

Study on Smoking Cessation Strategies Among Canadian Adults who Smoke

Health Canada

Final Report

July 2023

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This public opinion research report presents the results of quantitative and qualitative research conducted by Quorus Consulting Group Inc. on behalf of Health Canada in April 2023. The qualitative portion consisted of 19 online focus groups with individuals aged 25 and older who smoke. Focus groups were conducted with participants from Eastern Canada, Western Canada and Quebec. The sessions were completed between April 5 and April 25, 2023. A total of 113 individuals participated in the focus groups. The quantitative portion of the study consisted of a national online survey of 2,548 respondents aged 25 or older in Canada who smoke. Survey data were collected from April 12 to April 28, 2023.

Cette publication est aussi disponible en français sous le titre : Étude sur les stratégies de renoncement au tabac chez les fumeurs d'âge adulte

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Signed:

A handwritten signature in black ink, appearing to read "Rick Nadeau", is written over a light gray, textured rectangular background.

June 15, 2023
Rick Nadeau, President
Quorus Consulting Group Inc.

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Executive summary

Background and research objectives

Canada's Tobacco Strategy has set an ambitious goal of lowering tobacco use among Canadians to less than 5% by the year 2035. To realize this objective, Health Canada needs to prevent initiation of tobacco use as well as support cessation efforts to quit tobacco long-term.

According to the 2020 Canadian Community Health Survey, 13% of Canadians 15 years and older currently smoke. The majority of those who currently smoke have attempted to quit smoking in the past 12 months (58%) and/or are seriously considering quitting smoking within the next 6 months (63%). Adults (25 years of age and older) have a higher prevalence of current smoking (14%) than youth 15-19 (6%) but fewer report attempting to quit within the past year (60%) compared to youth 15-19 (84%) and young adults 20-24 (70%) who smoke. Additionally, some demographic groups have higher prevalence rates (e.g., 16% of men vs. 11% of women, 21% of those diagnosed with a mood and/or anxiety disorder vs. 12% of those not diagnosed with either, 18% of those with less than secondary education vs. 7% of those with a university degree or more). With the vast majority (91%) of current smoking occurring among Canadians 25 years and older, more needs to be done to explore the barriers around cessation faced by adults who currently smoke, notably among those within the higher prevalence rates.

This work will build upon previous adult smoking research conducted by the Tobacco Control Directorate but with a greater focus on the cessation tools and approaches, such as knowledge, use, alternatives to smoking, opinions, barriers, challenges, etc., to try to quit or reduce smoking.

Research objectives

The research objectives are as follows:

Quantitative Research

1. Gather details on attitudes, beliefs, knowledge, awareness, and use of cessation methods across Canada (e.g., nicotine replacement therapy, vaping with or without nicotine, 'cold turkey', reducing their smoking, etc.).
2. Investigate a range of experiences with those methods (e.g., challenges and advantages) and how those may impact future attempts.
3. Explore drivers of ongoing smoking, differentiating between those with or without a recent quit attempt.
4. Explore how other substance use may impact cessation (e.g., alcohol, cannabis).

Qualitative Research

1. The focus groups will be used to delve into individual quit methods, their experiences with them and barriers and facilitators of use, with an emphasis on population segments with high prevalence rates of current smoking.

Data from this research will inform the Tobacco Control Directorate's efforts to support Canadians smoking and nicotine cessation efforts.

Methodology

The qualitative portion consisted of 19 online focus groups with individuals aged 25 and older who smoke. Focus groups were conducted with participants from Eastern Canada, Western Canada and Quebec. The sessions were completed between April 5 and April 25, 2023. A total of 113 individuals participated in the focus groups.

The quantitative portion of the study consisted of a national online survey of 2,548 respondents aged 25 or older in Canada who smoke. Survey data were collected from April 12 to April 28, 2023.

Qualitative research results

Journey to their current smoking experience

Participants were asked to describe their “smoking journey,” starting from the moment they first started smoking cigarettes to today. Some of the more common trends and patterns from this exercise included the following:

- Smoking cigarettes typically began either at high school or college/university. Most who started smoking cigarettes in high school did so either out of peer pressure, general curiosity, to “be cool” or to “fit in.” Those who started in college or university did so because it was part of the social scene or to help them manage their academic stress.
- A number of participants started smoking due to high stress jobs or jobs where smoking was also more prevalent, such as the hospitality or construction industry.
- In the beginning, nearly all participants had someone, or often more than one person, in their life who also smoked cigarettes.
- Fast forwarding to today, adults who smoke explain they do so for four main reasons: out of habit, to help them manage their stress, as an activity when they are out with their friends, and for pleasure.
- Many who currently smoke cigarettes regularly explained that their circle of friends, coworkers and family members who also smoke cigarettes has shrunk considerably, to the

point where some feel they are now the only ones who smoke cigarettes regularly. Those who smoke more casually or in social circumstances explain that they also have friends who smoke.

- The journey for many seems to involve an increase in smoking at some point, which tended to coincide either with a stressful time in their life, a particular line of work or an increase in social activity. Many also explained that they have tried to quit smoking entirely.

A few other notable findings pertaining to how smoking cigarettes fit into participants' lives include the following:

- Few seem to feel that they plan what they do or where they go based on whether they can smoke cigarettes.
- Many do feel that smoking isolates them from others.
- The cost of living was seen by all participants as getting more expensive and many had to make compromises and changes in their general household budget. The impact on cigarette use was mixed. Many explained how inflation in general but also the increase in the cost of cigarettes specifically has prompted them to adopt one or a combination of strategies (such as reduce how much they smoke, switch to a less expensive brand, etc.). Some who smoke more regularly and heavily explained that they will purchase their cigarettes no matter what. Some who smoke on a more casual or occasional basis felt that they did not change their use of cigarettes because they don't smoke enough for it to have a meaningful impact on their household budget.

Confidence in and importance of quitting smoking

Most participants would say that quitting smoking is at least somewhat important to them. Those who feel most strongly about this feel that it is long overdue, they understand the impact it is having on their health and their finances and, similarly, they understand the benefits of quitting. Those who feel less strongly about quitting were mostly individuals who smoke more casually or occasionally.

When asked how confident they would be that they would succeed if they tried to quit, most do feel confident they would succeed if they tried to quit. Those who tended to be the most confident were those who smoke occasionally and believe that the infrequent nature of their tobacco use would make it easy for them to quit, and those who have quit in the past (in some cases many times) and given that experience, they believe they can do it again if they put their minds to it. Those who felt less confident tended to be individuals who have never tried quitting in the past as well as some who have tried to quit, sometimes repeatedly and recognized the difficulty of this.

High and low prevalence discussion

Participants struggled to self-identify as fitting into a particular demographic or socio-economic profile which might make them more or less likely to smoke cigarettes. If anything, participants might propose that certain circumstances might make someone more likely to smoke cigarettes, among which the most common were rooted in the past rather than in the present. These included:

- parents, close friends and/or close family members smoked cigarettes,
- they grew up in a time when cigarette smoking was more common and popular, it was more widely permitted (e.g., in restaurants, in the workplace, etc.), less was known about the health impacts of smoking cigarettes, cigarette advertising was more prevalent, and smoking cigarettes was seen as “cool”,
- they had or have a lot of stress in their life, and,
- the type of work they do or industry in which they work.

Participants reacted to patterns pertaining to prevalence in the following ways:

- Younger participants 25 to 44 were typically not surprised to learn that their age group was more likely to smoke compared to older individuals. Conversely, many of those over the age of 44 were surprised to learn that those 25 to 44 were more likely to smoke cigarettes. Many assumed that vaping was overtaking cigarette smoking, that cigarettes were more likely to be vilified, and that younger folks were more educated about the ill-effects of smoking cigarettes and that this would lead younger folks to be less inclined to smoke cigarettes compared to older individuals.
- Some men were not surprised to hear that they were more likely to smoke compared to women, mostly because of the kinds of sectors in which they work (such as construction, building maintenance, etc.). Some also explained that it is a more “macho” thing to do.
- Many explained that smoking helped them fit in when they were younger and that throughout their life, faced with varying forms of discrimination, they have needed to find ways to cope with stress, isolation or other forms of anxiety. For these individuals, smoking cigarettes was used as a coping mechanism.
- Many individuals in both lower and higher income households were not surprised to learn that individuals earning a lower income were more likely to smoke compared to higher income individuals. Proposed contributing factors included stress caused by financial duress, and the sectors in which low-income Canadians might work.

- Most individuals with a mood or anxiety disorder were not surprised to learn that they are more likely to smoke compared to individuals with neither type of disorder. Some explained that, faced with their disorder at a young age, smoking helped them “fit in” with others and it helped them manage their anxiety or just cope.
- Reactions among members of the LGBTQIA2S+ were mixed. Some did not understand why they might be more likely to smoke whereas for others, the reasons were quite clear. Those in the latter group explained that cigarettes helped them manage the social and personal challenges they endured growing up.
- Many individuals from Indigenous communities were also not surprised to learn that they might be more likely to smoke compared to individuals who do not identify as Indigenous. Some felt that smoking and tobacco are traditional in their community and as such smoking does not take on the same meaning as it might in other segments of society. Some also explained that smoking has been and continues to be quite prevalent among their friends who are Indigenous and among family members, which in turn normalizes and perpetuates the behaviour.

Selecting a cessation method

The research explored awareness and experiences with a variety of smoking cessation strategies and methods.

In terms of aided and unaided awareness, participants across all segments seemed fairly aware of a wide range of strategies. The methods of which participants were the least aware included: a 1-800 quitline helpline or smoker’s helpline, an internet-based program or smartphone app, attending in-person group counselling, and using smoking cessation medications.

When specifically asked if there were any methods they had never tried and that they would also never likely consider in the future, the least popular strategies were: smoking cessation medications, a 1-800 quitline or smoker’s helpline, vaping (with or without nicotine), in-person group counselling, and an internet-based program or smart phone app.

The discussion then focused on methods and strategies that participants had used in the past, irrespective of whether they helped. Some of the highlights from this line of questioning included:

- Nicotine replacement therapy (NRT), especially gum and patches, were often mentioned. Participants tended to see mixed results with these approaches. Use was typically triggered because these methods have been around for a long time and they were just aware of them, friends and family had seen success in their use, they were recommended by a pharmacist or their physician, and they were featured prominently at their pharmacy. Participants stopped using NRTs mostly because they did not feel they worked.

- Some had tried prescription medication and few felt it worked for them. The side-effects, especially vivid dreams, led them to abandon this method which, for most, had been recommended by their physician.
- Hypnosis was also used by some, although few believe it was helpful. This method tended to be a one-time experiment for participants, which had most likely been recommended by friends or through advertising.
- Vaping with nicotine was also a popular strategy, which was still being used by certain participants in these focus groups. This approach had been most often recommended by friends and was seeing some success among certain participants.
- Strategies such as managing one's stress, exercise, quitting "cold turkey" and gradually reducing the number of cigarettes smoked were also relatively common. Participants were typically led to consider these approaches on their own with no particular recommendation or consultation from other people.

While most participants generally agreed that the decision to quit has to come from them, many also agreed that some form of support from someone can be helpful. Most seemed to feel that support from someone in their circle of friends or family would be most helpful.

In terms of the types of "stars" that should align in their life to increase the odds of success when it comes to quitting, most agreed on three particular factors: having the right mindset, having less stress in their life, and having the right kind of support to keep them motivated.

Qualitative research disclaimer

Qualitative research seeks to develop insight and direction rather than quantitatively projectable measures. The purpose is not to generate "statistics" but to hear the full range of opinions on a topic, understand the language participants use, gauge degrees of passion and engagement and to leverage the power of the group to inspire ideas. Participants are encouraged to voice their opinions, irrespective of whether or not that view is shared by others.

Due to the sample size, the special recruitment methods used, and the study objectives themselves, it is clearly understood that the work under discussion is exploratory in nature. The findings are not, nor were they intended to be, projectable to a larger population.

Specifically, it is inappropriate to suggest or to infer that few (or many) real world users would behave in one way simply because few (or many) participants behaved in this way during the sessions. This kind of projection is strictly the prerogative of probability quantitative research.

Quantitative research results

Smoking use and history

Nearly three quarters (73%) of respondents smoked cigarettes every day of the last month. Another 17% smoked at least once each week while 10% smoked at least once in the month.

Respondents' average age at the time of their first cigarette was just over 16 years old. Across all participants, the average number of years having smoked cigarettes was 30 years.

On average, respondents who smoke daily began to do so around the age of 18-19. These respondents smoke an average of 13 cigarettes per day. Roughly one quarter (26%) of those who smoke daily have a cigarette within 5 minutes of waking up while almost half (47%) smoke within 6-30 minutes of waking up.

Those who smoke occasionally smoke an average of 5 cigarettes on the days that they smoke. More than half of those who smoke occasionally have their first cigarette at least an hour after waking up (54%). A quarter of these respondents smoke within 6-30 minutes of waking up (25%) and a smaller proportion smoke within 31-60 minutes of waking up (15%).

Just under 6 in 10 respondents (59%) were considered "low" on the nicotine dependence index. More than one third (35%) were considered medium on the index and 6% of respondents would be classified as high on the nicotine dependence index. The vast majority of those who smoke occasionally were categorized as "low" on the nicotine dependence index (90% versus 48% of those who smoke daily) whereas more of those who smoke daily were in the "high" category (8% versus 1% of those who smoke occasionally).

Cessation - general awareness and opinions

Respondents were asked to provide their level of agreement with a series of statements.

- 64% agreed that they value quality of life over quantity of life.
- 49% would cut back on cigarettes before cutting back on other expenses.
- 47% would cut back on cigarettes before cutting back on hanging out with friends.
- 45% agreed that they value their individual rights over the rights of society.
- 43% agreed that they value their mental health over their physical health.
- 27% agreed that they value their social life more than time spent on their own.

Over half of respondents (53%) felt satisfied with their life currently. On the other hand, 14% reported being dissatisfied with their current life.

Smoking cessation aids or methods with the highest awareness included nicotine patches (46%) and nicotine gum (37%).

When asked how much various strategies would increase their chances of quitting smoking, the following were perceived to be the most successful:

- Reduce the number of cigarettes smoked (22%);
- Find better ways to manage stress (22%);
- Exercise (21%);
- Smoking cessation medication (20%);
- Nicotine replacement products (18%).

Most respondents (81%) were not aware of any subsidized smoking cessation options in their province or community. Of the options listed, awareness of subsidized options was highest for nicotine patches (10%) and nicotine gum (5%).

An even 1 in 5 (20%) respondents reported having insurance that covers all or part of the cost of smoking cessation medication.

Cessation history

More than 7 in 10 respondents (72%) reported that at some point in the past, they had stopped smoking for at least 24 hours because they were trying to quit. Of these respondents, 57% reported having tried to quit in the last 12 months.

Cessation plans

Respondents were presented with a list of smoking cessation strategies and asked whether they were currently using the strategy or if they had used the strategy in the past 12 months.

The strategies used more frequently included the following:

- 56% were currently reducing the number of cigarettes they smoke and another 32% reported having done so in the past 12 months (with 68% describing the method as useful).
- 35% were currently trying to quit smoking on their own and another 44% reported having done so in the past 12 months (with 60% describing the method as useful).

Cessation methods that were considered to be the most useful included the following:

- using a vape with nicotine (74% among the 21% currently using this method);
- making a deal with a friend or family member (73% among the 16% currently using this method);
- attending in-person group counselling (71% among the 12% currently using this method);
- using a 1-800 quit line or smoker's helpline (70% among the 8% currently using this method).

For those who had attempted to quit in the past 12 months, the main positive benefits experienced included:

- saving money (65%);
- breathing was easier (43%);
- home, car, breath and clothes smelled better (41%);
- less coughing and/or wheezing (41%).

Despite the positive benefits experienced, respondents reported that they continued to smoke due to too much stress (28%), too much difficulty quitting due to being around friends who smoke or when drinking alcohol (26%), smoking being too ingrained in their routine (25%), and enjoyment of smoking (25%).

Just under one third of respondents (32%) said they plan to quit sometime in the future (beyond 6 months). Another 23% reported that they plan on quitting within the next 6 months while 16% planned on quitting in the next month. On the other hand, 18% had no plans of quitting while another 11% were unsure.

Respondents were split when thinking about their confidence in their ability to quit smoking at the present time with 32% saying they were confident and 33% saying they were not confident. Half (50%) were confident that they could eventually quit for good while 17% were not confident.

Quitting smoking was deemed important by 60% of respondents while 13% did not feel quitting was important to them.

Respondents who had not made any previous quit attempts and did not have plans to quit mainly attributed this to their enjoyment of smoking (38%) or because smoking was too ingrained into their routine (34%).

The main reason that respondents would be compelled to quit smoking was to improve their health (34%), however 12% said they did not think about quitting.

Perceived value of various sources of information

Respondents were asked how much they would value various sources of information when it comes to quitting smoking. The following were considered the most valuable:

- A friend or family member who has successfully stopped smoking cigarettes (47%);
- Health care professionals (47%);
- Someone who has successfully stopped smoking (47%);
- Family members (41%);
- Individuals who do scientific research of smoking and/or smoking cessation (37%);
- Friends (36%).

Risk perception and gaps in knowledge

Respondents were presented with a list of statements and asked how much they agreed with each one. The following was observed:

- 26% agreed that exercise can undo most of the effects of smoking.
- 24% agreed that whether a person gets lung cancer depends more on genes than anything else.
- 17% agreed that vitamins can undo most of the effects of smoking.
- 15% agreed that there's no risk of getting cancer if someone only smokes for a few years.

Other substance use

Vaping

More than 2 in 5 respondents (42%) reported that they had ever used a vaping device with nicotine. When asked about the frequency of using a vaping device with nicotine within the past month, 19% had done so daily, 20% had used one at least once a week and 17% had used one about once in the past month.

Of respondents who vaped nicotine in the past 30 days, the most common level of nicotine was 10 milligrams (28%). Fewer used products containing 5 milligrams of nicotine (22%). Just over one-third used higher levels: 15 milligrams of nicotine (15%) or 20 milligrams of nicotine (20%).

Those who vaped nicotine in the past 30 days differed on how soon after waking up they used the device. Some did so within 5 minutes (16%), within 6 to 30 minutes of waking up (29%), within 31-60 minutes of waking up (20%) or more than an hour after waking up (29%).

These respondents also differed on the frequency at which they used their device, with the largest proportion reporting having vaped 5 or less times per day (32%).

Preferred product flavours among those who vape typically included fruit (36%), tobacco flavour (18%), mint (14%) or menthol (12%).

Roughly one quarter (24%) had used a vaping device without nicotine in the past 30 days. Of these respondents, 6% had used this type of product daily, 23% did so once a week and 28% had used one about once in the past month.

Of the respondents who used a vaping device (either with or without nicotine) in the past 30 days, 40% used a disposable device while 67% used a reusable device. Reusable vaping devices consisted of systems that use pre-filled cartridges or pods (43%) or devices that contained cartridges which can be manually refilled with e-liquid (64%).

Alcohol

In the past 30 days, 12% of respondents consumed alcohol daily, 29% did so weekly and another 25% consumed alcohol about once in the month.

Half (50%) of those who consume alcohol said they smoked about the same number of cigarettes on days that they drank alcohol while 40% reported smoking more on days that they consumed alcohol.

Disposal

Cigarette butts

The garbage was the most common method for disposing cigarette butts (22% always, 27% most of the time). Public ashtrays were also commonly used for disposal (17% always, 23% most of the time). Littering on the ground was less commonly reported (4% always, 14% most of the time).

Vaping products

Of those who have tried vaping either with or without nicotine, 40% had used a device until the battery died or until the e-liquid ran out.

The most common method of disposal for vaping devices was in the garbage (31% always discarding this way, 25% disposing this way most of the time). The recycling bin was used for disposal always for 9% of respondents while 15% used this method most of the time.

Of the respondents who had vaped, 51% had stopped using a reusable vaping device in the past. Of these respondents, 50% disposed of the device. The most common method of disposal was in the garbage (33% always used the garbage for disposal, 22% did so most of the time). Another way respondents disposed of these devices was at a specialized facility, which was done so always by 11% of respondents while 6% used this method most of the time.

More than one third (35%) of those who had vaped in the past had either replaced a prefilled cartridge or stopped using one. The most common method of disposal for these cartridges was in the garbage with 29% having always done so, and 24% having done so most of the time. Before disposing of the cartridge, 9% always rinsed it, 13% rinsed most of the time while 43% never rinsed the cartridge before disposal.

Of those who had tried vaping, 37% had finished a bottle of e-liquid or stopped using one. The most common method of disposal was in the garbage with 24% always doing this while 18% did this most of the time. The recycling bin was used for disposal always for 12% of respondents while 17% used this method most of the time.

Of the respondents who had disposed of a bottle of e-liquid either in the garbage or recycling bin in the past, 11% said they always rinse the bottle before disposing of it while 13% did so most of the time.

Batteries in vape devices

Of those who had disposed of a vaping device, 29% had removed the battery from the device.

These batteries were mainly disposed of in the garbage (36%), at a specialized facility (31%), or in the recycling bin (27%).

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These results are presented and discussed in-depth throughout the detailed results section of the report.

Non-probability quantitative research disclaimer

This survey was conducted using a non-probability sample (i.e., a commercially available online panel). Thus, the results of this survey are not statistically projectable to the target population because the sampling method used does not ensure that the sample represents the target population with a known margin of sampling error. Reported percentages are not generalizable to any group other than the sample studied, and therefore no formal statistical inferences can be drawn between the sample results and the broader target population it may be intended to reflect. The sample data have been weighted to reflect the demographic composition as per the Methodology section.

Statistical projection is strictly the prerogative of probability quantitative research.

Detailed Results

Research purpose and objectives

Canada's Tobacco Strategy has set an ambitious goal of lowering tobacco use among Canadians to less than 5% by the year 2035. To realize this objective, Health Canada needs to prevent initiation of tobacco use as well as support cessation efforts to quit tobacco long-term.

According to the 2020 Canadian Community Health Survey, 13% of Canadians 15 years and older currently smoke. The majority of those who currently smoke have attempted to quit smoking in the past 12 months (58%) and/or are seriously considering quitting smoking within the next 6 months (63%). Adults (25 years of age and older) have a higher prevalence of current smoking (14%) than youth 15-19 (6%) but fewer report attempting to quit within the past year (60%) compared to youth 15-19 (84%) and young adults 20-24 (70%) who smoke. Additionally, some demographic groups have higher prevalence rates (e.g., 16% of men vs. 11% of women, 21% of those diagnosed with a mood and/or anxiety disorder vs. 12% of those not diagnosed with either, 18% of those with less than secondary education vs. 7% of those with a university degree or more). With the vast majority (91%) of current smoking occurring among Canadians 25 years and older, more needs to be done to explore the barriers around cessation faced by adults who currently smoke, notably among those within the higher prevalence rates.

This work will build upon previous adult smoking research conducted by the Tobacco Control Directorate but with a greater focus on the cessation tools and approaches, such as knowledge, use, alternatives to smoking, opinions, barriers, challenges, etc., to try to quit or reduce smoking.

This work will involve quantitative and qualitative research methods:

- Phase 1: Online Survey of Canadian adults aged 25 and older who smoke
 - The quantitative phase will gather data across Canada on cessation tools and approaches used by adults who currently smoke and who may or may not be currently trying to quit/reduce their smoking.
- Phase 2: Online Focus Groups with Canadian adults aged 25 and older who smoke
 - The qualitative phase will allow for a deeper dive into the challenges and ways to improve cessation rates among groups with high prevalence rates of current smoking.

Research objectives

The research objectives are as follows:

Quantitative Research

1. Gather details on attitudes, beliefs, knowledge, awareness, and use of cessation methods across Canada (e.g., nicotine replacement therapy, vaping with or without nicotine, 'cold turkey', reducing their smoking, etc.).

2. Investigate a range of experiences with those methods (e.g., challenges and advantages) and how those may impact future attempts.
3. Explore drivers of ongoing smoking, differentiating between those with or without a recent quit attempt.
4. Explore how other substance use may impact cessation (e.g., alcohol, cannabis).

Qualitative Research

1. The focus groups will be used to delve into individual quit methods, their experiences with them and barriers and facilitators of use, with an emphasis on population segments with high prevalence rates of current smoking.

Data from this research will inform the Tobacco Control Directorate's efforts to support Canadians smoking and nicotine cessation efforts.

Qualitative research results

Journey to their current smoking experience

Participants were asked to describe their “smoking journey,” starting from the moment they first started smoking cigarettes to today. Some of the more common trends and patterns from this exercise included the following:

- Smoking cigarettes typically began either at high school or college/university.
- A few did start smoking around the house or in their neighbourhood, an activity that typically involved “sneaking” cigarettes from others in the household, and, for a few, finding cigarette butts on the streets.
- Most who started smoking cigarettes in high school did so either out of peer pressure, general curiosity, to “be cool” or to “fit in.” A number recalled a sizable “smoking pit” in the high school yard which was the place to be or be seen. Those who started in college or university did so because it was part of the social scene or to help them manage their academic stress.
- A number of participants started smoking due to high stress jobs or jobs where smoking was also more prevalent, such as the hospitality or construction industry.
- In the beginning, nearly all participants had someone, or often more than one person, in their life who also smoked cigarettes. These were most often close friends, siblings or one or both of their parents.
- Fast forwarding to today, adults who smoke explain they do so for four main reasons: out of habit, to help them manage their stress, as an activity when they are out with their friends (especially if alcohol is involved), and for pleasure (i.e., they really enjoy smoking cigarettes).
- Many who currently smoke cigarettes explained that their circle of friends, coworkers and family members who also smoke cigarettes has shrunk considerably, to the point where some feel they are now the only ones who smoke cigarettes regularly. Participants described how there used to be a noticeable group outside their workplace congregating at breaks and lunch to smoke a cigarette whereas now, they are sometimes the only ones there. Similarly, at social gatherings, participants would describe how there would often be a group of people who smoke gathering outside or on the porch and that it was not difficult to find someone with whom they would go out “to have a smoke.” Nowadays, many of these participants have noticed that they are often the only one who steps outside to smoke a cigarette. It was further explained that cigarette smoking used to be a way to

bond or meet other people at work and at gatherings whereas now, stepping out to smoke a cigarette has become a lonely activity.

- Those who smoke more casually or in social circumstances explain that they also have friends who smoke occasionally.
- The journey for many seems to involve an increase in smoking at some point, which tended to coincide either with a stressful time in their life, a particular line of work (e.g., restaurants, bars, construction, etc.) or an increase in social activity. Many explained that they have tried, some for longer periods than others, to quit smoking entirely. Although some may have quit at least once in their lives, all of these participants continue to smoke at least occasionally with some believing they have reduced how much they smoke compared to at its peak.
- A common pattern in the smoking journey among older women was a pause in their use of tobacco during a pregnancy.

Few seem to feel that they plan what they do or where they go based on whether they can smoke cigarettes. Many explained that this may have been more common when smoking was permitted in certain places. However, since smoking is prohibited everywhere that is open to the public, they no longer feel they need to make this choice. Some participants noted that they are more likely to plan whether they smoke based on who they are going to meet rather than where they are going. For instance, participants explained that they will not smoke in places where there are going to be young children or babies. A few, especially in their 20's and 30's, noted that they will avoid smoking if one of their parents will be there.

Many do feel that smoking isolates them from others. Whereas smoking in groups was more common when they were younger, now they feel that only a few people congregate on sidewalks, porches and alleys to smoke cigarettes. When they need to leave their group to go out to smoke a cigarette, participants feel they are in some ways ostracized and "missing out." They feel bad themselves for stepping away and they are also made to feel bad by others in their group.

