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NATIONAL TOBACCO YOUTH CAMPAIGN EVALUATION

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Research Report

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Executive Summary

Introduction

This document presents the key findings from an evaluation of the National Tobacco Youth Campaign (NTYC). This campaign, which included television, cinema, magazine, radio, outdoor and on-line advertising, took place during the three month period between December 26, 2006 and the end of March 2007. The main aim of the campaign was to encourage a reduction in the uptake and prevalence of tobacco smoking by young Australians aged 12 to 24 years.

As part of the evaluation of the NTYC's effectiveness, telephone surveys of 12-24 year olds were conducted both before (November/December 2006) and after (April/May 2007) campaign activity. Both of these surveys measured young people's knowledge, attitudes, intentions and behaviour with respect to the smoking of tobacco as well as their awareness of the NTYC.

The benchmark survey comprised telephone interviews with 1,401 respondents aged 12-24 years, while a total of 1,395 telephone interviews with young people in this age range were undertaken in the post-campaign survey. Both surveys were national in scope and included young people living in metropolitan and regional areas.

To ensure sufficient interviews would be available for meaningful analysis of the survey data, quotas for the age group and smoking status of respondents were applied. As these quotas were disproportionate to each group's representation within the total population of 12-24 year olds, adjustment weights were applied to the data before reporting of the survey results.

The key survey findings are presented below in two sections;

- Awareness of the NTYC, and
- The impact of the NTYC on young people's knowledge, beliefs, intentions and behaviour with respect to the smoking of tobacco.

In considering these findings, consideration should be given to the communication environment in which the NTYC took place. At this time, the anti-smoking category experienced a relatively high degree of competitive "clutter", both from advertising activity and from rotation to new pack warnings. This additional activity might be expected to detract from the NTYC's performance on some measures, particularly measures of advertising cut-through.

Key Findings

Awareness of the NTYC

Findings relating to awareness of the NTYC included the following;

- The **salience** of anti-smoking advertising in the category “*advertising that encouraged people to do things to improve their health*” increased by five points (from 32% to 37%) between the benchmark and post-campaign surveys. At least some of this increase appears attributable to the NTYC as mentions of advertising that could be coded to the content of this campaign rose from <1% in the benchmark survey to 4% post-campaign.
- **Cut-through** for the NTYC was 20%¹ post-campaign (versus 3% in the benchmark survey). This was significantly lower than peak cut-through scores for the *Tar* (62%) and *Eye* (42%) tvcs amongst 16-24 year olds in the NTC of mid-2000, a finding that appears to reflect the cluttered anti-smoking media environment in which the NTYC operated. For example, the NTYC appears to have experienced significant competition from the *Gangrene* (29% cut-through in the post-campaign survey) and *Mouth Cancer* (20% cut-through) campaigns as well as from other state-based advertising (eg: *Which Disease* in NSW) and from the new health warnings on cigarette packs.

In this context, cut-through of 20% does not appear unreasonable although the NTYC does not stand out as being stronger than other anti-smoking advertising and may be slightly weaker than the *Gangrene* campaign on this measure.

Furthermore, cut-through was slightly weaker amongst 12-14 year olds (16%), perhaps because the technical content was a little intimidating for the younger end of the target market, and amongst males (16% versus 24% for females) possibly reflecting the exclusive use of female talent in the tvc.

- **Recognition**, a measure of the extent to which the target audience was exposed to the campaign, was virtually universal with 98% of respondents able to recall at least one element of the NTYC following brief verbal descriptions of the campaign components. In the post-campaign survey, recognition was at 87% for the tvc, 38% for the radio advertising, 27% for the magazine ad and 51% for the outdoor advertising.

While recognition of the tvc was strong across the target population, some subgroup differences were evident for the other media used. Thus;

- Recognition of the NTYC radio advertising was above the total sample average of 38% amongst 18-24 year old females (50%)
- Recognition of the magazine ad was above the total sample average of 27% amongst females aged 12-14 years (34%) and 15-17 years (33%), and

¹ That is, 20% of respondents described the NTYC advertising when describing anti-smoking advertising they had recently seen or heard.

- Recognition of the outdoor advertising was slightly lower amongst 18-24 year olds (47%) than it was amongst respondents aged 12-17 years (55%).
- For the tv, the recognition score of 35% obtained in the benchmark survey suggests this ad has built on residual recognition from earlier anti-smoking advertising. Executional similarities between the NTYC tv and *Tar* suggest this ad is perhaps the most likely to have provided the NTYC with a 'flying start'.

Of those who recognised the tv, the great majority considered the ad to be credible (99% 'very' or 'somewhat believable') and thought provoking (86% 'very' or 'somewhat thought provoking').

A high proportion (80%) of regular smokers thought the ad was 'very' or 'somewhat' relevant. However, non-smokers were much less likely to feel this way with just 42% considering the ad 'very' or 'somewhat' relevant to them. In addition, males were less likely than females to think the ad was relevant (44% for males versus 53% for females), a result which again may reflect the exclusive use of female talent in the execution.

- Message communication was appropriate. Of those respondents who recognised any component of the NTYC;
 - 53% described the main message in terms of the toxic content of cigarette smoke. A further 12% referred to the contents of cigarettes, rather than of cigarette smoke.
 - Other message take-out appeared appropriate to the campaign, if not specific to the primary message (ie: the toxic contents of cigarette smoke). These messages included 'quit' (25%), the harmful nature of smoking (20%) and 'don't smoke' (21%).

Impact of the NTYC

In assessing the NTYC's impact on 12-24 year olds, the following are of interest;

- In the post-campaign survey 9% of respondents claimed to have learned something new about the toxic nature of tobacco smoke, up from 3% in the benchmark.
- As a result of seeing the NTYC;
 - Most non-smokers thought they would either 'not smoke themselves' (42%) or that they would 'discourage others from smoking' (34%), while
 - 63% of regular smokers thought they would quit.
- Amongst regular smokers, the post-campaign survey results showed;
 - Fewer who thought they would still be smoking in 12 months time (39% in the benchmark versus 31% post-campaign)
 - More who had tried to quit in the four months before being interviewed - that is, during the campaign period for post-campaign survey respondents (20% benchmark versus 30% post-campaign), and

- Fewer who had never tried to quit smoking (30% in the benchmark versus 24% post-campaign).
- Those regular smokers who, in the post-campaign survey, recalled the NTYC message about the toxic nature of cigarette smoke were;
 - More likely than other regular smokers to think they would become ill if they continued to smoke (58% 'certain' or 'very likely' to become ill versus 48% of other regular smokers), and
 - Less likely to be 'happy to smoke for the rest of their lives' (4% versus 11% of other regular smokers).
- Finally, amongst 18-24 year old smokers/recent quitters, there was a higher incidence of the following quitting related behaviours in the post-campaign survey;
 - Reading the health warnings on cigarette packs (70% benchmark versus 92% post-campaign)
 - Discussion of smoking and health at home (46% benchmark versus 67% post-campaign)
 - Changing to a lower tar brand of cigarettes (19% benchmark versus 35% post-campaign)
 - Reading "how to quit" literature (17% benchmark versus 29% post-campaign), and
 - Asking a doctor for help to quit (7% benchmark versus 15% post-campaign).

While not all of these changes can be directly attributed to the NTYC, the timing of benchmark and post-campaign surveys suggests that the campaign has probably played a role in bringing them about.

Overall, the NTYC achieved excellent recognition, which appears to have built on earlier NTC advertising. The campaign's cut-through appears reasonable. However, the clutter generated by other anti-smoking communication activity that took place around the same time as the NTYC may have detracted from performance in this area.

There were also indications that the NTYC was associated with some positive changes in young people's knowledge and beliefs, intentions and behaviour with respect to smoking.

1 Introduction and Objectives

1.1 Introduction

The Australian Government is investing \$25 million over four years (2005-06 to 2008-09) in new national tobacco campaign activity to address youth smoking rates. This initiative has been implemented in two main stages. The first stage, the Health Warnings Campaign, was launched on 14 February 2006 to raise awareness that a new system of graphic health warnings on tobacco product packaging would come into effect from 1 March 2006.

The second stage, the National Tobacco Youth Campaign (NTYC), was launched on 26 December 2006 with the aim of contributing to a reduction in the uptake and prevalence of smoking amongst young Australians.

As shown in Figure 1.1, the campaign comprised television (a total of 1,210 TARPS applied in two flights of two and eight weeks) and cinema advertising, as well as radio, magazine, outdoor and internet components.

While not shown below, there was also a magazine ad targeted at smoker parents. This ad ran in parallel with the NTYC and was in press from week commencing 24 December 2006 to week commencing 4 February 2007.

Figure 1.1: NTYC media plan

DETAILS	DECEMBER					JANUARY				FEBRUARY				MARCH				
	3	10	17	24	31	7	14	21	28	4	11	18	25	4	11	18	25	
National TV (Metro/Regional)	(45 sec)					(30 seconds)												
	130	130								200	150	100	100	100	100	100	100	
Cinema (Metro/Regional)	X	X	X	X	X	X												
Magazines Youth Titles						X	X	X	X	X	X	X	X	X	X	X	X	
Radio (Metro/Regional)	X	X								X	X	X	X					
Outdoor Shopping Centres						X	X	X	X									
Buses										X	X	X	X					
Bus Shelters								X	X			X	X					
Internet Various sites						X	X	X	X	X	X	X	X					
NESB (5 languages) Radio (42 stations)	X	X								X	X	X	X					
Press (30 titles)	X	X								X	X	X	X					

While a number of objectives were set for the campaign in the areas of awareness, attitude, intention and behaviour, the key message of the NTYC was to encourage members of the primary target audience (12 to 24 year olds) “to reject smoking”.

As part of the evaluation of this campaign’s effectiveness, benchmark² and post-campaign telephone surveys were conducted amongst young people in the 12 to 24 years age group. This report presents the key findings from those surveys.

In considering these findings, consideration should be given to the media environment in which the NTYC took place. The anti-smoking category experienced a relatively high degree of competitive “clutter” from both advertising activity and rotation to new pack warnings which occurred around the same time as the NTYC. More specifically, this additional activity included the following;

- In **New South Wales** “Excuses” was on-air from during the period December 2006 to March 2007, the “Which Disease” tvc from the “Health Warnings” campaign aired from April 12 until the end of June, 2007 and rotation to a new set of pack health warnings commenced on March 1.
- In **Victoria** a 3½ week flight of the “Parents” tvc began on December 24, 2006 while the “Health Warnings” campaign tvc “gangrene” was on air for approximately 3 weeks from March 18.
- **Queensland** saw three campaigns, the “mouth cancer” tvc from “Health Warnings” as well as “Quitline Services” advertising, both of which were on air during January. This was followed by the “Feeling Good” campaign which targetted young female smokers and which was on air from February 4 until the end of March, 2007.
- The “Echo” tvc (from the “Excuses” campaign) was on air in **South Australia** during the first 3 weeks of January 2007, while
- Anti-smoking advertising in **Western Australia** included the tvc “Eyes” (part of the National Heart Foundation’s “Smarter than Smoking” campaign) as well as some outdoor and press ads which were part of the “Make Smoking History” campaign
- In addition, Pfizer/Pharmacia’s “No Gary” Nicorette television campaign was also on air around the time of the NTYC.

Clearly, the NTYC took place during a period of significant anti-smoking communication activity. Due to the competition it creates for category “share of mind”³, this additional activity might be expected to detract from the measured cut-through obtained for the NTYC.

² The benchmark measure was taken as part of the National Tobacco Survey in Nov/Dec 2006

³ Here “share of mind” refers to the proportion of those who recall the NTYC when asked to think about any recent anti-smoking advertising they have seen or heard.

1.2 Research objectives

The primary aim of the evaluation was to assess the effectiveness of the NTYC and to measure, amongst young people aged 12 to 24 years, knowledge, beliefs, intentions and behaviour with respect to the smoking of tobacco.

In line with the campaign's communication objectives, the research assessed;

- The level of campaign awareness
- Attitudes regarding prevention and/or cessation behaviour; and
- Intentions to reject and/or to quit smoking.

2 Methodology

2.1 Introduction

Section 2 summarises key elements of the research methodology including the approach to data collection, the survey implementation, the final sample structure and the data weighting procedures.

Further, more detailed discussion of the methodology, is provided in the Technical Report provided separately as part of the supporting documentation for this project.

2.2 Overview of methodology

The research comprised two national telephone surveys of young people aged 12 to 24 years, that is the primary target audience of the NTYC.

The benchmark survey was conducted as part of the 2006 National Tobacco Survey. Data collection took place between 10 November and 19 December 2006, prior to the launch of the NTYC.

The follow-up, post-campaign survey was conducted after the NTYC was completed with data collection occurring during the period 4 April to 15 May 2007.

Data collection methodology

Interviews were conducted by telephone using Computer Assisted Telephone Interviewing (CATI) technology. A Random Digit Dialling (RDD) sample frame was used in order to provide the most representative coverage of the target population.

Sample structure

Quotas were used to control the number of interviews undertaken in key age and geographic subgroups. An additional quota of 75% was placed on smokers in the 18 to 24 years age group. There was no such quota for 12 to 17 year olds, so the sample incidence of smokers amongst these younger people was on a “natural fall” basis.

The quotas used were disproportionate to each group’s natural representation within the population. This was done to ensure sufficient interviews would be available to support meaningful statistical analysis for groups based on age, place of residence and smoking behaviour.

Questionnaire design

The questionnaire was developed collaboratively by the Research and Marketing Group and the SRC from a draft instrument provided by the Department. The initial version of the questionnaire used in the benchmark survey followed the design used in previous implementations of the NTS with appropriate modifications to obtain pre-launch recognition measures for the NTYC.

The questionnaire for the post-campaign survey was tailored to meet the specific needs of the NTYC evaluation and hence was of shorter duration than the benchmark version.

Survey implementation

A pilot test of 9 interviews was conducted on 9 November 2006 to test the questionnaire and survey administration procedures. Following this pilot, the main fieldwork period commenced on the following evening. The average interview length for the benchmark survey was 19 minutes.

Due to its similarity to the benchmark questionnaire, there was no formal pilot of the post-campaign survey questionnaire. Instead, the first night's interviewing was treated as an informal pilot test of the questionnaire and administration procedures. No changes were considered necessary after this first night so these interviews were included as part of the main survey data. At 13 minutes, the interview length for the post-campaign survey was shorter than the benchmark due to the exclusion of several questions which were not considered germane to the more specific objectives of the follow-up survey.

Achieved sample

The final samples achieved for the Benchmark and Post-campaign surveys by age and smoking status are shown in Table 2.1.

Table 2.1: Benchmark Survey: Final sample structure

Interviews	NSW/ ACT	VIC	QLD	SA/NT	WA	TAS	Total
Benchmark Survey							
12 to 14 year olds.....	34	35	33	33	33	33	201
15 to 17 year olds.....	100	100	100	100	100	100	600
18-24 year old smokers.....	75	74	75	75	75	76	450
18-24 year old non-smokers	25	25	25	25	25	25	150
Total interviews (Benchmark)	234	234	233	233	233	234	1,401
Post-campaign Survey							
12 to 14 year olds.....	67	67	66	66	67	67	400
15 to 17 year olds.....	100	100	100	100	100	100	600
18-24 year old smokers.....	49	48	45	47	43	46	278
18-24 year old non-smokers	17	19	22	20	19	20	117
Total interviews (Post-campaign)	233	234	233	233	229	233	1,395

Base: All respondents

Data weighting

Due to the disproportionate nature of the quotas used, a two stage adjustment weighting was applied to the data before reporting. Firstly, weighting was used to align the data with Australian Bureau of Statistics 2001 Census data for each age group's representation in each of the geographic locations shown in Table 2.1.

Following this, an adjustment weight was applied to those aged 18-24 years to align the proportion of smokers/recent quitters with the incidence reported for this age group in the 2006 National Tobacco Survey.

Unless indicated otherwise, the survey estimates presented in this report are based on weighted survey data.

Analysis

This report includes results that have been tested for statistical significance to facilitate the identification of trends or relationships within the data. T-Tests of proportions have been run using 95% confidence levels. Sub-groups have been compared to the total sample (average).

3 Survey Results

3.1 Campaign Awareness

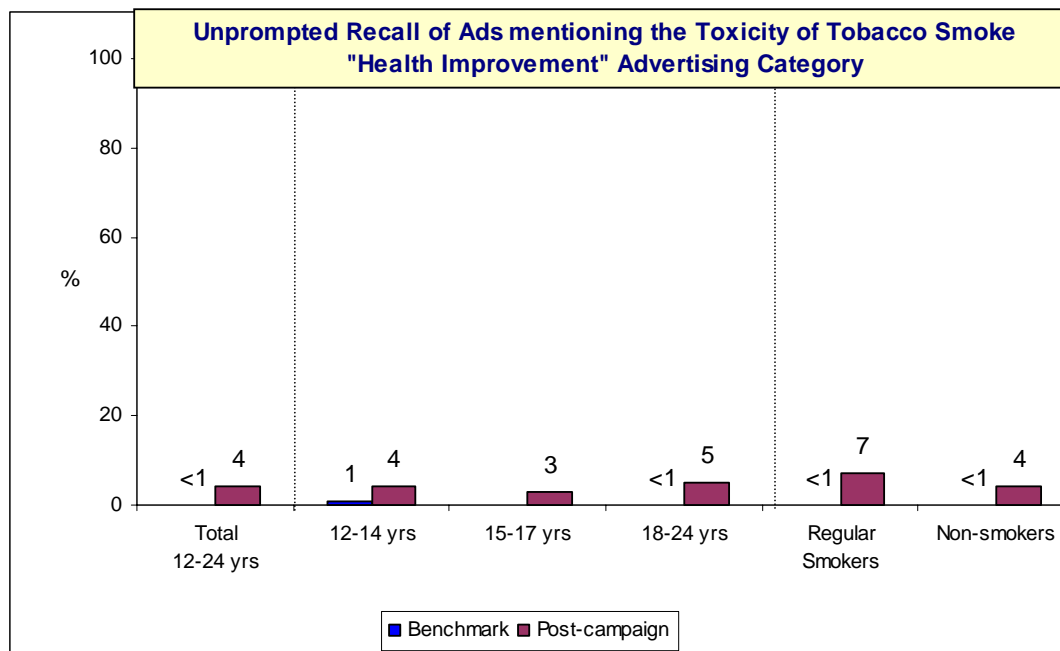
3.1.1 Salience of tobacco advertising relative to other health issues

Respondents were asked if they had seen or heard any recent advertising that encouraged people to do things to improve their health. Those who said “yes” were asked what the topic had been. Post-campaign anti-smoking advertising was mentioned by 37% of respondents, an increase of 5 points on the benchmark result. This change occurred mainly amongst 18-24 year olds, amongst whom mention of anti-smoking campaigns rose from 32% to 46%.

