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National Partnership Agreement on Preventive Health Tobacco Social Marketing Campaign

EVALUATION REPORT

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Executive Summary

This report presents the results from an evaluation of the 2011 National Tobacco Campaign (NTC). The campaign aims to contribute to a reduction in the prevalence of adult daily smoking to 10 per cent 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.

This evaluation of the 2011 NTC comprised two 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. These surveys were conducted between 28 February and 23 March 2011 (Wave 1) and 4 July to 31 July 2011 (Wave 2).

The results from these tracking surveys were then compared to existing benchmark measures collected through the 2010 National Tobacco Survey in December 2010.

The evaluation measured campaign awareness, message communication and impact on the attitudes, awareness, intentions and behaviour of the target audiences, namely smokers aged 18 to 40 years; and recent quitters aged 18 to 40 years.

Campaign awareness

The 2011 NTC has performed strongly on most awareness measures:

Unprompted recall of the 2011 NTC following the close of the campaign in July was 44% amongst smokers and 55% amongst recent quitters. These strong figures were largely driven by the *Cough* TVC with unprompted recall of 34% amongst smokers and 47% amongst recent quitters. Recall of *Health Benefits* print, radio, outdoor and online was 9% among smokers and 14% among recent quitters, while recall of the lesser weighted *Luke* TVC was 4% and 2%, respectively. Total unprompted recall of the campaign increased, but non-significantly, between March and July, with rises of four percentage points (from 40% to 44%) amongst smokers and 12 points (from 43% to 55%) amongst recent quitters.

Prompted recognition of the 2011 NTC was very strong. As at July, total recognition of the campaign stood at 98% amongst smokers and 99% amongst recent quitters. These results were in line with the ambitious 1+ reach target of 100% set for the campaign.

Individual campaign elements also achieved relatively strong recognition results with some of the non-television advertising boosting reach amongst young adults and males.

Cough

Following the close of the campaign on 30 June:

- recognition of the *Cough* TVC reached a high of 95% amongst smokers (up 10 points since March) and 94% amongst recent quitters;
- recognition of the supporting *Cough* advertising (outdoor) was also solid with out of home (posters or billboards in shopping centres, bus shelters or train stations) recognition at 31% amongst smokers and 35% amongst recent quitters (up 6 points and 17 points respectively since March);

- recognition of the online execution was at seven percent amongst smokers and five percent for recent quitters;
- outdoor advertising performed particularly well amongst male smokers (37% versus 22% amongst females);
- recognition of the online advertising was above average amongst 18 to 24 year olds (14% versus 7% of all smokers).

Health Benefits (print, radio, outdoor and online)

Health Benefits made a strong contribution to overall campaign recognition in July and significant increases were evident in most elements of this advertising since the March survey. It appears recognition of this part of the campaign has benefitted from its relatively long duration and from the use of a variety of complementary media:

- recognition of the *Health Benefits* radio ad reached 60% amongst smokers (up from 48% in March) and 68% amongst recent quitters (up from 44% in March);
- magazine advertising was at 15% amongst smokers (up 6 points) - it was particularly strong amongst 18 to 24 year old females (26%) - and reached 28% amongst recent quitters (up 16 points);
- out of home was at 25% amongst smokers and 27% amongst recent quitters (up 15 points for both groups) with 18 to 24 year old smokers above average in their recognition of this advertising (34%);
- seven percent of smokers and recent quitters recognised the online advertising (up from 4% and 1% respectively); and recognition of the online *Money Saved* advertising (*Financial Benefits*) was at six percent for smokers and eight percent for recent quitters.

Luke ('Brothers: Who will you leave behind' TVC series)

Luke, part of the Western Australian Cancer Council series '*Brothers: Who will you leave behind*' series, was introduced to the campaign between the March and July surveys and also achieved strong recognition results. Recognition of this ad reached 65% amongst smokers and 72% amongst recent quitters in the July survey. This was also an encouraging result over only six weeks on a total of 500 TARPS, a lower rate of media than was purchased for *Cough*.

Complementary advertising – 'Break the Chain' (TVC and print)

Although not the focus of this evaluation, measures of awareness relating to the *Break the Chain* campaign were also included as it was delivered through mainstream media channels because many Indigenous people consume mainstream media. The ad achieved solid recognition results among the general community. Recognition in the July survey was 55% amongst smokers and 52% amongst recent quitters, a sound result given that only 380 TARPS were applied to this ad in total over 10 weeks on air. Results were particularly strong among Aboriginal and Torres Strait Islander people(s) (69%). It is also noteworthy that unprompted recall of *Break the Chain* was at 10% amongst smokers from Aboriginal and Torres Strait Islander background compared with three percent for all smokers. This level of unprompted recall (cut through) among smokers (which was at 3%) is not surprising given the comparatively low levels of TARPS used and that the media buy was only designed to reach smokers from Aboriginal and Torres Strait Islander background.

Message communication was strong and in keeping with the campaign's communication objectives and executional content. Amongst those who recalled any of the 2011 NTC in the July survey, message take-out most often referred to cancer-related issues:

- particularly that *smoking causes lung cancer* (mentioned by 35% of smokers and recent quitters);
- comments about the *negative effect of smoking on other people, particularly family members* (38% of smokers; 36% of recent quitters);
- comments about *the benefits of not smoking* (19% of smokers; 23% of recent quitters); and
- *Quit smoking* messages (25% of smokers; 18% of recent quitters).

Further, the profile of messages about smoking as a cause of lung cancer and those about the negative effects of smoking on others increased between the March and July surveys.

Perceived communication effectiveness showed that, in July, most smokers and recent quitters agreed the campaign had been effective in communicating the messages:

- *Every cigarette brings cancer closer* (87% of smokers; 93% of recent quitters);
- *Every cigarette you don't smoke is doing you good* (91% of smokers; 95% of recent quitters);
- *There are many health benefits to quitting* (94% of smokers; 95% of recent quitters); and
- *The day you quit, your body starts to repair itself* (87% of smokers; 97% of recent quitters).

A final measure of communication effectiveness was drawn from the proportion of respondents able to provide correct information from the *Health Benefits* advertising about the time taken for various post-quitting changes to occur. The following results were obtained in the July survey:

- 56% of smokers and recent quitters correctly identified the time taken for *nicotine to leave the body*;
- 41% of smokers and 51% of recent quitters correctly identified the time taken for *lung capacity to increase by 30%*;
- 30% of smokers and 41% of recent quitters correctly identified the time taken for *the risk of heart disease to halve*; and
- 15% of smokers and 18% of recent quitters correctly identified the time needed for *the risk of stroke to dramatically decrease*.

Finally, a number of **advertising diagnostic measures** were used to evaluate various aspects of the *Cough* and *Luke* TVCs and of the *Health Benefits* advertising. July results included the following:

- amongst both smokers and recent quitters it was almost universally agreed that the 2011 NTC advertising was *easy to understand* and *believable*. In addition, more than 70% of smokers agreed this advertising made them *feel concerned about their smoking*, had made them *stop and think* and, for all (except *Luke*), was *personally relevant*;
- the diagnostics also highlighted some differences between these three components of the campaign:
 - *Health Benefits* was more strongly associated with *learning something new* (in July 57% agreed it had taught them something new versus 29% for *Cough* and 32% for *Luke*); and

- having greater *personal relevance* (83% of smokers agreed it was personally relevant versus 71% for *Cough* and 64% for *Luke*);
- *Benefits* was also seen as less confronting (in July 43% of smokers agreed it made them *feel uncomfortable* compared with 59% for *Cough* and 60% for *Luke*).
- Diagnostics also pointed to some early signs of wear out with *Cough*. In particular, the proportion of smokers who agreed they were *getting tired of seeing the ad* increased from 38% in March to 46% in July while the proportion who felt this TVC *made them feel uncomfortable* fell from 65% to 59% between the two surveys.

