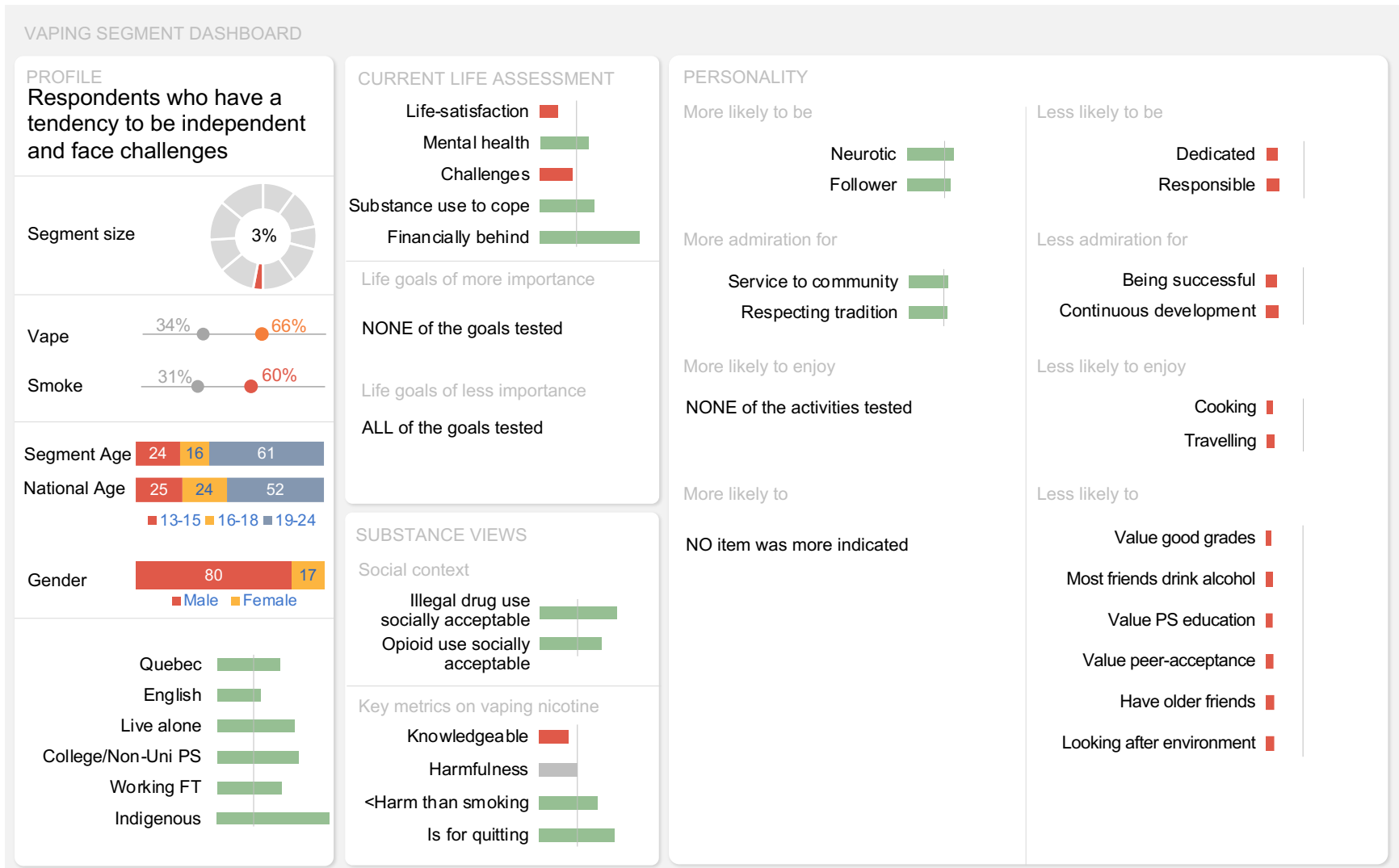
At 25%, they show the highest incidence of saying they are falling behind on their monthly expenses.

They are twice as likely as average to vape nicotine or smoke cigarettes. While they are less confident in their knowledge of the health risks associated with vaping nicotine, they are no less likely than average to feel that is harmful. They are more likely than average to see vaping nicotine as less harmful than smoking, but also more likely to see that behaviour as primarily something people do to quit smoking rather than for fun.

Looking at their views on substances shows some challenging skews, particularly in terms of feeling illegal drug use or opioid use is socially acceptable.

Nevertheless, on the attitudinal statements, this segment is less likely to indicate agreement with any of them, including the questions on risk-taking behaviour, rebelliousness, friendship with people who have challenging behaviours. Indeed, only 9% say that most of their friends drink alcohol compared to a national average of 51%. That is not to say they indicate agreement with attitudes typically perceived as positive such as valuing education, but it does suggest that even if engagement is low, risk-taking is not sought.

On virtually all of the remaining variables in this analysis – life goals; personal traits; traits admired in others; and activities and interests – who have a tendency to be independent and face challenges are less inclined than all others to identify anything that relates to them. Again, that makes the exceptions more interesting. They are a little more likely to describe themselves as neurotic or a follower, and no less than average on being self-indulgent. They are also about as likely as others to admire people who are spiritual, respecting tradition, or being of service to one's community.



7. Respondents who have a tendency to be more conformist (11%)

Respondents who have a tendency to be more conformist have only a mild skew towards being male and are a bit more likely to be under 19 years of age. On a lot of demographic characteristics, they look like a microcosm of the population as a whole – geographically; by language; on household composition; on employment status. They are more likely to have a bachelor's degree and slightly more likely to live in a large urban area. They are also among the least likely to identify as belonging to any equity-deserving community.

They are more likely to be satisfied with their life, to rate their mental health positively, and less likely to have had mental health or emotional challenges recently or to use substances to cope with such challenges.

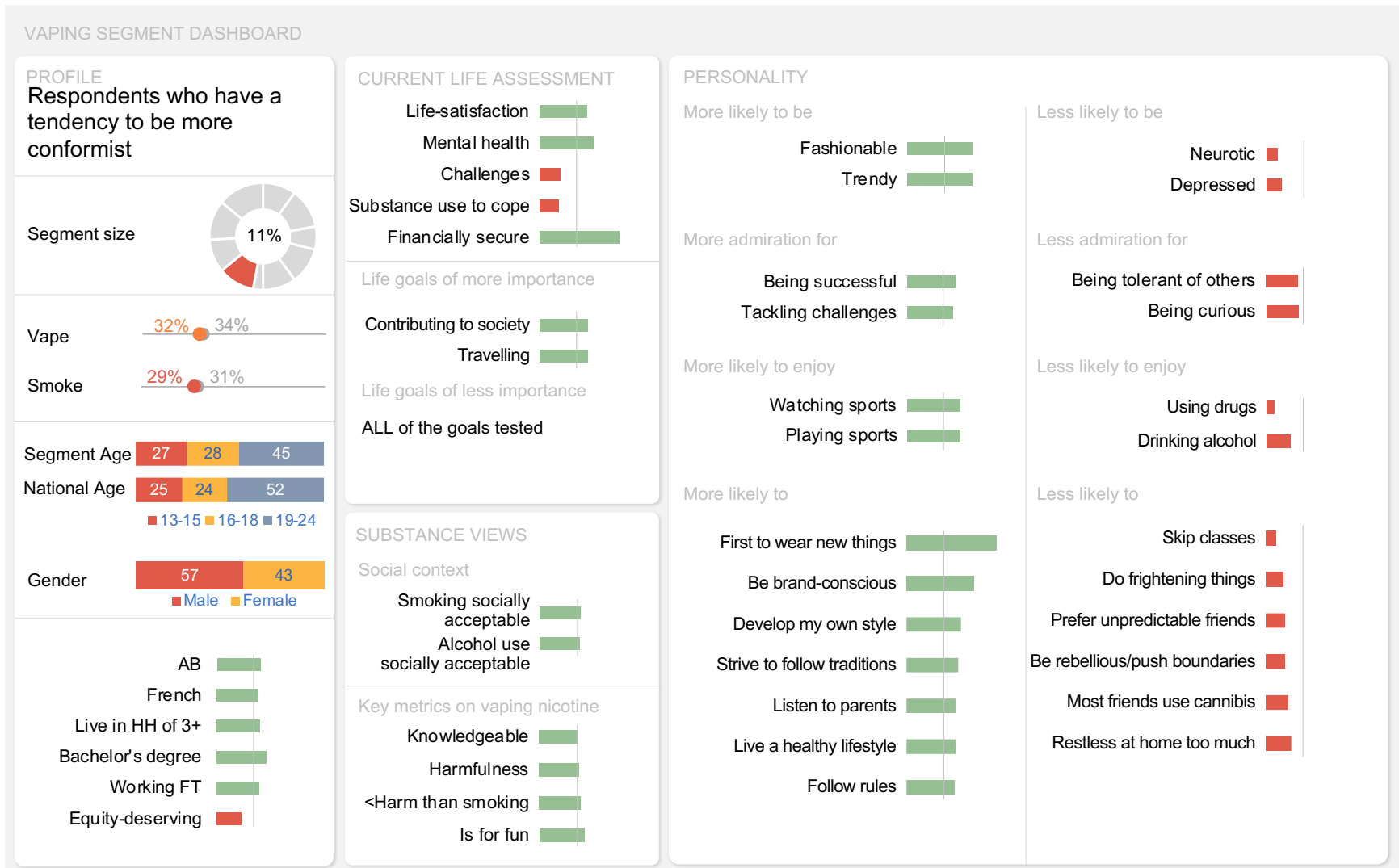
They are basically on the national average when it comes to vaping nicotine or smoking, awareness of the health risks associated with vaping nicotine, feeling it is a harmful behaviour, and in seeing vaping nicotine as less harmful than smoking. However, they are a little more inclined to feel that fun is more of a factor driving the behaviour than using it to quit smoking. While they are not out of line with the national average on seeing drinking alcohol, vaping nicotine, smoking, or using opioids as socially acceptable, they are less likely than others to say the same of illegal drug use. Interestingly, they are less likely than others to report having people in their lives who are upset by their smoking or vaping nicotine.

Attitudinally, this segment is more likely than average to be the first among their friends to try, have, or wear new things; to be brand conscious; to develop their own style; to live a healthy lifestyle; to listen to their parents; and to follow customs and traditions. Conversely, they are much less likely to prefer unpredictable friends or wild parties and they are less likely to mostly have friends who use cannabis, although their friends are no less likely to drink alcohol.

Respondents who have a tendency to be more conformist are more likely than average to identify any of the life goals tested as important and the hierarchy is nearly identical to the national average, but with a higher consensus. Fully nine-in-ten see being healthy, having a good work/life balance, being close to family and friends, and having a fulfilling job that is steady and fulltime as important in life.

Similarly, they are even more likely than average to identify any of the most common personal traits, with notably higher proportions describing themselves as happy, social, modern, fashionable, and trendy. Outwardly, the traits they admire in others are, again, similar to the national average, but notably higher than average on being successful.

In terms of their activities or interests, the tendency to be similar to the national average holds, but there are several differences that make them stand apart. Respondents who have a tendency to be more conformist are more likely than average to enjoy shopping, being active, and playing or watching sports. Only 1% identify using drugs among their activities and they are also less likely than others to drink alcohol.



8. Respondents who have a tendency to be value-driven (10%)

Demographically, this segment skews female, under 16 years of age, living in a household of four or more, and are more likely than others to live in Ontario or the Prairies and less likely to live in Quebec. Given the lower age skew, it is not surprising that this segment is more likely to have less than a high school education and to be a student. Given the geographic skew, it is also not surprising to find they are less likely to be Francophone, but not particularly more Anglophone. At 9%, they are more likely than any other segment to identify as Punjabi or some language other than Chinese as the language they speak most often at home. Relatedly, this segment is more likely to identify as a member of an ethno-cultural or visible minority group.

Respondents who have a tendency to be value-driven are a bit more likely than others to be satisfied with their life and to rate their mental health as excellent or good. They are less likely than others to say they have had any mental health or emotional challenges recently and almost none say they use a substance to cope with such challenges. On their financial situation, this segment is not particularly different from the national average.

Members of this segment are highly unlikely to be a vaper or a smoker. They feel as knowledgeable about the harms of vaping nicotine as the national average but are more likely to describe that behaviour as harmful. They are also a lot less likely to feel that vaping nicotine is less harmful than smoking cigarettes. They are less inclined to feel the main reasons for vaping nicotine are either for fun or for quitting and skew a bit higher than average on saying it must be for some other reason.

They are among the youth and young adults most likely to think that vaping nicotine, like smoking, is disgusting and are less likely than other to describe smoking, drinking alcohol, vaping nicotine, using opioids, and using illegal drugs as socially acceptable.

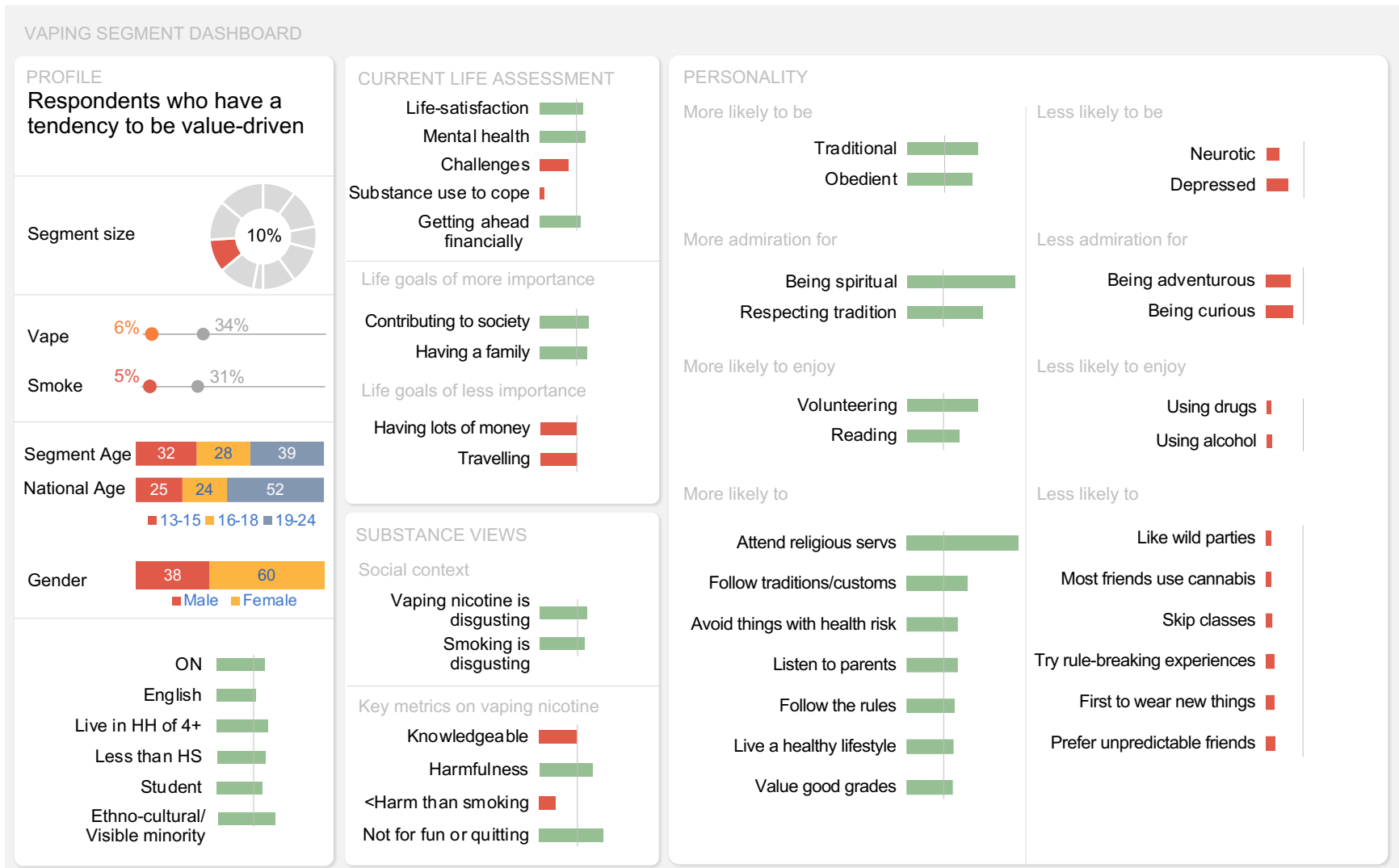
Respondents who have a tendency to be value-driven are three times more likely than average to say they regularly attend religious services and are also higher than others on striving to follow traditions and customs, listen to their parents, avoid things that have health risks and follow the rules. Correspondingly, they are also much less likely than others to like wild parties, do frightening things, do things that require breaking rules, skip school, use cannabis, be rebellious, or prefer friends who are unpredictable.