Figure 3.1.1a shows the proportion of respondents who described advertising that could be coded to the NTYC. It is evident that;

- The proportion of 12 to 24 year olds who mentioned NTYC advertising was four points higher in the post-campaign survey than it was in November/December 2006.
- No significant differences were evident between age groups although regular smokers were slightly more likely to mention the NTYC advertising than were non-smokers (7% versus 4%).

Figure 3.1.1: Recall of NTYC in the category of “Health Improvement” advertising



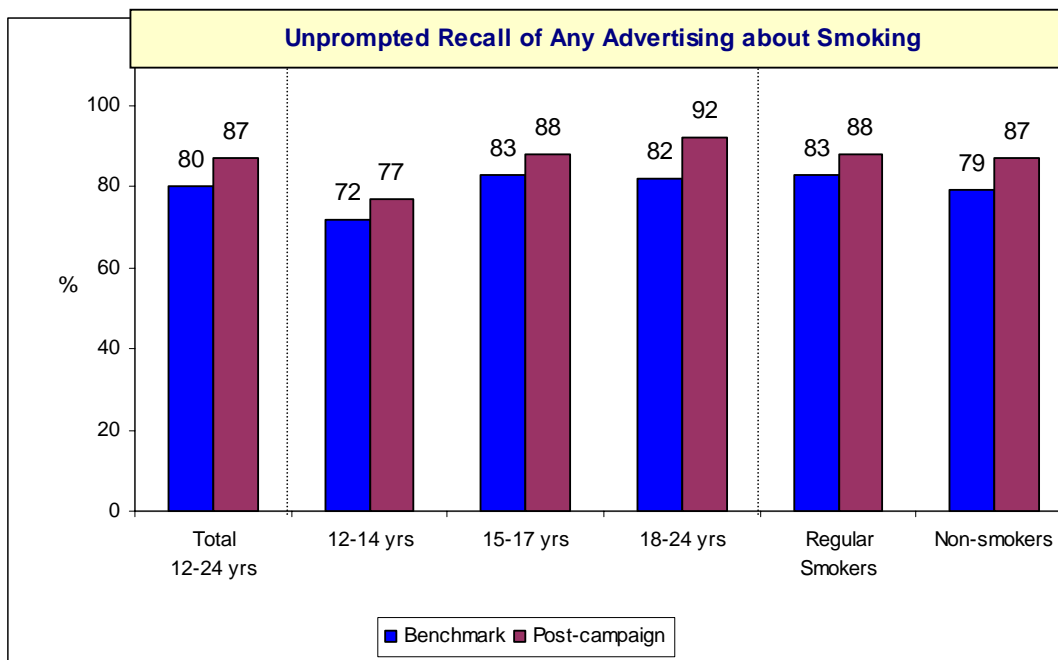
Base: All respondents (see Appendix 1 for subgroup sample sizes)

3.1.2 Unprompted Recall of Advertising About Smoking

Respondents were also asked whether they had recently seen, read or heard any advertising campaigns about smoking. The results are summarised in Figure 3.1.2a.

- In the benchmark survey, 80% of young people had recently seen, read or heard anti-smoking advertising. In the post-campaign survey this number had increased to 87%.
- Recall of anti-smoking campaigns was higher amongst those aged 15 to 17 years and 18 to 24 years than it was amongst 12 to 14 year olds. This was the case for both benchmark and post-campaign survey results. In addition, females (91%) were more likely than males (83%) to recall advertising about smoking in the post-campaign survey.

Figure 3.1.2a: Unprompted recall of campaigns about smoking

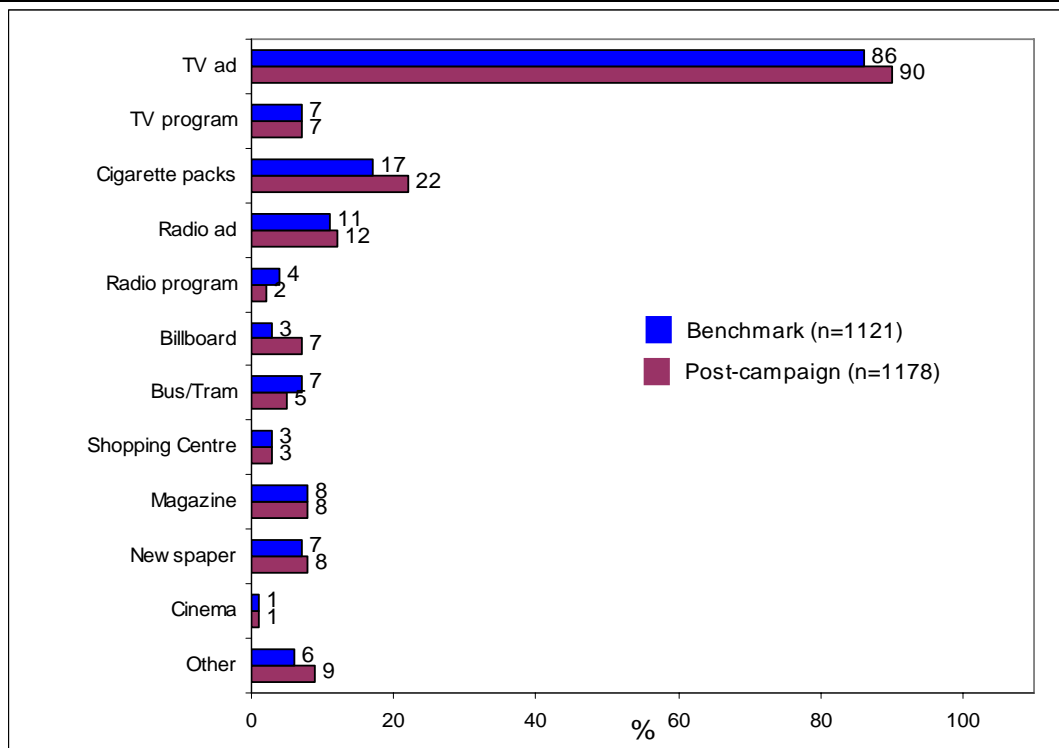


Base: All respondents (see Appendix 1 for subgroup sample sizes)

Those respondents who recalled any anti-smoking advertising were asked where they had seen, read or heard it.

From Figure 3.1.2b it is evident that, post-campaign, respondents were more likely to have seen, read or heard advertising about smoking on television (up 4 points to 90% post-campaign), cigarette packs (up 4 points to 22% - suggesting that the new pack health warnings may have taken some time to be distributed and then noticed by smokers) and billboards (up 4 points to 7%).

Figure 3.1.2b: Where campaigns about smoking were seen, read or heard



Base: Respondents who had seen advertising about smoking

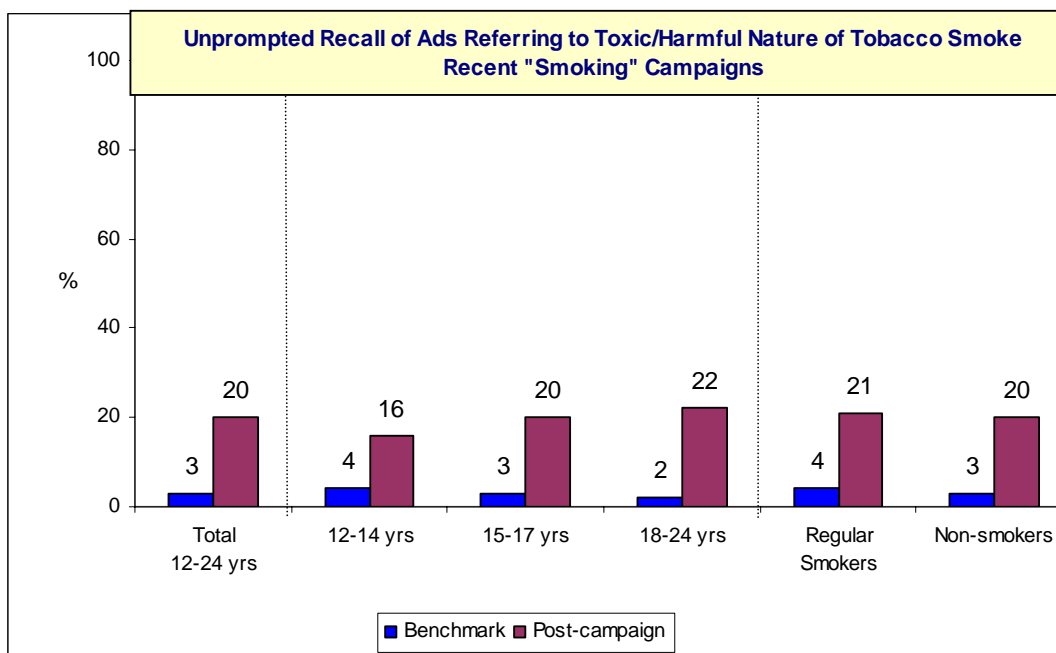
Specific Advertising Recall (Cut-Through)

Respondents were also asked to describe the advertising they recalled about smoking. Figure 3.1.2c shows the proportion of the total sample who described advertising which was coded to the content of the NTYC. Overall;

- Twenty percent of 12 to 24 year olds recalled this advertising in the post-campaign survey. This was an increase of 17 points on the three percent who described advertising about the toxicity of tobacco smoke in the Benchmark survey.
- At 16%, recall of such advertising was slightly lower amongst 12 to 14 year olds amongst whom recall of the NTYC was 16%. It was also slightly lower amongst male respondents (16% versus 24% amongst females).

These results are well below the peak cut-through result of 62% achieved by “Tar” in mid-2000. This seems likely to be largely attributable to the more cluttered environment for anti-smoking advertising around the time of the NTYC. For example, in the post-campaign survey, cut-through for the ‘gangrene’ advertising was 29% and cut-through for ‘mouth cancer’ was 20%.

Figure 3.1.2c: Advertising which referred to the toxic/harmful nature of tobacco smoke



Base: All respondents (see Appendix 1 for subgroup sample sizes)

3.1.3 Recognition and Message Communication of the NTYC Advertising

This section of the report evaluates recognition and message communication for the four key elements of the NTYC;

- The television/cinema commercial
- The radio advertising
- The magazine advertising, and
- The outdoor advertising used on buses, bus shelters and in shopping centres.

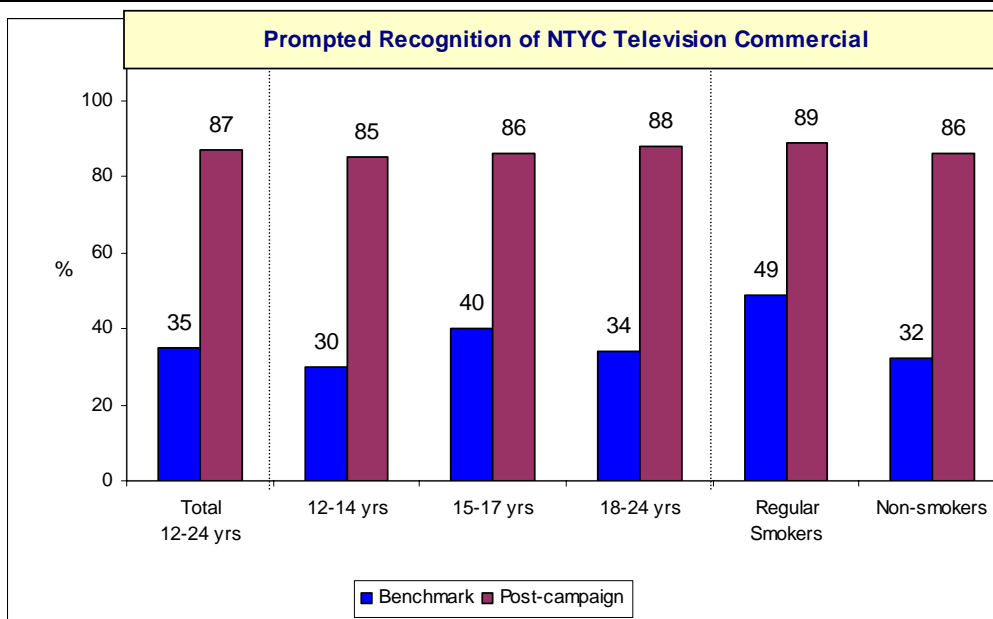
The NTYC Television Commercial (tvc)

Recognition

All respondents were read a description⁴ of the NTYC tvc and were then asked if they recalled seeing it on television or in the cinema. Results are shown in Figure 3.1.3a;

- In the benchmark survey, 35% of 12 to 24 year olds claimed to recognise the ad from the description provided. Given this was before the NTYC launch, it appears that significant confusion exists between the new tvc and other smoking campaigns. In particular, the “Tar” tvc (which included similar visuals of a young woman smoking and was first used in the 2000 NTC) seems likely to have been responsible for at least part of this “false” recognition.

Figure 3.1.3a: Recognition of the NTYC tvc



Base: All respondents (see Appendix 1 for subgroup sample sizes)

⁴ “The first scene opens on a young woman in her lounge room and then cuts to a close up as she raises a cigarette to her mouth. As she lights the cigarette its shape changes into a glass tube and we see several scenes of what is happening as she smokes. Towards the end of the ad we hear the woman inhaling. We then see a series of health warnings that appear on cigarette packs”

- In the post-campaign survey, recognition had increased to 87% of all 12 to 24 year olds with no statistically significant differences evident between subgroups. This is a strong result, comparable with the 93% recognition achieved by “Tar” amongst 16 to 24 year olds in July 2000.

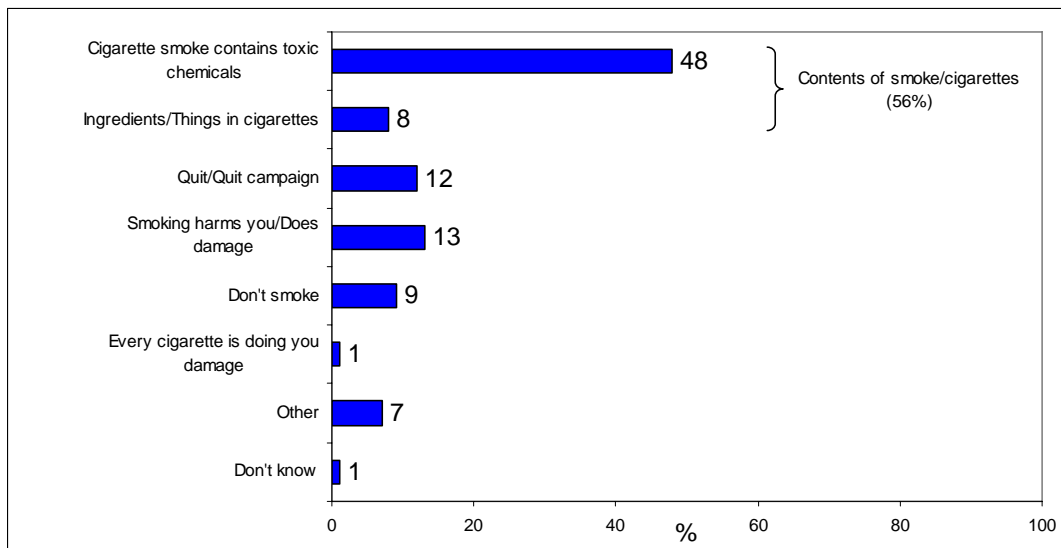
Message communication

Those who recognised the tvc were asked what they thought was the ad's main message.

- Just on half (48%) of those who recognised the tvc referred to the primary message of the toxic or harmful contents of cigarette smoke. A further 8% mentioned the harmful contents or ingredients to be found in cigarettes.
- Twelve percent felt the ad's main message was encouraging people to quit smoking, a response that was in-line with the closing tag, while 13% gave responses relating to the “harm/damage” that smoking can do. Given the use of the “gangrene”, “mouth cancer” and “harms unborn babies” visuals in the ad, this message take out also appears to be consistent with the execution.

Hence, for most of those who recognised the tvc, message take-out appeared to be consistent with the executional content.

Figure 3.1.3b: Message take out from the NTYC tvc



Base: All respondents who recognised the NTYC tvc (n=1,196)

NTYC tvc cognitive measures

Those who recognised the tvc were also asked if they felt the ad was thought provoking⁵, credible and personally relevant. Table 3.1.3a shows the results.

- Virtually all those who recognised this tvc thought it was credible. Regular smokers were slightly less likely to see the ad in this way but, even amongst this group, 93% thought the tvc was at least “somewhat believable”.
- Most respondents (86%) also considered the ad to be “somewhat” or “very thought provoking”, although 18-24 year olds (84%) and regular smokers (74%) were less likely to hold this view.
- Finally, a high proportion (80%) of regular smokers considered the ad to be “somewhat” or “very relevant”. However, relevance was not as high for all target audiences. In particular, it was lower amongst non-smokers (42% “at all relevant”) and amongst males (44% “at all relevant” versus 53% of females). This latter result may be partly a reflection of the exclusive use of female talent in this tvc.

Table 3.1.3a: Cognitive measures of the NTYC tvc

Extent to which TVC was	Recognised NTYC TVC (n=1196) %	Age Group			Smoking Status	
		12-14 Years (n=341) %	15-17 Years (n=507) %	18-24 Years (n=348) %	Regular Smoker (n=275) %	Non- Smoker (n=885) %
THOUGHT PROVOKING						
Very thought provoking	35	47	36	30	25	37
Somewhat thought provoking	51	45	53	54	49	52
Net: At all thought provoking	86	92	89	84	74	89
CREDIBLE						
Very believable	63	69	61	61	50	65
Somewhat believable	36	31	38	37	43	34
Net: At all believable	99	100	99	98	93	99
RELEVANCE						
Very relevant to you	14	14	10	15	34	10
Somewhat relevant to you	35	32	37	35	46	32
Net: At all relevant to you	49	46	47	50	80	42

Base: All respondents who recognised the NTYC tvc

⁵ Simplified questionnaire wording was used for 12-14 year olds.

