The National Partnership Agreement on Preventive Health (NPAPH)

Tobacco Social Marketing Campaign

September 2013

EVALUATION REPORT- WAVES 5 & 6

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Executive Summary

This report presents the results from the evaluation of the 2012-13 National Tobacco Campaign (NTC). The evaluation measured campaign awareness, message communication and impact on the attitudes, awareness, intentions and behaviour of smokers and recent quitters.

This evaluation of the NTC comprises several waves of Computer Assisted Telephone Interviews (CATI) with national samples of smokers and recent quitters aged 18 to 40 years. The 2012-13 surveys were conducted 29 November – 19 December 2012 (Wave 5a), 29 January – 24 February 2013 (Wave 5b) and 24 June – 21 July 2013 (Wave 6). The results from these surveys were then compared to existing benchmark measures collected through the National Tobacco Survey in December 2010.

Campaign awareness

Unprompted recall

Overall recall of the NTC in the July ’13 survey was 22% amongst smokers and 30% amongst recent quitters; an improvement on results from the December ’12 and February ’13 surveys, but lower than earlier bursts of the campaign. These results were however, likely to reflect the changing composition of the campaign and lower media funding allocated to the current burst in comparison to the initial bursts of the campaign.

Recall of material used in the November 2012 and January 2013 bursts varied. Health Benefits (6%; 11%) and Eye (6%; 9%) were the most commonly recalled, while few recalled The Wait (1%; 4%). Recall was much stronger for Quarter 2 2013. Breathless (15%; 17%) in particular achieved sound recall; comparing very favourably with other NTC advertising. Recall of Breathless was also slightly higher than that of Symptoms (9%, 17%) suggesting it may be a slightly stronger concept, but also perhaps reflecting a slight advantage in being the first ad used in the ‘top and tail’ media buy strategy.

Prompted recognition

Total recognition of the Q2 2013 NTC was solid at 85% amongst smokers and 83% amongst recent quitters (against a targeted reach of 75%-80%), albeit slightly lower than previously achieved by the campaign.

Breathless and Symptoms

The media buy for launching the new Breathless and Symptoms creative materials was low in comparison to campaign bursts for new creative in previous years, due to media budget cuts. Despite the relatively limited number of Target Audience Ratings Points (TARPS) applied to this ad since launch, recognition of the Breathless television commercial (TVC) was sound at 62% amongst smokers and amongst recent quitters in the July ’13 survey. Recognition of the Breathless radio ad (19%; 22%) was well below results seen for other NTC radio ads; however, the
on-line advertising (22%; 25%) was very effective, particularly amongst 18 to 24 year old smokers and amongst smokers from a culturally and linguistically diverse (CALD) background. The print advertising was recognised by 10% of smokers and 13% of recent quitters. Out-of-home reached 25% amongst smokers and 22% amongst recent quitters, while postcards made a limited contribution (4%; 1%).

Recognition of the Symptoms TVC was slightly lower than Breathless and reached 54% amongst smokers and 55% amongst recent quitters. By contrast, the Symptoms radio (28%; 25%) performed slightly better than the Breathless radio suggesting the morning timeslot may not have been as effective as the afternoon timeslot. Recognition of Symptoms on-line advertising (8% for both groups) was more or less in line with results for previous NTC on-line advertising, while the out-of-home (7%; 10%) was lower.

The Wait and Eye

Recognition results for The Wait and Eye – aired in November 2012 and January 2013 – were sound, although typically slightly lower than Q2 2013 results among smokers and recent quitters. The Wait was recognised by 52% of smokers and 61% of recent quitters in the February ’13 survey, while for Eye, recognition reached 52% and 56%, respectively. Recognition of both advertisements was stable between the December ‘12 and February ’13 surveys.

Health Benefits

Recognition of Health Benefits continues to be very strong. In the February ’13 survey, 54% of smokers and 67% of recent quitters had heard the radio ad recently. Recognition of the magazine advertising reached 14% among smokers and 13% among recent quitters, while outdoor reached 32% and 42%, respectively.

Quit smoking apps including the My QuitBuddy App

People who have downloaded a quit smoking app, such as the NTC’s My QuitBuddy (which first launched in May 2012), has increased with 12% of smokers and 11% of recent quitters ever having downloaded a quit smoking app on their smartphone and/or tablet. The main reason for having not downloaded such apps was due to a lack of awareness that such quit smoking apps exist. Noting that the My Quitbuddy app did not feature on any TV advertising, to raise awareness of such apps that can aide smokers into quitting, highlights a communication opportunity for future NTC activity.

Message communication

Message recall from the Quarter 2 2013 NTC was strong and in keeping with the campaign’s communication objectives and executional content. Amongst those who recalled any of the Quarter 2 2013 NTC, there was increased recall of messages about smoking and emphysema and about the negative effect of smoking on other family members.
Amongst those who recognised the TVCs there were indications that Breathless and Symptoms were successful in communicating slightly different messages.

- For Breathless, there was mention of the problems associated with emphysema; the impact of smoking on family/others; as well as message take-out directly relating to the tag-line/voice over content of the TVC.

- Amongst those who recognised Symptoms, there was slightly greater mention of messages about the impact of smoking on family/others and some mention of the symptoms associated with quitting smoking.

**Campaign impact**

The impact of the NTC was assessed with respect to action taken as a consequence of exposure to the campaign, as well as its association with the attitudes, beliefs and behaviour of smokers and recent quitters towards smoking and quitting. Key findings included the following:

- In the July ‘13 survey, 33% of smokers and 40% of recent quitters said they had taken some action as a result of their exposure to the Q2 2013 NTC. For smokers, this was lower than the March ‘11 result, although the observed decline mainly reflects the smaller proportion of smokers who had been exposed to any of the NTC advertising.

- Although support for these remained at high levels, no changes were evident on the December ‘10 benchmark figures in key beliefs about the impact of smoking on health. Pointing to a positive impact from the NTC, those smokers who had seen Breathless were more likely than those who had not to think smoking had damaged their health (82%), was likely to make them ill (57%) and had lowered their quality of life (51%).

- The proportion of smokers who believed smoking causes heart disease (88%) and lung cancer (96%) was at a slightly lower level than benchmark (92% and 98% respectively). Nevertheless, most still believed smoking causes these illnesses.

- Concern about living with emphysema was high (mean rating of 4.6 out of 5) amongst smokers, identical to their level of concern about living with lung cancer. Smokers who recalled the Breathless advertising were more likely to be ‘extremely concerned’ about living with emphysema. Further, those that recalled the Breathless advertising were more likely to agree that living with emphysema long term could be worse than dying from smoking, emphysema is irreversible, and someone with emphysema can live a long time with the disease.

- The salience of quitting amongst smokers in the July ‘13 survey was much higher than benchmark (70% vs. 64%); this has not been the case since July ‘12.

- The proportion of smokers who intend to quit was significantly higher in July ’13 than in December ’10 (86% vs. 82%); the proportion of ‘intending quitters’ was slightly higher
amongst those who recognised the *Symptoms* TVC (89%). At the same time, there has been no change in the proportion intending to quit in the next month.

- Further, the higher incidence of actual attempts to quit in the three months prior to each survey (24% in July ‘13) versus the corresponding figure from December ’10 (17%) has been maintained. The incidence of quitting in July ‘13 also show signs of improvement on December ‘12 when, coinciding with low levels of NTC recall, quitting attempts were at their lowest levels since the campaign commenced.

**Conclusions**

The key findings in this report suggest that the Q2 2013 NTC has performed soundly on most of the advertising awareness measures and has improved the situation, to some degree, on that revealed by the December ‘12 and February ‘13 surveys.

The campaign appears to have been quite effective amongst those smokers who were exposed to it (particularly those who spontaneously recalled seeing the advertising). Such smokers were more concerned about emphysema and its potential impact; more concerned about the effects of smoking on their health and quality of life; more likely to be eager for a life without smoking; and more likely to be thinking about quitting and to intend quitting. Encouragingly, there has also been an increase in the proportion of smokers who had made at least one quitting attempt since December ‘12 (up to 81%) that has coincided with the increased recall of NTC advertising.

Nevertheless, total campaign recall and recognition are lower than levels seen for the NTC prior to December ‘12 and, as a result, the campaign’s impact may have been restricted.

It is worth bearing in mind that the media spend and launch weight for the NTC in Q2 2013 was lighter compared to previous waves of media activity, which affected the overall evaluation outcome. As part of the Australian Government’s initiative to save on national media spends, the 2012-13 *Mid-Year Economic and Fiscal Outlook* reduced the Australian National Preventive Health Agency’s campaign budgets by $13.5 million overall, including limiting the media spend on the NTC.

In 2012-13, total TARPs were shared among two TVCs per media burst, with the first two weeks seeing around 100 TARPs applied, or approximately 25-30 TARPS per ad per week. NTC bursts in previous years typically applied around 200 TARPS for the one TVC during each media burst over the initial two week launch period. Despite the limited funding for media placement for the NTC, the five TVCs (*Eye, The Wait, Break the Chain, Breathless and Symptoms*), which aired in the 2012-13 period, continued to generate sound levels of campaign cut-through and reach. Supporting media (on-line in particular) also performed well in helping to drive the overall campaign reach, especially amongst some of the ‘harder to reach’ groups of smokers including males and those from a CALD background.
Encouragingly, the evaluation has found there has been an increase in the proportion of smokers who had made at least one quit attempt and many more had been thinking a lot about quitting recently.

The NTC continues to generate sound levels of campaign cut-through and reach. The evaluation results suggest there is merit in airing *Breathless* and *Symptoms* in future bursts of the campaign to build on the momentum of the initial launch burst. Further, given that *Breathless* and *Symptoms* are now established, future bursts could consider airing the commercials individually rather than as ‘top and tail’. Future campaign bursts, however, would appear to need an increase media spend to achieve comparable awareness results to earlier bursts of the NTC. Stronger promotion of quit smoking tools such as smartphone apps, including the *My QuitBuddy* app, across the various creative elements also appears warranted.
1 Introduction

1.1 Context

The Australian Government, with state and territory governments at the Council of Australian Governments (COAG), committed in the 2008 National Health Care Agreement to reduce the national daily smoking rate to 10% or less of the population by 2018 and to halve the smoking rate amongst Indigenous Australians. Funding was provided for the National Partnership Agreement on Preventive Health (NPAPH) Tobacco Social Marketing Campaign (also known as the National Tobacco Campaign – NTC) with $61 million from 2009-13 to focus on encouraging a reduction in smoking rates amongst all adult smokers. As of 1 January 2011, direction for this campaign was transferred from the Australian Government Department of Health and Ageing to the Australian National Preventive Health Agency (ANPHA).

Alongside the ANPHA’s National Tobacco Campaign, whose goal to reduce smoking prevalence among all Australians by promoting quit attempts amongst smokers and by providing motivation and support to avoid relapse amongst quitters, the following complementary, but separately coordinated social marketing campaigns have also been implemented:

- The NTC – More Targeted Approach seeks to reduce smoking prevalence among high-need and hard to reach groups including pregnant women and their partners, prisoners, people with mental illness, people from culturally and linguistically diverse backgrounds, and people living in social disadvantage.

- An Indigenous anti-smoking campaign (Break the Chain) targeting Aboriginal and Torres Strait Islander People(s) aged 16-40 years who smoke.

These two campaigns are being evaluated separately to the NPAPH National Tobacco Campaign.

The 2009-13 NTC aims to build on previous Australian Government campaigns designed to reduce the prevalence of tobacco smoking since the campaign’s inception in 1997. The campaign uses graphic and confronting imagery to warn smokers of the serious health harms of tobacco through mass media campaigns and highly recognisable and confronting graphic commercials such as Sponge, Artery, Brain, and the Eye, 4,000 chemicals and other supporting messaging including Every cigarette is doing you damage, and Every cigarette you don’t smoke is doing you good.

As with all previous Australian Government anti-smoking social marketing initiatives, the 2009-13 NTC has been designed to work in concert with other strategies including anti-
tobacco policies and legislative measures, such as the National Tobacco Strategy, plain packaging legislation, tobacco excise, graphic health warnings, Closing the Gap and the Preventative Health Taskforce Strategy, as well as the other social marketing campaigns mentioned above.

This report primarily focuses on the evaluation of the 2012-13 of the NPAPH campaign (NTC 2013)

1.2 Campaign strategy

Overall, the 2009-13 NPAPH Tobacco Social Marketing Campaign aims to contribute to a reduction in the prevalence of adult daily smoking to 10% or less by 2018 through promoting quit attempts amongst smokers and by providing motivation and support to avoid relapse amongst those who have recently ceased smoking.

The more specific goals of the campaign included a number of behavioural and communication objectives, which are summarised below:

**Behavioural objectives**

To increase:

- Quit attempts amongst current smokers;
- The likelihood that quitters will maintain sufficient motivation to continue with their quit attempts; and
- The likelihood that lapsed quitters will make repeated quit attempts after relapse.

**Communication objectives**

To increase and reinforce awareness of:

- The range of health harms and the certainty of health damage associated with smoking; and
- The benefits of quitting.

To increase and reinforce:

- Salience and personal relevance (‘felt risk’) of the negative health impacts of smoking;
- Negative attitudes toward smoking;
- Positive attitudes towards quitting;
- Confidence in being able to successfully quit and to remain a non-smoker; and
- Resilience amongst lapsed quitters to continue with their quit attempts.
To generate and reinforce intentions among:

- Current smokers to quit now;
- Quitters to remain non-smokers; and
- Lapsed quitters to make another quit attempt now.

The primary target audiences for this campaign, in order of priority, are smokers aged 18 to 40 years; and recent quitters aged 18 to 40 years.

1.3 Campaign elements

The 2012-13 NTC consisted of a range of newly developed and existing creative material. The main components of the November 2012 and January 2013 bursts of the NTC included:

- **Eye** - a 30 second TVC from the previous NTC Graphic Health Warnings Campaign. The TVC focused on the impact chemicals from tobacco smoke have on the eye. Media allocation to Eye consisted of 406 TARPS over the same period that *The Wait* was on air.

- **The Wait** - a 30 second TVC showing a man sitting in a medical clinic waiting for the result of a lung x-ray. *The Wait* was supported by 231 TARPS spread over two bursts.

- **Break the Chain** - a 45 second TVC featuring an Aboriginal woman talking about the negative impacts of smoking on the health of her relatives. This TVC was aired on Indigenous television and supported by radio and print advertising.

- **Health Benefits** - a positive non-TV campaign called *Stop Smoking, Start Repairing* which comprised several ads which highlighted the health and financial benefits of quitting. A mix of media was used including radio (30 seconds), out of home, print and online (via entertainment and special interest websites, online TV, YouTube as well as Google and Yahoo! search marketing) advertising.

The campaign for Quarter 2, 2013 consisted of two creative concepts:

- **Breathless** – a 30 TVC showing a man in bed struggling to breathe due to suffering from emphysema and likens the experience to being buried while still alive, and with the call to action to *Stop Before the Suffering Starts*. This television ad was supported by a range of radio (30 seconds and titled *Visiting Mum*), out of home, print and online (via entertainment and special interest websites, online TV, YouTube as well as Google and Yahoo! search marketing) advertising.
• **Symptoms** – a 30 second TVC showing a man lying on a couch suffering from cold like symptoms due to quitting smoking. The TVC demonstrates that a little short-lived suffering now can save a lot of suffering later as the man leaps from the couch to play outside with his children, and with the call to action to Stop *Before the Real Suffering Starts*. This television ad was also supported by a range of other channels, including radio (30 seconds and titled *My Husband*), out of home and online.

Media allocation to *Breathless* and *Symptoms* consisted of 228 TARPS each. TARPS were allocated evenly across two four week bursts, with a two week break between. A ‘top and tail’ strategy was adopted for the television advertising whereby, *Breathless* was always aired at the start of an ad break and *Symptoms* aired at the end of an ad break.

The strategy adopted for the radio ads saw *Breathless* aired exclusively during the Breakfast and Morning timeslots, while *Symptoms* radio was aired during the Afternoon and Drive timeslots. *Breathless* and *Symptoms* television, radio, print and online advertising was also tailored for and translated into Arabic, Cantonese, Korean, Mandarin and Vietnamese languages.

The timing of the key elements of the 2012-13 NTC are shown below in Table 1 (overleaf).
Table 1  Overview of 2012-13 NTC activity

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<tr>
<td>Eye (406 TARPS)</td>
<td>307 TARPS</td>
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<td>Break the Chain</td>
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<tr>
<td>Breathless (228 TARPS)</td>
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<td>Symptoms (228 TARPS)</td>
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<td>Radio</td>
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<td>Out-of-Home</td>
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<td>Digital</td>
<td>Benefits</td>
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<tbody>
<tr>
<td>Evaluation Research (Wave)</td>
<td></td>
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<td>5b</td>
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<td>Television (458 TARPS)</td>
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<td>Wait (231 TARPS)</td>
<td>132 TARPS</td>
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<td>Break the Chain</td>
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<td>Breathless (228 TARPS)</td>
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<td>Symptoms (228 TARPS)</td>
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<td>Out-of-Home</td>
<td>Benefits</td>
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<td>Digital</td>
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</tr>
</tbody>
</table>
1.4 Research objectives

The main objective of this research was to evaluate the effectiveness of the NTC 2012-13 in terms of overall campaign awareness and impact. More specifically, the research measured:

- Campaign awareness, including advertising cut-through and message takeout amongst the target audiences of smokers and recent quitters;
- Campaign diagnostic measures (e.g. perceived credibility, communication clarity, impact and wear out);
- Knowledge and awareness of the benefits of quitting smoking;
- Attitudes towards smoking and quitting;
- Smoking and quitting behaviours; and
- Intentions to quit smoking or stay quit.

1.5 Methodology

Evaluation of the NTC now comprises seven waves of Computer Assisted Telephone Interviews (CATI) with national samples of smokers and recent quitters aged 18 to 40 years who were resident in private households contactable by landline telephone (Waves 1 thru 5a). In Waves 5b and 6 the sample design was revised to include those contactable via mobile phone.

The use of both landline and mobile sample frames to conduct a telephone survey – often called a ‘dual-frame design’ – was introduced to the NTC evaluation to overcome biases associated with the exclusion of the increasing proportion of the population residing in households that do not have a landline telephone (so called ‘mobile only’). Currently this is estimated at over 19% of the adult population, up from 5% in 2005.¹ Among young people, the proportion who are considered ‘mobile only’ is considerably higher; at 37% among 18-24 year olds in 2011.

The timing of the surveys conducted thus far are as follows:

- Wave 1: 28 February – 23 March 2011,
- Wave 2: 4 July – 31 July 2011,
- Wave 3, 27 February – 24 March 2012,
- Wave 4: 18 June – 15 July 2012,

• Wave 5a: 29 November – 19 December 2012,
• Wave 5b: 29 January – 24 February 2013, and

Where appropriate, the results from these tracking surveys have been compared with each other and (most often) with benchmark measures collected through the 2010 National Tobacco Survey in December 2010. It should be noted that recent quitters were not part of the December 2010 sample and as a result no pre-campaign benchmark measures are available for this group.

A Random Digit Dialling (RDD) sampling frame was used for the surveys and respondents were selected using the “next-birthday” method where there was more than one eligible resident in the household. The sample design for each wave of this research is shown in Table 2. The landline sample was stratified geographically approximately in proportion to the smoker population as estimated by the 2010 National Tobacco Survey. Geographic quotas were not put in place for the mobile strata.

### Table 2  Achieved sample by each wave

<table>
<thead>
<tr>
<th>Year</th>
<th>Smokers n=</th>
<th>Recent Quitters n=</th>
<th>Total Sample n=</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-10 (Benchmark)</td>
<td>1,016</td>
<td>-</td>
<td>1,016</td>
</tr>
<tr>
<td>Mar-11 (W1)</td>
<td>1,001</td>
<td>113</td>
<td>1,114</td>
</tr>
<tr>
<td>Jul-11 (W2)</td>
<td>1,002</td>
<td>114</td>
<td>1,116</td>
</tr>
<tr>
<td>Mar-12 (W3)</td>
<td>700</td>
<td>79</td>
<td>779</td>
</tr>
<tr>
<td>Jul-12 (W4)</td>
<td>1,000</td>
<td>113</td>
<td>1,113</td>
</tr>
<tr>
<td>Dec-12 (W5a)</td>
<td>700</td>
<td>79</td>
<td>779</td>
</tr>
<tr>
<td>Feb-13 (W5b)</td>
<td>702</td>
<td>79</td>
<td>781</td>
</tr>
<tr>
<td>Jul-13 (W6)</td>
<td>1,001</td>
<td>115</td>
<td>1,116</td>
</tr>
</tbody>
</table>

1.6  Questionnaire

The NTC evaluation questionnaires were designed in close consultation with ANPHA. They were largely based on the benchmark questionnaire, but included additional items used to measure campaign awareness and impact. Given these additions, not all measures presented in this report have applicable benchmarks for comparison.

To facilitate comparisons between survey waves, the same broad topic areas have been included in each questionnaire (see Appendix 2). These are:

- Smoking and quitting status and experience;
- Attitudes to smoking and quitting;
- Awareness of the benefits of quitting and the health effects of smoking;
- Campaign awareness and direct impact; and
- Demographics.

Due to the consistent questionnaire format, formal pilot tests of the questionnaire have not been used although the first night’s interviewing for each wave is used to check for any problems with content and flow. The average interview length for each Wave was as follows: 18.8 minutes for Wave 5a, 19.9 minutes for Wave 5b and 23 minutes for Wave 6.

1.7 About the report

This report presents key findings from the time series surveys used to evaluate the 2011, 2012 and 2013 NTC. The main focus of the report is results from the July 2013 survey and how these compare to previous surveys, particularly the December 2010 (for most of the ‘campaign impact’ measures) and March 2011 (for most of the ‘campaign awareness’ measures) benchmarks. However, key awareness results for campaigns aired between November 2012 and January 2013 are also reported.

Before reporting, all data were weighted to adjust for chance of selection (including telephony status) and post-weighted by age and gender to match population parameters for smokers and recent quitters estimated from the 2010 National Tobacco Survey. All charts and tables in this report, unless otherwise specified, show survey estimates that have been weighted in this manner.

Statistical tests were conducted to establish whether differences between the responses of subgroups, as well as between the various survey waves, were statistically significant. Where results are reported as “different”, it implies that a statistically significant difference at a 95% confidence level has been established. Such differences are indicated by the use of # (in tables) and * (in graphs) symbols. Where benchmark data are available, these symbols show an evaluation survey result which is significantly different from that obtained in the relevant (December 2010 or March 2011) benchmark.