They tend to place more importance on any of life goals tested, but are particularly high on having a family, contributing to society, and helping others.

They also are more likely than others to describe themselves as caring, reliable, happy, dedicated, cautious, devoted, obedient, traditional, and conservative. They are less likely to feel they are depressed, neurotic, self-indulgent, or stressed.

Respondents who have a tendency to be value-driven see a lot of traits as worthy of admiration in others, including being loyal, compassionate, respecting the elderly, being spiritual, and respecting tradition.

While they are decidedly less likely than others to identify drinking alcohol or using drugs as an activity or interest of theirs, this segment is more likely than average to be into reading, cooking, volunteering, learning, arts, or other hobbies.



9. Respondents who have a tendency to be careful adventurers (12%)

Respondents who have a tendency to be careful adventurers are among the two larger segments that are also among the least challenging when it comes to reducing the risk associated with vaping nicotine. Demographically, they skew older, female, from Quebec, and Francophone. They are more likely than others to live with one other person and to have a university education. They are a little more likely to be students and a little less likely to be working fulltime and there is no notable difference in terms of the community size in which they live. At 19% incidence, they are twice as likely as average to identify as part of the LGBTQ2IA+ community and are a lot less likely to identify as Indigenous.

This segment is at least as satisfied with their life as everyone else, but less likely to rate their mental health as good or excellent. Perhaps relatedly, they are more likely than others to say they have had mental health or emotional challenges recently, but they are less likely than average to say they have used a substance to cope with them.

Financially, respondents who have a tendency to be careful adventurers certainly tend not to describe themselves as secure, but they are more likely than others to say they are either getting by or getting ahead.

While this segment is definitely less likely than average to either vape nicotine or smoke cigarettes, they are nearly twice as likely to vape nicotine as smoke. They feel as knowledgeable as average about the health impact associated with vaping nicotine, are no less inclined to describe the behaviour as harmful and are less convinced than others that it is less harmful than smoking.

They are more likely than others to describe smoking as disgusting, but closer to the national average on saying the same of vaping nicotine. They are more likely than others to see using cannabis or using alcohol as socially acceptable and although it is small they are also more likely than average to feel vaping nicotine is socially acceptable. Where they contrast most with other youth and young adults is in being less likely to feel that using opioids or illegal drugs are socially acceptable behaviours.

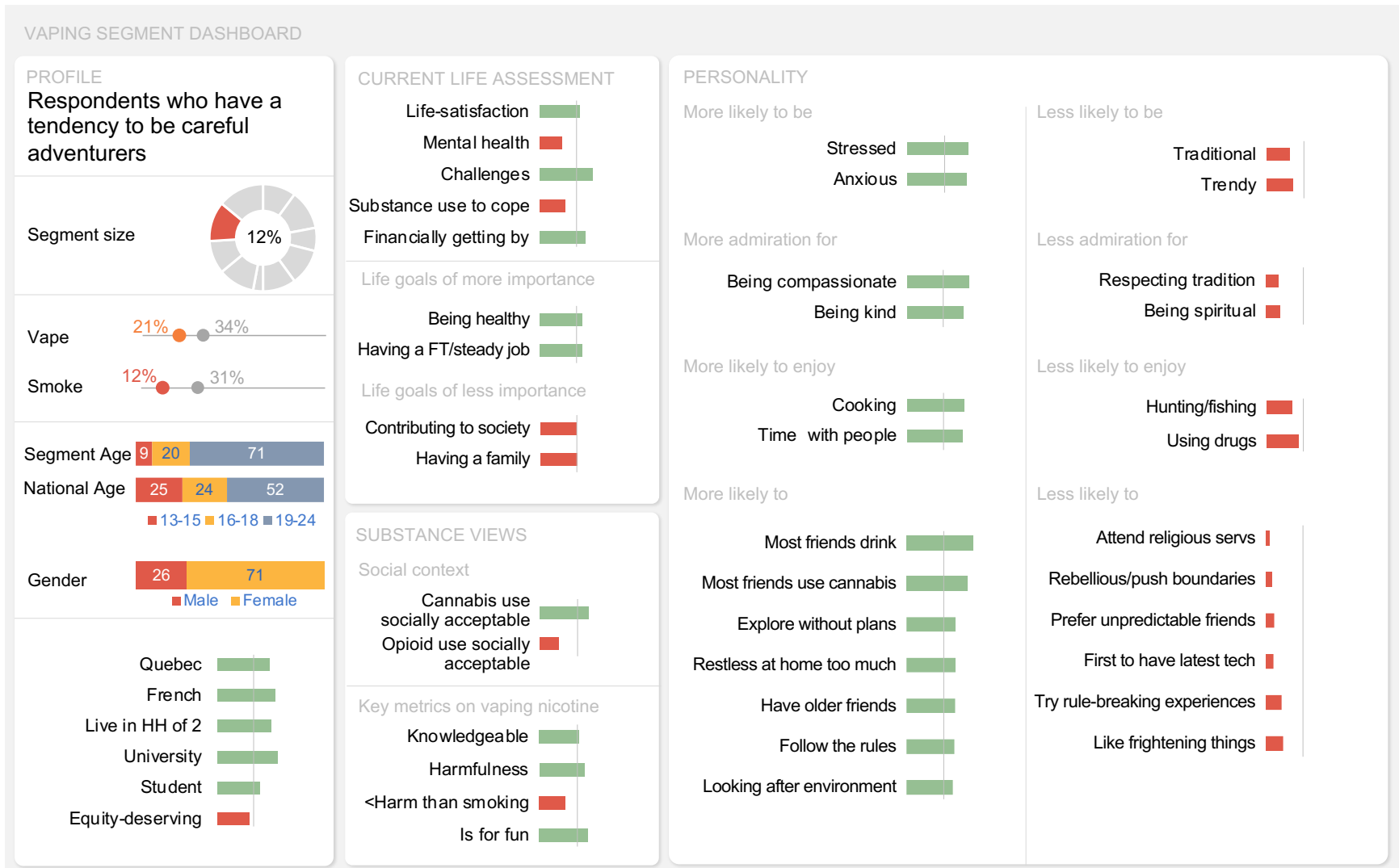
Respondents who have a tendency to be careful adventurers are decidedly less rebellious than others, but while they are more likely to say they follow rules and are less inclined to do exciting things if it means breaking them, they are also less inclined than others to say they follow traditions or customs or attend religious services. They are more likely to be in a circle of friend that drinks alcohol and uses cannabis, but they are less into wild parties, activities that are frightening, or unpredictable friends. On the adventurous side, this segment is more likely than others to get restless spending too much time at home and willing to spontaneously travel without planned route or itinerary.

They tend to see nearly all life goals tested as more important than most others see them.

In terms of how they would describe themselves, respondents who have a tendency to be careful adventurers pick a lot of traits as applying to them and the hierarchy tends to mimic the national average. However, they are decidedly higher than average in describing themselves as stressed or anxious, as well as higher on being depressed. That said, they are also higher on feeling they are resilient and cautious. In addition, they are higher on being responsible, caring, reliable, resourceful, dedicated, driven and devoted.

The traits they are more likely to admire in others include kindness, continuous learning and development, compassion, and determination or persistence. On most traits, they are not lower than average, but there are two they are strikingly less likely to admire: being spiritual and respecting tradition.

These respondents who have a tendency to be careful adventurers are more likely to identify just about any activity or interest tested. The two exceptions are in being less interested in hunting and/or fishing or using drugs. Among the interests or activities they stand out as identifying more often than others are getting together with people, cooking, being active, travelling, reading and social media.



10. Respondents who have a tendency to follow the rules (14%)

The final segment in the 10-segment spectrum is the largest and youngest. Due to their age and responses, the title of respondents who have a tendency to follow the rules is appropriate. While they do not tend to hold particularly challenging views, because they skew so strongly towards being 13 to 15 years old, there is ample reason to believe that as life unfolds, the inevitable exposure to new experiences, influences, and opportunities will likely result in taking on different behaviours and attitudes over the next several years. In the meantime, however, this segment shows some predispositions that are encouraging from a public health perspective, at least in terms of vaping nicotine.

Like the other two segments at this end of the segment spectrum, respondents who have a tendency to follow the rules skew female and are less likely to identify as Indigenous. Like respondents who have a tendency to be careful adventurers, they skew Francophone and from Quebec. Like the other younger segment (respondents who have a tendency to be value-driven), they are more likely to live in a household of four or more people, have less than a high school education, and be a student currently. However, they are no more likely than average to be part of the LGBTQ2IA+ community, a member of an ethno-cultural community, or visible minority group.

They are a little more inclined to say they are satisfied with their life and have the same propensity to rate their mental health positively. They are less likely to say they have had mental health or emotional challenges lately and highly unlikely to have used a substance to cope with them.

Financially, their sense is not one of stress, but either getting ahead or at least getting by.

Respondents who have a tendency to follow the rules are the ones least likely to vape nicotine or smoke cigarettes. While they are less inclined to feel confident in the knowledge of the harms associated with vaping nicotine, they are among those most likely to say that this behaviour is harmful and they are the least likely to feel that it is less harmful than smoking cigarettes. They are least convinced that vaping is something done for fun or for quitting smoking, and are more inclined than others to think it is being done for some other reason. They are also less likely than most youth and young adults to feel most substance use (cannabis, smoking, vaping nicotine, using opioids, or using illegal drugs) is socially acceptable. The exception on this is alcohol, for which they have the same propensity to describe it as socially acceptable as the national average. They are the segment most likely to describe either smoking or vaping as disgusting.

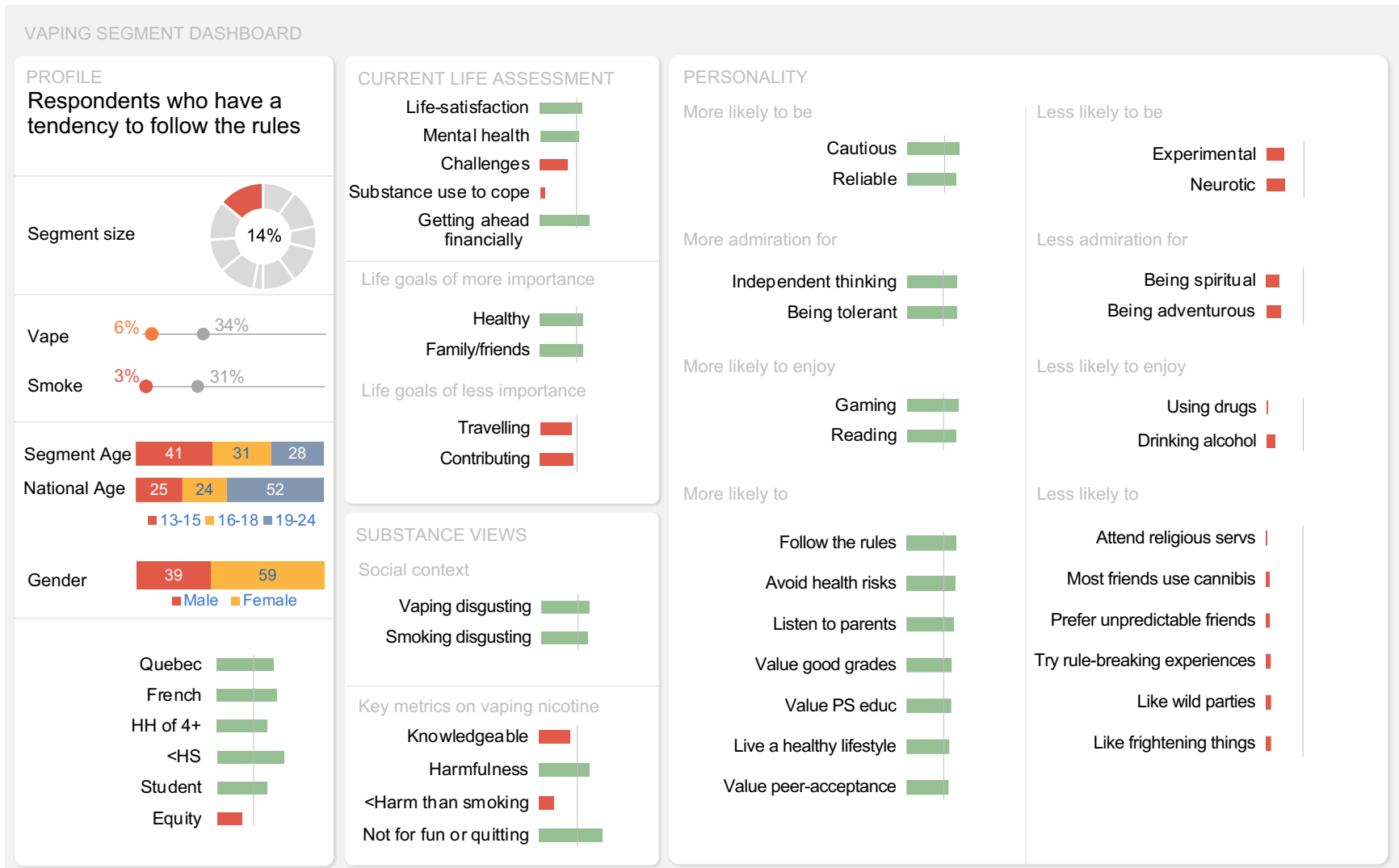
Attitudinally, respondents who have a tendency to follow the rules are the least rebellious, least likely to enjoy wild parties, risky behaviours, or unpredictable friends. Almost none of them attend religious services on a regular basis, but as likely as others to strive to follow traditions and customs and more likely than most to follow rules and listen to their parents.