Campaign impact

The impact of the 2011 NTC was assessed in relation to reported action taken as a direct consequence of exposure to the campaign as well as its association with attitudes, beliefs and behaviour of smokers and recent quitters towards smoking and quitting. Key findings included the following:

- In the July survey, 41% of smokers and 59% of recent quitters claimed to have taken action as a result of seeing the 2011 NTC. This most often involved some form of quitting activity, with a particularly encouraging result being the nine percent of smokers¹ and 50% of recent quitters who said they had quit smoking as a direct result of the campaign.
- The proportion of smokers *worried smoking will damage their future health* was significantly higher in July than December (89% versus 86%). In addition, the March survey saw increases in the proportion who thought they would *become ill as a result of their smoking* (up 7 points to 59% versus December) and who thought their *smoking had affected the health of others* (up 8 points to 46%).
- In keeping with the messages of the campaign, stated benefits associated with quitting most often related to health and quality of life issues (69% of smokers and 70% of recent quitters in July) and saving money (50% of smokers and 48% of recent quitters in July). Other quitting benefits with possible links to NTC communications were the decreased risk of disease/illness (11% of smokers and recent quitters) and the approval of close family members (11% of smokers; 15% of recent quitters).
- Amongst smokers, the salience of quitting – measured by agreement with the statement *I have been thinking a lot about quitting recently* - increased markedly in March (up 10 points from December to 74%) and remained at an elevated level of 71% in July. Predisposition towards quitting – measured by agreement with the statement *I am eager for a life without smoking* – also increased significantly in March (up 5 points from December to 78%) but this increase had dissipated by July when the proportion who “agreed” with this statement was back to 73%.
- Attitudes to quitting saw both smokers and recent quitters exhibit high levels of agreement (i.e. 90% plus) with attitudinal measures on *the many benefits of quitting*, *the lowered risk of smoking related disease that accompanies quitting* and the proposition that *it's never too late to quit*. There were no significant changes between March and July on any of these measures, but given the high levels of agreement it might be expected that such changes would be difficult to achieve.

¹ 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.

- Following the launch of the campaign, there has been an increase in the proportion of smokers encouraged to quit by their partners and/or children – this rose from 27% in December to 34% in March and 32% in July.
- Between December and March, there was an increase (from 20% to 24%) in the proportion of smokers who intended to quit in the next month, as well as an increase in smokers' desire to quit smoking (\bar{x} = 6.5 in December to 6.9 in March). However, both of these changes had dissipated by the July survey.
- An increased proportion of smokers attempted to quit in a time frame that coincided with the NTC. That is, compared to December the March survey saw a five point increase (from 9% to 14%) in smokers who had attempted to quit during the previous month. Similarly, the July survey saw a five point increase (from 28% in December to 33% in July) in the proportion of smokers who attempted to quit in the previous six months.

Conclusions

Overall, the results of the evaluation point to a successful campaign and indicate little need for any major changes to the campaign. The exceptions to this rule were noting the signs of possible wear out for *Cough* and the opportunity to (further) capitalise on the positive outcomes of *Benefits*. The 2011 NTC has performed very well with strong cut-through, near universal reach amongst members of the target audience and strong message communication.

Positive impacts have also been noted in relation to the target audience's knowledge, attitudes and intentions with respect to smoking and in their actual quitting behaviour.

The results of this evaluation also highlight the importance of including advertising with a positive tone and messaging in the campaign (as delivered through *Health Benefits*), as it can serve as a counterpoint to the strong approach of *Cough* and *Luke*. It suggests future phases of the NTC could ensure an appropriate balance between these quite different approaches.

1 Introduction

1.1 Context

Tobacco smoking is the single largest preventable cause of premature death and disease in Australia, accounting for approximately 15,500 deaths per annum, and overall is responsible for more deaths in Australians up to 64 years of age than are attributable to alcohol and illicit drugs combined across all age groups.² Rates of smoking in Australia have declined over time; however, close to 2.9 million Australians (16.6%) still smoke on a daily basis³.

The Commonwealth 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% of the population by 2018 and to halve the smoking rate for Indigenous Australians. Funding was provided for the National Partnership Agreement on Preventive Health (NPAPH) Tobacco Social Marketing Campaign (referred to as the 2011 National Tobacco Campaign or 2011 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 (the department) to the Australian National Preventive Health Agency (ANPHA). The 2011 campaign has been implemented by the department on behalf of ANPHA.

Outside of the NPAPH, the department has responsibility for the following complementary, but separate, social marketing campaigns:

- the National Tobacco Campaign – More Targeted Approach which seeks to reduce smoking prevalence among high-need and hard to reach groups. These groups include people who are at risk, have high smoking rates, and/or those who are hard to reach with mainstream campaigns – for example, pregnant women and their partners, prisoners, people with mental illness, people from culturally and linguistically diverse backgrounds, and people living in low socio-economic areas.
- An anti-smoking social marketing campaign (*Break the Chain*) targeting Aboriginal and Torres Strait Islander People(s) aged 16-40 years.

These two campaigns are being evaluated separately to the NPAPH campaign.

The 2011 NTC aims to build on previous Australian Government campaigns designed to reduce the prevalence of tobacco smoking including:

- 'Every cigarette is doing you damage' (1997-2004);
- Health warnings (2006); and
- 'When you smoke you inhale over 4,000 chemicals' (2006-2007 and 2010).

2 Ridolfo, B., and Stevenson, C. (2001). The quantification of drug-caused mortality and morbidity in Australia. Canberra: AIHW, Cat. No. PHE 29. Collins, D., and Lapsley, H.

3 Australian Institute of Health and Welfare (2008). 2007 National Drug Strategy Household Survey: detailed findings. Drug statistics series no. 22. Cat. no. PHE 107. Canberra: AIHW

As with all previous Australian Government anti-smoking social marketing initiatives, the 2011 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 focuses on the evaluation of the NPAPH campaign (NTC 2011).

1.2 Campaign strategy

Overall, the 2011 NTC 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 campaign included a number of behavioural and communication objectives, which are summarised below:

1.2.1 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.

1.2.2 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;
- 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 2011 NTC contained newly developed creative material, with the exception of one television advertisement (*Luke* from the *Who will you leave behind?* campaign), developed by the Cancer Council of Western Australia.

The main components of the 2011 NTC were:

- **Cough** – a 30 second television commercial showing a man with a smoker's cough who develops lung cancer evidenced when he coughs blood into a handkerchief. Three flights of *Cough* (which saw the application of approximately 1,900 TARPS⁴ in total) were used from the launch on January 30, 2011. *Cough* was supported by a range of out of home (billboards, shopping centres and public transport) and digital (social networking, entertainment and special interest websites, online TV, as well as *Google* and *Yahoo!* search marketing) advertising.
- **Health Benefits** – this was comprised of several ads which highlighted the **health** and **financial** benefits of quitting. The approach adopted in *Health Benefits* is relatively new to anti-tobacco advertising in that it adopts a softer and more supportive tone. A mix of media was used including radio (30 seconds), out of home, print and online channels.
- **Luke** (*Who will you leave behind?*) – a 30 second TVC showing a man talking about his father who died of smoking induced cancer and, as a result, had missed out on the birth of his grandson. As part of the 2011 NTC, this ad was launched during the third flight of television advertising which commenced on May 22 and run in parallel with *Cough* during this period.