It should also be noted that subgroup analysis has been restricted to smokers due to the limited sample size available for recent quitters. The subgroups considered include those based on socio-demographics (age, gender, occupation and educational attainment), cultural diversity (use of a language other than English; Aboriginal and Torres Strait Islander People) and campaign exposure (e.g. unprompted recall of NTC advertising). However, results for these groups are only discussed where they are significantly different from the total population of smokers.
2 Campaign awareness

2.1 Campaign recall

All respondents were asked if, during the past three months, they had “seen or heard any information or advertising campaigns about the dangers of smoking, or that encourage quitting?” Those who had done so were then asked to describe up to two advertisements they had seen or heard and to explain what they thought each ad had been “trying to say”.

2.1.1 Category recall

Recall of any anti-smoking information/advertising campaigns is summarised in Figure 1:

- In July ‘13, 88% of smokers had seen or heard any anti-smoking advertising in the previous three months. This figure was slightly below the December ’10 benchmark figure of 92% and was down eight percentage points from the peak result of 96% recorded in July ‘11. Nevertheless, despite these slight declines, the profile of anti-smoking advertising remains at a very high level.

- Amongst recent quitters, recall of any anti-smoking advertising was 90% in July ‘13; this result was not significantly different from the 97% recorded in March ’11, and again remains at a very high level of category recall.

Figure 1  Recall of anti-smoking information or advertising campaigns

<table>
<thead>
<tr>
<th></th>
<th>Smokers</th>
<th>Recent quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-10</td>
<td>92</td>
<td>n/a</td>
</tr>
<tr>
<td>Mar-11</td>
<td>95</td>
<td>97</td>
</tr>
<tr>
<td>Jul-11</td>
<td>96</td>
<td>93</td>
</tr>
<tr>
<td>Mar-12</td>
<td>94</td>
<td>94</td>
</tr>
<tr>
<td>Jul-12</td>
<td>92</td>
<td>88</td>
</tr>
<tr>
<td>Dec-12</td>
<td>92</td>
<td>90</td>
</tr>
<tr>
<td>Feb-13</td>
<td>91</td>
<td>90</td>
</tr>
<tr>
<td>Jul-13</td>
<td>88</td>
<td>90</td>
</tr>
</tbody>
</table>

Base: Total sample.
* Denotes a figure that is significantly different from the December ’10 result (Mar ’11 for recent quitters); p<0.05.
2.1.2 Advertising Recall (Cut-Through)

Figure 2 shows, over time, the proportions of smokers and recent quitters whose descriptions of anti-smoking advertising could be coded to specific executions from the NTC. Insofar as the Quarter 2, 2013 NTC was concerned, 22% of smokers and 30% of recent quitters recalled at least one execution from this campaign (i.e. Breathless or Symptoms) in the July ‘13 survey.

The recall figure for smokers remained significantly below the 40% recorded in March ‘11; however, it was an improvement on the results from the December ‘12 (17%) and February ‘13 (14%) surveys.

Figure 2  Recall of any NTC advertising

This improvement may be partly explained by the increased spend on mainstream free-to-air television advertising during the three months before the July ‘13 survey (458 TARPS were applied to Breathless and Symptoms) compared to the three months preceding the February ‘13 survey when 198 TARPS were applied to the Wait and Eye TVCs. It also should be noted that a ‘top and tail’ strategy was used with the Quarter 2, 2013 advertising as the two TVCs were created to be aired together to tell a story. This meant the advertisements were given the opportunity to benefit from each other’s profile, but did appear in less ad breaks.

Further, as the Breathless TVC was rated for a mature audience, it did limit the number of placements the advertising could be aired on television. This strategy was not used for the NTC television advertising in Quarter 4, 2012 or Quarter 1, 2013.
In July ‘13 total recall of the NTC amongst smokers was slightly lower amongst males (19% vs. 26% for female smokers) and for people from a CALD background (14% vs. 23% amongst all other smokers). This was consistent with recall of the NTC from the July ‘12 survey.

Of the specific NTC advertising used in Quarter 2 2013 (see
Recall of the *Breathless* TVC was 15% amongst smokers and 17% amongst recent quitters, while *Symptoms* was recalled by 9% and 17% respectively of these two groups.

It is interesting to note that recall of *Symptoms* was slightly lower than *Breathless* amongst smokers. This is perhaps not surprising given cut-through for 'positive' anti-smoking ads appears to be harder to establish than with more graphic, shocking or confronting styled ads. Further, *Breathless* may have benefitted to some degree from its earlier placement in each ad break.

Further, based a media allocation of 228 TARPS over two four week bursts, recall of *Breathless* (15%) amongst smokers compared very well against most of the earlier NTC advertising. For example, recall of *Who will you leave behind* peaked at 4% in July ’11 following the application of 500 TARPS during the previous six weeks and *Never Give Up Giving Up* reached 9% in March ’12 after receiving 300 TARPS in the previous four weeks. Only *Cough*, which peaked at 34% in July ’11, has achieved significantly higher recall amongst smokers; however, this result followed the application of a substantial 1,900 TARPS during the five months prior to the July ’11 survey.
Table 3a  Unprompted recall of specific advertising for Smokers

<table>
<thead>
<tr>
<th>Recalled advertising</th>
<th>Dec ‘12 n=701</th>
<th>Feb ‘13 n=702</th>
<th>Jul ‘13 n=1001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current and past NTC advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathless</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>Symptoms</td>
<td>-</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>Parents</td>
<td>10</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Cough</td>
<td>7</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Health Benefits</td>
<td>6</td>
<td>6</td>
<td>3&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Break the Chain</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>The Wait</td>
<td>3</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Eye</td>
<td>6</td>
<td>6</td>
<td>2&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td>Never Give Up Giving Up</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Bubblewrap</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>1</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td><strong>Net: Graphic ads</strong></td>
<td><strong>37</strong></td>
<td><strong>39</strong></td>
<td><strong>16&lt;sup&gt;a&lt;/sup&gt;</strong></td>
</tr>
<tr>
<td>Gangrene</td>
<td>7</td>
<td>13</td>
<td>5&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Lung</td>
<td>11</td>
<td>8</td>
<td>4&lt;sup&gt;c&lt;/sup&gt;</td>
</tr>
<tr>
<td>Other anti-smoking ads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>3</td>
<td>3</td>
<td>11&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Brian Curtis Story</td>
<td>18</td>
<td>21</td>
<td>8&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Last Dance</td>
<td>-</td>
<td>-</td>
<td>5</td>
</tr>
<tr>
<td>The Story of Mick Roberts</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
</tbody>
</table>

Base: Total sample

<sup>a</sup> Denotes a figure that is significantly different from the Dec ‘12 result; p<0.05.
Table 4b  Unprompted recall of specific advertising for Recent Quitters

<table>
<thead>
<tr>
<th>Recall advertising</th>
<th>Dec ‘12 n=79</th>
<th>Feb ‘13 n=79</th>
<th>Jul ‘13 n=115</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Current and past NTC advertising</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breathless</td>
<td>-</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>Symptoms</td>
<td>-</td>
<td>-</td>
<td>17</td>
</tr>
<tr>
<td>Parents</td>
<td>14</td>
<td>14</td>
<td>7</td>
</tr>
<tr>
<td>Cough</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Health Benefits</td>
<td>9</td>
<td>11</td>
<td>6</td>
</tr>
<tr>
<td>Break the Chain</td>
<td>-</td>
<td>&lt;1</td>
<td>5</td>
</tr>
<tr>
<td>The Wait</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Eye</td>
<td>6</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Never Give Up Giving Up</td>
<td>2</td>
<td>2</td>
<td>4</td>
</tr>
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<td>Bubblewrap</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Bronchoscopy</td>
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<td>&lt;1</td>
<td>1</td>
</tr>
<tr>
<td>Net: Graphic ads</td>
<td>34</td>
<td>39</td>
<td>18$^a$</td>
</tr>
<tr>
<td>Gangrene</td>
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<td>10</td>
<td>1$^a$</td>
</tr>
<tr>
<td>Lung</td>
<td>11</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>Other anti-smoking ads</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sponge</td>
<td>7</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Brian Curtis Story</td>
<td>9</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Last Dance</td>
<td>-</td>
<td>-</td>
<td>8</td>
</tr>
<tr>
<td>The Story of Mick Roberts</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: Total sample

# Denotes a figure that is significantly different from the Dec ‘12 result; p<0.05
Earlier NTC advertising recalled in the July ‘13 survey included:

- *Parents* recalled by 9% of smokers and 7% of recent quitters;
- *Cough* recalled by 7% of smokers and 4% of recent quitters;
- *Health Benefits* recalled by 3% of smokers and 6% of recent quitters; and
- *Break the Chain* spontaneously recalled by 3% of smokers and 5% of recent quitters. In the July ‘13 survey, 6% of smokers from an Aboriginal and Torres Strait Islander background recalled seeing *Break the Chain*, a result which was not significantly different from the 3% recall amongst all smokers.

It is also worth noting relatively strong recall of the existing *Graphic Ads*, particularly *Gangrene* and *Lung*, and also relatively high levels of recall for advertising used in specific states. This included *Sponge* (11% amongst all smokers but 20% amongst smokers in NSW/ACT), *Last Dance* (5% amongst all smokers; 17% amongst Victorian smokers) and *Mick Roberts* (3% amongst all smokers; 25% amongst smokers in WA). The *Brian Curtis* health warning that appears on current cigarette packaging (8% recall amongst smokers) also retained a significant presence although recall was down considerably from the peak level of 21% reached amongst smokers in the February ‘13 survey.

As well as describing the advertising, those respondents who recalled any recent anti-smoking campaigns were also asked what they thought the ad had been trying to say. Table 5 and
Table 6 summarise this message take-out for those who recalled any NTC advertising from the three months prior to each survey. Of particular interest are the figures for July ‘13 where there are several changes which appear to reflect the content of the Quarter 2 2013 NTC.

Thus, amongst those smokers who recalled NTC advertising there was:

- A substantial increase in recall of the message associating smoking with **emphysema** (up from 3% in March ‘11 to 35% in July ‘13), a message which was a content focus of the *Breathless* advertising;

- There was also a marked increase in mentions of the negative impact of smoking on **other family members**, up to 56% from 22% in March ‘11. This is the highest figure recorded for this message category and represents more than a doubling of the Mar ‘11 figure.

- There was also increased mention of the *QuitNow/Never too late to Quit* message from 18% in Mar ‘11 to a significant 55% in the Jul ‘13 among smokers.

A similar pattern of message take-out was also evident in July ‘13 survey amongst recent quitters. Further, messages about the negative impact of smoking on other family members appears to be particular strong among recent quitters with 74% recalling this message (see

2 Note: the sample sizes for recent quitters are small and the results for this group should be treated as indicative only.
Table 6).

Overall, these results suggest the most recent NTC advertising has been very effective in terms of its message communication.

Table 5  Recall of messages from the NTC - Smokers

<table>
<thead>
<tr>
<th>Recall of messages</th>
<th>Mar '11 n=388</th>
<th>Jul '11 n=441</th>
<th>Mar '12 n=272</th>
<th>Jul '12 n=363</th>
<th>Dec '12 n=122</th>
<th>Feb '13 n=96</th>
<th>Jul '13 n=224</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every cigarette you don't have is doing you good</td>
<td>26</td>
<td>19</td>
<td>26</td>
<td>19</td>
<td>36</td>
<td>42</td>
<td>4</td>
</tr>
<tr>
<td><strong>Health Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking causes lung cancer / smokers cough can become lung cancer</td>
<td>22</td>
<td>36</td>
<td>24</td>
<td>13</td>
<td>8</td>
<td>11</td>
<td>3</td>
</tr>
<tr>
<td>Every cigarette brings cancer closer</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Smoking causes (unspecified) cancer</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Smoking causes other diseases (stroke, cardio-vascular, emphysema, etc.)</td>
<td>9</td>
<td>10</td>
<td>6</td>
<td>13</td>
<td>14</td>
<td>6</td>
<td>36</td>
</tr>
<tr>
<td><strong>Smoking causes emphysema</strong></td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>8</td>
<td>9</td>
<td>2</td>
<td>35</td>
</tr>
<tr>
<td>See a doctor/health professional</td>
<td>2</td>
<td>1</td>
<td>&lt;1</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Smoking related diseases can affect people even when they are young</td>
<td>1</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Smoking is unhealthy (unspecified)</td>
<td>4</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>7</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td><strong>Other Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your smoking affects others / your family</td>
<td>22</td>
<td>40</td>
<td>16</td>
<td>42</td>
<td>26</td>
<td>25</td>
<td>56</td>
</tr>
<tr>
<td>Smoking effects your quality of life</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td><strong>Net: Quit smoking messages</strong></td>
<td>18</td>
<td>23</td>
<td>33</td>
<td>27</td>
<td>19</td>
<td>10</td>
<td>55</td>
</tr>
<tr>
<td>Quit/It's never too late to Quit</td>
<td>16</td>
<td>21</td>
<td>11</td>
<td>19</td>
<td>14</td>
<td>6</td>
<td>46</td>
</tr>
<tr>
<td>Don't wait until it's too late</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Smoking Kills</td>
<td>12</td>
<td>14</td>
<td>9</td>
<td>9</td>
<td>11</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>Smoking is dangerous</td>
<td>1</td>
<td>8</td>
<td>7</td>
<td>13</td>
<td>7</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Every cigarette is doing you damage / harm</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Reducing smoking saves money</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Don’t pass smoking on to your kids</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>No Message mentioned</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Base: Recalled seeing an NTC ad
# Denotes a figure that is significantly different from the March '11 result; p<0.05.
### Table 6  Recall of messages from the NTC – Recent Quitters

<table>
<thead>
<tr>
<th>Recall of messages</th>
<th>Mar ’11 n=50 %</th>
<th>Jul ’11 n=64 %</th>
<th>Mar ’12 n=39 %</th>
<th>Jul ’12 n=63 %</th>
<th>Dec ’12 n=13* %</th>
<th>Feb ’13 n=19* %</th>
<th>Jul ’13 n=34 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every cigarette you don't have is doing you good</td>
<td>24</td>
<td>23</td>
<td>28</td>
<td>18</td>
<td>40</td>
<td>44</td>
<td>2</td>
</tr>
<tr>
<td><strong>Health Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net: Cancer</td>
<td>38</td>
<td>43</td>
<td>13*</td>
<td>17*</td>
<td>5</td>
<td>15</td>
<td>5*</td>
</tr>
<tr>
<td>Smoking causes lung cancer / smokers cough can become lung cancer</td>
<td>34</td>
<td>35</td>
<td>13*</td>
<td>13*</td>
<td>-</td>
<td>15</td>
<td>5*</td>
</tr>
<tr>
<td>Every cigarette brings cancer closer</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Smoking causes (unspecified) cancer</td>
<td>4</td>
<td>2</td>
<td>-</td>
<td>5</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Smoking causes other diseases (stroke, cardio-vascular, emphysema, etc)</td>
<td>7</td>
<td>11</td>
<td>2</td>
<td>12</td>
<td>-</td>
<td>4</td>
<td>41*</td>
</tr>
<tr>
<td>Smoking causes emphysema</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>8</td>
<td>-</td>
<td>4</td>
<td>41*</td>
</tr>
<tr>
<td>See a doctor/health professional</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Smoking related diseases can affect people even when they are young</td>
<td>7</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Smoking is unhealthy (unspecified)</td>
<td>10</td>
<td>3</td>
<td>-</td>
<td>2</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other Issues</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your smoking affects others / your family</td>
<td>10</td>
<td>34*</td>
<td>20</td>
<td>46*</td>
<td>23</td>
<td>20</td>
<td>74*</td>
</tr>
<tr>
<td>Smoking affects your quality of life</td>
<td>-</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Net: Quit smoking messages</td>
<td>30</td>
<td>18</td>
<td>35</td>
<td>38</td>
<td>-</td>
<td>6</td>
<td>54*</td>
</tr>
<tr>
<td>Quit/It’s never too late to Quit</td>
<td>28</td>
<td>14</td>
<td>6</td>
<td>21</td>
<td>-</td>
<td>6</td>
<td>47</td>
</tr>
<tr>
<td>Don’t wait until it’s too late</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>7</td>
</tr>
<tr>
<td>Smoking Kills</td>
<td>12</td>
<td>3</td>
<td>8</td>
<td>8</td>
<td>-</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Smoking is dangerous</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>14*</td>
<td>28</td>
<td>12</td>
<td>6</td>
</tr>
<tr>
<td>Every cigarette is doing you damage / harm</td>
<td>8</td>
<td>-</td>
<td>5</td>
<td>4</td>
<td>-</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Reducing smoking saves money</td>
<td>12</td>
<td>4</td>
<td>13</td>
<td>-</td>
<td>-</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Don’t pass smoking on to your kids</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>7*</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>No Message mentioned</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Base: Recalled seeing an NTC ad. # Denotes a figure that is significantly different from the March ’11 result; p<0.05.
* Due to the very small sample size, this column is excluded from statistical comparison with March ’11.
2.2 Campaign recognition

This section of the report provides an evaluation of prompted recognition, message take-out and advertising diagnostic measures for key components of the 2012-13 NTC; that is, for the TVCs; radio advertising; newspaper/magazine advertising; out-of-home advertising used on transport and in shopping centres; the on-line and digital advertising; and for the postcards which together comprised this campaign.

The specific advertising evaluated was:

- **Breathless** – television including on-line TV, radio, print, out-of-home, on-line (banner and YouTube), and postcards (Wave 6);
- **Symptoms** – television including on-line TV, radio, print, out-of-home and on-line.
- **The Wait, Eye and Break the Chain** - television only
- **Health Benefits** - radio, magazine and outdoor;

2.2.1 Breathless

**Recognition**

All respondents were read a brief description of the Breathless TVC and asked if they remembered recently seeing the ad on television; they were also asked if they had seen any advertising using images from the TVC in print, out of home, on-line or on postcards. Finally, following a brief verbal description, all respondents were asked if they had heard the Breathless radio ad. Recognition for each medium is shown in
Despite the relatively limited number of TARPS applied to this ad since launch (approximately 228 TARPS over two flights, each of four weeks), recognition of the Breathless TVC was sound at 62% amongst smokers and amongst recent quitters in the July '13 survey.

Amongst key smoker subgroups, recognition was higher amongst those aged 18 to 24 years (70%) than amongst all other age groups. It was also higher amongst those working in blue collar occupations (68% vs. 59% for those in white collar employment). Recognition of Breathless was lower amongst those smokers from a CALD background (52% vs. 63% for all other smokers).

Also shown in

Figure 3.
Figure 3     Recognition of Breathless advertising (July 2013) are the following:

- As at July ’13, 19% of smokers and 22% of recent quitters had heard the Breathless radio ad. This was below the recognition of the Health Benefits (which reached 62% amongst smokers in Mar ‘12 and Dec ‘12) and Bubblewrap (40% amongst smokers in Jul ‘12) radio advertising and suggests Breathless may benefit from a somewhat higher spend in this medium. Of smoker subgroups, those aged 35 to 40 years were less likely to have heard the Breathless radio ad than younger people (14% vs. 23% of 18 to 24 year olds).

- Of the other supporting media used:
  
  o 25% of smokers and 22% of recent quitters had seen the out-of-home Breathless advertising on a billboard or poster in a shopping centre, bus shelter or train station. Recognition of this advertising was higher amongst the following smoker subgroups; males (29%), those aged 18 to 24 years (35%), those from a CALD background (39%), and those employed in white collar occupations (27%).
  
  o Overall, 22% of smokers and 25% of recent quitters had Breathless advertising on-line. This result outperforms previous NTC online advertising where recognition scores have only been in the vicinity of 6%. Recognition of the on-line Breathless advertising was higher amongst smokers who were 18 to 24 years old (38%) and those from a CALD background (35%).
  
  o In so far as individual elements of the online advertising was concerned, 12% of smokers and 17% of recent quitters had seen Breathless as a banner or pop-up ad on the internet, while 17% of smokers and recent quitters had seen the advertising on YouTube before viewing a video.

  o Breathless print advertising in newspapers and magazines was recognised by 10% of smokers and 13% of recent quitters, particularly smokers working in blue collar occupations (14%) while 4% of smokers (5% amongst males vs. 2% amongst females) and 1% of recent quitters had seen the postcards using illustrations from the Breathless TVC. This is consistent with results seen for previous NTC (i.e. Health Benefits) magazine advertising.
Figure 3  Recognition of *Breathless* advertising (July 2013)

Base: Total sample.

*TVC message communication*

All those who recognised the *Breathless* TVC were asked what they thought was the ad’s main message. The results in
Table 7 show that:

- 29% of smokers and 34% of recent quitters referred to messages which were directly related to *emphysema*, particularly the distress associated with the presence of this disease;

- 22% of smokers and 21% of recent quitters felt the ad talked about the impact of smoking on family members and other people;

- 28% of smokers and 34% of recent quitters referred to messages which appeared to reflect the content of the voice-over for this TVC; and

- Only 3% of smokers and 1% of recent quitters “didn’t know” what the ad was trying to communicate.

Overall these results are consistent with those shown earlier in Table 5 and
Table 6 and again point to the communication effectiveness of this TVC. The relatively high proportion who mentioned the more generic Quit smoking message (33% of smokers and 20% of recent quitters) is also consistent with message take-out amongst those who recalled the latest NTC advertising and may reflect a strong call to action in the advertising.
Table 7  Message take-out for Breathless TVC (July 2013)

<table>
<thead>
<tr>
<th>Message take-out</th>
<th>Smokers n=633</th>
<th>Recent Quitters n=72</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Mention of Emphysema</td>
<td>29</td>
<td>34</td>
</tr>
<tr>
<td>People with emphysema suffer</td>
<td>21</td>
<td>21</td>
</tr>
<tr>
<td>People can live for years with emphysema</td>
<td>9</td>
<td>15</td>
</tr>
<tr>
<td>Smoking causes emphysema</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Comments relating to the tag-line/voice-over</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>Stop before the suffering starts</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>Smoking-related illness can be worse than death</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Death isn’t the only thing to worry about when you smoke</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Smoking impacts your family/others</td>
<td>22</td>
<td>21</td>
</tr>
<tr>
<td>Generic Quit/anti-smoking messages</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>Quit smoking</td>
<td>33</td>
<td>20</td>
</tr>
<tr>
<td>Smoking is bad/Don’t smoke</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Negative effects of smoking</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Smoking kills</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Smoking causes illness/disease</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>All other responses</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: Recognised Breathless TVC

**TVC diagnostics**

A number of advertising diagnostic measures were used to assess key aspects of the Breathless TVC. These measures were obtained by asking those who recognised the ad if they agreed or disagreed with a set of eight descriptive statements about the advertising.