The importance they attach to various life goals is basically identical to the national average and if anything, they are only more inclined than others to call almost all of them important.

Asked to pick the traits that describe themselves, respondents who have a tendency to follow the rules are at least as likely as others to pick all of the most common ones, but are more likely than others to pick cautious, responsible, reliable, and obedient. They are less likely than others to see themselves as experimental, neurotic, courageous, self-indulgent, trendy, fashionable, tough, or depressed.

The traits they admire in others are again, not particularly different in terms of order, but they can be quite different in terms of percentages naming any as important. They are decidedly more likely to admire kindness, and more likely than others to admire independent thinking, choosing one's own path, and tolerance.

Again, the most common activities and interests are only more commonly identified among this segment, but they are notably higher than others on gaming, reading and arts while virtually none say they use drugs as an activity or interest, and they are similarly less likely than others to drink alcohol.



Segment Summary

As will have been seen above, the ten psychographic segments produced in this analysis each present unique target audiences – unique in their attitudes, profile, and behaviours as well as unique in terms of their need for communications on the health risks associated with vaping nicotine. Arranging them as a spectrum is potentially helpful for prioritizing target audiences and also for seeing how the profiles are somewhat similar to the segments on either side of them on the spectrum yet varying progressively across the spectrum in some key respects.

Section C: Phase 2 focus groups

This section of the report summarizing the results of the Phase 2 focus groups is divided into four parts: The first explores attitudes and behaviours around health and healthy living; the second deals with behaviours around vaping and vaping cessation; the third focuses on the testing of a variety of communications components; and, the fourth outlines views regarding the risks of nicotine, including nicotine pouches.

The target audiences for the research included youth (13-18) and young adults (19-24) who are either regular users, experimenters/occasional users (referred to as “experimenters” throughout), or non-users of vaping products. The groups were conducted with residents of four regions of the country: Atlantic Canada in English, Quebec in French, Ontario in English and Western Canada in English. Please refer to Appendix B for the focus group schedule. Except where specifically identified, the findings represent the combined results across the various target audiences.

Quotations used throughout were selected in order to bring the analysis to life and provide typical verbatim commentary from participants across the various groups. A glossary of terms can also be found in the Qualitative methodology report in Appendix B that explains the generalizations and interpretations of qualitative terms used throughout the report.

For the purposes of interpreting the qualitative results, it is important to note that qualitative research is a valid form of scientific, social, policy, and public opinion research. However, focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic, as was done in this research. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

Attitudes and behaviours around health/healthy living

The focus groups began with an initial warm-up discussion about personal health, well-being and healthy living.

The majority of youth and young adults conveyed that they think about their health and try to live a healthy lifestyle. They often talked about trying to stay active and to eat healthy, by doing sports, going to the gym, trying to limit their screen time, getting more sleep, drinking more water, cooking meals and preparing lunches, and/or avoiding eating fast/junk food. Asked why they emphasized these behaviours and choices, participants pointed to a variety of motivations, including to live longer, live a better life, manage health conditions, to perform better (whether that be in sports, in school or other pursuits), have balance in life, or mental health benefits including better concentration.

“I try to think about my health. I try to go to the gym. I eat relatively healthy.” – Regular user, youth (13-18), Western Canada

“I think about my heart a fair bit cause I like to work out and stay healthy, to be comfortable with myself.” – Non-user, youth (13-18), Western Canada

“I go to the gym at least once a week. I have scoliosis, so being healthy is on my mind a lot of the time. I walk to school.” – Non-user, young adult (19-24), Atlantic Canada

While not universal, across the vaping segments, non-users seemed to more often talk about healthy lifestyle choices as actions they take, whereas, experimenters and regular users more often seemed to talk about healthy lifestyle choices as attempts they are making. For example, non-users said things like, “I do sports”, “I work out”, and “I eat healthy”, whereas, experimenters and regular users more often said things like, “I try to go to the gym”, “I try to think about my health”, and, “I try not to overeat”.

Where substance use was concerned, non-users spoke of avoiding behaviours such as using drugs, smoking cigarettes, and vaping to keep healthy; whereas, regular or experimental/occasional users did not often raise limiting/avoiding vaping to keep healthy.

« J'essaie d'éviter les drogues, l'alcool, le vapotage et le tabagisme. J'essaie d'aller plus souvent au gym et de manger mieux. » / (I try to avoid drugs, alcohol, vaping and smoking. I try to go to the gym more and eat better.) – Non-user, youth (13-18), Quebec

Asked where they turn for information, advice, or support related to their health, most said they would likely turn to family and/or friends, first, followed by their family doctor and/or internet searches. Several mentioned they may turn to social media, particularly for exercise workouts and healthy eating tips like meal prepping and planning.

In terms of brands or social media influencers, participants offered that they typically follow sports brands (Nike was mentioned) or personalities/influencers who are active in the sports they liked, such as: UFC fighters, rock climbers, gymnasts, cross fitters, volleyball and other sports players, and fitness influencers.

Behaviours around vaping and vaping cessation

Following the initial warm-up, the conversation delved more deeply into their behaviours around vaping, and for regular, experimental/occasional users, it also explored their behaviours around vaping cessation.

Most regular users were introduced to vaping by friends, and despite their young ages, spoke of having been introduced at a young age, when they were “impressionable”. They spoke of initially being curious, particularly of the flavours, vapour clouds, and tricks, but having developed a dependence very quickly (almost instantaneously).

“When I was thirteen, I saw YouTube videos with electric flutes and huge clouds. When I started there was no nicotine, just flavours but as I got older and in high school we would vape super high nicotine and I became addicted.” – Regular user, youth (13-18), Western Canada

« J'ai commencé quand j'avais dix-huit ans. J'avais une amie plus jeune et j'ai commencé avec elle. C'était amusant. Je n'ai pas vu de répercussions, mais c'était difficile de réduire après. » / (I started when I was eighteen. I had a younger friend and I started with her. It was fun. I didn't see any repercussions, but it was hard to reduce after.) – Regular user, young adult (19-24), Quebec

Experimental/Occasional users, tended to have been introduced to vaping while in social settings. They seemed to describe vaping as something they do recreationally and in certain social circumstances (i.e., at parties). In fact, some offered that they do not own a vaping device or want to spend the money on maintaining the habit.

« Mes amis ont été le point d'entrée. On était à une party et il y avait des saveurs. Je le fais généralement aux partys parce que je ne veux pas dépenser pour cela. » “My friends were the entry point. We were at a party and there were flavours. I usually do it at parties because I don't want to spend on it.” – Experimenter, young adult (19-24), Quebec

« J'ai commencé avec mon ami(e) en vacances. C'était une question de saveurs. On le faisait quand on s'ennuyait où qu'on buvait. » “I started with my friend on vacation. It was about the flavours. We just did it when we were bored or drinking.” – Experimenter, young adult (19-24), Quebec

For non-users, while the vast majority have been asked or pressured to vape, only some have been tempted to try it. Many explained that it is very common and hard not to be around people vaping.

“Of course we've been around it. It's everywhere.” – Non-user, young adult (19-24), Atlantic Canada

“It's hard to find a group where there is not at least one vaper.” – Non-user, young adult (19-24), Atlantic Canada

When asked to vape, most non-users decline simply stating they do not vape and for the most part these refusals have been met with little resistance. Those who have been pressured tended to be youth (13-18) who explained that they have been mocked or ridiculed in the past, particularly when in larger groups and among people with whom they are less familiar (i.e., at parties).

Interestingly, when asked to complete a projective exercise by writing down an adjective that comes to mind when thinking of vaping, the research illustrated that there was a perception difference between non-users, experimental/occasional users, and regular users.

Most non-users tended to most frequently refer to the addictive nature of vaping, citing words like, “addictive”, “addiction”, or “dependence” but also to a sense of derision toward vaping, citing words like, “gross”, “disgusting”, and “expensive”. More so than any other audience, non-users also referred to the unhealthy quality of vaping using words such as “unhealthy”, “illness” and “hurtful” to describe this quality; and, more often cited the words “danger”, “dangerous” and “death”.

While most experimental/occasional users also most often referred to the addictive nature of vaping, citing words like “addictive” and “repetitive”. They also introduced words around the recreational and experiential nature of vaping citing words like, “social”, “recreational”, “relaxing” and “soothing”. More than any other audience, they noted other experiential words like, “fruity”, “trippy”, “sweet”, “buzzed”, and “cool”. Similar to non-users, some experimenters referred to the “dangerous” dimension of vaping.

As compared to the other two audiences, regular users noted the addictive nature of vaping less frequently as part of this particular exercise, though other parts of the discussion demonstrated

that they are very aware of and preoccupied with this dimension. Rather, as part of the projective exercise, they most often focussed on the experiential nature of vaping citing words such as, “relaxing”, “Zen”, “pleasurable”, and “peaceful”. Unlike the other two audiences, regular users did not note the words “dangerous” or “unhealthy” during this projective exercise .

Almost all participants, across all audiences regardless of age and vape use, noted a variety of perceived risks associated with vaping. Unaided, their suggestions included: addiction, lung damage and/or cancer, respiratory issues, altered brain development, poor blood circulation, persistent cough, mental health issues, and/or cost.

“As someone who plays sports, I feel there is no way it would benefit my well-being. I want to go on and off the field with no problems. I have friends who vape and are very affected. They are out of breath. They have no stamina.” – Non-user, young adult (19-24), Atlantic Canada

Awareness of nicotine and the addictive nature of nicotine, was universal and significant. Nicotine came up spontaneously when discussing vaping behaviours in every group and addiction was perhaps the perceived risk most non-users were most afraid of and the aspect of vaping that most regular users were most resentful of.

“I dislike all of it. I hate that I am crazy addicted to nicotine. I hate the way it makes me feel.” – Regular user, young adult (19-24), Western Canada

Regardless of age, or vape use, the vast majority of participants would not wish vaping addiction on someone younger than themselves. When discussing whether anyone had ever tried to quit vaping, noting most regular users have tried at least once in the past, participants spoke of the difficulty managing nicotine withdrawal.

In terms of the approaches used to quit vaping, many regular users explained they had initially tried to quit cold turkey, which was met with varying degrees of success. There was agreement that the first three or four days without nicotine were the most difficult.

For future cessation attempts, views were mixed in terms of whether it would be easy or hard to quit vaping. Most experimental/occasional users had the impression it would be easy for them to quit as they vape so rarely. Regular users were a little more split, though, those who had tried before (cold turkey) tended to think it would be difficult and thought they may be more successful if they took a staged approach of reducing their nicotine levels incrementally or limiting the number of times in the day and amount (number of puffs) they vaped.

“For me the best way would be to have it dead or leave it on low battery.” – Regular user, young adult (19-24), Western Canada

Communications testing

The discussion turned to participants’ recall and impressions of public awareness campaigns about vaping. The emphasis of the discussion was to gauge reactions to a variety of components of Health Canada’s Consider the Consequence campaign. Participants were shown five images representing print products (some with a poster and mirror cling); four videos; and nine messages. All of the campaign elements shown in the groups can be found in Appendix E.

Recall and impressions of public awareness campaigns

Some participants had been exposed to public awareness campaigns about vaping in the past. These campaigns tended to have been visible with posters in schools, or ads in public transit or on YouTube. Those who could recall the ads said the main message was typically that vaping was bad or to stop/quit vaping. Interestingly, a number of participants spoke of initiatives in schools where students were asked to make their own posters about a given topic – vaping often being such a topic – that were hung around schools.

Asked what the main message of their own public awareness campaign around vaping would communicate, and participants suggested highlighting:

- The chemicals in vaping products that can be ingested by vaping
- The perceived health risks associated with vaping, including that “it could kill you”
- Not to succumb to peer pressure
- How you would be/are perceived by others
- That it is an expensive habit

“It drains your pockets; it drains your health, and it will probably kill you.” – Experimenter, youth (13-18), Atlantic Canada

Interestingly, at a certain point in most groups, someone would mention and suggest that a similarly provocative approach would be effective with vaping as has been employed with cigarette packages. As we will see later in this report, most participants seemed to think that a hard-hitting and provocative campaign would be most effective.

“I like the approach of cigarette packages. It’s a short text with pictures of dying lungs. If I saw that, I’d be like, ‘I don’t want to touch that.’” – Regular user, youth (13-18), Western Canada

Materials testing: Print products

There were three messages tested over five different images. The specific messages tested were:

- “Vaping nicotine can alter teen brain development” (two images)
- “The long-term health impacts of vaping are unknown” (one image)
- “Vaping can cause lung damage” (two images)

Overall, reactions to the print products were lukewarm.

The element, across all three ads tested, that was the most positively received was the messaging element that communicated about the health risks associated with vaping; and, in particular, the secondary, more descriptive, messaging that was included on the mirror clings. The messaging was understood, credible and widely accepted.

Of the three messages tested, the message that vaping can cause lung damage and that metal particles can be found in vapes was the most persuasive, consistent with their understanding of the perceived risks of vaping, and an element they would have featured in their own campaigns.

“Anything you inhale that is not oxygen is bad for you. This is a valid fact about why you should not vape or smoke at all.” – Regular user, youth (13-18), Western Canada

« J'aime toutes les informations dans la boîte parce qu'elles donnent plus d'informations sur toutes les mauvaises choses. » / (I like all the info in the box because it is more information about all the bad things.) – Non-user, youth (13-18), Quebec

The message that vaping nicotine can alter brain development was also understood and accepted, though most felt the reference to “teen brain development” was for somebody younger than them, regardless of their ages.

The message that the long-term impacts of vaping are unknown was not received all that well. While most agreed with the sentiment, most did not appreciate the permission the message implied: that if the impacts are unknown, then they cannot be that bad.

Again, the vast majority of participants would not wish this for someone younger than them and are supportive of public awareness campaigns to prevent youth vaping.

“A lot of my friends don’t care about the effects of vaping. I tell them there is so little research but so many consequences we already know. It’s counterproductive.” – Non-user, young adult (19-24), Atlantic Canada

« Celui-ci est tellement vague. Il donne la permission. » / (This one is so vague. It gives permission.) – Regular user, young adult (19-24), Quebec

In terms of the overall look and feel of the print products, most tended to feel they were not all that attention-grabbing or memorable. The look was described as out of date and typical.

The visual element of the vape clouds in the forms of a question mark, brain and lungs were recognizable though not all that impactful. As mentioned earlier, many participants reflected on the images featured on cigarette packages and felt they were much more impactful and memorable. There were also some comments about the different vaping devices featured in the ads and comments that some looked more like devices for cannabis.

Materials testing: Videos

Participants were shown the videos and asked for their reaction after each. For each group, the order in which the videos were shown was varied.

Reaction to the videos was much more positive and participants seemed to find an element within each video that was of merit. Importantly, no one questioned the credibility of the videos though there were preferences in terms of approach and resonance.

Teen vaping and nicotine

The video that seemed to be the most widely well received across all audiences, was the Teen vaping and nicotine video.

While almost all felt that the video was too long, it was described as engaging/captivating, interesting, and detailed. Participants very much appreciated all of the information, including the use of statistics, about the risks associated with vaping, including the emphasis on addiction, which they felt was consistent with their understanding, experience, and fears/regret about vaping.