The cost of living was seen by all participants as getting more expensive and many had to make compromises and changes in their general household budget. The impact on cigarette use was mixed. A good number explained how inflation in general but also the increase in the cost of cigarettes specifically has prompted them to adopt one or a combination of the following strategies: reduce how much they smoke, switch to a less expensive brand, switch to hand rolled cigarettes, switch to contraband or cigarettes sold "on reserves" or switch to vaping. Some who smoke more regularly and heavily did not change how much or what they smoked – they explained that they will purchase their cigarettes no matter what. As well, some who smoke on a more casual or occasional basis felt that they did not change their use of cigarettes because they don't smoke

enough for it to have a meaningful impact on their household budget. In fact, for a few of these individuals, they just smoke their friends' cigarettes.

Confidence in and importance of quitting smoking

Most participants would say that quitting smoking is at least somewhat important to them. Those who feel most strongly about this feel that it is long overdue, they understand the impact it is having on their health and their wallets and, similarly, they understand the benefits of quitting. There were also participants who said that quitting was quite important to them now because they had or were planning to have children, or because they had grandchildren.

A few are also motivated by the fact that someone in their family had died from a health condition related to smoking cigarettes. Older participants were more likely to point to specific impacts on their health from smoking cigarettes and that they are interested in living as long as possible. Those with young children at home were interested in setting the right example.

“Yeah, with two young kids running around, I kind of want to set a model citizen example here and I don't want to be sneaking out and smoking cigarettes from time to time. That's why it's kind of driving me to quit fully... So that's kind of the driving force for me, just for my own family. It's not a priority for me anymore.” – Male, 31 years old, Ontario

Those who feel less strongly about quitting were mostly individuals who smoke more casually or occasionally. These participants feel that cigarettes do not control them, they have a clear understanding of when and how much they smoke in a given timeframe and they do not believe that the number of cigarettes they are smoking is having any negative impact on their health, or at least it is so minimal it is not worth worrying about. A few enjoyed smoking too much to consider quitting. Participants will also downplay the importance of quitting out of concern for the impact it would have on their social life. Some also feel that quitting would either add to an already stressful time in their life or it would impact their ability to manage the stress in their life.

When asked how confident they would be that they would succeed if they tried to quit, a range of responses were provided. Most do feel confident they would succeed if they tried to quit. Those who tended to be the most confident usually fell into one of two categories: those who smoke occasionally and believe that the infrequent nature of their tobacco use would make it easy for them to quit, and those who have quit in the past (in some cases many times) and given that experience, they believe they can do it again if they put their minds to it. Some also believe that they are “in control” and that if they wanted to quit, they could. Some of the more confident participants also explained that they recognize the impact it is having on their health and that this was sufficiently motivating and a few added that they hate that they smoke cigarettes and they really want to quit.

Those who felt less confident tended to be individuals who have never tried quitting in the past as well as some who have tried to quit, sometimes repeatedly and recognized the difficulty of this. Low confidence also stems from some feeling that quitting is a relatively low priority for them and, knowing that it takes significant commitment, don't feel they would be fully invested in the effort.

“I'd like to quit, but I'm in the mindset that something always comes up, and someday I will or someday it'll kill me. I'm not quite sure anymore, but I've tried a few times, and like I said, something always comes up, so it is important, but it's one of the lower priorities at the moment.” - Male, 38 years old, Ontario

Finally, some do not feel confident because others around them, especially a spouse or close friends, also smoke.

The discussion related to the importance of quitting and confidence sometimes resulted in participants being at opposing ends of the “confidence” and “importance of quitting” spectrums. Common scenarios would include:

- Participants who do not smoke regularly who do not consider quitting important and also feel quite confident they could quit if they tried.
- Participants who consider quitting very important but who also recognize that quitting is easier said than done and have a low level of confidence that they would succeed in quitting if they tried.

High and low prevalence discussion

Participants struggled to self-identify as fitting into a particular demographic or socio-economic profile which might make them more or less likely to smoke cigarettes. Participants explained that when they look around them, they do not recognize any particular trend or any segment of society more likely or less likely to smoke than any other. If anything, participants might propose that certain circumstances might make someone more likely to smoke cigarettes, among which the most common were rooted in the past rather than in the present. These included:

- parents, close friends and/or close family members smoked cigarettes,
- they grew up in a time when cigarette smoking was more common and popular, it was more widely permitted (e.g., in restaurants, in the workplace, etc.), less was known about the health impact of smoking cigarettes, cigarette advertising was more prevalent, and smoking cigarettes was seen as “cool”,
- they had or have a lot of stress in their life, and,
- the type of work they do or industry in which they work.

Because of how cigarettes were viewed when they were younger, some of the participants who were over the age of 45 tended to feel that they fit the profile of someone who smokes because of their age. Otherwise, a few felt that they were probably more likely to smoke because they were men, a few participants felt they were probably more likely to smoke because they are members of the LBGTQIA2S+ community or because they are Indigenous.

The manner in which participants reacted to certain findings or patterns pertaining to prevalence included the following:

- Younger participants 25 to 44 were typically not surprised to learn that their age group was more likely to smoke compared to older individuals. They sensed that fewer “life obligations”, not having children or as many children, still feeling quite healthy and still having a fairly active social life all contributed to increasing the odds that their age group is more likely to smoke cigarettes than older individuals.
- Conversely, many of those over the age of 44 were surprised to learn that those 25 to 44 were more likely to smoke cigarettes. Many assumed that vaping was overtaking cigarette smoking, that cigarettes were more likely to be vilified, and that younger folks were more educated about the ill-effects of smoking cigarettes and that this would lead younger folks to be less inclined to smoke cigarettes compared to older individuals. Many also assumed older individuals would be more likely to smoke cigarettes for the various reasons listed earlier – that they grew up in a time when cigarette smoking was more common and popular, it was more widely permitted, less was known about the health impact of smoking cigarettes, cigarette advertising was more prevalent, and smoking cigarettes was seen as “cool.”
- Some men were not surprised to hear that they were more likely to smoke compared to women, mostly because of the kinds of sectors in which they work (such as construction, building maintenance, etc.). Some also explained that it is a more “macho” thing to do.
- On a related note, many individuals in both lower and higher income households were not surprised to learn that individuals earning a lower income were more likely to smoke compared to higher income individuals. Most tended to hypothesize that given the stress caused by financial duress, this would likely lead to smoking cigarettes. Some also suspected that the sectors in which low-income Canadians work might see higher rates of smoking than others.
- Most individuals with a mood or anxiety disorder were not surprised to learn that they are more likely to smoke compared to individuals with neither type of disorder. Some explained that, faced with their disorder at a young age, smoking helped them “fit in” with others and it helped them manage their anxiety or just cope. Many continue to utilize

cigarettes for the same reasons. A few also explained that cigarettes were a better and healthier alternative compared to other substances they have used or consumed in the past such as cannabis, hard drugs and alcohol.

- Reactions among members of the LGBTQIA2S+ were mixed. Some did not understand why they might be more likely to smoke whereas for others, the reasons were quite clear. Those in the latter group explained that cigarettes helped them manage the social and personal challenges they endured growing up, cigarettes were said to help them “fit in.” Smoking also helped them manage the anxiety they felt around their sexual identity and preferences. Some also explained that in their community, it was and remains “the thing to do.”

“For me, I'm LGBTQ. It's a huge part of the community. If you don't smoke it, you're seen as someone who is not cool, who's not fit to be within the community so there's a lot of pressure in that aspect. I think that's a huge part of it.” Male, 32 years old, British Columbia

“Before I came out, so the act of just sort of being gay and living in this culture, I think predisposed me for sure to smoking a lot because a lot of my gay friends did the same. I noticed most of my gay male friends all smoke as opposed to the, you know, the straight counterparts. [...] gay people were, you know, looked at very horribly and especially like during my time, there's the AIDS epidemic so I think there was a lot of stress being gay and hiding that from people, and so that translated into smoking.” Non-Binary, 52 years old, Ontario

“[...] in Halifax, it was literally a metal door down at dark alley, no signs, no lights, and that's where we went to party because that was the only gay club in the city and you had to come out in groups because if not, you were attacked. So, it took me back to a very dark place, and you know, that is definitely when I look around at my group of friends back then and everybody, we all smoked, and I think it was just a stress reliever because you're being in the process of...you're in the middle of the AIDS epidemic. You're being disowned from family and friends. You are being beat up. You're being tracked and chased and all of these horrific things that typically don't happen and I think it was just part of a stress release...I don't know...but something for me to think about for sure.” Female, 53 years old, Nova Scotia

- Many individuals from Indigenous communities were also not surprised to learn that they might be more likely to smoke compared to individuals who do not identify as Indigenous. A few factors seemed to contribute to this – some felt that smoking and tobacco serve certain traditional purposes in their community and as such smoking does not take on the same meaning as it might to non-Indigenous individuals. Some also explained that smoking

has been and continues to be quite prevalent among their friends who are Indigenous and among family members, which in turn normalizes and perpetuates the behaviour. As well, some suspect that the lower cost that Indigenous people pay for cigarettes increases accessibility of the product and decreases the importance of cost as a driver for deciding to quit. Finally, a few suspect that Indigenous individuals may be more likely to earn lower incomes, face various types of discrimination and live with more stress in general, all of which might increase the odds of them smoking.

Selecting a cessation method

The research explored awareness and experiences with a variety of smoking cessation strategies and methods.

Without prompting with examples, participants across all segments seemed fairly aware of strategies such as various forms of nicotine replacement therapy (gum, patch, spray, inhaler), prescription medication (especially Champix and Zyban), “cold turkey” (or “willpower”), gradually reducing the quantity of cigarettes smoked, changing their habits or routine, vaping with nicotine, hypnosis, laser, keeping busy or keeping their hands busy, counseling, and exercise. In a few sessions, participants also mentioned literature/books, getting pregnant, acupuncture, sweets/candy, cannabis, and shock therapy.

When presented with a specific list of methods and strategies, the following trends emerged:

- By and large, participants were aware of nearly all methods presented. Those who smoked more casually or occasionally were more likely to be unaware of more items on the list.

The methods of which participants were the least aware included: a 1-800 quitline helpline and an internet-based program or smartphone app. Awareness was somewhat low for attending in-person group counselling and using smoking cessation medications.

- When specifically asked if there were any methods they had never tried and that they would also never likely consider in the future, the following trends emerged:
 - Smoking cessation medications were the least popular with most of these participants explaining that they would prefer resorting to strategies that do not involve medication. Some had also heard through word-of-mouth that these medications have undesirable side-effects, especially vivid dreams. Those who only smoke occasionally were especially reluctant to consider medication since they saw this strategy as mostly an option for individuals who are “addicted,” something which they did not see themselves as being.
 - Many also felt that they would not use a 1-800 quitline helpline. The general sense was that calling such a helpline is something someone would do in an emergency

or who is in a crisis, which few felt applied to their situation. There was also an expectation that the person with whom they would speak on the helpline would only give them information they probably already knew. Finally, many who were not interested in a quitline were also not interested in talking to a stranger about their smoking.

- Vaping, with or without nicotine, held limited appeal to many participants. These participants felt that switching from smoking cigarettes to vaping was equivalent to switching one bad habit for another. A good number seemed to believe that vaping might be worse than smoking cigarettes.
- Interest for in-person group counselling was also weak, with many of these participants uncomfortable or reluctant to discuss their use of tobacco with others in a group environment.
- Finally, interest was weak for the internet-based program or smart phone app. Participants could not imagine how this sort of tool could help them. There was also a sense that no app or internet-based program could motivate them or have an impact on their willpower, which was a key challenge for many.

The discussion then focused on methods and strategies that participants have used in the past, irrespective of whether it succeeded. Some of the highlights from this line of questioning included:

- Nicotine replacement therapy (NRT), especially gum and patches, were often mentioned. Participants tended to see mixed results with these approaches. They were led to try these approaches in a variety of different ways – for some, these methods have been around for a long time and they were just aware of them, for others, friends and family had seen success in their use, they were recommended by a pharmacist or their physician, or they were featured prominently at their pharmacy. Participants stopped using NRT mostly because they did not feel they worked – some would continue smoking while taking NRT while others felt the product was not reducing their cravings. Unpleasant taste, side-effects (especially for patches), and cost were also some of the challenges encountered with these products.

“I think the most successful I tried was the patch. I quit for a couple of years. The downside to it was it made me sweat incredibly.” – Male, 58 years old, Ontario

- Some had tried smoking cessation medication and few felt it worked for them. The side-effects, especially vivid dreams, led them to abandon this method which for most had been recommended by their physician.
- Hypnosis was also used by some, although few believed it was helpful. This method tended to be a one-time experiment for participants, which had most likely to been recommended by friends or through advertising.

- Vaping with nicotine was also a popular strategy, which was still being used by certain participants in these focus groups. This approach had been most often recommended by friends and was seeing some success among certain participants.
- Strategies such as managing one's stress, exercise, quitting "cold turkey" and gradually reducing the number of cigarettes smoked were also relatively common. Participants were typically led to consider these approaches on their own with no particular recommendation or consultation from other people. These participants tended to encounter challenges such as not having enough time to exercise, or not being able to manage one's stress.

"I tried [to quit] a lot because, in that time, I was playing soccer with my friends then I started to smoke. I didn't have too much breath to play sports, that's why I tried to quit, but I couldn't because of the, as I said, the work [stress]." - Male, 41 years old, New Brunswick

- Many explained that in their efforts to quit or reduce their smoking, any reason was a good reason to start smoking again.

While most participants generally agreed that the decision to quit has to come from them, many also agreed that some form of support from someone can be helpful. Most seemed to feel that support from someone in their circle of friends or family would be most helpful.

"For myself, I would definitely need support. I thrive off of encouragement... My family and friends would mean the most, but if you don't have family and friends, you can get that from a doctor or a counsellor or pharmacist, anyone." – Female, 47 years old, Alberta

In terms of the types of "stars" that would need to align in their life to increase the odds of success when it comes to quitting, most agreed on three particular factors: having the right mindset, having less stress in their life, and having the right kind of support to keep them motivated. Some also said that a serious health diagnosis would be the trigger for them.

"Maybe getting a lung disease or something that probably will make me think about quitting smoking. But aside from that, no, I like it." – Female, 34 years old, Alberta

Those who were especially confident that they could quit (as discussed earlier in the session) believed all they needed was to put their minds to the task.

Quantitative research results

Notes for the reader:

- Throughout the report, notable subgroup findings are described as per t-test and z-test results (see Methodology).
- Subgroup findings were primarily focused on comparing results among adults aged 25-44 and those aged 45 and older, as well as a focus on individuals who smoke daily, compared to those who smoke occasionally. Additional subgroup findings were only highlighted throughout relevant areas of the report.
- Notable findings among subgroup sample sizes of less than 25 have been omitted throughout the report.
- The report features results for scale questions ranging from 0-10, with results grouped into positive (7-10), neutral (4-7), or negative ranges (0-3) for ease of reading.
- Subgroup findings for all questions are provided in a separate set of “banner tables.” These tables are referenced by the survey question in the report.

Quality of life

More than half of respondents (53%) said they felt satisfied with their life right now (assigned a score of 7, 8, 9 or 10 on scale from 0-10). Another third of respondents (33%) responded neutrally and 14% of respondents reported being dissatisfied (score of 0, 1, 2, or 3) with their current life.

Adults aged 45 and older were more likely to report being dissatisfied with their life (16% versus 12% of those aged 25 to 44). Individuals who smoke daily were also more likely to report being dissatisfied with their life currently (16% versus 9% of those who smoke occasionally).

Respondents who reported having a disability reported lower life satisfaction (24% said they were dissatisfied compared to 11% of those with no reported disability).

Table 1 – Overall life satisfaction

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Satisfied (7-10)	53%	51%	54%	52%	55%
Neutral (4-6)	33%	36%	30%	32%	35%
Dissatisfied (0-3)	14%	12%	16%	16%	9%
Don't know/Prefer not to say	<1%	1%	<1%	<1%	1%

Q4. Let's start off with a very broad question - how do you feel about your life as a whole right now? Base: All respondents, 2023, n=2,548.

Smoking use and history

Smoking frequency

Nearly three quarters of respondents (73%) reported that within the last month, they smoked cigarettes every day. A total of 27% smoked occasionally (17% smoked at least once in a week, and another 10% smoked at least once a month).

Respondents aged 45+ were more likely to have smoked daily (83%) compared to those in the 25-44 age category (62%).

Women were also more likely to report having smoked daily (79%) compared to men (68%).

Respondents from Quebec were more likely to smoke daily (81%) than those in Atlantic Canada (70%), Saskatchewan/Manitoba (60%), Alberta (72%) and British Columbia (61%).

There was also a relationship between household income and frequency of smoking. Those with a household income of less than \$40k were most likely to smoke daily (81%) which decreases to 62% of respondents earning \$100k and above.

Those with a high school education or less were more likely to report smoking daily (84%) compared to those with a college (76%) or university education (56%).

Respondents who reported having a disability were more likely to smoke daily (81% versus 71%).

Table 2 – Frequency of smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)
Every day	73%	62%	82%
Less than daily, but at least once in a week	17%	23%	11%
Less than once a week, but at least once in the past month	10%	15%	6%

Q5. In the past 30 days, how often did you smoke cigarettes? Base: All respondents, 2023, n=2,548.

Smoking history

Respondents' average age at the time of their first cigarette was just over 16 years old.

Those aged 45 and older were more likely than those aged 25-44 to report smoking a whole cigarette between the ages of 12-14 (30% versus 25%) or 15-17 (37% versus 27%). Younger respondents were more likely to smoke their first cigarette between the ages of 18-21 (30% versus 17% of older respondents).

Those who smoke daily were more likely to consume a whole cigarette for the first time between the ages of 12-14 (29% versus 23%) whereas occasional smokers were more likely to do so between the ages of 18-21 (30% versus 21%). This trend is also reflected when considering the average age at time of smoking a whole cigarette for the first time (17.2 versus 16.4).

Table 3 – Age at time of first cigarette

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Less than 12	7%	6%	7%	7%	5%
12-14	27%	25%	30%	29%	23%
15-17	32%	27%	37%	33%	30%
18-21	24%	30%	17%	21%	30%
22+	10%	11%	9%	9%	13%
Average	16.1	16.9	16.4	16.4	17.2

Q7. How old were you when you smoked your first whole cigarette? Base: All respondents, 2023, n=2,548.

Based on respondents' age and their reported age at the time they smoked their first cigarette, the number of years having smoked cigarettes was calculated. Across all participants, the average number of years having smoked cigarettes was 30 years.

Those who smoke occasionally were more likely to have smoked cigarettes for 30 years or less (73% vs. 45%) while individuals who smoke daily were more likely to have been smoking for more than 30 years (55% versus 27%).

Regionally, the average number of years having smoked was highest among individuals in Quebec at 33 years.

Table 4 – Number of years smoking cigarettes

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Less than 5 years	2%	3%	1%	2%	2%
5-10	5%	11%	<1%	3%	10%
11-20	23%	47%	2%	19%	36%
21-30	22%	37%	9%	21%	26%
31-40	20%	3%	35%	22%	14%
41-50	16%	-	31%	19%	9%
Over 50	12%	-	22%	14%	5%
Average	30.5	18.1	41.9	32.9	24.2

On average, respondents who smoke daily began to do so around the age of 18-19.

Those aged 45 and older were more likely to begin smoking daily between the ages of 15 and 17 (35% versus 26%) while those aged 25 to 44 were slightly more likely to begin smoking daily at the age of 22 or older (21% versus 16%).

Table 5 – Age at onset of daily smoking

	Total (n=1,904)	Adults aged 25-44 (n=562)	Adults aged 45 and older (n=1,342)
Less than 12	2%	2%	2%
12-14	14%	14%	15%
15-17	31%	26%	35%
18-21	34%	37%	33%
22+	18%	21%	16%
Average	18.6	18.7	18.6

Q8. At what age did you begin to smoke cigarettes daily? Base: Participants who smoke cigarettes every day, 2023, n=1904.

On average, respondents who smoke daily smoke about 13 cigarettes per day. Of the respondents who smoke daily, those aged 25-44 were more likely to smoke between 1 to 5 cigarettes (26% versus 10%) while those aged 45 and older were more likely to report smoking 11-15 cigarettes (25% versus 17%) or 16-20 cigarettes (21% versus 12%).

Those who smoke occasionally, on average smoke about 5 cigarettes on the days that they smoke. Of these respondents, those 25-44 were more likely to smoke only 1-2 cigarettes on days that the smoke compared to older respondents (44% versus 34%).

Table 6 – Typical number of cigarettes smoked per day among adults who smoke daily

	Total (n=1,904)	Adults aged 25-44 (n=562)	Adults aged 45 and older (n=1,342)
1-5	17%	26%	10%
6-10	31%	34%	29%
11-15	21%	17%	25%
16-20	18%	12%	21%
21-25	8%	7%	9%
More than 25	4%	3%	5%
Average	13.4	11.6	14.7

Q9a. How many cigarettes do you usually smoke each day? Base: Participants who smoke cigarettes every day, 2023, n=1904.

Table 7 – Typical number of cigarettes smoked per day among adults who smoke occasionally

	Total (n=644)	Adults aged 25-44 (n=353)	Adults aged 45 and older (n=291)
1-2	41%	44%	34%
3-5	33%	32%	36%
6-10	17%	16%	19%
11-15	4%	4%	4%
16-20	4%	4%	4%
21-25	1%	1%	1%
More than 25	1%	<1%	1%
Average	5.1	4.8	5.7

Q9b. On the days that you do smoke, how many cigarettes do you usually smoke? Base: Participants who smoke cigarettes occasionally, 2023, n=644.

Individuals who smoke were asked how soon after waking up they have their first cigarette.

For those who smoke daily, roughly one quarter (26%) have a cigarette within 5 minutes of waking up and just under half (47%) have a cigarette within 6-30 minutes of waking. A smaller proportion smoke within 31-60 minutes of waking up (15%) or after the first hour of waking up (13%).

On the other hand, just 6% of those who smoke occasionally reported having their first cigarette of the day within 5 minutes of waking up. A quarter smoke within 6-30 minutes of waking up (25%) and a smaller proportion smoke within 31-60 minutes of waking up (15%). More than half of those who smoke occasionally have their first cigarette after at least an hour after waking up (54%).

Table 8 – Duration of time after waking up before having a cigarette among those who smoke daily

	Total (n=1,904)	Adults aged 25-44 (n=562)	Adults aged 45 and older (n=1,342)
Within 5 minutes	26%	25%	26%
6-30 minutes	47%	44%	48%
31-60 minutes	15%	17%	14%
After 60 minutes	13%	13%	13%

Q10a. How soon after you wake up do you usually have your first cigarette? Base: Respondents who smoke daily, 2023, n=1904.

Table 9 – Duration of time after waking up before having a cigarette among those who smoke occasionally

	Total (n=644)	Adults aged 25-44 (n=353)	Adults aged 45 and older (n=291)
Within 5 minutes	6%	6%	6%
6-30 minutes	25%	27%	23%
31-60 minutes	15%	15%	16%
After 60 minutes	54%	53%	55%

Q10b. On the days that you smoke, how soon after you wake up do you usually have your first cigarette?

Base: Respondents who smoke occasionally, 2023, n=644.

The nicotine dependence index categorizes respondents into a three-category variable: low (0-2), medium (3-4), and high (5-6) based on the number of cigarettes smoked each day as well as the duration of time between waking up and smoking. A more detailed explanation of how points were allocated can be found in Appendix D.

Just under 6 in 10 respondents (59%) were considered “low” on the nicotine dependence index earning a score of 0-2 based on their responses to survey questions. More than one third (35%) were considered medium on the index, scoring 3-4 points. Just 6% of respondents would be classified as high on the nicotine dependence index, scoring 5-6 points.

Respondents aged 25-44 were more likely to be categorized as low on the index (70% versus 50%) while those aged 45 and over were more likely to be categorized as either medium (43% versus 26%) or high (7% versus 4%). The vast majority of those who smoke occasionally were categorized as low (90% versus 48% of those who smoke daily) whereas more of those who smoke daily were in the high category (8% versus 1% of those who smoke occasionally).

Table 10 – Nicotine dependence index

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Low (0-2)	59%	70%	50%	48%	90%
Medium (3-4)	35%	26%	43%	45%	9%
High (5-6)	6%	4%	7%	8%	1%
Average	2.1	1.8	2.3	2.5	0.9

Q10a. How soon after you wake up do you usually have your first cigarette? Base: Respondents who smoke daily, 2023, n=1904. / Q10b. On the days that you smoke, how soon after you wake up do you usually have your first cigarette? Base: Respondents who smoke occasionally, 2023, n=644.

Cessation - general awareness and opinions

Respondents were asked to provide their level of agreement with a series of statements.

Close to two thirds of respondents (64%) agreed that they value quality of life over quantity of life while just 4% disagreed.

Just under half of respondents (49%) agreed that they would cut back on cigarettes before cutting back on other expenses, while less than 1 in 5 (17%) disagreed. Younger respondents and those who smoke occasionally were more likely to agree with this statement (53% versus 46% and 68% versus 42% respectively).

Slightly less (47%) agreed that they would cut back on cigarettes before cutting back on hanging out with friends, however, 1 in 5 (22%) disagreed with this statement. Agreement was higher among respondents aged 25-44 (54% versus 41%). Those who smoke occasionally were more likely to agree with this statement (62% versus 41%).

A similar proportion (45%) agreed that they value their individual rights over the rights of society while 15% disagreed. Agreement was higher among respondents aged 25-44 (49% versus 41%), among those who smoke occasionally (49% versus 43%), and men (48% versus 41%).

More than 2 in 5 (43%) agreed that they value their mental health over their physical health. Close to half of respondents (47%) were neutral while just 7% disagreed. Agreement was higher among those aged 25-44 (48% versus 39%).

Lastly, more than a quarter of respondents (27%) agreed that they value their social life more than time spent on their own while almost one third (32%) disagreed with this statement. Agreement was higher among those aged 25-44 (34% versus 20%), men (32% versus 20%), and those who smoke occasionally (33% versus 24%).

Table 11 – Opinions and perceptions related to smoking cessation

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
I value quality of life over quantity of life					
Agree (7-10)	64%	64%	64%	64%	64%
Neutral (4-6)	29%	28%	29%	29%	28%
Disagree (0-3)	4%	5%	4%	4%	6%
Don't know/Prefer not to say	3%	3%	3%	3%	2%
I would cut back on cigarettes before cutting back on other expenses					
Agree (7-10)	49%	53%	46%	42%	68%
Neutral (4-6)	32%	32%	32%	35%	23%

Disagree (0-3)	17%	13%	20%	20%	7%
Don't know/Prefer not to say	2%	2%	3%	3%	1%
I would cut back on cigarettes before cutting back on hanging out with friends					
Agree (7-10)	47%	54%	41%	41%	62%
Neutral (4-6)	29%	28%	29%	30%	25%
Disagree (0-3)	22%	17%	27%	26%	12%
Don't know/Prefer not to say	3%	2%	4%	3%	2%
I value my individual rights over the rights of society					
Agree (7-10)	45%	49%	41%	43%	49%
Neutral (4-6)	37%	35%	40%	39%	34%
Disagree (0-3)	15%	13%	17%	15%	14%
Don't know/Prefer not to say	3%	4%	3%	4%	2%
I value my mental health over my physical health					
Agree (7-10)	43%	48%	39%	42%	45%
Neutral (4-6)	47%	44%	50%	48%	45%
Disagree (0-3)	7%	7%	8%	7%	7%
Don't know/Prefer not to say	2%	2%	3%	2%	2%
I value my social life over time spent on my own					
Agree (7-10)	27%	34%	20%	24%	33%
Neutral (4-6)	40%	39%	41%	39%	44%
Disagree (0-3)	32%	26%	38%	36%	22%
Don't know/Prefer not to say	1%	1%	1%	1%	1%

Q11. To what extent do you agree or disagree with the following statements? Base: All respondents, 2023, n=2,548.