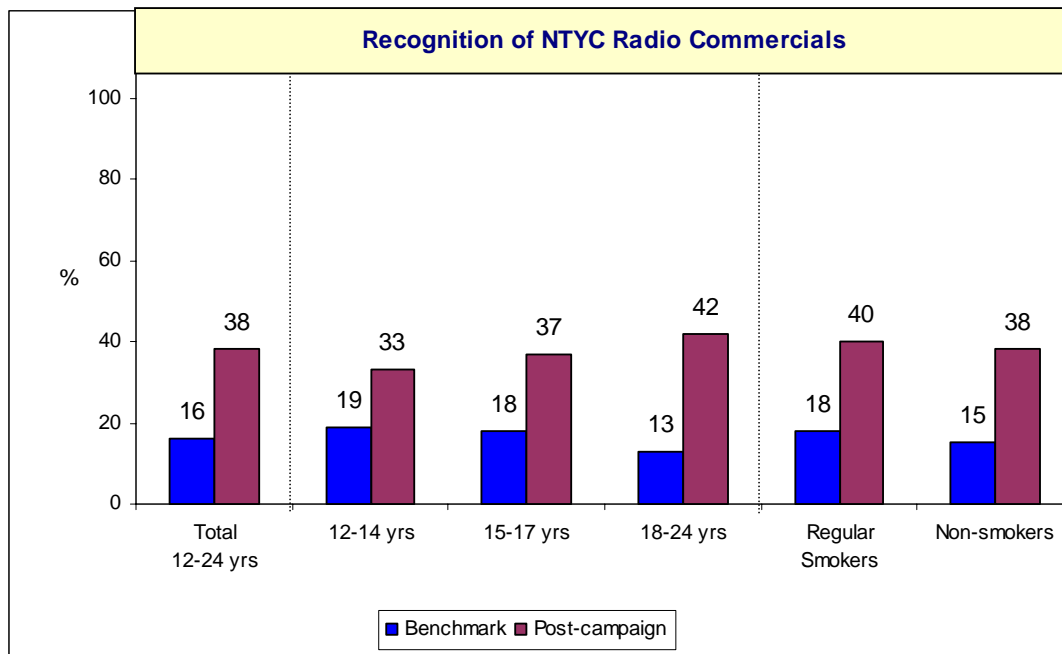
The NTYC Radio Commercials

Recognition

Following a verbal description of the NTYC radio commercials, all respondents were asked if they had heard this advertising. As shown in Figure 3.1.3c;

- 16% recognised the advertising in the Benchmark survey, suggesting the presence of some confusion with other radio based anti-smoking campaigns.
- Nevertheless, post-campaign recognition reached 38% for the total sample. Recognition was higher amongst 18 to 24 year olds (42%) than amongst 12 to 14 year olds (33%). The higher score for 18-24 year olds was largely driven by the females in this age group, 50% of whom recognised the radio advertising.

Figure 3.1.3c: Recognition of the NTYC radio advertising



Base: All respondents (see Appendix 1 for subgroup sample sizes)

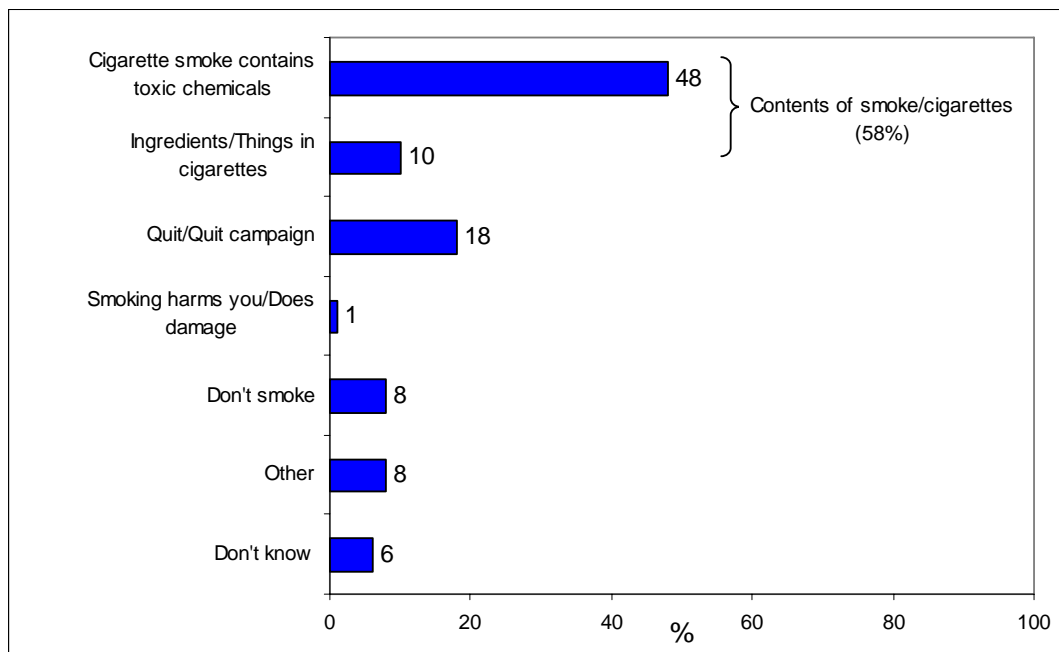
Message communication

Those who recognised the NTYC radio advertising were asked what they thought was its main message. The response pattern was similar to that for the NTYC tvc with;

- 48% of those who recognised the advertising mentioning the primary message of the toxic or harmful contents of cigarette smoke and 10% referring to the harmful ingredients to be found in cigarettes.
- There was less mention of the “harm/damage” that smoking can do (1% versus 13% for the tvc), possibly due to the absence of the “gangrene”, “mouth cancer” and “harms unborn babies” visuals, while 18% felt the radio ad’s main message was encouraging people to quit smoking.

Again, message take-out appeared relevant.

Figure 3.1.3d: Message take-out from the NTYC radio advertising



Base: All respondents who recognised the NTYC radio ad (n=505)

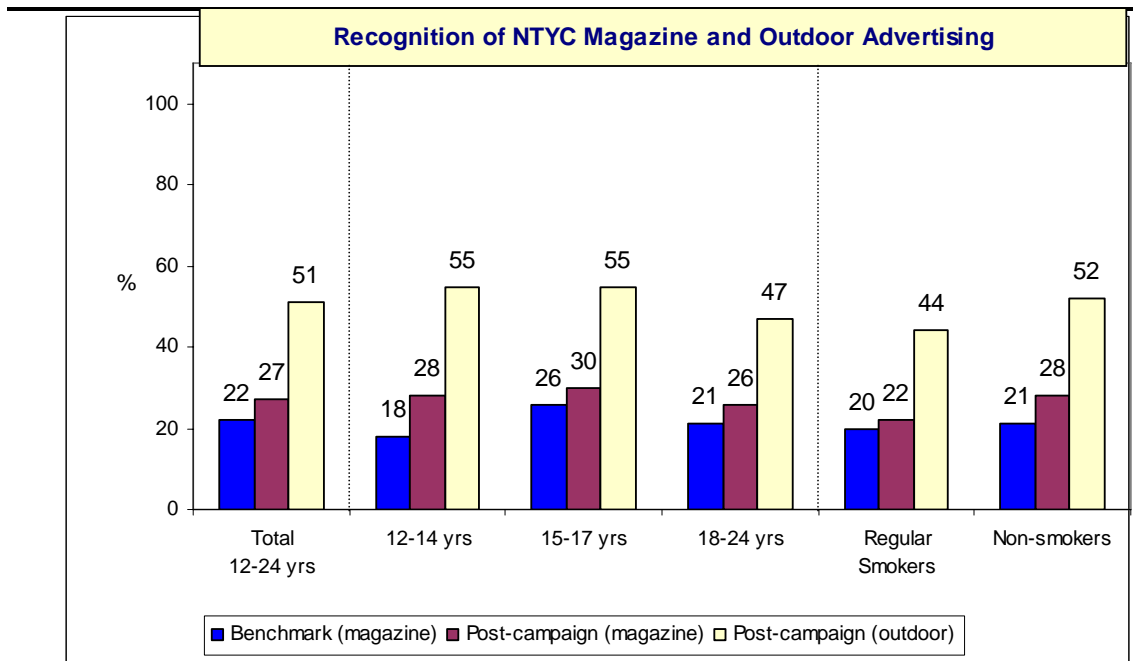
The NTYC Magazine and Outdoor Advertising

Recognition

Respondents were given brief verbal descriptions of the magazine and outdoor⁶ elements of the campaign.

- Again there were indications of confusion with pre-existing anti-smoking advertising with recognition of the magazine advertising at 22% prior to launch.
- Post-campaign, there was a five point increase in recognition of the magazine advertising. Increases were most marked amongst 12 to 14 year olds (up from 18% to 28%) and were particularly evident amongst younger females - 12-14 years up from 18% to 34%, 15 to 17 years up from 26% to 33%. There was also a significant increase in recognition (up from 18% to 28%) amongst 18 to 24 year old males, although post-campaign recognition for this group was still no higher than the total sample average of 27%.
- Post-campaign, just on 1 in 2 (51%) respondents recognised the outdoor advertising. Recognition was lower than the total sample amongst regular smokers (44% versus 51%). It was also lower amongst 18 to 24 year olds (47%) than amongst those aged 12 to 17 years (55%).

Figure 3.1.3e: Recognition of the NTYC magazine and outdoor advertising



Base: All respondents (see Appendix 1 for subgroup sample sizes)

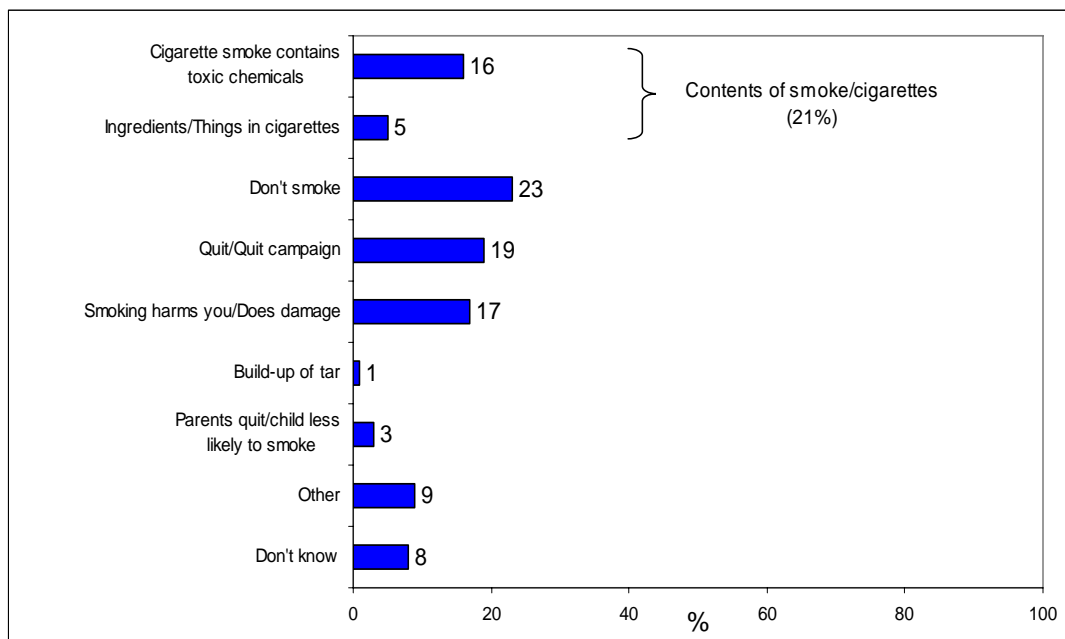
⁶ A benchmark measure was not available for the outdoor advertising

Message communication

Those who recognised either the magazine or outdoor advertising were asked what they thought was its main message.

- Only around 1 in 5 (21%) members of this group mentioned something about the harmful contents of cigarettes and cigarette smoke.
- Mentioned most frequently as key messages of the magazine and outdoor advertising were 'don't smoke' (23%), 'Quit' (19%) and 'smoking is harmful' (17%).
- A few respondents appeared to confuse the NTYC 'test tube' magazine/outdoor ad with the 'parent ad' which was in press during the December/January period - 3% mentioned that children would be less likely to smoke if their parents quit.

Figure 3.1.3f: Message take out from the NTYC magazine/outdoor advertising



Base: All respondents who recognised the NTYC magazine/outdoor ad (n=847)

The NTYC Advertising Overall

Recognition

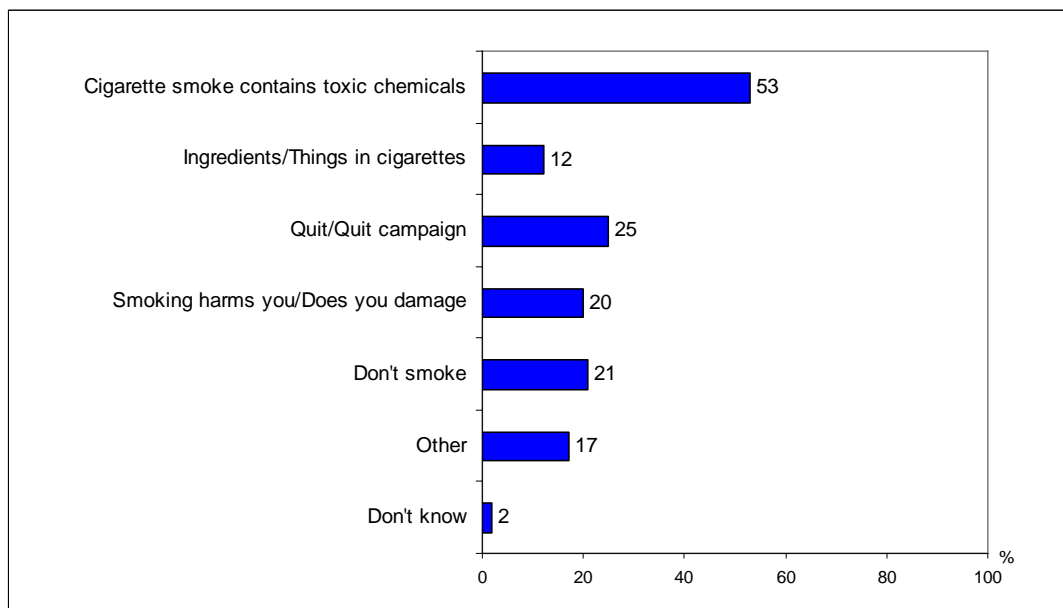
Overall, 98% of respondents recalled at least one element of the NTYC. At the same time, only 20% recalled the NTYC advertising when thinking about anti-smoking advertising they had recently seen or heard (see Section 3.2.2). This relatively large difference between exposure and cut-through is probably largely attributable to the ‘cluttered’ communication environment which prevailed prior to and during the NTYC activity. However, it also suggests that the NTYC was no stronger than other anti-smoking campaigns which were active around the same time and was probably weaker, in terms of cut-through, than the “*gangrene*” execution from the “*Health Warnings*” campaign (29% cut-through).

Message Communication

Figure 3.1.3g summarises message take-out for all respondents who recognised any element of the NTYC advertising. It shows that;

- Around 1 in 2 (53%) of these 12 to 24 year olds made at least one mention of the toxic nature of cigarette smoke as one of the main messages of the advertising. A further 12% mentioned concerns about the ingredients of cigarettes
- Most of the remaining message take-out appeared relevant and included ‘quit smoking’ (25%), ‘smoking is harmful’ (20%) and encouraging people not to smoke (21%).

Figure 3.1.3g: Summary of message take out from the NTYC

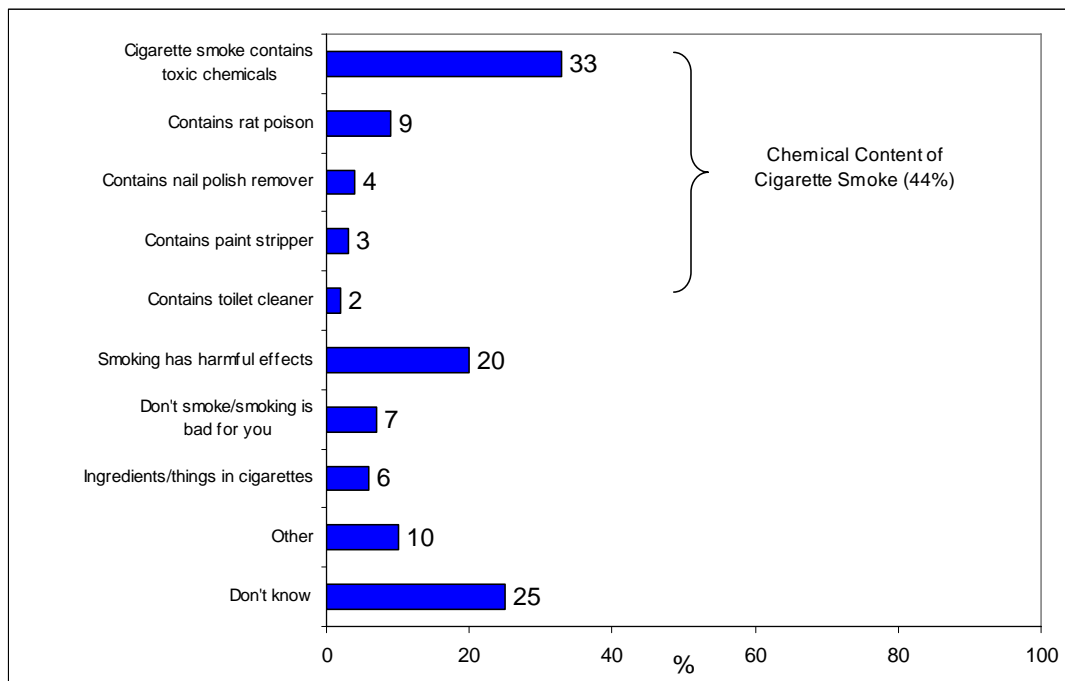


Base: All respondents who recognised the NTYC advertising (n=1,346)

Those who recognised the advertising were also asked what they thought these ads said about the contents of cigarette smoke. From Figure 3.1.3h it is evident that;

- One in four of those who recognised the advertising, 'didn't know' what it had to say about the content of cigarette smoke. The incidence of 'don't know' responses was higher amongst 12 to 14 year olds (34%) than amongst those aged 15 years plus suggesting the 'technical' description of chemicals may have been a little difficult for some members of this younger age group.
- At the same time, 44% of those who recognised the NTYC mentioned various aspects of the chemical content of cigarette smoke. Of the specific chemicals mentioned, rat poison (hydrogen cyanide) appears to have made the greatest impression.
- As seen with message take-out, the remaining responses appeared to be largely relevant if not specific to the primary message of tobacco smoke toxicity.

Figure 3.1.3h: What did the NTYC advertising say about the content of cigarette smoke?