« Je pense qu'il a bien expliqué les effets de la nicotine. Il y avait aussi beaucoup d'effets importants, comme l'anxiété et la dépendance. » / (I think it explained well what nicotine does. There was also lots of important effects including anxiety and addiction.) – Non-user, youth (13-18), Quebec

In terms of the approach of the ad, the majority of participants liked the dynamic movement, and use of different visual elements including graphics, illustrations, and call-out fonts used throughout, though several noted it was a little busy and distracting. It was described as more modern and trendier. It moved at a comfortable pace, including the cadence of the narration, which seemed to both capture and keep their attention.

“It caught my eye more. I felt the need to watch it and understand what he’s saying.” – Non-user, youth (13-18), Western Canada

« J'ai beaucoup aimé ce qu'il disait et les statistiques. Ils ont pris le temps d'expliquer. Il y avait beaucoup d'images. L'information a été bien reçue. » / (I really liked what he was saying and the statistics. They took the time to explain. There were lots of images. The information was well received.) – Experimenter, young adult (19-24), Quebec

« Celui-ci est bien meilleure. Oui, c'est long, mais il contient plus d'informations sur les conséquences. Il ouvre la porte à des ressources et à des informations. » / (This one is much better. Yes, it's long, but there is more information on the consequences. It opens the door to resources and information.) – Regular user, young adult (19-24), Quebec

The only element that several participants criticized was the background music throughout which they argued became a little annoying after a while and that the actor seemed a little older than “teens like us” to some youth (13-18).

Vaping: Asking why is important (video 1)

Reaction to the Vaping: Asking why is important (video 1) was a little more mixed.

In terms of the approach, participants liked the dynamism, music and inspirational (empowerment) messaging at the beginning. However, they also felt the ad was a little short and were particularly confused at the end when the main message that vaping can lead to nicotine addiction appeared. The correlation between the beginning and the end of the video were not intuitive and many felt the ad could be improved if a little longer with more information about the health risks associated with nicotine addiction.

A few regular users found the suggestion that one could not do all of the things featured in the ad because they vaped off-putting (and stigmatizing).

“The approach is not the best. You could vape and be a good person and be healthy. You can be successful and vape.” – Regular user, youth (13-18), Western Canada

Don't wait to quit smoking

Similarly, reaction to the approach of the Don't wait to quit smoking video, was mixed. What many participants liked about the ad, was the suggestion that there is always a better day to quit smoking, which they found relatable.

“This was very relatable. We can all relate to hearing people say they’ll quit then [on a certain date or around a certain event]. It resonates. This is how we talk to ourselves.” – Non-user, young adult (19-24), Atlantic Canada

Some participants, especially non-users and experimental/occasional users, also liked that the emphasis of the ad was not exclusively on the health consequences of smoking so much as the impact smoking has on one’s broader life. This fit with how they said they treat their friends who vape, which is not to harp or offer an opinion about their use of vaping products, unless asked.

Conversely, and consistent with the reactions to the Vaping: Asking why is important video, some regular users, found this approach a little stigmatizing, arguing that one could still have healthy relationships and graduate from school even while using vaping products.

« Celle-ci est intéressante, mais elle ne me touche pas vraiment. Pourquoi s'arrêter maintenant ? Je pourrais faire toutes ces choses même avec une vape. » / (This one is interesting, but it doesn’t really resonate with me. Why stop now? I could do all these things even with a vape.) – Regular user, young adult (19-24), Quebec

Some also wondered whether the approach was not impactful enough.

« Il n'y a pas assez d'impact. C'est un bon rappel et cela donne une idée, mais je préfère que les choses aient plus d'impact. » / (There is not enough impact. It’s a good reminder and gives you an idea, but I prefer seeing things more impactful.) – Experimenter, young adult (19-24), Quebec

The mechanics of vaping

With respect to, The mechanics of vaping video, the most effective element of this approach was the serious tone conveyed by the music, narrator’s voice, and sombre colours used throughout. Participants felt it was attention-grabbing and fit with the tone they would like to see for a vaping prevention campaign. However, most were not sure of the purpose or main message of the ad, commenting that the main message seemed to be about different vaping products than why one should consider quitting or not vaping. As a result, young adults (19-24) tended to think it was more targeted to their age group.

« La voix était plus dynamique. » / (The voice over was more dynamic.) – Non-user, youth (13-18), Quebec

« Celui-ci était trop scientifique. Il n'est pas si facile à comprendre ni si efficace pour communiquer les conséquences. Il s'agit davantage de la vape. » / (This one was too scientific. It’s not all that easy to understand or as effective at communicating the consequences. It’s more about the vape.) – Non-user, youth (13-18), Quebec

Materials testing: Messages

The messages tested stemmed from three broad themes: empowerment, cessation, and addiction. Within each theme, there were three messages.

Empowerment

- “Don’t be fooled into vaping. It’s not harmless.”
- “You’ll never need to quit vaping if you don’t start.”
- “You don’t have to vape to fit in.”

Cessation

- “Take charge of your future. Leave the vape behind.”
- “Nicotine is highly addictive, but quitting vaping is possible. Why not quit now?”
- “Are you worried about lung health? Make now the time to quit vaping.”

Addiction

- “Don’t let nicotine control your life. Don’t vape.”
- “What are you missing out on because you “need” to vape?”
- “Why risk nicotine addiction? The buzz just isn’t worth it.”

The order in which these themes were tested was changed with each group.

As with the videos, most participants appreciated at least one message or some of the words within each of the three messaging themes (empowerment; cessation; and addiction) tested.

Participants who identified as male seemed to gravitate more to empowerment messages, while those who identified as female seemed to gravitate more to messaging around addiction.

Empowerment messages

Those who liked the empowerment messages liked that the messages put the onus on the individual to quit.

« J'aime les messages de responsabilisation parce que c'est notre décision. C'est notre choix. » / (I like the empowerment messages because it's our decision. It's our choice.) – Experimenter, young adult (19-24), Quebec

They also felt that the three messages touched on some of the important themes discussed over the course of the group discussions that: vaping is not harmless, it is not easy to quit, and you don't have to vape to fit in. Regular users, especially, appreciated the reminder that “you don't have to vape to fit in” as this spoke to the very reason most of them began vaping.

Most, across all audiences, really liked the message, “you'll never need to quit vaping if you don't start” as it spoke to their aspiration that young people not begin vaping and because it reinforced the point that it is not easy to quit.

« Je l'aime parce que certaines personnes pensent qu'il est facile d'arrêter. » / (I like it because some people think it's easy to quit.) – Non-user, youth (13-18), Quebec

Addiction messages

The addiction messages rang especially true for the vast majority of participants given their perceptions of nicotine and how addictive it is. They also felt these messages were powerful and convincing as in the example that nicotine could control your life. As mentioned earlier, addiction was the dimension that non-users and experimenters most feared and regular users most resented/regretted.

« J'aime les messages sur la dépendance parce qu'ils m'ont fait le plus peur. Je ne veux pas devenir dépendant. » / (I like the addiction messages because they made me the most scared. I don't want to become an addict.) – Non-user, youth (13-18), Quebec

For regular users, the message, “Don’t let nicotine control your life. Don’t vape.” captured very well those feelings of resentment and the difficulty some experienced trying to quit.

“I like this message because I was very dependent on nicotine and my vape. I was a slave to my vape. I don’t like the idea of giving power to it.” – Regular user, youth (13-18), Western Canada

With respect to the message, “What are you missing out on because you ‘need’ to vape?”, participants liked the sentiment and said that asking a question like this is something they say/ask. Having said that, while many participants liked the sentiment, there was a sense that emphasising the word, “need” in quotations, was unnecessary (and potentially stigmatizing).

“This one stuck out for me because I’ve said this to my boyfriend, ‘What do you gain or what are you missing out on?’ I’ve used this language.” – Non-user, young adult (19-24), Atlantic Canada

Some liked the play on the word “buzz” in the message, “Why risk nicotine addiction? The buzz just isn’t worth it.”

Cessation messages

Reactions to the cessation messages were mixed. While participants appreciated the sentiments, some bristled at the implication that it is easy to quit that was implied in at least two of the messages, “Why not quit now?” and “Make now the time to quit vaping.

Having said that, some regular users appreciated the reminder, “why not quit now?” Several offered that when they’ve started thinking about quitting, that is when they know it is time to quit, and the suggestion that there is no better time than the present was helpful.

“I like this one. It’s very good. When I started to think about quitting, that’s how I knew I had to quit.” – Regular user, youth (13-18), Western Canada

“Take charge of your future. Leave the vape behind.” also seemed to resonate with regular users, who shared that when they have tried to quit in the past, one of their approaches was to throw their vaping device out or not charge the battery.

Final thoughts on communications testing

With respect to any public awareness campaign about vaping prevention, the vast majority of participants suggested, over the course of the conversations, that they would like to see more hard-hitting approaches. Throughout the group discussions participants offered that the perceived health risks associated with vaping should be front and centre and featured graphically; similar to the images featured on cigarette packages.

Risks of nicotine, including nicotine pouches

The discussion topic was around nicotine with an emphasis on awareness and use of nicotine pouches.

Several participants, and more often regular users of vaping products, had heard of nicotine pouches, though many, across all audiences, were aware of “ZYN”. The way they spoke of it, made it seem like they were talking about a product category and not just a brand. In fact, in

most groups, at least one participant had seen ZYN promoted either by celebrities or others they follow on social media.

“It’s all over Tik Tok. Guys out partying talking about ZYN.” – Non-user, young adults (19-24), Atlantic Canada

In terms of their understanding of who uses nicotine pouches and for what purpose, there seemed to be some divergent views. Some suggested they were used by people who were trying to quit smoking and/or vaping. Others, and perhaps surprisingly, talked of them being used by younger people, including themselves, as a way to receive nicotine. They talked about the fact they can be flavoured as well.

“A lot of friends have started with ZYN. I don’t understand it, but it seems to be helpful to stop vaping. Why would someone want something in their mouth all night? I don’t know. If it helps, I guess it’s better.” – Non-user, young adult (19-24), Atlantic Canada

“It’s hard to save your lungs. I know you could get mouth cancer, but that’s a better alternative to lung cancer.” – Non-user, young adult (19-24), Atlantic Canada

A few youth (13-18) regular users have used nicotine pouches before. They were described as something they have used recreationally and especially to help while doing something over a long period of time (i.e., writing exams, playing poker) to get a continual nicotine hit.

“It’s similar to vapes but easier. We’ve used them around poker games. You get a buzz and it’s probably healthier.” – Regular user, youth (13-18), Western Canada

“My friends use them especially around tests in school. You’re in there for hours so it helps cause it’s hard to go that long.” – Regular user, youth (13-18), Western Canada

Of those who had tried them, a few did not like them, while others were comfortable using them.

Conclusions

Health Canada commissioned this public opinion research to update its existing information and to develop a segmentation to better understand the groupings of behaviours and opinions of Canadians aged 13–24-year-olds. From the outset, the understanding was that youth and young adults, and more specifically, those who vape, are not a monolith, but instead are comprised of subsets that hold contrasting views, backgrounds, motivations, intentions, and behave quite differently.

Even examining opinions based upon broad behavioural categorizations demonstrates empirically that there are a wide variety of correlations with tested behaviours and speaks to the value of further breaking down the sample. As one basic example, the research demonstrated that life satisfaction correlates negatively with usage categorization – the less satisfied one is, the more likely they are to be vaping nicotine, to put it generally. It is not proving causality but does prove correlation.

The qualitative research provided an abundance of real-life examples of the differences among the target audiences. The patterns of similarities and variances echoed what was found quantitatively but helped to bring clarity to many of the empirical data-points. For example, while most appreciate that nicotine is addictive, there is varying weight given to that fact when it comes to vaping nicotine. In focus groups, the levels of concern for the addictiveness and other potential health risks varied widely. Certainly some of these variances were more easily recognized as relating to how much one vapes nicotine already, the age of the individual, and whether the activity serves some other need like social interaction or stress relief.

Clearly this level of analysis, whether quantitative or qualitative, proves the value in comparing the differences among segments that are here defined using broad categorizations – such as regular users; experimenters; and non-users.

However, by layering in a variety of psychographic profiling variables, it becomes clear that the tapestry that is youth opinion surrounding vaping nicotine today consists of many different threads woven together. Perhaps more importantly, it sheds light on the true range of target audiences facing public health officials who seek to minimize the harms caused by vaping nicotine among Canadian youth and young adults.

With the segmentation analysis that divided the universe of youth and young adults into ten distinct segments, we can see that nuance is required for communicating effectively with whatever segments are prioritized. By arraying these segments on a spectrum, it is clear that while some generalization is practical, such as noting there are three segments with particularly rebellious natures coupled with highly challenging attitudes and behaviours with regard to vaping nicotine, there are also subtle differences between them. Understanding these subtle

differences, particularly in this era of highly fragmented audiences and highly targeted digital advertising placement, can be the difference between effectively relating to, and engaging with, a young Canadian and having the target audience scroll right past whatever message is being delivered.

The data, particularly when augmented with the qualitative findings, enables a much deeper understanding of each specific audience than can possibly be gleaned with standard bivariate analysis. It also makes decisions for priority target audiences clearer since it is not merely about behaviour, but also about psychology. A young non-user with a set of attitudes that challenge authority, lack life goals, or has mental health challenges, presents a very different potential for problematic behaviour than another young non-user with contrasting attitudes and motivations in life.

Leveraging this segmentation evidence can help the Government of Canada communicate in more relevant ways – approaches that have youth feel like the government actually understands them and is willing to communicate with them in a way grounded in that understanding.

Appendix A: Quantitative methodology report

Survey methodology

Earnscliffe Strategy Group's overall approach for this study was to conduct an online survey of a minimum of 6,000 Canadians aged 13-24 older using an online panel sample. A detailed discussion of the approach used to complete this research is presented below.

Questionnaire design

The questionnaires for this study were designed by Earnscliffe and provided to Health Canada for feedback. The surveys were offered to respondents in both English and French and completed based on their preferences.

Sample design and selection

The sampling plan for the study was designed by Earnscliffe in collaboration with Health Canada, and the sample was drawn by Leger based on Earnscliffe's instructions. The surveys were completed using Leger's opt-in online research panel. Digital fingerprinting was used to help ensure that no respondent took the online survey more than once.

The overall study sample size was selected in order to achieve robust sample of each behavioural segment. Segment specific sample sizes were estimated based on evidence cited in the statement of work, including CSTADS, CTNS and Canadian Health Survey on Children and Youth (CHSCY) 2019. As the CHSCY data is the only source that included estimates among those 13-15 years of age, however, and using the data on that age group was not entirely available/provided, so estimates of those who have never having tried vaping and those who only have experimental usage are rough estimates.

Proposed sample sizes for each behavioural segment were initially extrapolated from other available studies to suggest the breakdown below. Please note that the only source for data on youth aged 13-15 was the Canadian Health Survey on Children and Youth (CHSCY) 2019 but that the data available was incomplete and so the proposed rates were only rough estimates.

	Regular users	Experimenters	Non-users	TOTAL
Youth 13-15 (%)	5%	5%	90%	100%
Youth 13-15 (n)	70	70	1253	1393
Youth 16-18 (%)	12%	16%	70%	100%
Youth 16-18 (n)	177	228	987	1392
Young adults 19-24 (%)	17%	30%	52%	100%

Young adults 19-24 (n)	553	977	1685	3215
TOTAL INTERVIEWS	799	1275	3925	6000

And the final, actual, sample sizes are listed below.