Smoking cessation methods and aids

Smoking cessation aids or methods with the highest awareness included nicotine patches (46%), nicotine gum (37%), the “cold turkey” method (19%), prescription medication (15%), vaping devices (13%) and hypnosis (12%). Just under one quarter of respondents (24%) could not list any method or aids for quitting.

Respondents who smoke daily, those aged 45 and older, women, respondents with plans to quit, and respondents with previous quit attempts were more likely to provide examples of cessation methods or aids.

Table 12 – Awareness of methods and aids for quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Nicotine patches (Nicoderm)	46%	39%	53%	49%	38%
Chewing gum / Nicotine gum	37%	31%	42%	40%	30%
Cold turkey	19%	15%	23%	19%	19%
Medication / Prescription (unspecified)	15%	10%	19%	17%	8%
Vape	13%	15%	10%	12%	14%
Hypnosis	12%	8%	15%	13%	9%
Nicorette (unspecified)	7%	7%	8%	8%	6%
Lozenges	6%	6%	7%	7%	3%
Spray	5%	4%	7%	6%	3%
Champix (Varenicline)	4%	3%	6%	5%	2%
Inhaler	4%	3%	5%	5%	2%
Willpower	4%	3%	5%	4%	4%
Exercise / Physical activity	3%	4%	3%	3%	4%
Acupuncture	3%	1%	5%	4%	2%
Gradually cut down	3%	1%	4%	3%	2%
Therapy / Counselling	3%	3%	2%	2%	4%
Zyban/Wellbutrin (Bupropion)	2%	1%	3%	3%	1%
Laser	2%	2%	2%	2%	1%
Stay busy (various)	2%	3%	1%	2%	3%
Support groups	2%	2%	2%	2%	2%
Meditation	2%	1%	1%	2%	1%
Candies / Mints	2%	2%	2%	2%	1%
E-cigarette	2%	2%	2%	2%	2%
Other	5%	7%	3%	4%	7%
Don't know/Not aware of any	24%	28%	20%	24%	24%

Q12. Please list as many different methods, aids, or tips for quitting smoking as you can. Base: All respondents, 2023, n=2,548.

*Only responses above 1% shown.

When asked how much various methods would increase their chances of quitting smoking, the following were perceived to be the most successful:

- Reduce the number of cigarettes you smoked (22%);
- Find better ways to manage stress (22%);
- Exercise (21%);
- Smoking cessation medication (20%);
- Nicotine replacement products (18%);

- Use vaping products with nicotine (12%);
- Make a deal with a friend of family member (10%);
- Use vaping products without nicotine (10%).

Cessation methods that were perceived to be successful by less than 1 in 10 respondents included the following:

- Brief counselling from a health care professional (9%);
- In-person group counselling (9%);
- Consume cannabis (7%);
- Drink alcohol (6%);
- Internet-based program or smart phone app (6%);
- A 1-800 quit line (5%);
- Socializing with friends who smoke (5%).

The following cessation methods were perceived to significantly increase the chances of quitting smoking among occasional smokers compared to daily smokers:

- Exercise (28% versus 18%);
- Find better ways to manage stress (27% versus 21%);
- Reduce the number of cigarettes you smoked (26% versus 21%);
- Use vaping products without nicotine (15% versus 7%);
- Use vaping products with nicotine (15% versus 10%);
- Make a deal with a friend or family member (13% versus 8%);
- Brief counseling from a health care professional (12% versus 8%);
- Socializing with friends who smoke (8% versus 3%).

Those aged 25-44 tended to perceive the following methods as successful compared to those 45 years or older:

- Exercise (26% versus 17%);
- Find better ways to manage stress (25% versus 20%);
- Use vaping products with nicotine (14% versus 9%);
- Use vaping products without nicotine (13% versus 6%);
- Make a deal with a friend or family member (13% versus 7%);
- Brief counselling from a health professional (12% versus 6%);
- In-person group counselling (12% versus 6%);
- Consume cannabis (10% versus 4%);
- Using a 1-800 quit line (8% versus 3%);
- Internet-based program or smart phone app (8% versus 4%);

- Drink alcohol (7% versus 4%);
- Socializing with friends who smoke (7% versus 3%).

Table 13 – Perceived impact of various activities on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Reduce the number of cigarettes you smoked					
Significantly increase chances of quitting smoking	22%	23%	22%	21%	26%
Somewhat increase	39%	33%	44%	41%	31%
No difference	21%	22%	20%	21%	21%
Somewhat decrease	8%	9%	6%	7%	10%
Significantly decrease chances of quitting smoking	5%	7%	3%	5%	6%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	5%	6%	5%	5%	5%
Find better ways to manage the stress in your life					
Significantly increase chances of quitting smoking	22%	25%	20%	21%	27%
Somewhat increase	33%	32%	34%	34%	31%
No difference	27%	22%	31%	28%	22%
Somewhat decrease	6%	7%	4%	4%	9%
Significantly decrease chances of quitting smoking	6%	9%	3%	6%	6%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	6%	4%	7%	7%	4%
Exercise					
Significantly increase chances of quitting smoking	21%	26%	17%	18%	28%
Somewhat increase	33%	29%	36%	35%	27%
No difference	29%	24%	33%	30%	27%
Somewhat decrease	6%	8%	4%	6%	8%
Significantly decrease chances of quitting smoking	4%	6%	3%	4%	6%
Prefer not to answer	<1%	<1%	1%	<1%	1%
Don't know	6%	6%	7%	7%	4%
Use smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline)					
Significantly increase chances of quitting smoking	20%	21%	18%	20%	19%

Somewhat increase	28%	27%	29%	29%	26%
No difference	20%	19%	21%	19%	23%
Somewhat decrease	6%	8%	4%	5%	6%
Significantly decrease chances of quitting smoking	6%	8%	5%	6%	6%
Prefer not to answer	1%	1%	1%	1%	2%
Don't know	19%	16%	22%	20%	17%
Nicotine replacement products					
Significantly increase chances of quitting smoking	18%	18%	17%	18%	17%
Somewhat increase	37%	33%	41%	38%	34%
No difference	23%	23%	22%	23%	23%
Somewhat decrease	7%	10%	5%	6%	10%
Significantly decrease chances of quitting smoking	5%	7%	4%	5%	5%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	9%	9%	10%	9%	9%
Use a vaping product with nicotine					
Significantly increase chances of quitting smoking	12%	14%	9%	10%	15%
Somewhat increase	24%	25%	22%	24%	22%
No difference	30%	29%	32%	29%	33%
Somewhat decrease	10%	11%	9%	10%	10%
Significantly decrease chances of quitting smoking	12%	13%	11%	13%	11%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	11%	7%	15%	12%	7%
Make a deal with a friend or family member					
Significantly increase chances of quitting smoking	10%	13%	7%	8%	13%
Somewhat increase	29%	30%	27%	28%	30%
No difference	42%	35%	49%	45%	35%
Somewhat decrease	7%	10%	4%	6%	9%
Significantly decrease chances of quitting smoking	5%	5%	4%	4%	5%
Prefer not to answer	<1%	<1%	1%	<1%	1%
Don't know	8%	7%	9%	8%	8%
Use a vaping product without nicotine					
Significantly increase chances of quitting smoking	10%	13%	6%	7%	15%
Somewhat increase	23%	25%	20%	23%	23%

No difference	36%	31%	40%	36%	34%
Somewhat decrease	10%	13%	8%	10%	11%
Significantly decrease chances of quitting smoking	9%	9%	9%	9%	7%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	13%	8%	17%	14%	9%
Receive brief counselling from a health professional					
Significantly increase chances of quitting smoking	9%	12%	6%	8%	12%
Somewhat increase	28%	29%	27%	27%	32%
No difference	40%	33%	47%	43%	34%
Somewhat decrease	7%	9%	5%	6%	9%
Significantly decrease chances of quitting smoking	5%	7%	4%	5%	6%
Prefer not to answer	1%	<1%	1%	1%	1%
Don't know	9%	9%	10%	10%	6%
Attend in-person group counselling					
Significantly increase chances of quitting smoking	9%	12%	6%	8%	11%
Somewhat increase	23%	24%	23%	22%	27%
No difference	41%	36%	45%	43%	36%
Somewhat decrease	7%	9%	6%	6%	9%
Significantly decrease chances of quitting smoking	6%	8%	5%	7%	6%
Prefer not to answer	1%	1%	1%	1%	1%
Don't know	12%	11%	13%	13%	11%
Consume cannabis					
Significantly increase chances of quitting smoking	7%	10%	4%	6%	9%
Somewhat increase	13%	17%	10%	12%	15%
No difference	39%	35%	43%	39%	39%
Somewhat decrease	10%	12%	8%	10%	10%
Significantly decrease chances of quitting smoking	13%	13%	14%	14%	12%
Prefer not to answer	1%	2%	1%	1%	1%
Don't know	16%	11%	21%	17%	13%
Drink alcohol					
Significantly increase chances of quitting smoking	6%	7%	4%	5%	7%
Somewhat increase	7%	10%	5%	5%	13%
No difference	31%	29%	34%	30%	34%

Somewhat decrease	16%	16%	17%	16%	17%
Significantly decrease chances of quitting smoking	31%	30%	33%	35%	22%
Prefer not to answer	1%	1%	1%	1%	2%
Don't know	6%	6%	7%	7%	5%
Use an internet-based program or smart phone app					
Significantly increase chances of quitting smoking	6%	8%	4%	6%	6%
Somewhat increase	19%	23%	16%	19%	21%
No difference	48%	41%	55%	49%	45%
Somewhat decrease	6%	8%	4%	5%	10%
Significantly decrease chances of quitting smoking	6%	7%	4%	6%	6%
Prefer not to answer	1%	1%	%	1%	1%
Don't know	14%	12%	16%	15%	11%
Use a 1-800 quitline or a smokers helpline					
Significantly increase chances of quitting smoking	5%	8%	3%	5%	6%
Somewhat increase	19%	20%	17%	17%	22%
No difference	52%	45%	58%	54%	45%
Somewhat decrease	5%	7%	4%	5%	8%
Significantly decrease chances of quitting smoking	6%	8%	4%	6%	6%
Prefer not to answer	1%	1%	1%	1%	2%
Don't know	12%	11%	13%	13%	11%
Socialize with friends who smoke					
Significantly increase chances of quitting smoking	5%	7%	3%	3%	8%
Somewhat increase	9%	13%	5%	8%	11%
No difference	26%	21%	30%	27%	21%
Somewhat decrease	25%	23%	27%	25%	26%
Significantly decrease chances of quitting smoking	31%	31%	31%	32%	29%
Prefer not to answer	<1%	1%	<1%	<1%	1%
Don't know	5%	4%	5%	5%	4%

Q13. In your opinion, if you really wanted to quit smoking, how much would the following impact your chances of quitting smoking, compared to quitting on your own? Base: All respondents, 2023, n=2,548.

Subsidization and insurance for smoking cessation aids

The majority of respondents (81%) were not aware of any smoking cessation aids that are subsidized in their province or community.

Of the options listed, awareness of subsidized options was highest for nicotine patches (10%) and nicotine gum (5%). Those who smoke daily were more likely to be aware of these options. Respondents aged 25-44 and females were also more likely to be aware that nicotine patches are subsidized by their province or community.

Table 14 – Awareness of subsidized smoking cessation options

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Nicotine patches (Nicoderm)	10%	8%	11%	11%	6%
Chewing gum / Nicotine gum	5%	5%	6%	6%	3%
Medication / Prescription (unspecified)	3%	2%	4%	4%	1%
Champix (Varenicline)	2%	2%	2%	2%	1%
Lozenges	2%	1%	2%	2%	1%
Telephone hotline	2%	2%	1%	2%	1%
Therapy / Counselling	1%	2%	1%	1%	2%
Community/Government/ cessation programs	1%	1%	1%	1%	1%
Vape	1%	1%	1%	1%	1%
Nicorette (unspecified)	1%	1%	1%	1%	1%
Nicotine replacement therapy / Cessation aids (unspecified)	1%	1%	1%	1%	1%
Hospitals (various)	1%	1%	<1%	1%	1%
Zyban/Wellbutrin (Bupropion)	1%	1%	1%	1%	1%
Support groups	1%	1%	<1%	1%	1%
J'arrête, j'y gagne	1%	1%	<1%	1%	0%
Spray	<1%	<1%	1%	0%	0%
Inhaler	<1%	<1%	<1%	0%	0%
Other	2%	3%	1%	2%	3%
Don't know/Not aware of any	81%	81%	80%	80%	82%

Q14. Please list smoking cessation options that are subsidized in your province or community. Base: All respondents, 2023, n=2,548.

Exactly 1 in 5 (20%) respondents reported having insurance that covers all or part of the cost of smoking cessation medication. Just over half of respondents (51%) do not have this type of insurance while 3 in 10 were not sure (29%).

Respondents most likely to report having this type of insurance included women (22%), those who smoke daily (21%), and Indigenous respondents (32%).

Table 15 – Availability of insurance that covers smoking cessation medication

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Yes	20%	20%	20%	21%	17%
No	51%	50%	51%	49%	54%
Don't know	29%	29%	28%	29%	28%
Prefer not to say	<1%	1%	1%	<1%	1%

Q15. Do you have insurance that covers all or part of your smoking cessation medication (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])? Base: All respondents, 2023, n=2,548.

Reading materials from doctors or pharmacies

Just 6% of respondents report that they need help when reading instructions, pamphlets, or other written material from their doctor or pharmacy either always (2%) or most of the time (4%) while another 13% say they need help sometimes.

Those aged 25-44 and those who smoke occasionally were more likely to report needing help reading these materials most of the time (7% versus 2% and 7% versus 3% respectively) or sometimes (17% versus 10% and 19% versus 11% respectively).

Respondents who identify as members of a racialized community or as Indigenous were more likely to report needing help reading these materials most of the time (8% versus 3% and 10% versus 4% respectively) or sometimes (23% versus 12% and 21% versus 13% respectively).

Table 16 – Frequency of receiving help to read instructions, pamphlets, or other written material from a doctor or pharmacy

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Always	2%	2%	1%	2%	2%
Most of the time	4%	7%	2%	3%	7%
Sometimes	13%	17%	10%	11%	19%
Rarely	23%	22%	23%	23%	23%
Never	54%	47%	60%	58%	45%
Don't know / Prefer not to say	2%	2%	1%	2%	2%
Not applicable	2%	2%	2%	2%	2%

Q16. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy? Base: All respondents, 2023, n=2,548.

Cessation history

Previous attempts to quit smoking

More than 7 in 10 respondents (72%) reported that at some point in the past, they had stopped smoking for at least 24 hours because they were trying to quit, while one quarter (25%) had not done so.

The following sub-segments were more likely to report having attempted to quit in the past:

- Respondents aged 45+ (76% versus 67%);
- Women (75% versus 69%);
- Non-Indigenous respondents (72% versus 61%).

Table 17 – Previous attempts to stop smoking in attempts of quitting

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Yes	72%	67%	76%	71%	73%
No	25%	30%	21%	26%	23%
Don't know/Can't Remember	3%	3%	3%	3%	4%

Q17. Have you ever stopped smoking for at least 24 hours because you were trying to quit? Base: All respondents, 2023, n=2,548.

Of those who had stopped smoking for at least 24 hours in the past (n=1,885), more than half (57%) reported having done so in the last 12 months.

The following sub-segments were more likely to report having attempted to quit in the last 12 months:

- Respondents aged 25-44 (66% versus 49%);
- Those who smoke occasionally (86% versus 46% daily);
- Men (63% versus 50%);
- Those with a university education (71%);
- Those earning a household income of \$80,000-\$100,000 (64%) or more than \$100,000 (67%);
- Indigenous respondents (70% versus 56%);
- Members of a racialized community (73% versus 54% not of a racialized community).

Table 18 – Previous attempts to stop smoking within the past 12 months

	Total (n=1,885)	Adults aged 25-44 (n=613)	Adults aged 45 and older (n=1,272)	Individuals who smoke daily (n=1,405)	Individuals who smoke occasionally (n=480)
Yes	57%	66%	49%	46%	86%
No	42%	32%	50%	53%	12%
Don't know/Can't Remember	1%	2%	1%	1%	2%

Q18. In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit? Base: Respondents who had stopped smoking for at least 24 hours in the past, 2023, n=1,885.

Of the respondents who had stopped smoking for at least 24 hours in the past 12 months (n=1,033), 17% had attempted to quit just once, close to half (48%) had made two or three quit attempts, and just under one third (32%) had made four or more quit attempts.

Those who smoke occasionally were more likely to have tried to quit four or more times (42% versus 24%), whereas those who smoke daily were more likely to have tried to quit two or three times (52% versus 42%) or just one time (20% versus 11%).

Table 19 – Number of quit attempts within the past 12 months

	Total (n=1,033)	Adults aged 25-44 (n=406)	Adults aged 45 and older (n=627)	Individuals who smoke daily (n=616)	Individuals who smoke occasionally (n=417)
1 time	17%	15%	18%	20%	11%
2 or 3 times	48%	50%	46%	52%	42%
4 or more times	32%	31%	33%	24%	42%
Don't know / Can't remember	4%	4%	4%	3%	5%

Q19. During the past 12 months, how many times have you stopped smoking cigarettes for at least 24 hours because you were trying to quit smoking? Base: Respondents who had stopped smoking for at least 24 hours in the last 12 months, 2023, n=1033.

Cessation strategies

Current and past cessation strategies used

Respondents were presented with a list of smoking cessation strategies and asked whether they were currently using the strategy or if they had used the strategy in the past month.

The strategies used more frequently included the following:

- 56% were currently reducing the number of cigarettes they smoke and another 32% reported having done so in the past 12 months;
- 35% were currently trying to quit smoking on their own and another 44% reported having done so in the past 12 months;

- 21% were using a vaping device with nicotine in attempt to quit smoking and another 22% had done so in the past 12 months;
- 20% were currently using nicotine replacement products, and another 33% reported using these products in the past 12 months.

Other strategies used by fewer respondents included the following:

- 16% had made a deal with a friend or family member and another 23% had made a deal like this in the past 12 months;
- 16% of respondents were using a vaping device without nicotine in attempt to quit smoking while another 19% had done so in the past 12 months;
- 13% were currently using smoking cessation medication such as Zyban or Wellbutrin and another 18% reported using this type of medication in the past 12 months;
- 12% were attending brief counselling with a healthcare professional and another 18% had done so in the past 12 months;
- 10% were using an internet-based smartphone app to help with quitting and another 15% had tried this strategy in the past;
- 9% were attending in-person group counselling to help quit smoking and another 12% had done so in the past;
- 8% were currently using a 1-800 quit line or smokers helpline and another 13% had done so in the past.

Respondents aged 25-44 were more likely than those aged 45 and older and men were more likely than women to be currently using many of these strategies including:

- A vaping product with nicotine (28% versus 14% and 25% versus 16% respectively);
- Nicotine replacement products (26% versus 14% and 25% versus 12% respectively);
- A vaping product without nicotine (20% versus 11% and 19% versus 11% respectively);
- Making a deal with a friend or family member (22% versus 9% and 18% versus 13% respectively);
- Smoking cessation medication (18% versus 8% and 15% versus 9% respectively);
- Brief counselling from a healthcare professional (17% versus 6% and 15% versus 7% respectively);
- In-person group counselling (15% versus 3% and 12% versus 4% respectively);
- An internet-based program or smart phone app (15% versus 5% and 13% versus 6% respectively);
- A 1-800 quit line or helpline (13% versus 4% and 12% versus 3% respectively).

Table 20 – Use of smoking cessation strategies

	Total (n=1,033)	Adults aged 25-44 (n=406)	Adults aged 45 and older (n=627)	Individuals who smoke daily (n=616)	Individuals who smoke occasionally (n=417)
Reduced the number of cigarettes you smoked					
Currently doing this	56%	54%	58%	54%	59%
Not doing but have within the past 12 months	32%	34%	30%	36%	26%
Not done within the past 12 months	12%	12%	12%	9%	15%
Tried to quit smoking on your own without special preparation or help					
Currently doing this	35%	38%	31%	27%	45%
Not doing but have within the past 12 months	44%	41%	48%	52%	34%
Not done within the past 12 months	21%	21%	21%	21%	21%
Used a vaping product with nicotine					
Currently doing this	21%	28%	14%	18%	25%
Not doing but have within the past 12 months	22%	29%	15%	21%	25%
Not done within the past 12 months	57%	43%	71%	61%	50%
Nicotine replacement products (e.g., nicotine patch, gum, or lozenge)					
Currently doing this	20%	26%	14%	19%	22%
Not doing but have within the past 12 months	33%	33%	34%	34%	33%
Not done within the past 12 months	47%	41%	52%	48%	45%
Made a deal with a friend or family member					
Currently doing this	16%	22%	9%	12%	21%
Not doing but have within the past 12 months	23%	29%	18%	24%	23%
Not done within the past 12 months	61%	49%	74%	64%	56%
Used a vaping product without nicotine					
Currently doing this	16%	20%	11%	13%	19%
Not doing but have within the past 12 months	19%	26%	12%	17%	22%
Not done within the past 12 months	65%	53%	77%	69%	58%

Used smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])					
Currently doing this	13%	18%	8%	13%	13%
Not doing but have within the past 12 months	18%	21%	14%	16%	20%
Not done within the past 12 months	69%	61%	79%	71%	67%
Received brief counselling from a health professional					
Currently doing this	12%	17%	6%	11%	14%
Not doing but have within the past 12 months	18%	22%	15%	16%	21%
Not done within the past 12 months	70%	62%	79%	73%	65%
Used an internet-based program or smart phone app					
Currently doing this	10%	15%	5%	10%	11%
Not doing but have within the past 12 months	15%	20%	10%	14%	18%
Not done within the past 12 months	75%	65%	85%	77%	71%
Attended in-person group counselling					
Currently doing this	9%	15%	3%	8%	10%
Not doing but have within the past 12 months	12%	18%	6%	10%	16%
Not done within the past 12 months	79%	67%	91%	82%	74%
Used a 1-800 quitline or a smokers helpline					
Currently doing this	8%	13%	4%	8%	10%
Not doing but have within the past 12 months	13%	18%	8%	11%	16%
Not done within the past 12 months	78%	70%	88%	81%	75%

Q20. Which of the three response options best reflects your use of the following strategies to help you quit smoking over the past 12 months?
Base: Respondents who had stopped smoking for at least 24 hours in the last 12 months, 2023, n=1033.

Perceived usefulness of various smoking cessation methods

Almost three quarters (74%) of respondents who reported currently using a vape with nicotine to help quit smoking (n=188) found this strategy useful.

Results were consistent across sub-segments.

Table 21 – Usefulness of using a vape with nicotine to help quit smoking

	Total (n=188)	Adults aged 25-44 (n=108)	Adults aged 45 and older (n=80)	Individuals who smoke daily (n=98)	Individuals who smoke occasionally (n=90)
Very useful (7-10)	74%	76%	69%	77%	70%
Neutral (4-6)	20%	17%	26%	19%	21%
Not very useful (0-3)	6%	6%	4%	3%	8%
Don't know/Prefer not to say	1%	1%	1%	1%	1%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=188.

Almost three quarters (73%) of respondents who reported making a deal with a friend or family member to help quit smoking (n=144) found this strategy useful.

Respondents aged 25-44 were more likely to find this strategy useful compared to those aged 45 and older (79% versus 57%).

Table 22 – Usefulness of making a deal with a friend or family member to help quit smoking

	Total (n=144)	Adults aged 25-44 (n=87)	Adults aged 45 and older (n=57)	Individuals who smoke daily (n=60)	Individuals who smoke occasionally (n=84)
Very useful (7-10)	73%	79%	57%	79%	69%
Neutral (4-6)	23%	17%	38%	17%	27%
Not very useful (0-3)	3%	3%	2%	1%	4%
Don't know/Prefer not to say	1%	-	3%	2%	-

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=144.

Just over 7 in 10 (71%) of those who reported currently attending in-person group counselling to help quit smoking (n=71) found this strategy useful.

Results were consistent across sub-segments.

Table 23 – Usefulness of attending in-person group counselling to help quit smoking

	Total (n=71)	Adults aged 25-44 (n=53)	Adults aged 45 and older (n=18)	Individuals who smoke daily (n=37)	Individuals who smoke occasionally (n=34)
Very useful (7-10)	71%	73%	54%	74%	67%
Neutral (4-6)	21%	21%	19%	22%	20%
Not very useful (0-3)	5%	3%	18%	3%	8%
Don't know/Prefer not to say	3%	2%	9%	1%	5%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=71.

Exactly 7 in 10 (70%) of those who reported currently using a 1-800 quit line or smoker's helpline to help quit smoking (n=63) found this strategy useful.

Results were consistent across sub-segments.

Table 24 – Usefulness of calling a 1-800 quit line or smoker's helpline to help quit smoking

	Total (n=63)	Adults aged 25-44 (n=45)	Adults aged 45 and older (n=18)	Individuals who smoke daily (n=36)	Individuals who smoke occasionally (n=27)
Very useful (7-10)	70%	79%	35%	69%	71%
Neutral (4-6)	24%	18%	47%	27%	21%
Not very useful (0-3)	5%	3%	12%	1%	8%
Don't know/Prefer not to say	1%	<1%	6%	2%	-

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=63.

Nearly 7 in 10 (68%) of those who reported currently reducing the number of cigarettes they smoked as a strategy to help quit smoking (n=578) found this method useful.

Those who smoke occasionally were more likely to find this strategy useful compared to those who smoke daily (75% versus 63%).

Table 25 – Usefulness of reducing number of cigarettes smoked to help quit smoking

	Total (n=578)	Adults aged 25-44 (n=294)	Adults aged 45 and older (n=364)	Individuals who smoke daily (n=327)	Individuals who smoke occasionally (n=251)
Very useful (7-10)	68%	70%	67%	63%	75%
Neutral (4-6)	27%	26%	28%	32%	21%
Not very useful (0-3)	5%	5%	5%	5%	4%
Don't know/Prefer not to say	<1%	-	<1%	<1%	<1%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=578.

More than two thirds (68%) of those who reported currently using a vaping product without nicotine to help quit smoking (n=140) found this strategy useful.

Results were consistent across sub-segments.

Table 26 – Usefulness of using a vaping product without nicotine to help quit smoking

	Total (n=140)	Adults aged 25-44 (n=79)	Adults aged 45 and older (n=61)	Individuals who smoke daily (n=71)	Individuals who smoke occasionally (n=69)
Very useful (7-10)	68%	74%	57%	71%	66%
Neutral (4-6)	22%	21%	23%	19%	25%
Not very useful (0-3)	8%	5%	13%	7%	8%
Don't know/Prefer not to say	2%	-	6%	3%	1%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=140.

Nearly two thirds (65%) of the respondents who reported currently using smoking cessation medications to help quit smoking (n=112) found this strategy useful.

Results were consistent across sub-segments.

Table 27 – Usefulness of smoking cessation medications to help quit smoking

	Total (n=112)	Adults aged 25-44 (n=65)	Adults aged 45 and older (n=47)	Individuals who smoke daily (n=68)	Individuals who smoke occasionally (n=44)
Very useful (7-10)	65%	64%	67%	66%	63%
Neutral (4-6)	22%	22%	23%	25%	19%
Not very useful (0-3)	9%	11%	3%	4%	15%
Don't know/Prefer not to say	4%	3%	7%	4%	3%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=112.

Close to two thirds (65%) of the respondents who reported currently using an internet-based program or smartphone application to help quit smoking (n=84) found this strategy useful.

Results were consistent across sub-segments.

Table 28 – Usefulness of internet-based programs or smartphone applications to help quit smoking

	Total (n=84)	Adults aged 25-44 (n=58)	Adults aged 45 and older (n=26)	Individuals who smoke daily (n=42)	Individuals who smoke occasionally (n=42)
Very useful (7-10)	65%	70%	48%	69%	61%
Neutral (4-6)	20%	16%	35%	22%	18%
Not very useful (0-3)	13%	13%	14%	7%	20%
Don't know/Prefer not to say	1%	1%	3%	1%	1%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=84.