These statements covered the areas of:

- Credibility (Is believable);
- Clarity of communication (Was easy to understand);
- Personal relevance (Is relevant to me);
- News (Taught me something new); and
- Impact (Makes me stop and think; Makes me feel concerned about my (past) smoking; Makes me feel uncomfortable; Makes me more likely to try to quit/stay quit).
Figure 4 shows the results for smokers from the July ’13 survey for the Breathless TVC. It also compares these results with the averages from all NTC ads for which these diagnostics have been obtained since March ’11.

**Figure 4  Diagnostic Measures for Breathless TVC amongst smokers (July ’13)**

![Graph showing diagnostic measures for Breathless TVC amongst smokers (July ’13)]

Base: Smokers who recognised Breathless TVC (n=633).

It is evident that Breathless’ performance is in line with that of other NTC ads on the dimensions of clarity of communication, credibility, news and personal relevance. Importantly, its impact on smokers appears to be slightly above average, particularly with respect to feeling uncomfortable and feeling concerned about their smoking and being more likely to try to quit.

### 2.2.2 Symptoms

Symptoms was the second ad which made up the Quarter 2 NTC for 2013. Recognition for the TVC, radio, out-of-home and on-line advertising from brief verbal descriptions is shown in Figure 5. It can be seen that:

- More than one in two smokers (54%) and recent quitters (55%) recognised the Symptoms TVC from the description provided. Recognition was above average amongst those working in blue collar occupations (61%) and relatively low amongst people from a CALD background (38%). Consistent with the lower recall mentioned earlier in Section 2.1.2, at 54% recognition of Symptoms was a little lower amongst smokers than was recognition of the Breathless TVC (62%), although this is not

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3 Chart shows the % of smokers who recognised Breathless and who agree or strongly agree it was described by each characteristic.

4 The average presented were based on the diagnostic profile of the ten television advertisements previously aired as part of the National Tobacco Campaign: Cough, Benefits, Parents, Who will you leave behind, Break the Chain, Excuses, Bronchoscopy, Never Give Up Giving Up, Eye and The Wait.
surprising given the positive nature of this ad compared to the hard-hitting imagery in the emphysema ad.

- Amongst smokers recognition of the Symptoms radio advertising was slightly stronger at 28% than was recognition of the Breathless radio ad (19%). For recent quitters, recognition of the Symptoms radio ad was 25%, not significantly different from the 22% recorded for the Breathless radio ad amongst this group. Again, recognition was above average amongst those working in blue collar occupations (35%).

**Figure 5  Recognition of Symptoms advertising (July ’13)**

<table>
<thead>
<tr>
<th></th>
<th>Smokers</th>
<th>Recent quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>TVC</td>
<td>54</td>
<td>55</td>
</tr>
<tr>
<td>Radio</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Out of home</td>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>Banner/Pop-up</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Any of these</td>
<td>67</td>
<td>62</td>
</tr>
</tbody>
</table>

Base: Total sample.

- Recognition of the Symptoms out-of-home advertising was 7% amongst smokers and 10% amongst recent quitters; for both groups this was significantly below the result for the out-of-home Breathless advertising (25% for smokers; 22% for recent quitters). Recognition of Symptoms out-of-home was above average amongst smokers from a CALD background (14%), while female smokers were less likely to have seen this advertising (4%).

- Finally, recognition of the on-line banner and pop-up ads using Symptoms was at 8% amongst both smokers and recent quitters, slightly lower than the banner/pop-up results seen earlier for Breathless (12% amongst smokers and 17% amongst recent quitters) and more in line with recognition of on-line advertising for previous NTC ads (6%), including the Health Benefits campaign with achieved 4% recognition in the March ’11 survey following its launch and 7% in the July ’11 survey. No significant differences were evident between key smoker subgroups insofar as recognition of the on-line Symptoms advertising was concerned.
**TVC message communication**

All those who recognised the *Symptoms* TVC were asked what they thought the ad’s main message had been.

The results in Table 8 show that:

- Of those who remembered seeing the *Symptoms* TVC, only 3% of smokers and 2% of recent quitters, did not know what message this ad sought to convey.

**Table 8  Message take-out for *Symptoms* TVC (July '13)**

<table>
<thead>
<tr>
<th>Message take-out</th>
<th>Smokers n=548</th>
<th>Recent Quitters n=52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quitting/smoking impacts your family/others</td>
<td>31</td>
<td>35</td>
</tr>
<tr>
<td>Your smoking impacts your family/others</td>
<td>26</td>
<td>31</td>
</tr>
<tr>
<td>Quit for your family/friends</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Comments relating to the tag-line/voice-over</td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>Quitting now can save a lot of suffering later</td>
<td>16</td>
<td>25</td>
</tr>
<tr>
<td>Stop before the suffering starts</td>
<td>14</td>
<td>8</td>
</tr>
<tr>
<td>Symptoms associated with quitting</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Symptoms are not as bad as other smoking related illness</td>
<td>9</td>
<td>8</td>
</tr>
<tr>
<td>Symptoms are short-lived</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Symptoms can feel overwhelming</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>About the symptoms when you quit smoking</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Other Quit-related messages</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>About the benefits of quitting</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Quitting is achievable</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Generic Quit smoking message</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>All other responses</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Don’t know</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

Base: Recognised *Symptoms* TVC

- Most of the message take-out appeared to be in line with the content of *Symptoms* with:
  - 31% of smokers and 35% of recent quitters referring to the impact of smoking on family members and other people;
  - 28% of smokers and 33% of recent quitters made comments reflecting the tag-line and other voice-over content from the ad;
  - 19% of smokers and 13% of recent quitters referred to messages about the symptoms associated with quitting smoking. While encouraging, it should be noted that there was little mention of specific symptoms (such as headaches, inability to sleep, anxiety, etc.) with respondents more likely to mention more general issues; that quitting symptoms are not as bad as those from tobacco-related illness and that quitting symptoms are relatively short-lived.
Other quitting related messages (such as the benefits of quitting and the achievability of quitting) were mentioned by 17% of smokers and 15% of recent quitters.

This TVC also seems to have been effective in terms of its message communication.

**TVC diagnostics**

Results for the eight diagnostic measures are shown in Figure 6 for those smokers who recognised the *Symptoms* TVC.

- Overall, the diagnostic profile is similar to that of *Breathless* and to that of the NTC television advertising in general.

- The notable difference for *Symptoms* is the score on making viewers feel uncomfortable. The more positive style of the ad is clearly evident on this measure with just 40% of those smokers who recognised *Symptoms* agreeing it made them feel uncomfortable. This is well below the average score for NTC television ads, but not unexpected, given the positive focus of the messaging.

- *Symptoms* was also slightly above average on the impact measure Makes me more likely to try to quit demonstrating its potential to have a strong call to action, despite being a generally positive ad.

**Figure 6** Diagnostic measures for *Symptoms* TVC amongst smokers (July ’13)

![Diagnostic measures for Symptoms TVC amongst smokers (July ’13)](chart)

Base: Smokers who recognised Symptoms TVC (n=548).
2.2.3 The Wait

Recognition

The Wait was included in the National Tobacco Campaign for the first time in Quarter 4 2012 and Quarter 1 2013. Results from the December ‘12 (Wave 5a) and February ‘13 (Wave 5b) surveys show The Wait achieved sound recognition results among smokers (52%) and recent quitters (61%) following the limited application of TARPS (132 before the Dec ‘12 survey and 99 before the Feb ‘13 survey). Recognition across the two surveys was stable (see Figure 7).

Recognition of The Wait tended to increase with age (62% of 35-40 year olds vs. 44% of 18-24 years), but was weaker among those who identified as being of Aboriginal or Torres Strait Islander background (35%) and those who regularly spoke a language other than English at home (35%).

Figure 7 Recognition of The Wait advertising

![Recognition of The Wait advertising](image)

Base: Total sample.

TV C diagnostics

Results for the eight diagnostic measures are shown in Figure 8 for those smokers who recognised The Wait TVC. Overall, The Wait was seen by smokers as very easy to understand and highly believable. Approximately two-thirds agree The Wait has impact, but less than one-third believe it taught them something new. There was evidence of some weakening in the perceived impact of The Wait among smokers between the December ‘12 and February ‘13 surveys; however, the differences were not statistically significant.

The diagnostic profile of The Wait in the February ‘13 survey indicates it is below the average score for NTC television ads on a number of dimensions. These include teaching something new, relevance (to smokers), stop and think and being more likely to try to quit.
2.2.4 Eye

Recognition

Eye was also included in the National Tobacco Campaign for the first time in Quarter 4 2012 and Quarter 1 2013. Eye also achieved sound recognition results among smokers and recent quitters in the December ‘12 survey (49% among smokers and 43% among recent quitters) following the application of 307 TARPS (see Figure 9). It should be noted however, the allocation of TARPS to Eye in this period was approximately twice that allocated to The Wait. Recognition of Eye was slightly, but not significantly higher in February ’13 (52% and 56%) following a further 99 TARPS.

Recognition of Eye was weaker among smokers who regularly spoke a language other than English at home (36%). There were no other significant sub-group differences.

Figure 9 Recognition of Eye advertising
**TVC diagnostics**

The diagnostic profile of *Eye* is shown in Figure 10. As can be seen, nearly all smokers agreed the ad was easy to understand and believable, while approximately two-thirds agreed with each of the perceived impact measures. There was also evidence of some weakening in personal relevance between the December ‘12 (75%) and February ‘13 surveys (66%).

In comparison to other NTC television advertising, *Eye* was above the average on *teaching something new*. It was however, slightly lower the average on *believability*, making smokers *stop and think* and *feel concerned their smoking*, and making smokers *more likely to try to quit*.

**Figure 10** Diagnostic measures for *Eye* TVCs amongst smokers

![Diagnostic measures for *Eye* TVCs amongst smokers](image)

Base: Smokers who recognised *Eye* TVC (Dec’12, n=348; Feb’13, n=369).

* Denotes a figure that is significantly different from the Dec-12 result; p<0.05
2.2.5 Break the Chain

Break the Chain also was included in Quarter 4 2012 and Quarter 1 2013 of the National Tobacco Campaign. It primarily appeared on Indigenous television during this time.

Recognition of Break the Chain in the February ‘13 survey among smokers and recent quitters was sound with approximately two-fifths (42%) of smokers surveyed and half (51%) of recent quitters having recently seen the TVC (see Figure 11). Consistent with the switch in media strategy from mainstream to Indigenous media only, recognition results among smokers have noted a gradual decline in recent exposure. The Feb-13 survey result was lower than all previous time points.

Recognition of Break the Chain was stronger among smokers aged 30-40 years (51%), females (53%) and people of Aboriginal or Torres Strait Islander background (60%), but weaker among those who regularly spoke a language other than English at home (29%).

Figure 11 Recognition of Break the Chain advertising

Base: Total sample.

* Denotes a figure that is significantly different from the Jul-11 result; p<0.05
2.2.6 Health Benefits

The final element of the Quarter 4 2012 and Quarter 1 2013 of the National Tobacco Campaign was Health Benefits. The results from the December ‘12 and February ‘13 surveys indicate the Health Benefits radio advertising continues to perform very well (see Figure 12). In the February ‘13 survey slightly more than half (54%) of smokers and two-thirds (67%) of recent quitters had heard the radio ad recently. These results remained higher than the March ‘11 survey, but among smokers was slightly lower than July ‘11 to December ‘12 surveys.

Recognition of the Benefits radio advertising was stronger among smokers who had attempted to quit smoking in the past three months (64%) and who only spoke English at home (60%).

Figure 12 Recognition of Health Benefits radio advertising

Recognition of the Health Benefits magazine advertising in February ‘13 reached 14% among smokers and 13% among recent quitters (see
Figure 13). The result amongst smokers was higher than the result seen in March ‘11 following the launch of Health Benefits. The result among recent quitters was no different to March ‘11 and below the peak seen in the July ‘11 survey.

The only significant sub-group difference in exposure to the Health Benefits magazine advertising indicated that light daily smokers were more likely than moderate to heavy daily smokers to have seen the ads (16% vs. 10%).
Recognition of the *Health Benefits* outdoor advertising continues to be strong (for the channel) reaching 32% among smokers and 42% among recent quitters in February ’13 (see
Figure 22). These results are higher than March ‘11 and July ‘11.

Two-thirds (68%) of those who had seen the outdoor advertising had seen it at a bus or train stop, while one-third (31%) had seen it at a shopping centre.

Consistent with previous evaluation waves, recognition of the out-of-home advertising was much stronger among 18-24 year olds (44%).

**Figure 14  Recognition of Health Benefits outdoor advertising**

![Recognition of Health Benefits outdoor advertising chart](chart)

Base: Total sample.
* Denotes a figure that is significantly different from the Mar-11 result; p<0.05

### 2.2.7 Overall Performance of the NTC

This section of the report provides an overview of the NTC’s performance and discusses:

- Recognition of the NTC\(^5\) in total; and
- Several specific measures of the campaign’s perceived communication effectiveness.

**NTC total recognition**

As shown in Figure 15, July ’13 saw 85% of smokers and 83% of recent quitters able to recognise at least one component of the campaign. These results are slightly above the media buy’s targeted TV reach goal of 75% among 18 to 40 year olds, and a good result given the TARPS and media spend invested in the July ‘13 period was significantly lower that at waves of activity.

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\(^5\) For Q2 2013, this measure shows the proportion who recognised any of the *Breathless or Symptoms* advertising. The ads used to measure total recognition differ from this in earlier surveys.
Campaign recognition was slightly higher amongst 18 to 24 year old smokers (83%) and slightly lower amongst those aged 35 to 40 years (69%) but overall, recognition was relatively consistent across key smoker subgroups.

**Figure 15  Overall exposure to National Tobacco Campaign advertising**

![Graph showing overall exposure to National Tobacco Campaign advertising](image)

Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.
**NTC communication about quitting symptoms**

All respondents were asked several questions which were specifically about the symptoms associated with quitting smoking:

- What symptoms someone might experience when trying to quit smoking;
- Rating of how difficult they thought it would be to cope with each of nine quitting symptoms (i.e. headaches, difficulty concentrating, insomnia, anxiety, cravings, increased appetite, anger/irritability, impatience and coughing); and
- Which was thought to be worse out of “the suffering from quit related symptoms” or “the suffering from illnesses and diseases caused by smoking”.

Table 9 shows the symptoms respondents associated with quitting without prompting from the interviewer. It is evident that:

- The symptoms mentioned most often, both by smokers and recent quitters, were anger/irritability, anxiety/depression/withdrawal/mood swings and cravings. Of these three, anxiety was the only one specifically mentioned in the Symptoms advertising.

**Table 9  Symptoms which might be experienced when trying to quit (July ’13)**

<table>
<thead>
<tr>
<th>Symptoms mentioned</th>
<th>Smokers n=1001</th>
<th>Recent Quitters n=115</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anger/Irritability</strong></td>
<td>48%</td>
<td>50%</td>
</tr>
<tr>
<td>Anxiety/ depression/ withdrawal/ mood swings</td>
<td>32%</td>
<td>27%</td>
</tr>
<tr>
<td>Cravings</td>
<td>24%</td>
<td>35%</td>
</tr>
<tr>
<td>Headaches</td>
<td>14%</td>
<td>16%</td>
</tr>
<tr>
<td>Increased appetite</td>
<td>14%</td>
<td>17%</td>
</tr>
<tr>
<td>Impatience/Restlessness</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Flu/Cold symptoms (sweats, fever, chills)</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Cough</td>
<td>8%</td>
<td>14%</td>
</tr>
<tr>
<td>Insomnia/ sleeping problems</td>
<td>8%</td>
<td>15%</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Dizziness/Light-headed</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Stress</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>Respiratory problems</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Shaking/trembling</td>
<td>2%</td>
<td>1%</td>
</tr>
<tr>
<td>Picking up another habit</td>
<td>1%</td>
<td>4%</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>All other responses</strong></td>
<td>7%</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Don’t know</strong></td>
<td>7%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Base: Total Sample.

# Denotes a figure that is significantly different from the result for smokers; p<0.05.
Other symptoms that were mentioned in the Symptoms advertising voice-over were headaches (mentioned here by 14% of smokers and 16% of recent quitters), difficulty concentrating (5% of smokers; 4% of recent quitters) and sleeping problems (8% of smokers; 15% of recent quitters) while cough (8% of smokers; 14% of recent quitters) was portrayed visually in the TVC.

Those smokers who recalled the Symptoms advertising were more likely to mention headaches (22% vs. 13% amongst those who did not recall Symptoms), cough (16 vs. 8%) and sleeping problems (14% vs. 7%).

Few differences were evident between current smokers and recent quitters apart from more frequent mention of cravings, sleeping problems and picking up a replacement habit by recent quitters.

Overall, these results suggest there is relatively high awareness of the symptoms associated with quitting smoking; only 7% of smokers and 5% of recent quitters were unable to give any answer to this question. Further, while the Symptoms advertising appears to have had little impact on those symptoms mentioned most often, it seems likely to have played a role in lifting the profile of headaches, coughing and sleeping problems as medically identified symptoms and conditions associated with quitting smoking.

All respondents were asked to rate out of five, how difficult they felt it would be to cope with each of the symptoms listed in

Figure 16. The graph shows the mean score for each symptom; the higher the score the greater the perceived difficulty in coping with that symptom.

As shown:

The symptoms regarded as being the most difficult to cope with were cravings (mean scores of 4.1 out of 5 for smokers and recent quitters), anger/irritability (mean scores of 3.8 for smokers and 3.6 for recent quitters) and impatience (mean scores of 3.8 for smokers and 3.5 for recent quitters).

Those smokers who recognised the Symptoms TVC gave higher difficulty ratings for coping with headaches (2.8 vs. 2.5 for those who had not seen the campaign), difficulty sleeping (3.0 vs. 2.8), anxiety (3.6 vs. 3.3), anger/irritability (3.9 vs. 3.6) and impatience (3.9 vs. 3.6). It may be that this ad, while raising awareness of some quitting symptoms, has also slightly increased smokers’ concerns about experiencing these if they quit smoking.
The only difference between smokers and recent quitters was with respect to the perceived difficulty of coping with the increased impatience associated with quitting (mean score of 3.8 for smokers and 3.5 for recent quitters).

Figure 16  Perceived difficulty of coping with quitting symptoms (July ’13).

Base:  Total sample.

* Denotes a figure that is significantly different from the result for smokers; p<0.05.
Finally, Figure 17 shows that the great majority of smokers (85%) and recent quitters (84%) felt that the *suffering from illnesses and diseases caused by smoking* is worse than the *suffering from quit related symptoms*.

There were no differences on this measure according to exposure to the *Symptoms* campaign.

**Figure 17**  Perceptions of suffering caused by quitting symptoms versus that caused by smoking related illnesses (July ‘13).

Base: Total sample.
3 Campaign Impact

The impact of the NTC was assessed by considering its effect on various aspects of respondents’ knowledge and beliefs, intentions and behaviour with respect to the smoking of cigarettes and to quitting. Specifically, this included an assessment of:

- Respondents’ stated actions and future intentions as a direct result of seeing the NTC advertising;
- Beliefs about smoking as a cause of illness and damage to health;
- Attitudes towards quitting and smoking including the perceived benefits of quitting;
- Intentions to smoke and to quit smoking; and
- Quitting behaviour.

3.1 Action taken as a result of seeing NTC advertising

All respondents who recognised any element of the NTC were asked what, if anything, they had done as a result of seeing the advertising and also what, if anything, they intended to do in the next month in response to the campaign.

Responses to these questions were re-based to the total sample in order to show the intent of impact on the target audience overall (see
Table 10 to Table 13). Looking first at actions taken as a result of exposure to the campaign (see
Table 10 and
Table 11), in July ‘13:

- 33% of smokers and 40% of recent quitters said they had taken some action as a result of seeing the Quarter 2 2013 NTC advertising. For smokers this result is significantly lower than the March ’11 survey figure of 39%; however it should be kept in mind that the proportion who had not seen any Q2 2013 NTC advertising (15%) was significantly higher than in previous surveys and consequently the proportion who report taking action is depressed. Hence, the decreased incidence of “action” seen here amongst smokers appears to be largely a consequence of the low media spend and reach recorded in the July ’13 survey.

- The types of action taken by smokers most often related to quitting (18% in the July ’13 survey) including thinking about quitting (7%), actually doing so (6%), asking a doctor for help to quit (2%) or starting to use NRT or other anti-smoking pharmaceuticals (2%). Cutting down the number of cigarettes smoked (10%) was mentioned next most often.

- Amongst recent quitters the action taken most frequently as a result of seeing the Quarter 2 2013 NTC was to quit smoking (28% in July ’13).

- One in two smokers (52%) and 40% of recent quitters said they had ‘done nothing’ as a result of seeing the Quarter 2 2013 NTC advertising. A further 15% of smokers and 17% of recent quitters had not seen any of the advertising while 1% of smokers were unable to provide a response.

Overall, there have been several changes since the March ’11 survey; these included a fall in the proportion of smokers who said they had cut down on the amount smoked as a result of seeing the campaign (down from 15% in March ’11 to 10% in the July ‘13), as well as slight falls in the percentage who had discussed smoking with their family/friends (down 3 points from 7% in March ’11); who started using NRT (down 2 points from 4% in March ’11) and who sought advice from a pharmacist/other health professional (down to <1% from 2% in March ’11).