Although not the focus of this evaluation, measures of awareness relating to the *Break the Chain* campaign were also included as it was delivered through mainstream media channels. The *Break the Chain* campaign comprised of a 45 second TVC featuring an Aboriginal woman talking about the negative impacts of smoking on the health of her relatives. This TVC was launched on March 27 2011 and was supported by a total of 380 TARPS spread over two flights on both mainstream and Indigenous television. The *Break the Chain* TVC was supported by radio and print advertising.

The timing of the key media elements of the 2011 NTC and *Break the Chain* media are shown below in Table 1.

⁴ Target Audience Rating Points (TARPs) provide a measure of the target audience's expected exposure to the television advertising. The more TARPs applied to an ad, the greater the chance members of the target audience will have seen the ad on one or more occasions.

Table 1: Overview of 2011 NTC activity.

DETAILS	2011																								
	JANUARY				FEBRUARY				MARCH				APRIL				MAY				JUNE				
	9	16	23	30	6	13	20	27	6	13	20	27	3	10	17	24	1	8	15	22	29	5	12	19	26
NTC 2011																									
National TV																									
<i>Cough</i>				200	200	150	150					200	200	150	150					100	100	100	100	50	50
<i>Luke</i>																				100	100	100	100	50	50
Magazines/Newspapers																									
<i>Benefits (Consumer Mags)</i>																									
Radio																									
<i>Benefits</i>																									
Out-of-Home																									
<i>Transit</i>																									
<i>Street Furniture</i>																									
<i>Shopping Centres</i>																									
<i>City/CBD Lift Foyers</i>																									
<i>Path to Purchase</i>																									
Digital																									
<i>Online TV</i>																									
<i>Display</i>																									
<i>Search</i>																									
Break the Chain																									
<i>TV</i>																									
<i>Magazines/Newspapers</i>																									
<i>Radio</i>																									

1.4 Research objectives

The main objective of this research was to evaluate the effectiveness of the 2011 NTC in terms of overall campaign awareness and impact. More specifically, the research measured:

- Campaign awareness, including advertising cut-through, message takeout and a range of diagnostic measures (eg: perceived credibility, communication clarity, impact and wear out) amongst the target audiences of smokers and recent quitters;
- 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

This evaluation comprised two 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. These surveys were conducted between 28 February and 23 March 2011 (Wave 1) and 4 July to 31 July 2011 (Wave 2).

The results from these tracking surveys were then compared to existing benchmark measures collected through the 2010 National Tobacco Survey in December 2010.

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 sample was stratified geographically approximately in proportion to the smoker population in each region shown in the table as estimated by the 2010 National Tobacco Survey. 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.

Table 2: Achieved sample by wave.

Location	Benchmark Dec '10 n	Tracking Mar '11 n	Tracking Jul '11 n
Sydney	243	247	253
Other New South Wales / ACT	146	151	146
Melbourne	228	238	230
Other Victoria	76	64	75
Brisbane	56	100	93
Other Queensland	79	141	147
Adelaide	52	50	48
Other South Australia / Northern Territory	27	25	23
Perth	68	66	64
Other Western Australia	14	8	13
Tasmania	27	24	24
Smokers	1 016	1 001	1 002
<u>Gender</u>			
Male	509	487	519
Female	507	514	483
<u>Age</u>			
18-24 years	217	227	236
25-29 years	183	179	174
30-34 years	211	201	243
35-40 years	405	394	349
Culturally and Linguistically Diverse	62	74	65
Aboriginal and Torres Strait Islander People(s)	32	38	48
Recent Quitters	-	113	114
Total sample	1 016	1 114	1 116

Before reporting, all data were weighted to adjust for chance of selection and post-weighted by age and sex to match population parameters for smokers and recent quitters estimated from the 2010 National Tobacco Survey.

Questionnaires

The tracking questionnaires were designed in close consultation with the department. 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 will have applicable benchmarks for comparison.

The broad topic areas included in each questionnaire (see Appendix 1) were:

- 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.

There was no formal pilot test of the questionnaire, although the first night's interviewing for each wave was used to check for any problems with content and flow. No significant changes were made as a result of this checking and these interviews were included in the final sample.

On average interviews were of 21.3 minutes duration for the first tracking wave and 21.2 minutes for the second.

1.6 Campaign context

In considering the research findings, consideration should be given to the media environment in which the 2011 NTC took place. The anti-smoking category experienced a relatively high degree of competition from advertising and promotional activity which took place prior to and during the campaign. More specifically, this additional activity included:

- New South Wales – *I Can Quit* and *Best Intentions*;
- Northern Territory – *Sponge* and *Artery*;
- Queensland – *My Smoking*;
- South Australia – television advertising including *What's Worse*, *Cigarettes are Eating You Alive*, *Bubblewrap* and *Sponge*;
- Tasmania – *What's Worse*;
- Victoria – *Never give up giving up*; and
- Western Australia – *Adrian's Regret* and *Smarter than Smoking*.

Thus the 2011 NTC was on air during a period of significant anti-smoking communication activity. Due to the competition it creates for category "share of mind"⁵, this additional activity might be expected to detract to some degree from the cut-through and impact measures obtained for the NTC.

⁵ Here "share of mind" refers to the proportion of those who recall the NTC when asked to think about any recent anti-smoking advertising they have seen or heard.

1.7 About the report

This report presents key findings from the March and July tracking surveys used to evaluate the 2011 NTC. The report focuses particularly on results from the July survey however, data from the previous surveys including the December 2010 benchmark are shown in tables and charts where appropriate.

As noted earlier, the data were weighted to adjust for chance of selection and post-weighted to National Tobacco Survey age and sex population estimates for smokers and recent quitters. All charts and tables in this report, unless otherwise specified, show survey estimates that have been weighted in this way.

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 only two waves of survey data are shown the use of these symbols shows a July result which is significantly different from that obtained in the March survey. Where three waves of survey data are shown, the symbols indicate a result in March or July which is significantly different from that obtained in the December survey.

It should also be noted that subgroup analysis has been restricted to smokers due to the limited sample size available for recent quitters (n=113 in March; n=114 in July). The subgroups considered include those based on socio-demographics (age, gender, occupation, educational attainment), cultural diversity (use of a language other than English; Aboriginal and Torres Strait Islander People) and campaign exposure (eg: unprompted recall of the 2011 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

This report begins by looking at unprompted recall of the 2011 National Tobacco Campaign (NTC) amongst smokers and, where appropriate⁶, amongst recent quitters (ie: those who have quit smoking in the last 12 months). Awareness measures of *Break the Chain* are also included as it was conducted in parallel with the NTC and was delivered through mainstream media channels to reach smokers from Aboriginal and Torres Strait Islander background.