More than 3 in 5 (64%) of the respondents who reported currently using nicotine replacement products to help quit smoking (n=177) found this strategy useful.

Results were consistent across sub-segments.

Table 29 – Usefulness of nicotine replacement products to help quit smoking

	Total (n=177)	Adults aged 25-44 (n=89)	Adults aged 45 and older (n=88)	Individuals who smoke daily (n=96)	Individuals who smoke occasionally (n=81)
Very useful (7-10)	64%	63%	66%	63%	66%
Neutral (4-6)	30%	31%	29%	33%	27%
Not very useful (0-3)	5%	5%	4%	4%	6%
Don't know/Prefer not to say	<1%	<1%	1%	<1%	-

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=177.

An even 3 in 5 (60%) of those who reported currently trying to quit smoking without any special preparations (n=356) found this method to be useful.

Results were consistent across sub-segments.

Table 30 – Usefulness of trying to quit without special preparations

	Total (n=356)	Adults aged 25-44 (n=158)	Adults aged 45 and older (n=198)	Individuals who smoke daily (n=162)	Individuals who smoke occasionally (n=194)
Very useful (7-10)	60%	58%	62%	55%	64%
Neutral (4-6)	30%	31%	29%	36%	25%
Not very useful (0-3)	8%	8%	8%	9%	6%
Don't know/Prefer not to say	3%	4%	1%	1%	4%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=356.

Just under 3 in 5 (59%) of the respondents who reported currently receiving brief counselling from a health professional to help quit smoking (n=106) found this strategy useful.

Results were consistent across sub-segments.

Table 31 – Usefulness of receiving brief counselling from a health professional to help quit smoking

	Total (n=106)	Adults aged 25-44 (n=66)	Adults aged 45 and older (n=40)	Individuals who smoke daily (n=51)	Individuals who smoke occasionally (n=55)
Very useful (7-10)	59%	63%	46%	62%	55%
Neutral (4-6)	27%	23%	39%	21%	33%
Not very useful (0-3)	12%	13%	11%	15%	9%
Don't know/Prefer not to say	2%	2%	4%	2%	2%

Q21. How useful have the following strategies been in helping you quit smoking? Base: Respondents who were currently using this method, 2023, n=106.

Positive changes from cessation attempts

Respondents who had attempted to quit in the past 12 months were asked about any positive benefits they had experienced from their efforts to quit smoking.

The top benefits included the following:

- Over 3 in 5 (65%) reported having saved money;
- More than 2 in 5 (43%) said breathing was easier;
- Just over 2 in 5 reported that their home, car, breath and clothes smelled better (41%) and that they noticed less coughing and/or wheezing (41%).

Respondents aged 45 and older were more likely to report experiencing less coughing and/or wheezing (47% versus 35%). Those aged 25 to 44 were more likely to report more energy (41% versus 29%), improved quality of life (39% versus 26%), freedom from addiction (29% versus 18%), and setting a good example for children (29% versus 18%).

Those who smoke occasionally were more likely to report experiencing improved quality of life (38% versus 30%), freedom from addiction (31% versus 19%), setting a good example for children (28% versus 21%) and lower blood pressure (18% versus 12%).

Females were more likely to report saving money (69% versus 62%), better smelling home, car, breath and clothes (47% versus 36%), less coughing and/or wheezing (45% versus 38%), and setting a good example for children (28% versus 20%).

Men were more likely to report experiencing improved quality of life in their efforts to quit smoking (35% versus 28%).

Table 32 – Positive changes experienced due to attempts to quit smoking

	Total (n=996)	Adults aged 25-44 (n=392)	Adults aged 45 and older (n=604)	Individuals who smoke daily (n=598)	Individuals who smoke occasionally (n=398)
Saved money	65%	63%	67%	65%	65%
Breathing was easier	43%	42%	44%	44%	42%
Better smelling home, car, breath and clothes	41%	39%	43%	40%	42%
Less coughing and/or wheezing	41%	35%	47%	43%	38%
More energy	35%	41%	29%	33%	38%
Physical activity is easier	35%	37%	33%	34%	36%
Improved quality of life	33%	39%	26%	30%	38%
Enhanced sense of taste and smell	32%	32%	32%	32%	33%
Freedom from addiction	24%	29%	18%	19%	31%
Setting good example for children	24%	29%	18%	21%	28%
Blood pressure was lower	14%	16%	12%	12%	18%
Other positive changes	1%	1%	1%	1%	1%
Don't know/Prefer not to say	6%	4%	7%	7%	3%

Q22. In your efforts to quit smoking over the past 12 months, have you noticed any positive changes? Select all that apply. Base: Respondents who had attempted to quit in the past 12 months and had tried or were currently trying at least one of the presented quit methods within the past 12 months, 2023, n=996.

Reasons for no longer using cessation strategies

Respondents who reporting having tried one of the presented quit methods within the past 12 months but were no longer using that strategy were asked why their attempt did not lead them to quit smoking long-term.

The main reasons included too much stress (28%), too much difficulty quitting due to being around friends who smoke or when drinking alcohol (26%), smoking was too ingrained in their routine (25%), and too much enjoyment of smoking (25%).

Other key reasons included craving cigarettes (19%), negative impacts on mood (16%), replacement of smoking with bad habits (15%), and that the cessation strategy did not replace the experience of smoking (14%).

Respondents aged 45 and older were more likely to say that they did not quit long-term because they enjoy smoking too much (29% versus 21%) whereas those 25-44 were more likely to indicate that the approach did not fit their schedule (10% versus 3%).

Those who smoke daily were more likely to report too much stress in their life to quit (32% versus 21%) and that smoking was too ingrained in their routine (28% versus 20%).

Females were more likely to say that their life was too stressful to quit (34% versus 24%).

Table 33 – Reasons for no longer trying smoking cessation strategies

	Total (n=799)	Adults aged 25-44 (n=320)	Adults aged 45 and older (n=479)	Individuals who smoke daily (n=500)	Individuals who smoke occasionally (n=299)
My life is too stressful to quit	28%	28%	27%	32%	21%
It was too hard to not smoke (e.g., out with friends who smoke, drinking alcohol)	26%	27%	25%	27%	24%
Smoking was too ingrained into my daily routine	25%	23%	27%	28%	20%
I enjoy smoking too much	25%	21%	29%	25%	23%
It didn't manage my cravings	19%	17%	20%	18%	19%
It had negative impacts on my mood (e.g., I was cranky)	16%	15%	18%	18%	14%
I found I had to replace smoking with other bad habits (e.g., eating junk food)	15%	14%	16%	15%	16%
It didn't replicate or replace the experience of smoking	14%	15%	13%	14%	15%
The product I was using to help me quit was too expensive	9%	8%	10%	9%	8%
I believe my health is good	8%	10%	6%	8%	10%
The approach I used didn't fit into my schedule	7%	10%	3%	5%	9%
I didn't like the product I was using to help me quit	7%	6%	7%	6%	7%
The side-effects of the product I was using to help me quit were too hard to live with	6%	8%	5%	6%	6%
The product I was using to help me quit was hard to get or find	4%	6%	2%	3%	5%
Other	2%	1%	4%	2%	4%
Don't know/Prefer not to say	5%	6%	3%	4%	5%

Q23. According to your situation, which of the following were the main reasons that explain why this didn't lead you to quitting smoking long-term? Please select the top 3 reasons. Base: Respondents who had attempted to quit in the past 12 months and had tried one of the presented quit methods within the past 12 months but were no longer using that strategy, 2023, n=799.

Cessation plans

Future cessation intentions

When thinking about quitting smoking, just under one third of respondents (32%) said they plan to quit sometime in the future (beyond 6 months). A little under a quarter (23%) of respondents reported that they plan on quitting within the next 6 months while a smaller proportion (16%) had more immediate plans and planned on quitting in the next month.

Slightly less than 1 in 5 (18%) reported having no plans of quitting while another 11% were unsure.

Respondents aged 25-44 and those who smoke occasionally were more likely to intend on quitting smoking within the next month (19% versus 14% and 27% versus 13% respectively).

Those who smoke daily were more likely to see themselves quitting sometime in the future beyond 6 months (34% versus 27%) or to not plan on quitting (20% versus 11%). Those aged 45 years or older were more likely to not plan on quitting (21% versus 14%).

Table 34 – Future intentions to quit smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Within the next month	16%	19%	14%	13%	27%
Within the next 6 months	23%	24%	22%	23%	25%
Sometime in the future, beyond 6 months	32%	34%	31%	34%	27%
I am not planning to quit	18%	14%	21%	20%	11%
Don't know / Prefer not to say	11%	9%	12%	11%	10%

Q24. Are you planning to quit smoking... Base: All respondents, 2023, n=2,548.

Steps taken towards smoking cessation

Just under half of respondents (49%) had started to think about a quit plan. Additionally, more than 1 in 5 had done some research (23%) or discussed their plans with family or friends (22%). A smaller proportion had taken steps towards their quit plan by talking to a healthcare professional (14%) or made detailed steps to handle any potential challenges (10%).

Just under one quarter of respondents had yet to develop a quit plan (23%).

Respondents aged 25-44 were more likely to report that they have done research to help develop their quit plan (27% versus 19%), discussed their plan with family or friends (25% versus 20%), and made detailed steps to handle challenges (12% versus 8%).

Those who smoke daily were more likely to say they thought about their quit plan (51% versus 45%) while those who smoke occasionally were more likely to report having done research (27% versus 21%), discussed their plans with friends or family (26% versus 20%), and made detailed steps to handle challenges (15% versus 9%).

Respondents aged 45 and older and those who smoke daily were more likely to report they had not begun to develop a quit plan (27% versus 20% and 25% versus 19% respectively).

Lastly, men were more likely to say they had done research (26% versus 18%) and made steps to handle challenges (12% versus 8%).

Table 35 – Development of quit plans

	Total (n=1,798)	Adults aged 25-44 (n=705)	Adults aged 45 and older (n=1,093)	Individuals who smoke daily (n=1,286)	Individuals who smoke occasionally (n=512)
Thought about it	49%	49%	49%	51%	45%
Did some research	23%	27%	19%	21%	27%
Discussed my plans with family/friends	22%	25%	20%	20%	26%
Discussed my plans with a health professional	14%	15%	14%	14%	16%
Made detailed steps to handle challenges I may encounter	10%	12%	8%	9%	15%
I haven't developed a plan	23%	20%	27%	25%	19%
Don't know / Prefer not to say	2%	2%	3%	2%	4%

Q25. Have you done any of the following to develop a quit plan? Select all that apply. Base: Respondents who were planning to quit smoking in the future, 2023, n=1798.

*Responses <1% not listed.

Confidence in ability to quit smoking

Respondents were split when thinking about their confidence in their ability to quit smoking at the present time. A very similar proportion of respondents were confident (32%), neutral (32%) and not confident (33%).

Respondents aged 25-44 and those who smoke occasionally were more likely to report being confident in their ability to quit smoking at the present time (39% versus 25% and 58% versus 22% respectively).

Men were more likely than women to be confident in their ability to quit at the present time (38% versus 25%).

Those earning a household income of \$40,000 or more were more confident compared to those earning less than \$40,000 (36% versus 24%).

Table 36 – Confidence in ability to quit smoking at the present time

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Very confident (7-10)	32%	39%	25%	22%	58%
Neutral (4-6)	32%	34%	30%	33%	29%
Not very confident (0-3)	33%	24%	42%	42%	11%
Don't know/Prefer not to say	3%	3%	3%	3%	2%

Q26. How confident are you that you could quit smoking at the present time? Base: All respondents, 2023, n=2,548.

Confidence increased when respondents were asked to think about their ability to eventually quit smoking for good, with the percentage of those confident increasing to half (50%). Still, a fair proportion of respondents were not confident in their ability to eventually quit (17%) while a higher proportion were neutral (29%) and another 4% were unsure.

Respondents aged 25-44 and those who smoke occasionally also reported more confidence in their ability to eventually quit smoking for good (56% versus 45% and 64% versus 45% respectively).

Men were more confident than women that they could eventually quit smoking cigarettes for good (53% versus 47%).

Those with a previous quit attempt were more confident in their ability to quit for good (55% versus 39%).

Table 37 – Confidence in ability to eventually quit smoking for good

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Very confident (7-10)	50%	56%	45%	45%	64%
Neutral (4-6)	29%	29%	29%	30%	26%
Not very confident (0-3)	17%	12%	21%	21%	7%
Don't know/Prefer not to say	4%	3%	4%	4%	3%

Q27. How confident are you that you will eventually quit smoking for good? Base: All respondents, 2023, n=2,548.

Perceived importance of smoking cessation

An even 3 in 5 (60%) perceived quitting smoking as important while another quarter (25%) were neutral and fewer (13%) did not feel quitting was important to them.

Results were consistent across age groups.

Respondents who smoke occasionally were more likely to consider quitting to be important (65% versus 59%).

Table 38 – Perceived importance of quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Very important (7-10)	60%	62%	59%	59%	65%
Neutral (4-6)	25%	25%	24%	24%	25%
Not very important (0-3)	13%	9%	16%	15%	7%
Don't know/Prefer not to say	2%	3%	2%	2%	3%

Q28. How important is stopping smoking to you? Base: All respondents, 2023, n=2,548.

Reasons for continuing to smoke

Respondents who had not made any previous quit attempts and did not have plans to quit (n=1,386) mainly attributed this to the following reasons:

- 38% said they enjoy smoking too much;
- 34% felt that smoking was too ingrained in their routine;
- 27% said their life was too stressful to quit;
- 26% felt that they did not have enough willpower to quit;
- 25% were concerned about the withdrawal symptoms;
- 21% were worried that their attempts to quit would not be successful.

Respondents aged 45 and older were more likely to provide the following reasons:

- they enjoy smoking too much (46% versus 30%);
- smoking was too ingrained in their routine (38% versus 30%);
- they did not have enough willpower to quit (31% versus 22%);
- they were concerned about the withdrawal symptoms (29% versus 22%);
- quitting smoking aids are too expensive (18% versus 13%).

Respondents aged 25-44 and older were more likely to provide the following reasons:

- everyone they know smokes cigarettes (17% versus 8%);

- they believe their health is good (14% versus 9%);
- they don't know where to get information on smoking aids (5% versus 2%);
- they don't know where to start the process of quitting smoking (10% versus 5%).

Those who smoke cigarettes daily were more likely to refer to the following factors that have affected their ability to quit smoking:

- they enjoy smoking too much (43% versus 23%);
- smoking was too ingrained in their routine (40% versus 15%);
- their life is too stressful to quit (30% versus 15%);
- they did not think they had enough willpower to quit (29% versus 16%);
- they were concerned about the withdrawal symptoms (28% versus 17%);
- they are afraid they will not succeed (23% versus 13%);
- their partner or spouse smoked cigarettes (18% versus 12%);
- quitting smoking aids are too expensive (17% versus 9%).

On the other hand, those who smoke occasionally were more likely to say that they believe their health is good (19% versus 9%).

Table 39 – Factors affecting ability to quit smoking cigarettes among those who had not made prior attempts to quit and did not have plans to quit in the future

	Total (n=1,386)	Adults aged 25-44 (n=519)	Adults aged 45 and older (n=867)	Individuals who smoke daily (n=1,088)	Individuals who smoke occasionally (n=298)
I enjoy smoking too much	38%	30%	46%	43%	23%
Smoking is too ingrained into my daily routine	34%	30%	38%	40%	15%
My life is too stressful to quit	27%	28%	26%	30%	15%
I don't think I have the willpower to quit	26%	22%	31%	29%	16%
The potential withdrawal symptoms	25%	22%	29%	28%	17%
I am afraid that I will not succeed	21%	21%	21%	23%	13%
My partner or spouse smokes cigarettes	17%	17%	17%	18%	12%
Quit smoking aids are too expensive	16%	13%	18%	17%	9%
Everyone I know smokes cigarettes	12%	17%	8%	11%	16%

I believe my health is good	11%	14%	9%	9%	19%
I don't have enough information about quit smoking aids	4%	4%	3%	3%	6%
Weight gain	1%	<1%	1%	1%	<1%
I don't know where to get information about quit smoking aids	3%	5%	2%	3%	6%
I don't know where to start the process of quitting smoking	7%	10%	5%	8%	6%
Other factors	1%	2%	1%	2%	0%
Don't know/Prefer not to say	10%	10%	10%	9%	14%

Q29. Have any of the following factors affected your ability to quit smoking cigarettes? Select all that apply. Base: Respondents who had not made any previous quit attempts and do not have plans to quit, 2023, n=1386.

*Responses <1% not listed.

Reasons to quit smoking

The main reason that respondents would be compelled to quit smoking was to improve their health (34%). Other reasons included taking responsibility for their health (18%) and the perception that quitting will be important for many aspects of their life (17%).

A smaller proportion of respondents claimed that they feel pressure from others to stop smoking (8%) or would feel guilt if they continued to smoke (5%).

Slightly more than 1 in 10 (12%) reported not thinking about stopping.

Respondents aged 25-44 were more likely to report feeling pressure from others not to smoke (10% versus 5%) or that they would feel guilty if they smoked (9% versus 2%).

Those aged 45 and older and those who smoke daily were more likely to report that they think quitting is the best thing for their health (38% versus 29% and 35% versus 30% respectively) or that they have not thought about quitting (16% versus 8% and 14% versus 6% respectively).

Respondents who smoke occasionally were more likely to report that they want to take responsibility for their own health (35% versus 30%) or that they would feel guilty if they smoked (9% versus 4%).

Table 40 – Reasons for wanting to quit smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
You personally believe it is the best thing for your health	34%	29%	38%	35%	30%
You feel you want to take responsibility for your own health	18%	19%	17%	16%	23%
You have carefully thought about it and believe it is very important for many aspects of your life	17%	18%	17%	17%	18%
You feel pressure from others to not smoke	8%	10%	5%	7%	9%
You would feel guilty or ashamed of yourself if you smoked	5%	9%	2%	4%	9%
You really don't think about stopping smoking	12%	8%	16%	14%	6%
Don't know/Prefer not to say	6%	7%	5%	6%	6%

Q30. Which of the following would best explain why you would want to stop smoking? SELECT ONLY ONE. Base: All respondents, 2023, n=2,548.

Perceived value of various sources of information

When someone is thinking about quitting smoking, there are many different sources of information. Respondents were asked how much they would value various sources of information when it comes to this topic. Respondents aged 25-44 tended to provide higher perceived value across sources of information compared to those 45 years or older. The same trend was observed among individuals who smoke occasionally compared to those who smoke daily.

A friend or family member who has successfully stopped smoking cigarettes was seen as the most valuable source of cessation information. Almost half (47%) considered this a valuable source while 1 in 5 (20%) felt it was not very valuable.

Respondents aged 25-44 and those who smoke occasionally were more likely to perceive a friend or family member who has stopped smoking as a valuable source of cessation information (52% versus 42% and 55% versus 43% respectively).

Table 41 – Perceived value of a friend or a family member who has successfully stopped smoking cigarettes as a source of information on quitting smoking

	Total (n=1266)	Adults aged 25-44 (n=460)	Adults aged 45 and older (n=806)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	47%	52%	42%	43%	55%
Neutral (4-6)	30%	29%	30%	29%	31%
Little value (0-3)	20%	14%	25%	23%	10%
Don't know/Prefer not to say	4%	5%	3%	4%	4%

Q31. How much would you value information on this topic coming from the following sources? Base: Split sample of respondents, 2023, n=1266.

Health care professionals were considered a valuable resource for cessation information by close to half of respondents (47%).

Respondents aged 25-44 and those who smoke occasionally were more likely to perceive health care professionals as a valuable source of cessation information (52% versus 43% and 55% versus 44% respectively).

Table 42 – Perceived value of a health care professional as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	47%	52%	43%	44%	55%
Neutral (4-6)	29%	28%	30%	30%	27%
Little value (0-3)	19%	16%	23%	21%	14%
Don't know/Prefer not to say	4%	4%	4%	4%	3%

Q31. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Someone who has successfully stopped smoking was considered a valuable resource for cessation information by close to half of respondents (47%).

Respondents aged 25-44 were more likely to perceive someone who has stopped smoking as a valuable source of cessation information (54% versus 40%).

Table 43 – Perceived value of someone who has successfully stopped smoking cigarettes as a source of information on quitting smoking

	Total (n=1,282)	Adults aged 25-44 (n=455)	Adults aged 45 and older (n=827)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	47%	54%	40%	45%	51%
Neutral (4-6)	27%	27%	28%	28%	27%
Little value (0-3)	21%	15%	28%	23%	17%
Don't know/Prefer not to say	4%	4%	4%	4%	4%

Q31. How much would you value information on this topic coming from the following sources? Base: Split sample of respondents, 2023, n=1282.

Family members were considered a valuable resource for cessation information by roughly 2 in 5 respondents (41%).

Respondents aged 25-44 and those who smoke occasionally were more likely to perceive family members as a valuable source of cessation information (49% versus 33% and 49% versus 38% respectively).

Table 44 – Perceived value of family members as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	41%	49%	33%	38%	49%
Neutral (4-6)	31%	30%	32%	30%	33%
Little value (0-3)	24%	16%	31%	27%	14%
Don't know/Prefer not to say	5%	5%	4%	5%	4%

Q31. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Individuals who do scientific research of smoking and/or smoking cessation was perceived as a valuable source of cessation information by a little less than 2 in 5 respondents (37%).

Respondents aged 25-44 and those who smoke occasionally were more likely to consider someone that does scientific research on smoking and/or smoking cessation as a valuable source of cessation information (46% versus 28% and 47% versus 33% respectively).

Table 45 – Perceived value of someone who does scientific research of smoking and/or smoking cessation as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	37%	46%	28%	33%	47%
Neutral (4-6)	30%	29%	32%	31%	28%
Little value (0-3)	27%	20%	33%	29%	21%
Don't know/Prefer not to say	6%	5%	7%	7%	5%

Q31. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Friends were considered to be a valuable source of cessation information by over one third of respondents (36%).

Respondents aged 25-44 and those who smoke occasionally were more likely to perceive friends as a valuable source of cessation information (46% versus 26% and 49% versus 31% respectively).

Table 46 – Perceived value of friends as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	36%	46%	26%	31%	49%
Neutral (4-6)	35%	33%	36%	36%	32%
Little value (0-3)	25%	17%	33%	29%	16%
Don't know/Prefer not to say	5%	5%	4%	5%	4%

Q31. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Just over one quarter of respondents (26%) perceived non-government organizations such as health charities to be a valuable source of cessation information while a higher proportion (32%) felt there was little value.

Respondents aged 25-44 and those who smoke occasionally were more likely to consider a non-government organization as a valuable source of cessation information (34% versus 19% and 34% versus 23% respectively).

Table 47 – Perceived value of a non-government organization as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	26%	34%	19%	23%	34%
Neutral (4-6)	34%	32%	35%	34%	34%
Little value (0-3)	32%	26%	38%	35%	25%
Don't know/Prefer not to say	8%	8%	8%	8%	7%

Q31. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Just under one quarter of respondents (24%) perceived the government to be a valuable source of cessation information, however more than one third (36%) felt the government was not very valuable as an information source on quitting smoking.

Respondents aged 25-44 and those who smoke occasionally were more likely to consider the government to be a valuable source of cessation information (32% versus 18% and 32% versus 22% respectively).

Table 48 – Perceived value of the government as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	24%	32%	18%	22%	32%
Neutral (4-6)	34%	35%	32%	33%	35%
Little value (0-3)	36%	27%	45%	40%	27%
Don't know/Prefer not to say	6%	6%	5%	6%	6%

Q31. When someone is thinking about quitting smoking, there are many different sources of information. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Businesses that sell smoking cessation products were seen as a valuable source of cessation information by a little over 1 in 5 respondents (22%). Close to 2 in 5 (39%) considered this source of information to be of little value.

Respondents aged 25-44 and those who smoke occasionally were more likely to perceive these businesses as a valuable source of cessation information (30% versus 14% and 29% versus 19% respectively).

Table 49 – Perceived value of businesses that sells cessation products as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	22%	30%	14%	19%	29%
Neutral (4-6)	33%	36%	30%	32%	34%
Little value (0-3)	39%	27%	50%	42%	30%
Don't know/Prefer not to say	7%	8%	6%	7%	6%

Q31. When someone is thinking about quitting smoking, there are many different sources of information. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Celebrities such as social media influences, actors or athletes, were perceived as a valuable source of cessation information by 14% of respondents. More than 3 in 5 (63%) considered celebrities to have little value as a source of information on smoking cessation.

Respondents aged 25-44 and those who smoke occasionally were more likely to consider celebrities to be a valuable source of cessation information (22% versus 7% and 24% versus 11% respectively).

Table 50 – Perceived value of a celebrity as a source of information on quitting smoking

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
A lot of value (7-10)	14%	22%	7%	11%	24%
Neutral (4-6)	19%	23%	15%	17%	24%
Little value (0-3)	63%	50%	75%	68%	48%
Don't know/Prefer not to say	4%	5%	3%	4%	4%

Q31. When someone is thinking about quitting smoking, there are many different sources of information. How much would you value information on this topic coming from the following sources? Base: All respondents, 2023, n=2,548.

Risk perception and gaps in knowledge

Respondents were presented with a list of statements and asked how much they agreed with each statement.

More than one quarter of respondents (26%) agreed that exercise can undo most of the effects of smoking, however one third (33%) disagreed.

- Respondents aged 25-44 and those who smoke occasionally were more likely to agree with this statement (35% versus 18% and 32% versus 24% respectively).
- Men were also more likely to agree with this statement (32% versus 19%).

Just under one quarter (24%) agreed that whether a person gets lung cancer depends more on genes than anything else while one third (33%) disagreed with this statement.

- Respondents aged 25-44 were more likely to agree with this statement (28% versus 21%).
- Men were also more likely to agree with this statement (28% versus 20%).

A little less than 2 in 5 (17%) agreed that vitamins can undo most of the effects of smoking while just under half (49%) disagreed.

- Respondents aged 25-44 and those who smoke occasionally were more likely to agree with this statement (27% versus 8% and 25% versus 14% respectively).
- Men were also more likely to agree with this statement (20% versus 8%).

Less than 1 in 5 (15%) agreed that there's no risk of getting cancer if someone only smokes for a few years, however more than 3 in 5 (61%) disagreed.

- Respondents aged 25-44 and those who smoke occasionally were more likely to agree with this statement (23% versus 8% and 20% versus 13% respectively).
- Men were also more likely to agree with this statement (24% versus 10%).

Table 51 – Perceptions of risks

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Exercise can undo most of the effects of smoking.					
Agree (7-10)	26%	35%	18%	24%	32%
Neutral (4-6)	32%	33%	31%	31%	36%
Disagree (0-3)	33%	24%	40%	35%	26%
Don't know/Prefer not to say	9%	7%	10%	10%	6%
Whether a person gets lung cancer depends more on genes than anything else.					
Agree (7-10)	24%	28%	21%	24%	24%
Neutral (4-6)	32%	33%	31%	30%	37%
Disagree (0-3)	33%	29%	37%	35%	30%
Don't know/Prefer not to say	10%	10%	11%	11%	9%
Vitamins can undo most of the effects of smoking.					
Agree (7-10)	17%	27%	8%	14%	25%
Neutral (4-6)	21%	25%	18%	20%	24%
Disagree (0-3)	49%	38%	60%	52%	42%
Don't know/Prefer not to say	12%	10%	14%	14%	8%
There's no risk of getting cancer if someone only smokes for a few years.					
Agree (7-10)	15%	23%	8%	13%	20%
Neutral (4-6)	17%	21%	14%	15%	23%

Disagree (0-3)	61%	50%	72%	65%	51%
Don't know/Prefer not to say	6%	6%	7%	7%	6%

Q32. To what extent do you agree or disagree with the following statements? Base: All respondents, 2023, n=2,548.