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6 If those smokers who did not see any NTC advertising are excluded the corresponding figures are 39% taking some action in July ’13 and 41% taking action in March ’11; no statistically significant change.
Table 10  Action taken as a result of seeing the NTC - Smokers

<table>
<thead>
<tr>
<th>Action taken</th>
<th>Mar '11 n=1001 %</th>
<th>Jul '11 n=1002 %</th>
<th>Mar '12 n=700 %</th>
<th>Jul '12 n=1000 %</th>
<th>Dec '12 n=701 %</th>
<th>Feb '13 n=702 %</th>
<th>Jul '13 n=1001 %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net: Done something</strong></td>
<td>39</td>
<td>41</td>
<td>57&lt;sup&gt;a&lt;/sup&gt;</td>
<td>47&lt;sup&gt;a&lt;/sup&gt;</td>
<td>39</td>
<td>35</td>
<td>33&lt;sup&gt;b&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Quit-related activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thought about quitting</td>
<td>8</td>
<td>5&lt;sup&gt;#&lt;/sup&gt;</td>
<td>5&lt;sup&gt;#&lt;/sup&gt;</td>
<td>5&lt;sup&gt;#&lt;/sup&gt;</td>
<td>7</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Stopped/quit smoking</td>
<td>6</td>
<td>9&lt;sup&gt;#&lt;/sup&gt;</td>
<td>12&lt;sup&gt;b&lt;/sup&gt;</td>
<td>13&lt;sup&gt;a&lt;/sup&gt;</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Began taking Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking product</td>
<td>4</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>2&lt;sup&gt;#&lt;/sup&gt;</td>
<td>2&lt;sup&gt;#&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Asked your doctor for help to quit</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Set a date to give up smoking</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Asked your pharmacist/other health professional for advice on quitting</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>2&lt;sup&gt;a&lt;/sup&gt;</td>
<td>&lt;1&lt;sup&gt;#&lt;/sup&gt;</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;#&lt;/sup&gt;</td>
</tr>
<tr>
<td>Read 'how to quit' literature</td>
<td>1</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>2&lt;sup&gt;a&lt;/sup&gt;</td>
<td>-</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Accessed Quit information from a website</td>
<td>1</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Rang the 'Quit' help line</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Downloaded Quit app/My Quit buddy</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td><strong>Other activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut down the amount I smoke</td>
<td>15</td>
<td>17</td>
<td>26&lt;sup&gt;a&lt;/sup&gt;</td>
<td>20</td>
<td>11</td>
<td>10&lt;sup&gt;a&lt;/sup&gt;</td>
<td>10&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Discussed smoking and health with family/friends</td>
<td>7</td>
<td>4&lt;sup&gt;#&lt;/sup&gt;</td>
<td>6</td>
<td>8</td>
<td>6</td>
<td>3&lt;sup&gt;#&lt;/sup&gt;</td>
<td>4&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Changed the type of cigarettes I smoke</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
<tr>
<td>Other action</td>
<td>3</td>
<td>5&lt;sup&gt;#&lt;/sup&gt;</td>
<td>6&lt;sup&gt;#&lt;/sup&gt;</td>
<td>7&lt;sup&gt;a&lt;/sup&gt;</td>
<td>9&lt;sup&gt;a&lt;/sup&gt;</td>
<td>6&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4</td>
</tr>
<tr>
<td>Don't know</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>&lt;1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Done nothing</td>
<td>55</td>
<td>57</td>
<td>42&lt;sup&gt;a&lt;/sup&gt;</td>
<td>50</td>
<td>56</td>
<td>58</td>
<td>52</td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>5</td>
<td>2&lt;sup&gt;#&lt;/sup&gt;</td>
<td>3</td>
<td>1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>4</td>
<td>6</td>
<td>15&lt;sup&gt;a&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Base: Smokers

<sup>a</sup> Denotes a figure that is significantly different from the March ‘11 result; p<0.05.
<table>
<thead>
<tr>
<th>Action taken</th>
<th>Mar '11 n=113</th>
<th>Jul '11 n=114</th>
<th>Mar '12 n=79</th>
<th>Jul '12 n=113</th>
<th>Dec '12 n=79</th>
<th>Feb '13 n=79</th>
<th>Jul '13 n=115</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: Done something</td>
<td>50</td>
<td>59</td>
<td>63</td>
<td>63</td>
<td>51</td>
<td>48</td>
<td>40</td>
</tr>
<tr>
<td>Net: Quit-related activity</td>
<td>42</td>
<td>50</td>
<td>57</td>
<td>54</td>
<td>48</td>
<td>38</td>
<td>31</td>
</tr>
<tr>
<td>Thought about quitting</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Stopped/quit smoking</td>
<td>38</td>
<td>50</td>
<td>50</td>
<td>50</td>
<td>43</td>
<td>34</td>
<td>28</td>
</tr>
<tr>
<td>Began taking Nicotine replacement therapy (NRT), or other</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>pharmaceutical stop smoking product</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked your doctor for help to quit</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Set a date to quit smoking</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked your pharmacist/other health professional for advice on</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>quitting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Read 'how to quit' literature</td>
<td>&lt;1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Accessed Quit information from a website</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>&lt;1</td>
<td></td>
</tr>
<tr>
<td>Rang the 'Quit' help line</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Downloaded Quit app/My Quit buddy</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>Other activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut down the amount I smoke</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Discussed smoking and health with family/friends</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>7</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Changed the type of cigarettes I smoke</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other action</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>5</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done nothing</td>
<td>46</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: Recent Quitters

# Denotes a figure that is significantly different from the March '11 result; p<0.05.
Table 12 and Table 13 (re-based to the total sample) present the overall impact of the campaign in each of the areas shown by combining the proportion who had actually taken these actions with those who said they intended to do so.

- The proportion of smokers who had done nothing and did not intend to do anything was 35% at July ’13 while 15% had not seen any of the Quarter 2 2013 NTC advertising. Thus, as at July ’13, the remaining 50% of smokers had either done, or intended to do something as a result of their exposure to the NTC.

- This is a slightly lower result than in March ’11 (when the corresponding figure was 58%) but as noted earlier, this largely reflects an increase in percentage of smokers who had not seen any NTC advertising during the three months prior to the July ’13 survey.

- Typically the specific actions or intentions mentioned by smokers involved quitting or intending to quit (23% of all smokers), thinking about quitting (9%) and either cutting down the amount smoked or intending to do so (18%).

- Amongst recent quitters, quitting and intending to stay quit (39%) was the thing mentioned most often, a figure which has not changed significantly since March ‘11. Another 13% either had discussed smoking with family/friends or intended to do so.
Table 12  Combined actual and intended actions as a result of seeing the NTC - Smokers

<table>
<thead>
<tr>
<th>Actual and intended actions</th>
<th>Mar '11 n=1001 %</th>
<th>Jul '11 n=1002 %</th>
<th>Mar '12 n=700 %</th>
<th>Jul '12 n=1000 %</th>
<th>Dec '12 n=701 %</th>
<th>Feb '13 n=702 %</th>
<th>Jul '13 n=1001 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: Done/Intend doing something</td>
<td>58</td>
<td>56</td>
<td>65</td>
<td>60</td>
<td>51</td>
<td>48</td>
<td>50</td>
</tr>
<tr>
<td>Net: Quit-related activity/intentions</td>
<td>42</td>
<td>37</td>
<td>45</td>
<td>42</td>
<td>36</td>
<td>32</td>
<td>36</td>
</tr>
<tr>
<td>Thought/will keep thinking about quitting</td>
<td>9</td>
<td>7</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>Quit/will quit/will stay quit</td>
<td>26</td>
<td>25</td>
<td>32</td>
<td>31</td>
<td>26</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Took/will take Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking product</td>
<td>8</td>
<td>5#</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Asked/will ask your doctor for help to quit</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>9</td>
<td>6</td>
<td>4#</td>
<td>6</td>
</tr>
<tr>
<td>Set/will set a date to give up smoking</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Asked/will ask your pharmacist/other health professional for advice on quitting</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Read/will read ‘how to quit’ literature</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>4#</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>1</td>
</tr>
<tr>
<td>Accessed Quit information from a website</td>
<td>2</td>
<td>1</td>
<td>&lt;1</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Rung/will ring the ‘Quit’ help line</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Download/Will download Quit app/ My quit buddy</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>1</td>
</tr>
<tr>
<td>Other activity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut down/will cut the amount I smoke</td>
<td>26</td>
<td>26</td>
<td>31</td>
<td>26</td>
<td>17</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Discussed/will discuss smoking and health with family/friends</td>
<td>8</td>
<td>5#</td>
<td>7</td>
<td>10</td>
<td>6</td>
<td>4#</td>
<td>4#</td>
</tr>
<tr>
<td>Changed/will change the type of cigarettes I smoke</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>3#</td>
<td>1</td>
<td>&lt;1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Other action</td>
<td>5</td>
<td>8#</td>
<td>7</td>
<td>9#</td>
<td>12</td>
<td>9#</td>
<td>7</td>
</tr>
<tr>
<td>Done nothing/Don’t intend doing anything</td>
<td>37</td>
<td>42</td>
<td>33</td>
<td>38</td>
<td>44</td>
<td>45</td>
<td>35</td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>5</td>
<td>2#</td>
<td>3</td>
<td>1#</td>
<td>4</td>
<td>6</td>
<td>15</td>
</tr>
</tbody>
</table>

Base: Smokers
#  Denotes a figure that is significantly different from the March ’11 result; p<0.05.
Table 13  Combined actual and intended actions as a result of seeing the NTC – Recent Quitters

<table>
<thead>
<tr>
<th>Actual and intended actions</th>
<th>Mar ‘11 n=113 %</th>
<th>Jul ‘11 n=114 %</th>
<th>Mar ‘12 n=79 %</th>
<th>Jul ‘12 n=113 %</th>
<th>Dec ‘12 n=79 %</th>
<th>Feb ‘13 n=79 %</th>
<th>Jul ‘13 n=115 %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net: Done/Intend doing something</strong></td>
<td>58</td>
<td>67</td>
<td>69</td>
<td>65</td>
<td>56</td>
<td>61</td>
<td>52</td>
</tr>
<tr>
<td><strong>Net: Quit-related activity/intentions</strong></td>
<td>50</td>
<td>58</td>
<td>63</td>
<td>59</td>
<td>51</td>
<td>50</td>
<td>42</td>
</tr>
<tr>
<td>Thought/will keep thinking about quitting</td>
<td>-</td>
<td>-</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Quit/will quit/will stay quit</td>
<td>48</td>
<td>58</td>
<td>58</td>
<td>54</td>
<td>47</td>
<td>47</td>
<td>39</td>
</tr>
<tr>
<td>Took/will take Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking product</td>
<td>5</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>#</td>
</tr>
<tr>
<td>Asked/will ask your doctor for help to quit</td>
<td>2</td>
<td>&lt;1</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Set/will set a date to give up smoking</td>
<td>&lt;1</td>
<td>-</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>-</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Asked/will ask your pharmacist/other health professional for advice on quitting</td>
<td>2</td>
<td>-</td>
<td>-</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>Read/will read ‘how to quit’ literature</td>
<td>&lt;1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Accessed Quit information from a website</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>&lt;1</td>
<td>-</td>
</tr>
<tr>
<td>Rung/will ring the ‘Quit’ help line</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Download/Will download Quit app/ My quit buddy</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
<td>-</td>
</tr>
<tr>
<td><strong>Other activity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cut down/will cut the amount I smoke</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Discussed/will discuss smoking and health with family/friends</td>
<td>13</td>
<td>13</td>
<td>5</td>
<td>9</td>
<td>10</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>Changed/will change the type of cigarettes I smoke</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other action</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Done nothing/Don’t intend doing anything</td>
<td>38</td>
<td>32</td>
<td>30</td>
<td>34</td>
<td>36</td>
<td>38</td>
<td>30</td>
</tr>
<tr>
<td>Not seen any NTC advertising</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>17</td>
</tr>
</tbody>
</table>

Base: Recent Quitters

# Denotes a figure that is significantly different from the March ‘11 result; p<0.05.
3.2 Beliefs about smoking and its impact on health

Section 3.2 provides an assessment of respondents’ beliefs about smoking and its impact on various aspects of health including its role as a causal factor in heart disease, lung cancer, serious health problems amongst non-smokers and, for the first time, emphysema.

All respondents were asked five questions which measured how they felt about the impact of smoking on their health and quality of life. Results are summarised in
Figure 18a and 18b which show the proportion of respondents who were worried to some degree that smoking would damage their future health, who considered it “likely” or “very likely” that they would become ill from smoking, who thought their smoking had negatively affected the health of others to some extent, who thought their smoking had caused at least “a little” damage to their own health, and the proportion who thought their smoking had either “lowered” or “greatly lowered” their quality of life.

- As at July ’13 most smokers (87%) were at least “a little” worried that smoking would damage their future health. A similar proportion (79% in July ’13) thought smoking had already damaged their health, while slightly more than one in two (54% in July ’13) thought it likely they would become ill from their smoking.

- Less than one in two smokers felt smoking had lowered their quality of life (47%) or that their smoking had affected the health of others (37%).
Figure 18a  Certainty of health damage due to smoking - smokers

Base:  Smokers.

* Denotes a figure that is significantly different from the December ‘10 results; p<0.05.
Those who recognised the *Breathless* TVC were more likely to feel smoking had damaged their health (82%), would lead to them becoming ill (57%) and had lowered their quality of life (51%).

A similar pattern of results was evident amongst recent quitters except for the much lower percentage who felt they were likely to become ill from their past smoking; only 13% felt this was likely to be the case.

For smokers and recent quitters, there were no significant differences between the July ’13 results and those obtained in the December ’10 (smokers) and March ’11 (recent quitters) benchmarks.
Respondents were also asked if they thought smoking caused heart disease, lung cancer, illness and death amongst non-smokers and, for the first time in July ’13, emphysema.

As shown in Figure 20 and
Figure 21:

- The slight decline evident since March ’11 in the proportion of smokers who accept that smoking causes heart disease and lung cancer is still present in July ‘13. Nevertheless, acceptance of the link between smoking and both of these conditions remains at a very high level amongst both smokers and recent quitters.

- Agreement with the proposition that smoking causes illness and death amongst non-smokers remains at a slightly lower level – 71% of smokers and recent quitters as at July ‘13.

- There also appears to be near universal support for the proposition that smoking causes emphysema – 93% amongst smokers and 96% amongst recent quitters.

Figure 20  Belief that smoking causes certain health problems - Smokers

Base: Total Sample.

* Denotes a figure that is significantly different from the December ‘10 results; p<0.05.
Figure 21  Belief that smoking causes certain health problems – Recent Quitters

Base: Total Sample.

Several other questions with a focus on respondents’ perceptions of emphysema were also asked for the first time in the July ’13 survey. The first of these (results shown in
Figure 22) asked all respondents to rate (out of 5, where 5 represented the highest level of concern) how concerned they would be about living with each of the health conditions heart disease, lung cancer and emphysema.

As shown in the graph:

- Mean ratings of concern about living with emphysema are high amongst smokers (4.6 out of 5) and recent quitters (4.7 out of 5). These figures are directly comparable to respondents’ concerns about living with lung cancer.

- It should also be noted that smokers who recalled the Breathless advertising were more likely to be ‘extremely concerned’ about living with emphysema (that is to rate their concern as 5 out of 5) than were those who did not recall this advertising (82% ‘extremely concerned’ vs. 73%).

- In addition ‘extreme concern’ about living with emphysema was lower amongst the following smoker subgroups: males (69% vs. 82% of females); 18 to 24 year olds (65% vs. 74% of all smokers); those from a CALD background (60%); and those who had never tried to quit (62%).
The second set of questions asked all respondents the extent to which they agreed or disagreed with the set of four statements shown in Table 14. As shown:

- A considerable majority (more than 70%) of smokers and recent quitters agree that the symptoms of emphysema make life unbearable, that living with emphysema long term could be worse than dying from smoking and that emphysema is irreversible.

- There is less support for the view that someone with emphysema can live a long time with the disease; only about one in two smokers and recent quitters agree with this statement.

### Table 14 Knowledge of and attitudes towards emphysema (July ’13)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Net: Agree %</th>
<th>Strongly Agree %</th>
<th>Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The symptoms of emphysema make life unbearable</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>83</td>
<td>39</td>
<td>44</td>
</tr>
<tr>
<td>Recent Quitters</td>
<td>84</td>
<td>49*</td>
<td>35</td>
</tr>
<tr>
<td>Living with emphysema long term could be worse than dying from smoking</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>77</td>
<td>36</td>
<td>41</td>
</tr>
<tr>
<td>Recent Quitters</td>
<td>77</td>
<td>46*</td>
<td>32</td>
</tr>
<tr>
<td>Emphysema is irreversible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>71</td>
<td>35</td>
<td>35</td>
</tr>
<tr>
<td>Recent Quitters</td>
<td>77</td>
<td>45</td>
<td>32</td>
</tr>
<tr>
<td>Someone with emphysema can live a long time with the disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smokers</td>
<td>52</td>
<td>14</td>
<td>38</td>
</tr>
<tr>
<td>Recent Quitters</td>
<td>51</td>
<td>16</td>
<td>35</td>
</tr>
</tbody>
</table>

Base: Total Sample. # Denotes a figure that is significantly different from the result for Smokers; p<0.05. Note: Due to rounding the net agree figure may not appear to be the exact sum of ‘strongly agree’ and ‘agree’. 

Figure 22  Concern about living with selected health problems (July ’13)
While there is no time series data available for these questions, some information on the possible impact of the *Breathless* campaign can be obtained by comparing the results for those smokers who recalled seeing this advertising against those who did not.

The results of these comparisons are shown in Table 15 where it is evident that those who **recalled** the *Breathless* advertising were more likely to agree that:

- Living with emphysema long term could be worse than dying from smoking (84% vs. 75% of those who did not recall Breathless);
- Emphysema is irreversible (87% vs. 68%); and
- Someone with emphysema can live a long time with the disease (62% vs. 51%).

From these findings it seems reasonable to suggest that *Breathless* has had some influence on smokers’ perceptions of the seriousness of living with emphysema.

**Table 15  Knowledge of and attitudes towards emphysema by recall of *Breathless* advertising – Smokers (July ’13)**

<table>
<thead>
<tr>
<th>Statement</th>
<th>All Smokers n=1001 %</th>
<th>Recall Breathless n=154 %</th>
<th>Did Not Recall Breathless n=847 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The symptoms of emphysema make life unbearable</td>
<td>83</td>
<td>85</td>
<td>82</td>
</tr>
<tr>
<td>Living with emphysema long term could be worse than dying from smoking</td>
<td>77</td>
<td>84</td>
<td>75#</td>
</tr>
<tr>
<td>Emphysema is irreversible</td>
<td>71</td>
<td>87</td>
<td>68#</td>
</tr>
<tr>
<td>Someone with emphysema can live a long time with the disease</td>
<td>52</td>
<td>62</td>
<td>51#</td>
</tr>
</tbody>
</table>

Base: Smokers.
# Denotes a figure that is significantly different from the result for those who recalled *Breathless*; p<0.05.
### 3.3 Attitudes to quitting and smoking

This section of the report looks at respondents’ views on quitting and their perceptions of the community’s attitudes towards smoking. Attention is paid specifically to the perceived benefits and salience of quitting, attitudes towards quitting and perceptions of smoking.

#### 3.3.1 Benefits of and attitudes towards quitting

All respondents were asked to what extent they believed they would benefit financially and in terms of their health from not smoking during the next six months.

As shown in Figure 23a and 22b (which show the proportion who thought their health and finances would benefit either “extremely” or “very much”):

- As at July ’13, virtually all smokers (92%) thought they would benefit financially from quitting in the next 6 months, while a similar proportion of recent quitters (94%) felt they would benefit financially during this time frame as a result of their quitting.

- Similar figures (95% of smokers and 99% of recent quitters) felt their health would benefit from quitting.

- The figures for smokers were slightly lower in July ’13 than in March ’11 but remain at a very high level for both financial and health benefits.

**Figure 23a** Perceived financial and health benefits obtained from quitting/not smoking in the next 6 months – Smokers.

Base: Smokers.

* Denotes a figure that is significantly different from the March ’11 result; p<0.05.
Figure 24b  Perceived financial and health benefits obtained from quitting/not smoking in the next 6 months – Recent Quitters.

Base: Recent Quitters.
Further attitudes to quitting were assessed by asking respondents if they agreed or disagreed with each of the four statements shown below in Figure 25a and 23b (the graphs show the proportion of respondents who “strongly agree” or “agree” with each statement).

As has been the case in previous surveys, almost all smokers and recent quitters agreed with the statements there are many benefits to quitting smoking (96% and 100%, respectively, in July ‘13), quitting will reduce your risk of diseases caused by smoking (92% of smokers and 94% recent quitters) and it’s never too late to quit smoking (89% of smokers and 90% of recent quitters).

Once again relatively few smokers and recent quitters agreed with the statement that quitting smoking is easy (13% of smokers and 19% of recent quitters). In July ’13 male smokers (16% vs. 8% of females), those aged 18 to 24 years (18%), those from a CALD background (30%) and those who recalled the Quarter 2 2013 NTC (14% vs. 8% of those who did not) displayed higher levels of agreement with this statement.

The only significant change on any of these statements since March ’11 was a slight decline amongst recent quitters (from 97% to 90% in July ’13) on it’s never too late to quit smoking.

Figure 25a Attitudes towards quitting - Smokers
Figure 26b  Attitudes towards quitting – Recent Quitters

There are many benefits to quitting smoking

Quitting will reduce your risk of diseases caused by smoking

It’s never too late to quit smoking

 Quitting smoking is easy

Base: Recent Quitters.
* Denotes a figure that is significantly different from the March ‘11 result; p<0.05.
### 3.3.2 Salience of quitting

The salience of quitting as an issue was addressed by asking smokers if they agreed or disagreed with the statement *You have been thinking a lot about quitting recently*; a measure of predisposition to quit was obtained from their agreement with the statement *You are eager for a life without smoking*.

Results presented in Figure 27 show that:

- Amongst smokers, the proportion that ‘strongly agreed’ or ‘agreed’ they *had been thinking a lot about quitting recently* was at 70% in July ‘13. This was six points above the December ‘10 benchmark and represented a return to significantly higher level for the first time since the July ‘12 survey.

- Smokers aged 30 to 34 years were more likely to agree with this statement (79% in July ‘13), while those aged 18 to 24 years were less likely to do so (56%). Also, those who *recognised* the Symptoms TVC were more likely to agree (73% vs. 66% amongst those who did not recognise Symptoms in July ‘13).

- The proportion who agreed they were *eager for a life without smoking* was 74% in July ‘13, not significantly different from the 73% December ‘10 benchmark. Again those aged 30 to 35 years (82% in July ‘13) exhibited above average agreement with this statement as did those who *recognised* the Breathless TVC (76% vs. 70% amongst those who did not recognise Breathless in July ‘13). Those smokers aged 18 to 24 years were also less likely to agree with this statement (65%).

![Figure 27 Smokers’ overall attitude towards smoking/quititing](image)

*Base: Smokers. * Denotes a figure that is significantly different from the December ‘10 results; p<0.05.
3.3.3 Attitudes to smoking

Attitudes to smoking were assessed by respondents’ agreement/disagreement with the two statements shown in Figure 28a and 25b. The graphs show the proportion of smokers and recent quitters who ‘strongly agree’ or ‘agree’ with each statement.

In July ’13, 68% of smokers and 69% of recent quitters agreed that smoking is widely disapproved of in Australia, results which are not significantly different from those recorded in March ’11. Smokers aged 18 to 24 years were less likely than average to agree with this statement (56%).

By comparison, in July ’13, just 30% of smokers and 21% of recent quitters agreed that the rewards of smoking outweigh the negatives. No significant changes are evident on this measure either since the March ’11 survey. In the July ’13 survey those smokers from a CALD background (53%) and males (33% vs. 26% of females) showed a greater propensity to agree with this view.

Figure 28a Attitudes towards smoking - Smokers

![Graph showing attitudes towards smoking]

Base: Smokers.
Figure 29b  Attitudes towards smoking – Recent Quitters

Base: Recent Quitters.