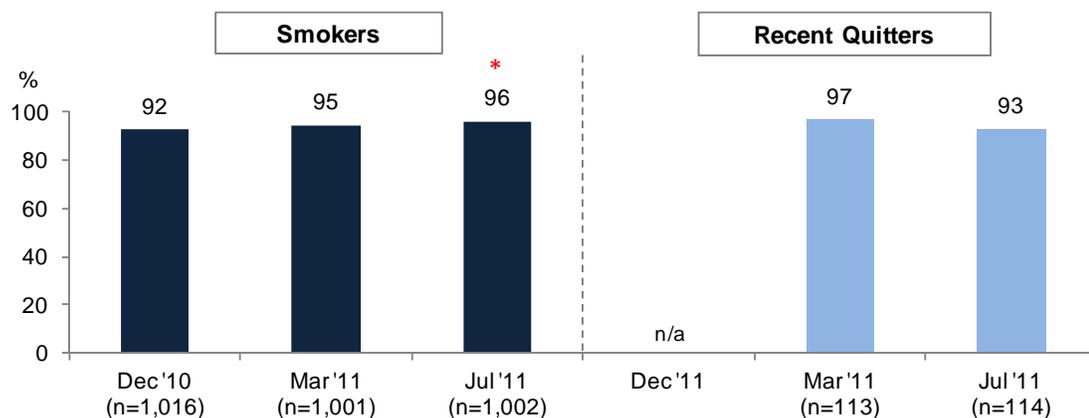
All respondents were asked if, during the past three months they had “seen or heard any information or advertising campaigns about the dangers of smoking, or that encourage quitting?” Those who had done so were then asked to describe up to two ads they had seen or heard and to explain what they thought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

2.1.1 Category recall

Recall of any anti-smoking campaigns is summarised in Figure 1 where it can be seen that:

- In the December '10 benchmark survey, 92% of smokers had seen or heard anti-smoking advertising in the last three months. By July '11, this figure had increased to 96%.
- Amongst recent quitters, recall of any anti-smoking advertising stood at 93% in July '11. This was neither significantly different from the 97% recorded in the March survey nor from the tracking survey results shown for smokers.

Figure 1: Recall of anti-smoking information or advertising campaigns.



Base: Total sample.

* Denotes a figure that is significantly different from the December '10 result; $p < 0.05$.

⁶ “Recent quitters” were not included in the sample for the Dec '10 benchmark survey.

2.1.2 Advertising Recall (Cut-Through)

The main focus of Table 3 is to show the proportions of smokers and recent quitters whose descriptions of anti-smoking advertising could be coded to specific executions from the 2011 NTC. However, the table also provides details of other frequently recalled advertising.

- Insofar as the 2011 NTC was concerned, 44% of smokers and 55% of recent quitters recalled at least one execution from the campaign in the July '11 survey. Although spontaneous recall among the target audiences appears to have increased over the March result, the differences were not statistically significant.
- *Cough* not only dominated recall amongst both smokers and recent quitters, but also showed an increase in recall between March and July for recent quitters (up 14 percentage points to 47%). The July results showed no significant differences in recall of the 2011 NTC between smokers and recent quitters. For smokers, total campaign recall was slightly below average amongst people from Culturally and Linguistically Diverse (28%) backgrounds. There was also slightly less recall of the *Health Benefits* advertising amongst those aged 35 to 40 years (5%) and of *Luke* amongst 18 to 24 year olds (<1%).
- *Break the Chain* was spontaneously recalled by 3% of smokers and 3% of recent quitters in the July survey. Aboriginal and Torres Strait Islander People(s) were more likely than average to recall seeing *Break the Chain* (10% versus 3% for all smokers).

There was also considerable mention of the previous NTC's *Graphic Ads*, particularly *lung* and *artery* (both 9% in the July survey), while the tobacco industry's anti-plain packaging *Nanny State* ad, was recalled by five percent of smokers and six percent of recent quitters.

Table 3: Unprompted campaign recall.

	Smokers		Recent Quitters	
	Mar '11 (n=1,001) %	Jul '11 (n=1,002) %	Mar '11 (n=113) %	Jul '11 (n=114) %
Base: Total sample				
Net: NTC 2011	40	44	43	55
<i>Cough</i>	30	34	33	47 [#]
<i>Health Benefits</i>	11	9	11	14
<i>Money Saved</i>	<1	<1	2	-
<i>Luke (Who Will You Leave Behind)</i>	-	4	-	2
Break the Chain	na	3	na	3
Net: NTC Graphic ads	36	34	35	26
<i>Lung</i>	14	9 [#]	8	7
<i>Artery</i>	12	9	12	7
Other Government / QUIT campaign	32	32	30	27
<i>Nanny State</i> (anti-Plain Packaging)	na	5	na	6
All other advertising recalled	23	19	32	18 [#]
Did not recall any advertising	5	4	3	7

Base: Total sample.

Denotes a figure that is significantly different from the March '11 result; p<0.05.

As well as describing the advertising, those who recalled any recent anti-smoking campaigns were also asked what they thought the ad had been trying to say. Table 4 summarises this message take-out for those who recalled any advertising from the 2011 NTC (Note: the sample sizes for recent quitters are small and the results for this group should be treated as indicative only).

Amongst smokers, message take-out was well-aligned with the content of the 2011 NTC and included (in the July survey) messages to do with health issues, particularly that smoking causes lung cancer (35%, up 13 percentage points since March), the impact of smoking on others particularly your family (22%, up 16 percentage points since March) and the benefits of not smoking (19%).

These results not only suggest that the campaign messages have been communicated effectively to the primary target audience of smokers, but also point to the possibility of improved “learning” of these campaign messages with the ongoing flights of the 2011 NTC.

Table 4: Recall of messages from the 2011 NTC.

	Smokers		Recent Quitters	
	Mar '11 (n=388) %	Jul '11 (n=436) %	Mar '11 (n=50) %	Jul '11 (n=64) %
Base: Recalled seeing an NTC				
Every cigarette you don't have is doing you good / benefits of not smoking	26	19	24	23
<u>Health Issues</u>				
Net: Cancer	25	39[#]	38	43
<i>Smoking causes lung cancer / smokers cough can become lung cancer</i>	22	35 [#]	34	35
<i>Every cigarette brings cancer closer</i>	2	1	-	5
<i>Smoking causes (unspecified) cancer</i>	1	3	4	2
Smoking causes other diseases (stroke, cardio-vascular, emphysema, etc)	9	11	7	11
See a doctor/health professional	2	1	3	-
Smoking related diseases can affect people even when they are young	1	1	7	-
Smoking is unhealthy (unspecified)	4	3	10	3
<u>Other Issues</u>				
Net: Negative effect on quality of life	24	39[#]	10	36[#]
<i>Your smoking affects others / your family</i>	22	38 [#]	10	34 [#]
<i>Smoking effects your quality of life</i>	2	1	-	4
Quit smoking messages	18	25	30	18
Smoking Kills	12	13	12	3
Smoking is dangerous	1	8 [#]	1	4
Every cigarette is doing you damage / harm	4	4	8	-
Reducing smoking saves money	2	1	12	4
Don't pass smoking on to your kids	-	1	-	-
No Message mentioned	8	2 [#]	5	4

Base: Recalled having seen a National Tobacco Campaign advertisement.

Denotes a figure that is significantly different from the March '11 result; p<0.05.

2.2 Campaign recognition

This section of the report provides an evaluation of prompted recognition and message communication for most of the key components of the 2011 NTC; that is, the TVCs; the radio advertising; the magazine advertising; the out-of-home advertising used on transport and in shopping centres; and the on-line and digital advertising.

It also reports recognition of the *Break the Chain* TVC.