Base: All respondents who recognised the NTYC advertising (n=1,346)

3.2 Campaign Impact

Assessment of the campaign's impact was undertaken by investigating its effect on various aspects of respondents' knowledge and beliefs, intentions and behaviour in respect of smoking cigarettes. Specifically, this included an assessment of;

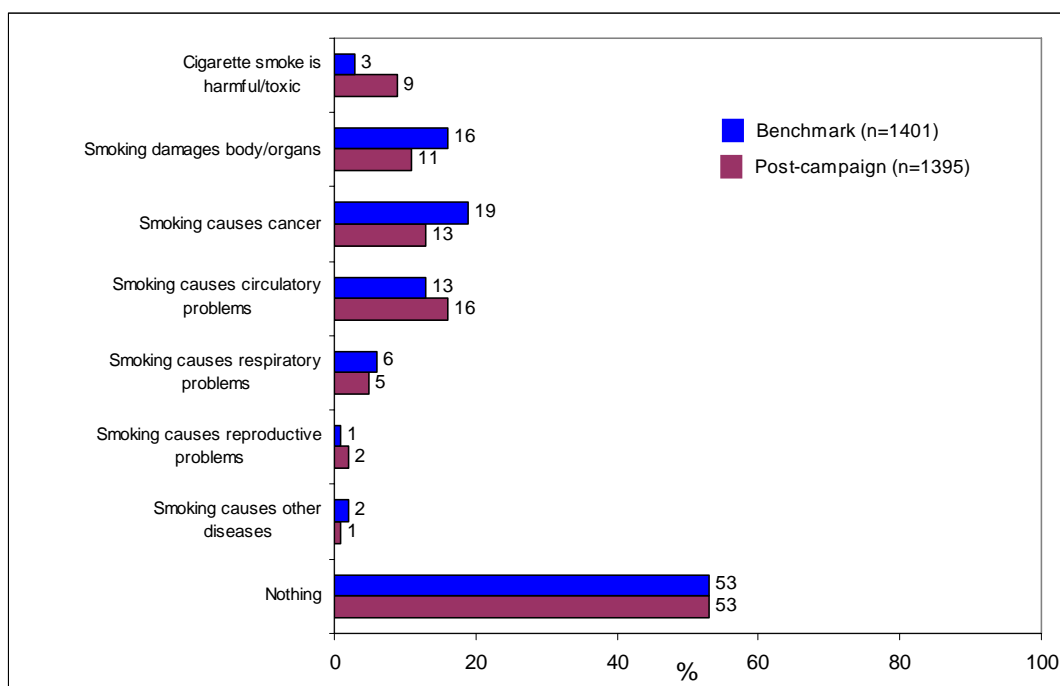
- New learnings about the effects of smoking cigarettes
- Beliefs about smoking as a cause of illness and physical harm as well as beliefs about the toxicity of tobacco smoke and the addictive nature of smoking
- Respondents' future intentions as a direct result of seeing/hearing the NTYC as well as their intentions to smoke and to quit smoking
- Quitting and potential quitting behaviours such as reading health warnings on packs, reading 'quit literature', calling the Quitline, using nicotine replacement products and actual attempts to quit smoking.

3.2.1 New learnings about the effects of smoking cigarettes

All respondents were asked if they had learned anything new about the effects of smoking cigarettes during the past six months. From Figure 3.2.1a it is evident that;

- In both benchmark and post-campaign surveys just over half the respondents (53%) claimed they had learned nothing new during this time about the effects of smoking cigarettes.
- Apart from this, mentions of two topic areas have increased since the benchmark survey;
 - Awareness of the toxic nature of cigarette smoke (up 6 points to 9%), a result that would seem to be largely attributable to the NTYC, and
 - Awareness that smoking causes circulatory problems (up 3 points to 16%).

Figure 3.2.1a: Things learned about the effects of smoking cigarettes

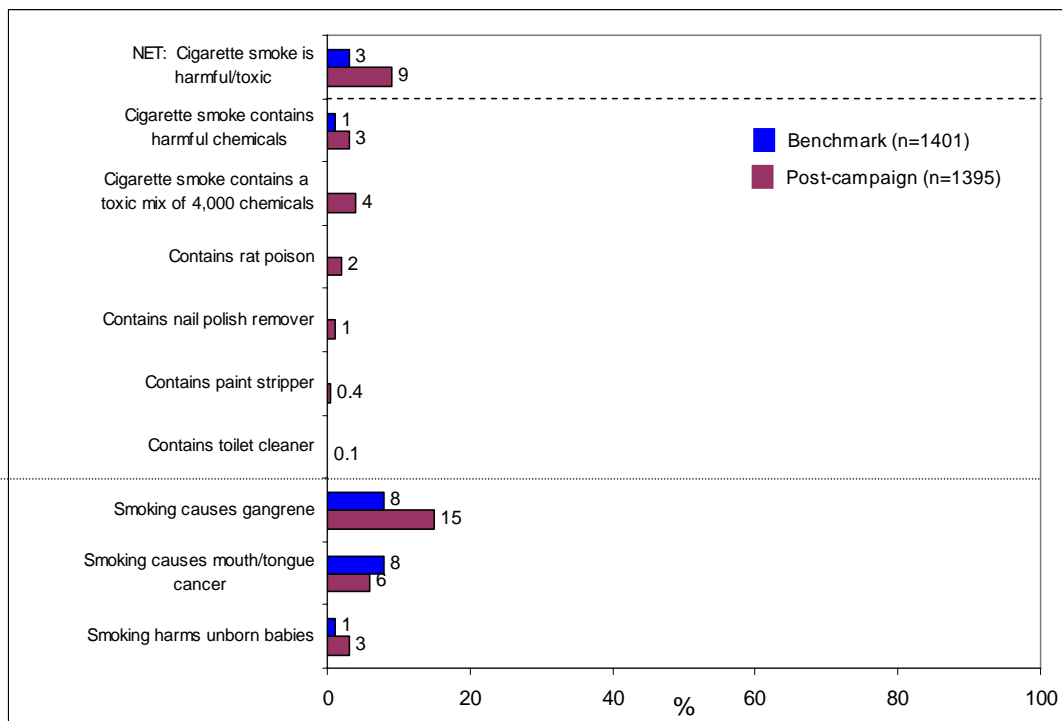


Base: All respondents

A more detailed analysis of new things learned about the effects of smoking is provided in Figure 3.2.1b where it is apparent that;

- Most of those who had learned anything compatible with the content of the NTYC made general comments about the toxic content of cigarette smoke. Specific chemicals mentioned were most likely to be 'rat poison' (2%) and 'nail polish remover' (1%).
- The increased mention of smoking and circulatory problems has been largely driven by higher awareness of the link between smoking and gangrene (up 7 points to 15%) - this is likely to be a reflection of the 'gangrene' advertising
- There was also an increase in the proportion of 12 to 24 year olds who had learned that smoking harms unborn babies (up 2 points to 3%).

Figure 3.2.1b: Things learned about the effects of smoking cigarettes - detailed



Base: All respondents

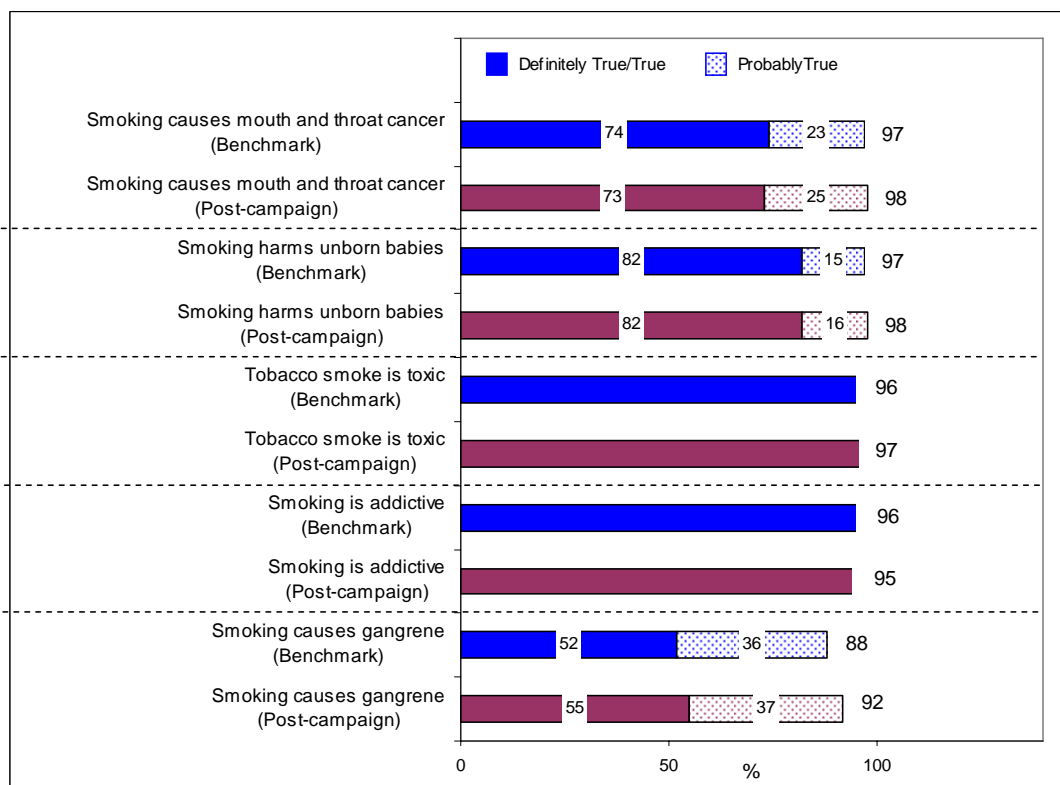
3.2.2 Beliefs about smoking

Negative Effects of Smoking

All respondents were asked whether or not they thought each one of five statements about smoking were true or false. In order to maintain consistency with other data, response categories for two of these statements (*'tobacco smoke is toxic'* and *'smoking is addictive'*) were limited to true or false only. For the other statements, respondents were permitted three response categories of 'definitely true', 'probably true' or 'false'. The results, summarised for the Benchmark and post-campaign surveys in Figure 3.2.2a, show that;

- The only significant change since the benchmark survey was an increase (from 88% to 92%) in the proportion of respondents who thought the statement *'smoking causes gangrene'* was either 'definitely' or 'probably' true. It should also be noted that this statement has the lowest proportion of respondents prepared to accept it is 'definitely' true (52% benchmark, 55% post-campaign). Given the very high benchmark scores for the other statements, it seems possible that this statement is perhaps the one most likely to provide respondents with 'new news' about the effects of cigarette smoking.

Figure 3.2.2a: Opinions on whether statements about the effects of smoking are true or false



Base: All respondents (Benchmark n=1,401; Post-campaign n=1,395)

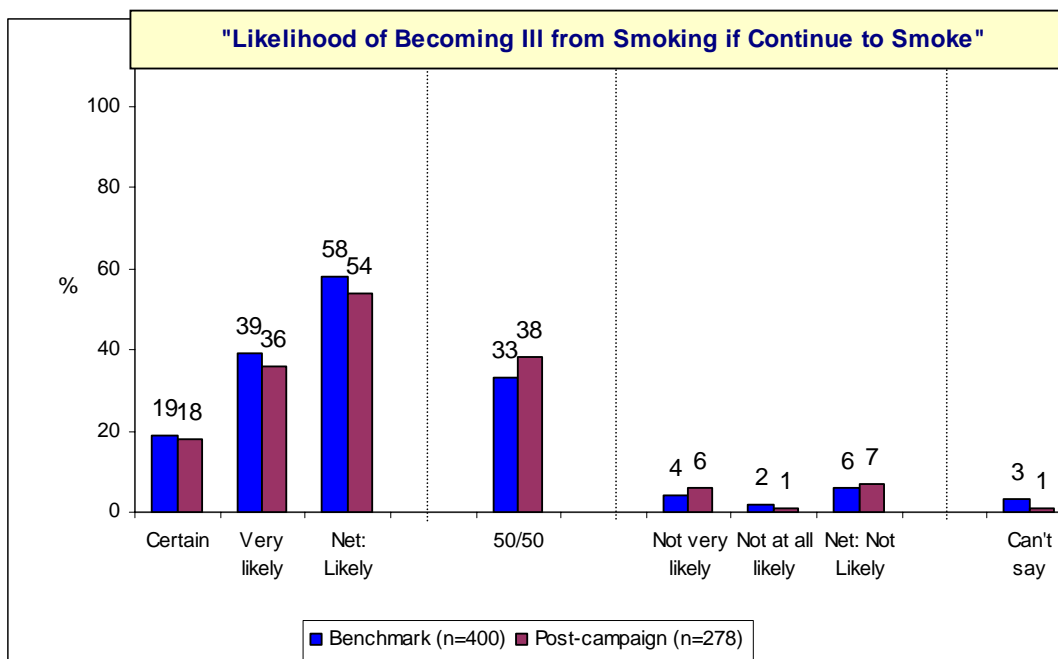
Amongst subgroups;

- Non-smokers showed the greatest increase in accepting that ‘*smoking causes gangrene*’ was true (up 7 points to 94% post-campaign), while
- Regular smokers were actually less likely to agree this was the case in the post-campaign survey (90% benchmark versus 82% post-campaign).
- No other significant changes were evident between benchmark and post-campaign surveys.
- It should also be noted that virtually all 12-24 year olds agreed these assertions about the negative effects of smoking were true. This applied across age-based subgroups as well as amongst regular smokers and non-smokers. While this is encouraging, it should also be kept in mind that such high levels of acceptance mean that communications which seek to reinforce these messages are likely to be seen as ‘old news’, and therefore less engaging, by many young people.

Perceived Likelihood of Becoming Ill as a Result of Continuing to Smoke

All 18-24 year old regular smokers were asked to estimate their likelihood of becoming ill if they continued to smoke. Results are shown in Figure 3.2.2b.

Figure 3.2.2b: Regular smokers’ perceived likelihood of becoming ill if continue to smoke



Base: Regular Smokers aged 18 to 24 years

From the graph it can be seen that;

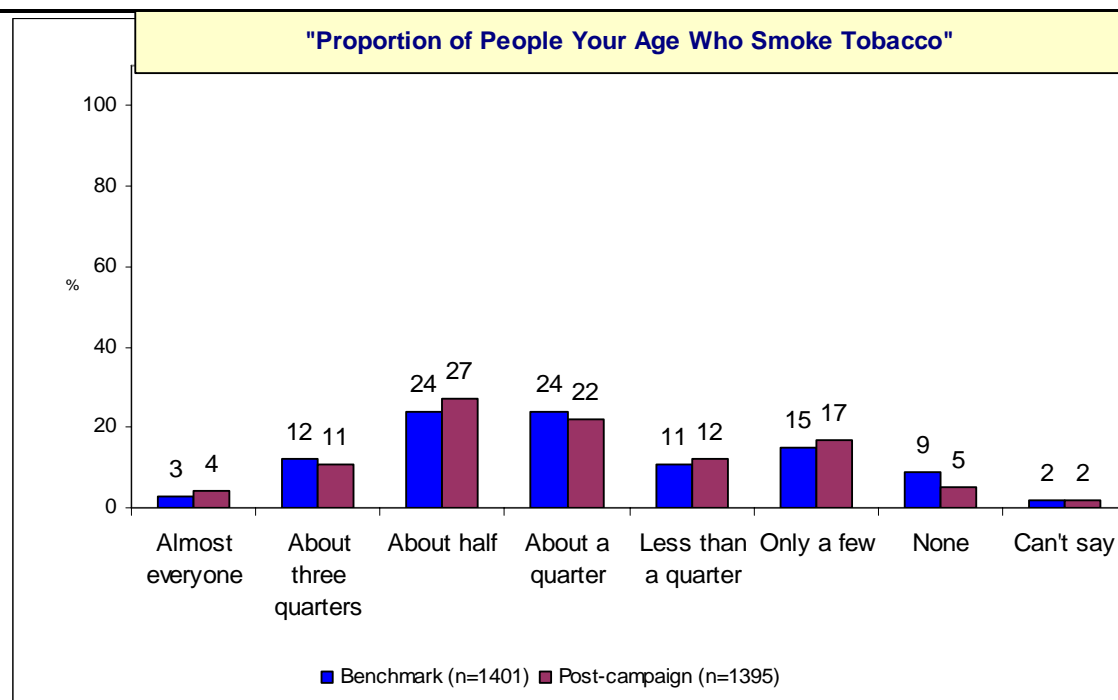
- More than half the 18-24 year old regular smokers who took part in this survey thought they were either 'certain' or 'very likely' to become ill if they continued to smoke. Less than 1 in 10 felt this was 'not likely' to be the case.
- No statistically significant differences were evident between the results obtained in the benchmark and post-campaign surveys.
- However it is noteworthy that, in the post-campaign survey, those who recalled the NTYC message about the toxic nature of tobacco smoke were more likely to think they would become ill. Of those who recalled this message, 58% felt they were 'likely' to become ill if they continued to smoke compared with 48% of those who did not recall the message.

Perceived incidence of smoking amongst peers

All respondents were asked to estimate what proportion of young people of their own age smoked tobacco. Results for the total sample are shown in Figure 3.2.2c. It is apparent that;

- Most respondents thought that at least 'a few' of their peers smoked tobacco (89% benchmark, 93% post-campaign).