The rewards of smoking outweigh the negatives

Smoking is widely disapproved of in Australia

<table>
<thead>
<tr>
<th></th>
<th>Mar-11</th>
<th>Jul-11</th>
<th>Jul-12</th>
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<tr>
<td>Smoking</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>is widely</td>
<td>67</td>
<td>62</td>
<td>68</td>
<td>74</td>
</tr>
<tr>
<td>disapproved</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>of in</td>
<td></td>
<td></td>
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<td>Australia</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th></th>
<th>Mar-11</th>
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<th>Jul-12</th>
<th>Jul-13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rewards</td>
<td>17</td>
<td>23</td>
<td>28</td>
<td>21</td>
</tr>
<tr>
<td>Outweigh</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Negatives</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4 Behaviour and intentions

This final section of the report concerns itself with an overview of respondents’ intentions and behaviour with respect to quitting smoking.

For smokers, this includes:

- Details of the most recent quitting attempt including how long ago it occurred and what it was triggered by;
- Who, if anyone, had encouraged them to quit in the last six months;
- Details of any assistance ever used to help with quitting attempts including use of mobile phone apps such as My QuitBuddy;
- Self-assessed predisposition towards, intention and likely success (self-efficacy) of future quitting attempts;
- Reasons for smoking and for not quitting; and
- Environmental smoking issues including rules that apply to smoking at home and situations in which smoking takes place.

For recent quitters, consideration is given to how long they have been quit, what were the reasons for quitting and how confident are they in maintaining their quit status.

3.4.1 Smokers’ quitting attempts

Most recent quitting attempt

Figure 30 (overleaf) summarises smokers’ attempts to quit; the great majority (ranging from 76% in December ‘10 to 82% in July ‘12) have made at least one attempt to quit. Encouragingly, the proportion of smokers who had made at least one quitting attempt was significantly higher in July ‘13 than it was in the December ‘10 benchmark (81% vs. 76% in December ‘10). This result coincides with the improved recall of NTC advertising in July ‘13 versus December ‘12 and February ‘13 noted earlier in Section 2.1.2.

Quitting attempts were less prevalent amongst young smokers (68% amongst 18-24 year olds in July ‘13), as well as amongst those from a CALD background (70% in July ‘13).

As at July ‘13 just 23% of smokers had made only one attempt to quit, while 49% had tried to quit smoking on three or more occasions; neither figure has changed significantly since the December ‘10 benchmark.
Figure 30  Proportion of smokers who have ever attempted to quit

The timing of smokers' last attempt to quit is shown in

Base: Smokers.
* Denotes a figure that is significantly different from the December ‘10 results; p<0.05.
Figure 31. Since the launch of the 2011 NTC, there has been a higher incidence of quitting attempts in the three months prior to each survey when comparisons are made with the corresponding figure from December ’10 (17%). There have been similar increases in quitting attempts within the previous six months except for December ’12.

In both cases, there were also signs of improvement on the December ’12 results which saw the lowest quitting incidence figures since the December ’10 benchmark; figures which coincided with low levels of recall for the NTC advertising (see Section 2.1.2), but may also reflect some seasonality effects in quitting intentions.
Figure 31 Time since smokers’ last quit attempt

Base: Smokers. Note: the “6 months or less time” frame includes responses of “three month or less”.
* Denotes a figure that is significantly different from the December ‘10 results; p<0.05.

Reasons for making the most recent attempt to quit are presented in
Table 16. It is evident that:

- Health related reasons continue to be, by far, those mentioned most often – 49% of smokers who had ever tried to quit gave a reason in this category in the July ’13 survey. This figure is lower than March ’11 (when it reached 58% coinciding with the launch of the 2011 NTC); but comparable to all other survey in the time series.

- Female smokers were more likely to mention health reasons (58% vs. 43% of males), particularly pregnancy (20%), while 18 to 24 year olds and those from a CALD background were more likely than average to mention quitting because of the negative effect of smoking on their fitness (11% and 13% respectively in July ’13).
Table 16  Smokers’ reasons for last quitting attempt

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Net: Health Reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net: Health Reasons</td>
<td>50</td>
<td>58</td>
<td>48</td>
<td>48</td>
<td>47</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>Decline in Health / Bad for My Health</td>
<td>12</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>7</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>7</td>
<td>9</td>
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<tr>
<td>To improve health</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>-</td>
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<tr>
<td>Had a cough / Cold / Flu / Chest Infection</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Health Scare (e.g. Pneumonia, Coughing Fits)</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
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<td>Health reasons / Ill Health (non-specific)</td>
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<td>31</td>
<td>26</td>
<td>20</td>
<td>22</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Net: Family and Friends</td>
<td>20</td>
<td>23</td>
<td>19</td>
<td>20</td>
<td>19</td>
<td>17</td>
<td>19</td>
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<tr>
<td>Family / Partner / Parents</td>
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<td>11</td>
<td>10</td>
<td>11</td>
<td>9</td>
<td>7</td>
<td>11</td>
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<td>Children’s health / Role model for children</td>
<td>9</td>
<td>9</td>
<td>7</td>
<td>7</td>
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<td>Friends / Colleagues</td>
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<td>2</td>
<td>1</td>
<td>2</td>
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<td>2</td>
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<tr>
<td>Know someone ill / died from smoking-related disease</td>
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<td>1</td>
<td>1</td>
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<td>Net: Cost</td>
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<td>18</td>
<td>19</td>
<td>17</td>
<td>18</td>
<td>18</td>
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<tr>
<td>Cost / Too expensive</td>
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<td>13</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>13</td>
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<tr>
<td>Wanted to save money</td>
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<td>3</td>
<td>4</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Waste of Money</td>
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<td>4</td>
<td>5</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<td>Net: Quality of Life</td>
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<td>7</td>
<td>7</td>
<td>7</td>
<td>11</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Affecting my fitness</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>10</td>
<td>6</td>
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<td>The Smell (On my body / clothes)</td>
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<td>1</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
<td>&lt;1</td>
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<td>Other Reasons</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertisements / Anti-smoking promotions</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
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<td>4</td>
<td>7</td>
<td>1</td>
<td>7</td>
<td>7</td>
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<tr>
<td>No particular reason/Spur of moment</td>
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<td>13</td>
<td>17</td>
<td>18</td>
<td>19</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>Can’t say</td>
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<td>1</td>
<td>4</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: Smokers who have tried to quit
# Denotes a figure that is significantly different from the December ‘10 result; p<0.05.

**Encouragement to quit from others in the last six months**

All smokers were asked if anyone had encouraged them to quit smoking in the last six months. As shown in Figure 32:

- July ’13 saw a slight decrease on the December ’10 proportion of smokers saying no-one had encouraged them to quit in the last 6 months (40% vs. 45% in December ’10). Smokers employed in blue collar occupations (32% in July ’13) and Aboriginal and Torres Strait Islander people (14% in July ’13) were less likely than average to say they’d had no encouragement from others to quit during that time.

- Encouragement to quit from others was most likely to have come from a partner or children (31% of all smokers in July ’13; 39% amongst those smokers working in blue collar occupations; 35% amongst those smokers who had ever tried to quit). Parents or guardians were the next most common source of encouragement (23%
of all smokers in July ’13; above average at 43% amongst Aboriginal and Torres Strait Islander people and 29% amongst smokers aged 18 to 24 years).

Figure 32  People who have encouraged smokers to quit in the last 6 months

Base: Smokers.
* Denotes a figure that is significantly different from the December ‘10 result; p<0.05.
Use of quitting aids and advice

As in almost all previous surveys, around two-thirds of those smokers who tried to quit used some form of support to help them do so. Used most often (see Table 17) were:

- Nicotine Replacement Therapy which remained the most frequently used form of support (49% in July ‘13), while Champix continued to be used by around one in four (24% in July ‘13) of those attempting to quit.

- In July ‘13, 36% of these smokers had sought their doctor’s advice for help with quitting; this was significantly higher than the 29% recorded in December ‘10. A further 18% (in July ‘13) had asked their pharmacist for advice and 12% had rung the Quitline.

- For the first time, information was collected in July ‘13 on the use of e-cigarettes (used by 17% of smokers) and of quit smoking apps (used by 9% of smokers). No major subgroup differences were evident in the use of either product apart from a slightly lower level of e-cigarette use amongst those aged 35 to 40 years (11%) and above average use of quit smoking apps amongst those aged 25 to 29 years (16%).

Table 17 Assistance smokers have ever sought to help them quit

<table>
<thead>
<tr>
<th>Assistance sought to help quit</th>
<th>Dec ‘10 n=790 %</th>
<th>Mar ‘11 n=799 %</th>
<th>Jul ‘11 n=816 %</th>
<th>Jul ‘12 n=808 %</th>
<th>Dec ‘12 n=550 %</th>
<th>Feb ‘13 n=552 %</th>
<th>Jul ‘13 n=805 %</th>
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<tbody>
<tr>
<td><strong>Pharmaceutical Quitting Aids</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used Nicotine Replacement Therapy</td>
<td>51</td>
<td>46</td>
<td>45#</td>
<td>42#</td>
<td>50</td>
<td>46</td>
<td>49</td>
</tr>
<tr>
<td>Used Champix</td>
<td>20</td>
<td>18</td>
<td>22</td>
<td>24</td>
<td>24</td>
<td>22</td>
<td>24</td>
</tr>
<tr>
<td>Used Zyban</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>10</td>
<td>6</td>
<td>6</td>
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<tr>
<td><strong>Quitting Advice</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked your doctor for help to quit</td>
<td>29</td>
<td>30</td>
<td>31</td>
<td>29</td>
<td>35#</td>
<td>30</td>
<td>36#</td>
</tr>
<tr>
<td>Rang the “Quitline” helpline</td>
<td>14</td>
<td>11</td>
<td>14</td>
<td>10#</td>
<td>16</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Asked a pharmacist/ other health professional for advice on quitting</td>
<td>14</td>
<td>17</td>
<td>15</td>
<td>14</td>
<td>17</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>Taken part in Quit smoking programs (individual or group)</td>
<td>6</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>4</td>
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<tr>
<td>Used an online support tool such as an online Quit coach</td>
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<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>3</td>
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<tr>
<td>Used e-cigarettes</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
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<tr>
<td>Used a Quit smoking app</td>
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<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
<td>na</td>
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<tr>
<td>Other</td>
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<td>9#</td>
<td>10#</td>
<td>11</td>
<td>5</td>
<td>4</td>
<td>6</td>
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<tr>
<td><strong>Nothing used</strong></td>
<td>30</td>
<td>36</td>
<td>32</td>
<td>34</td>
<td>31</td>
<td>41#</td>
<td>30</td>
</tr>
</tbody>
</table>

Base: Smokers who have tried to quit
# Denotes a figure that is significantly different from the December ‘10 result; p<0.05.
Quit smoking apps

Further information on the use (and non-use) of quit smoking apps is provided in Figure 33 and Table 18, Table 19 and Table 20. Looking first at the incidence of downloading quit smoking apps, it is evident from Figure 33 that:

- In July ‘13, 12% of smokers and 11% of recent quitters had ever downloaded a quit smoking app of some sort; further to this 7% of both groups had downloaded the My QuitBuddy app. Smokers aged 25 to 29 years were the group most likely to have downloaded a Quit smoking app (17% in July ‘13).

- Since measures were first taken in December ‘12, and the very recent development of quit smoking apps, there has been a steady increase amongst smokers in the downloading of My QuitBuddy (up from 3% to 7%) and of quit smoking apps in general (up from 6% to 12%).

Figure 33 People who have downloaded Quit smoking apps including My QuitBuddy

<table>
<thead>
<tr>
<th></th>
<th>Smokers</th>
<th>Recent quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec-12</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Feb-13</td>
<td>10</td>
<td>5</td>
</tr>
<tr>
<td>Jul-13</td>
<td>12</td>
<td>7</td>
</tr>
</tbody>
</table>

Base: Total Sample.
* Denotes a figure that is significantly different from the December ‘12 result; p<0.05.
For the first time in the July ’13 survey, all those who had downloaded a Quit smoking app were asked how helpful they had found that app to be.

Results are shown in Table 18.

- Around two-thirds of smokers considered the app they downloaded to be at least somewhat helpful although not many (just 6%) found it extremely helpful.

- Perceived helpfulness results were much the same for those smokers who had downloaded My QuitBuddy.

- Small sample size makes the results for recent quitters of limited value. Nevertheless most of the 14 recent quitters who had downloaded a Quit smoking app did appear to find it of some help.

Table 18  Perceived helpfulness of downloaded Quit smoking apps (July ’13)

<table>
<thead>
<tr>
<th>Perceived helpfulness</th>
<th>Smokers</th>
<th>Recent Quitters</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Any App</td>
<td>My QuitBuddy</td>
</tr>
<tr>
<td></td>
<td>n=111</td>
<td>n=68</td>
</tr>
<tr>
<td>Net: Helpful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extremely helpful</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>Very helpful</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Somewhat helpful</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Not at all helpful</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Don’t know</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

Base: Have downloaded app. *Caution small base; results are broadly indicative only.

Note: Due to rounding figures may not appear to be the exact sum of their components.
Table 19 provides a summary of reasons smokers offered for the helpfulness ratings they gave to the apps they had downloaded. As shown:

- Those smokers who considered the downloaded app to be ‘extremely’ or ‘very helpful’ (n=21) most often mentioned the tracking of progress in quitting and sending of reminders (57%) and that they felt it had been informative in their quitting endeavours (44%).

- Those who considered it ‘somewhat helpful’ mentioned the same positive aspects as above; however, 18% of this group had found it ineffective/unhelpful while 19% had not used it at all.

- 40% of those smokers who found the app unhelpful considered it to be ineffective/unhelpful in quitting; 18% found the reminders annoying, (for some at least, because they appear to have actually stimulated cravings for a cigarette); and 20% had not used the app despite downloading it.

### Table 19  Reasons for perceived helpfulness of downloaded apps – Smokers (July ’13)

<table>
<thead>
<tr>
<th>Reasons</th>
<th>Considered downloaded app to be ...</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Extremely/Very Helpful n=21* %</td>
</tr>
<tr>
<td>Positive Comments</td>
<td></td>
</tr>
<tr>
<td>Tracks progress/ Sends reminders</td>
<td>57</td>
</tr>
<tr>
<td>Informative</td>
<td>44</td>
</tr>
<tr>
<td>Keeps you busy/distractions from cravings</td>
<td>17</td>
</tr>
<tr>
<td>Good/Helpful</td>
<td>4</td>
</tr>
<tr>
<td>Negative Comments</td>
<td></td>
</tr>
<tr>
<td>Not effective/Not helpful</td>
<td>-</td>
</tr>
<tr>
<td>Reminders are annoying/cause cravings</td>
<td>-</td>
</tr>
<tr>
<td>Didn’t use it</td>
<td>-</td>
</tr>
<tr>
<td>Not compatible with phone</td>
<td>-</td>
</tr>
<tr>
<td>All other reasons/comments</td>
<td>11</td>
</tr>
<tr>
<td>Don’t know</td>
<td>-</td>
</tr>
</tbody>
</table>

Base: Smokers who have downloaded app. *Caution small base; results are broadly indicative only.
Reasons for not downloading a Quit smoking app are summarised for the appropriate respondents in Table 20. As shown:

- Lack of awareness was a key reason amongst smokers and recent quitters – 28% of smokers and 26% of recent quitters were unaware of Quit smoking apps while 15% and 8% of these two groups had not thought of downloading a Quit smoking app.

- Other frequently mentioned reasons included a perceived lack of relevance, either because quitting had not been attempted or the respondent had already quit; and a perceived lack of efficacy in using apps of this type.

**Table 20  Reasons for not downloading Quit smoking apps (July ’13)**

<table>
<thead>
<tr>
<th>Reasons for NOT downloading apps</th>
<th>Smokers n=890</th>
<th>Recent Quitters n=101</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not aware of any Quit smoking apps</td>
<td>28 (%)</td>
<td>26 (%)</td>
</tr>
<tr>
<td>Hadn’t thought of doing that</td>
<td>15 (%)</td>
<td>8 (%)</td>
</tr>
<tr>
<td>Perceived lack of relevance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Haven’t tried to Quit/Have already Quit smoking</td>
<td>12 (%)</td>
<td>9 (%)</td>
</tr>
<tr>
<td>Do/Did not need support to Quit</td>
<td>8 (%)</td>
<td>24 (%)</td>
</tr>
<tr>
<td>Perceived lack of efficacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t think it would be useful/helpful</td>
<td>14 (%)</td>
<td>15 (%)</td>
</tr>
<tr>
<td>There are better methods to help Quit</td>
<td>2 (%)</td>
<td>5 (%)</td>
</tr>
<tr>
<td>Technological issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Don’t have phone/device that supports apps</td>
<td>9 (%)</td>
<td>7 (%)</td>
</tr>
<tr>
<td>I’m not good with technology</td>
<td>3 (%)</td>
<td>4 (%)</td>
</tr>
<tr>
<td>Just not interested/Don’t like apps</td>
<td>5 (%)</td>
<td>1 (%)</td>
</tr>
<tr>
<td>All other reasons/comments</td>
<td>5 (%)</td>
<td>2 (%)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4 (%)</td>
<td>3 (%)</td>
</tr>
</tbody>
</table>

Base: Have NEVER downloaded app
Smokers’ future quitting – intention, predisposition and perceived self-efficacy

All smokers were asked if they had any intention to quit smoking and, if so, when they thought they might do so. In July ’13, 86% of smokers had some intention of quitting, a figure which was slightly higher than the 82% recorded in December ’10. Further 11% had no intention to quit, while 3% were unsure. Smokers from a CALD background (18%) were slightly more likely than average to say they had no intention of quitting; while those smokers who recognised the Symptoms TVC were slightly more likely to intend quitting than those who did not (89% vs. 83%).

Figure 34 summarises the timeframes by which smokers say they intend to quit smoking. Of particular note is the following:

- In July ’13 around one in five smokers (21%) intended to quit in the next month; 31% in the next two to six months; while 30% intended to quit in more than six months.

- Apart from the 27% of smokers who, in December ’12, said they intended to quit in the next month, these figures have not changed significantly since the benchmark measures taken in December ’10.

Figure 34  Smokers’ intentions to quit

Base: Smokers. Note: Some responses (no intention to quit and not knowing when they plan to quit) are not shown.

* Denotes a figure that is significantly different from the December ‘10 result; p<0.05.
All smokers were also asked to rate how much they wanted to quit smoking on a ten point scale “where 1 is not at all and 10 is very much”. The mean scores are shown in Figure 35.

Apart from the slightly increased scores in March ‘11 and December ‘12 (mean score of 6.9 out of 10), there has been no other significant change in smokers’ desire to quit since December ‘10.

However, it is worth noting that in July ‘13 average scores were lower amongst younger smokers aged 18 to 24 years (6.1 out of 10) and amongst those who had never attempted to quit7 (5.1 out of 10). These results are consistent with the findings from the July ‘12 survey.

Figure 35 Smokers’ desire to quit

Base: Smokers.
* Denotes a figure that is significantly different from the December ‘10 result; p<0.05.

---

It is worth keeping in mind that 48% of this group are in the 18-24 years age group.
Figure 36 presents smokers’ perceptions of their own ability to permanently quit smoking (self-efficacy). There has been no significant change in the proportion of roughly two-thirds who feel it “likely” they could do this – 69% in December ‘10 and still 69% in July ‘13.

**Figure 36  Smokers’ self-rated likelihood of being able to quit permanently.**
Reasons for smoking and not quitting

All smokers were asked to give their main reasons for smoking; the responses are summarised in Table 21. As shown, reasons mentioned most often in July ’13 for smoking were:

- To help cope with stress (36%), particularly female smokers (43%);
- Out of habit (30%), particularly older smokers aged 35 to 40 years (37%);
- As part of social occasions (19%), particularly smokers aged 18 to 24 years (29%), those working in white collar occupations (27%) and those with a university education (24%);
- As a result of cravings/addiction (17%); and
- For enjoyment (17%).

Table 21 Main reasons for smoking

<table>
<thead>
<tr>
<th>Reasons for smoking</th>
<th>Dec ‘12 (n=701) %</th>
<th>Feb ‘13 (n=702) %</th>
<th>Jul ‘13 (n=1001) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>To cope with stress</td>
<td>38</td>
<td>34</td>
<td>36</td>
</tr>
<tr>
<td>Habit</td>
<td>32</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>To be part of social occasions</td>
<td>23</td>
<td>24</td>
<td>19*</td>
</tr>
<tr>
<td>Cravings/addiction</td>
<td>22</td>
<td>20</td>
<td>17*</td>
</tr>
<tr>
<td>Enjoyment/pleasure</td>
<td>22</td>
<td>25</td>
<td>17*</td>
</tr>
<tr>
<td>Because friends/partner smoke</td>
<td>10</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Take part in work breaks/time outside</td>
<td>9</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>To relieve boredom</td>
<td>6</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Helps with depression/mental health issues</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>To reward myself</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>To relax</td>
<td>&lt;1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>All other reasons</td>
<td>4</td>
<td>6*</td>
<td>6*</td>
</tr>
<tr>
<td>No reason</td>
<td>2</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: Smokers
# Denotes a figure that is significantly different from the December ‘12 result; p<0.05.
Smokers’ stated reasons for not quitting are shown in Table 22 (this question was asked for the first time in the July ’13 survey). To a degree, the results tend to mirror those already discussed as reasons for smoking with the following mentioned by at least one in ten smokers:

- Smoking is used to cope with stress (21%), particularly female smokers (27%);
- Addiction to smoking (14%);
- Habit and enjoyment (both 13%); and
- Friends or partner smoke (10%), particularly 18 to 24 year olds (16%).

In addition, Table 22 compares those smokers who have tried to quit against those who have not. A number of differences were apparent with those who have tried to quit (and failed in the attempt) more likely to mention using smoking to cope with stress (23% vs. 14%); addiction (15% vs. 7%); and lack of willpower (9% vs. 4%).

By contrast, those who had never tried to quit were more likely to say they weren’t ready to quit (12% vs. 5%) or that they hadn’t smoked for long/don’t smoke very much (12% vs. 2%). They were also less likely to feel they had no reason for not quitting (11% vs. 5%).

**Table 22  Main reasons for not quitting (July ’13)**

<table>
<thead>
<tr>
<th>Reasons for not quitting</th>
<th>All Smokers (n=1001) %</th>
<th>Quitting History</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Have tried to Quit (n=806) %</td>
</tr>
<tr>
<td>Use smoking to cope with stress</td>
<td>21</td>
<td>23</td>
</tr>
<tr>
<td>Cravings/Addiction</td>
<td>14</td>
<td>15</td>
</tr>
<tr>
<td>Habit/Always smoke when drinking</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>Enjoyment/Plasure</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>Because friends/partner smoke</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>Too lazy/Lack the willpower</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Don’t feel like it/Not ready to quit</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Don’t want to experience quitting symptoms</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Haven’t smoked very long/Don’t smoke much</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Want to take part in work breaks/time outside</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>All other reasons</td>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>No reason</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Base: Smokers

# Denotes a figure that is significantly different from the result for those who tried to quit; p<0.05.
Rules for home smoking

Rules that smokers and recent quitters have in relation to people smoking in and around their homes are shown in Table 23. As shown:

- Most members of both groups – 86% of smokers and 96% of recent quitters in July ’13 only allow people to smoke outside their home while just 5% of smokers and 2% of recent quitters allow people to smoke anywhere inside.