	Regular users	Experimenters	Non-users	TOTAL
Youth 13-15 (%)	24%	12%	61%	100%
Youth 13-15 (n)	374	177	936	1527
Youth 16-18 (%)	19%	16%	63%	100%
Youth 16-18 (n)	258	217	846	1344
Young adults 19-24 (%)	34%	21%	42%	100%
Young adults 19-24 (n)	1093	690	1368	3232
TOTAL INTERVIEWS	1725	1084	3150	6103

Data collection

The surveys were conducted in English and in French on the basis of participants preferences. The survey was undertaken by Leger using their proprietary online panel. For the surveys with respondents under 16, Leger initially screened adults over the age of 24 to see whether they were a parent with a child between the ages of 13 and 17. All necessary and required permissions (including parental/guardian for youth 13-15) were obtained before proceeding with any youth surveys. The permissions and exact logic are detailed in the questionnaire attached in Appendix C.

Targets/weighting

The final data for the general population sample was weighted based on 2021 Census information. Weighting was applied based on region, age, and gender statistics to help ensure that the final dataset was in proportion to the Canadian population aged 13 and older.

	Gender Identity		
	Male	Female	Other
Weighted (n)	3148	2847	85
Unweighted (n)	3447	2554	84

	Age		
	13-15	16-18	19-24
Weighted (n)	1510	1448	3144
Unweighted (n)	1527	1344	3232

	Region					
	B.C.	Alberta	Sask. & Man.	Ontario	Quebec	Atlantic Canada
Weighted (n)	785	735	449	2439	1304	372
Unweighted (n)	757	791	407	2453	1316	371

Results

Final dispositions

A total of 14,897 individuals entered the online survey, of which 6,103 qualified as valid and completed the survey. The participation rate for this survey was 8.95%.

Total entered survey: 14,897

Completed: 6,103

Not qualified/screen out: 2,347

Over quota: 3237

Suspend/drop-off: 3,210

Unresolved (U): 55,966

Email invitation bounce-backs: 119

Email invitations unanswered: 55,847

In-scope non-responding (IS): 0

Qualified respondent break-off: 0

In-scope responding (R): 6,103

Completed surveys disqualified – quota filled: 0

Completed surveys disqualified – other reasons: 0

Completed surveys – valid: 6,103

Response rate = $R/(U+IS+R)$: 8.95%

Nonresponse

Respondents for the survey were selected from among those who have volunteered to participate in surveys by joining an opt-in-panel. The notion of non-response is more complex than for random probability studies that begin with a sample universe that can, at least theoretically, include the entire population being studied. In such cases, non-response can occur at a number of points before being invited to participate in this particular survey, let alone in deciding to answer any particular question within the survey.

All weighting was determined based upon the most recent Census data available from Statistics Canada with a full breakdown of the weighted versus unweighted totals provided in the data tables provided under separate cover.

Quality controls

Prior to launching the survey, Earncliffe tested the links to ensure programming matched the questionnaires. Leger conducted a pre-test of the surveys (31 in English and 22 in French), and the data was reviewed by Earncliffe prior to a full launch of the surveys. There were no changes to the questionnaire based off the pre-test data and this data was ultimately included in the final sample.

Reporting

Results with upper-case sub-script in the tables presented under a separate cover indicate that the difference between the demographic groups analysed are significantly higher than results

found in other columns in the table. Uppercase letters indicate that the difference is significant at the 0.05 level.

In the text of the report, unless otherwise noted, the data points and demographic differences highlighted are statistically significant at the 95% confidence level. The statistical test used to determine the significance of the results was the Z-test.

Margin of Error

Respondents for the online survey were selected from among those who have volunteered to participate/registered to participate in online surveys. Because the online sample is based on those who initially self-selected for participation in panel, no estimates sampling error can be calculated for the entire sample. The treatment here of the non-probability sample is aligned with the Standards for the Conduct of Governments of Canada Public Opinion Research for online surveys.

Appendix B: Qualitative methodology report

Methodology

The qualitative phase consisted of twelve (12) focus groups held on March 25th and March 26th, 2024, with youth and young adults of 13-24 years. There were nine focus groups conducted in English and three completed in French.

The following table outline the focus group schedule and turnout:

Group	Audience	Region/Language	No of recruits	No of participants
1	Non-users, youth (19-24)	Atlantic Canada (EN)	10	8
2	Experimenters/Occasional users, youth (13-18)	Atlantic Canada (EN)	10	7
3	Non-users, youth (13-18)	Quebec (FR)	10	8
4	Experimenters/Occasional users, youth (13-18)	Ontario (EN)	10	8
5	Non- users, youth (13-18)	West (EN)	10	8
6	Experimenters/Occasional users, young adults (19-24)	West (EN)	10	8
7	Experimenters/Occasional users, young adults (19-24)	Quebec (FR)	10	8
8	Regular users, young adults (19-24)	Atlantic Canada (EN)	10	10
9	Regular users, young adults (19-24)	Quebec (FR)	10	6
10	Regular users, young adults (19-24)	Ontario (EN)	10	7
11	Regular users, youth (13-18)	West (EN)	10	8
12	Regular users, youth (13-18)	Ontario (EN)	10	9
Total			120	95

Recruitment

Participants were recruited using the recruitment screener found in Appendix F. For each focus group, 10 participants were recruited. In each group, a mix of participants from different genders, ethnic communities, and income levels (among young adults) was sought.

Our field work subcontractor, Quality Response, and their selected suppliers reached out to members of their respective databases first via email and followed up with telephone calls to pre-qualify participants. They then conducted telephone recruitments to supplement in each market.

Moderation

Two moderators were used to complete the focus groups. Our team debriefed with Health Canada after the first night of focus groups to discuss the functionality of the discussion guide, any issues relating to recruitment, turnout, and technology.

A note about interpreting qualitative research results

It is important to note that qualitative research is a form of scientific, social, policy, and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences, and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn, and findings cannot reliably be generalized beyond their number.

Glossary of terms

The following is a glossary of terms which explains the generalizations and interpretations of qualitative terms used throughout the report. These phrases are used when groups of participants share a specific point of view and emerging themes can be reported. Unless otherwise stated, it should not be taken to mean that the rest of participants disagreed with the point; rather others either did not comment or did not have a strong opinion on the question.

Generalization	Interpretation
Few	Few is used when less than 10% of participants have responded with similar answers.
Several	Several is used when fewer than 20% of the participants responded with similar answers.
Some	Some is used when more than 20% but significantly fewer than 50% of participants responded with similar answers.
Many	Many is used when nearly 50% of participants responded with similar answers.
Majority/Plurality	Majority or plurality are used when more than 50% but fewer than 75% of the participants responded with similar answers.
Most	Most is used when more than 75% of the participants responded with similar answers.
Vast majority	Vast majority is used when nearly all participants responded with similar answers, but several had differing views.
Unanimous/Almost all	Unanimous or almost all are used when all participants gave similar answers or when the vast majority of participants gave similar answers and the remaining few declined to comment on the issue in question.

Appendix C: Survey questionnaire

Survey Questionnaire

Health Canada 2023-24 Survey on Youth Vaping

Landing Page

Thank you for agreeing to take part in this short survey on health information. We anticipate that the survey will take approximately 15 minutes to complete.

[NEXT]

Alternativement, pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

Intro Page All Respondents

Background information

This research is being conducted by Earncliffe Strategies, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government policies, processes, and practices relating to Canadians' health information.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 15 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

1. 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.
2. **Purpose of collection:** We require your personal information such as demographic information 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.
3. **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](https://www.infosource.gc.ca).
4. **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. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

The final report written by Earncliffe Strategies will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca>) six months after the end of fieldwork.

If you have any questions about the survey, you may contact Earncliffe Strategies at info@earncliffe.ca.

Your input is greatly appreciated, and we look forward to receiving your feedback.

[CONTINUE]

Screening

1. Which gender do you identify as?

Male	1
Female	2
Other	3
Prefer not to answer	9

2. In what year were you born?

[INSERT YEAR. IF YOUNGER THAN 15 YEARS, THANK & TERMINATE]

2a. [IF RESPONDENT REFUSES TO PROVIDE BIRTH YEAR, ASK:] Into which of the following age categories do you fit?

Under 16	0
16-17	1
18-19	2
20-24	3
25-29	4
30-34	5
35-39	6
40-49	7
50-64	8
65+	9

[IF UNDER 16 OR STILL REFUSAL, THANK & TERMINATE]

2b. [IF 16 TO 24, ASK:] More specifically, what is your exact age?

16	4
17	5
18	6
19	7
20	8
21	9
22	10

23	11
24	12

3. Which of the following provinces or territories do you live in?

Newfoundland and Labrador	1
Nova Scotia	2
Prince Edward Island	3
New Brunswick	4
Quebec	5
Ontario	6
Manitoba	7
Saskatchewan	8
Alberta	9
British Columbia	10
Yukon	11
Nunavut	12
Northwest Territories	13
Prefer not to say [THANK & TERMINATE]	99

4. [IF OVER 24 YEARS OF AGE] Are you a parent or legal guardian of a child that is under 18 years old?

No	THANK AND TERMINATE
Yes	REQUEST INTERVIEW WITH YOUTH (13-17)

IF PARENT OF AT LEAST ONE TEEN (13-17) YEARS OF AGE: Consent

We would like to include your 13–17-year-old teenager in this very important study and are asking your permission to include them in our sample.

Yes	NEXT SCREEN
No	THANK AND TERMINATE

Background information

This research is being conducted by Earncliffe Strategy Group, a Canadian public opinion research firm, on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to assess the knowledge, attitudes, and behaviours of Canadians. The goal is to obtain the most unbiased and candid answers possible to help inform government actions and decisions.

How does the online survey work?

- Your child is being asked to offer his/her opinions and experiences through an online survey.
- We anticipate that the survey will take 15 minutes to complete.
- Your child’s participation in the survey is completely voluntary.

- Your child’s responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses.
- 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?

1. 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.
2. **Purpose of collection:** We require your child’s personal information such as demographic information 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.
3. **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.
4. **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 child’s personal information. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your child personal information has been handled improperly.

What happens after the online survey?

The final report written by Earncliffe Strategy Group will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca>) six months after the end of fieldwork.

If you have any questions about the survey, you may contact Earncliffe at research@earncliffe.ca.

Your assistance is greatly appreciated, and we look forward to receiving your child’s feedback.

Teen Landing Page

Your parent or legal guardian has agreed to let us invite 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! Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses. You can do the survey on your computer, laptop, tablet, or phone. You can stop at any time if you feel uncomfortable, or just choose not to respond to any question. To protect your privacy, you will not be able to go back to previous pages for some questions and once you complete the questionnaire, it is locked. 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.

Thank you for agreeing to take part. We anticipate that the survey will take approximately 15 minutes to complete.

[NEXT]

Alternativement, pour continuer en français, veuillez cliquer sur [INSÉRER LE LIEN].

Teen Introduction

Background information

This research is being conducted by Earncliffe Strategy Group, a Canadian public opinion research firm on behalf of Health Canada.

The purpose of this online survey is to collect opinions and feedback from Canadians that will be used by Health Canada to help inform government actions and decisions.

How does the online survey work?

- You are being asked to offer your opinions and experiences through an online survey.
- We anticipate that the survey will take 15 minutes to complete.
- Your participation in the survey is completely voluntary.
- Your responses are confidential and will only ever be reported in aggregate – never in any way that can identify any individual respondent or their responses.
- Your decision on whether or not to participate will not affect any dealings you may have with the Government of Canada.

What about your personal information?

1. 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.
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3. **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.
4. **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. You also have the right to file a complaint with the Privacy Commissioner of Canada if you think your personal information has been handled improperly.

What happens after the online survey?

The final report written by Earncliffe Strategy Group will be available to the public from Library and Archives Canada (<http://www.bac-lac.gc.ca>) six months after the end of fieldwork.

If you have any questions about the survey, you may contact Earncliffe at research@earncliffe.ca.

Your help is greatly appreciated, and we look forward to receiving your feedback.
[CONTINUE TO TEEN SCREENING]

Teen Screening (13-17)

5. Are you?

Male	1
Female	2
Other	3
Prefer not to answer	9

6. In what year were you born?

[INSERT YEAR. IF 2005 OR EARLIER, THANK & TERMINATE.]

7a. [IF RESPONDENT REFUSES TO PROVIDE BIRTH YEAR, ASK:] Into which of the following categories do you fit?

Under 13 [THANK & TERMINATE]	0
13	1
14	2
15	3
16	4
17	5
18 or older [THANK & TERMINATE]	6

Section 1: Identification of Audience & Substance Use

Throughout this study, when we use the term “vaping”, we want you to exclude products that contain cannabis/marijuana/THC/CBD. When we use the term vaping, we are only referring to vaping products that contain nicotine, but do not contain cannabis, marijuana, THC, or CBD.

7. The first questions are about the frequency of smoking, vaping, cannabis, alcohol, opioids and some other substances. Please indicate how often you have done any of the following. [RANDOMIZE]

PROGRAMMING NOTE: Vaping devices are usually battery-powered and may come with removable parts. Vaping devices are available in many shapes and sizes. Some are small and look like USB drives or pens, while others are much larger. Vaping products have many names, including: mods, vapes, sub-ohms, vape pens, e-hookahs, tank systems, electronic cigarettes/e-cigarettes, or electronic nicotine delivery systems (ENDS). They may also be known by various brand names.

- a. Smoked cigarettes
- b. Used vaping products containing nicotine
- c. Used cannabis containing THC in any form (smoked, vaped, edible, etc.)
- d. Drank an alcoholic beverage
- e. Used pain relievers (opioids) such as oxycodone or fentanyl to get high (this would include drugs such as oxy, APO, OxyContin®, percs, OxyNEO®)
- f. Used illegal drugs and other psychoactive substances (ecstasy or MDMA, magic mushrooms, cocaine, bath salts, methamphetamines (meth), glue/gas, etc.)

Multiple times a day in the past week	6
Multiple times in the past week	5

Once in the past week	4
Multiple times in the past 30 days	3
Once in the past 30 days	2
Have done this but not in the past 30 days	1
Have never done this	0
Prefer not to answer	8
Don't know	9

SMOKING AND VAPING BEHAVIOUR SEGMENT DEFINITIONS.
RESPONDENTS CAN QUALIFY FOR MULTIPLE.

CODE AS "REGULAR SMOKER" IF Q7a>2
 CODE AS "SMOKER" IF Q7a>1
 CODE AS "ONLY TRIED SMOKING" IF Q7a=1
 CODE AS "SMOKED AT LEAST ONCE" IF Q7a>0
 CODE AS "NEVER SMOKED" IF Q7a=0

CODE AS "REGULAR VAPER" IF Q7b>2
 CODE AS "VAPER" IF Q7b>1
 CODE AS "ONLY TRIED VAPING" IF Q7b=1
 CODE AS "VAPED AT LEAST ONCE" IF Q7b>0
 CODE AS "NEVER VAPED" IF Q7b=0

8. [IF "SMOKED AT LEAST ONCE"] How old were you the first time you ever tried smoking cigarettes? [NUMERICAL RESPONSE]

Prefer not to answer	88
Don't know	99

9. [IF "SMOKED AT LEAST ONCE"] Have you ever tried to quit smoking cigarettes?