Other substance use

Vaping

More than 2 in 5 respondents (42%) reported that they had ever used a vaping device with nicotine and just under one quarter (24%) had used a vaping device without nicotine in the past.

Over 2 in 5 (43%) had not used either type of vaping device in the past. Respondents aged 45 and older as well as those who smoke daily were more likely to report having used neither type of vaping device (55% versus 30% and 46% versus 36% respectively).

Respondents aged 25-44 were more likely to have tried vaping nicotine (49% versus 35%) as well as vaping without nicotine (33% versus 15%).

Those who smoke occasionally were more likely to report using a vaping device without nicotine (33% versus 21%).

Table 52 – History of vaping

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Yes, with nicotine	42%	49%	35%	42%	42%
Yes, without nicotine	24%	33%	15%	21%	33%
None of the above	43%	30%	55%	46%	36%
Don't know/Prefer not to say	4%	5%	2%	4%	4%

Q33. Have you ever tried vaping, either with or without nicotine? Please exclude vaping cannabis. Select all that apply Base: All respondents, 2023, n=2,548.

Those who had used a vaping product with nicotine in the past (n=1,051) were asked about the frequency of using this type of product within the last 30 days.

Roughly 1 in 5 (19%) had used a vaping product with nicotine daily and a similar proportion (20%) had used one at least once a week. Another 17% had used one about once in the past month.

More than 2 in 5 (43%) reported not using a vaping product with nicotine at all in the past 30 days.

Table 53 – Frequency of using vaping products with nicotine during the past 30 days

	Total (n=1,051)	Adults aged 25-44 (n=472)	Adults aged 45 and older (n=579)	Individuals who smoke daily (n=791)	Individuals who smoke occasionally (n=260)
Daily	19%	22%	16%	16%	29%
Less than daily, but at least once a week	20%	26%	13%	19%	24%
Less than once a week, but at least once in the past month	17%	22%	12%	15%	25%
Not at all	43%	30%	59%	50%	22%
Don't know/Prefer not to say	1%	1%	<1%	1%	-

Q34. During the past 30 days, how often have you used a vaping product with nicotine? Please exclude vaping cannabis. Was it: Base: Respondents who had used a vaping device with nicotine in the past, 2023, n=1,051.

Respondents who had used a vaping product without nicotine in the past (n=544) were asked about the frequency of using this type of product within the last 30 days.

Only 6% had used this type of product daily while less than a quarter (23%) did so once a week and another 28% had used one about once in the past month.

More than 2 in 5 (41%) reported not using a vaping product without nicotine at all in the past 30 days.

Table 54 – Frequency of using vaping products without nicotine during the past 30 days

	Total (n=544)	Adults aged 25-44 (n=296)	Adults aged 45 and older (n=248)	Individuals who smoke daily (n=352)	Individuals who smoke occasionally (n=192)
Daily	6%	6%	6%	7%	4%
Less than daily, but at least once a week	23%	27%	16%	19%	30%
Less than once a week, but at least once in the past month	28%	30%	23%	20%	40%
Not at all	41%	34%	55%	52%	23%
Don't know/Prefer not to say	2%	2%	1%	2%	2%

Q35. During the past 30 days, how often have you used a vaping product without nicotine? Please exclude vaping cannabis. Was it: Base: Respondents who had used a vaping device without nicotine in the past, 2023, n=544.

Of those who had used a vaping product with nicotine within the past 30 days (n=543), the vaping products differed in nicotine concentration.

More than 1 in 5 (22%) said the product they used contained up to 5 milligrams of nicotine while a higher proportion (28%) used a product with 5 to 10 milligrams of nicotine. Another 15% said

the vaping product they used contained 10 to 15 milligrams of nicotine while 20% used a product with 15 to 20 milligrams of nicotine.

Just 3% used a vaping product that contained more than 20 milligrams of nicotine while 13% were unsure of the nicotine concentration in the product they used.

Results were consistent across age and frequency of smoking.

Table 55 – Nicotine concentration in vaping devices

	Total (n=543)	Adults aged 25-44 (n=317)	Adults aged 45 and older (n=226)	Individuals who smoke daily (n=349)	Individuals who smoke occasionally (n=194)
Up to 5.0 mg/ml (or 0.10 to 0.50%)	22%	22%	22%	20%	24%
5.1 to 10.0 mg/ml (or 0.51 to 1.00%)	28%	28%	26%	28%	27%
10.1 to 15.0 mg/ml (or 1.01 to 1.50%)	15%	15%	15%	14%	17%
15.1 to 20.0 mg/ml (or 1.51 to 2.00%)	20%	20%	18%	22%	16%
Over 20 mg/ml (or over 2.00%)	3%	3%	4%	3%	2%
Don't know/Prefer not to say	13%	12%	16%	13%	14%

Q36. Focusing on the e-cigarettes, cartridges, pods or e-liquids you used over the past 30 days, to the best of your knowledge how much nicotine did they contain? If you used different concentrations of nicotine, please select the one used most frequently. Base: Respondents who had used a vaping device with nicotine in the past 30 days, 2023, n=543.

Frequency of vaping

Respondents who had used a vaping product with nicotine within the past 30 days (n=543) also differed on how soon they use the product after waking up.

For 16% of those who vaped nicotine in the past 30 days, their vape was used within 5 minutes of waking up. About 3 in 10 (29%) said they use their vaping product with nicotine within 6 to 30 minutes of waking up. Another 1 in 5 (20%) said they typically use this product within 31-60 minutes of waking up and 29% of respondents do so more than an hour after waking up.

Respondents aged 25 to 44 were more likely to use their vaping device within 5 minutes of waking up (20% versus 9%) while those aged 45 and older were more likely to do so after an hour of waking up (35% versus 26%).

Table 56 – Duration of time after waking up before using a vaping device with nicotine

	Total (n=543)	Adults aged 25-44 (n=317)	Adults aged 45 and older (n=226)	Individuals who smoke daily (n=349)	Individuals who smoke occasionally (n=194)
Less than 5 minutes	16%	20%	9%	16%	17%
6 to 30 minutes	29%	27%	34%	30%	27%
31 minutes to 1 hour	20%	21%	16%	21%	17%
More than 1 hour	29%	26%	35%	26%	34%
Don't know/Prefer not to say	6%	6%	5%	6%	5%

Q37. How soon after you wake up do you usually have your first vape with nicotine? Please exclude vaping cannabis. Base: Respondents who had used a vaping device with nicotine in the past 30 days, 2023, n=543.

Of those who had used a vaping product with nicotine within the past 30 days (n=543), about one third (32%) report using the device 5 times or less per day and a smaller proportion do so 6-10 times per day (21%). Fewer respondents use the device 11-15 times per day (13%), 16-20 times per day (7%), 21-25 times per day (7%), 26-30 times per day (4%) or 31 or more times per day (5%).

Another 8% did not provide a range but rather said they vape continuously throughout the day.

Results were consistent across age groups.

Those who smoke cigarettes occasionally were more likely to say that they use a vaping device with nicotine continuously throughout the day (14% versus 5%).

Table 57 – Frequency of using a vaping device with nicotine during a single day

	Total (n=543)	Adults aged 25-44 (n=317)	Adults aged 45 and older (n=226)	Individuals who smoke daily (n=349)	Individuals who smoke occasionally (n=194)
5 or less times per day	32%	33%	29%	30%	35%
6–10 times per day	21%	19%	25%	23%	18%
11–15 times per day	13%	14%	11%	14%	10%
16–20 times per day	7%	8%	7%	8%	7%
21–25 times per day	7%	6%	8%	5%	10%
26-30 times per day	4%	4%	3%	5%	2%
31 or more times per day	5%	5%	6%	6%	4%
I vape continuously throughout the day	8%	9%	7%	5%	14%
Don't know/Prefer not to say	3%	2%	4%	3%	1%

Q38. When you have vaped with nicotine over the past 30 days, roughly how many separate times per day would you usually vape? Please exclude vaping cannabis. Base: Respondents who had used a vaping device with nicotine in the past 30 days, 2023, n=543.

Vaping preferences

Preferred product flavours among those who vape typically included fruit (36%), tobacco flavour (18%), mint (14%) or menthol (12%). Fewer preferred candy (8%) or dessert (6%) flavours and 4% said their preferred vaping product is flavourless.

Results were consistent across age groups.

Those who smoke occasionally were more likely to say they prefer mint flavours (20% versus 11%) or no flavour (7% versus 2%).

Women were more likely to prefer fruit flavours (44% versus 31%) whereas men preferred mint flavours more often (18% versus 10%).

Table 58 – Preferred flavour of vaping products

	Total (n=543)	Adults aged 25-44 (n=317)	Adults aged 45 and older (n=226)	Individuals who smoke daily (n=349)	Individuals who smoke occasionally (n=194)
Fruit	36%	38%	32%	39%	32%
Tobacco flavour	18%	16%	22%	18%	17%
Mint	14%	15%	12%	11%	20%
Menthol	12%	12%	11%	14%	8%
Candy	8%	8%	8%	9%	6%
Dessert	6%	6%	6%	5%	9%
Flavourless/no flavour in descriptor	4%	3%	5%	2%	7%
Alcohol flavour	1%	1%	2%	2%	-
Other flavour	1%	<1%	1%	1%	1%
Don't know/Prefer not to say	1%	1%	1%	1%	1%

Q39. When you have vaped with nicotine over the past 30 days, what flavour do you vape most often? Please exclude vaping cannabis. Base: Respondents who had used a vaping device with nicotine in the past 30 days, 2023, n=543.

Of the respondents who used a vaping device (either with or without nicotine) in the past 30 days (n=711), 2 in 5 (40%) used a disposable device while close more than two thirds (67%) used a reusable device.

Respondents aged 25-44 were more likely to have used a disposable device (45% versus 30%) whereas those 45 and older were more likely to have used a reusable device (74% versus 64%).

Table 59 – Type of vaping device used

	Total (n=711)	Adults aged 25-44 (n=420)	Adults aged 45 and older (n=291)	Individuals who smoke daily (n=436)	Individuals who smoke occasionally (n=275)
Disposable – intended for single use until either the battery or flavour cartridge empties fully.	40%	45%	30%	41%	40%
Reusable – intended for longer-term use. The liquid can be refilled or pods replaced and the battery can be recharged.	67%	64%	74%	67%	67%
Don't know / Prefer not to say	1%	1%	2%	1%	1%

Q40. What type of vaping device do you currently use? Please exclude vaping cannabis. Select all that apply. Base: Respondents who had used a vaping device with or without nicotine in the past 30 days, 2023, n=711.

Of those who used a reusable vaping device (n=479), more than 2 in 5 (43%) used a device that required a prefilled cartridge or pod. A higher proportion (64%) used a device which contained a cartridge that can be manually refilled with e-liquid.

Those who smoke daily were more likely to use a device containing pre-filled cartridges (49% versus 35%) whereas those who smoke occasionally were more likely to use a device which contains a cartridge that can be refilled with e-liquid (73% versus 59%).

Men were also more likely to use a device which contains a cartridge that can be refilled with e-liquid (68% versus 57%).

Table 60 – Type of reusable vaping devices used

	Total (n=479)	Adults aged 25-44 (n=268)	Adults aged 45 and older (n=211)	Individuals who smoke daily (n=296)	Individuals who smoke occasionally (n=183)
It uses pre-filled e-liquid cartridges or pods. The cartridge/pod can be replaced with a new prefilled one; it cannot be manually refilled.	43%	44%	42%	49%	35%
Its cartridge, pod, or tank can be manually refilled with e-liquid. Parts of the atomizer,	64%	66%	62%	59%	73%

such as coils and filler materials, can be customized.					
Don't know / Prefer not to say	1%	1%	<1%	<1%	2%

Q41. What type of reusable vaping device do you currently use? Select all that apply. Base: Respondents who had used a reusable vaping device in the past 30 days, 2023, n=479.

Alcohol

Frequency of alcohol consumption

In the past 30 days, a little more than 1 in 5 respondents (12%) reported drinking alcohol daily while 3 in 10 (29%) reported drinking alcohol weekly and another one quarter (25%) drank alcohol about once in the month.

Slightly under one quarter (23%) of respondents said they had not consumed alcohol in the past month and another 8% had never consumed alcohol before.

Respondents aged 45 and older were more likely to report that they drank alcohol daily (14% versus 11%) whereas those 25-44 were more likely to have consumed alcohol weekly (31% versus 26%) or at least once in the last month (29% versus 22%).

Those who smoke daily were more likely to report drinking every day in the last 30 days (14% versus 10%).

Men were more likely than women to have consumed alcohol daily (14% versus 10%) or weekly (31% versus 26%).

Table 61 – Frequency of consuming alcohol

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
Daily	12%	11%	14%	14%	10%
Less than daily, but at least once a week	29%	31%	26%	27%	33%
Less than once a week, but at least once in the past month	25%	29%	22%	23%	31%
I have consumed but not in the past 30 days	23%	20%	25%	24%	18%
I have never consumed alcohol	8%	6%	10%	10%	5%
Don't know / Prefer not to say	2%	3%	2%	2%	3%

Q42. In the past 30 days, how often did you drink at least one alcoholic beverage? Base: All respondents, 2023, n=2,548.

Impacts of consuming alcohol on number of cigarettes smoked

Exactly half (50%) of those who consumed alcohol (n=1,676) said they smoked about the same number of cigarettes on days that they drank while 2 in 5 (40%) reported smoking more on the days that they consumed alcohol. Just 6% reported smoking fewer cigarettes on the days that they consumed alcohol.

Respondents aged 45 and older and those who smoke daily were more likely to report having smoked the same number of cigarettes on days that they consumed alcohol (54% versus 46% and 52% versus 43% respectively).

Those who had stopped smoking for at least 24 hours in the past were more likely to report smoking more cigarettes on days when they consumed alcohol (44% versus 31%).

Table 62 – Frequency of smoking cigarettes when drinking

	Total (n=1,676)	Adults aged 25-44 (n=646)	Adults aged 45 and older (n=1030)	Individuals who smoke daily (n=1,207)	Individuals who smoke occasionally (n=469)
I smoked more cigarettes on the days that I had at least one alcoholic beverage	40%	43%	38%	41%	38%
I smoked about the same number of cigarettes on the days that I had at least one alcoholic beverage	50%	46%	54%	52%	43%
I smoked fewer cigarettes on the days that I had at least one alcoholic beverage	6%	7%	5%	3%	12%
Don't know / Prefer not to say	4%	5%	4%	3%	7%

Q43. Thinking of the past 30 days: which of the following best describes your use of cigarettes on the days that you consumed alcohol? Base: Respondents who consume alcohol, 2023, n=1,676.

Disposal

Respondents were asked how they dispose various products including cigarettes, vaping devices, and vaping cartridges or e-liquid. The garbage was the most common method of disposal across the products and devices mentioned.

Cigarette butts

When it comes to disposing cigarette butts, the most common method was in the garbage with 22% always, 27% most of the time, and 19% sometimes using this disposal method.

Public ashtrays were used for disposal always for 17% of respondents while 23% used this method most of the time and 32% did so sometimes.

Other ways to dispose of cigarette butts included:

- On the ground (4% did so always while 14% did so most of the time);
- Flushed down a toilet (3% did so always while 7% did so most of the time);
- In the compost (3% did so always while 7% did so most of the time);
- Down a sewer (3% did so always while 6% did so most of the time).

Table 63 – Disposal of cigarette butts

	Total (n=2,548)	Adults aged 25-44 (n=915)	Adults aged 45 and older (n=1,633)	Individuals who smoke daily (n=1,904)	Individuals who smoke occasionally (n=644)
In the garbage					
Always	22%	19%	25%	22%	19%
Most of the time	27%	27%	28%	27%	11%
Sometimes	19%	23%	15%	19%	24%
Rarely	9%	11%	8%	9%	24%
Never	19%	15%	23%	19%	19%
Not applicable	2%	3%	1%	2%	2%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
Public ashtray (e.g., outside a business)					
Always	17%	14%	20%	19%	12%
Most of the time	23%	25%	21%	23%	23%
Sometimes	32%	34%	31%	33%	32%
Rarely	12%	12%	12%	12%	13%
Never	10%	9%	12%	9%	14%
Not applicable	3%	3%	3%	3%	3%
Don't know / Prefer not to say	2%	4%	1%	2%	3%
On the ground					
Always	4%	6%	2%	3%	6%
Most of the time	14%	19%	9%	13%	16%
Sometimes	29%	29%	29%	29%	28%
Rarely	26%	20%	31%	28%	19%
Never	25%	22%	28%	24%	28%
Not applicable	2%	3%	1%	2%	2%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
Flushed down a toilet					
Always	3%	4%	2%	2%	5%
Most of the time	7%	10%	4%	6%	9%

Sometimes	17%	18%	16%	15%	21%
Rarely	16%	14%	18%	17%	13%
Never	54%	49%	58%	56%	47%
Not applicable	2%	4%	1%	2%	3%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
In the compost					
Always	3%	5%	2%	2%	6%
Most of the time	7%	11%	4%	6%	11%
Sometimes	10%	14%	6%	9%	13%
Rarely	7%	9%	5%	6%	9%
Never	67%	55%	79%	72%	55%
Not applicable	4%	4%	4%	4%	4%
Don't know / Prefer not to say	2%	3%	1%	2%	1%
Down a sewer					
Always	3%	4%	1%	2%	5%
Most of the time	6%	9%	3%	5%	9%
Sometimes	18%	20%	16%	16%	22%
Rarely	19%	16%	21%	20%	15%
Never	51%	45%	56%	53%	44%
Not applicable	2%	3%	2%	2%	3%
Don't know / Prefer not to say	2%	2%	2%	2%	3%

Q44. Thinking of the past year, how often did you dispose of your cigarette butts in the following ways? Base: All respondents, 2023, n=2,548.

Vaping products

Of those who had tried vaping either with or without nicotine (n=1,291), 2 in 5 (40%) had used a device until the battery died or until the e-liquid ran out while more than half (55%) had not.

Respondents aged 25-44 and those who smoke occasionally were more likely to have used a vaping device until the battery died or the e-liquid ran out (47% versus 30% and 47% versus 37% respectively).

Table 64 – Use of disposable vaping devices until battery or cartridge empties

	Total (n=1,291)	Adults aged 25-44 (n=598)	Adults aged 45 and older (n=693)	Individuals who smoke daily (n=931)	Individuals who smoke occasionally (n=360)
Yes	40%	47%	30%	37%	47%
No	55%	46%	67%	58%	46%
Don't know/Can't remember	6%	7%	4%	5%	7%

Q45. A disposable vape is intended for single use until either the battery or flavour cartridge empties fully. Have you used a disposable vape until the e-liquid ran out or the battery died? Base: Respondents who had tried vaping, either with or without nicotine, 2023, n=1,291.

When it comes to discarding disposable vaping devices, the most common method reported by respondents was in the garbage with 31% always discarding this way, 25% disposing of vaping devices this way most of the time, and 18% sometimes using his disposal method.

The recycling bin was used for disposal always for 9% of respondents while 15% used this method most of the time and 16% did so sometimes.

Other ways respondents discarded disposable vaping devices included:

- At a specialized facility (8% did so always while 10% did so most of the time);
- Lost or misplaced it (5% did so always while 11% did so most of the time);
- Gave it to someone else (4% did so always while 8% did so most of the time);
- Returned it to a retailer (3% did so always while 8% did so most of the time);
- On the ground (3% did so always while 6% did so most of the time).

Respondents aged 25-44 tended to describe always disposing vaping devices in the recycling bin compared to those 45 years or older (11% versus 4%).

Daily smokers more commonly described always disposing vaping devices in the recycling bin compared to occasional smokers (11% versus 5%).

Table 65 – Method of disposal for empty disposable vaping devices

	Total (n=474)	Adults aged 25-44 (n=274)	Adults aged 45 and older (n=200)	Individuals who smoke daily (n=311)	Individuals who smoke occasionally (n=163)
In the garbage					
Always	31%	30%	33%	31%	31%
Most of the time	25%	24%	27%	24%	26%
Sometimes	18%	20%	14%	18%	18%
Rarely	12%	12%	11%	12%	12%
Never	11%	11%	12%	12%	10%
Not applicable	2%	2%	3%	3%	2%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
In the recycling bin					
Always	9%	11%	4%	11%	5%
Most of the time	15%	16%	13%	15%	16%
Sometimes	16%	16%	17%	12%	23%
Rarely	11%	12%	9%	10%	12%
Never	46%	43%	53%	48%	42%
Not applicable	2%	2%	2%	2%	1%
Don't know / Prefer not to say	1%	1%	2%	1%	2%

At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)

Always	8%	8%	8%	8%	8%
Most of the time	10%	11%	8%	9%	13%
Sometimes	12%	11%	12%	10%	15%
Rarely	10%	11%	8%	9%	11%
Never	55%	53%	59%	57%	51%
Not applicable	3%	2%	4%	4%	1%
Don't know / Prefer not to say	3%	3%	2%	4%	1%

I lost or misplaced it

Always	5%	6%	3%	6%	4%
Most of the time	11%	13%	5%	11%	11%
Sometimes	28%	32%	19%	25%	34%
Rarely	20%	18%	25%	19%	23%
Never	32%	27%	44%	35%	27%
Not applicable	3%	3%	2%	4%	1%
Don't know / Prefer not to say	<1%	<1%	1%	1%	<1%

I gave it to someone else

Always	4%	5%	3%	4%	4%
Most of the time	8%	10%	4%	7%	10%
Sometimes	17%	19%	12%	17%	17%
Rarely	16%	17%	14%	15%	19%
Never	50%	46%	60%	52%	47%
Not applicable	3%	2%	6%	4%	2%
Don't know / Prefer not to say	1%	1%	1%	1%	1%

Returned it to a retailer

Always	3%	3%	3%	3%	4%
Most of the time	8%	9%	5%	8%	7%
Sometimes	14%	16%	9%	15%	12%
Rarely	12%	13%	10%	7%	21%
Never	61%	57%	69%	64%	55%
Not applicable	2%	2%	3%	3%	1%
Don't know / Prefer not to say	<1%	-	1%	-	1%

On the ground

Always	3%	3%	3%	3%	4%
Most of the time	6%	8%	2%	5%	10%
Sometimes	12%	13%	11%	11%	14%
Rarely	7%	9%	4%	5%	12%
Never	67%	63%	76%	71%	59%
Not applicable	3%	3%	4%	5%	1%
Don't know / Prefer not to say	-	-	-	-	-

Q46. There are different ways to dispose of a disposable vape. How often have you disposed of one in any of the following ways? Base: Respondents who had used a disposable vape until the e-liquid ran out or the battery died, 2023, n=474.

Of those who had tried vaping either with or without nicotine (n=1,291), half (51%) had stopped using a reusable vaping device while 2 in 5 (41%) had not.

Results were consistent across age groups and frequency of smoking.

Table 66 – Disposing reusable vaping devices

	Total (n=1,291)	Adults aged 25-44 (n=598)	Adults aged 45 and older (n=693)	Individuals who smoke daily (n=931)	Individuals who smoke occasionally (n=360)
Yes	51%	50%	53%	52%	49%
No	41%	43%	40%	41%	43%
Don't know/Can't Remember	7%	7%	7%	7%	7%

Q47. Have you ever stopped using a reusable vape device? For instance, lost interest, bought a second device, etc. Please only include the physical device, not the cartridges, pods, or e-liquids. Base: Respondents who had tried vaping, either with or without nicotine, 2023, n=1,291.

Of the respondents who had stopped using a reusable vaping device (n=646), half (50%) disposed of the device while just under half (47%) still own the device. The remaining 3% could not remember.

Respondents aged 25-44 were more likely to have disposed of a reusable vaping device (57% versus 41%).

Table 67 – Disposing reusable vaping devices

	Total (n=646)	Adults aged 25-44 (n=288)	Adults aged 45 and older (n=358)	Individuals who smoke daily (n=478)	Individuals who smoke occasionally (n=168)
Yes	50%	57%	41%	49%	53%
No – I still own all my reusable vape devices	47%	40%	55%	47%	45%
Don't know/Can't remember	3%	3%	4%	4%	3%

48. Among the reusable vapes you have stopped using, have you ever disposed of or thrown out at least one of them? Base: Respondents who had stopped using a reusable vape device, 2023, n=646.

When it comes to disposing of reusable vaping devices, the most common method was in the garbage with 33% reporting that they always do this, 22% dispose these devices in the garbage most of the time, and 19% sometimes used this disposal method.

Another way to dispose of these devices is at a specialized facility, which is done so always by 11% of respondents while 6% used this method most of the time and 14% did so sometimes.

Other ways that participants disposed of reusable vaping devices included:

- In the recycling bin (10% did so always while 9% did so most of the time);
- Gave it to someone else (6% did so always while 8% did so most of the time);
- Returned it to the retailer (6% did so always while 7% did so most of the time);
- Lost or misplaced it (5% did so always while 10% did so most of the time);
- On the ground (3% did so always while 8% did so most of the time).

Daily smokers tended to report never disposing of a reusable vape in the recycling bin compared to occasional smokers (64% versus 43%).

Table 68 – Method of disposal for reusable vaping devices

	Total (n=303)	Adults aged 25-44 (n=157)	Adults aged 45 and older (n=146)	Individuals who smoke daily (n=215)	Individuals who smoke occasionally (n=88)
In the garbage					
Always	33%	31%	39%	35%	31%
Most of the time	22%	25%	17%	21%	25%
Sometimes	19%	21%	17%	19%	21%
Rarely	9%	10%	7%	9%	9%
Never	15%	14%	19%	16%	13%
Not applicable	<1%	-	1%	1%	-
Don't know / Prefer not to say	1%	-	1%	<1%	1%
At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)					
Always	11%	11%	13%	12%	10%
Most of the time	6%	7%	4%	5%	8%
Sometimes	14%	18%	9%	15%	13%
Rarely	8%	9%	8%	2%	22%
Never	58%	54%	65%	62%	48%
Not applicable	1%	1%	2%	2%	-
Don't know / Prefer not to say	%	<1%	-	<1%	-
In the recycling bin					
Always	10%	12%	7%	9%	13%
Most of the time	9%	11%	6%	8%	12%
Sometimes	12%	14%	8%	10%	17%
Rarely	9%	9%	9%	8%	11%
Never	58%	53%	65%	64%	43%
Not applicable	1%	<1%	3%	1%	2%
Don't know / Prefer not to say	1%	<1%	1%	<1%	2%

I gave it to someone else					
Always	6%	6%	6%	8%	2%
Most of the time	8%	10%	4%	5%	15%
Sometimes	27%	32%	16%	26%	27%
Rarely	15%	17%	10%	12%	19%
Never	42%	33%	59%	45%	37%
Not applicable	3%	2%	4%	4%	-
Don't know / Prefer not to say	-	-	-	-	-
Returned it to a retailer					
Always	6%	7%	5%	6%	6%
Most of the time	7%	8%	3%	7%	7%
Sometimes	16%	20%	7%	14%	19%
Rarely	7%	7%	6%	5%	11%
Never	63%	56%	76%	65%	57%
Not applicable	2%	2%	2%	2%	-
Don't know / Prefer not to say	1%	1%	-	1%	-
I lost or misplaced it					
Always	5%	6%	4%	6%	4%
Most of the time	10%	12%	5%	9%	12%
Sometimes	26%	32%	15%	25%	27%
Rarely	22%	25%	15%	19%	29%
Never	35%	23%	57%	39%	27%
Not applicable	2%	1%	2%	2%	<1%
Don't know / Prefer not to say	1%	-	2%	<1%	1%
On the ground					
Always	3%	2%	4%	3%	3%
Most of the time	8%	12%	3%	9%	8%
Sometimes	10%	11%	8%	8%	14%
Rarely	6%	6%	5%	4%	10%
Never	72%	69%	78%	76%	64%
Not applicable	1%	1%	1%	1%	-
Don't know / Prefer not to say	<1%	-	1%	-	1%

Q49. There are different ways to dispose of a reusable vape. How often have you disposed of one in any of the following ways? Base: Respondents who had disposed of or thrown out a reusable vaping device in the past, 2023, n=303.