- These figures have not changed significantly since the benchmark survey in December ’10.

Table 23  Rules for smoking ‘at home’

<table>
<thead>
<tr>
<th>Rules</th>
<th>Dec ’10</th>
<th>Mar ’11</th>
<th>Jul ’11</th>
<th>Jul ’12</th>
<th>Dec ’12</th>
<th>Feb ’13</th>
<th>Jul ’13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smokers</td>
<td>n=1016</td>
<td>n=1001</td>
<td>n=1002</td>
<td>n=1000</td>
<td>n=701</td>
<td>n=702</td>
<td>n=1001</td>
</tr>
<tr>
<td>Smokers can …</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Smoke anywhere inside the house</td>
<td>5</td>
<td>7</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Smoke inside the house but only in certain rooms</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Smoke outside only</td>
<td>84</td>
<td>84</td>
<td>85</td>
<td>87</td>
<td>87</td>
<td>87</td>
<td>86</td>
</tr>
<tr>
<td>Smoking not allowed inside or outside</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Recent Quitters</td>
<td>n/a</td>
<td>n=113</td>
<td>n=114</td>
<td>n=113</td>
<td>n=79</td>
<td>n=79</td>
<td>n=115</td>
</tr>
<tr>
<td>Smokers can …</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Smoke anywhere inside the house</td>
<td>n/a</td>
<td>1</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Smoke inside the house but only in certain rooms</td>
<td>n/a</td>
<td>6</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Smoke outside only</td>
<td>n/a</td>
<td>89</td>
<td>94</td>
<td>96</td>
<td>96</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>Smoking not allowed inside or outside</td>
<td>n/a</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>-</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: Total Sample
# Denotes a figure that is significantly different from the result for December ’10 (Mar ’11 recent quitters); p<0.05.
**Smoking situations**

In the July ’13 survey all smokers were asked if they ever smoked in each of the situations listed in Figure 37.

- Virtually all smokers (97%) reported ever smoking in front of friends, 76% had ever smoked in front of colleagues or co-workers and 70% had ever smoked in front of family members.

There was however, evidence of greater reluctance to smoke in front of children with 60% of smokers saying they had never done this.

**Figure 37 Situations in which smoking occurs (Smokers - July ’13)**

- In front of friends: 97%
- In front of colleagues/ co-workers: 76%
- In front of family: 70%
- In front of children: 40%
- I do not smoke around others: 1%

Base: Smokers.
3.4.2 Recent quitters’ behaviour and attitudes with respect to quitting

For recent quitters, information was obtained on the length of time that had elapsed since they quit, their reasons for quitting and their expectations of being able to maintain their quit status.

As shown in Figure 38, recent quitters were most likely to have quit in the last six months (72% in the July ’13 survey) with 28% having quit in the last month and 44% in the last two to six months.

Those recent quitters who recalled any of the Quarter 2 2013 NTC advertising were more likely to have quit in the last 6 months than those who did not (88% vs. 65%).

Figure 38 Recent quitters’ length of time since quit

![Chart showing recent quitters' length of time since quit]

Base: Recent Quitters.
As in all surveys since December '10, recent quitters' reasons for quitting (see Table 24) were most often associated with:

- Health issues (57% in the July '13 survey);
- Pressure from family and friends (28%) and;
- The cost of smoking (24%).

Table 24  Recent quitters' reasons for quitting

<table>
<thead>
<tr>
<th>Reasons for quitting</th>
<th>Mar '11 n=113</th>
<th>Jul '11 n=114</th>
<th>Jul '12 n=113</th>
<th>Dec '12 n=79</th>
<th>Feb '13 n=79</th>
<th>Jul '13 n=115</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Net: Health Reasons</strong></td>
<td>65%</td>
<td>53%</td>
<td>53%</td>
<td>57%</td>
<td>56%</td>
<td>57%</td>
</tr>
<tr>
<td>Decline in Health / Bad for My Health</td>
<td>6%</td>
<td>11%</td>
<td>10%</td>
<td>17%</td>
<td>22%</td>
<td>18%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>7%</td>
<td>5%</td>
<td>6%</td>
<td>6%</td>
<td>9%</td>
<td>7%</td>
</tr>
<tr>
<td>To improve health</td>
<td>3%</td>
<td>6%</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>-</td>
</tr>
<tr>
<td>Had a cough / Cold / Flu / Chest Infection</td>
<td>2%</td>
<td>3%</td>
<td>3%</td>
<td>6%</td>
<td>1%</td>
<td>6%</td>
</tr>
<tr>
<td>Health Scare (e.g. Pneumonia, Coughing Fits)</td>
<td>9%</td>
<td>8%</td>
<td>3%</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Asthmatic</td>
<td>2%</td>
<td>6%</td>
<td>1%</td>
<td>-</td>
<td>1%</td>
<td>2%</td>
</tr>
<tr>
<td>Health reasons / Ill Health (non-specific)</td>
<td>37%</td>
<td>19%</td>
<td>29%</td>
<td>21%</td>
<td>13%</td>
<td>21%</td>
</tr>
<tr>
<td>Thought of living long term with disease/emphysema</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Net: Family and Friends</strong></td>
<td>32%</td>
<td>33%</td>
<td>38%</td>
<td>28%</td>
<td>29%</td>
<td>28%</td>
</tr>
<tr>
<td>Family / Partner / Parents</td>
<td>12%</td>
<td>13%</td>
<td>13%</td>
<td>10%</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Children's health / Role model for children</td>
<td>18%</td>
<td>15%</td>
<td>22%</td>
<td>15%</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Friends / Colleagues</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
<td>2%</td>
<td>3%</td>
</tr>
<tr>
<td>Know someone ill / died from smoking-related disease</td>
<td>1%</td>
<td>4%</td>
<td>5%</td>
<td>4%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Net: Cost</strong></td>
<td>19%</td>
<td>18%</td>
<td>19%</td>
<td>25%</td>
<td>14%</td>
<td>24%</td>
</tr>
<tr>
<td>Cost / Too expensive</td>
<td>12%</td>
<td>15%</td>
<td>11%</td>
<td>17%</td>
<td>9%</td>
<td>18%</td>
</tr>
<tr>
<td>Wanted to save money</td>
<td>2%</td>
<td>2%</td>
<td>5%</td>
<td>6%</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Waste of Money</td>
<td>5%</td>
<td>1%</td>
<td>8%</td>
<td>9%</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Net: Quality of Life</strong></td>
<td>7%</td>
<td>10%</td>
<td>8%</td>
<td>10%</td>
<td>17%</td>
<td>11%</td>
</tr>
<tr>
<td>Affecting my fitness</td>
<td>4%</td>
<td>5%</td>
<td>3%</td>
<td>8%</td>
<td>14%</td>
<td>9%</td>
</tr>
<tr>
<td>The Smell (On my body / clothes)</td>
<td>2%</td>
<td>4%</td>
<td>5%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Causes ageing/wrinkles</td>
<td>1%</td>
<td>2%</td>
<td>&lt;1%</td>
<td>-</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td><strong>Other Reasons</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advertisements / Anti-smoking promotions</td>
<td>2%</td>
<td>5%</td>
<td>1%</td>
<td>3%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>All other reasons</td>
<td>2%</td>
<td>4%</td>
<td>8%</td>
<td>3%</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td><strong>No particular reason/Spur of the moment decision</strong></td>
<td>14%</td>
<td>10%</td>
<td>12%</td>
<td>8%</td>
<td>10%</td>
<td>13%</td>
</tr>
</tbody>
</table>

Base: Recent Quitters
# Denotes a figure that is significantly different from the March ‘11 result; p<0.05.
Finally, as shown in Figure 39, most recent quitters (91% in July ‘13) thought it was likely that they would be able to stay quit.

**Figure 39** Recent quitters’ self-rated likelihood of being able to stay quit

![Bar chart showing self-rated likelihood of staying quit over time]

Base: Recent Quitters.
4 Summary

This section summarises key findings from the July ’13 evaluation of the 2012-13 NTC. The results are discussed in three main sections – measures of campaign awareness, measures of campaign impact and differences in the campaign’s performance amongst several key smoker subgroups.

4.1 Campaign awareness

The awareness results for the 2012-13 NTC need to be considered in the context of the relatively limited media spend nationally used to launch this burst of the campaign, compared to previous waves of activity. The graphic nature of the Breathless TVC thus not being able to air until after 8.30pm, and coupled with the ‘top and tail’ strategy for both Breathless and Symptoms TVCs to appear in the same commercial breaks, also limited media placement overall.

In these circumstances the Breathless and Symptoms advertising has performed very well on most awareness measures and appears to have improved campaign reach in comparison to result from the evaluation surveys of December ’10, and February ‘13.

Unprompted advertising recall

In the July ’13 survey, unprompted recall of the Q2 2013 NTC was 22% amongst smokers and 30% amongst recent quitters. This represents an improvement on results from the December ‘12, and February ‘13 surveys, but is still lower than earlier bursts of the campaign. These noted trends in unprompted recall are broadly consistent with the changing composition of the campaign (in terms of the number of different concepts used) and lower media allocation in comparison to the initial bursts of the campaign (see Table 25).

Table 25 Summary of campaign activity

<table>
<thead>
<tr>
<th>Campaign characteristic</th>
<th>Mar ’11</th>
<th>Jul ’11</th>
<th>Mar ’12</th>
<th>Jul ’12</th>
<th>Dec ’12</th>
<th>Feb ’13</th>
<th>Jul ’13</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total TARPS</td>
<td>700</td>
<td>1700</td>
<td>500</td>
<td>700</td>
<td>439</td>
<td>198</td>
<td>458</td>
</tr>
<tr>
<td>Number of different TVCs</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Other elements:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Benefits</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>-</td>
</tr>
<tr>
<td>- Break the Chain</td>
<td>-</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>-</td>
</tr>
</tbody>
</table>
Other contributing factors to the improvement in unprompted recall in Q2 2013 on December ‘12 recall figures – given the improvement is associated with only a slight increase in TARPS – may be the use of a ‘top and tail’ strategy\(^8\) for the first time with NTC television advertising. It seems this approach may have had some positive impact on campaign recall. Further, these results may also reflect that running television advertising during the non-ratings period (when audiences may not be watching television as they otherwise would be) may have had a large impact on the Q4 2012 and Q1 2013 results.

Amongst smokers, recall of *Breathless* (15% amongst smokers; 17% amongst recent quitters) was slightly higher than that of *Symptoms* (9% smokers; 17% recent quitters) suggesting *Breathless* may be a slightly stronger concept (possibly due to its style or tone) and also perhaps reflecting a slight advantage in being the first ad used in the ‘top and tail’ strategy mentioned above.

Regardless, *Breathless* in particular has achieved sound recall comparing favourably with other NTC advertising such as *Who will you leave behind* (4% recall amongst smokers in July ’11 after 500 TARPS were applied to the television component in the previous 6 weeks) and *Never Give Up Giving Up* (9% recall amongst smokers in March ’12 after the TVC received 300 TARPS in the previous 4 weeks).

**Advertising recognition**

Total recognition of the Q2 2013 NTC was solid at 85% amongst smokers and 83% amongst recent quitters (against a targeted reach of 75%-80% against 18 to 40 year olds), albeit slightly lower than the very high figures of 95% and 96% respectively amongst these two groups in March ’11.

Looking at recognition results for individual elements of the campaign in July ‘13:

- Recognition of the *Breathless* TVC was 62% amongst smokers and recent quitters, a sound result for a new campaign.

In other media, recognition of *Breathless* was as follows:

  - Radio – 19% amongst smokers and 22% amongst recent quitters, well below the results seen for ads, such as *Bubblewrap* (40% amongst smokers) and *Health Benefits* (62% amongst smokers) suggesting a somewhat higher spend on *Breathless* may have been beneficial. Recognition was also below the *Symptoms* radio results suggesting the morning may not have been as effective as the afternoon timeslot.

\(^8\) Here a ‘top and tail’ strategy refers to the use of both *Breathless* and *Symptoms* TVCs in the same ad break. The two ads were always presented in this order; that is *Breathless* before *Symptoms*. 
o Print – 10% amongst smokers and 13% amongst recent quitters. This is consistent with result seen for previous NTC magazine advertising.

o On-line – overall 22% amongst smokers and 25% amongst recent quitters, well above results seen for previous on-line NTC advertising which typically averaged recognition of around 6%. The use of banner/pop-ups (12% recognition amongst smokers; 17% amongst recent quitters), as well as YouTube previews (recognised by 17% of both groups) appears to have been effective, particularly amongst 18 to 24 year old smokers (38% total on-line recognition) and amongst those smokers from a CALD background (35% total on-line recognition).

o Out-of-home – 25% amongst smokers and 22% amongst recent quitters was sound particularly amongst the harder to reach smoker groups of males (29%; 37% amongst males aged 18 to 24 years) and those smokers from a CALD background (39%).

o Postcards made a limited contribution being recognised by 4% of smokers and 1% of recent quitters.

• Recognition of the Symptoms TVC was 54% amongst smokers and 55% amongst recent quitters, slightly lower than Breathless and in keeping with the lower unprompted recall figures mentioned earlier for this advertising.

In other media, recognition of Symptoms was as follows:

o Radio – 28% amongst smokers and 25% amongst recent quitters, stronger than for Breathless although still below the results seen for several other NTC radio ads. Nevertheless, when combined with the Breathless radio result, total recognition of the Q2 2013 radio advertising reached 35% amongst smokers (44% amongst those working in blue collar occupations) and 32% amongst recent quitters; a respectable overall result.

o On-line – 8% amongst smokers and recent quitters, more or less in line with other NTC on-line advertising and possibly reflecting the use of banner/pop-ups only.

o Out-of-home – 7% amongst smokers and 10% amongst recent quitters was quite low although Breathless appears to have done most of the ‘heavy lifting’ in this category.

• Overall, the Breathless advertising appears to have performed a little more strongly than did Symptoms insofar as most of the recognition measures were concerned.
Further, while not explicitly a component of the campaign, the evaluation results also highlighted that downloading of the My QuitBuddy has grown since last year when it first launched in May 2012, but still remains relatively low among smokers and recent quitters. The main reason for not having downloaded the app was due to a lack of awareness and highlights a communication opportunity for the campaign. This could consist of a stronger presence of My QuitBuddy in the current advertising concepts, or in keeping with the current strategy of pairing high impact ads with those with a more positive and supporting message, could be featured as a separate follow-up ad to Breathless, Cough, Bronchoscopy or similar.

Results from the December ‘12 and February ‘13 surveys indicate the individual elements of the campaign at that time performed also achieved sound recognition results – although typically lower than Q2 2013 results – among smokers and recent quitters. Recognition of The Wait reached 52% among smokers and 61% among recent quitters in February ‘13, while recognition of Eye reached 52% among smokers and 56% among recent quitters. Recognition of The Wait and Eye was stable between the December ‘12 and February ‘13 surveys.

Results for Break the Chain were lower at 42% among smokers and 51% among recent quitters. Consistent with the change in media strategy from mainstream to Indigenous media, recognition results among smokers have seen a gradual decline in exposure over time.

Recognition of the Health Benefits continues to be very strong for a non-television campaign. In the February ‘13 survey, 54% of smokers and 67% of recent quitters had heard the radio ad recently. Recognition of the magazine advertising reached 14% among smokers and 13% among recent quitters, while outdoor reached 32% among smokers and 42% among recent. Together, the mix of media employed for Health Benefits continues to be effective in generating and maintaining strong awareness among target audiences and is well worth continuing. Further, the outdoor Health Benefits advertising appears to be very effective in picking-up the youth market (18-24 year olds).

Advertising message communication

Message communication results reflected the communication objectives and executional content of the Quarter 2 2013 NTC. Thus:

- Amongst those who recalled any of the Quarter 2 2013 NTC, there was increased recall of messages about smoking and emphysema (35% amongst smokers vs. 3% in March ’11; 41% amongst recent quitters vs. 5% in March ’11) and about the negative effect of smoking on other family members (56% amongst smokers vs. 22% in March ’11; 74% amongst recent quitters vs. 10% in March ‘11).
Amongst those who recognised each of the TVCs there were indications that Breathless and Symptoms were successful in communicating slightly different messages.

For Breathless there was mention of the problems associated with emphysema (29% amongst smokers; 34% amongst recent quitters); the impact of smoking on family/others (22% smokers; 21% recent quitters); as well as message take-out directly relating to the tag-line/voice over content of the TVC (28% smokers; 34% recent quitters).

Amongst those who recognised Symptoms, there was slightly more recall of messages about the impact of smoking on family/others (31% smokers; 35% recent quitters) and some mention of the symptoms associated with quitting smoking (19% smokers; 13% recent quitters).

To this extent the two ads appear to have complemented each other quite effectively in relation to the campaign’s message communication.

When asked about the symptoms which might be experienced when attempting to quit smoking it was apparent that most respondents were aware of some of these (only 7% of smokers and 5% of recent quitters were unable to provide an answer); anger/irritability, anxiety/depression/withdrawal/mood swings and cravings were the three mentioned most often. Of these, anxiety was the only one mentioned in Symptoms. It is noteworthy however, that smokers who recalled this advertising were more likely to mention headaches (22% vs. 13% amongst those who did not recall Symptoms), cough (16 vs. 8%) and sleeping problems (14% vs. 7%), all of which were mentioned specifically in the Symptoms ads.
Advertising diagnostics

A number of advertising diagnostic measures were used to evaluate various aspects of the Breathless and Symptoms TVCs. The July ’13 results showed:

- Both TVCs had diagnostic profiles that were generally similar to other NTC TVCs although Breathless was marginally above average on making smokers feel concerned about their smoking and on encouraging them to try to quit while Symptoms was also slightly above average on the try to quit measure.

- The main difference between the two ads (and between these ads and other NTC ads) was the extent to which they made smokers feel uncomfortable. Breathless was well above average on this measure with 69% of smokers who recognised the TVC agreeing it made them feel uncomfortable. Against this, the more positive style of Symptoms was clearly evident with just 40% of those smokers who recognised the ad feeling this way about it.

The diagnostic profiles of The Wait and Eye suggested these TVCs were not as strong as Breathless or Symptoms. In the February ’13 survey, The Wait was below average for NTC television ads on a number of dimensions including teaching something new, relevance (to smokers), stop and think and being more likely to try to quit. Similarly, Eye was below the average on believability, making smokers stop and think and feel concerned their smoking, and making smokers more likely to try to quit.

4.2 Campaign impact

The impact of the NTC was assessed with respect to action taken as a consequence of exposure to the campaign, as well as its association with the attitudes, beliefs and behaviour of smokers and recent quitters towards smoking and quitting. Key findings included the following:

- In the July ’13 survey, 33% of smokers and 40% of recent quitters said they had taken some action as a result of their exposure to the Q2 2013 NTC. For smokers, this was lower than the March ’11 figure of 39% although the observed decline mainly reflects the smaller proportion of smokers who had been exposed to any of the Q2 2013 NTC advertising; in July ’13 this figure was 85% compared with 95% in March ’11. When the results are rebased to only include those who recognised the NTC advertising, July ’13 saw 39% of these smokers taking some action; not significantly different to the March ’11 figure of 41%.
The type of action taken most often was to quit smoking (6% of smokers and 28% of recent quitters). At 6%, the proportion of smokers who attempted to quit as a result of the campaign was the same as in March ‘11 and was below the peak of 13% recorded in July ‘12. In fact, quitting attempts by smokers have been significantly below the July ‘12 figure in December ‘12 and February ‘13 as well, results which coincide with low levels of recall for NTC advertising.

• No changes were evident on the December ‘10 benchmark figures for key beliefs about the impact of smoking on health, although support for these remained at high levels. As at July ‘13 about 4 in 5 smokers were worried smoking will damage their future health (87%) and that smoking had already damaged their health (79%); around one in two thought they were likely to become ill from smoking (54%) and that smoking had lowered their quality of life (47%); while 38% felt their smoking had affected the health of others. Further, pointing to a positive impact from the NTC, those smokers who had seen the Breathless advertising were more likely than those who had not to think smoking had damaged their health (82%), was likely to make them ill (57%) and had lowered their quality of life (51%).

As at July ‘13 the proportion of smokers who believed smoking causes heart disease (88%) and lung cancer (96%) was at a slightly lower level than in the December ‘10 benchmark (92% and 98% respectively). Nevertheless most still believed smoking causes these illnesses and virtually all smokers (93%) also believed that smoking causes emphysema.

A set of questions about emphysema and the problems it causes was asked for the first time in July ‘13. Concern about living with emphysema was high (mean rating of 4.6 out of 5) amongst smokers, identical to their level of concern about living with lung cancer. Those smokers who recalled the Breathless advertising were more likely to be ‘extremely concerned’ about living with emphysema (82% ‘extremely concerned’ vs. 73% amongst those who did not recall the advertising). Amongst smokers there were also high levels of agreement with the four statements the symptoms of emphysema make life unbearable (83% ‘agree’), living with emphysema long term could be worse than dying from smoking (77% ‘agree’), emphysema is irreversible (71% ‘agree’), and someone with emphysema can live a long time with the disease (52% ‘agree’). Those smokers who recalled the Breathless advertising had higher levels of agreement with the last three statements than those who did not.

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9 Given their current status as smokers it is evident that these quitting attempts were not successful. Although it should be noted that, on average, it takes a number of attempts to quit before achieving success.
• In July ’13 the salience of quitting amongst smokers (70%) – measured by agreement with the statement I have been thinking a lot about quitting recently – was much higher than the December 2010 benchmark (64%); this has not been the case since July ’12.

However, predisposition towards quitting – measured by agreement with the statement I am eager for a life without smoking – was no higher than the benchmark (74% in July ’13 vs. 73% in December 2010); a situation that has not changed since March ’11 when agreement with this statement reached 78%.

• The proportion of smokers who intend to quit was significantly higher in July ’13 than in December ’10 (86% vs. 82%); the proportion of ‘intending quitters’ was slightly higher again amongst those who recognised the Symptoms TVC (89%). At the same time there has been no change in the proportion intending to quit in the next month (21% vs. 20% in December ‘10); nor in smokers’ desire to quit smoking (mean score of 6.7 out of 10 vs. 6.5 in December ’10).