2.2.1 Recognition of *Cough*

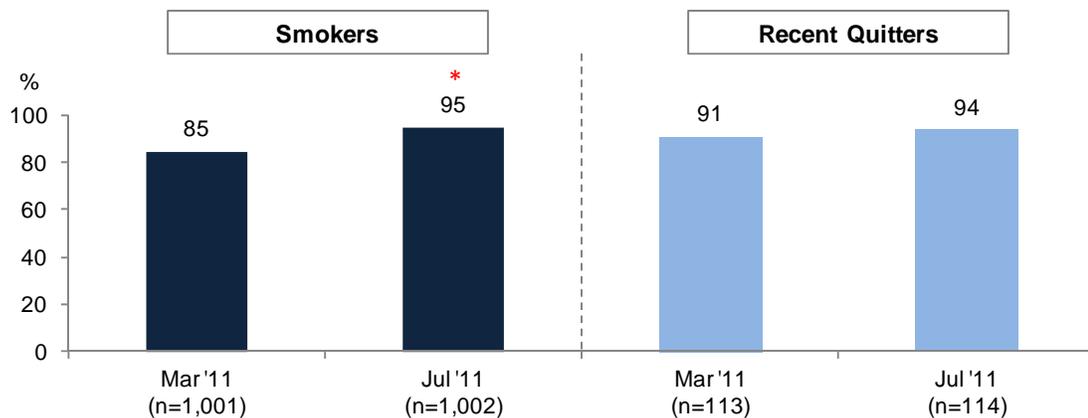
Cough - television

All respondents were read a brief description of the *Cough* TVC and were then asked if they recalled seeing this ad on television. Results are shown in Figure 2.

- Recognition of *Cough* was very strong among target audiences. In the July survey, 95% of smokers recognised *Cough* from the description given, a significant 10 percentage point increase on the March figure of 85%. This increase appears likely to reflect the fact that the July measure was taken after the third flight of *Cough* which, since launch, had seen the total application of 1,900 TARPS. No significant increase in recognition was evident amongst recent quitters, although the March recognition figure had already reached a very high level (91%) amongst members of this group.

There were no significant differences in recognition of *Cough* amongst smoker subgroups. Furthermore, all subgroups showed increased recognition of the ad between March and July.

Figure 2: Recognition of 'Cough' TVC.



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

Cough - message take out

All those who recognised *Cough* were asked what they thought were the main messages this TVC was trying to convey. Results are presented in Table 5 where it is evident that:

- Message take-out was generally in line with the campaign content; mentioned most often were the impact of smoking on other people including family members (42% of smokers and 43% of recent quitters in the July survey) and the association between smoking and cancer (38% of smokers and 47% of recent quitters). “*Smoking is dangerous*” (18% of smokers and 19% of recent quitters) and “*Quit*” messages (20% of smokers and 12% of recent quitters) were also mentioned by a relatively high proportion of respondents.
- This message take-out has remained largely unchanged across both tracking surveys with the only significant shifts being a five percentage point decrease in the proportion of smokers who mentioned smoking as the cause of cancer without specifying the type.

Table 5: Recognition of messages in television ‘Cough’ campaign.

Base: Respondent who had seen ‘Cough’ TV ad	Smokers		Recent Quitters	
	Mar ‘11 (n=851) %	Jul ‘11 (n=947) %	Mar ‘11 (n=103) %	Jul ‘11 (n=107) %
Net: Negative effect on own/others’ quality of life	47	50	45	53
<i>Your smoking affects others / your family</i>	41	42	39	43
<i>Smoking affects your quality of life</i>	12	14	14	17
Net: Cancer	38	38	46	47
<i>Smoking causes lung cancer/smokers cough can become lung cancer</i>	26	31	36	34
<i>Smoking causes (unspecified) cancer</i>	13	8 [#]	16	11
<i>Every cigarette brings cancer closer</i>	3	3	1	4
Smoking is dangerous	22	18	30	19
Smoking-related diseases can affect people even when they are young	7	6	8	5
Smoking kills	4	5	4	4
Quit smoking	21	20	10	12
Smoking is unhealthy (unspecified)	4	2	7	6
Net: Off target/Don’t know	10	14	6	7
Other	8	13 [#]	6	7
Don’t know	2	1	0	1

Base: All who had seen NTC ‘Cough’ television advertisement.

Denotes a figure that is significantly different from the March ‘11 result; p<0.05.

Cough - other media

Respondents were also asked if they had seen any advertising using images from *Cough* in online or out of home advertising on posters or billboards in shopping centres, bus shelters or train stations. As shown in Figure 3:

- As at July '11, 31% of smokers and 35% of recent quitters had seen the out of home *Cough* advertising, while seven percent of smokers and five percent of recent quitters had seen *Cough* in an online setting.

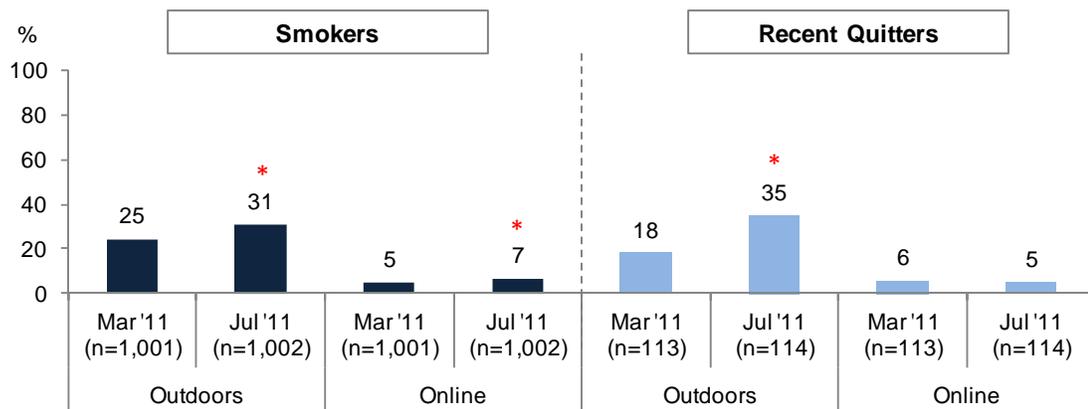
Amongst smokers, recognition of the out of home advertising was higher amongst males (37%) than females (22%). It was also below average amongst those aged 35 to 40 years (23%). Younger smokers aged 18 to 24 years were more likely than average to have seen the online advertising (14%).

- There was also a significant increase in recognition of the out of home advertising versus the March survey amongst smokers (up from 25% to 31%) and recent quitters (up from 18% to 35%) and of the online advertising amongst smokers (up from 5% to 7%).

Amongst smokers, the increased recognition of the out of home advertising occurred mostly amongst males (up from 29% in March to 37% in July) while no significant change in recognition was evident amongst females (19% in March versus 22% in July). Amongst 18 to 24 year olds there was a marked increase in recognition of the online ad (up from 7% to 14%) between March and July.

There were no other notable sub-group differences.

Figure 3: Recognition of *Cough* in other media.



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

2.2.2 Recognition of the *Health Benefits* advertising

Recognition was also assessed for the *Health Benefits* component of the 2011 NTC; specifically:

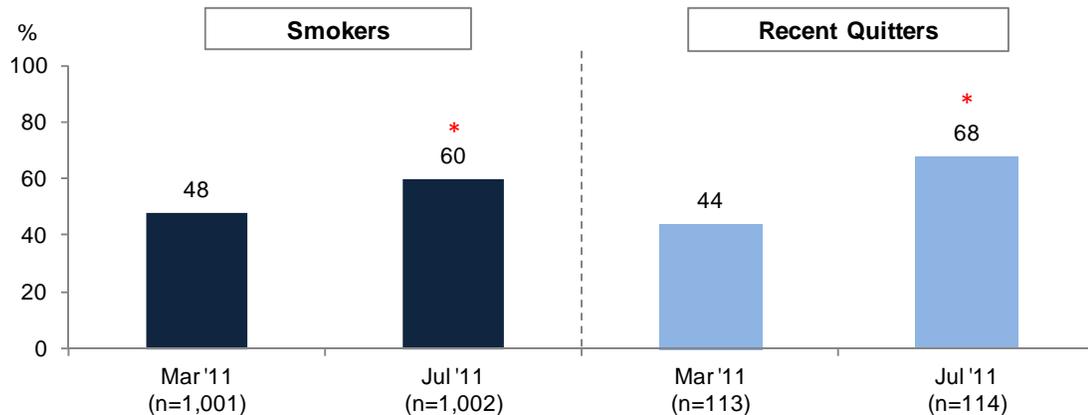
- The *Health Benefits* radio, magazine, out of home and online advertising; and
- The online *Financial Benefits* execution.