Figure 3.2.2c: Perceived incidence of tobacco smoking amongst peers

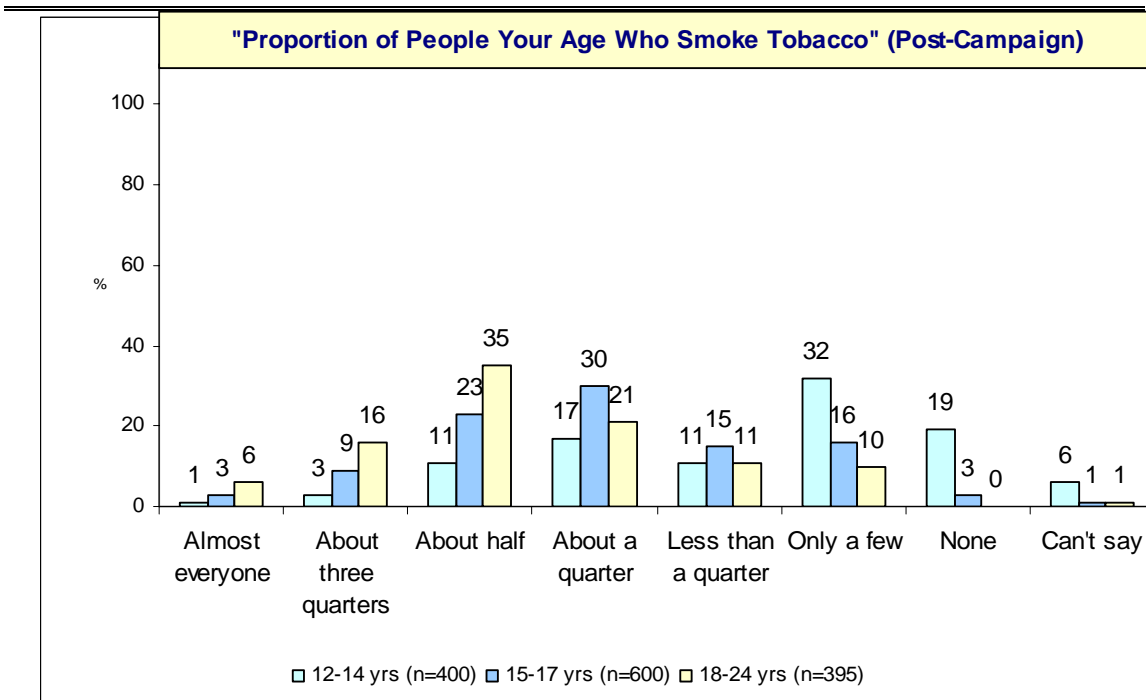


Base: Total sample

- The proportion who thought no-one their age smoked tobacco fell from 9% in the benchmark survey to 5% post-campaign. Given there is a risk that anti-smoking advertising has some potential to raise the profile of smoking, and hence inflate perceptions of its prevalence, this change requires further examination.

Firstly, as shown in Figure 3.2.2d for the post-campaign survey, younger respondents aged 12-14 years were significantly more likely to think no-one their aged smoked (19%) than were those aged 15-17 years (3%) or 18-24 years (0%).

Figure 3.2.2d: Perceived incidence of tobacco smoking amongst peers by age group



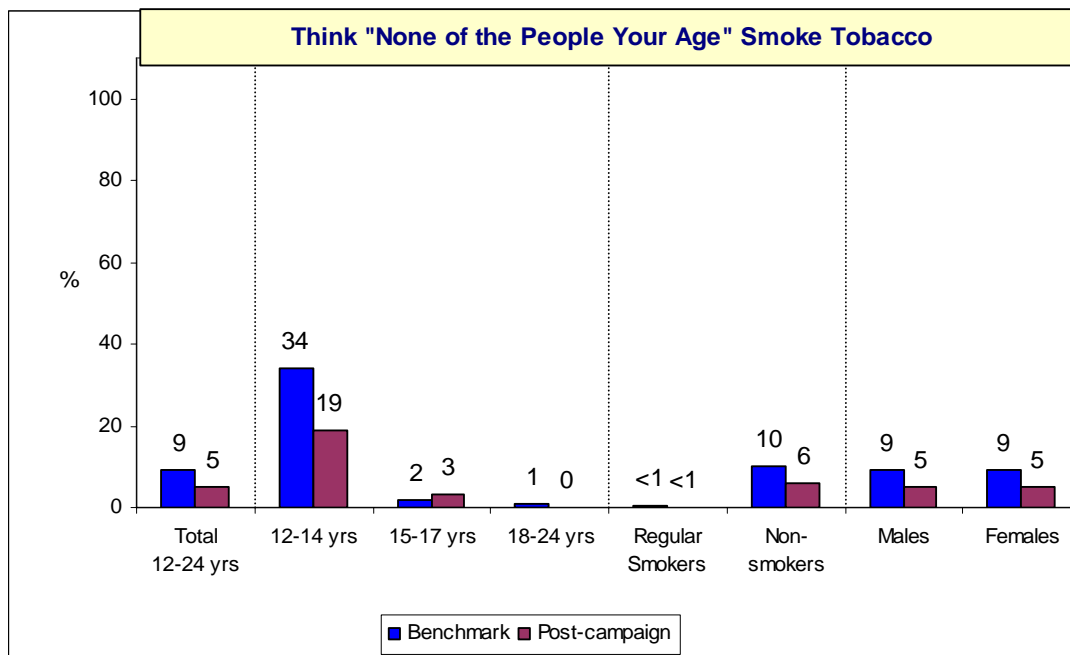
Base: Total sample

Secondly, as shown in Figure 3.2.2e, it is 12-14 year olds who are driving the decrease in the proportion who think that no-one their age smokes tobacco. Amongst this group, the proportion who felt that no-one their age smoked tobacco fell from 34% in the benchmark survey to 19% post-campaign.

In deciding the extent to which this change might be attributable to the NTYC two things should be kept in mind;

- The young woman who was the key ‘talent’ used in the tvc component of the campaign appeared to be older than 12-14 years. Thus, while the tvc could perhaps have been associated with an increase in perceived smoking prevalence in general, it seems unlikely that it would persuade 12-14 year olds there had been an increase in the prevalence of smoking amongst young people of their own age
- Further, comparing those 12-14 year olds who spontaneously mentioned the NTYC advertising (and who were presumably the most engaged by it) when thinking about anti-smoking campaigns versus those who did not, showed no significant difference in the proportion claiming no-one their age smoked (21% amongst those who spontaneously recalled the NTYC versus 18% amongst those who did not).

Figure 3.2.2e: Proportion who think no-one their age smokes by age, smoking status and gender



Base: Total sample (see Appendix 1 for subgroup sample sizes)

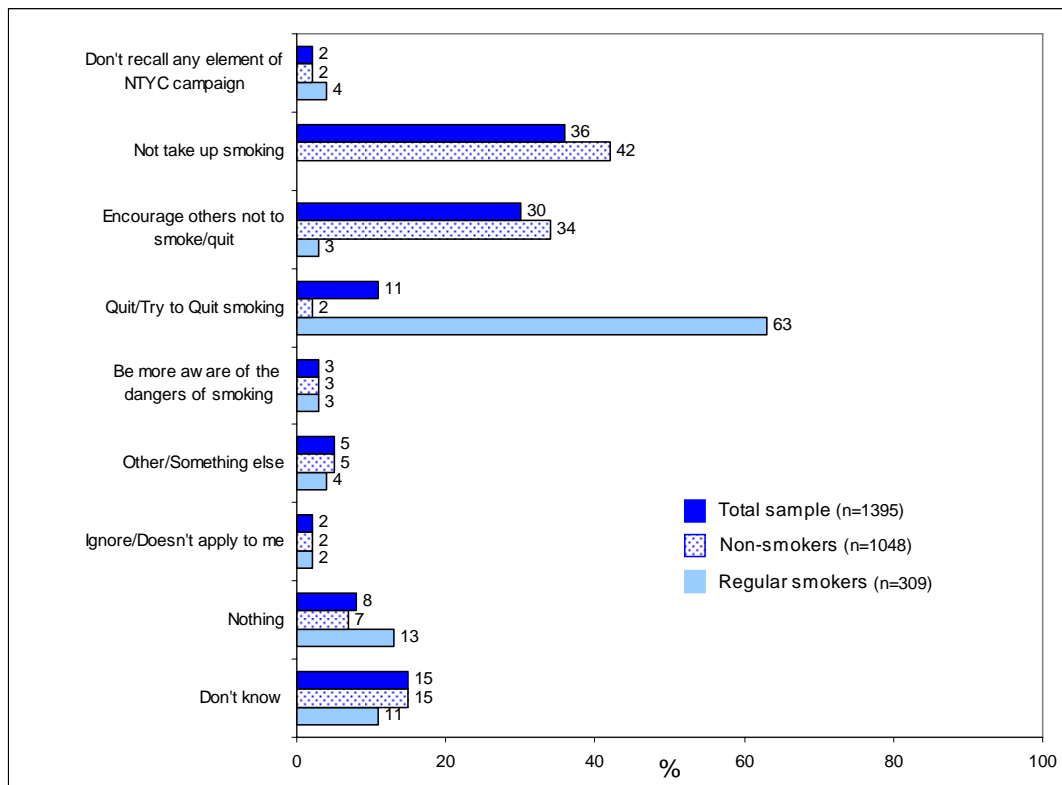
3.2.3 Intentions

In response to seeing/hearing the NTYC

All those who recalled any element of the NTYC were asked what they intended to do in the future as a result of having seen the campaign. The results, based to the total sample and shown separately for non-smokers and regular smokers as well as for the total sample, are presented in Figure 3.2.3a.

- Insofar as the total sample was concerned, the responses given most frequently included not taking up smoking (36%), encouraging others not to smoke or to quit (30%) and quitting smoking (11%).
- As might be expected, there were clear differences between regular smokers and non-smokers on these responses. Amongst non-smokers, 42% said they would not take up smoking and 34% would encourage others not to smoke. Amongst regular smokers, 63% claimed they would quit (or try to quit) as a result of seeing/hearing the NTYC.

Figure 3.2.3a: Intended response to seeing/hearing the NTYC



Base: Total Sample

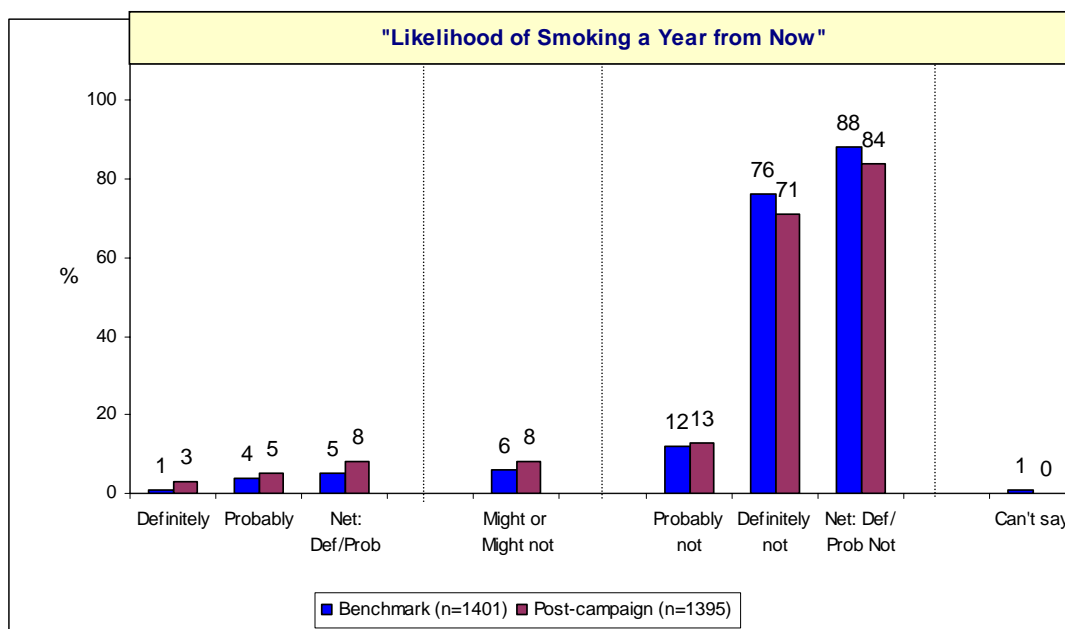
- While these results are encouraging, it should be noted that, despite seeing/hearing the campaign, around one in four from each of these groups either planned to do nothing or didn't know what they might do. Regular smokers (13%) were slightly more likely than others to say they would do nothing, while 12-14 year olds (20%) were more likely than older respondents to feel they didn't know what to do.

Likelihood of smoking in the next 12 months

All respondents were asked how likely they were to be smoking 'a year from now'. Figure 3.2.3b provides results for the total sample.

- The great majority of respondents felt they would either 'definitely' or 'probably' not be smoking in 12 months time, while
- Fewer than 1 in 10 thought they would 'definitely' or 'probably' be smoking.

Figure 3.2.3b: Likelihood of smoking 'a year from now'



Base: Total Sample

However, there was a slight increase (from 5% to 8%) post-campaign in the proportion of respondents who thought they would 'definitely' or 'probably' be smoking in 12 months time. There was also a decrease (from 76% to 71%) in the proportion who thought they would 'definitely not' be smoking in a year's time.

An examination of Table 3.2.3a shows that;

- It is amongst 18-24 year olds where the increase in likelihood of smoking has occurred - up from 9% in the benchmark to 13% post-campaign. This group also showed the greatest decrease in the proportion who felt they would 'definitely' or 'probably' not be smoking at that time - down from 83% in the benchmark to 75% post-campaign.
- With regard to smoking status, it is non-smokers who showed an increase (from 1% to 4%) in likelihood of smoking.

Encouragingly, there has been a fall in the proportion of regular smokers (from 39% in the benchmark to 31% post-campaign) who think they would definitely or probably still be smoking in 12 months.

Further, those regular smokers who recalled the NTYC's message about the toxicity of tobacco smoke in the post-campaign survey were less likely to believe they would still be smoking in a year's time (21%) than those who didn't recall this message (34%).

Table 3.2.3a: Likelihood of smoking 'a year from now' by age and smoking status

<i>Likelihood of Smoking a Year from Now</i>	Definitely/Probably Will Be		Definitely/Probably Will NOT Be	
	Bench- mark %	Post- campaign %	Bench- mark %	Post- campaign %
Total Sample	5	8	88	84
Age Group				
12 to 14 years	1	1	93	96
15 to 17 years	3	3	94	91
18 to 24 years	9	13	83	75
Smoking Status				
Regular smoker	39	31	32	30
Non-smoker	1	4	96	92

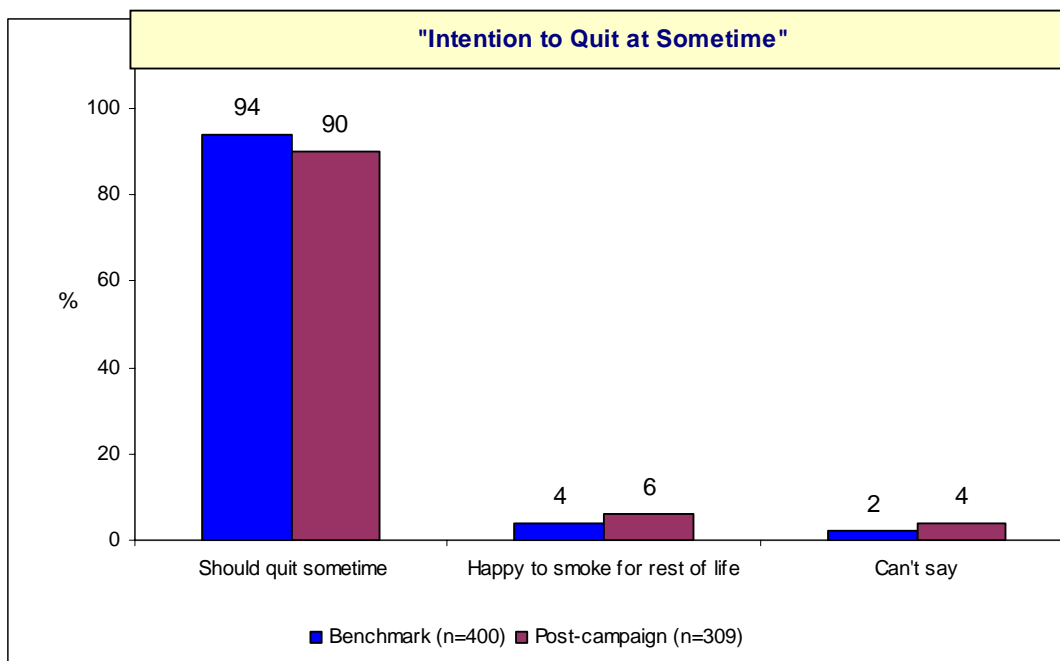
Base: Total Sample (see Appendix 1 for subgroup sample sizes)

Intention to Quit (Regular Smokers)

Regular smokers were asked if they thought they should quit smoking at some time. Results are presented in Figure 3.2.3c where it is evident that;

- The great majority (94% at benchmark, 90% post-campaign) felt they should quit smoking at some point.
- There was no significant difference in this proportion between benchmark and post-campaign surveys, nor in the proportion 'happy to smoke for the rest of their lives'
- However, amongst those who recalled the NTYC toxicity of tobacco smoke message, only four percent were happy to smoke for the rest of their lives compared with 11% of those regular smokers who did not recall this message.

Figure 3.2.3c: Proportion of regular smokers who think they should quit at sometime



Base: Regular Smokers

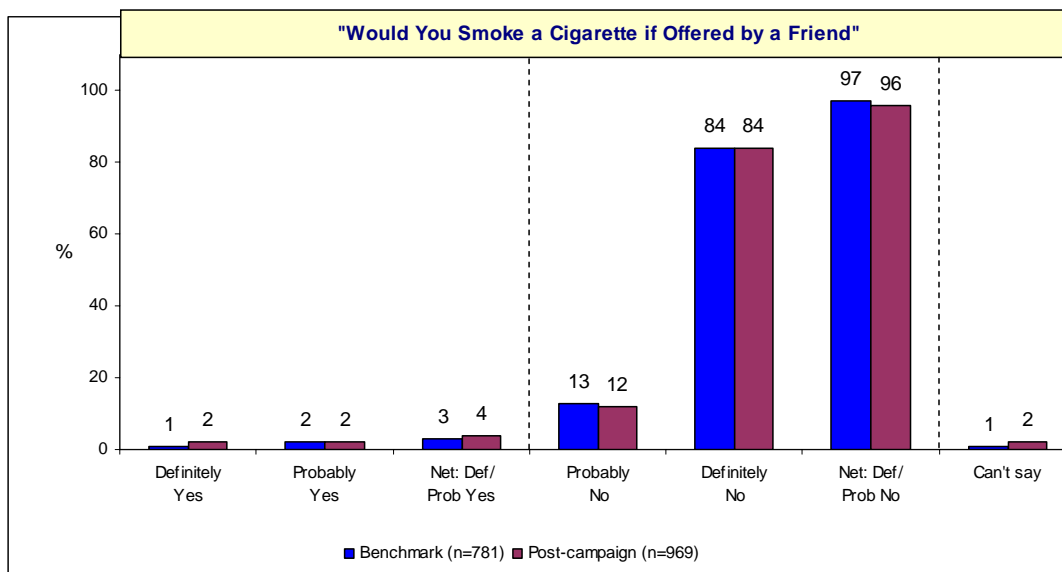
At risk behaviour amongst 12-17 year olds who are not regular smokers

Amongst those 12-17 year olds who were not regular smokers, two questions were used to assess the extent to which they were at risk of smoking tobacco;

- Firstly, how likely they would be to smoke a cigarette if it was offered to them by one of their friends, and
- Secondly, whether there were any circumstances in which they thought they might smoke in the next year.