• Further, the higher incidence of actual attempts to quit in the three months prior to each survey (24% in July ‘13) versus the corresponding figure from December ’10 (17%) has been maintained; so too has a similar increase in quitting attempts within the preceding six months\textsuperscript{10}. The incidence of quitting in July ’13 also show signs of improvement on December ‘12 when, coinciding with low levels of NTC recall, quitting attempts were at their lowest levels since the campaign commenced.

4.3 Performance amongst subgroups

The performance of the Q2 2013 NTC showed some notable variations amongst smoker subgroups. These included the following:

• Most components of the Breathless advertising achieved above average levels of recognition amongst young smokers aged 18 to 24 years; this included recognition of the television and radio ads as well as the out-of-home and on-line advertising.

Despite this, the impact of the advertising on young smokers appears to have been limited. For example, they were more likely to have “done nothing” as a result of seeing/hearing the NTC; they were less likely to be ‘extremely concerned’ about living with emphysema; they exhibited a lower predisposition towards quitting; and they were less likely to have attempted to quit.

In considering these findings it is interesting to note that 18 to 24 year olds were less likely to agree that the Breathless TVC had made them feel uncomfortable; they

\textsuperscript{10} Note: the “6 months or less time” frame includes responses of “three months or less”.

were also less likely to agree that either TVC was *personally relevant*. At the same time they were more likely than average to say they smoked for *social reasons*. These results suggest that peer influence and a perceived lack of personal relevance, given their age and life stage, may have limited the NTC’s impact on younger smokers.

- There were some encouraging signs in the extent to which the NTC was able to reach those smokers from a *CALD background*. While their recognition of the television and radio ads remained below average, members of this subgroup were more likely than smokers in general to have seen the out-of-home advertising for both *Breathless* and *Symptoms* and also, the YouTube preview of *Breathless*.

- Other groups where aspects of the advertising seems to have achieved above average reach included:
  - Those smokers working in *blue collar* occupations, where there was above average recognition of the *Breathless* print advertising and the *Symptoms* television and radio commercials; and
  - *Male* smokers who were more likely than females to have seen the out-of-home advertising for both *Breathless* and *Symptoms* and, for *Breathless*, the YouTube preview and the postcards.

### 4.4 Conclusions

The key findings in this report suggest that the Q2 2013 NTC has performed soundly on most of the advertising awareness measures and has improved the situation to some degree on that revealed by the December ‘12 and February ‘13 surveys.

The campaign appears to have been quite effective amongst those smokers who were exposed to it (particularly those who spontaneously recalled seeing the advertising). Such smokers were typically more concerned about emphysema and its potential impact; more concerned about the effects of smoking on their health and quality of life; more likely to be eager for a life without smoking; and more likely to be thinking about quitting and to intend quitting. Encouragingly, there has also been an increase in the proportion of smokers who had made at least one quit attempt since December ‘12 (up to 81%) that has coincided with the increased recall of NTC advertising. Further, many more smokers had been thinking a lot about quitting recently.

Nevertheless, total campaign recall and recognition are lower than the levels seen for the NTC prior to December ‘12 (15% of smokers and 17% of recent quitters had not seen any NTC advertising) and the campaign’s overall impact may have been somewhat restricted as a result. It is worth bearing in mind that the media spend and launch weight for the...
NTC in Q2 2013 was very light – the first two weeks saw around 100 TARPS applied across the two TV commercials, approximately 25-30 TARPS per ad per week, when more typically somewhere around 200 TARPS applied for one TV commercial would be used over this initial two week launch period.

At the same time, it should be noted that some of the supporting media (on-line in particular) has performed well in helping to drive the overall campaign reach, especially amongst some of the ‘harder to reach’ groups of smokers including males and those from a CALD background.

In conclusion, despite a decreased media budget the NTC continues to generate sound levels of campaign cut-through and reach. The evaluation results suggest there is merit in airing Breathless and Symptoms in future bursts of the campaign to build on the momentum of the initial launch burst. Further, given these Breathless and Symptoms are now established, future bursts could consider airing the commercials individually rather than as ‘top and tail’. Future campaign bursts however, would appear to need an increase media spend to achieve comparable awareness results to earlier bursts of the NTC. Further, stronger promotion of quit smoking tools and apps across the various creative elements also appears warranted.
Appendix 1 - Wave 6 Evaluation Questionnaire
LANDLINE INTRO

*(ALL)
S1 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government’s Australian National Preventive Health Agency from The Social Research Centre. I am calling to conduct an important public health study. Today we would like to speak with people aged 18 to 40. Is there anyone in the household in this age group?

IF NECESSARY: Your telephone number has been generated at random from all possible numbers in your area. Please be assured that any information you give us will be strictly confidential.

1. Yes, Continue
2. No-one aged 18-40 in household (GO TO TERM1)
3. Make appointment to screen household
4. Household refused to be screened (GO TO RR1)
5. LOTE (code as LOTE no follow up)

*(18-40 YEAR OLDS IN HOUSEHOLD)
S3 First of all, including yourself - how many people aged 18-40 living in this household currently smoke cigarettes?

1. Record Number (ALLOWABLE RANGE 1-15)
2. None
3. Refused
4. Don’t know

*(18-40 YEAR OLDS IN HOUSEHOLD)
S4 And is there anyone aged 18-40 living in this household who has given up smoking cigarettes in the last 12 months and used to smoke on at least a weekly basis?

1. Yes, Record Number (ALLOWABLE RANGE 1-10)
2. None
3. Refused

PRES Dum IF S3=2 OR 3 OR 4 AND S4=2 OR 3 (NO 18 TO 40 YEAR OLD SMOKERS OR RECENT QUITTERS IN HOUSEHOLD) GO TO TERM2, ELSE CONTINUE

*(SMOKER OR RECENT QUITTER IN HOUSEHOLD)
SDUM - STAMP ON SAMPLE RECORD

1. SMOKER IN HOUSEHOLD (S3=1 AND S4=NOT 1)
2. RECENT QUITTER IN HOUSEHOLD (S4=1 AND S3=NOT 1)
3. SMOKER AND RECENT QUITTER IN HOUSEHOLD (S3=1 AND S4=1)
4. NO ONE IN OPEN QUOTA GROUP (GO TO TERM2)
*(18-40 YEAR OLDS IN HOUSEHOLD)

S5 May I speak to the 18 to 40 year old [(IF SDUM=1) smoker] [(IF SDUM=2) who quit smoking on a weekly basis in the last 12 months] [(IF SDUM=3) smoker or person who quit smoking on a weekly basis in the last 12 months]?  

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
2. Phone answerer refused to pass over the selected 18-40 year old (GO TO TERM3)
3. Make appointment to speak to selected 18-40 year old

*(18-40 YEAR OLD SELECTED)

S6 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government’s Australian National Preventive Health Agency from The Social Research Centre. I am calling to conduct an important public health study.

The interview will take about 20 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. Would you be willing to help us? I’ll make it as quick as I can.

1. Yes, Continue
2. Make appointment
3. Respondent refusal (GO TO RR1)
4. LOTE (code as LOTE no follow up)

PRE ANSMOB IF SAMTYP=2 (MOBILE SAMPLE) CONTINUE. ELSE GO TO QMON.

MOBILE INTRO

ANSMOB Good morning/afternoon/evening. My name is <SAY NAME>. I’m calling on behalf of the Social Research Centre. I was calling to invite you to participate in an important study we’re conducting. We’ll try back in a few of days to see if you’d like to take part. We look forward to speaking with you then. Thank you.

*(MOBILE SAMPLE, SAMTYP =2)
INTRO2 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government’s Australian National Preventive Health Agency from The Social Research Centre. We’re conducting an important public health study with people aged 18 – 40 years. We’d just like to ask you a few quick questions to see if you qualify, is that ok?

1. Continue
2. Refused (AVOID – ATTEMPT CONVERSION) (GO TO RR1)
3. Appointment to screen
4. Not 18-40 years (out of scope) (TERM1)
5. Back to SMS
6. LOTE (code as LOTE no follow up)
A2 Just so I know your time zone, may I please check what state or territory you live in?

1. New South Wales  
2. Victoria  
3. Queensland  
4. South Australia  
5. Western Australia  
6. Tasmania  
7. Northern Territory  
8. Australian Capital Territory  
9. (Refused) (GO TO TERM 4)  

*PROGRAMMER NOTE – WRITE STATE / TERRITORY TO SAMPLE RECORD*

A3 May I just check whether it is safe for you to take this call at the moment? If not, we’d be happy to call you back when it is more convenient for you.

1. Safe to take call  
2. Not safe to take call (GO TO A3b)  
3. Refusal (GO TO RR1)

*MOBILE SAMPLE, NOT SAFE TO TAKE CALL, A3 =2*

A3b Do you want me to call you back on this number or would you prefer I call back on your home phone?

1. This number (TYPE STOP, MAKE APPOINTMENT)  
2. Home phone (TYPE STOP, MAKE APPOINTMENT, RECORD HOME PHONE NUMBER)  
3. Respondent refusal (GO TO RR1)

*MOBILE SAMPLE, NOT SAFE TO TAKE CALL, A3 =2*

A4b INTERVIEWER RECORD:

Is this a HARD or SOFT appointment?

1. HARD appointment  
2. SOFT appointment

QMON This call may be monitored for training and quality purposes. Is that OK?

1. Monitor  
2. Do not monitor

RESPONDENT SCREENER

QE A (IF SAMTYP = 2: To confirm whether you are eligible for this survey I’d like to ask a couple of quick questions…) Could you please tell me your age?

1. Record exact age (ALLOWABLE RANGE 18-40) (GO TO QI 4A)  
2. Refused

*REFUSED AGE*
Could you tell me which of the following age groups are you in?

1. (Under 18) (GO TO TERM1)
2. 18-24
3. 25-29
4. 30-34
5. 35-40
6. (41 years or older) (GO TO TERM1)
98. (Refused) (GO TO TERM1)

*(ALL)
QI 4A. RECORD SEX OF RESPONDENT

1. Male
2. Female

*(ALL)
QI 9 And could I please just confirm your postcode?

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

SMOKING STATUS

*(ALL)
QE 1 How often, if at all, do you CURRENTLY smoke cigarettes? Do you smoke them…
READ OUT. SINGLE ANSWER ONLY

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

1. Daily
2. At least weekly (but not daily)
3. At least monthly (but not weekly)
4. Less often than monthly
97. Not at all (GO TO PRE QE 5)
99. (DO NOT READ OUT) Can’t Say (GO TO PRE QE 5)

*(CURRENT SMOKERS)
QC 2 Which of the following best describes your smoking behaviour in the <<last month or so>>?

READ OUT. SINGLE ANSWER ONLY

1. I have not thought about quitting smoking
2. I thought about quitting, but did not actually try to quit
3. I tried to quit, but started smoking again
97. (DO NOT READ OUT) NONE OF THE ABOVE
99. (DO NOT READ OUT) CAN’T SAY

PREQE 5 IF QE 1=1 OR 2 (DAILY OR WEEKLY SMOKER) GO TO QUOTACHECK ELSE CONTINUE

*(EVER TRIED CIGARETTES & OCCASIONAL SMOKERS)
QE 5 Have you ever smoked cigarettes on at least a weekly basis?

1. Yes
2. No, Never
99. Can’t Say
PREQ21 IF QE 1=97 OR 99 (NOT AT ALL OR CAN’T SAY) AND QE 5=2 OR 99 (NEVER SMOKED ON A WEEKLY BASIS) GO TO TERM2, ELSE CONTINUE
PREQ21(2) IF QE 1=3 OR 4 (SMOKE LESS OFTEN THAN WEEKLY) AND QE 5=2 OR 99 (NEVER SMOKED ON A WEEKLY BASIS) GO TO QUOTACHECK, ELSE CONTINUE.
*(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
2. One year ago or longer
99. Can’t say

*(ALL)
PREQUOTACHECK IF QE 1=97 OR 99 (NOT AT ALL OR CAN’T SAY) AND Q21=2 OR 99 (NOT A RECENT QUITTER) GO TO TERM2, ELSE CONTINUE

CHECK QUOTAS

- SMOKER (QE1=1 to 4)
  Daily smoker (QE 1=1)
  Weekly smoker (QE 1=2)
  Less often than weekly smoker (QE 1=3 OR 4)
- RECENT QUITTER (QE 1=97 or 99 AND Q21 =1)

IF QUOTA FULL, THANK & TERMINATE, SAYING: I’m sorry but for the purposes of this survey we need to speak with <<smokers>><<people who have quit in the last 12 months>>. So, thank you so much for your time and have a nice day/evening.

*(ALL)
DUMAGE

1. Males 18 to 29
2. Males 30 to 40
3. Females 18 to 29
4. Females 30 to 40

PREINTRO3 IF SAMTYP=2 CONTINUE, ELSE GO TO PREQE7A.
*(MOBILE SAMPLE)
INTRO3 Thanks for that, you’re definitely one of the people who we’d like to speak with.

The interview will take about 20 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. Would you be willing to help us? I’ll make it as quick as I can.

1. Yes, Continue
2. Make appointment
3. Respondent refusal (GO TO RR1)
PRE QE7A IF QE 1=1 (DAILY SMOKER) CONTINUE, ELSE GO TO PREQE7B PROGRAMMER
NOTE: IF MORE THAN 150, DISPLAY “UNLIKELY RESPONSE – CONFIRM”
*(DAILY SMOKER)
QE 7a How many cigarettes PER DAY would you smoke on average?

   IF RANGE GIVEN & CAN’T GIVE AVERAGE, ACCEPT HIGHEST ANSWER FROM RANGE
   1. Record number of cigarettes per day
   2. Refused

PRE QE7B IF QE 1=2 (WEEKLY SMOKER) CONTINUE, ELSE GO TO PREQE7C.
*(WEEKLY SMOKER)
QE 7b How many cigarettes PER WEEK would you smoke on average?

   IF RANGE GIVEN & CAN’T GIVE AVERAGE, ACCEPT HIGHEST ANSWER FROM RANGE
   1. Record number of cigarettes per week
   2. Refused

PRE QE7C IF QE 1=3 OR 4 (OCCASIONAL SMOKER) CONTINUE, ELSE GO TO QE 9.
*(OCCASIONAL SMOKER)
QE 7c How many cigarettes PER MONTH would you smoke on average?

   IF RANGE GIVEN & CAN’T GIVE AVERAGE, ACCEPT HIGHEST ANSWER FROM RANGE
   1. Record number of cigarettes per month
   2. Refused

*(ALL)
QE 9 Did any of your parents or guardians ever smoke?

   1. Yes
   2. No, never
   99. Can’t Say
QUITTING STATUS & EXPERIENCE – RECENT QUITTERS

PREQE 14 IF QE 1= 5 OR 99 (NOT CURRENT SMOKER) AND Q21=1 (QUIT IN THE LAST 12 MONTHS) CONTINUE, ELSE GO TO PREQE20.

*(RECENT QUITTER)

QE 14 You mentioned earlier that you smoked in the past. Approximately how long ago did you quit smoking?

ENCOURAGE BEST GUESS

1. Record days (ALLOWABLE RANGE=1 TO 356)
2. Record weeks (ALLOWABLE RANGE=1 TO 52)
3. Record months (ALLOWABLE RANGE =1 TO 12)
98. Refused
99. Can’t say

*(RECENT QUITTER)

QE 15 Is it likely or unlikely that you'll be able to stay quit?

ENCOURAGE BEST GUESS

1. Likely
2. Unlikely
99. Can’t say

*(RECENT QUITTER)

*PROGRAMMER NOTE: DO NOT ALLOW CODE 7 ALONG WITH ANY CODE 1-6

QE 16 What, if anything, specifically prompted you to quit smoking?

DO NOT READ OUT. MULTIPLES ACCEPTED

Health & Fitness
1. Asthmatic
2. Had A Cough/ Cold/ Flu/ Chest Infection
3. Health Scare (Eg Pneumonia, Coughing Fits)
4. Decline in Health/ Bad for My Health
5. Affecting My Fitness
24. Thought of living long term with a disease (how emphysema effects you)
6. Other health or fitness reason (SPECIFY)
7. Health Reasons/ Ill Health (Unspec)
   Family & Friends
8. Pregnancy
9. Children in the House/ Children's Health/ Role Model for Children
10. Family/ Partner/ Parents
11. Friends/Colleagues
12. Family History (Eg Throat Cancer)
13. Know Someone Who Is Ill/ Has Died From Smoking related illness
   Money
14. Cost/ Too Expensive
15. Waste of Money
16. Wanted to save money
   Physical Appearance
17. The Smell (On My Body/clothes)
18. Causing Ageing (wrinkles etc)
   Advertising & Promotions
19. Health warnings on packs
20. Health warning advertisements / Anti-smoking advertisements
CURRENT SMOKERS’ QUITTING ATTEMPTS & EXPERIENCE

PREQE 20 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO QE 25.
*(CURRENT SMOKERS)
QE 20 Have you ever tried to quit smoking?

1. Yes
2. No (GO TO QE 28)
99. Can't Say (GO TO QE 28)

*(CURRENT SMOKERS WHO EVER TRIED TO QUIT SMOKING)
QE 21 How many times have you quit smoking?

IF UNSURE: Your best guess will do

1. Once 1
2. Twice 2
3. Three times 3
4. Four times 4
5. Five times 5
6. 6-10 times 6
7. More than 10 times 7
99. Can’t say 99

*(CURRENT SMOKERS WHO EVER TRIED TO QUIT SMOKING)
QE 22 How long ago did you <last (IF MORE THAN ONCE, QE 21=2 TO 99)> try to quit smoking?

1. Record days
2. Record weeks
3. Record months
4. Record years
98. Refused
99. Can’t say
*(CURRENT SMOKERS WHO EVER TRIED TO QUIT SMOKING)
*PROGRAMMER NOTE: DO NOT ALLOW CODE 7 ALONG WITH ANY CODE 1-6

QE 23 What, if anything, specifically prompted you to quit on that LAST occasion?

DO NOT READ OUT. MULTIPLES ACCEPTED

Health & Fitness
1. Asthmatic
2. Had A Cough/ Cold/ Flu/ Chest Infection
3. Health Scare (Eg Pneumonia, Coughing Fits)
4. Decline in Health/ Bad for My Health
5. Affecting My Fitness
24. Thought of living long term with a disease (how emphysema effects you)
6. Other health or fitness reason (SPECIFY)
7. Health Reasons/ Ill Health (Unspec)

Family & Friends
8. Pregnancy
9. Children in the House/ Children's Health/ Role Model for Children
10. Family/ Partner/ Parents
11. Friends/Colleagues
12. Family History (Eg Throat Cancer)
13. Know Someone Who Is Ill/ Has Died From Smoking related disease

Money
14. Cost/ Too Expensive
15. Waste of Money
16. Wanted to save money

Physical Appearance
17. The Smell (On My Body/clothes)
18. Causing Ageing (wrinkles etc)

Advertising & Promotions
19. Health warnings on packs
20. Health warning advertisements / Anti-smoking advertisements

Others
21. Just Stopped/ Spur Of the Moment
22. Just wanted to
23. Availability of cheaper NRT
96. Other (Specify)
97. No particular reason ^s
99. Can't say ^s

*(CURRENT SMOKERS WHO EVER TRIED TO QUIT SMOKING)

QE 24 How long on that LAST occasion did you stay quit?

1. Record days
2. Record weeks
3. Record months
4. Record years
98. Refused
99. Can't say

PREQE25 IF QE 1=1 TO 4 (CURRENT SMOKER) OR QE 1= 5 OR 99 (NOT CURRENT SMOKER) AND Q21=1 (QUIT IN THE LAST 12 MONTHS) CONTINUE, ELSE GO TO PREQE28.

*PROGRAMMER NOTE: ROTATE ORDER OF CATEGORIES.
*(CURRENT SMOKERS WHO HAVE EVER TRIED TO QUIT & RECENT QUITTERS
QE 25 Which, if any, of the following have you ever done to help you quit smoking? MULTIPLES ACCEPTED.

READ OUT

Quitting Aids
1. Used Nicotine Replacement Therapy (patches, gum, inhaler, lozenges etc)
2. Used Zyban
3. Used Champix
4. Used E-cigarettes

Advice
5. Rung the "Quit" help line
6. Asked your doctor for help to quit
7. Asked a pharmacist/other health professional for advice on quitting
8. Taken part in Quit smoking programs (individual or group)
9. Used an online support tool such as an online Quitcoach
10. Used a quit smoking app

Other
96. Other (Specify)
97. (DO NOT READ OUT) None of the above ^s
99. (DO NOT READ OUT) Can't say ^s

PRE QE28 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO QE32 *(CURRENT SMOKERS)

QE 28 During the past 6 months has anybody you know been trying to get you to quit smoking?

1. Yes
2. No (GO TO QE 29)
99. Can't say (GO TO QE 29)

*(CURRENT SMOKERS WHO HAS HAD SOMEBODY TRYING TO GET THEM TO QUIT)

QE 28b And who has been trying to get you to quit smoking?

DO NOT READ OUT. MULTIPLES ACCEPTED.

1. Partner/Spouse
2. Child/Children
3. Sibling (brother or sister)
4. Parents/Guardians
5. Other family member
6. Friend/Flatmate/Work colleague
7. Doctor/Medical Practitioner
96. Other (Specify)
99. Don't Know ^s

*(CURRENT SMOKERS)

QE 29 Do you intend to quit smoking?

1. Yes
2. No (GO TO QC 4)
3. Don't know (GO TO QC 4)

*(CURRENT SMOKERS WHO INTEND TO QUIT).

QE 29b Are you planning to quit . . .
READ OUT

1. Within the next month
2. Within the next 6 months
3. Sometime in the future, beyond 6 months
99. (DO NOT READ OUT) Don't know

PREQC4 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO QE32
*(CURRENT SMOKERS)

QC 4 On a scale of 1-10, how much do you want to quit smoking? where 1 is not at all and 10 is very much?

IF NECESSARY: by quit we mean stop totally.

1. Not at all
2.
3.
4.
5.
6.
7.
8.
9. Very Much
99. Can't say

*(CURRENT SMOKERS)

QE 31 Assuming that you try to quit smoking, is it likely or unlikely that you would be able to do so permanently?

1. Likely
2. Unlikely
99. Can't say
SMOKING & HEALTH

*(ALL).
QE 32 (QE 35)    Now I'd like to ask you about smoking, your quality of life and your health.
To what extent, if at all, has smoking affected your quality of life? Would you say it has….

READ OUT
1. Improved it greatly
2. Improved it
3. Neither improved nor lowered your quality of life
4. Lowered it
5. Lowered it greatly
98. (DO NOT READ OUT) Refused
99. (DO NOT READ OUT) Don't know

*(ALL).
QE 33 (QE 32)    To what extent, if at all, has smoking damaged your health? Would you say….