Health Benefits - radio

All respondents were read a short oral description of the *Health Benefits* radio ad and asked if they had heard it before. Results presented in Figure 4 show that:

- Recognition of the *Health Benefits* radio ad was very strong. As at July 2011, 60% of smokers and 68% of recent quitters believed they had heard this ad on the radio. Amongst smokers, recognition was below average for those from a culturally and linguistically diverse background (39%) and Aboriginal and Torres Strait Islander People(s) (32%).
- Recognition of the radio advertising also increased significantly between March and July amongst smokers (up from 48% to 60%) and recent quitters (up from 44% to 68%). Those from a Culturally and Linguistically Diverse background and Aboriginal and Torres Strait Islander people(s) were the only subgroups whose recognition of the ad did not increase between the March and July surveys.

Figure 4: Recognition of *Health Benefits* radio advertising.



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

Health Benefits - magazine and out of home

Respondents were read a brief description of the print version of *Health Benefits* and asked if they had seen this advertising in a magazine or out of home setting. Results presented in Figure 5 show that:

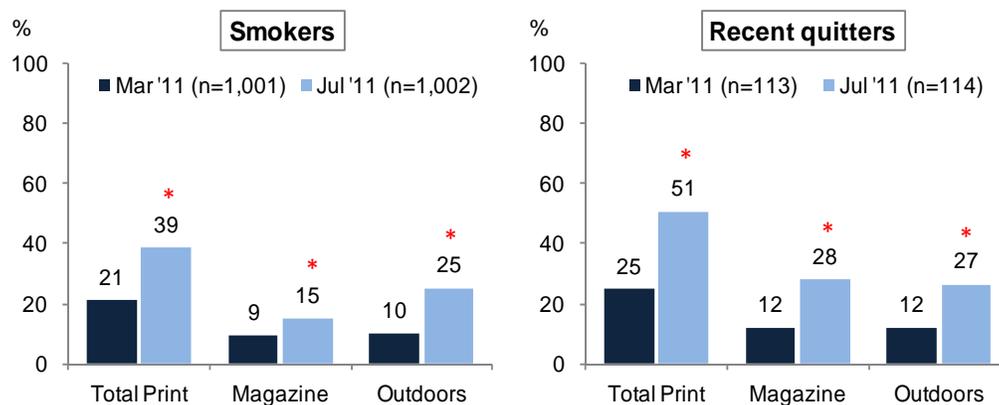
- 15% of smokers and 28% of recent quitters had seen the magazine ad while 25% of smokers and 27% of recent quitters had seen the out of home advertising as at July '11. A total figure for those who saw the *Health Benefits* advertising in either of these contexts is also shown and is at 39% for smokers and 51% for recent quitters.

Female smokers (20%) were more likely than males (12%) to have seen the magazine ad, particularly younger females aged 18 to 24 years (26%) and those women employed in white collar occupations (24%).

Smokers aged 18 to 24 years were more likely than others to have seen the out of home advertising (34%) while Aboriginal and Torres Strait Islander People(s) (22%) were less likely to have seen *Health Benefits* in either of these settings.

- Encouragingly, there was a significant increase in recognition of both the magazine and the out of home *Health Benefits* advertising between the March and July surveys.

Figure 5: Recognition of NTC Health Benefits advertising – magazine and out of home.



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

Health and Financial Benefits - online

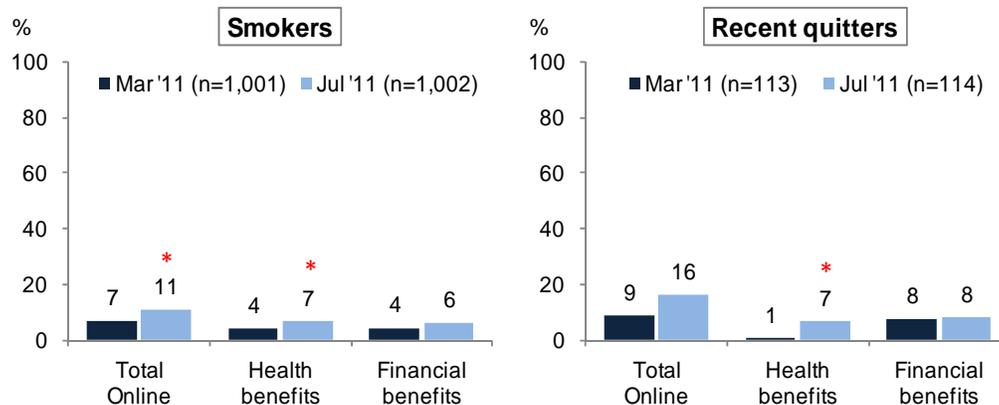
The online executions of the *Health* and *Financial Benefits* advertising were also described to respondents with recognition results presented in Figure 6. As shown:

- Recognition of the online *Health Benefits* ads was lower than other elements of the campaign considered to this stage. Nevertheless, around one in ten (11%) smokers and 16% of recent quitters had seen at least one of the online *Health Benefits* ads in the July survey.

There were no significant differences in recognition of the *Health Benefits* (7% of smokers and recent quitters) and *Financial Benefits* (6% of smokers and 8% of recent quitters) executions.

- As with most of the 2011 NTC, recognition of the online *Health Benefits* advertising was higher in July than it was in March amongst smokers (up from 4% to 7%) and recent quitters (up from 1% to 7%) although no significant increase was evident for the online *Financial Benefits* execution.
- There were no notable sub-group differences in recognition of the online advertising.

Figure 6: Recognition of online NTC ‘Benefits’ campaign.



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

2.2.3 Recognition of Luke (Who Will You Leave Behind?)

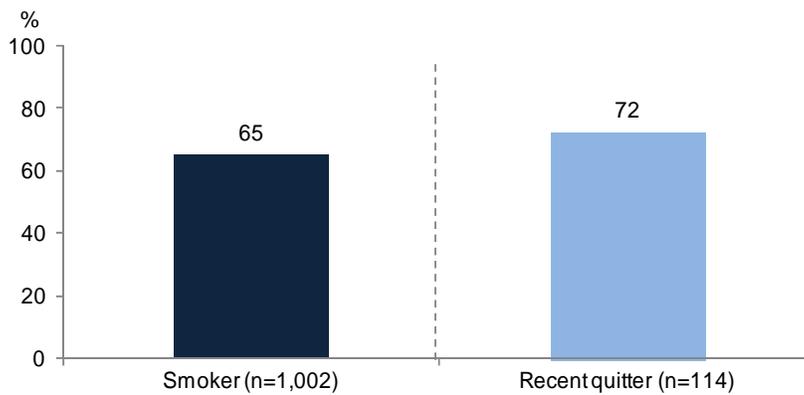
A further TVC was added to the campaign between the March and July surveys – namely *Luke* from the *Who Will You Leave Behind* campaign. Recognition of this ad from brief oral description is shown in Figure 7:

- Recognition of *Luke* was strong – 65% amongst smokers and 72% amongst recent quitters – following the application of 500 TARPs over only six weeks.