Of those who had tried vaping either with or without nicotine (n=1,291), more than one third (35%) had either replaced a prefilled cartridge or stopped using the cartridge. More than half (56%) had not replaced or stopped using a prefilled cartridge and another 8% were unsure or could not remember.

Respondents aged 25-44 were more likely to have replaced a prefilled cartridge or disposed of one (38% versus 32%).

Those with a university education were also more likely to have replaced or disposed of a prefilled cartridge (45% versus 31-32%).

Members of a racialized community were also more likely to have replaced or discarded a prefilled cartridge (49% versus 32%).

Table 69 – Replacing or disposing of prefilled vape cartridges

	Total (n=1,291)	Adults aged 25-44 (n=598)	Adults aged 45 and older (n=693)	Individuals who smoke daily (n=931)	Individuals who smoke occasionally (n=360)
Yes	35%	38%	32%	35%	38%
No	56%	52%	62%	58%	53%
Don't know / Can't remember	8%	9%	7%	8%	9%

Q50. Certain vape devices like vape pens use prefilled cartridges. Have you ever replaced a prefilled cartridge or stopped using one entirely even if it was not finished? Base: Respondents who had tried vaping, either with or without nicotine, 2023, n=1,291.

When it comes to disposing vape cartridges, the most common method was in the garbage with 29% having always done so, 24% disposed of cartridges in the garbage most of the time, and 20% sometimes used this disposal method.

The recycling bin was used for disposal always for 9% of respondents while 15% used this method most of the time and 20% did so sometimes.

Other ways that participants reported discarding vape cartridges included:

- At a specialized facility (6% did so always while 12% did so most of the time);
- Lost or misplaced it (4% did so always while 13% did so most of the time);
- Returned it to the retailer (4% did so always while 11% did so most of the time);
- Gave it to someone else (4% did so always while 10% did so most of the time);
- On the ground (4% did so always while 8% did so most of the time).

Table 70 – Method of disposal for prefilled vape cartridges

	Total (n=428)	Adults aged 25-44 (n=217)	Adults aged 45 and older (n=211)	Individuals who smoke daily (n=300)	Individuals who smoke occasionally (n=128)
In the garbage					
Always	29%	28%	30%	31%	25%
Most of the time	24%	26%	21%	22%	29%
Sometimes	20%	22%	17%	19%	23%
Rarely	8%	8%	7%	8%	6%
Never	17%	16%	21%	18%	17%

Not applicable	1%	<1%	2%	2%	-
Don't know / Prefer not to say	1%	<1%	1%	1%	1%
In the recycling bin					
Always	9%	11%	5%	8%	9%
Most of the time	15%	19%	9%	13%	19%
Sometimes	20%	26%	12%	18%	25%
Rarely	10%	11%	9%	9%	13%
Never	44%	33%	62%	49%	34%
Not applicable	1%	<1%	2%	1%	-
Don't know / Prefer not to say	1%	<1%	1%	1%	<1%
At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)					
Always	6%	8%	4%	9%	1%
Most of the time	12%	15%	7%	9%	18%
Sometimes	15%	18%	9%	11%	23%
Rarely	10%	10%	9%	10%	9%
Never	55%	47%	67%	58%	47%
Not applicable	2%	1%	4%	3%	1%
Don't know / Prefer not to say	1%	1%	<1%	1%	1%
I lost or misplaced it					
Always	4%	5%	2%	4%	4%
Most of the time	13%	15%	8%	10%	17%
Sometimes	30%	37%	20%	29%	34%
Rarely	18%	20%	15%	17%	20%
Never	32%	22%	50%	36%	24%
Not applicable	2%	1%	4%	3%	<1%
Don't know / Prefer not to say	1%	<1%	2%	1%	1%
Returned it to a retailer					
Always	4%	4%	5%	6%	1%
Most of the time	11%	15%	4%	8%	17%
Sometimes	16%	20%	8%	13%	20%
Rarely	9%	10%	8%	6%	15%
Never	57%	49%	72%	63%	45%
Not applicable	2%	1%	4%	2%	1%
Don't know / Prefer not to say	1%	1%	-	1%	1%
I gave it to someone else					
Always	4%	4%	5%	5%	3%
Most of the time	10%	12%	8%	9%	13%
Sometimes	27%	33%	17%	25%	31%
Rarely	14%	14%	13%	14%	14%
Never	43%	36%	53%	44%	39%

Not applicable	2%	1%	4%	3%	-
Don't know / Prefer not to say	-	-	1%	-	1%
On the ground					
Always	4%	4%	3%	4%	4%
Most of the time	8%	10%	3%	7%	9%
Sometimes	9%	10%	9%	6%	17%
Rarely	11%	14%	5%	7%	18%
Never	67%	61%	79%	74%	53%
Not applicable	<1%	-	1%	1%	-
Don't know / Prefer not to say	1%	1%	-	1%	1%

Q51. There are different ways to dispose of a prefilled cartridge. How often have you disposed of one in any of the following ways? Base: Respondents who had disposed of or thrown out a prefilled vape cartridge in the past, 2023, n=428.

Of the respondents who had disposed of or thrown out a prefilled vape cartridge in the garbage or recycling bin in the past (n=366), more than 2 in 5 (43%) reported that they never rinse the cartridge before discarding it. A smaller proportion said they always (9%), most of the time (13%) or sometimes (22%) rinse it before discarding while 11% did so rarely.

Respondents aged 45 and older were less likely to rinse these cartridges before discarding them (55% said they never do compared to 37% of those 25-44).

Those who smoke daily were also less likely to rinse their prefilled vape cartridges before disposal (49% said they never do compared to 32% of those who smoke occasionally).

Table 71 – Frequency of rinsing prefilled cartridge before disposing

	Total (n=366)	Adults aged 25-44 (n=195)	Adults aged 45 and older (n=171)	Individuals who smoke daily (n=254)	Individuals who smoke occasionally (n=112)
Always	9%	8%	10%	10%	7%
Most of the time	13%	16%	7%	11%	16%
Sometimes	22%	26%	15%	18%	29%
Rarely	11%	11%	11%	9%	14%
Never	43%	37%	55%	49%	32%
Don't know / Prefer not to say	3%	3%	2%	3%	2%

Q52. How often do you rinse the prefilled cartridge before throwing it in the garbage or the recycling bin? Base: Respondents who had disposed of or thrown out a prefilled vape cartridge in the garbage or recycling bin in the past, 2023, n=366.

Of those who had tried vaping either with or without nicotine (n=1,291), more than one third (37%) had finished a bottle of e-liquid or stopped using one while more than half (54%) had not. Another 8% were unsure or could not remember.

Results were consistent across age groups and frequency of smoking.

Table 72 – Disposing of e-liquid bottles

	Total (n=1,291)	Adults aged 25-44 (n=598)	Adults aged 45 and older (n=693)	Individuals who smoke daily (n=931)	Individuals who smoke occasionally (n=360)
Yes	37%	39%	36%	36%	42%
No	54%	53%	57%	55%	52%
Don't know / Can't remember	8%	9%	8%	9%	6%

Q53. Have you ever finished a bottle of e-liquid or stopped using one entirely even if it was not finished? Base: Respondents who had tried vaping, either with or without nicotine, 2023, n=1,291.

When it comes to disposal of e-liquid bottles, the most common method was in the garbage with 24% always, 18% most of the time, and 27% sometimes used this disposal method.

The recycling bin was used for disposal always for 12% of respondents while 17% used this method most of the time and 20% did so sometimes.

Other ways that participants reported disposing of e-liquid bottles included:

- Gave it to someone else (6% did so always while 10% did so most of the time);
- At a specialized facility (5% did so always while 8% did so most of the time);
- Lost or misplaced it (4% did so always while 9% did so most of the time);
- Returned it to the retailer (3% did so always while 10% did so most of the time);
- On the ground (3% did so always while 9% did so most of the time).

Table 73 – Method of disposal for e-liquid bottles

	Total (n=469)	Adults aged 25-44 (n=232)	Adults aged 45 and older (n=237)	Individuals who smoke daily (n=321)	Individuals who smoke occasionally (n=148)
In the garbage					
Always	24%	23%	25%	26%	20%
Most of the time	18%	16%	21%	16%	21%
Sometimes	27%	32%	20%	27%	28%
Rarely	9%	10%	8%	8%	12%
Never	21%	19%	24%	22%	18%
Not applicable	1%	<1%	2%	1%	<1%
Don't know / Prefer not to say	<1%	1%	<1%	<1%	1%
In the recycling bin					
Always	12%	14%	10%	13%	11%
Most of the time	17%	20%	11%	13%	24%
Sometimes	20%	26%	12%	18%	25%
Rarely	9%	8%	10%	8%	10%

Never	40%	31%	55%	47%	29%
Not applicable	1%	<1%	2%	1%	<1%
Don't know / Prefer not to say	<1%	1%	-	-	1%
I gave it to someone else					
Always	6%	5%	8%	7%	4%
Most of the time	10%	13%	6%	7%	16%
Sometimes	26%	32%	18%	25%	28%
Rarely	15%	16%	14%	13%	19%
Never	40%	32%	52%	46%	29%
Not applicable	2%	1%	2%	1%	3%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)					
Always	5%	4%	5%	6%	2%
Most of the time	8%	10%	4%	3%	15%
Sometimes	13%	16%	8%	9%	19%
Rarely	13%	16%	8%	12%	14%
Never	60%	54%	70%	66%	49%
Not applicable	2%	1%	4%	2%	1%
Don't know / Prefer not to say	<1%	<1%	1%	1%	-
I lost or misplaced it					
Always	4%	5%	3%	5%	3%
Most of the time	9%	10%	7%	7%	12%
Sometimes	25%	34%	11%	21%	32%
Rarely	17%	19%	15%	17%	19%
Never	42%	30%	59%	47%	31%
Not applicable	2%	1%	4%	2%	1%
Don't know / Prefer not to say	1%	1%	1%	1%	1%
Returned it to a retailer					
Always	3%	4%	3%	3%	5%
Most of the time	10%	14%	4%	8%	12%
Sometimes	16%	23%	5%	14%	20%
Rarely	9%	9%	8%	6%	14%
Never	61%	50%	78%	69%	47%
Not applicable	1%	<1%	2%	1%	1%
Don't know / Prefer not to say	<1%	<1%	<1%	<1%	<1%
On the ground					
Always	3%	3%	2%	2%	4%
Most of the time	9%	13%	3%	6%	14%
Sometimes	10%	13%	6%	6%	18%
Rarely	10%	10%	10%	9%	11%

Never	68%	60%	78%	76%	52%
Not applicable	<1%	<1%	%	1%	<1%
Don't know / Prefer not to say	<1%	1%	-	-	1%

Q54. There are different ways to dispose of an e-liquid bottle. How often have you disposed of one in any of the following ways? Base: Respondents who had replaced or disposed of a bottle of e-liquid in the past, 2023, n=469.

Of the respondents who had disposed of a bottle of e-liquid either in the garbage or recycling bin in the past (n=410), 1 in 10 (11%) said they always rinsed the bottle before disposing it while 13% did most of the time and 20% did so sometimes.

Another 1 in 10 said they rarely rinsed the bottle before disposing of it and more than 2 in 5 (43%) never did.

Respondents aged 45 and older were more likely to report that they had always rinsed the bottle before disposal (18% versus 7%).

Those who smoke daily were more likely to report that they had never rinsed the bottle before disposal (48% versus 34%).

Table 74 – Frequency of rinsing e-liquid bottles before disposing

	Total (n=410)	Adults aged 25-44 (n=214)	Adults aged 45 and older (n=196)	Individuals who smoke daily (n=276)	Individuals who smoke occasionally (n=134)
Always	11%	7%	18%	13%	8%
Most of the time	13%	15%	10%	12%	16%
Sometimes	20%	24%	12%	17%	25%
Rarely	12%	13%	9%	9%	17%
Never	43%	40%	48%	48%	34%
Don't know / Prefer not to say	1%	1%	2%	1%	1%

Q55. How often do you rinse the e-liquid bottle before throwing it in the garbage or the recycling bin? Base: Base: Respondents who had disposed of a bottle of e-liquid in the garbage or recycling bin in the past, 2023, n=469., 2023, n=410.

Batteries in vape devices

Of those who had disposed of a vaping device (n=843), roughly 3 in 10 (29%) had removed the battery from the device.

Respondents aged 25-44 and those who smoke occasionally were more likely to have removed the battery from a vaping device (34% versus 21% and 37% versus 25% respectively).

Table 75 – Removing batteries from vaping devices

	Total (n=843)	Adults aged 25-44 (n=399)	Adults aged 45 and older (n=444)	Individuals who smoke daily (n=603)	Individuals who smoke occasionally (n=240)
Yes	29%	34%	21%	25%	37%
No	69%	63%	77%	72%	61%
Don't know / Can't remember	3%	3%	3%	3%	1%

Q56. Have you ever removed a battery from any of your vaping devices? Base: Respondents who had disposed of a reusable or disposable vape device, 2023, n=843.

Respondents who had removed batteries from vaping devices (n=215) mainly report disposing of the battery in the garbage (36%), at a specialized facility (31%), or in the recycling bin (27%).

Fewer respondents returned the battery to a retailer (11%), kept the battery or did not dispose of it (10%), gave it to someone else (9%), lost or misplaced it (5%), or disposed of it on the ground (4%).

Respondents aged 25-44 and men were more likely to return the battery to a retailer (15% versus 3% and 16% versus 2% respectively).

Those who smoke daily were more likely to bring the battery to a specialized facility (40% versus 19%) or dispose of it on the ground (7% versus 0%).

Table 76 – Method of disposal for batteries from vaping devices

	Total (n=215)	Adults aged 25-44 (n=126)	Adults aged 45 and older (n=89)	Individuals who smoke daily (n=134)	Individuals who smoke occasionally (n=81)
In the garbage	36%	38%	32%	32%	42%
At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)	31%	33%	25%	40%	19%
In the recycling bin	27%	28%	26%	26%	29%
Returned it to a retailer	11%	15%	3%	9%	15%
I kept it / I did not dispose of it	10%	11%	9%	7%	14%
I gave it to someone else	9%	10%	5%	8%	10%
I lost or misplaced it	5%	5%	4%	2%	8%
On the ground	4%	4%	5%	7%	0%
Other	3%	3%	2%	4%	0%
Don't know / Can't remember	3%	4%	3%	3%	4%

Q57. How did you dispose of the battery? Select all that apply. Base: Respondents who had removed a battery from a vaping device, 2023, n=215.

Methodology

Summary: The study consisted of two phases of research: first a series of online focus groups, followed by a national telephone and online survey with Canadian households.

Quorus was responsible for coordinating all aspects of the research project, including designing and translating the research instruments; coordinating all aspects of participant recruitment and related logistics; collecting the data; and delivering the required reports. The research approach is outlined in greater detail below.

Qualitative

Target audience and sample frame

The target audience for this research study consisted of individuals who smoke cigarettes from the following three regions:

- Eastern Canada (English);
- Western Canada (English);
- Quebec (French).

Groups were distributed among the following segments, which were selected due to the higher prevalence of smoking cigarettes (with the exception of racialized individuals which is a lower prevalence segment):

- Age;
- Individuals with low income (less than \$40,000 personal income or less than \$60,000 household income);
- Individuals with high income (personal income of \$80,000 or higher or household income of \$100,000 or more);
- Individuals who have been diagnosed with a mood and/or anxiety disorder;
- Individuals who are non-heterosexual;
- Indigenous persons;
- Racialized individuals.

In the design of the recruitment screener, specific questions were inserted to clearly identify whether participants qualified for the research program and to ensure, where applicable, a good representation by age, region, gender, education level, and ethnicity.

In addition to the general participant profiling criteria noted above, additional screening measures to ensure quality respondents include the following:

- No participant (nor anyone in their immediate family or household) was recruited who worked in related government departments/agencies, nor in advertising, marketing research, public relations, a tobacco or e-cigarette company, a smoking cessation company, a legal or law firm, a cannabis-related company, or the media (radio, television, newspaper, film/video production, etc.).
- No participant acquainted with another participant was knowingly recruited for the same study, unless they were recruited into separately scheduled sessions.
- No participant was recruited who had attended a qualitative research session within the past six months.
- No participant was recruited who had attended five or more qualitative research sessions in the past five years.
- No participant was recruited who had attended a qualitative research session on the same general topic as defined by the Researcher/Moderator in the past two years.

Description of data collection procedures

Data collection consisted of online focus groups with smokers aged 25 and older. Each focus group lasted approximately 90 minutes.

For each focus group, Quorus recruited 8 participants with the goal of achieving 6-8 participants per session. All focus group participants were offered an honorarium of \$125 after their session.

Participants invited to participate in the focus groups were recruited by telephone through random digit dialing of the general public as well as through the use of a proprietary opt-in database.

The recruitment of participants followed the screening, recruiting and privacy considerations as set out in the *Standards for the Conduct of Government of Canada Public Opinion Research—Qualitative Research*. Furthermore, recruitment respected the following requirements:

- All recruitment was conducted in the participant's official language of choice, English and French, as appropriate.
- Upon request, participants were informed on how they can access the research findings.
- Upon request, participants were provided Quorus' privacy policy.
- Recruitment confirmed each participant had the ability to speak, understand, read and write in the language in which the session was to be conducted.

- Participants were informed of their rights under the *Privacy and Access to Information Acts* and ensure that those rights were protected throughout the research process. This included: informing participants of the purpose of the research, identifying both the sponsoring department or agency and research supplier, informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada, and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act*.

At the recruitment stage and at the beginning of each focus group, participants were informed that the research was being conducted for the Government of Canada/Health Canada. Participants were informed of the audio/video recording of their session and of the presence of Health Canada observers. Quorus ensured that prior consent was obtained at the recruitment stage and before participants began their focus group.

All online focus groups were conducted in the evening after regular business hours. The research team used the Zoom platform to host and record focus group sessions (through microphones and webcams connected to the moderator and participants electronic devices, such as their laptop, tablet or smartphone) enabling client remote viewing.

Online focus groups

A total of 19 online focus groups were conducted across Canada between April 5 and April 25, 2023. The details of these groups are outlined in the table below.

Table 77 – Focus group details

Date	Time (EDT)	Region	Segment	Language	Number of participants
April 5, 2023	5:00 PM	Eastern Canada	Men 25-44	English	6
	8:00 PM	Western Canada	Women 25-44	English	4
April 6, 2023	5:00 PM	Eastern Canada	Men 45+	English	7
	8:00 PM	Western Canada	Women 45+	English	7
April 11, 2023	5:00 PM	Quebec	Women/Men 25-44	French	6
	7:00 PM	Quebec	Women/Men 45+	French	8
April 12, 2023	5:00 PM	Quebec	Racialized individuals	French	5
	8:00 PM	Western Canada	Racialized individuals	English	8

April 13, 2023	5:00 PM	Eastern Canada	Racialized individuals	English	6
	8:00 PM	Western Canada	Low income*	English	3
April 17, 2023	5:00 PM	Quebec	Low income/High income	French	6
	8:00 PM	Western Canada	High income	English	7
April 18, 2023	5:00 PM	Eastern Canada	Mood and/or anxiety disorder	English	6
	8:00 PM	Western Canada	Mood and/or anxiety disorder	English	5
April 19, 2023	5:00 PM	Quebec	Non-heterosexual	French	6
	7:00 PM	Eastern Canada	Non-heterosexual	English	6
April 20, 2023	5:00 PM	Eastern Canada	Indigenous	English	6
	8:00 PM	Western Canada	Indigenous	English	7
April 25, 2023	8:00 PM	Western Canada	Low income*	English	4
TOTAL: 113					

*A second “top-up” group with individuals from Western Canada with low income was added due to low show rate in the April 13, 2023, group with the same segment. Six individuals were invited to attend this group.

Quantitative

The research consisted of an online survey of individuals aged 25+ who smoke cigarettes, conducted through an online panel of households.

Quorus collaborated with Health Canada to finalize the survey instrument in English to meet the research objectives. Quorus translated the client-approved English version of the survey. Respondents had the choice to complete the survey in English or French.

All research work was conducted in accordance with the *Standards for the Conduct of Government of Canada Public Opinion Research – Online Surveys*. More specifically, Quorus informed participants of their rights under the Privacy and Access to Information Acts and ensure that those rights are protected throughout the research process. This includes: informing participants of the purpose of the research; identifying both the sponsoring department or agency and research supplier; informing participants that the study will be made available to the public in 6 months after field completion through Library and Archives Canada and informing participants that their participation in the study is voluntary and the information provided will be administered according to the requirements of the *Privacy Act and the Personal Information Protection and Electronic Documents Act*.

A total of 2,548 surveys were completed, with data collection occurring between April 12 and April 28, 2023. Data collection included a pretest of 18 surveys with English respondents and 16 with French respondents. The pretest helped to assess the flow of the survey, understanding of the questions, language, data integrity, and particularly the length of the survey. Upon review of the pretest findings, it was determined that no changes to the questionnaire were needed and as such, surveys completed as part of the pretest were kept as part of the final results.

The survey took on average 19 minutes to complete.

For this study, quotas were established for each province to ensure there was adequate representation to generate sufficient data regionally, which would allow for a more robust analysis. Data was monitored to aim for a 50/50 gender split in each province, and that no specific age cohort was under-represented. A margin of error could not be calculated for the online results due to the use of a non-probability sample, as respondents were only selected from those who had registered to participate in online surveys through a panel.

Table 78 – Online panel participation rate

Total click throughs (C)	9701
Invalid cases (T)	5375
Terminations	5375
Responding units (R)	2837
Completed surveys disqualified after the quota was filled	289
Completed surveys	2548
Participation rate = $T + R / C$ (5375 + 2837 / 9701)	85%

The online survey participation rate was approximately 85%.

Non-response bias is a possible issue since certain types of people may be more willing to respond to a survey request than others.

The data collected cannot be extrapolated to the overall population of Canadians. Further description of the non-probability sampling approach, including quotas and web panels, can be found here: <https://www150.statcan.gc.ca/n1/edu/power-pouvoir/ch13/nonprob/5214898-eng.htm>

Data were weighted by region, gender and age using a two-step process to ensure that the data was consistent with the Canadian population overall and then controlled for the incidence of individuals who smoke cigarettes. The two-step process involved the following:

- **Step 1 – Obtain General Population Incidence Statistics of Individuals Who Smoke:** The data collected from the screening questions in the questionnaire among both eligible and

ineligible survey respondents was weighted using the latest general population Census data to obtain incidence statistics of individuals who smoke by age group, by gender and by region.

- **Step 2 – Apply Incidence Weights to Eligible Survey Respondents:** Respondents ineligible for the full survey were removed from the dataset and the incidence statistics obtained in Step 1 were used to calculate the weights for the updated dataset consisting exclusively of individuals who smoke. The tables below summarize the distribution of eligible respondents without any weights applied (in the column titled “Unweighted”) and the distribution once weights are applied (in the “Weighted” column).

Table 79 – Weighting by age

Age	Unweighted	Weighted
25-44	36%	48%
45 and older	64%	52%

Table 80 – Weighting by gender

Gender	Unweighted	Weighted
Male	46%	56%
Female	53%	43%

Table 81 – Weighting by region

Region	Unweighted	Weighted
Atlantic Canada	10%	8%
Quebec	23%	17%
Ontario	33%	42%
Manitoba/Saskatchewan	10%	7%
Alberta	11%	11%
British Columbia	13%	15%

Respondent Profile

The following tables detail the demographic composition of the overall survey sample.

Table 82 – Gender identity

Gender	Unweighted	Weighted
Male	46%	56%
Female	53%	43%

Q2: Please indicate the gender you identify with. Base: All respondents, 2023, n=2,548.

Table 83 – Region

Region	Unweighted	Weighted
British Columbia	13%	15%
Alberta	11%	11%
Saskatchewan	4%	3%
Manitoba	6%	4%
Ontario	33%	42%
Quebec	23%	17%
New Brunswick	3%	2%
Nova Scotia	4%	3%
Prince Edward Island	1%	1%
Newfoundland and Labrador	2%	2%

Q3: Which province or territory do you live in? Base: All respondents, 2023, n=2,548.

Table 84 – Marital status

Marital status	Unweighted	Weighted
Not married or common-law	33%	36%
Legally married (and not separated)	35%	33%
Living with a common-law partner	14%	14%
Separated, but still legally married	4%	4%
Divorced	9%	8%
Widowed	5%	4%
Prefer not to say	1%	1%

Q58: What is your current marital status? Base: All respondents, 2023, n=2,548.

Table 85 – Indigenous status

Indigenous status	Unweighted	Weighted
No	93%	91%
Yes, First Nations	3%	4%
Yes, Métis	3%	3%
Yes, Inuk (Inuit)	<1%	1%
Prefer not to say	1%	2%

Q59. Are you an Indigenous person, that is, First Nations, Metis or Inuk (Inuit)? Base: All respondents, 2023, n=2,548.

Table 86 – Member of racialized community

Member of racialized community	Unweighted	Weighted
Yes	13%	15%
No	85%	82%
Prefer not to say	2%	3%

Q60. Do you identify as a member of a racialized community? Base: All respondents, 2023, n=2,548.

Table 87 – Disability status

Disability status	Unweighted	Weighted
Yes	22%	22%
No	77%	76%
Prefer not to say	2%	2%

Q61. Do you identify as a person with (a) disability/disabilities, including neurodiversity? Base: All respondents, 2023, n=2,548.

Table 88 – Education

Education	Unweighted	Weighted
Less than a high school diploma or equivalent	4%	5%
High school diploma or equivalent	25%	27%
Registered apprenticeship or other trades certificate or diploma	9%	9%
College, CEGEP or other non-university certificate or diploma	26%	30%
University certificate or diploma below bachelor's level	7%	4%
Bachelor's degree	21%	17%
Postgraduate degree above bachelor's level	9%	7%
Don't know/Prefer not to say	<1%	1%

Q63. What is the highest level of education that you have completed? Base: All respondents, 2023, n=2,548.

Table 89 – Employment status

Employment	Unweighted	Weighted
Working full-time, that is, 35 or more hours per week	46%	50%
Working part-time, that is, less than 35 hours per week	9%	9%
Self-employed	5%	6%
Unemployed, but looking for work	6%	6%
A student attending school full time	1%	1%
Retired	23%	17%
Not in the workforce (full-time homemaker, unemployed, not looking for work)	7%	8%
Other employment status	1%	1%
Don't know, prefer not to answer	1%	2%

Q64. Which of the following best describes your current employment status? Base: All respondents, 2023, n=2,548.

Table 90 – Unemployment for more than a year

Unemployment for more than a year	Unweighted	Weighted
Yes	60%	62%
No	40%	37%
Prefer not to say	<1%	<1%

Q65. Have you been unemployed for more than a year? Base: Respondents who had been unemployed for less than a year, 2023, n=138.

Table 91 – Current job category

Job category	Unweighted	Weighted
Senior and middle management (Examples: President, Vice-President, CEO, CFO, COO, Principal, Dean, Registrar, DM, ADM, DG, Director, Manager)	15%	14%
Professional (Examples: Lawyer, Doctor, Nurse, Dentist, Professor, Engineer, Accountant, Veterinarians, Optometrists, Teachers, Social Workers, Policy Research Analysts, Journalists)	21%	20%
Technical/Paraprofessional (Examples: Paralegal, Early Childhood Educator, Instructor, Inspectors, Enforcement Officers, Opticians, Creative Design)	10%	11%
Sales and Service (Examples: Retail and Wholesale Salesperson, Clerk, Agent)	17%	16%
Administrative, clerical and office support (Examples: Administrative, Office, Medical assistants; data entry, receptionist)	18%	16%
Industrial, electrical and construction trades (Examples: Electrician, Plumber, Pipefitter, Carpenter, Boilermaker)	3%	4%
Maintenance and equipment operation trades, installers, repairers, and material handlers (Examples: Truck or Transit Driver, Crane operator, Train Crew; Mechanical, Transport or Heating mechanic; longshore worker)	5%	6%
Processing, manufacturing and utilities machine operators and assemblers	3%	3%
Construction, agricultural, forestry, fishing, landscaping labourer/general worker	5%	6%
Other	<1%	<1%
Prefer not to say	4%	5%

Q66A. Which of the following best describes your main occupation? Base: Respondents who were currently employed, 2023, n=1,528.