Yes, I have tried to quit smoking and was successful	1
Yes, I have tried to quit smoking and was unsuccessful	2
No, I have never tried to quit smoking	3
Prefer not to answer	8
Don't know	9

10. [IF Q9<3] Which of the following, if any, have you done in the past year. Please select all that apply. [RANDOMIZE NON-ANCHORED ITEMS. SELECT ALL THAT APPLY EXCEPT FOR LAST TWO ITEMS THAT ARE EXCLUSIVE.]

Tried vaping with nicotine to quit smoking	
Tried a nicotine replacement therapy to quit smoking (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.)	
[ANCHORED] Tried some other way to quit smoking (e.g. counselling or participated in a quit)	
[ANCHORED] Have not tried to quit smoking in the past year	
[ANCHORED] Prefer not to answer	8

11. [IF “VAPED AT LEAST ONCE”] How old were you the first time you ever tried vaping?
[NUMERICAL RESPONSE]
- Prefer not to answer 88
Don’t know 99
12. [IF “VAPED AT LEAST ONCE”] What were the main reasons you tried vaping nicotine for the first time? Please select up to 3 reasons. [RANDOMIZE. SELECT UP TO THREE.]
- It looked fun and exciting
My friends were vaping
It was offered to me
I was curious
My parent(s)/guardian(s) vape
My siblings vape
I liked the flavours and smell
It’s not harmful like smoking cigarettes
Didn’t think I could get addicted
To quit or reduce my use of cigarettes
Other (SPECIFY)
I can’t recall
Prefer not to answer 8
Don’t know
13. [IF “VAPER”] In which of the following situations, do you vape? [SELECT ALL THAT APPLY.]
- When I’m around friends who vape
When I am with friends who don’t vape
When I’m bored
When I’m stressed out
When I’m at a party or bar
When I am home
When I am alone
[ALWAYS LAST] Other (SPECIFY)
Prefer not to answer 9
14. [IF “VAPER”] Please indicate which of the following, if any, you also do at times when you are vaping, even if it is only rare that you do so. [SELECT ALL THAT APPLY.]
- Drink an alcoholic beverage 1
Use cannabis in any form (smoked, vaped, edible, etc.) 2
Smoke a cigarette 3
Use opioids (pain relievers such as fentanyl, oxycodone, Percocet, etc.) 4
Use illegal drugs (ecstasy or MDMA, magic mushrooms, cocaine, etc.) 5
Prefer not to answer 9
15. [IF “VAPED AT LEAST ONCE”] Have you ever tried to quit vaping?
- Yes, I have tried to quit vaping and was successful 1

- | | |
|---|---|
| Yes, I have tried to quit vaping and was unsuccessful | 2 |
| No, I have never tried to quit vaping | |
| Prefer not to answer | 8 |
| Don't know | 9 |
16. [IF Q15<3] Which of the following, if any, have you done in the past year. Please select all that apply. [SELECT ALL THAT APPLY.]
- | | |
|--|---|
| Tried a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.) in an attempt to quit vaping | |
| Tried some other way to quit vaping | |
| Have not tried to quit vaping in the past year | |
| Prefer not to answer | 8 |
17. [IF "VAPED AT LEAST ONCE"] And looking ahead, how likely do you think it is that you will try or try again each of the following in an effort to quit vaping?
- a. Using a nicotine replacement therapy (e.g., nicotine gum, nicotine patch, nicotine inhaler, etc.)
- b. Trying some other way to quit vaping
- | | |
|----------------------|---|
| Definitely not | 1 |
| Not likely | 2 |
| Likely | 3 |
| Definitely will | 4 |
| Prefer not to answer | 8 |
| Don't know | 9 |
18. [IF "VAPER"] Do you ever hide the fact that you are vaping?
- | | |
|----------------------|---|
| Yes | |
| No | |
| Prefer not to answer | 8 |
| Don't know | 9 |
19. [IF HIDE VAPING EVER] From whom do you hide the fact that you are vaping? [SELECT ANY THAT APPLY]
- | | |
|----------------------|---|
| Family | |
| Friends | |
| People at work | |
| People at school | |
| Strangers | |
| Others (SPECIFY) | |
| Prefer not to answer | 8 |
| Don't know | 9 |
| | 9 |
20. [IF "NEVER VAPED"] Has anyone ever offered you the chance to try vaping?
- | | |
|----------------------|---|
| Yes | |
| No | |
| Prefer not to answer | 8 |

Don't know 9

21. [IF OFFERED THE CHANCE TO VAPE] From whom have you ever been offered the chance to vape? [SELECT ALL THAT APPLY]

- Family
- Friends
- People at work
- People at school
- Strangers
- Others (SPECIFY)
- Prefer not to answer 8
- Don't know 9

Section 2: Psychographic Profiling

22. To what extent do you agree or disagree with the following statements? [RANDOMIZE.]

- a. I am rebellious and like to test boundaries.
- b. I have friends in my life who are older than me.
- c. Being accepted by my peers is important to me.
- d. I regularly skip/skipped classes in school.
- e. Most of my friends drink alcohol.
- f. Most of my friends use cannabis.
- g. I frequently attend religious services.
- h. Getting good grades is important to me.
- i. I would describe myself as brand conscious.
- j. I am usually the first among my friends to try new things.
- k. I am usually the first among my friends to have the latest technology or gadget.
- l. I am usually the first among my friends to wear the latest fashion trend.
- m. I listen to what my parents tell me to do.
- n. I follow the rules almost all the time.
- o. Developing my own style of art/music/dance is important to me.
- p. Looking after the environment is important to me.
- q. I strive to follow the traditions and customs handed down to be me from my family or religion.
- r. It is important to follow what's going on in government and public affairs.
- s. A post-secondary education is important.
- t. I try to live a healthy lifestyle.
- u. I usually try to avoid things that have health risks associated with them.

- Strong disagree 1
- Disagree 2
- Neutral 3
- Agree 4
- Strongly Agree 5
- Prefer not to answer 8
- Don't know 9

23. To what extent do you agree or disagree with the following statements? [RANDOMIZE.]

- a. I would like to explore new places with planned routes and timetables.
- b. I would like to take off on a trip with no pre-planned routes or timetables.
- c. I like to do things that frighten me.
- d. I would like to try bungee-jumping or skydiving.
- e. I like wild parties.
- f. I like new and exciting experiences, even if I have to break the rules.
- g. I get restless when I spend too much time at home.
- h. I prefer friends who are unpredictable.

Strong disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5
Prefer not to answer	8
Don't know	9

24. How satisfied would you say you are with your life right now?

Very dissatisfied	1
Somewhat dissatisfied	2
Neither satisfied nor dissatisfied	3
Somewhat satisfied	4
Very satisfied	5
Prefer not to answer	8
Don't know	9

25. How would you rate your overall mental health?

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5
Prefer not to answer	8
Don't know	9

26. During the past 4 weeks, have you had any problems with school, your work or daily life due to your mental health or emotional challenges like feeling depressed, sad, overwhelmed, unmotivated or anxious?

Yes	1
No	2
Prefer not to answer	8
Don't know	9

27. [IF Q25=4 OR Q25=5 OR Q26=1] Have you been using substances (cannabis, alcohol, opioids, other illegal drugs) to cope with poor mental health or emotional challenges (feeling depressed, sad, overwhelmed, unmotivated or anxious) that you have been experiencing in the past 4 weeks?

Yes	1
No	2
Prefer not to answer	8
Don't know	9

28. [ONLY ASK THOSE 18 AND OLDER] Thinking about the cost of living and your personal financial situation, are you currently...?

Struggling	1
Falling behind on your monthly expenses	2
Just getting by, with no savings	3
Getting ahead, with some savings	4
Financially secure	5
Prefer not to answer	8
Don't know	9

29. From the list below, which adjectives do you think apply to you? [RANDOMIZE. SHOW IN GROUPS OF 8. SELECT ALL THAT APPLY.]

- Happy
- Resilient
- Curious
- Stressed
- Fashionable
- Modern
- Anxious
- Experimental
- Social
- Conservative
- Responsible
- Content
- Cautious
- Tough
- Traditional
- Courageous
- Self-indulgent
- Obedient
- Driven
- Depressed
- Excitable
- Lazy
- Independent
- Devoted
- Reliable
- Moody
- Caring

Resourceful
Bubbly
Loyal
Dedicated
Neurotic
Trendy
Follower

30. Below is a list of values or character traits that may be important to some people and unimportant to others. Please pick up to five that are most important to you personally. [RANDOMIZE. SELECT UP TO FIVE.]

Being of service to one's community
Making a difference
Being kind
Tackling important challenges
Being compassionate
Being tolerant of others
Respecting tradition
Respecting elderly
Being determined or perseverant
Thinking independently, for oneself
Being creative
Being fun-loving
Being spiritual
Being curious
Continuous learning and self-development
Being successful
Freedom to choose one's path
Being loyal
Being adventurous
Being proud to be Canadian

31. When you think about the future, how important, if at all, are the following possible life goals? [RANDOMIZE]

- a. having lots of money
- b. contributing to society
- c. finding purpose and meaning in life
- d. being close to family and friends
- e. travelling
- f. owning a house
- g. having a family
- h. being healthy
- i. having a fulfilling job
- j. having a full-time, steady job
- k. having a good work/life balance
- l. helping others

1-Not at all important	
2	
3	
4	
5-Very important	
Prefer not to answer	8
Don't know	9

32. What kinds of things do you enjoy doing in your spare time? [SELECT ALL THAT APPLY.]

Traveling	
Exercising/Working out/Being active	
Music	
Playing sports	
Watching sports	
Hobbies (e.g., a craft, collecting something)	
Movies or shows	
Arts	
Hunting and/or fishing	
Gaming	
Cooking	
Reading	
Conversing	
Texting	
Social media	
Getting together with people	
Volunteering	
Shopping	
Writing	
Learning	
Drinking alcohol	
Using drugs	
Other [SPECIFY]	97
None of the above	98
Don't know/Prefer not to say	99

Section 3: Vaping Attitudes & Impressions of Risk

As a reminder, throughout this study, when we use the term “vaping”, we want you to exclude products that contain cannabis/marijuana/THC/CBD. When we use the term vaping, we are only referring to vaping products that contain nicotine, but do not contain cannabis, marijuana, THC, or CBD.

33. To what extent do you agree or disagree with the following statements. [RANDOMIZE]

- The same rules and restrictions that apply to tobacco products should apply to vaping products that contain nicotine.
- Vaping products that contain nicotine is socially acceptable.
- Vaping products that contain nicotine is disgusting.
- Smoking cigarettes is disgusting.

- e. Smoking cigarettes is socially acceptable.
- f. Using cannabis is socially acceptable.
- g. Using alcohol is socially acceptable.
- h. Using opioids (pain relievers) is socially acceptable.
- i. Using illegal drugs is socially acceptable.
- j. Vaping nicotine is less harmful than smoking cigarettes.
- k. [IF “SMOKER”] People close to me are upset at my smoking.
- l. [IF “VAPER”] People close to me are upset at my vaping.
- m. [IF “ONLY TRIED SMOKING” OR “NEVER SMOKED”] People close to me would be upset if I smoked cigarettes.
- n. [IF “ONLY TRIED VAPING” OR “NEVER VAPED”] People close to me would be upset if I vaped.

Totally agree	1
Agree	2
Disagree	3
Totally disagree	4
Prefer not to answer	8
Don't know	9

34. When you think about vape products that contain nicotine, what do you tend to think of them as?

Mostly recreational or for fun	1
Mostly something to help people quit smoking	2
Both	3
Something else	4
Prefer not to answer	8
Don't know	9

35. How knowledgeable would you say you are about each of the following? [RANDOMIZE]

- a. The health impacts of smoking cigarettes
- b. The health impacts of drinking alcohol
- c. The health impacts of using cannabis
- d. The health impacts of vaping products that contain nicotine
- e. The health impacts of pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, APO, OxyContin®, percs, OxyNEO®)
- f. The health impacts of illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)

Not knowledgeable at all	1
A little knowledgeable	2
Moderately knowledgeable	3
Very knowledgeable	4
Don't know	8
Prefer not to answer	9

36. How harmful do you feel each of the following is? [RANDOMIZE]

- a. Smoking cigarettes
- b. Drinking alcohol
- c. Using cannabis
- d. Vaping products that contain nicotine
- e. Using pain relievers oxycodone or fentanyl for non-medical reasons or to get high (this would include drugs such as oxy, APO, OxyContin®, percoc, OxyNEO®)
- f. Using illegal drugs (ecstasy or MDMA, magic mushrooms, meth, cocaine, methamphetamines etc.)

Extremely harmful	1
Very harmful	2
Moderately harmful	3
A little harmful	4
Not at all harmful	5
Prefer not to answer	8
Don't know	9

Section 4: Demographics

The last few questions are strictly for statistical purposes. All of your answers are completely confidential.

37. What is the language you speak most often at home?

English	1
French	2
Other (SPECIFY)	3
Prefer not to answer	9

38. In total, how many people (including you) live in your home?

1 (live alone)	1
2	2
3	3
4 or more	4
Prefer not to answer	9

39. What is the highest level of schooling that you have completed?

Less than a high school diploma or equivalent	1
High school diploma or equivalent	2
Registered apprenticeship or other trades certificate or diploma	3
College, CEGEP or other non-university certificate or diploma	4
University certificate or diploma below bachelor's level	5
Bachelor's degree	6
Post graduate degree above bachelor's level	7
Prefer not to answer	9

40. [ONLY ASK THOSE 18 AND OLDER] Which of the following categories best describes your total household income for 2019? That is, the total income of all persons in your household combined, before taxes?

Under \$20,000	1
\$20,000 to just under \$40,000	2
\$40,000 to just under \$60,000	3
\$60,000 to just under \$80,000	4
\$80,000 to just under \$100,000	5
\$100,000 to just under \$150,000	6
\$150,000 and above	7
Prefer not to answer	9

41. [ONLY ASK THOSE UNDER 18] In a typical week, how much spending money do you have?

Under \$20	1
\$20 to under \$40	2
\$40 to under \$60	3
\$60 to under \$80	4
\$80 to under \$100	5
\$100 to under \$150	6
\$150 and above	7
Prefer not to answer	9

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

Working full-time, that is, 30 or more hours per week	1
Working part-time, that is, less than 30 hours per week	2
Self-employed	3
Unemployed, but looking for work	4
A student attending school full-time	5
A student attending school part-time	6
Retired	7
Not in the workforce (full-time homemaker, unemployed, not looking for work)	8
Prefer not to answer	9

43. Which of the following best describes where you live?

A small population center or rural area (population between 1,000 and 29,999)	
A medium population centre or suburban area (population between 30,000 and 99,999)	
A large urban population centre or urban area (population of 100,000 and over)	
Prefer not to answer	9

44. Do you identify as any of the following? [SELECT ALL THAT APPLY]

An Indigenous person, that is, First Nations, Métis or Inuk (Inuit)	1
A member of an ethno-cultural or a visible minority group	2
A member of the 2SLGBTQ+ community	3
None of the above	4
Prefer not to answer	99

[PRE-TEST ONLY ADD QUESTIONS A THRU J]

- A. Did you find any aspect of this survey difficult to understand? Y/N
- B. [IF A=YES] If so, please describe what you found difficult to understand.