READ OUT
1. Not at all
2. Just a little
3. A fair amount
4. A great deal
98. (DO NOT READ OUT) Refused
99. (DO NOT READ OUT) Don't know

*(ALL).
QE 34 (QE 33)    To what extent, if at all, has your smoking affected the health of others? Would you say….

READ OUT
1. Not at all
2. Just a little
3. A fair amount
4. A great deal
5. (DO NOT READ OUT) Not applicable
98. (DO NOT READ OUT) Refused
99. (DO NOT READ OUT) Don't know

*(ALL).
QE 35 (QE 37)
(IF QE 1=1 TO 4 - CURRENT SMOKER) What do you think is the likelihood of you becoming ill from your smoking if you continue to smoke?
(IF QE 1=97 or 99 AND Q21 =1 - RECENT QUITTER) What do you think is the likelihood of you becoming ill from your past smoking?

Would you say…

READ OUT
1. Not at all likely
2. Not very likely
3. 50/50
4. Very likely, or
5. Certain
99. (DO NOT READ OUT) Can't say
*(ALL).

QE 36 (QE 34)

(If QE 1=1 TO 4 - CURRENT SMOKER) How worried are you, if at all, that smoking WILL damage your health in the future?

(If QE 1=97 or 99 AND Q21 =1 - RECENT QUITTER) How worried are you, if at all, that your past smoking WILL damage your health in the future?

Would you say you are…

READ OUT

1. Not at all worried
2. A little worried
3. Moderately worried
4. Very worried
97. (DO NOT READ OUT) Not applicable
98. (DO NOT READ OUT) Refused
99. (DO NOT READ OUT) Don't know
**ATTITUDES TOWARDS SMOKING AND QUITTING**

PREQC 3 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO ATT1.
*(CURRENT SMOKERS).

QC 3 I would now like to ask you to what extent you agree or disagree with the following statements about smoking and quitting.

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

**(STATEMENTS)**
1. You've been thinking a lot about quitting recently
2. You are eager for a life without smoking

**(RESPONSE FRAME)**
1. Strongly Agree
2. Agree
3. Neither Agree nor Disagree
4. Disagree
5. Strongly Disagree
99. (DO NOT READ OUT) Don't know

*PROGRAMMER NOTE: ROTATE STATEMENTS*
*(ALL)*

ATT1 (RECENT QUITTERS) <I will now read out a series of statements about smoking and quitting. To what extent do you agree or disagree that …>

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

**(STATEMENTS)**
a. Smoking is widely disapproved of in Australia
b. The rewards of smoking outweigh the negatives
c. Quitting smoking is easy
d. It's never too late to quit smoking
e. Quitting will reduce your risk of diseases caused by smoking
f. There are many benefits to quitting smoking

**(RESPONSE FRAME)**
1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (DO NOT READ OUT) Don't know
98. (DO NOT READ OUT) Refused
AWARENESS OF BENEFITS OF SMOKING - UNPROMPTED

*(ALL)
AW2 How much do you think you would benefit financially if you were to < (QE 1=97 or 99 AND Q21 =1) continue not to smoke / (QE 1=1 TO 4) quit smoking> in the next 6 months?

READ OUT

1. Not at all
2. Slightly
3. Moderately
4. Very much
5. Extremely
99. (DO NOT READ OUT) Don't know
98. (DO NOT READ OUT) Refused

*(ALL)
AW3 How much do you think your health would benefit if you were to < (QE 1=97 or 99 AND Q21 =1) continue not to smoke / (QE 1=1 TO 4) quit smoking> in the next 6 months?

(READ OUT)

1. Not at all
2. Slightly
3. Moderately
4. Very much
5. Extremely
99. (DO NOT READ OUT) Don't know
98. (DO NOT READ OUT) Refused

*(ALL)
AS1. In your opinion, what symptoms, if any, would someone experience when trying to quit smoking? (DO NOT READ)
INTERVIEWER NOTE: Prompt with 'Any others?' until no more.

(MULTIPLE RESPONSE)

1. Cravings
2. Cough
3. Headaches
4. Sweats / fever/chills
5. Increased appetite
6. Anger/Irritable
7. Anxiety or depression
8. Difficulty concentrating
9. Impatience / restlessness
10. Insomnia
11. Dizzy/light-headed
12. Other symptoms (SPECIFY)
13. None ^s
99. (Don't know) ^s
98. (Refused) ^s

*PROGRAMMER NOTE: ROTATE STATEMENTS
*(ALL)
AS2. I'm now going to read out some symptoms people may experience while quitting smoking. On a scale of 1 to 5, where 1 means 'no at all difficult' and 5 means 'extremely difficult', how difficult do you think it would be to cope with these symptoms when quitting smoking?

(STATEMENTS)
1. Headaches
2. Difficulty concentrating
3. Insomnia (difficulty sleeping)
4. Anxiety
5. Cravings
6. Increased appetite
7. Anger/Irritable
8. Impatience
9. Cough

(RESPONSE FRAME)
1.  1 – Not at all difficult
2.  2
3.  3
4.  4
5.  5 – Extremely difficult
99. Don't know
98. Refused

*(ALL)
AS3. In your opinion, which of these is worse? (READ OUT)

1. The suffering from quit related symptoms, or
2. The suffering from illnesses and diseases caused by smoking
99. (Don't know)
98. (Refused)
AWARENESS OF HEALTH EFFECTS OF SMOKING

*PROGRAMMER NOTE: ROTATE STATEMENTS *(ALL)
QE 38 I am going to read you a list of health effects and diseases that may or may not be caused by smoking cigarettes. Based on what you know or believe, does smoking cause . . .

(STATEMENTS)
   a. Heart disease?
   b. Lung cancer?
   c. Illness and death in non-smokers?
   d. Emphysema?

(RESPONSE FRAME)
   1. Yes
   2. No
   99. Don't know

*(ALL)
AS4. On a scale of 1 to 5, where 1 means ‘not at all concerned’ and 5 means ‘extremely concerned’, how concerned would you be to live with the following health effects or diseases?

(STATEMENTS)
   a. Heart disease?
   b. Lung cancer?
   c. Emphysema?

(RESPONSE FRAME)
   1. 1 – Not at all concerned
   2. 2
   3. 3
   4. 4
   5. 5 - Extremely concerned
   99. Don't know
   98. Refused

*PROGRAMMER NOTE: ROTATE STATEMENTS *(ALL)
AS5. To what extent do you agree or disagree with the following statements about emphysema and other smoking related illnesses...

(STATEMENTS)
   a. Someone with emphysema can live for a long time with the disease
   b. The symptoms of emphysema make life unbearable
   c. Emphysema is irreversible
   d. Living with emphysema long term could be worse than dying from smoking

(RESPONSE FRAME) (READ OUT)
   1. Strongly agree
   2. Agree
   3. Neither agree nor disagree
   4. Disagree
   5. Strongly disagree
   99. (Don’t know)
   98. (Refused)
ADVERTISING AWARENESS – Campaign Recall

*(ALL)
PRE39 The next few questions are about advertising.

1. Continue

*(ALL)
QE 39 During the past three months, have you seen or heard any information or advertising campaigns about the dangers of smoking, or that encourages quitting?

1. Yes
2. No (GO TO AD26)
99. Can’t Say (GO TO AD26)

*(RECALLS SMOKING ADVERTISING)
AD1 i. Can you please describe the first ad that comes to mind? And what was the ad trying to say?

ii. Can you please describe the next ad that comes to mind? And what was the ad trying to say?

1. Response (Specify______)
2. Don’t know
98. Refused

ADVERTISING AWARENESS – Campaign Recognition

*(ALL)
AD26 I am now going to read out a brief description of a recent TV ad and I would like to know if you have seen it.

The first ad shows a man lying in bed. He wakes with a startle and we see him struggling to breathe. As the man gasps for air, a voice over says “imagine your whole life reduced to thinking about your next breath” and states “an emphysema sufferer can live like this for years”. A bed-side light is then switched on. We see the man sit up gasping for breath with his wife next to him who is very upset as she helps him get more comfortable.

Have you recently seen this ad?

1. Yes
2. No (GO TO AD29)
99. (Don’t know) (GO TO AD29)
98. (Refused) (GO TO AD29)
*(SEEN BREATHLESS, AD26=1)

AD27  What would you say was the main message of this advertisement? (DO NOT READ)

(MULTIPLE RESPONSE)

1. Quit smoking
2. Quit / stop before the suffering starts
3. People with emphysema suffer
4. People with emphysema can live for years with the disease
5. Death isn’t the only thing to worry about when you smoke
6. Smoking-related illness and disease can be worse than death
7. Your smoking impacts your family / others
8. Other (SPECIFY)
99. Don’t know ^s
98. Refused ^s

*(SEEN BREATHLESS, AD26=1)

AD28  Thinking about this ad, to what extent do you agree or disagree it …

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATEMENTS)

a. ...was easy to understand
b. ...taught me something new
c. ...makes me stop and think
d. ...is believable
e. ...makes me feel uncomfortable
f. ...is relevant to me
g. ...makes me feel concerned about my <past> smoking
h. ...makes me more likely to <try to quit / want to stay quit>

(RESPONSE FRAME)

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
99. (Don’t know)
98. (Refused)

*(ALL)

AD29  Have you recently seen any ads using images from the TV ad I described in any of the following places?

(MULTIPLES ACCEPTED)

READ OUT

1. Magazine or newspaper
2. Billboard or poster in a shopping centre or in a bus shelter or train station
3. Banner or pop-up ads on a website
4. On YouTube before viewing a video
5. Post cards you pick up at cafes, bars or libraries
6. (None of these) ^s
99. (Don’t know) ^s
98. (Refused) ^s
Next I’m going to read you a short description of a recent radio ad.

The ad starts with a girl’s voice talking about her mum’s poor health, she says her mum has tubes running in and out of her body; she coughs all the time and is very thin. The ad ends with the voiceover saying “If you smoke, death could be the least of your worries.”

Have you recently heard this radio ad?
1. Yes
2. No
99. (Don’t know)
98. (Refused)

Now thinking again about TV advertising …

The next ad I would like to ask you about starts out with a man lying on a couch. A voice over says “it seems like a cold at first, you get headaches, can’t concentrate, can’t sleep”. We then see his children sitting next to him looking worried. As he takes his son’s hand the voice over says, “one day you realise, this could be it, you’ve done it, you’ve quit smoking”. The ad ends with the man getting off the couch and going outside to play with his kids.

Have you recently seen this ad?
1. Yes
2. No (GO TO AD34)
99. (Don’t know) (GO TO AD34)
98. (Refused) (GO TO AD34)

What would you say was the main message of this advertisement? (DO NOT READ)

(MULTIPLE RESPONSE)
1. Quit smoking
2. Quit/Stop before the real suffering starts
3. Symptoms of quitting smoking
4. Quit smoking symptoms can be overwhelming
5. Quit smoking symptoms are short lived
6. Quit smoking symptoms not as bad as other smoking-related illness / disease
7. Quitting now can save a lot of suffering later
8. Your smoking impacts your family / others
9. Other (SPECIFY)
99. Don’t know ^s
98. Refused^s

Thinking about this ad, to what extent do you agree or disagree it …

Do you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree.

(STATEMENTS)

a. …was easy to understand
b. ...taught me something new

c. ...makes me stop and think

d. ...is believable

e. ...makes me feel uncomfortable

f. ...is relevant to me

g. ...makes me feel concerned about my <past> smoking

h. ...makes me more likely to <try to quit / want to stay quit>

(RESPONSE FRAME)

1. Strongly agree

2. Agree

3. Neither agree nor disagree

4. Disagree

5. Strongly disagree

99. (Don’t know)

98. (Refused)

*(ALL)

AD34 Have you recently seen any ads using images from the TV ad I described in any of the following places?

(MULTIPLES ACCEPTED)

READ OUT

1. Billboard or poster in a shopping centre or in a bus shelter or train station

2. Banner or pop-up ads on a website

3. (DO NOT READ OUT) None of these ^s

99. (DO NOT READ OUT) Don’t know ^s

98. (DO NOT READ OUT Refused ^s

*(ALL)

AD35 The last ad I would like to ask you about has been on the radio

It starts with a woman describing her husband’s symptoms, including a pounding headache, coughing and anxiety. The wife says “But, like the cravings, I know it’ll pass, because I know quitting won’t kill my husband.” The ad ends with a voiceover saying “It’s not always easy to quit smoking, but a little suffering now can save a lot of suffering later.

Have you recently heard this ad?

1. Yes

2. No

99. (Don’t know)

98. (Refused)
DIRECT INFLUENCE OF THE CAMPAIGN

PREIM1 IF AD26=1 OR AD29=1 TO 5 OR AD30=1 OR AD31=1 OR AD34=1 OR 2 OR AD35=1
(RECOGNISES ANY NTC AD) CONTINUE, ELSE GO TO AD20
*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)
IM1  What, if anything, have you done as a result of seeing (or hearing) this advertising?

(MULTIPLES ACCEPTED)

1. Discussed smoking and health with family/friends
2. Changed the type of cigarettes I smoke
3. Cut down the amount I smoke
4. Stopped/quit smoking
5. Rung the "Quit" help line
6. Read "how to quit" literature
7. Accessed Quit information from a website
8. Asked your doctor for help to quit
9. Began taking Nicotine Replacement Therapy (NRT), or other pharmaceutical stop smoking product
10. Set a date to give up smoking
11. Asked your pharmacist/other health professional for advice on quitting
12. Other (Specify)
13. Done nothing ^s
99. (Don't know) ^s
98. (Refused) ^s

*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)
IM2  What, if anything, do you intend on doing in the next month in response to seeing (or hearing) this advertising?

(MULTIPLES ACCEPTED)

1. Discuss smoking and health with others
2. Change the type of cigarettes I smoke
3. Reduce the quantity of cigarettes I smoke
4. Stop/quit smoking
5. Ring the "Quit" help line
6. Read "how to quit" literature
7. Access Quit information from a website
8. Ask your doctor for help to quit
9. Begin taking Nicotine Replacement Therapy (NRT) or other pharmaceutical stop smoking products
13. Download quit smoking app/my quitbuddy
10. Other (Specify)
11. No intentions ^s
99. (Don't know) ^s
98. (Refused) ^s

*(ALL)
AD20  (Just to confirm…) Have you ever downloaded any quit smoking app?

1. Yes
2. No (GO TO AD25)
3. (Don't know) (GO TO AD25)
4. (Refused) (GO TO AD25)
*(DOWNLOADED QUIT SMOKING APP, AD20 = 1)*

AD21 Have you downloaded the 'My QuitBuddy' APP?

1. Yes
2. No
3. (Don’t know)
4. (Refused)

*(DOWNLOADED QUIT SMOKING APP AD20 = 1)*

AD23 How helpful did you find the quit smoking apps you downloaded <IF CURRENT SMOKER: in trying to quit smoking? / IF RECENT QUITTER: when you quit smoking?> (READ OUT)

1. Extremely
2. Very
3. Somewhat
4. Not at all
5. (Don’t know)
6. (Prefer not to say) (GO TO PREMP1)

*(AD23 = 1, 2, 3, 4 OR 5)*

AD24 What about the apps makes you say that?

1. ENTER VERBATIM
99. Don’t know
98. Prefer not to say

*(NOT DOWNLOADED QUIT SMOKING APP AD20 = 2, 3 or 4)*

AD25 What have been your main reasons for not downloading a quit smoking app before?

(MULTIPLE RESPONSE) (DO NOT READ OUT)

1. Not aware of quit smoking apps
2. Hadn’t thought of doing it before
3. Don’t think it would be useful/helpful
4. There are better supports/methods to help quit
5. Do/did not need support to quit
6. Haven’t tried to quit / have already quit smoking
7. Other (SPECIFY)
99. Don’t know ^s
98. Refused ^s
MOTIVATION AND POLICY IMPACT

PRE MP1 IF QE1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO QE41
*(CURRENT SMOKER, QE 1=1 TO 4)

MP1 Thinking again about your own smoking …

What are the main reasons for why you currently smoke? (DO NOT READ OUT)

MULTIPLE RESPONSE
1. I enjoy it/ love it
2. Habit
3. Cravings / I’m addicted
4. Cope with stress / Having a bad day
5. Friends / partner also smoke
6. Social occasions (parties/pubs)
7. Work smoko/breaks
8. Want time outside/ time out (go outside)
9. Reward myself
10. Other (Specify)
11. No reason ^s
99. (Don’t know) ^s
98. (Refused) ^s

*(CURRENT SMOKER, QE 1=1 TO 4)
MP7 And, what are the main reasons you have not quit smoking?

(DO NOT READ OUT)

MULTIPLE RESPONSE
1. I enjoy smoking / love it
2. Smoking is a habit
3. Cravings stop me/ I’m addicted
4. I smoke to cope with stress / when having a bad day
5. Friends / partner also smoke
6. Don’t want to miss work smoko / breaks
7. Want time outside / time out (go outside)
8. Don’t want to experience symptoms of quitting smoking
9. Other (Specify)
10. No reason ^s
99. Don’t know ^s
98. Refused ^s
ENVIRONMENTAL TOBACCO SMOKE

*(ALL)
QE 41 If someone wanted to smoke in your house, which of the following best describes what they usually can do?

READ OUT. SINGLE ANSWER ONLY

1. Smoke anywhere inside the house
2. Smoke inside the house, but only in certain rooms, or
3. Smoke outside only
4. (DO NOT READ OUT) Smoking not allowed inside or outside
99. (DO NOT READ OUT) Don’t know
98. (DO NOT READ OUT) Refused

PRE QE42 IF QE 1=1 TO 4 (CURRENT SMOKER) CONTINUE, ELSE GO TO DEM *(CURRENT SMOKERS, QE1=1 to 4)
QE 42 Do you ever smoke when you are ...

READ OUT. MULTIPLE RESPONSE.

1. In front of family
2. In front of friends
3. In front of children
4. In front of colleague / co-worker
5. (I do not smoke around others) ^s
99. (Don’t know) ^s
98. (Refused) ^s

DEMOGRAPHICS

*(ALL)
DEM. To make sure we’ve spoken with a good range of people, I’d like to ask you a few final questions.

1. Continue

PRES3a IF SAMTYP=2, MOBILE SAMPLE CONTINUE, ELSE GO TO QI 6 *(SAMTYP=2, MOBILE SAMPLE)
S3a Including yourself, how many people aged 18-40 living in this household currently smoke cigarettes?

1. Record Number (ALLOWABLE RANGE 0-15) *(PROGRAMMER NOTE: IF QE 1=1 TO 4 ALLOWABLE RANGE IS 1-15)
2. Don’t know
3. Refused

*(SAMTYP=2, MOBILE SAMPLE)
S4a And including yourself, how many people aged 18-40 living in this household have given up smoking cigarettes in the last 12 months, and used to smoke on at least a weekly basis?

1. Record Number (ALLOWABLE RANGE 0-10) *(PROGRAMMER NOTE: IF RECENT QUITTER ALLOWABLE RANGE IS 1-10)
2. Don’t know
3. Refused
*(ALL)

QI 6  What language do the adults in your household speak most of the time when they are at home? SINGLE RESPONSE ONLY

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
96. Other (Specify)
99. Can't say

*(ALL)

QI 7  What is the main income earner's occupation? PROBE IF NECESSARY. IF RETIRED OR NOT CURRENTLY WORKING, PROBE FOR PREVIOUS OCCUPATION IF ANY

1. Managers
2. Professional
3. Technician or trades worker
4. Community or personal service worker
5. Clerical or administrative worker
6. Sales worker
7. Machinery operator or driver
8. Labourer
9. Student
96. Other (Specify)
97. No occupation (excludes students)
98. Refused
99. Can't say

*(ALL)

QI 8  Are there any people aged under 18 years of age living in this household?

1. Yes
2. No
98. Refused
99. Can't Say
*(ALL)
Q EDUC Can you please tell me what is the highest level of education 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)
99. Can’t say
98. Refused

*(ALL)
Q INDG Are you of Aboriginal or Torres Strait Islander origin?

1. Yes
2. No
99. Can’t Say

*(ALL)
W7 Now just a question or two about your use of telephone services.

1. Continue

PREW8 IF SAMTYP=2 CONTINUE, ELSE GO TO PREW9
*(MOBILE SAMPLE) (SAMTYP=2)
W8 Is there at least one working fixed line telephone inside your home that is used for making and receiving calls?

1. Yes
2. No
3. (Don’t know)
4. (Refused)

PREW9 IF SAMTYP=1 OR SAMTYP=2 AND W8=1 CONTINUE, ELSE GO TO PREW10
*(LANDLINE SAMPLE, MOBILE SAMPLE WITH LANDLINE) (SAMTYP=1 OR ((SAMTYP=2 AND W8 = 1))
W9 How many residential phone numbers do you have in your household not including lines dedicated to faxes, modems or business phone numbers? Do not include mobile phones.

INTERVIEWER NOTE: If needed explain as how many individual landline numbers are there at your house that you can use to make and receive calls?

1. Number of lines given (Specify________) RECORD WHOLE NUMBER (ALLOWABLE RANGE 1 TO 15) *(DISPLAY “UNLIKELY RESPONSE” IF >3)
2. (Refused)
3. (Don’t know/ Not stated)
PREW10 IF SAMTYP=1 CONTINUE, ELSE GO TOQCOND
*(LANDLINE SAMPLE) (SAMTYP=1)
W10 Do you also have a working mobile phone?
   1. Yes
   2. No
   3. (Don’t know)
   4. (Refused)

*(ALL)
Q COND And finally have you been told by a doctor or nurse that you currently have any of the following long-term health conditions:
   MUTIPLES ACCEPTED
   READ OUT
   1. Arthritis
   2. Asthma
   3. Heart disease
   4. Have had, or at risk of, stroke
   5. Chronic kidney disease
   6. Cancer of any kind
   7. Mental Health problems such as Depression
   8. Type 2 Diabetes
   9. Oral Disease (e.g. Gum disease)
   10. Osteoporosis
   97. (DO NOT READ OUT) None of these
   99. (DO NOT READ OUT) Can’t say

For quality control purposes you may be re-contacted, to verify some of the information. We will remove your contact details when all interviewing is completed.

Can I just confirm your name and contact details?
Respondent’s Name:
Respondent’s Phone: (………)

CLOSE. That’s the end of the interview. Thank you very much for your help it has been extremely valuable. Just in case you missed it my name is (…) and this survey was conducted on behalf of the Australian Government’s Australian National Preventive Health Agency.

IF NECESSARY: If you have any queries about this survey, or would like any further information, you can call us on 1800 023 040.

As this is a market research interview, I can assure you it is carried out in compliance with the Privacy Act and the information you provided will be used only for research purposes.

IF ASKS FOR FURTHER INFORMATION ON SMOKING AND QUITTING:
www.quitnow.gov.au Quitline 13 7848