Recognition of *Luke* was relatively uniform across smoker subgroups except for those from a Culturally and Linguistically Diverse background where it was slightly below average at 43% (versus 65% of all smokers).

There were no other notable sub-group differences.

Figure 7: Recognition of Luke.



Base: Total sample.

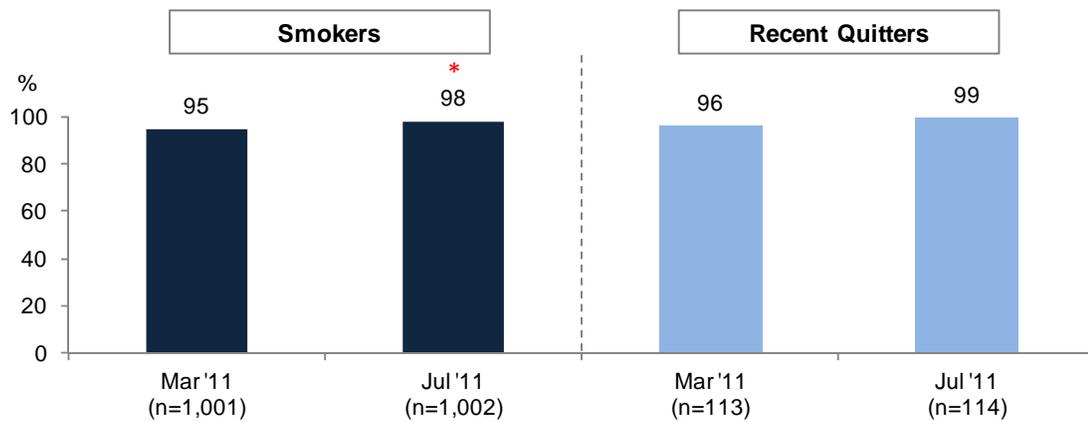
2.2.4 Total recognition of the 2011 NTC

Given the results already discussed, it is not surprising to find that virtually all smokers and recent quitters who took part in the July survey (98% of smokers and 99% of recent quitters) recognised at least one element of the 2011 NTC.

Amongst smokers this represented a slight increase on the March total recognition result of 95%.

Clearly, the reach of the campaign has been very strong and is in line with the 1+ reach target of 100% of the target audience.

Figure 8: Overall exposure to National Tobacco Campaign advertising.



Base: Total sample.

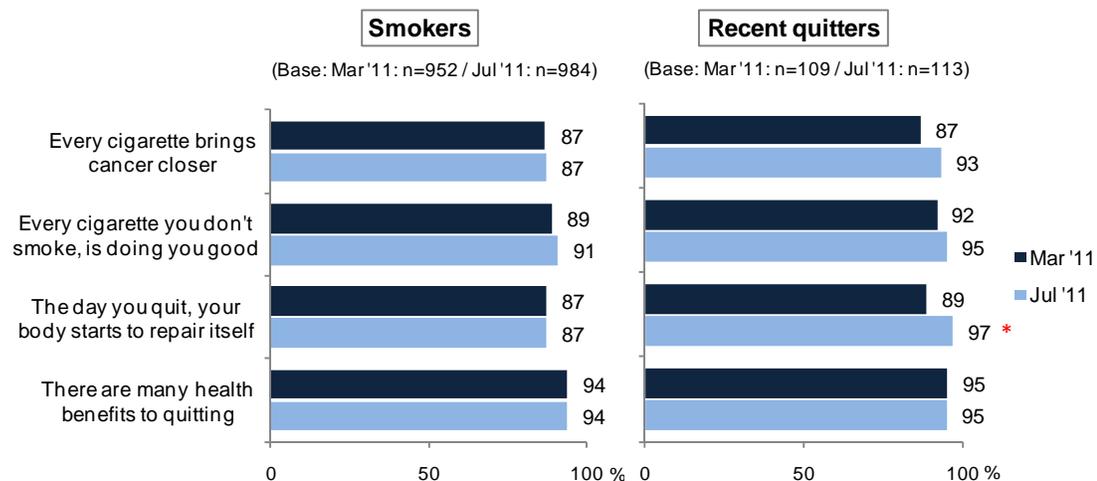
* Denotes a figure that is significantly different from the March '11 result; $p < 0.05$.

Perceived message communication effectiveness

All those who recognised any element of the 2011 NTC (that is, 98% of smokers and 99% of recent quitters) were asked if they thought the advertising had been effective in communicating the four key campaign messages shown in Figure 9. The graphs show the proportion of smokers and recent quitters who agreed the advertising they had seen or heard had communicated each of these messages. It is evident that:

- Most smokers and recent quitters felt the advertising had conveyed these messages. For smokers, the July survey results ranged from a low of 87% for *Every cigarette brings cancer closer* and *The day you quit, your body starts to repair itself* to a high of 94% who agreed the 2011 NTC conveyed the message *There are many health benefits to quitting*. The July results saw over 90% of recent quitters agree the campaign had communicated each of these messages to them.
- These communication effectiveness results were also very strong in the March survey with the only significant change since then being an increase (from 89% to 97%) in the proportion of recent quitters who felt the campaign had communicated the *The day you quit, your body starts to repair itself* message to them. This is a positive result given these messages were not communicated by the TVC.

Figure 9: Perceived effectiveness of message communication by the 2011 NTC.



Base: All who had seen any 2011 NTC advertising.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

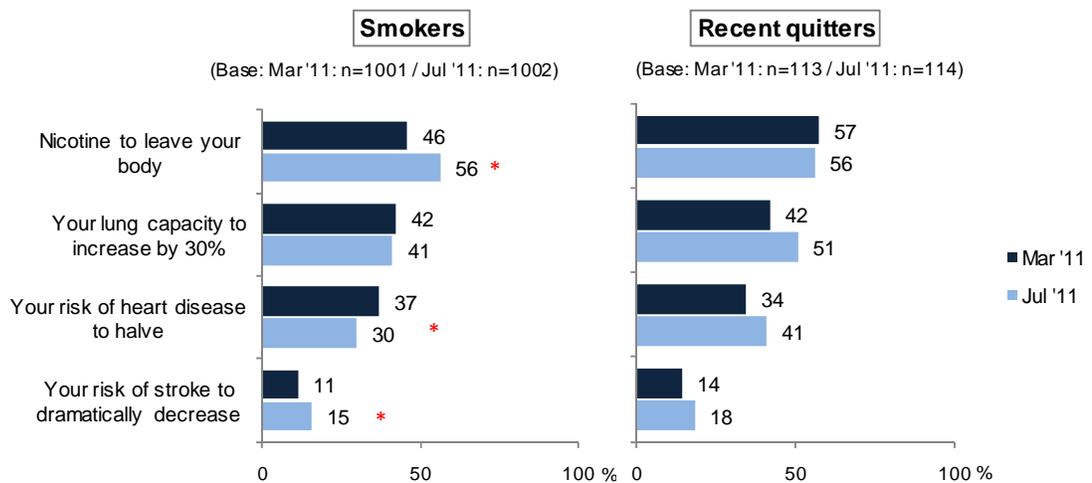
Communication of specific health benefits that result from quitting

All respondents were asked specific questions about the health benefits of quitting; specifically they were asked to estimate how long after quitting it would take for each of the events shown in Figure 10 to take place.

Figure 10 shows the proportion of respondents giving the correct answer to each of these questions.