Table 92 – Most recent job category

Job category	Unweighted	Weighted
Senior and middle management (Examples: President, Vice-President, CEO, CFO, COO, Principal, Dean, Registrar, DM, ADM, DG, Director, Manager)	7%	7%
Professional (Examples: Lawyer, Doctor, Nurse, Dentist, Professor, Engineer, Accountant, Veterinarians, Optometrists, Teachers, Social Workers, Policy Research Analysts, Journalists)	15%	15%
Technical/Paraprofessional (Examples: Paralegal, Early Childhood Educator, Instructor, Inspectors, Enforcement Officers, Opticians, Creative Design)	6%	3%
Sales and Service (Examples: Retail and Wholesale Salesperson, Clerk, Agent)	19%	15%
Administrative, clerical and office support (Examples: Administrative, Office, Medical assistants; data entry, receptionist)	22%	19%

Industrial, electrical and construction trades (Examples: Electrician, Plumber, Pipefitter, Carpenter, Boilermaker)	2%	1%
Maintenance and equipment operation trades, installers, repairers, and material handlers (Examples: Truck or Transit Driver, Crane operator, Train Crew; Mechanical, Transport or Heating mechanic; longshore worker)	4%	7%
Processing, manufacturing and utilities machine operators and assemblers	9%	11%
Construction, agricultural, forestry, fishing, landscaping labourer/general worker	9%	15%
Other	7%	9%
Prefer not to say	7%	7%

Q66A. Which of the following best describes your most recent occupation? Base: Respondents who were currently unemployed, 2023, n=54.

Table 93 – Household income

Household income	Unweighted	Weighted
Under \$20,000	9%	10%
\$20,000 to just under \$40,000	19%	19%
\$40,000 to just under \$60,000	18%	17%
\$60,000 to just under \$80,000	15%	16%
\$80,000 to just under \$100,000	12%	12%
\$100,000 to just under \$150,000	15%	14%
\$150,000 or more	6%	6%
Don't know/Prefer not to answer	6%	6%

Q68. Which of the following categories best describes your total household income for 2022? That is, the total income of all persons in your household combined, before taxes. Base: All respondents, 2023, n=2,548.

Table 94 – LGBTQIA2S+ Status

LGBTQIA2S+ Status	Unweighted	Weighted
Yes	8%	9%
No	91%	89%
Prefer not to say	2%	2%

Q69. Do you identify as a member of the LGBTQIA2S+ community? Base: All respondents, 2023, n=2,548.

Significant testing methodology

In terms of the statistical analysis performed to compare subgroups, the data was analyzed using independent t-tests for means and independent z-tests for percentages at a significance level of 95%. When reporting on subgroup differences, the usage of the term “significant” was excluded in the report based on the usage of a non-random sample and to avoid generalization to the target population. Rather, any differences are solely for descriptive purposes and reflect only the sample in the study.

Appendices

Appendix A: Recruitment Screener

Specifications

- Recruit 8 participants per group, for 6 to 8 to show
- Participants to be paid \$125
- 18 online focus groups will be conducted with Canadians in the following locations:
 - Eastern Canada (Ontario, Atlantic Canada, Nunavut) (English)
 - Western Canada (Manitoba, Saskatchewan, Alberta, British Columbia, Northwest Territories, Yukon) (English)
 - Quebec (French)
- Groups will consist of smokers aged 25+ and will be segmented based on age, gender, racial background, sexual preference (LGBTQIA2S members), income, Indigenous status, and presence of a mood or anxiety disorder.

All times are stated in local area time unless specified otherwise.

Group 1 Eastern Canada April 5 5:00 pm EDT Men – 25 to 44	Group 2 Western Canada April 5 5:00 pm PDT Women – 25 to 44	Group 3 Eastern Canada April 6 5:00 pm EDT Men – 45+	Group 4 Western Canada April 6 5:00 pm PDT Women – 45+
Group 5 Quebec April 11 5:00 pm EDT Women/Men 25-44	Group 6 Quebec April 11 7:00 pm EDT Women/Men 45+	Group 7 Quebec April 12 5:00 pm EDT Racialized individuals	Group 8 Western Canada April 12 5:00 pm PDT Racialized individuals
Group 9 Eastern Canada April 13 5:00 pm EDT Racialized individuals	Group 10 Western Canada April 13 5:00 pm PDT Low income	Group 11 Quebec April 17 5:00 pm EDT Low income / High income	Group 12 Western Canada April 17 5:00 pm PDT High income
Group 13 Eastern Canada April 18 5:00 pm EDT Mood and/or anxiety disorder	Group 14 Western Canada April 18 5:00 pm PDT Mood and/or anxiety disorder	Group 15 Quebec April 19 5:00 pm EDT Non-heterosexual	Group 16 Eastern Canada April 19 7:00 pm EDT Non-heterosexual
Group 17 Eastern Canada April 20 5:00 pm EDT Indigenous	Group 18 Western Canada April 20 5:00 pm PDT Indigenous	Group 19 Western Canada April 25 5:00 pm PDT Low income	

Questionnaire

A. Introduction

Hello/Bonjour, my name is [NAME] and I am with Quorus Consulting Group, a national public opinion research company. We're planning a series of online discussion groups on behalf of Health Canada with people in your area. Would you prefer to continue in English or French? / Préférez-vous continuer en anglais ou en français?

[INTERVIEWER NOTE: FOR ENGLISH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN FRENCH, PLEASE RESPOND WITH, "Malheureusement, nous recherchons des gens qui parlent anglais pour participer à ces groupes de discussion. Nous vous remercions de votre intérêt." FOR FRENCH GROUPS, IF PARTICIPANT WOULD PREFER TO CONTINUE IN ENGLISH, PLEASE RESPOND WITH, "Unfortunately, we are looking for people who speak French to participate in this discussion group. We thank you for your interest."]

[INTERVIEWER NOTE 2: IF SOMEONE IS ASKING TO PARTICIPATE IN FRENCH/ENGLISH BUT NO GROUP IN THIS LANGUAGE IS AVAILABLE IN THIS AREA, TALK TO YOUR SUPERVISOR. EFFORTS WILL BE MADE TO INCLUDE THEM IN A GROUP IN THEIR PREFERRED LANGUAGE IN THE NEAREST TIME ZONE TO WHERE THEY LIVE. ONE-ON-ONE INTERVIEWS CAN ALSO BE ACCOMMODATED AS THE NEED ARISES.]

As I was saying – we are planning a series of online discussion groups on behalf of Health Canada with people in your area. The research will focus on understanding how Canadians choose to manage their health and any barriers they may encounter. The groups will last up to 90 minutes (one and a half hours) and people who take part will receive a cash gift to thank them for their time.

Participation is completely voluntary. We are interested in your opinions. No attempt will be made to sell you anything or change your point of view. The format is a group discussion held using the online web conferencing platform Zoom, led by a research professional with about six to eight other participants invited the same way you are being invited. The use of a computer, tablet, or a smartphone in a quiet room is necessary for participation. All opinions will remain anonymous and will be used for research purposes only in accordance with laws designed to protect your privacy.

[INTERVIEWER NOTE: IF ASKED ABOUT PRIVACY LAWS, SAY: "The information collected through the research is subject to the provisions of the *Privacy Act*, legislation of the Government of Canada, and to the provisions of relevant provincial privacy legislation."]

Before we invite anyone to attend, we need to ask you a few questions to ensure that we get a good mix of people in each of the groups. This will take 5 minutes. May I continue?

Yes	1	CONTINUE
No	2	THANK/DISCONTINUE

B. Qualification

1. In which province/territory do you live in?

RECORD _____

2. Do you, or any member of your immediate family, work for...? **[READ LIST]**

...a marketing research, public relations, or advertising firm?	1
...the media (radio, television, newspapers, magazines, etc.)?	2
...the federal or provincial government?	3
...a tobacco or vaping company?	4
...a smoking cessation company?	5
...a legal or law firm?	6

IF YES TO ANY, THANK AND TERMINATE

3. Have you ever attended a discussion group or taken part in an interview on any topic that was arranged in advance and for which you received money for participating?

Yes	1	
No	2	GO TO Q8

4. When did you last attend one of these discussion groups or interviews?

Within the last 6 months	1	THANK & TERMINATE
Over 6 months ago	2	

5. Thinking about the groups or interviews that you have taken part in, what were the main topics discussed?

RECORD: _____

THANK/TERMINATE IF RELATED TO SMOKING / CIGARETTES / TOBACCO

6. How many discussion groups or interviews have you attended in the past 5 years?

Fewer than 5 1

Five or more 2 **THANK & TERMINATE**

7. In the past 30 days, how often did you smoke cigarettes?

Every day 1

Less than daily , but at least once in a week 2

Less than once a week, but at least once in the past month 3

Not at all 4 **THANK & TERMINATE**

8. Have you smoked at least 100 cigarettes (about 4 packs) in your life?

Yes 1

No 2 **THANK & TERMINATE**

9. We are looking to include people of various ages in the group discussion. May I have your age please? **RECORD AGE:** _____

AGE	
Under 25	THANK AND TERMINATE
25-34	RECRUIT A MIX OF AGES IN EACH GROUP, NOTING THAT SOME GROUPS HAVE SPECIFIC AGE REQUIREMENTS (25 TO 44, 45+)
35-44	
45-54	
55-64	
65-74	
75+	THANK AND TERMINATE

10. What is your gender identity? [If you do not feel comfortable disclosing, you do not need to do so] **[DO NOT READ LIST]**

Male 1

Female 2

Prefer to self-describe, please specify: _____ 3

Prefer not to say 4

WITH THE EXCEPTION OF GENDER-SPECIFIC GROUPS, AIM FOR 50/50 SPLIT OF MALE AND FEMALE, WHILE RECRUITING OTHER GENDER IDENTITIES AS THEY FALL

11. We want to make sure we speak to a diversity of people. Do you identify as any of the following? *SELECT ONE*

- | | |
|--|---|
| An Indigenous person (First Nations, Inuit or Métis) | 1 |
| A member of a racialized community (other than an Indigenous person) | 2 |
| None of the above | 3 |

IF Q12=1, PRIORITIZE FOR INDIGENOUS GROUPS

IF Q12=2, PRIORITIZE FOR RACIALIZED GROUPS

FOR ALL OTHER GROUPS, AIM FOR SOME REPRESENTATION FROM RACIALIZED AND INDIGENOUS INDIVIDUALS ON A BEST EFFORT BASIC

12. [ASK ONLY IF Q12=2] What is your ethnic background?

RECORD ETHNICITY: _____

13. How many people, including yourself, earn an income in your household?

- | | | |
|-------------|---|--------------------|
| One | 1 | |
| Two or more | 2 | SKIP TO Q16 |

14. Which of the following categories best corresponds to your total personal annual income, before taxes, for 2022?

- | | |
|------------------------|---|
| Under \$40,000 | 1 |
| \$40,000 to \$60,000 | 2 |
| \$60,000 to \$80,000 | 3 |
| \$80,000 to \$100,000 | 4 |
| \$100,000 to \$150,000 | 5 |
| \$150,000 and over | 6 |
| Prefer not to say | 7 |

IF < 40K, RECRUIT AS LOW INCOME

IF ≥ 80K, RECRUIT AS HIGH INCOME

[IF Q14=2] Which of the following categories best corresponds to the total annual income, before taxes, of all members of your household, for 2022? **READ**

Under \$40,000	1
\$40,000 to \$60,000	2
\$60,000 to \$80,000	3
\$80,000 to \$100,000	4
\$100,000 to \$150,000	5
\$150,000 and over	6
Prefer not to say	7

IF < 60K, RECRUIT AS LOW INCOME

IF ≥ 100K, RECRUIT AS HIGH INCOME

15. Do you identify as a member of the LGBTQIA2S+ community?

Yes	1
No	2

IF YES, PRIORITIZE FOR GROUPS WITH NON-HETEROSEXUAL INDIVIDUALS

16. Have you been diagnosed with a mood or anxiety disorder? [**IF NEEDED:** e.g., major depressive disorder, bipolar disorder, seasonal affective disorder, etc.,]

Yes	1
No	2

IF YES, PRIORITIZE FOR GROUPS INDIVIDUALS WITH MOOD/ANXIETY DISORDERS

17. Do you currently live in... [**READ LIST**]

A city or metropolitan area with a population of at least 100,000	1
A city with a population of 30,000 to 100,000	2
A city or town with a population of 10,000 to 30,000	3
A town or rural area with a population under 10,000	4

ON A BEST EFFORT BASIS, FOR EACH GROUP, RECRUIT A MIX OF INDIVIDUALS WHO LIVE IN A CITY OR TOWN WITH A POPULATION OF AT LEAST 30,000 AND THOSE WHO LIVE IN SMALLER TOWNS/RURAL

18. Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you in voicing your opinions in an online group discussion with other adults Are you... **READ**

OPTIONS

Very comfortable	1	MIN 5 PER GROUP
Fairly comfortable	2	
Not very comfortable	3	THANK & TERMINATE
Very uncomfortable	4	THANK & TERMINATE

19. Do you have access to a stable internet connection, capable of sustaining a 90-minute online video conference?

Yes	1	
No	2	THANK & TERMINATE

20. Participants will be asked to provide their answers through an online web conferencing platform using a computer, a tablet or a smartphone in a quiet room. Is there any reason why you could not participate? (No access to computer or tablet, internet, etc.) If you need glasses to read or a device for hearing, please remember to wear them.

Yes	1	
No	2	SKIP TO INVITATION

21. Is there anything we could do to ensure that you can participate?

Yes	1	
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

22. What specifically? [OPEN END]

INTERVIEWER TO NOTE FOR POTENTIAL ONE-ON-ONE INTERVIEW

RECRUITER NOTE: WHEN TERMINATING AN INTERVIEW, SAY: *“Thank you very much for your cooperation. We are unable to invite you to participate because we have enough participants who have a similar profile to yours.”*

C. INVITATION TO PARTICIPATE

23. I would like to invite you to participate in an online focus group session where you will exchange your opinions in a moderated discussion with other Canadians in your region. The discussion will be led by a researcher from the national public opinion research firm, Quorus Consulting. The session will be recorded but your participation will be confidential. The group will be hosted using an online web conferencing platform, taking place on [DAY OF WEEK], [DATE], at [TIME]. It will last 90 minutes (one and a half hours). People who attend will receive \$125 to thank them for their time.

Would you be interested in taking part in this study?

Yes 1

No 2 **THANK & TERMINATE**

24. The discussion group will be video-recorded. These recordings are used to help with analyzing the findings and writing the report. The results from the discussions will be grouped together in the research report, which means that individuals will not be identified in anyway. Neither your name nor your specific comments will appear in the research report. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

25. There will be some people from Health Canada and/or the Government of Canada, and other individuals involved in this project observing the session. They will not take part in the discussion and they will not know your name. Is this acceptable?

Yes 1

No 2 **THANK & TERMINATE**

26. Thank you. Just to make sure, the group will take place on [DAY OF WEEK], [DATE], at [TIME] and it will last 90 minutes (one and a half hours). Following your participation, you will receive \$125 to thank you for your time. Are you interested and available to attend?

Yes 1

No 2 **THANK & TERMINATE**

To conduct the session, we will be using a screen-sharing application called **Zoom**. **We will need to send you by email the instructions to connect.** The use of a computer, tablet or a smartphone in a quiet room is necessary.

We recommend that you click on the link we will send you a few days prior to your session to make sure you can access the online meeting that has been setup and repeat these steps at least 10 to 15 minutes prior to your session.

As we are only inviting a small number of people to attend, your participation is very important to us. If for some reason you are unable to attend, **you cannot send someone to participate on your behalf** - please call us so that we can get someone to replace you. You can reach us at **[INSERT NUMBER]** at our office. Please ask for **[INSERT NAME]**.

So that we can contact you to remind you about the focus group or in case there are any changes, can you please confirm your name and contact information for me? **[READ INFO AND CHANGE AS NECESSARY.]**

First name _____

Last Name _____

Email _____

Day time phone number _____

Night time phone number _____

Thank you!

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the focus group. If they still refuse THANK & TERMINATE.

Appendix B: Moderation Guide

Introduction to procedures (13 minutes)

Thank you all for joining this online focus group!

- Introduce moderator/firm and welcome participants to the focus group.
 - Thanks for attending.
 - My name is [INSERT MODERATOR NAME] and I work with Quorus Consulting, and we are conducting research on behalf of Health Canada.
 - Today we will be discussing various strategies that people consider to manage their health and some of the challenges they may encounter.
 - The discussion will last approximately 90 minutes.
 - If you have a cell phone or other electronic device, please turn it off.
- Describe focus group.
 - A discussion group is a “round table” discussion, meaning we will discuss something and everyone has an equal chance to express an opinion. We may also be asking you to answer survey questions from time to time to help guide the discussion.
 - My job is to facilitate the discussion, keeping us on topic and on time.
 - Your job is to offer your opinions on the topics I’ll be presenting to you tonight/today.
 - Your honest opinion is valued. There are no right or wrong answers. This is not a knowledge test.
 - Everyone’s opinion is important and should be respected.
 - We want you to speak up even if you feel your opinion might be different from others. Your opinion may reflect that of other consumers.
 - To participate in this session, please make sure your webcam and your microphone are on and that you can hear me clearly. If you are not speaking, I would encourage you to mute your line to keep background noise to a minimum...just remember to remove yourself from mute when you want to speak!
 - We might use the chat function. **[MODERATOR EXPLAINS HOW TO ACCESS THE ZOOM CHAT FEATURE DEPENDING ON THE DEVICE THE PARTICIPANT IS USING]**. Let’s do a quick test right now - please open the chat window and send the group a short message (e.g., Hello everyone). If you have an answer to a question and I don’t get to ask you specifically, please type your response in there. We will be reviewing all chat comments at the completion of this project.

- Explanations.
 - Please note that anything you say during these groups will be held in the strictest confidence. We do not attribute comments to specific people. Our report summarizes the findings from the groups but does not mention anyone by name. Please do not provide any identifiable information about yourself.
 - The final report for this session, and others, can be accessed through the Library of Parliament or Library and Archives Canada's website once it's posted.
 - Your responses will in no way affect your dealings with the Government of Canada.
 - The session is being audio-video recorded for report writing purposes / verify feedback.
 - Some of my colleagues involved in this project are watching this session and this is only so they can hear the comments first-hand.
- Please note that I am not an employee of the Government of Canada and may not be able to answer questions about what we will be discussing. If questions do come up over the course of the group, we will try to get answers for you before we wrap up the session.

Any questions?

INTRODUCTIONS: Let's go around – please tell us your name and a little bit about yourself such as where you live, who lives with you, what you do for a living, etc.

Section 1: Journey to their current smoking experience (10 minutes)

So one thing that you all have in common is that you've told us that you smoke cigarettes. Let's talk about this a bit more.

- When you think back to when you first started smoking cigarettes to where you are today, how would you describe that journey?

- When you started smoking cigarettes, who in your life was also smoking at that time? What did smoking add to your life at that time?
 - Moving to the present time, who in your life is also smoking? What does smoking add to your life now?

- Do you find yourself planning what you do or where you go based on whether you can smoke cigarettes? Tell me more about that...
 - Is that a regular occurrence or rather rare?
 - Do you find your smoking isolates you from others in any way? If so, in what ways? ...how does that make you feel?

- Through a quick show of hands – how many feel that the cost of living has been getting more expensive?
 - Have you found yourself having to make compromises or changes in your budget allocation? Where does buying cigarettes fit into all that?

Section 2: Confidence in and importance of quitting smoking (10 minutes)

Importance of quitting

Something that often comes up in my conversations with individuals who smoke is how important it is for them to quit smoking. It can be anywhere from not at all important to some to extremely important to others. If we were to use a scale from 0 to 10 where a score of zero means quitting is not at all important to you and at the other end, quitting is extremely important to you, where would you be?

MODERATOR SHARES A SLIDE WITH THE PARTICIPANTS SHOWING THE SPECTRUM



CHAT EXERCISE: Please go into the chat and enter the number that best reflects how important quitting is to you.

- Help me understand your rating. **MODERATOR EXPLORES A FEW SCORES ALONG THE SPECTRUM**

Confidence in being able to quit

Something else that often comes up is how confident smokers feel about being able to quit if they thought about quitting. Again, folks position themselves on a scale from 0 to 10 where at one end they are not at all confident and at the other end, they feel extremely confident.

MODERATOR SHARES A SLIDE WITH THE PARTICIPANTS SHOWING THE SPECTRUM



CHAT EXERCISE: Please go into the chat and enter the number that best reflects how confident you would feel in your ability to quit if you were to consider quitting.

- Help me understand your rating. **MODERATOR EXPLORES A FEW SCORES ALONG THE SPECTRUM**

- We've now talked about confidence in being able to quit and how important it is to you to quit. Does one impact the other?
 - **IF NEEDED:** For instance, does the importance of quitting impact in any way how confident you feel about quitting? Or conversely, does your level of confidence have any impact on how important it is to you?

Section 3: High and Low Prevalence Discussion (30 minutes)

As you probably know, there has been quite a bit of research on who smokes and who does not smoke. I'd like to get your views on certain trends in society in terms of the types of individuals who, statistically, are more or who are less likely to smoke than others.

When you think of the various types of profiling questions we asked you when we invited you to this focus group, is there a segment of society you feel you fall into that might make you more / less likely to smoke cigarettes?

- Why do you think that?

Would it surprise you at all to hear that individuals who identify as **[INSERT BASED ON GROUP PROFILE]**:

- GROUP 1: ...men, 25 to 44 years of age are more likely to smoke compared to women of similar age or compared to individuals in older age groups?
- GROUP 2: ...women, 25 to 44 years of age are more likely to smoke compared to older women?
- GROUP 3: ...men, over the age of 44 are less likely to smoke compared to younger men?
- GROUP 4: ...women over the age of 44 are less likely to smoke compared to younger women?
- GROUP 5: ...25 to 44 years of age are more likely to smoke compared to older individuals?
- GROUP 6: ... over the age of 44 are less likely to smoke compared to younger individuals?
- GROUP 10: ...low income individuals are more likely to smoke compared to high income individuals?
- GROUP 11: ...low income individuals are more likely to smoke compared to high income individuals?
- GROUP 12: ...high income individuals are less likely to smoke compared to low income individuals?
- GROUP 13/14: ...having a mood or an anxiety disorder are more likely to smoke compared to individuals with neither type of disorder?
- GROUP 15/16: ...a member of the LGBTQIA2S+ community are more likely to smoke compared to individuals who do not?
- GROUP 17/18: ...as Indigenous are more likely to smoke compared to individuals who do not?

Why do you think that is? Do you have any theories on that?

- As far as you know, what role does smoking cigarettes play among those who identify as **[INSERT SEGMENT]**?

- When we think back to when you started smoking cigarettes to today, how, if at all, has being someone who identifies as **[INSERT SEGMENT]** had an impact on your journey smoking cigarettes?
- I'd like to better understand factors or circumstances that may have had an impact on you or your life at different stages in your journey smoking cigarettes.
 - What do you believe are some factors or circumstances that may have increased the odds of you starting to smoke in the first place?
 - What do you believe are some factors or circumstances that may have increased the odds of you continuing to smoke?
- When we think back on these various factors and circumstances that you've described, what impact, if any, have they had on your willingness or your efforts to stop smoking or smoke less?
- As you probably know, there are different methods that people can use to help them to quit smoking. What impact, if any, have these factors and circumstances had on your choice of method or strategy?

Section 4: Selecting a cessation method (25 minutes)

Let's focus a bit more on the different methods that people can use to help them to quit smoking.

- What are all the different methods or strategies you are aware of that can help someone to quit smoking? I am not concerned with whether you have tried them...I am just curious to know which ones you've heard of. **[WHITEBOARD LIST]**
- I'd be curious to get your thoughts on these methods up on your screen, some of which many of you have already mentioned.

MODERATOR SHARES THE FOLLOWING LIST ON THE SCREEN

1. Nicotine replacement products (e.g., nicotine patch, gum, or lozenge)
 2. Use smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])
 3. Use a vaping product with nicotine
 4. Use a vaping product without nicotine
 5. Make a deal with a friend or family member
 6. Reduce the number of cigarettes you smoked
 7. Use a 1-800 quitline or a smokers helpline
 8. Use an internet-based program or smart phone app
 9. Receive brief counselling from a health professional
 10. Attend in-person group counselling
 11. Exercise
 12. Find better ways to manage the stress in your life
- Which ones, if any, were you **NOT aware of**? ...you can just refer to the numbers by the way.
 - Are there any in this list that you have **never tried before** and would **never consider in the future**? Help me understand those choices.
 - **PROBE TIME PERMITTING:** quitlines and helplines have very low use – why is that?
 - Some people try different methods for different reasons. Can one of you point to a method or a combination of methods in this list that you have tried and help me understand what led you to trying that approach?
 - Are you still using that approach?
 - IF NO:**
 - How did that approach work out for you?
 - What were the reasons for discontinuing using that approach?
 - Did you notice any benefits at all while you were using that approach? If so, which ones?
 - What would you do differently the next time?
 - IF YES:**
 - How is that approach working out for you?
 - Have you noticed any benefits at all while using that method? If so, which ones?

- Is there anything else that you think is helping you succeed with this approach?
 - Are you encountering any unexpected challenges so far?
- Who's next – who else would like to talk about an approach you have used in the past? **[MODERATOR REVISITS SERIES OF QUESTIONS ABOVE ACROSS A FEW PARTICIPANTS]**

Let's turn our attention to the future.

- Are there any options on the list that you had **not thought of before** but now that you see it, think it's **perhaps an option worth considering**? This could be on its own or in combination with other options on this list. Help me understand those choices.
- When you consider the various methods on the list and all the other factors in your life that could influence whether you succeed, what stars need to align to lead to what you would consider to be a successful outcome?
 - Is this something you feel you would need to do on your own or do you think you would need certain supports?
 - **IF OTHERS:** What kinds of support are you talking about? Help me to understand why you would consider those supports. **[IF NEEDED:** a quitline, a healthcare provider, a friend, someone they trust, someone that won't judge them, someone that doesn't know them, etc.]

Wrap-up (2 minutes)

Thanks again! The team that invited you to participate in this session will contact you regarding the manner in which you can receive the incentive we promised you.

ON BEHALF OF THE GOVERNMENT OF CANADA, THANK YOU FOR YOUR PARTICIPATION

Appendix C: Online Survey Questionnaire

Public Opinion Research on Smoking Cessation Strategies Among Canadian Adults Who Smoke

[Information in square brackets is not displayed to respondents]

[Introduction]

Thank you for taking the time to participate in this survey.

Vous pouvez également répondre au sondage en français: [link to the French version]

Quorus Consulting Group, a Canadian market research firm, is conducting this survey on behalf of Health Canada. The survey will explore how Canadians choose to manage their health and any barriers they may encounter. The survey should take about 15 to 20 minutes to complete.

Your participation is voluntary and completely confidential, and all of your responses will remain anonymous. The information you provide will be managed in accordance with the requirements of the Privacy Act and the Access to Information Act. The final report describing the results of this study will be available through Library and Archives Canada (LAC) within 6 months of the survey work's completion.

If you have any questions about the survey content or if you require an alternative format, an accessibility accommodation, or technical assistance, please contact [contact email and phone].