- C. Did you find the way of the any of the questions in this survey were asked made it impossible for you to provide your answer? Y/N
 - D. [IF C=YES] If so, please describe the problem with how the question was asked.
 - E. Did you experience any difficulties with the language? Y/N
 - F. [IF E=YES] If so, please describe what difficulties you had with the language.
 - G. Did you find any terms confusing? Y/N
 - H. [IF G=YES] If so, please describe what terms you found confusing.
 - I. Did you encounter any other issues during the course of this survey that you would like us to be aware of? Y/N
 - J. [IF I=YES] If so, what are they?
- This concludes the survey. Thank you for your participation!

Looking for information about vaping products? Visit Canada.ca/vaping

For any mental health support, please don't hesitate to contact one of these resources:

Wellness Together Canada: wellnesstogether.ca OR 1-866-585-0445

[Kids Help Phone: kidshelpphone.ca](http://KidsHelpPhone.ca) OR 1-800-668-686

Talk Suicide Canada: talksuicide.ca OR 9-8-8

Government of Canada: canada.ca/mental-health

Appendix D: Discussion guide

Discussion guide

Introduction

Section time: 10 minutes / Cumulative time: 10 minutes

Moderator introduces herself/himself and her/his role: role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest.

- The name of the firm the moderator works for, and the type of firm that employs them (i.e., an independent marketing research firm).
- I would like to acknowledge that I am joining from the traditional, unceded territory of the Algonquin Anishinaabe nation. I recognize that we are all joining from different places and encourage you to share the Indigenous traditional territory you are joining from as part of your introduction later.
- Role of participants: speak openly and frankly about opinions, remember that there are no right or wrong answers and no need to agree with each other.
- While we have tried to minimize any potential risks and discomfort, due to the sensitive nature of the topic, if at any time you feel uncomfortable or uneasy giving your opinion, please feel free not to answer any of the questions asked or step away.
- I have also shared some links in the chat box to resources available to you:
 - Government of Canada: <https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html#a6>
 - Kids Help Phone: <https://kidshelpphone.ca/>
 - The Hope for Wellness Helpline: <https://www.hopeforwellness.ca/>
 - 9-8-8: Suicide Crisis Helpline: <https://988.ca/>
- Results are confidential (to be kept secret or private) and reported all together/individuals are not identified.
- Participation is voluntary.
- The length of the session (1.5 hours).
- The presence of any observers, their role and purpose, and the means of observation (observers viewing and listening in remotely).
- The presence and purpose of any recording being made of the session.
- Confirm participants are comfortable with the platform and some of the specific settings such as: how to mute and unmute themselves; where the hand raise button is; and the chat box.
- As mentioned, when we invited you to participate in this discussion group, we're conducting research on behalf of Health Canada. The purpose is to explore your views around vaping nicotine and quitting vaping, lifestyle and health.

Moderator will go around the table and ask participants to introduce themselves.

Introduction of participants: To get started, please tell us your first name, where you are joining us from, and one of your favourite interests or hobbies.

Attitudes and behaviours around health/healthy living

Section time: 5 minutes / Cumulative time: 15 minutes

I would like to begin by asking you about your health and healthy living.

- How often, if at all, do you think about your health? Why or why not?
- Thinking about your health, what matters to you most? Why?
 - What, if anything, are the kinds of things you do to keep healthy? Why?
 - Are there any behaviours or substances you try to avoid to keep healthy? What kinds of things? Why?
 - What do you wish you would do more of to keep healthy? Why?
 - What's preventing you from doing those things? Why?
 - What do you wish you would do less to keep healthy? Why?
 - What's preventing you from doing those things? Why?
- If you were looking for information, advice, or support related to your health, where would you go or who would you turn to? Why?

Behaviours around vaping and vaping cessation

Section time: 15 minutes / Cumulative time: 30 minutes

[for regular users or experimenters/occasional users]

- How did you first try vaping? What was that first time like? Why did you try it?
- What does vaping mean to you?
- [chat] In the chat, can you please write an adjective that comes to mind when you think of vaping?
- Can you tell me why you vape?
 - What made you start vaping to begin?
 - What do you like most about vaping? Why do you say that?
 - Is there anything you don't like about vaping? Why do you say that?
 - How does vaping make you feel? Can you describe that feeling?
 - What is a trigger for you to vape? What are you feeling in the moments before you vape?
 - Do you plan to vape at particular times in your day and in a specific place? When and where do you typically vape first in a day?
- [hands up] Is anyone aware of any risks of vaping?
 - What are they (the risks)?
 - Where did you hear about this?
 - What do you think about this/these risks?
 - What does being addicted mean? Do you consider yourself addicted?
 - Has knowing this (i.e. addiction, and/or other risks) influenced your thinking about vaping in any way? Why or why not?
 - What information would help make an informed decision about vaping?
- [hands up] Has anyone ever tried to quit or reduce how often or how much they vape?
- Can you tell us about your experience?
 - Why did you try to quit/or reduce?

- How long did you feel that way?
- What approach, process, or tools did you use?
- How did you feel about your progress?
- If you were to try again, what would you do differently? Why?
- What kinds of supports or resources would be helpful to quit vaping? Why?
- How important to you is quitting vaping? Why or why not?

- Would you ever consider quitting vaping? Why or why not?
 - When would that be? Why?
 - What do you think it would take for you to quit?
 - Do you have the sense whether it will be easy or hard to quit vaping? Why do you think that?
 - How would you imagine you will go about quitting?
 - Do you think you would be able to quit vaping on your own? Why or why not?
 - Do you have an idea of support(s) that might help you stop vaping? Why?

- If you were looking for information, advice, or support about how to stop vaping, where would you go or who would you turn to? Why?

[for non-users]

- Have you been tempted to try vaping? Why or why not?
- What does vaping mean to you?
- [chat] In the chat, can you please write an adjective that comes to mind when you think of vaping?

- [hands up] Is anyone aware of any risks of vaping?
 - What are they?
 - Can you describe what's in vaping products?
 - Where did you hear about this?
 - What do you think about this/these risks?
 - Has knowing this influenced your thinking about vaping in any way? Why or why not?
 - What information would help make an informed decision about vaping?

- What, if anything, do you think about or say to your friends who vape? Why?
- How often, if at all, are you asked/pressured to vape?
- What do you say or tell those who ask when asked?

Communications testing

- [hands up] Has anyone read, seen or heard any public awareness campaigns about vaping?
 - What did you read, see, or hear?
 - Where did you read, see, or hear this?
 - What was the main message?

Health Canada's Consider the Consequence campaign was designed to help prevent youth vaping. For the remainder of our discussion, I will be sharing my screen to show you different components of their campaign to gauge your reactions in an effort to help them develop and fine-tune these materials and possibly create a new campaign.

Products

Section time: 15 minutes / Cumulative time: 45 minutes

I would like to begin with some of their current products. I would like to share my screen to show you a few examples of some of the products they use currently.

[Moderator to share screen to show current products. Order of products will be rotated. Participants are asked to review in silence and a group discussion will follow using the following prompts.]

- What is your overall reaction to this product?
- What, if anything, do you like about it? Why?
- What, if anything, do you dislike about it? Why?
- Would this capture your attention? Why or why not?
- What do you think of the colours? Why?
- What do you think of the messages? Why?
- In which mediums would you think these messages and products (or others) would be most visible to you?
- Would it motivate you to do anything/take action? Why or why not?
 - What would it motivate you to do? Why?

Videos

Section time: 15 minutes / Cumulative time: 60 minutes

Now I would like to explore your reactions to different videos. Again, I will share my screen to show you a series of different videos.

[Moderator to share screen to show videos in rotated order. Participants are asked to review in silence and a group discussion will follow using the following prompts.]

- Overall, what did you think of this video? Why?
- Did it resonate with you? Why or why not?

Messaging

Section time: 10 minutes / Cumulative time: 70 minutes

Now I would like to explore your reactions to different messages about vaping. Again, I will share my screen to show you these messages.

[Moderator to share screen to show messages across the various themes. Themes and messages will be rotated. Participants are asked to review in silence and a group discussion will follow using the following prompts.]

- Overall, what do you think of these messages?
- Which is most effective at causing you to feel concerned about vaping? Why?
- Which is least effective at causing you to feel concerned about vaping? Why?
- Was anything confusing or unclear? What? Why?
- In general, did you feel they were credible/believable? Do any come across as not credible/believable? Which ones? Why?
- [for regular users or experimenters/occasional users] Would any of these messages motivate you to take action? Why or why not?
 - If yes, which ones? Why? What type of actions (talk to someone, look for more information, etc.)?
- What new/different messages or type of campaign, in your opinion, would help prevent youth vaping, would help people quit vaping?

Risks of Nicotine, including nicotine pouches

Section time: 15 minutes / Cumulative time: 85 minutes

I would like to spend a few minutes talking about nicotine.

- [hands up] Is anyone aware of what nicotine is? To the best of your knowledge, what is nicotine? What is it?
- Are there any risks associated with nicotine? What are they (the risks)?
 - Where did you hear about this?
 - What do you think about this/these risks?
- Is anyone aware of any products in which nicotine is used? What are they?
- [hands up] Was anyone aware that nicotine can sometimes be added to products that are marketed as smoking cessation products – in other words, products designed to help you quit?
 - What are your thoughts/reactions to this? Why?

- [hands up] Has anyone ever heard of nicotine pouches?
 - To the best of your knowledge, what are they? What are they used for?
 - Who uses them?
 - What do you know about their risks?
 - What do you know about the laws regulating nicotine pouches?

So that we are all on the same page, nicotine pouches are small, white pouches that contain nicotine, and are placed in the mouth, and can be used by people to help them quit smoking.

- [hands up] Has anyone ever used a nicotine pouch?
- Are you familiar with other similar products? If so, what are they?

[for those who have used a nicotine pouch]

- Why did you use them? Probe: smoking cessation, recreational, other?
- What product(s) did you use?
- How often? Probe: daily, couple times per month, tried it once or twice?
- Where did you buy them? Probe: pharmacy, brick and mortar store, gas station, from a friend, other?
- What did you think of them?

- What appeals to you when you are selecting a product?
 - How important is the appeal of the packaging/advertising?
 - Are the available flavours appealing?
 - What about the novelty?
 - Is there something else about them that appeals to you? Why?

- [hands up] Has anyone ever seen any advertising for nicotine pouches?
 - Where did you see it?
 - What was the main message?

Conclusion

Section time: 5 minutes / Cumulative time: 90 minutes


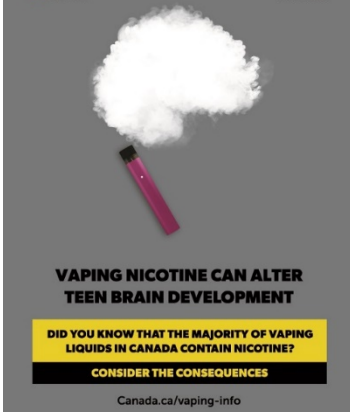
[Moderator to request additional questions are sent via the chat box directly to the moderator and probe on any additional areas of interest.]



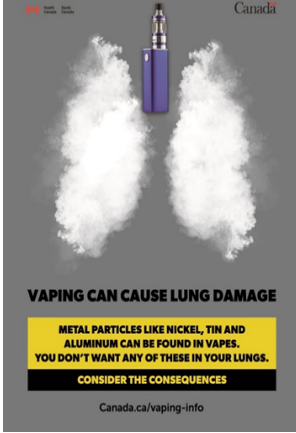
- This concludes what we needed to cover today/tonight.
- Before we conclude, do you have any final thoughts to share or suggestions for Health Canada as they develop their policy and communications strategy around vaping?
- I would just like to wrap up by reminding everyone that if you or someone you know is struggling with poor mental health or substance use, please know that there are resources you can consult. I will provide you with some of these resources in the chat.
 - Government of Canada: <https://www.canada.ca/en/public-health/services/mental-health-services/mental-health-get-help.html>
 - Kids Help Phone: <https://kidshelpphone.ca/>
 - The Hope for Wellness Helpline: <https://www.hopeforwellness.ca/>

- 9-8-8: Suicide Crisis Helpline: <https://988.ca/>
- <https://recalls-rappels.canada.ca/en/alert-recall/only-use-authorized-nicotine-pouches-directed-and-do-not-use-unauthorized-nicotine>
- We really appreciate you taking the time to share your views. Your input is very important and will be treated confidentially.

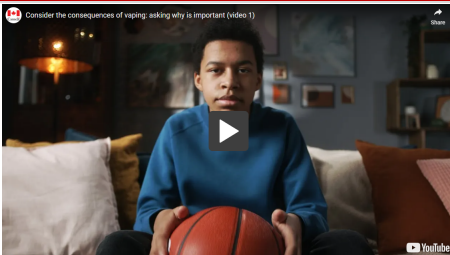



Appendix E: Concepts tested

Print products

Title	Image	Link
<p>Vaping nicotine can alter teen brain development</p>		<p>https://www.canada.ca/en/health-canada/services/publications/healthy-living/vaping-nicotine-alter-teen-brain-development-poster.html</p>
<p>Vaping nicotine can alter teen brain development</p>		<p>https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/awareness-resources.html</p>

<p>The long-term health impacts of vaping are unknown</p>		<p>https://www.canada.ca/en/health-canada/services/publications/healthy-living/long-term-health-impacts-vaping-unknown-poster.html</p>
<p>Vaping can cause lung damage</p>		<p>https://www.canada.ca/en/health-canada/services/publications/healthy-living/vaping-lung-damage-poster.html</p>
<p>Vaping can cause lung damage</p>		<p>https://www.canada.ca/en/health-canada/services/smoking-tobacco/vaping/awareness-resources.html</p>

Videos

Title	Image	Link
Vaping: Asking why is important (video 1)		https://www.canada.ca/en/health-canada/services/video/vaping-asking-why-important-1.html
Teen vaping and nicotine - video		https://www.canada.ca/en/health-canada/services/video/teen-vaping-nicotine.html
Don't wait to quit smoking		https://www.canada.ca/en/health-canada/services/video/smoking-cessation.html
The Mechanics of Vaping – video [if time permits]		https://www.canada.ca/en/health-canada/services/video/mechanics-vaping.html

Messages

Empowerment

Don't be fooled into vaping. It's not harmless.
 You'll never need to quit vaping if you don't start.
 You don't have to vape to fit in.

Cessation

Take charge of your future. Leave the vape behind.
 Nicotine is highly addictive, but quitting vaping is possible. Why not quit now?
 Are you worried about lung health? Make now the time to quit vaping.

Addiction

Don't let nicotine control your life. Don't vape.
What are you missing out on because you "need" to vape?
Why risk nicotine addiction? The buzz just isn't worth it.