Results for the first of these questions are shown in Figure 3.2.3d. It is evident that a very high proportion of this group (84%) believed they would 'definitely not' smoke a cigarette offered to them in these circumstances. No significant changes were evident in these results since the benchmark.

Figure 3.2.3d: Likelihood of smoking a cigarette offered by a friend

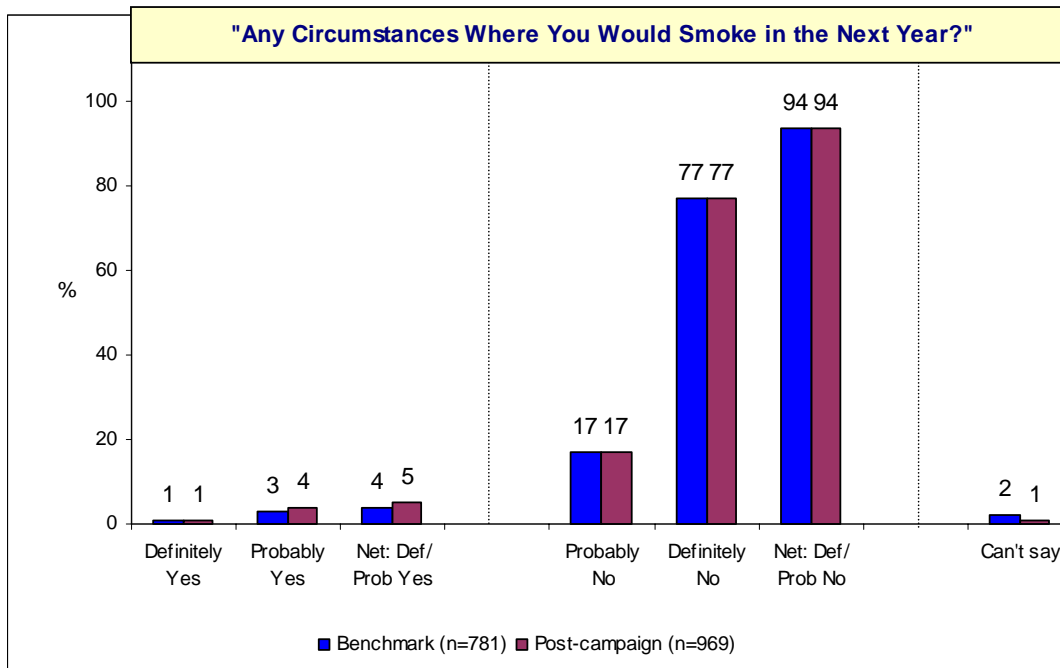


Base: 12-17 years old, Not regular smokers

As shown in Figure 3.2.3e, few respondents from this group of 12-17 year olds appeared to be seriously at risk of smoking in the next year. Seventy seven percent claimed there were 'definitely no' circumstances where they would smoke during this time while 17% thought this was 'probably' the case.

Again, no changes were evident between the benchmark and post-campaign surveys.

Figure 3.2.3e: Risk of smoking in the next year



Base: 12-17 years old, Not regular smokers

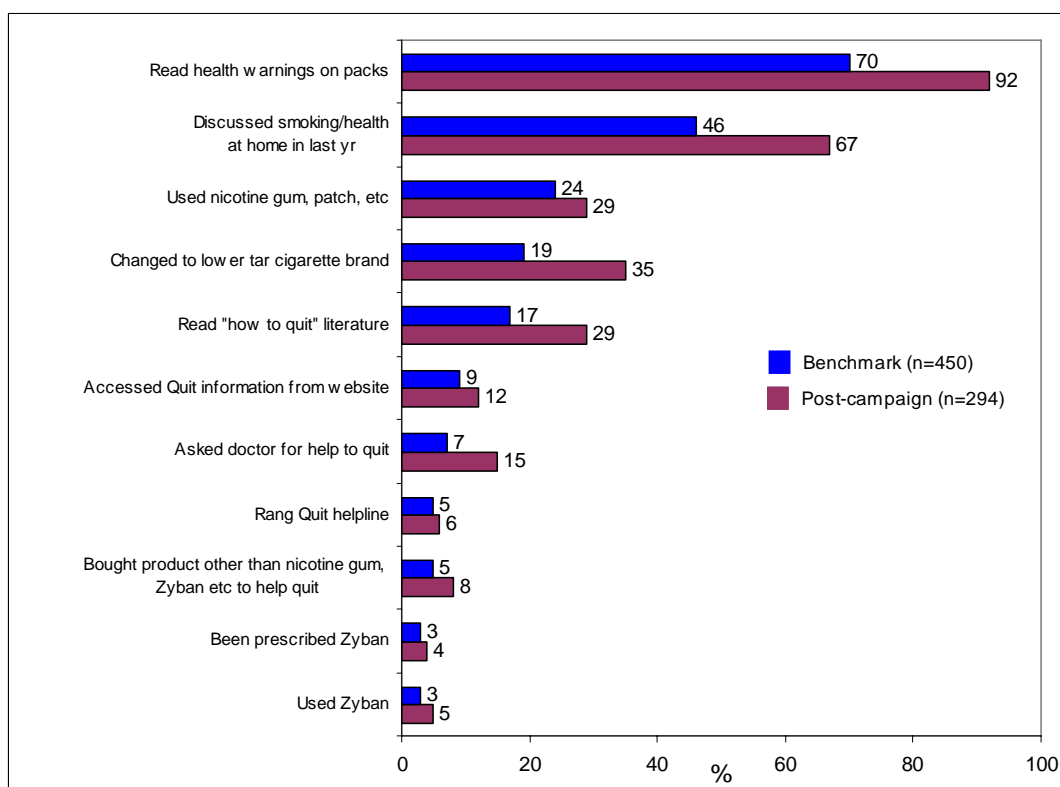
3.2.4 Behaviour

Quitting Related Behaviour

Figure 3.2.4a shows the extent to which 18-24 year old smokers and recent quitters had, during the past 12 months, engaged in a range of behaviours associated with quitting smoking. A number of differences between benchmark and post-campaign results were evident;

- Firstly, there was a significant increase (from 70% to 92%) in the proportion of this group who had read the health warnings on cigarette packs. This result suggests that changes in smokers' beliefs, intentions and smoking behaviour may be attributable to a range of influences and information sources. While this may be the NTYC in some situations, things like pack warnings also seem likely to have played a role in instigating such changes.

Figure 3.2.4a: Engagement in behaviour related to quitting smoking



Base: 18-24 years old, Regular smokers and recent quitters

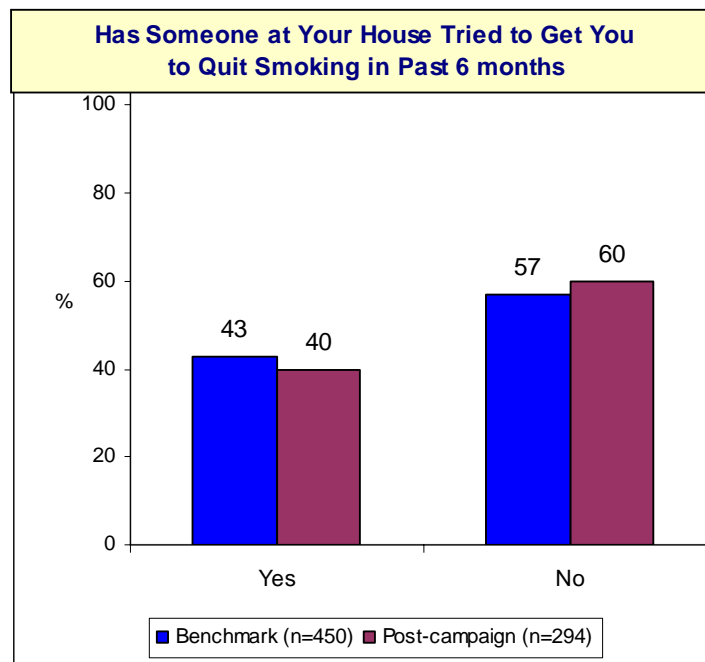
- Other significant changes evident since the benchmark survey included increased discussion of smoking and health at home (up 21 points to 67% since the benchmark), changes to lower tar cigarette brands (up 16 points to 35%), more reading of how to quit literature (up 12 points to 29%) and a greater likelihood of asking a doctor for help in quitting (up 8 points to 15%).

Encouragement to Quit

Figure 3.2.4b shows the extent to which 18-24 year old smokers and recent quitters had someone in their household who had tried to get them to quit smoking during the previous six months.

Around four in ten members of this group had someone who had encouraged them to quit during this time. However, no significant change was evident in this proportion between the benchmark (43%) and post-campaign (40%) surveys.

Figure 3.2.4b: Encouragement to quit by someone in household



Base: 18-24 years old, Regular smokers and recent quitters

Table 3.2.4a shows the relationship between the smoker/recent quitter and the person who was encouraging them to quit. It is evident that;

- Parents were most often the person encouraging their children to quit (56% benchmark, 53% post-campaign)
- Partners and siblings were the next most frequently mentioned as people encouraging smokers to quit.
- The relative proportions of all these relationship groups did not change significantly between the benchmark and post-campaign surveys.

Table 3.2.4a: Relationship to person in household encouraging quitting

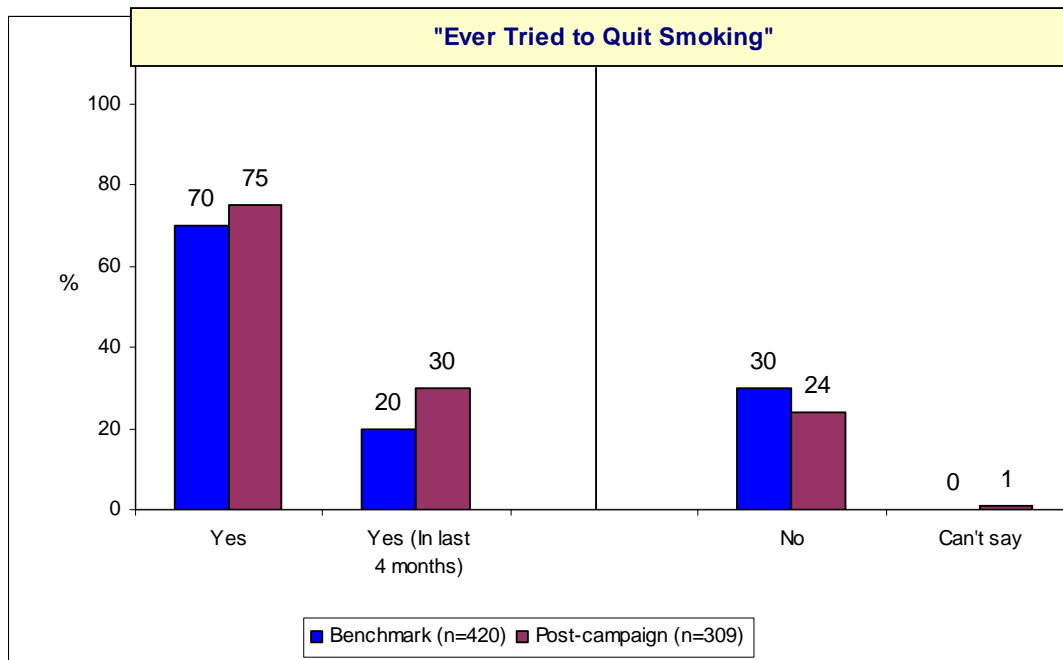
<i>Base: Have someone encouraging quitting</i>	Bench- mark <i>(n=218)</i> %	Post- campaign <i>(n=150)</i> %
<i>Relationship to person</i>		
Parent	56	53
Partner	26	32
Sibling	12	15
Friend	9	10
Child	1	4
Other person	5	4

Attempted Quitting Behaviour

All regular smokers were asked if they had ever tried to quit smoking. From Figure 3.2.4c it can be seen that;

- A majority (70% benchmark, 75% post-campaign) of regular smokers had made at least one attempt to quit smoking
- The proportion who had attempted to quit in the 4 months prior to being interviewed increased from 20% in the benchmark to 30% post-campaign, (that is during the campaign period), while
- The proportion who had never tried to quit fell by 6 points, from 30% in the benchmark to 24% in the post-campaign survey.

Figure 3.2.4c: Attempted quitting by regular smokers



Base: Regular smokers

4 Summary and Conclusions

4.1 Awareness of the NTYC

Overall, key findings relating to awareness of the NTYC included the following;

- The **salience** of anti-smoking advertising in the category “*advertising that encouraged people to do things to improve their health*” increased by five points (from 32% to 37%) between the benchmark and post-campaign surveys. At least some of this increase appears attributable to the NTYC as mentions of advertising that could be coded to the content of this campaign rose from <1% in the benchmark survey to 4% post-campaign.
- **Cut-through** for the NTYC was 20%⁷ post-campaign (versus 3% in the benchmark survey). This was significantly lower than peak cut-through scores for the *Tar* (62%) and *Eye* (42%) tvcs amongst 16-24 year olds in the NTC of mid-2000, a finding that appears to reflect the cluttered anti-smoking media environment in which the NTYC operated. For example, the NTYC appears to have experienced significant competition from the *Gangrene* (29% cut-through in the post-campaign survey) and *Mouth Cancer* (20% cut-through) campaigns as well as from other state-based advertising (eg: *Which Disease* in NSW) and from the new health warnings on cigarette packs.

In this context, cut-through of 20% does not appear unreasonable although the NTYC does not stand out as being stronger than other anti-smoking advertising and may be slightly weaker than the *Gangrene* campaign on this measure.

Furthermore, cut-through was slightly weaker amongst 12-14 year olds (16%), perhaps because the technical content was a little intimidating for the younger end of the target market, and amongst males (16% versus 24% for females) possibly reflecting the exclusive use of female talent in the tvc.

- **Recognition**, a measure of the extent to which the target audience was exposed to the campaign, was virtually universal with 98% of respondents able to recall at least one element of the **NTYC** following brief verbal descriptions of the campaign components. In the post-campaign survey, recognition was at 87% for the tvc, 38% for the radio advertising, 27% for the magazine ad and 51% for the outdoor advertising.

⁷ That is, 20% of respondents described the NTYC advertising when describing anti-smoking advertising they had recently seen or heard.

While recognition of the tvc was strong across the target population, some subgroup differences were evident for the other media used. Thus;

- Recognition of the NTYC radio advertising was above the total sample average of 38% amongst 18-24 year old females (50%)
 - Recognition of the magazine ad was above the total sample average of 27% amongst females aged 12-14 years (34%) and 15-17 years (33%), and
 - Recognition of the outdoor advertising was slightly lower amongst 18-24 year olds (47%) than it was amongst respondents aged 12-17 years (55%).
- For the tvc, the **recognition** score of 35% obtained in the benchmark survey suggests this ad has built on residual recognition from earlier anti-smoking advertising. Executional similarities between the NTYC tvc and *Tar* suggest this ad is perhaps the most likely to have provided the NTYC with a 'flying start'.

Of those who recognised the tvc, the great majority considered the ad to be credible (99% 'very' or 'somewhat believable') and thought provoking (86% 'very' or 'somewhat thought provoking').

A high proportion (80%) of regular smokers thought the ad was 'very' or 'somewhat' relevant. However, non-smokers were much less likely to feel this way with just 42% considering the ad 'very' or 'somewhat' relevant to them. In addition, males were less likely than females to think the ad was relevant (44% for males versus 53% for females), a result which again may reflect the exclusive use of female talent in the execution.

- Message communication was appropriate. Of those respondents who recognised any component of the NTYC;
 - 53% described the main message in terms of the toxic content of cigarette smoke. A further 12% referred to the contents of cigarettes, rather than of cigarette smoke.
 - Other message take-out appeared appropriate to the campaign, if not specific to the primary message (ie: the toxic contents of cigarette smoke). These messages included 'quit' (25%), the harmful nature of smoking (20%) and 'don't smoke' (21%).

4.2 Impact of the NTYC

In assessing the NTYC's impact on 12-24 year olds, the following are of interest;

- In the post-campaign survey 9% of respondents claimed to have learned something new about the toxic nature of tobacco smoke, up from 3% in the benchmark.
- As a result of seeing the NTYC;
 - Most non-smokers thought they would either 'not smoke themselves' (42%) or that they would 'discourage others from smoking' (34%), while
 - 63% of regular smokers thought they would quit.
- Amongst regular smokers, the post-campaign survey results showed;
 - Fewer who thought they would still be smoking in 12 months time (39% in the benchmark versus 31% post-campaign)
 - More who had tried to quit in the four months before being interviewed (20% benchmark versus 30% post-campaign - that is during the campaign period), and
 - Fewer who had never tried to quit smoking (30% in the benchmark versus 24% post-campaign).
- Those regular smokers who, in the post-campaign survey, recalled the NTYC message about the toxic nature of cigarette smoke were;
 - More likely than other regular smokers to think they would become ill if they continued to smoke (58% 'certain' or 'very likely' to become ill versus 48% of other regular smokers), and
 - Less likely to be 'happy to smoke for the rest of their lives' (4% versus 11% of other regular smokers).
- Finally, amongst 18-24 year old smokers/recent quitters, there was a higher incidence of the following quitting related behaviours in the post-campaign survey;
 - Reading the health warnings on cigarette packs (70% benchmark versus 92% post-campaign)
 - Discussion of smoking and health at home (46% benchmark versus 67% post-campaign)
 - Changing to a lower tar brand of cigarettes (19% benchmark versus 35% post-campaign)
 - Reading "how to quit" literature (17% benchmark versus 29% post-campaign), and
 - Asking a doctor for help to quit (7% benchmark versus 15% post-campaign).

While not all of these changes can be directly attributed to the NTYC, the timing of benchmark and post-campaign surveys suggests that the campaign has probably played a role in bringing them about.

Overall, the NTYC achieved excellent recognition that appears to have built on earlier NTC advertising. The campaign's cut-through appears reasonable. However, the clutter generated by other anti-smoking communication activity that took place around the same time as the NTYC may have detracted from performance in this area.

There were also indications that the NTYC was associated with some positive changes in young people's knowledge and beliefs, intentions and behaviour with respect to smoking.

Appendix 1 Sample sizes of key subgroups

Table A1 below provides the sample sizes for key subgroups discussed in this report. They apply to various tables and figures (eg: Figures 3.1.1, 3.1.2c, etc) where sample sizes could not be easily shown on the table or graph.