[Section 1: Screening]

1. In what year were you born? _____

[INSERT YEAR. IF YOUNGER THAN 25 YEARS OR PREFER NOT TO SAY, TERMINATE]

2. Please indicate the gender you identify with? (This may be different from the information noted on your birth certificate or other official documents)

Male	1
Female	2
Prefer to self-describe, please specify: _____	77
Prefer not to say	99

3. Which province or territory 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	99

4. Let's start off with a very broad question - how do you feel about your life as a whole right now?



5. In the past 30 days, how often did you smoke cigarettes?

- | | |
|--|---|
| Every day | 1 |
| Less than daily, but at least once in a week | 2 |
| Less than once a week, but at least once in the past month | 3 |
| Not at all | 4 |

[THANK & TERMINATE IF "NOT AT ALL"]

6. Have you smoked at least 100 cigarettes (about 4 packs) in your life?

- | | |
|-----|---|
| Yes | 1 |
| No | 2 |

[THANK & TERMINATE IF "NO"]

[Section 2: Smoking use and history]

7. How old were you when you smoked your first whole cigarette? ____ years old

8. **[ASK IF Q5=1]** At what age did you begin to smoke cigarettes daily? ____ years old

9.

- a) **[ASK IF Q5=1]** How many cigarettes do you usually smoke each day? ____
- b) **[ASK IF Q5>1]** On the days that you do smoke, how many cigarettes do you usually smoke?

10.

- a) **[ASK IF Q5=1]** How soon after you wake up do you usually have your first cigarette?
- b) **[ASK IF Q5>1]** On the days that you smoke, how soon after you wake up do you usually have your first cigarette?

- | | |
|------------------|---|
| Within 5 minutes | 1 |
| 6-30 minutes | 2 |
| 31-60 minutes | 3 |
| After 60 minutes | 4 |

[Section 3: Cessation - general awareness and opinions]

11. To what extent do you agree or disagree with the following statements? [\[RANDOMIZE LIST\]](#)

- a) I value my mental health over my physical health
- b) I value my social life over time spent on my own
- c) I value my individual rights over the rights of society
- d) I value quality of life over quantity of life
- e) I would cut back on cigarettes before cutting back on other expenses
- f) I would cut back on cigarettes before cutting back on hanging out with friends

**Strongly
disagree**

0



**Strongly
agree**

10

**Don't Know
/ Prefer not
to say**

99

12. Please list as many different methods, aids, or tips for quitting smoking as you can.

Please specify: _____

77

13. In your opinion, if you really wanted to quit smoking, how much would the following impact your chances of quitting smoking, compared to quitting on your own? [\[RANDOMIZE LIST\]](#)

- a) Nicotine replacement products (e.g., nicotine patch, gum, or lozenge)
- b) Use smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])
- c) Use a vaping product with nicotine
- d) Use a vaping product without nicotine
- e) Make a deal with a friend or family member
- f) Reduce the number of cigarettes you smoked
- g) Use a 1-800 quitline or a smokers helpline
- h) Use an internet-based program or smart phone app
- i) Receive brief counselling from a health professional
- j) Attend in-person group counselling
- k) Drink alcohol
- l) Consume cannabis
- m) Socialize with friends who smoke
- n) Exercise
- o) Find better ways to manage the stress in your life

This would significantly decrease your chances of quitting smoking	1
This would somewhat decrease your chances	2
This would make no difference	3
This would somewhat increase your chances	4
This would significantly increase your chances of quitting smoking	5
Prefer not to answer	6
Don't know	9
14. Please list smoking cessation options that are subsidized in your province or community.	
Please specify: _____	77
Don't know / Not aware of any	99
15. Do you have insurance that covers all or part of your smoking cessation medication (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])?	
Yes	1
No	2
Don't know	8
Prefer not to say	9
16. How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?	
Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98
Not applicable	99

[Section 4: Cessation history]

17. Have you ever stopped smoking for at least 24 hours because you were trying to quit?

- | | |
|---|---|
| Yes | 1 |
| No [Skip to Section 5] | 2 |
| Don't know / Can't remember [Skip to Section 5] | 9 |

18. In the past 12 months, did you stop smoking for at least 24 hours because you were trying to quit?

- | | |
|---|---|
| Yes | 1 |
| No [Skip to Section 5] | 2 |
| Don't know / Can't remember [Skip to Section 5] | 9 |

19. During the past 12 months, how many times have you stopped smoking cigarettes for at least 24 hours because you were trying to quit smoking?

- | | |
|-----------------------------|---|
| 1 time | 1 |
| 2 or 3 times | 2 |
| 4 or more times | 3 |
| Don't know / Can't remember | 9 |

20. Which of the three response options best reflects your use of the following strategies to help you quit smoking **over the past 12 months**? Please remain focused on the past 12 months! [\[RANDOMIZE LIST\]](#)

- Nicotine replacement products (e.g., nicotine patch, gum, or lozenge)
- Used smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Champix])
- Used a vaping product with nicotine
- Used a vaping product without nicotine
- Made a deal with a friend or family member
- Reduced the number of cigarettes you smoked
- Used a 1-800 quitline or a smokers helpline
- Used an internet-based program or smart phone app
- Received brief counselling from a health professional
- Attended in-person group counselling
- Tried to quit smoking on your own without special preparation or help

- You are currently doing this to help you quit smoking 1
- You are not currently doing this but have within the past 12 months 2
- You have not done this to help you quit smoking within the past 12 months 3
- [Skip to Section 5 if all options=3; If no options=1 and at least one option=2, skip to Q22]**

21. How useful have the following strategies been in helping you quit smoking? **[ONLY SHOW OPTIONS WHERE Q20=1 (CURRENTLY USE)]**

- a) Nicotine replacement products (e.g., nicotine patch, gum, or lozenge)
- b) Used smoking cessation medications (e.g., bupropion [Zyban, Wellbutrin] or varenicline [Chantix])
- c) Used a vaping product with nicotine
- d) Used a vaping product without nicotine
- e) Made a deal with a friend or family member
- f) Reduced the number of cigarettes you smoked
- g) Used a 1-800 quitline or a smokers helpline
- h) Used an internet-based program or smart phone app
- i) Received brief counselling from a health professional
- j) Attended in-person group counselling
- k) Tried to quit smoking on your own without special preparation or help

Not useful
at all



0

Extremely
useful

10

Don't
Know /
Prefer not
to say
99

22. In your efforts to quit smoking over the past 12 months, have you noticed any positive changes? **[RANDOMIZE OPTIONS UP TO AND EXCLUDING "OTHER"]** *SELECT ALL THAT APPLY*

- Physical activity is easier 1
- Breathing was easier 2
- Less coughing and/or wheezing 3
- Blood pressure was lower 4
- More energy 5
- Enhanced sense of taste and smell 6
- Saved money 7
- Improved quality of life 8
- Better smelling home, car, breath and clothes 9
- Setting good example for children 10
- Freedom from addiction 11

Other positive changes – please specify: _____	77
Don't know / Prefer not to say	99

23. **[ASK IF ANY ITEM IN Q20=2]** Even though they try to quit smoking, people can continue to smoke for a variety of reasons. You indicated earlier having tried at least one strategy over the past 12 months to help you quit smoking *but are not currently trying that strategy*. According to your situation, which of the following were **the main reasons** that explain why this didn't lead you to quitting smoking long-term? **Please select the top 3 reasons.**
[RANDOMIZE OPTIONS UP TO AND EXCLUDING "OTHER"]

My life is too stressful to quit	1
It had negative impacts on my mood (e.g., I was cranky)	2
It didn't manage my cravings	3
It was too hard to not smoke (e.g., out with friends who smoke, drinking alcohol)	4
I enjoy smoking too much	5
I believe my health is good	6
It didn't replicate or replace the experience of smoking	7
The product I was using to help me quit was too expensive	8
I didn't like the product I was using to help me quit	9
The product I was using to help me quit was hard to get or find	10
The side-effects of the product I was using to help me quit were too hard to live with	11
Smoking was too ingrained into my daily routine	12
I found I had to replace smoking with other bad habits (e.g., eating junk food)	13
The approach I used didn't fit into my schedule	14
Other reason(s) – please specify: _____	77
Don't know / Prefer not to say	99

[Section 5: Cessation plans]

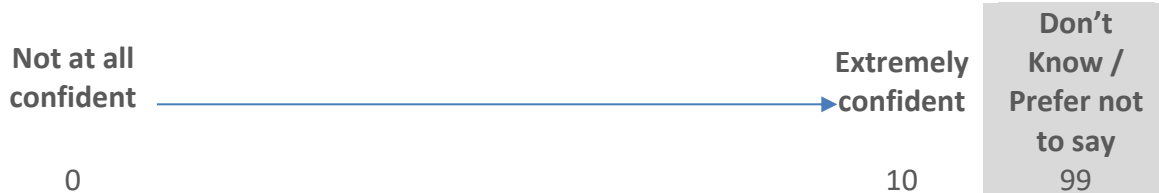
24. Are you planning to quit smoking . . .

Within the next month	1
Within the next 6 months	2
Sometime in the future, beyond 6 months	3
I am not planning to quit	4
Don't know / Prefer not to say	9

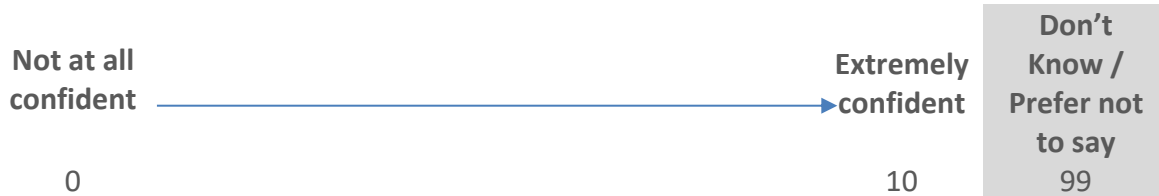
25. **[ASK IF Q24=1, 2, OR 3]** Some people develop a plan to help them quit smoking. Have you done any of the following to develop a quit plan? *SELECT ALL THAT APPLY*

Thought about it	1
Discussed my plans with family/friends	2
Discussed my plans with a health professional	3
Did some research	4
Made detailed steps to handle challenges I may encounter	5
I haven't developed a plan [EXCLUSIVE RESPONSE OPTION]	6
I have taken other steps to develop a quit plan, please specify: _____	77
Don't know / Prefer not to say	99

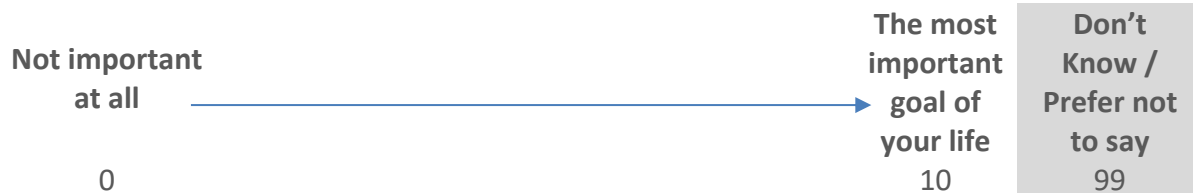
26. How confident are you that you could quit smoking at the present time?



27. How confident are you that you will *eventually* quit smoking for good?



28. How important is stopping smoking to you?



29. **[ASK IF NO QUIT ATTEMPTS (Q17=2 OR 9) OR PLANS TO QUIT (Q24<4); SKIP IF RESPONDENT WAS ASKED Q23]** Quitting smoking can be difficult for many people. Have any of the following factors affected your ability to quit smoking cigarettes? *Select all that apply* **[RANDOMIZE OPTIONS UP TO AND EXCLUDING "OTHER"]**

My life is too stressful to quit	1
I enjoy smoking too much	2
Everyone I know smokes cigarettes	3
My partner or spouse smokes cigarettes	4
I don't think I have the willpower to quit	5
I don't have enough information about quit smoking aids	6
I don't know where to get information about quit smoking aids	7
Quit smoking aids are too expensive	8
I don't know where to start the process of quitting smoking	9
The potential withdrawal symptoms	10
I am afraid that I will not succeed	11
I believe my health is good_____	12
Smoking is too engrained into my daily routine_____	13
Other factors have affected your ability to quit smoking, please specify: _____	77
Don't know / Prefer not to say	99

30. Which of the following would best explain why you would want to stop smoking? *Select only one* **[RANDOMIZE OPTIONS 1 TO 5]**

You feel you want to take responsibility for your own health.	1
You would feel guilty or ashamed of yourself if you smoked.	2
You personally believe it is the best thing for your health.	3
You have carefully thought about it and believe it is very important for many aspects of your life.	4
You feel pressure from others to not smoke.	5
You really don't think about stopping smoking.	6
Don't know / Prefer not to say	9

[Section 7: Other substance use]

[Vaping]

33. Have you ever tried vaping, either with or without nicotine? Please exclude vaping cannabis.
Select all that apply

- | | |
|--|---|
| Yes, with nicotine | 1 |
| Yes, without nicotine | 2 |
| None of the above [EXCLUSIVE RESPONSE OPTION – SKIP TO Q42] | 3 |
| Don't know / Prefer not to say | 9 |

34. **[ASK IF Q33=1]** During the past 30 days, how often have you used a vaping product with nicotine? Please exclude vaping cannabis. Was it:

- | | |
|--|---|
| Daily | 1 |
| Less than daily, but at least once a week | 2 |
| Less than once a week, but at least once in the past month | 3 |
| Not at all | 4 |
| Don't know / Prefer not to say | 9 |

35. **[ASK IF Q33=2]** During the past 30 days, how often have you used a vaping product without nicotine? Please exclude vaping cannabis. Was it:

- | | |
|--|---|
| Daily | 1 |
| Less than daily, but at least once a week | 2 |
| Less than once a week, but at least once in the past month | 3 |
| Not at all | 4 |
| Don't know / Prefer not to say | 9 |

36. **[ASK IF Q34<4]** Focusing on the e-cigarettes, cartridges, pods or e-liquids you used over the past 30 days, to the best of your knowledge how much nicotine did they contain? If you used different concentrations of nicotine, please select the one used most frequently.

- | | |
|---------------------------------------|---|
| Up to 5.0 mg/ml (or 0.10 to 0.50%) | 1 |
| 5.1 to 10.0 mg/ml (or 0.51 to 1.00%) | 2 |
| 10.1 to 15.0 mg/ml (or 1.01 to 1.50%) | 3 |
| 15.1 to 20.0 mg/ml (or 1.51 to 2.00%) | 4 |
| Over 20 mg/ml (or over 2.00%) | 5 |
| Don't know / Prefer not to say | 9 |

37. **[ASK IF Q34<4]** How soon after you wake up do you usually have your first vape with nicotine? Please exclude vaping cannabis.
- | | |
|--------------------------------|---|
| Less than 5 minutes | 1 |
| 6 to 30 minutes | 2 |
| 31 minutes to 1 hour | 3 |
| More than 1 hour | 4 |
| Don't know / Prefer not to say | 9 |
38. **[ASK IF Q34<4]** When you have vaped with nicotine over the past 30 days, roughly how many separate times per day would you usually vape? Please exclude vaping cannabis.
- | | |
|--|---|
| 5 or less times per day | 1 |
| 6–10 times per day | 2 |
| 11–15 times per day | 3 |
| 16–20 times per day | 4 |
| 21–25 times per day | 5 |
| 26-30 times per day | 6 |
| 31 or more times per day | 7 |
| I vape continuously throughout the day | 8 |
| Don't know / Prefer not to say | 9 |
39. **[ASK IF Q34<4]** When you have vaped with nicotine over the past 30 days, what flavour do you vape most often? Please exclude vaping cannabis. **[RANDOMIZE OPTIONS UP TO AND EXCLUDING "OTHER"]**
- | | |
|---------------------------------------|----|
| Fruit | 1 |
| Candy | 2 |
| Dessert | 3 |
| Mint | 4 |
| Menthol | 5 |
| Tobacco flavour | 6 |
| Alcohol flavour | 7 |
| Flavourless/no flavour in descriptor | 8 |
| Other flavour – please specify: _____ | 77 |
| Don't know / Prefer not to say | 99 |

40. [ASK IF Q34 OR Q35<4] What type of vaping device do you currently use? Please exclude vaping cannabis. *Select all that apply*

Disposable – intended for single use until either the battery or flavour cartridge empties fully.	1
Reusable – intended for longer-term use. The liquid can be refilled or pods replaced and the battery can be recharged.	2
Other, please specify: _____	77
Don't know / Prefer not to say	99

41. [ASK IF Q40=2] What type of reusable vaping device do you currently use? *Select all that apply*

It uses pre-filled e-liquid cartridges or pods. The cartridge/pod can be replaced with a new prefilled one; it cannot be manually refilled.	1
Its cartridge, pod, or tank can be manually refilled with e-liquid. Parts of the atomizer, such as coils and filler materials, can be customized.	2
Other, please specify: _____	77
Don't know / Prefer not to say	99

[Alcohol]

42. Next, a couple questions about drinking alcohol. When we use the word drink, it means:

- one 341 ml or 12 oz serving of beer whether from a bottle, can, or draft
- one 142 ml or 5 oz glass of wine or bottle of cooler
- one straight or mixed drink with 1.5 oz (43ml) of liquor or spirit

Drinking does not include having a few sips of wine for religious purposes.
In the past 30 days, how often did you drink at least one alcoholic beverage?

Daily	1
Less than daily, but at least once a week	2
Less than once a week, but at least once in the past month	3
I have consumed but not in the past 30 days	4
I have never consumed alcohol	5
Don't know / Prefer not to say	9

43. **[ASK IF Q42<4]** Thinking of the past 30 days: which of the following best describes your use of cigarettes on the days that you consumed alcohol?

- | | |
|---|---|
| I smoked more cigarettes on the days that I had at least one alcoholic beverage | 1 |
| I smoked about the same number of cigarettes on the days that I had at least one alcoholic beverage | 2 |
| I smoked fewer cigarettes on the days that I had at least one alcoholic beverage | 3 |
| Don't know / Prefer not to say | 9 |

[Section 8: Disposal]

[Cigarette butts]

44. Thinking of the past year, how often did you dispose of your cigarette butts in the following ways?

- a) In the garbage
- b) In the compost
- c) On the ground
- d) Flushed down a toilet
- e) Down a sewer
- f) Public ashtray (e.g., outside a business)

- | | |
|--------------------------------|----|
| Never | 1 |
| Rarely | 2 |
| Sometimes | 3 |
| Most of the time | 4 |
| Always | 5 |
| Don't know / Prefer not to say | 98 |
| Not applicable | 99 |

[Vaping products]

[SKIP TO Q58 IF Q33>3]

45. **[ASK IF Q33=1 OR 2]** A disposable vape is intended for single use until either the battery or flavour cartridge empties fully. Have you used a disposable vape until the e-liquid ran out or the battery died?

- | | |
|--|---|
| Yes | 1 |
| No [Skip to Q47] | 2 |
| Don't know / Can't remember [Skip to Q47] | 9 |

46. There are different ways to dispose of a disposable vape. How often have you disposed of one in any of the following ways?

- a) In the garbage
- b) In the recycling bin
- c) On the ground
- d) At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)
- e) Returned it to a retailer
- f) I gave it to someone else
- g) I lost or misplaced it

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98
Not applicable	99

47. **[ASK IF Q33=1 OR 2]** A reusable vape is intended for longer-term use. The liquid can be refilled or pods replaced and the battery can be recharged. Have you ever stopped using a reusable vape device? For instance, lost interest, bought a second device, etc. Please only include the physical device, not the cartridges, pods, or e-liquids.

Yes	1
No [Skip to Q50]	2
Don't know / Can't remember [Skip to Q50]	9

48. Among the reusable vapes you have stopped using, have you ever disposed of or thrown out at least one of them?

Yes	1
No – I still own all my reusable vape devices [Skip to Q50]	2
Don't know / Can't remember [Skip to Q50]	9

49. There are different ways to dispose of a reusable vape. How often have you disposed of one in any of the following ways?

- a) In the garbage
- b) In the recycling bin
- c) On the ground
- d) At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)
- e) Returned it to a retailer
- f) I gave it to someone else
- g) I lost or misplaced it

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98
Not applicable	99

50. **[ASK IF Q33=1 OR 2]** Certain vape devices like vape pens use prefilled cartridges. Have you ever replaced a prefilled cartridge or stopped using one entirely even if it was not finished? You might have done this for any number of reasons such as you lost interest, you finished a cartridge and replaced it with a new one, you switched to a different device that wasn't compatible with cartridges, etc.

Yes	1
No [Skip to Q53]	2
Don't know / Can't remember [Skip to Q53]	9

51. There are different ways to dispose of a prefilled cartridge. How often have you disposed of one in any of the following ways?

- a) In the garbage
- b) In the recycling bin
- c) On the ground
- d) At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)
- e) Returned it to a retailer
- f) I gave it to someone else

g) I lost or misplaced it

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98
Not applicable	99

52. **[ASK IF Q51A OR Q51B=2, 3, 4, OR 5]** How often do you rinse the prefilled cartridge before throwing it in the garbage or the recycling bin?

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98

53. **[ASK IF Q33=1 OR 2]** Certain vape devices use refillable e-liquid (also known as “juice”) where the user obtains a bottle of e-liquid to refill their vaping device. Have you ever finished a bottle of e-liquid or stopped using one entirely even if it was not finished? You might have done this for any number of reasons such as you lost interest, you finished a bottle and obtained a new one, you switched to a different device that wasn't refillable, etc.

Yes	1
No [Skip to Q56]	2
Don't know / Can't remember [Skip to Q56]	9

54. There are different ways to dispose of an e-liquid bottle. How often have you disposed of one in any of the following ways?

- a) In the garbage
- b) In the recycling bin
- c) On the ground
- d) At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)
- e) Returned it to a retailer

- f) I gave it to someone else
- g) I lost or misplaced it

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98
Not applicable	99

55. **[ASK IF Q54A OR Q54B=2, 3, 4, OR 5]** How often do you rinse the e-liquid bottle before throwing it in the garbage or the recycling bin?

Never	1
Rarely	2
Sometimes	3
Most of the time	4
Always	5
Don't know / Prefer not to say	98

[Batteries in vape devices]

56. **[ASK IF Q45=1 OR Q47=1]** Have you ever removed a battery from any of your vaping devices?

Yes	1
No [Skip to Q58]	2
Don't know / Can't remember [Skip to Q58]	9

57. How did you dispose of the battery? *Select all that apply*

In the garbage	1
In the recycling bin	2
On the ground	3
At a specialized facility (e.g., municipal drop-off location for electronic devices or hazardous waste facility)	4
Returned it to a retailer	5
I gave it to someone else	6

I lost or misplaced it	7
I kept it / I did not dispose of it	8
Other – please specify: _____	77
Don't know / Can't remember	99

[Section 9: Demographics]

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

What is your current marital status?

Not married or common-law	1
Legally married (and not separated)	2
Living with a common-law partner	3
Separated, but still legally married	4
Divorced	5
Widowed	6
Prefer not to say	9

59. Are you an Indigenous person, that is, First Nations, Métis or Inuk (Inuit)?

No	1
Yes, First Nations	2
Yes, Métis	3
Yes, Inuk (Inuit)	4
Prefer not to say	9

60. Do you identify as a member of a racialized community?

Racialized refers to whether a person belongs to a visible minority group which is defined by the Employment Equity Act as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour".

Yes	1
No	2
Prefer not to say	9

61. Do you identify as a person with (a) disability/disabilities, including neurodiversity?

A disability refers to any difficulties a person may have doing certain activities. Only difficulties or long-term conditions that have lasted or are expected to last for six months or more should be considered.

Yes	1
No	2
Prefer not to say	9

62. **[ASK IF Q61=1]** Which disability do you have? *Select all that apply*

Vision (even when wearing glasses or contact lenses)	1
Hearing (even when using a hearing aid)	2
Physical (e.g., mobility, flexibility, dexterity and/or pain)	3
Cognitive (e.g., learning, remembering, concentrating)	4
Emotional, psychological, mental health	5
Neurodiverse	6
Please note any other health problem or condition that has lasted or is expected to last for six months or more that cause difficulty doing daily activities, please specify: _____	77
Prefer not to say	99

63. What is the highest level of education 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
Postgraduate degree above bachelor's level	7
Don't know/Prefer not to say	9

64. Which of the following best describes your current employment status? *Select only one*

Working full-time, that is, 35 or more hours per week	1
Working part-time, that is, less than 35 hours per week	2
Self-employed	3
Unemployed, but looking for work	4
A student attending school full-time/part-time	5
Retired	6
Not in the workforce (full-time homemaker, unemployed, not looking for work)	7
Other employment status	8
Prefer not to say	9

65. [ASK IF Q64=4] Have you been unemployed for more than a year?

Yes	1
No	2
Prefer not to say	9

66.

- a) [ASK IF Q64<4] Which of the following categories best describes your *main* occupation?
b) [ASK IF Q65=2] Which of the following categories best describes your *most recent* occupation?

Senior and middle management (Examples: President, Vice-President, CEO, CFO, COO, Principal, Dean, Registrar, DM, ADM, DG, Director, Manager)	1
Professional (Examples: Lawyer, Doctor, Nurse, Dentist, Professor, Engineer, Accountant, Veterinarians, Optometrists, Teachers, Social Workers, Policy Research Analysts, Journalists)	2
Technical/Paraprofessional (Examples: Paralegal, Early Childhood Educator, Instructor, Inspectors, Enforcement Officers, Opticians, Creative Design)	3
Sales and Service (Examples: Retail and Wholesale Salesperson, Clerk, Agent)	4
Administrative, clerical and office support (Examples: Administrative, Office, Medical assistants; data entry, receptionist)	5
Industrial, electrical and construction trades (Examples: Electrician, Plumber, Pipefitter, Carpenter, Boilermaker)	6
Maintenance and equipment operation trades, installers, repairers, and material handlers (Examples: Truck or Transit Driver, Crane operator, Train Crew; Mechanical, Transport or Heating mechanic; longshore worker)	7
Processing, manufacturing and utilities machine operators and assemblers	8
Construction, agricultural, forestry, fishing, landscaping labourer/general worker	9
Other – please specify: _____	77
Prefer not to say	99

67. How many individuals living in your household, **including yourself**, fall into each of the following categories?

- a) Adults 18 and older: ____
b) Children under 18: ____

68. Which of the following categories best describes your total household income for 2022? 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 say	9

69. Do you identify as a member of the LGBTQIA2S+ community?

Yes	1
No	2
Prefer not to say	9

70. What was your sex at birth?

Female	1
Male	2
Prefer not to say	9

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

[INSERT FIRST THREE DIGITS OF POSTAL CODE. FORMAT A1A]

Don't know/Prefer not to say	999
------------------------------	-----

[INSERT PRETEST QUESTIONS]

This concludes the survey. Your answers have been submitted. Thank you for your participation!
The survey results will be posted on Library and Archives Canada.

Appendix D: Nicotine dependence index calculation

Nicotine dependence index (CAMH Version): Categorize respondents into a three-category variable: low (0-2), medium (3-4), and high (5-6)

72.

- c) **[ASK IF Q4=1]** How many cigarettes do you usually smoke each day? _____
- d) **[ASK IF Q4>1]** On the days that you do smoke, how many cigarettes do you usually smoke?

- Number is classified into the following:
 - 10 or fewer = 0 points
 - 11-20 = 1 point
 - 21-30 = 2 points
 - 31 or more = 3 points]

73.

- c) **[ASK IF Q4=1]** How soon after you wake up do you usually have your first cigarette?
- d) **[ASK IF Q4>1]** On the days that you smoke, how soon after you wake up do you usually have your first cigarette?

Within 5 minutes	1
6-30 minutes	2
31-60 minutes	3
After 60 minutes	4

- Point allocation is as follows:
 - Within 5 minutes [3 points]
 - 6-30 minutes [2 points]
 - 31-60 minutes [1 point]
 - After 60 minutes [0 points]