Appendix F: Recruitment screener

Online focus group summary

- Twelve focus groups total.
- Recruit 10 participants per group.
- Groups are 90 minutes long.
- Participants must have high speed internet access and a webcam connected to a desktop or laptop computer.
- The audiences are: non-users; experimenters/occasional users; or regular users of vaping products.
- Groups will be segregated by age: youth (13-18) and young adults (19-24).
- Groups will be conducted with residents of four regions: Atlantic Canada (Newfoundland and Labrador, Nova Scotia, Prince Edward Island, and New Brunswick) in English; Quebec in French; Ontario in English; and Western Canada (Manitoba, Saskatchewan, Alberta, and British Columbia) in English.
- For residents of official language minority communities (OLMCs), please fit in a group of their preferred language at a time convenient to them.
- Must ensure good mix of other demographics (age, household income, education, etc.).

Group #	Audience	Region	Time
Monday, March 25, 2024			
1 (SC)	Non-users, youth (19-24)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
2 (DA)	Experimenters/Occasional users, youth (13-18)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
3 (SC)	Non-users, youth (13-18)	Quebec (FR)	5:00 pm ET
4 (DA)	Experimenters/Occasional users, youth (13-18)	Ontario (EN)	5:00 pm ET
5 (SC)	Non-users, youth (13-18)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
6 (DA)	Experimenters/Occasional users, young adults (19-24)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
Tuesday, March 26, 2024			
7 (SC)	Experimenters/Occasional users, young adults (19-24)	Quebec (FR)	3:00 pm ET
8 (DA)	Regular users, young adults (19-24)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
9 (SC)	Regular users, young adults (19-24)	Quebec (FR)	5:00 pm ET
10 (DA)	Regular users, young adults (19-24)	Ontario (EN)	5:00 pm ET
11 (SC)	Regular users, youth (13-18)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
12 (DA)	Regular users, youth (13-18)	Ontario (EN)	7:00 pm ET

Hello/Bonjour, my name is _____ and I'm calling on behalf of Earncliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada, specifically for Health Canada. We are looking for people who would be willing to participate in an online discussion group about vaping nicotine and quitting vaping, lifestyle and health that will last up to 90

minutes. Up to 10 participants will be taking part and for their time, participants will receive an honorarium of \$100. May I continue?

- Yes [continue]
- No [thank and terminate]

Would you prefer that I continue in English or French? Préférez-vous continuer en français ou en anglais? [IF FRENCH, CONTINUE IN FRENCH OR ARRANGE A CALL BACK WITH FRENCH INTERVIEWER: Nous vous rappellerons pour mener cette entrevue de recherche en français. Merci. Au revoir].

Participation is voluntary and confidential. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is an open discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions? This will only take about 5 minutes.

- Yes [continue]
- No [thank and terminate]

Monitoring text:

[Read to all]: “This call may be monitored, or audio taped for quality control and evaluation purposes.

[Additional clarification if needed]:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we’re asking the right questions to meet our clients’ research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

1. Could you please tell me which of the following age categories you fall into? Are you...

Under 13	1	[thank and terminate]
13-15	2	[ask to speak to adult 18+]
16-18	3	[continue for groups with youth (13-18)]
19-24 years	4	[continue for groups with young adults (19-24)]
25+	5	[thank and terminate]
Don't know/Prefer not to answer	9	[thank and terminate]

For those 13-15 years of age, once adult is on the line, go back to introduction and then proceed to Q2.

For parents of youth 13-15 years of age (after introduction):

2. As part of this study, we are conducting a series of discussions with youth between the ages of 13 and 18. With your permission, we would like to invite your child to attend a discussion on [insert date] at [time]? It will last 90 minutes, and your child will receive \$100 for their time.

These groups are being conducted on behalf of Health Canada to help them explore the topics of vaping nicotine and quitting vaping, lifestyle and health. The discussion will focus on their opinions of different communications and messages around health. Your written consent for your child to participate in the discussion will be required by email prior to commencement of the session.

Would your child be available to attend an online discussion on [insert date] at [time]?

Yes	1	[continue]
No	2	[thank and terminate]

3. Can you please confirm the age of the child who would be participating? (ensure good mix)

[open end]

Must be 13-18 years of age.

4. In order to ensure we have a mix of participants, we need to ask them some qualifying questions. May we speak with your child if it is convenient to speak with them now?

Yes	1	[wait to speak to child]
Yes, but they are not available now	2	[reschedule]
No	3	[thank and terminate]

For youth 13-15 years of age

Hello, my name is _____ and I'm calling on behalf of Earncliffe, a national public opinion research firm. We are organizing a series of discussion groups on issues related to vaping nicotine and quitting vaping, lifestyle and health on behalf of Health Canada. Up to 10 youth and young adults will be taking part and for their time, participants will receive an honorarium of \$100.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I continue?

- Yes [continue]
- No [thank and terminate]

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a 'round table' discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. It is important that you understand that all of your answers will be kept confidential, including from your parents. Your answers will be used for research purposes only and will help ensure we have a mix of participants in the room.

5. For the purposes of this project, we need to ensure that we are speaking with youth between the ages of 13 and 18 years. Are you between the ages of 13 and 18?

- Yes [continue]
- No [thank and terminate]

6. How old are you? [ensure good mix]

- | | | |
|-------|---|-----------------------|
| 13 | 1 | [continue] |
| 14 | 2 | [continue] |
| 15 | 3 | [continue] |
| 16 | 4 | [continue] |
| 17 | 5 | [continue] |
| 18 | 7 | [continue] |
| Other | 9 | [thank and terminate] |

For all

7. Do you or does any member of your household work for...

- A public opinion or marketing research firm
- A magazine or newspaper, online or print
- A radio or television station
- A public relations company
- An advertising agency or graphic design firm
- An online media company or as a blog writer
- An agriculture or farming business
- A political party
- The government, whether federal, provincial or municipal
- An association, organization or company whose activities relate in any way to tobacco, smoking, e-cigarettes or vaping
- Smoking cessation company
- Legal or law firm

[if “yes” to any of the above, thank and terminate]

8. Thinking of the past 30 days, how often, if at all, did you vape? When we talk about vaping, this involves using devices that heat liquid into vapour that you inhale such as:

- Vaping e-liquid with nicotine and without nicotine (i.e., just flavouring)
- All electronic cigarettes, e-cigarettes, electronic nicotine delivery systems (ENDS), vapes, mods, vape pens, sub-ohms, e-hookahs, or tank systems

Please do not count the times you vaped cannabis.

Every day	1	[qualifies as regular user]
Less than daily, but at least once a week	2	[qualifies as regular user]
Less than once a week, but at least once in the past month	3	[qualifies as experimenter/occasional user]
Not at all but I have done this in the past	4	[qualifies as experimenter/occasional user]
Have never done this	5	[qualifies as non-user]
Don't know/Prefer not to answer	9	[thank and terminate]

9. Are you? [ensure a good mix]

Male	1	
Female	2	
Other	3	
Prefer not to answer	99	[thank and terminate]

10. Which province or territory do you live in?

Newfoundland and Labrador	1	[continue for Atlantic Canada]
Nova Scotia	2	[continue for Atlantic Canada]
Prince Edward Island	3	[continue for Atlantic Canada]
New Brunswick	4	[continue for Atlantic Canada]
Quebec	5	[continue for Quebec]
Ontario	6	[continue for Ontario]
Manitoba	7	[continue for West]
Saskatchewan	8	[continue for West]
Alberta	9	[continue for West]
British Columbia	10	[continue for West]
Yukon	11	[thank and terminate]
Nunavut	12	[thank and terminate]
Northwest Territories	13	[thank and terminate]
Don't know/Prefer not to answer	99	[thank and terminate]

11. What is your current employment status?

Student and not working	1	
Student and working (full-time or part-time)	2	
Working full-time	3	
Working part-time	4	
Self-employed	5	
Unemployed	6	
Other	7	
Don't know/Prefer not to answer	9	[thank and terminate]

12. What is the last level of education that you have completed?

None	1	
Some high school only	2	
Completed high school	3	
Some college/university	4	
Completed college/university	5	
Post-graduate studies	6	
Don't know/Prefer not to answer	9	[thank and terminate]

13. [For those 19-24] Which of the following categories best describes your total household income; that is, the total income of all persons in your household combined, before taxes? [Read list] [Ensure good mix]

Under \$20,000	1	
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
Prefer not to answer	9	[thank and terminate]

14. To make sure that we speak to a diversity of people, could you please tell me what is your ethnic background? [do not read, ensure good mix]

Caucasian	1	
Chinese	2	
South Asian (i.e., East Indian, Pakistani, etc.)	3	
Black	4	
Filipino	5	
Latin American	6	
Southeast Asian (i.e. Vietnamese, etc.)	7	
Arab	8	
West Asian (i.e. Iranian, Afghan, etc.)	9	
Korean	10	
Japanese	11	
Indigenous (First Nations, Métis, Inuit)	12	
Other (please specify)	13	
Don't know/Prefer not to answer	99	[thank and terminate]

This research will require participating in a video call online.

15. Do you have access to a desktop or laptop computer with high-speed internet which will allow you to participate in an online discussion group?

Yes	1	
No	2	[thank and terminate]

16. Does your desktop or laptop computer have a camera that will allow you to be visible to the moderator and other participants as part of an online discussion group?

Yes	1	
No	2	[thank and terminate]

17. Do you have a personal email address that is currently active and available to you?
- | | | |
|-----|---|-----------------------|
| Yes | 1 | [please record email] |
| No | 2 | [thank and terminate] |
18. Have you participated in a discussion or focus group before? A discussion group brings together a few people to understand their opinion about a given subject.
- | | | |
|-------|----|-----------------------|
| Yes | 1 | [max 1/3 per group] |
| No | 2 | go to Q21 |
| DK/NR | 99 | [thank and terminate] |
19. When was the last time you attended a discussion or focus group?
- | | | |
|---------------------------------|----|-----------------------|
| If within the last 6 months | 1 | [thank and terminate] |
| If not within the last 6 months | 2 | |
| DK/NR | 99 | [thank and terminate] |
20. How many of these sessions have you attended in the last five years?
- | | | |
|--------------|----|-----------------------|
| If 4 or less | 1 | |
| If 5 or more | 2 | [thank and terminate] |
| DK/NR | 99 | [thank and terminate] |

Invitation:

21. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you...? [Read list]
- | | | |
|------------------------|----|-----------------------|
| Very comfortable | 1 | [minimum 4 per group] |
| Fairly comfortable | 2 | |
| Comfortable | 3 | |
| Not very comfortable | 4 | [thank and terminate] |
| Not at all comfortable | 5 | [thank and terminate] |
| DK/NR | 99 | [thank and terminate] |
22. Sometimes participants are asked to read text, review images, or type out answers during the discussion. Is there any reason why you could not participate?
- | | | |
|-------|---|-----------------------|
| Yes | 1 | [ask 23a] |
| No | 2 | [go to Q24] |
| DK/NR | 9 | [thank and terminate] |

23a. Is there anything we could do to ensure that you can participate?

Yes	1	[ask 23b]
No	2	[thank and terminate]
DK/NR	9	[thank and terminate]

23b. What specifically? [Open end]

[Interviewer to note for potential one-on-one interview]

24. Based on your responses, it looks like you have the profile we are looking for. I would like to invite you to participate in a small group discussion, called an online focus group, we are conducting at [time], on [date].

As you may know, focus groups are used to gather information on a particular subject matter; in this case, the discussion will touch on your views related to vaping nicotine and quitting vaping, lifestyle and health. The discussion will consist of up to 10 people and will be very informal.

It will last up to up to 90 minutes and you will receive \$100 as a thank you for your time. Would you be willing to attend?

Yes	1	[recruit]
No	2	[thank and terminate]
Don't know/Prefer not to say	9	[thank and terminate]

Privacy questions

Now I have a few questions that relate to privacy, your personal information, and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1. First, we will be providing a list of respondents' first names and profiles (screener responses) to the moderator so that they can sign you into the group. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	[go to P2]
No	2	[go to P1a]

We need to provide the first names and background of the people attending the focus group because only the individuals invited are allowed in the session and this information is necessary for verification purposes. Please be assured that this information will be kept strictly confidential. Go to P1a

P1a. Now that I've explained this, do I have your permission to provide your first name and profile?

Yes	1	[go to P2]
No	2	[thank and terminate]

P2. A recording of the group session will be produced for research purposes. The recordings will be used by the research professional to assist in preparing a report on the research findings and may be used by the Government of Canada for internal reporting purposes.

Do you agree to be recorded for research and reporting purposes only?

Yes	1	[thank and go to P3]
No	2	[read info below and go to P2a]

It is necessary for the research process for us to record the session as the researchers need this material to complete the report.

P2a. Now that I've explained this, do I have your permission for recording?

Yes	1	[thank and go to P3]
No	2	[thank and terminate]

P3. It is standard qualitative procedure to invite clients, in this case, Government of Canada employees, to observe the groups online. They will be there simply to hear your opinions firsthand although they may take their own notes and confer with the moderator on occasion to discuss whether there are any additional questions to ask the group.

Do you agree to be observed by Government of Canada employees?

Yes	1	[thank and go to invitation]
No	2	[thank and terminate]

Invitation:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place on [date] at [time] for up to 90 minutes.

Group #	Audience	Region	Time
Monday, March 25, 2024			
1 (SC)	Non-users, youth (19-24)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
2 (DA)	Experimenters/Occasional users, youth (13-18)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
3 (SC)	Non-users, youth (13-18)	Quebec (FR)	5:00 pm ET
4 (DA)	Experimenters/Occasional users, youth (13-18)	Ontario (EN)	5:00 pm ET
5 (SC)	Non-users, youth (13-18)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
6 (DA)	Experimenters/Occasional users, young adults (19-24)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
Tuesday, March 26, 2024			
7 (SC)	Experimenters/Occasional users, young adults (19-24)	Quebec (FR)	3:00 pm ET
8 (DA)	Regular users, young adults (19-24)	Atlantic Canada (EN)	3:00 pm ET/4:00 pm AT/4:30 pm NT
9 (SC)	Regular users, young adults (19-24)	Quebec (FR)	5:00 pm ET
10 (DA)	Regular users, young adults (19-24)	Ontario (EN)	5:00 pm ET
11 (SC)	Regular users, youth (13-18)	West (EN)	7:00 pm ET/6:00 pm CT/5:00 pm MT/4:00 pm PT
12 (DA)	Regular users, youth (13-18)	Ontario (EN)	7:00 pm ET

We ask that you login at least 10 minutes early to be sure you are able to connect and to test your sound (speaker and microphone). If you require glasses for reading, please make sure you have them handy as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at [insert phone number] at our office. Please ask for [name]. Someone will call you in the days leading up to the discussion to remind you.

So that we can call you to remind you about the discussion group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name:

Last name:

Email:

Daytime phone number:

Evening phone number:

If the respondent refuses to give his/her first or last name, email or phone number please assure them that this information will be protected in accordance with the *Privacy Act* and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse, thank and terminate.

*IF ASKED: The personal information you provide is protected in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. The

information you provide will not be linked with your name on any document including the consent form or the discussion form. In addition to protecting your personal information, the Privacy Act gives you the right to request access to and correction of your personal information. You also have the right to file a complaint with the Office of the Privacy Commissioner if you feel your personal information has been handled improperly. For more information, the collection of your personal information is described in Info Source at infosource.gc.ca. Refer to the personal information bank (PIB) PSU 914 – Public Communications.