Table A1: Key subgroup sample sizes

Subgroup	Sample Size Benchmark (n)	Sample Size Post-campaign (n)
<u>Age of Respondent</u>		
12 to 14 years	201	400
15 to 17 years	600	600
18 to 24 years	600	395
<u>Gender</u>		
Male	712	663
Female	689	732
<u>Smoking Status</u>		
Regular smoker	420	309
Non-smoker	915	1,048

Appendix 2 Post-campaign questionnaire

This Appendix contains a copy of the Post-campaign Survey questionnaire. The questionnaire for the Benchmark Survey is available as part of the documentation which accompanied the 2006 National Tobacco Survey (National Tobacco Survey Technical Report, May 2007).

NTYC Tracking Survey 2007

SCREENING AND INTRODUCTION

Intro Good (.....), my name is (.....) calling on behalf of the Australian Government Department of Health and Ageing from the Social Research Centre. We are conducting a major national study of health issues affecting young people today.

1. Continue
2. Make appointment to screen household
3. Household refused to be screened (GO TO RR1)
4. LOTE (code as LOTE no follow up)

S1 To see if anyone in this household is able to help us with this important study, can I firstly ask if there are any people in this household aged ... (READ OUT)

STATEMENTS

- a) 18 to 24
- b) 15 to 17
- c) 12 to 14

RESPONSE FRAME

1. Yes
2. No
3. (Don't know / Can't say)
4. (Refused)

PRES2 IF S1a=1 (18-24 YEAR OLD IN HOUSEHOLD) CONTINUE. OTHERS GO TO QUOCHK1

*(18 TO 24 YEAR OLD IN HOUSEHOLD)

S2 As far as you know, does the 18 to 24 year old smoke?

INTERVIEWER NOTE: IF MULTIPLE 18 TO 24 YEAR OLDS IN THE HOUSEHOLD AND AT LEAST ONE SMOKES, RECORD AS YES

1. Yes
2. No
3. (Don't know / Can't say)
4. (Refused)

QUOCHK1 IF S1a=1, S1b=1, S1c=1 OR S2=1 CONTINUE. OTHERS GO TO TERM1.

SELECTION HIERARCHY

1. 18-24 year old smoker
2. 15-17 year old
3. 12-14 year old
4. 18-24 year old non-smoker

SDUM

*PROGRAMMER SELECT RESPONDENT ACCORDING TO SELECTION HIERARCHY AND CHECK QUOTAS. IF NO ONE IN HOUSEHOLD IN OPEN QUOTA GROUP, GO TO TERM1

1. 18-24 year old smoker (GO TO S3np)
2. 15-17 year old (GO TO S3p)
3. 12-14 year old (GO TO S3p)
4. 18-24 year old non-smoker (GO TO S3np)
5. No one in open quota group (GO TO TERM1)

***(18-24 YEAR OLD SELECTED)**

S3np INTRO A May I speak to the <insert selected person from SDUM> please?

IF MORE THAN ONE AVAILABLE, SAY: Could I speak to the one who is going to have the next birthday please?
(This is just a way of randomising which person to interview)

1. Continue (GO TO S4)
2. Phone answerer refused to pass over the selected 18-24 year old (GO TO TERM3)
3. Make appointment to speak to 18-24 year old
4. 18-24 year old away duration

***(12-17 YEAR OLD SELECTED)**

S3p I'd like to speak to the <insert selected person from SDUM> please, but I need to get parental permission before starting the interview.

EXPLAIN TO PARENT AS NECESSARY: This is an important study to evaluate a major public health campaign being funded by the government.

EXPLAIN TO PARENT IF ABSOLUTELY NECESSARY: The study evaluates the effectiveness of the national tobacco youth campaign. The questions will be asking opinions and attitudes towards smoking.

1. Continue
2. Make appointment to get parental permission
3. Parent refused permission to speak to 12-17 year old (GO TO TERM2)
4. Parent away duration

***(PARENT OF 12-17 YEAR OLD)**

S3p1 In order to show that I have got permission to proceed with this interview would you mind telling me your first name please?

EXPLAIN TO PARENT AS NECESSARY: This is an important study to evaluate a major public health campaign being funded by the government.

EXPLAIN TO PARENT IF ABSOLUTELY NECESSARY: The study evaluates the effectiveness of the national tobacco youth campaign. The questions will be asking opinions and attitudes towards smoking.

1. Permission given, name provided (RECORD PARENTS NAME) (GO TO S4)
2. Permission given, name NOT provided (GO TO S4)
3. Parental permission refused (GO TO TERM2)

***(SELECTED 12 –24 YEAR OLD)**

S4 RE-INTRODUCE TO SELECTED 12-24 YEAR OLD AS NECESSARY

Good (.....), my name is (.....) calling on behalf of the Australian Government Department of Health and Ageing from Social Research Centre. We are conducting a major national study of attitudes to health issues affecting young people today.

The interview will take 10 to 15 minutes, and the answers you give will be completely confidential. If there are any questions you don't want to answer just tell me so I can skip over them. Your answers will only be looked at together with the responses of hundreds of other people we are talking to. Would you be willing to help us? I'll make it as quick as I can.

1. Yes (CONTINUE)
2. Make appointment (RECORD SELECTED RESPONDENT NAME)
3. 12-24 year old refused to continue (GO TO TERM3)

***(SELECTED 12 –24 YEAR OLD)**

S5 This interview may be monitored for quality purposes. Is that ok with you?

1. Monitoring allowed
2. Monitoring not permitted

***(SELECTED 12 –24 YEAR OLD)**

S6 GENDER (CODE BY OBSERVATION)

1. Male
2. Female

GENERAL AWARENESS OF THE ISSUE

*(ALL)

Q11. During the past three months, have you seen or heard any advertising campaigns on TV, radio, in the newspaper or anywhere else encouraging people to do things to improve their health?

1. Yes
2. No GOTO PREQ18
3. Can't say GOTO PREQ18

*(SEEN ADS)

Q12. What was the advertising campaign(s) about? What else? Anything else?
PROMPT ONLY IF SMOKING ISSUES

(MULTIPLES ACCEPTED)

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. When a parent quits there's less chance their child will grow up to be a smoker
3. Cigarette smoke contains rat poison
4. Cigarette smoke contains nail polish remover
5. Cigarette smoke contains paint stripper
6. Gangrene / gangrenous foot / peripheral vascular disease
7. Mouth Cancer
8. Smoking harms unborn babies
9. Every cigarette is doing you damage campaign (artery, brain, eye, lung)
10. Health warnings on packs (young man smoking, girl gives disapproving look)
11. Other anti-smoking campaign
12. Other health issue
97. Other (Specify)
98. Can't say

SMOKING STATUS

PREQ18 IF SDUM=1 OR 4 (SELECTED PERSON IS AGED 18 OR OVER) CONTINUE, ELSE GO TO Q18_Y)

*(18 TO 24 YEARS OLD)

Q18. (Just to confirm) Do you now smoke cigarettes ...READ OUT

EXPLAIN AS NECESSARY: By cigarettes we mean factory-made or roll-your-own cigarettes

1. Daily GO TO Q20
2. At least weekly GO TO Q20
3. Less often than weekly, or GO TO Q19
4. Not at all GO TO Q19
5. (Can't say) GO TO Q19

*(12 TO 17 YEARS OLD)

Q18_Y. Do you now smoke cigarettes ...READ OUT

EXPLAIN AS NECESSARY: By cigarettes we mean factory-made or roll-your-own cigarettes

1. Daily GO TO Q20
2. At least weekly GO TO Q20
3. Less often than weekly, or GO TO Q18_Y3
4. Not at all GO TO Q18_Y1
5. (Can't say) GO TO Q18_Y1

*(12 TO 17 YEARS OLD, SMOKED "NOT AT ALL" / "CAN'T SAY" IF NOW SMOKES)
Q18_Y1 Have you ever smoked even part of a cigarette?

1. Yes
2. No GO TO Q20a
3. (Can't say / Refused) GO TO Q20a

*(12-17 YEARS OLD, SMOKE EVEN PART OF CIGARETTE)
Q18_Y2 You said you smoked part of a cigarette, was that...

1. Just a few puffs
2. Fewer than 100 cigarettes in your life, or
3. More than 100 cigarettes in your life
4. (Not at all) GO TO Q20a
5. (Can't say / Refused) GO TO Q19

*(12-17, SMOKES LESS OFTEN THAN WEEKLY (Q18_Y=3) OR SMOKED EVEN A PART OF A CIGARETTE (Q18_Y2 = 1, 2, OR 3)
Q18_Y3 When did you last smoke a cigarette – was it some time

1. In the last seven days
2. In the last month GO TO Q19
3. In the last year, or GO TO Q19
4. More than a year ago? GO TO Q19
5. (Can't say / refused) GO TO Q19

*(12-17 YEARS, IRREGULAR SMOKER (NOT DAILY OR WEEKLY SMOKER), SMOKED IN LAST 7 DAYS)
Q18_Y4 On how many of the last seven days did you smoke a cigarette?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six
7. Seven
8. (Can't say / refused)

*(18 OR OVER, SMOKES LESS OFTEN THAN WEEKLY, NOT AT ALL OR CAN'T SAY (CODES 3, 4 OR 5 ON Q18), OR 12-17, SMOKES LESS OFTEN THAN WEEKLY, NOT AT ALL OR CAN'T SAY (CODES 3, 4 OR 5 ON Q18_Y), EVER SMOKED EVEN PART OF CIGARETTE)

Q19. (Just to confirm) Have you ever smoked cigarettes on at least a weekly basis?

1. Yes
2. No GO TO Q20a
3. CAN'T SAY GO TO Q20a

*(12 TO 24, CURRENTLY SMOKES / EVER SMOKED ON AT LEAST A WEEKLY BASIS)

Q20. Approximately how many years ago did you start smoking regularly?
EXPLAIN AS NECESSARY That's when you **first** started smoking regularly

RECORD TO NEAREST WHOLE YEAR. IF LESS THAN ONE YEAR RECORD AS ZERO
RANGE 0 TO 24

*(ALL)

Q20A. About what proportion of people your age smoke tobacco? Would you say...READ OUT

1. Almost everyone
2. About three quarters
3. About half
4. About a quarter
5. Less than a quarter
6. Only a few, or
7. None
8. (Can't say)

PREQ21_1 IF Q18=1 OR 2 (18 TO 24, DAILY OR WEEKLY SMOKER) OR Q18_Y=1 OR 2 (12-17, DAILY OR WEEKLY SMOKER) GO TO Q27A. OTHERS CONTINUE:

PREQ21_2 IF Q19 =1 (EVER SMOKED ON A WEEKLY BASIS) CONTINUE, ELSE GO TO SMKSTS

QUIT SMOKING

*(EVER SMOKED ON AT LEAST A WEEKLY BASIS, NO LONGER A DAILY/WEEKLY SMOKER)

Q21. Did you stop smoking cigarettes on a weekly basis more or less than one year ago?

1. Less than one year ago (GO TO SMKSTS)
2. One year ago or longer (GO TO SMKSTS)
3. Can't say (GO TO SMKSTS)

*(12 TO 24, DAILY OR WEEKLY SMOKER)

Q27A Do you think that you should quit sometime, or are you happy to smoke for the rest of your life?

1. Should quit sometime
2. Happy to smoke for rest of life
3. (Can't say)

*(ALL)

SMKSTS PROGRAMMER CREATE DUMMY VARIABLE FOR SMOKING STATUS

1. 18-24 SMOKER (SDUM=1 OR 4 AND Q18=1 S1a=1 OR Q18=2)
2. 18-24 RECENT QUITTER (SDUM=1 OR 4 AND Q21=1)
3. 18-24 ALL OTHER (ALL OTHER SDUM=1 OR 4)
4. 15-17 DAILY / WEEKLY SMOKER (SDUM=2 AND Q18_Y=1 OR Q18_Y=2) (GO TO Q27)
5. 15-17 EVER SMOKED PART OF CIGARETTE (BUT NOT DAILY OR WEEKLY SMOKER) (SDUM=2 AND Q18Y_1=1) (GO TO Q27)
6. 15-17 NEVER SMOKED (ALL OTHER SDUM=2) (GO TO Q27)
7. 12-14 DAILY / WEEKLY SMOKER (SDUM=3 AND Q18_Y=1 OR Q18_Y=2) (GO TO Q27)
8. 12-14 EVER SMOKED PART OF CIGARETTE (BUT NOT DAILY OR WEEKLY SMOKER) (SDUM=3 AND Q18Y_1=1) (GO TO Q27)
9. 12-14 NEVER SMOKED (ALL OTHER SDUM=3) (GO TO Q27)

*(18-24)

QUOCHK2

*PROGRAMMER CHECK SMKSTS FOR 18-24 YEAR OLDS AGAINST QUOTAS (INTENTION IS TO SCREEN OUT NON-SMOKERS WHO WERE SELECTED ON THE BASIS OF BEING SMOKERS, BASED ON PHONE ANSWERER INFORMATION).

1. Continue
2. Quota failure (RECORD AT ALLTERM)

*(ALL)

Q27. A year from now, how likely is it you will be smoking? Would you say...

1. Definitely will be smoking
2. Probably will
3. Might or might not
4. Probably will not, or
5. Definitely will not be smoking
6. (Can't say)

REPORTED RISK OF SMOKING

PREQ27D IF Q18_Y=3 OR 4 OR 5 (12-17, IRREGULAR SMOKER, NON-SMOKER / CANT SAY IF NOW SMOKES CIGARETTES) CONTINUE. OTHERS GO TO PREQ29A

*(12-17, IRREGULAR SMOKER, NON-SMOKER, CAN'T SAY)

Q27D If one of your friends were to offer you a cigarette, would you smoke it?

PROBE: Is that definitely or probably?

1. Definitely yes
2. Probably yes
3. Probably no
4. Definitely no
5. (Can't say)

*(12-17, IRREGULAR SMOKER, NON-SMOKER, CAN'T SAY)

Q27E Are there any circumstances where you would smoke in the next year?
PROBE: Is that definitely or probably?

1. Definitely yes
2. Probably yes
3. Probably no
4. Definitely no
5. (Can't say)

PREQ29A IF S1a=1 AND Q18=1 OR 2 (18-24, REGULAR SMOKER) CONTINUE. OTHERS GO TO Q36

*(18-24, REGULAR SMOKER)

Q29A. What do you think is the likelihood of becoming ill from your smoking if you continue to smoke? Would you say....

1. Not at all likely
2. Not very likely
3. 50/50
4. Very likely, or
5. Certain
6. (Can't say)

HEALTH EFFECTS OF SMOKING

*(ALL)

Q36. During the past 6 months have you learned anything new about the effects of smoking cigarettes?

1. Yes
2. No GO TO Q37AA1
3. Can't say GO TO Q37AA1

*(LEARNED SOMETHING NEW ABOUT EFFECTS OF SMOKING ON HEALTH)

Q37. What have you learnt?
MULTIPLES ACCEPTED

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. When a parent quits there's less chance their child will grow up to be a smoker
3. Cigarette smoke contains rat poison
4. Cigarette smoke contains nail polish remover
5. Cigarette smoke contains paint stripper
6. Smoking causes peripheral vascular disease / gangrene / gangrenous foot
7. Causes tongue/ mouth cancer
8. What smoking can do to unborn babies/ babies
9. Gunk, deposits, build up, clogging, sticky arteries/artery walls/ aorta
10. Lungs are like sponges/air sacks /tobacco, smoking destroys air sacks, smoking rots in lungs, lose breath because of damage to air sacks
11. Know how smoking causes lung cancer, DNA/gene protects from cancer/chemicals, smoking attacks p53/without p53 more likely to get cancer
12. Every cigarette is doing you damage
13. Smoking affects fitness/ health
14. Smoking causes cancer (unspec).
15. Causes lung cancer
16. Causes throat cancer
17. Smoking causes emphysema
18. Cigarettes contain harmful chemicals/ poisons / is toxic (unspec)
19. Smoking is bad for you/ you shouldn't smoke/ smoking causes various diseases/damages various organs
20. Loss of eye sight/ eye damage/ blindness/ retinal damage / macular degeneration
21. Smoking is a leading cause of death
97. Other (Specify: factual comments_____)
98. Can't say

*(ALL)

Q37AA1. Have you discussed smoking and health at home in the past year?

1. Yes
2. No
3. Can't say

QUITTING INTENTIONS

PREQ37AA IF Q18_Y=1, 2 OR 3 OR Q18_Y3=1 (12-17, CURRENT SMOKER OR SMOKED IN LAST 7 DAYS) OR Q18=1, 2, OR 3 (18-24, CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ44

*(12-17 YEAR OLD CURRENT SMOKERS, SMOKED IN LAST 7 DAYS; 18-24, CURRENT SMOKER OR RECENT QUITTER)

Q37AA. Have you done any of the following in the past year ...(ROTATE STATEMENTS)

(STATEMENTS)

- a. Rung the "Quit" help line
- b. Asked your doctor for help to quit (ONLY DISPLAY IF 18-24 YEAR OLD)
- c. Used nicotine gum, nicotine patch, inhaler or lozenge (ONLY DISPLAY 18-24 YEAR OLD)
- d. Been prescribed Zyban (ONLY DISPLAY IF 18-24 YEAR OLD)
- e. Bought a product other than nicotine gum, patch, inhaler, lozenge or Zyban to help you quit (ONLY DISPLAY IF 18-24 YEAR OLD)
- f. Used Zyban (ONLY DISPLAY IF 18-24 YEAR OLD)
- g. Changed to a lower tar brand of cigarette (ONLY DISPLAY IF 18-24 YEAR OLD)
- h. Read "how to quit" literature
- i. Read the health warnings on cigarette packs
- j. Accessed Quit information from a website

(RESPONSE FRAME)

1. Yes
2. No
3. Can't say

PREQ41 IF Q21=1 (RECENT QUITTER) CONTINUE, ELSE GO TO Q39

*(18-24, RECENT QUITTER)

Q41. How likely or unlikely is it that you'll be able to stop smoking permanently?
ENCOURAGE BEST GUESS

1. Likely
2. Unlikely
3. Can't say

*(12-17 YEAR OLD CURRENT SMOKERS, SMOKED IN LAST 7 DAYS, 18-24, CURRENT SMOKER OR RECENT QUITTER)

Q39. During the past 6 months has anybody at your house been trying to get you to quit smoking?

1. Yes
2. No GO TO PREQ44
3. Can't say GO TO PREQ44

*(12-24, HAD SOMEONE AT HOUSE TRYING TO GET THEM TO QUIT)

Q40. What is that person's relationship to you?
MULTIPLES ACCEPTED

1. Parent
2. Child
3. Sibling
4. Partner / spouse
5. Friend / flatmate
6. Other
7. Can't say

HEALTH EFFECTS OF SMOKING

*(ALL)

PREQ44 In your opinion are the following statements true or false?....

ROTATE QUESTIONS Q44A TO Q48AAAA

*(ALL)

Q44A. Smoking causes peripheral vascular disease, also known as gangrene
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

*(ALL)

Q44B. Smoking causes mouth and throat cancer
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

*(ALL)

Q44C. Smoking harms unborn babies
(In your opinion is this true or false?)

1. True – definitely
2. True – probably
3. False
4. Can't say

*(ALL)

Q48AAA. Tobacco smoke is toxic.
(In your opinion is this true or false?)

1. True
2. False
3. Can't say

*(ALL)

Q48AAAA. Smoking is addictive.
(In your opinion is this true or false?)

1. True
2. False
3. Can't say

RECOGNITION OF ADVERTISING

*(ALL)

Q59_A Now I'd like you to think about any advertising campaigns about smoking you may have recently seen. Do you recall seeing, reading or hearing any campaigns about smoking recently?

1. Yes
2. No (GO TO Q59_D)
3. Don't know (GO TO Q59_D)

*(RECALLS ADS)

Q59_B Where did you see, read or hear any part of this/these advertising campaign/s?
(MULTIPLES ACCEPTED)

1. TV advertising
2. TV news / current affairs
3. Television program
4. Radio advertising
5. Radio news
6. Radio program
7. Cinema
8. Magazine article
9. Magazine advertising
10. Newspaper article
11. Newspaper advertising
12. Brochure / booklet
13. Website
14. Word of mouth
15. Bus / Tram
16. Local area health service
17. Doctor / General practitioner
18. School activity / education program
19. Information night
97. Other (Specify)
98. Can't say

*(RECALLS ADS)

Q59_C Can you describe what you saw, read or heard from this/these advertising campaign/s?
(MULTIPLES ACCEPTED)

1. Ad on TV or cinema which described cigarette smoke containing a toxic mix of over 4,000 chemicals (DISPLAY IF Q59_B=1)
2. Article which described cigarette smoke containing a toxic mix of over 4,000 chemicals
3. Ad on radio which described cigarette smoke containing a toxic mix of over 4,000 chemicals (DISPLAY IF Q59_B=4)
4. Article which described that when a parent quits there's less chance their child will grow up to be a smoker
5. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer/ damages heart and lungs)
6. Gangrene / gangrenous foot / peripheral vascular disease
7. Mouth Cancer
8. Young girl with sick ex-smoker father
9. Quitting is hard not quitting is harder
10. I have trouble getting out of bed - I can't quit - I can't operate
11. Nicotine replacement therapy / nicotine patches / gum/ Zyban / anti-smoking pill / quitting
12. John Clarke / comedian pretending to be a tobacco company executive
13. Marshall menthol feeling / join the marshall menthol team / catchy jingle advertising mock cigarette brand set against sick people in hospital with tobacco related illness
14. Car and home smoke free zone / ad shows baby / young children with parents / Don't smoke around children in the car or house / smoke outside
15. Mother and her two young children visiting father in hospital / you should have been there
16. Didn't listen / surgeon washing up after operation / shows lungs and tar in dish
17. Smoking, you're joking (Tasmanian campaign)
97. Other (Specify)
98. Can't say

PROMPTED RECALL

*(ALL)

Q59_D I'll now describe a TELEVISION and CINEMA commercial that you may have seen recently. The first scene opens on a young woman in her lounge room and then cuts to a close up as she raises a cigarette to her mouth. As she lights the cigarette its shape changes into a glass tube and we see several scenes of what is happening as she smokes. Towards the end of the ad we hear the woman inhaling. We then see a series of health warnings that appear on cigarette packs.

Do you recall seeing this advertisement?

1. Yes
2. No (GO TO Q59_I)
3. Don't know (GO TO Q59_I)

*(RECALL SEEING TV AD)

Q59_E What would you say was the MAIN message of this advertisement? (SINGLE RESPONSE)

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. Smoking causes gangrene / gangrenous foot / peripheral vascular disease
3. Smoking causes mouth cancer
4. Smoking harms unborn babies
5. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer / damages heart and lungs)
97. Other (Specify)
98. Can't say

PREQ59_F IF S1c=1 (AGED 12-14 YEARS) GO TO Q59_F1, ELSE CONTINUE

*(AGED 15+, RECALL SEEING TV AD)

Q59_F Did you find this ad

1. Very thought provoking (GO TO Q59_G)
2. Somewhat thought provoking, or (GO TO Q59_G)
3. Not at all thought provoking (GO TO Q59_G)

*(AGED 12-14, RECALL SEEING TV AD)

Q59_F1 Did this ad

1. Make you think A LOT about the health effects of smoking
2. Make you think A BIT about the health effects of smoking, or
3. Didn't it make you think about the health effects of smoking AT ALL

*(RECALL SEEING TV AD)

Q59_G Did you find this ad

1. Very believable
2. Somewhat believable, or
3. Not at all believable

*(RECALL SEEING TV AD)

Q59_H Did you find this ad

1. Very relevant to you
2. Somewhat relevant to you
3. Not at all relevant to you
4. Can't say

*(ALL)

Q59_I There was a RADIO advertisement about smoking that you may have heard recently. It talks about different chemical names and household products. Do you recall hearing this advertisement?

1. Yes
2. No (GO TO Q59_K)
3. Don't know (GO TO Q59_K)

*(RECALL HEARING RADIO AD)

Q59_J What would you say was the MAIN message of this advertisement? (SINGLE RESPONSE)

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. Smoking causes gangrene / gangrenous foot / peripheral vascular disease
3. Smoking causes mouth cancer
4. Smoking harms unborn babies
5. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer / damages heart and lungs)
97. Other (Specify)
98. Can't say

*(ALL)

Q59_K There was an ad in magazines that you may have read recently which shows an image of a test tube which contains sticky brown fluid.

Do you recall seeing this advertisement?

1. Yes
2. No
3. Don't know

Q59_KK Similar ads were also shown on the insides and outsides of buses and on outdoor signs and shopping centre signs.

Do you recall seeing these advertisements?

1. Yes
2. No
3. Don't know

PREQ59_L IF Q59_K=1 OR Q59_KK=1 (RECALLS SEEING PRINT / BILLBOARD AD) CONTINUE, OTHERS GO TO Q59_M)

*(RECALL SEEING PRINT / BILLBOARD AD)

Q59_L What would you say was the MAIN message of this advertisement? (SINGLE RESPONSE)

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. Smoking causes gangrene / gangrenous foot / peripheral vascular disease
3. Smoking causes mouth cancer
4. Smoking harms unborn babies
5. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer / damages heart and lungs)
6. When a parent quits there's less chance their child will grow up to be a smoker
97. Other (Specify)
98. Can't say

*(ALL)

Q59_M There was ad in magazines that you may have read recently which shows an image of a young child who is holding a cigarette and looking at it with a sense of curiosity. Do you recall seeing this advertisement?

1. Yes
2. No (GO TO PREQ59_O)
3. Don't know (GO TO PREQ59_O)

*(RECALL SEEING PRINT AD)

Q59_N What would you say was the MAIN message of this advertisement? (SINGLE RESPONSE)

1. Cigarette smoke contains a toxic mix of over 4,000 chemicals
2. Smoking causes gangrene / gangrenous foot / peripheral vascular disease
3. Smoking causes mouth cancer
4. Smoking harms unborn babies
5. Quit campaign/ quit smoking/ dangers of smoking (eg lung cancer / damages heart and lungs)
6. When a parent quits there's less chance their child will grow up to be a smoker
97. Other (Specify)
98. Can't say

PREQ59_0 IF Q59_C=1-4 or Q59_D=1 OR Q59_I=1, OR Q59_K=1 OR Q59_KK=1 OR Q59_M=1 (SEEN/HEARD ANY NTYC AD) CONTINUE, ELSE GO TO PREQ69.

*(SEEN/HEARD ANY AD)

Q59_O1 (Just to confirm) What, if anything, did the ads say about the content of cigarette smoke?

DO NOT PROMPT
(MULTIPLES ACCEPTED)

1. Contains a toxic mix of over 4,000 chemicals
2. Contains rat poison
3. Contains nail polish remover
4. Contains paint stripper
5. Other (Specify _____)
6. (Can't say)

*(SEEN/HEARD ANY AD)

Q59_O Thinking about this campaign about smoking as a whole. What, if anything, do you intend to do in the future in response to seeing this advertising?

1. Not smoke around the children
2. Quit smoking
3. Look for help to quit smoking
4. Not take up smoking
5. Speak to children about trying to quit smoking
6. Other (Specify____)
7. DK/Can't say/Don't recall
8. Refused

*(SEEN/HEARD ANY AD)

Q 59_P. Do you recall seeing other parts of this campaign on television, in magazines or anywhere else? Where was that?
(MULTIPLES ACCEPTED)

1. (Does not recall seeing other parts of campaign anywhere else)
2. Subscription television interstitial (short program between major programs)
3. Magazine editorial / promotion
97. Other (Specify)
98. Can't say

SMOKING BEHAVIOUR

PREQ69 IF Q18=1 OR Q18_Y=1 CONTINUE. OTHERS GO TO PREQ70

*(12-24, DAILY SMOKER)

Q69 How many cigarettes per day would you smoke on average?
RECORD NUMBER OF CIGARETTES PER DAY

IF MORE THAN 150, DISPLAY "UNLIKELY RESPONSE – CONFIRM"

PREQ70 IF Q18=2 OR Q18_Y=2 (SMOKES WEEKLY) CONTINUE. OTHERS GO TO PREQ72

*(12-24, WEEKLY SMOKER)

Q70 How many cigarettes per week would you smoke on average?
RECORD NUMBER OF CIGARETTES PER WEEK

PREQ72 IF Q18=1 OR Q18=2 OR Q18_Y=1 OR Q18_Y=2 CONTINUE. OTHERS GO TO PREQ79A

INTENTIONS TO QUIT SMOKING

*(12-24, REGULAR SMOKER)

Q72 Have you ever tried to quit smoking?

1. Yes
2. No GO TO PREQ79A
3. Can't say GO TO PREQ79A

*(12-24, EVER TRIED TO QUIT SMOKING)

Q72A How many times have you tried to quit?

1. Record number [ALLOWABLE RANGE 1-99]
2. (Can't say) AVOID

*(12-24, EVER TRIED TO QUIT SMOKING)

Q73 How long ago did you last try to quit smoking?
RECORD NUMBER

Q73A RECORD UNITS HERE

1. Days
2. Weeks
3. Months
4. Years

PREQ79A IF Q18_Y=1, 2 OR 3 OR Q18_Y3=1 (12-17, CURRENT SMOKER OR SMOKED IN LAST 7 DAYS) OR Q18=1, 2, OR 3 (18-24, CURRENT SMOKER) OR Q21=1 (RECENT QUITTER) CONTINUE. OTHERS GO TO PREQ80

*(12-17 YEAR OLD CURRENT SMOKERS, SMOKED IN LAST 7 DAYS; 18-24, CURRENT SMOKER OR RECENT QUITTER)

Q79A Where, or from whom, did you get the last cigarette that you smoked?

1. My parent(s) gave it to me
2. My brother or sister gave it to me
3. I took it from home without my parent(s) permission
4. Friends gave it to me
5. I got someone to buy it
6. Convenience store (eg 7 eleven)
7. Petrol station
8. Supermarket
9. Specialist tobacconist
10. Hotel, pub or restaurant
11. Vending machine
12. Milk bar or delicatessen
13. Newsagency
14. Liquor store
15. Take-way food shop
16. Other (Specify)
17. (Can't say)

*(12-17 YEAR OLD CURRENT SMOKERS, SMOKED IN LAST 7 DAYS; 18-24, CURRENT SMOKER OR RECENT QUITTER)

Q79B Have you ever purchased tobacco over the internet?

1. Yes
2. No
3. Can't say

DEMOGRAPHICS

PREQ80 IF AGE=12-17, GO TO PREQ83. OTHERS CONTINUE

*(18-24)

Q80 To make sure we've spoken with a good range of people, I'd like to ask a few final questions about you and your household.

Can you please tell me what is the highest educational level you have attained?

1. Some primary school
2. Finished primary school
3. Some secondary school
4. Finished secondary school
5. Some tertiary education (university, tafe or college)
6. Finished tertiary education
7. Higher degree or higher diploma (eg phd, masters, grad dip)
8. Can't say
9. Refused

*(18-24)

Q81 Which of the following best describes your employment status?

1. Working full-time
2. Working part-time
3. Retired/pensioner
4. Student
5. Non-worker
6. Home duties
7. Unemployed / looking for work

*(18-24)

Q82 What is your (last) occupation – the position and industry?

1. Managers
2. Professionals
3. Technicians and trades workers
4. Community and personal service workers
5. Clerical and administrative workers
6. Sales workers
7. Machinery operators and drivers
8. Labourers
9. No occupation
10. Other (Specify)
11. Refused / Can't say

PREQ83 IF AGE = 15-17 CONTINUE. OTHERS GO TO Q87

*(15-17)

Q83. In the last year, have you been studying at school, college or somewhere else?
IF YES, ASK: Is that full time or part time study?

1. Yes – full time
2. Yes – part time (includes any study that is not full time)
3. No (GO TO Q85)

*PROGRAMMER NOTE: AUTOFILL 12-14 YEAR OLDS TO Q83=1

*(15-17)

Q84. Are you currently studying at....

1. Secondary (high) school
2. At technical school / a commercial college or TAFE, or
3. At university
4. (no longer studying)
5. Other (Specify)
6. (Can't say)

*PROGRAMMER NOTE: AUTOFILL 12-14 YEAR OLDS TO Q84=1

*(15-17)

Q85. Are you currently in paid work of any kind, even if its only a temporary or casual job?
IF YES, ASK: Is that a full-time job or casual job?

1. Yes full time hours (irrespective of employment status)
2. Yes part time / irregular hours
3. No

*PROGRAMMER NOTE: AUTOFILL 12-14 YEAR OLDS TO Q85=3

*PROGRAMMER NOTE: DISPLAY TEXT IN BRACKETS IF Q18_Y=1, 2 OR 3 OR Q18_Y3=1 (12-17, CURRENT SMOKER OR SMOKED IN LAST 7 DAYS) OR Q18=1, 2, OR 3 (18-24, CURRENT SMOKER).

*(ALL)

Q87. Does anyone (else) in your household smoke?

1. Yes
2. No (GO TO PREQ9)
3. Can't say (GO TO PREQ9)

*(OTHERS IN HOUSEHOLD SMOKE)

Q88. What is that person's relationship to you?
MULTIPLES ACCEPTED

1. Parent
2. Child
3. Sibling
4. Partner / spouse
5. Friend / flatmate
6. Other
7. (Can't say)

PREQ9 IF SDUM=1 OR 4 (18-24 YEAR OLDS) GO TO Q9 INTRO A. OTHERS (12-17 YEAR OLDS) GO TO Q9 INTRO B

*(ALL)

Q9. INTRO A What language do you speak most of the time when you are at home?
INTRO B What language do the adults in your household speak most of the time when they are at home?
SINGLE RESPONSE

1. English
2. Arabic
3. Cantonese (Chinese)
4. Greek
5. Italian
6. Korean
7. Mandarin (Chinese)
8. Portuguese
9. Spanish
10. Tagalog (Filipino)
11. Turkish
12. Vietnamese
97. Other (Specify)
98. Can't say

*(ALL)

Q10. What is the main income earner's occupation - the position and the industry?

1. Managers
2. Professionals
3. Technicians and trades workers
4. Community and personal service workers
5. Clerical and administrative workers
6. Sales workers
7. Machinery operators and drivers
8. Labourers
9. No occupation
10. Other (Specify)
11. Refused / Can't say

*(ALL)

Q10A. And could I just confirm your postcode?

IF NECESSARY: This is just so we can look at the statistical results by geographic area.
DISPLAY POSTCODE FROM SAMPLE. INTERVIEWER TO EDIT IF NECESSARY

CLOSE

That was my last question. Thank you for taking part in the National Tobacco Survey. Just in case you missed it, my name is (.....) from the Social Research Centre.

IQCA Interviewer Declaration

I certify that this is a true, accurate and complete interview, conducted in accordance with the briefing instructions, the IQCA standards and the AMSRS Code of Professional Behaviour (ICC/Esomar). I will not disclose to any other person the content of this questionnaire or any other information relating to the project.

Interviewer name:

Interviewer I.D.:

Signed:

Date

*(REFUSAL)

RR1 OK, that's fine, no problem, but could you just tell me the main reason you do not want to participate, because that's important information for us?

1. No comment / just hung up
2. Too busy
3. Not interested
4. Too personal / intrusive
5. Don't like subject matter
6. Don't believe surveys are confidential / privacy concerns
7. Silent number
8. Don't trust surveys / government
9. Never do surveys
10. Survey is too long
11. Get too many calls for surveys / telemarketing
12. Too old / frail / deaf / unable to do survey (CODE AS TOO OLD / FRAIL / DEAF)
13. Not a residential number (business, etc) (CODE AS NOT A RESIDENTIAL NUMBER)
14. Language difficulty (CODE AS LANGUAGE DIFFICULTY NO FOLLOW UP)
15. Going away / moving house (CODE AS AWAY DURATION)
16. Other (Specify)
17. No one 18 plus in household (CODE AS OTHER OUT OF SCOPE)
18. Respondent unreliable / drunk (CODE AS OTHER OUT OF SCOPE)
19. Asked to be taken off list

TERM1

Thanks anyway, but for this study we need to speak to people aged between 12 and 24 years of age.

TERM2

Thanks anyway, but to continue with this study we would need parental permission

TERM3

Thanks for your time.

ALLTERM

1. Household refused to be screened (Intro1=3)
2. Failed QUOCHK1 (no 12 to 24 year olds in household)
3. No open quota group at SELETDUM (quota full) (SDUM=5)
4. Phone answerer refuses to pass on to selected 18-24 year old (S3np=2)
5. Selected 18-24 year old away duration (S3np=4)
6. Parent refused to give permission to speak to 12-17 year old (S3p=3 or S3p1=3)
7. Parent away duration (S3p=4)
8. Selected 12-24 year old refused (S4=3)
9. Failed QUOCHK2 (selected 18 to 24 year old not in open quota group)
10. All other