- As at July, 56% of smokers and recent quitters correctly identified five days as the time taken for *nicotine to leave the body*; 41% of smokers and 51% of recent quitters correctly identified three months as the time taken for *lung capacity to increase by 30%*; 30% of smokers and 41% of recent quitters correctly identified one year as the time taken for *the risk of heart disease to halve*; and 15% of smokers and 18% of recent quitters correctly identified five years as the time needed for *the risk of stroke to dramatically decrease*. As expected, the weakest of these (ie: the time taken to dramatically reduce stroke risk) was also the one which received the least exposure in the *Health Benefits* advertising. This message was not included in the radio ad (while the other three messages were) and it was only presented visually in the “male” version of the print/out of home advertising.
- Changes evident since March included increases in the proportion of smokers who correctly identified the time taken for nicotine to leave the body (up 10 points from 46%) and the time taken for the risk of stroke to decrease (up 4 points from 11%). There was also a decrease (from 37% to 30%) in the proportion of smokers who correctly identified the time taken for the risk of heart disease to halve.

Figure 10: Correct estimates of time for health benefits resulting from quitting to occur.



Base: Total Sample.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

2.2.5 Recognition of *Break the Chain*

The *Break the Chain* campaign was not a component of the National Tobacco Campaign and is being evaluated separately however, given the campaign did utilise mainstream media channels, a single recognition measure of the *Break the Chain* TVC was included in this evaluation.

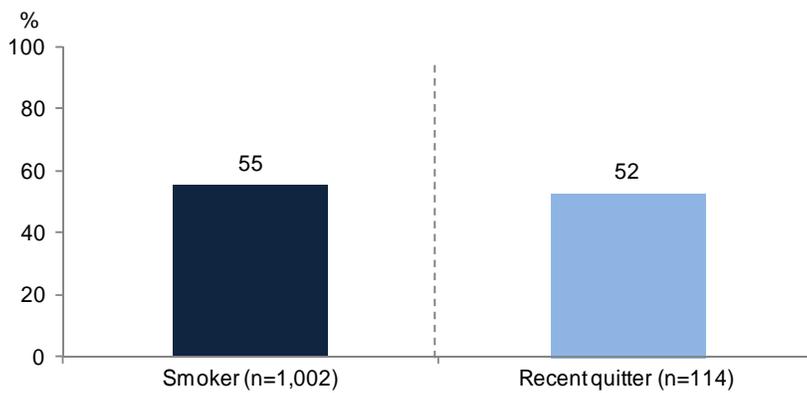
Recognition of this ad from a brief oral description is shown in Figure 11:

- Recognition of *Break the Chain* was 55% amongst smokers and 52% amongst recent quitters.

Amongst smokers, recognition of *Break the Chain* was higher amongst females (62% versus 51% amongst males) and was 69% amongst Aboriginal and Torres Strait Islander people(s). Recognition of this ad was below average amongst those from a culturally and linguistically diverse background (33%).

There were no other notable sub-group differences.

Figure 11: Recognition of *Break the Chain*



Base: Total sample.

* Denotes a figure that is significantly different from the March '11 result; $p < 0.05$.

2.2.6 Campaign diagnostics

A number of diagnostic measures were used to assess key aspects of the *Cough, Health Benefits* and *Luke* advertising. These measures were obtained by asking respondents if they agreed or disagreed with a set of nine descriptive statements about the advertising. These statements covered the areas of:

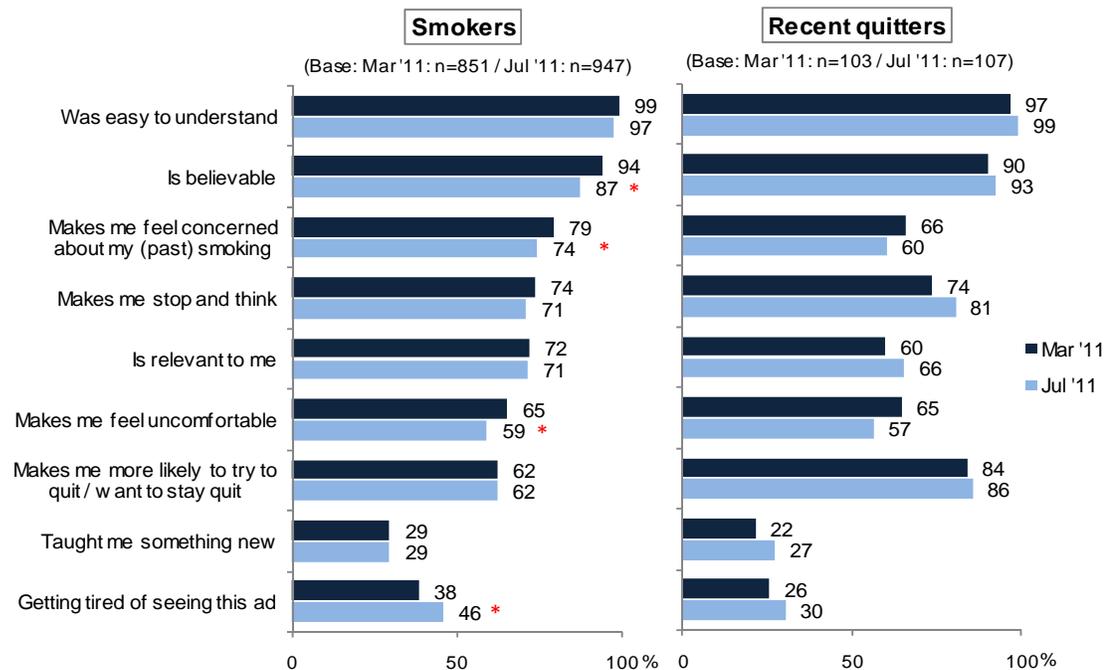
- Credibility (*Is believable*);
- Clarity of communication (*Was easy to understand*);
- Personal relevance (*Is relevant to me*);
- News (*Taught me something new*);
- Impact (*Makes me stop and think*; *Makes me feel concerned about my (past) smoking*; *Makes me feel uncomfortable*; *Makes me more likely to try to quit/stay quit*); and
- Wear-out (*Getting tired of seeing this ad*).

Diagnosics - Cough

Of those who recognised *Cough*, Figure 12 shows the proportion of smokers and recent quitters who either “strongly agreed” or “agreed” each statement described this TVC. As shown:

- *Cough* is regarded as easy to understand - in the July survey, 97% of smokers and 99% of recent quitters agreed this was the case.

Figure 12: Agreement with diagnostic statements about the *Cough* TVC.



Base: All who recognised the *Cough* television advertisement.

* Denotes a figure that is significantly different from the March '11 result; p<0.05.

- Amongst smokers the TVC also performed relatively strongly (ie: more than 70% agreement in July) on credibility, personal relevance and several of the impact measures – generating concern about smoking and *makes me stop and think*.

Agreement was slightly weaker with respect to feeling uncomfortable and increasing the likelihood of quitting (although almost two-thirds of smokers - 62% - agreed the TVC had increased their likelihood of quitting). The ad was relatively weak on teaching something new, although this is not an entirely surprising result given the main message was about the link between smoking and lung cancer, which is already well communicated and known.

It is also worth noting some early signs of wear out were present for *Cough*. In particular, as at July almost one in two (46%) smokers agreed they were getting tired of seeing the ad, a figure which has increased significantly since March when it was 38%. Other signs included decreases since March in the proportion of smokers who say the ad makes them feel concerned about their smoking (down from 79% to 74%) and who agree the ad makes them feel uncomfortable (down from 65% to 59%).

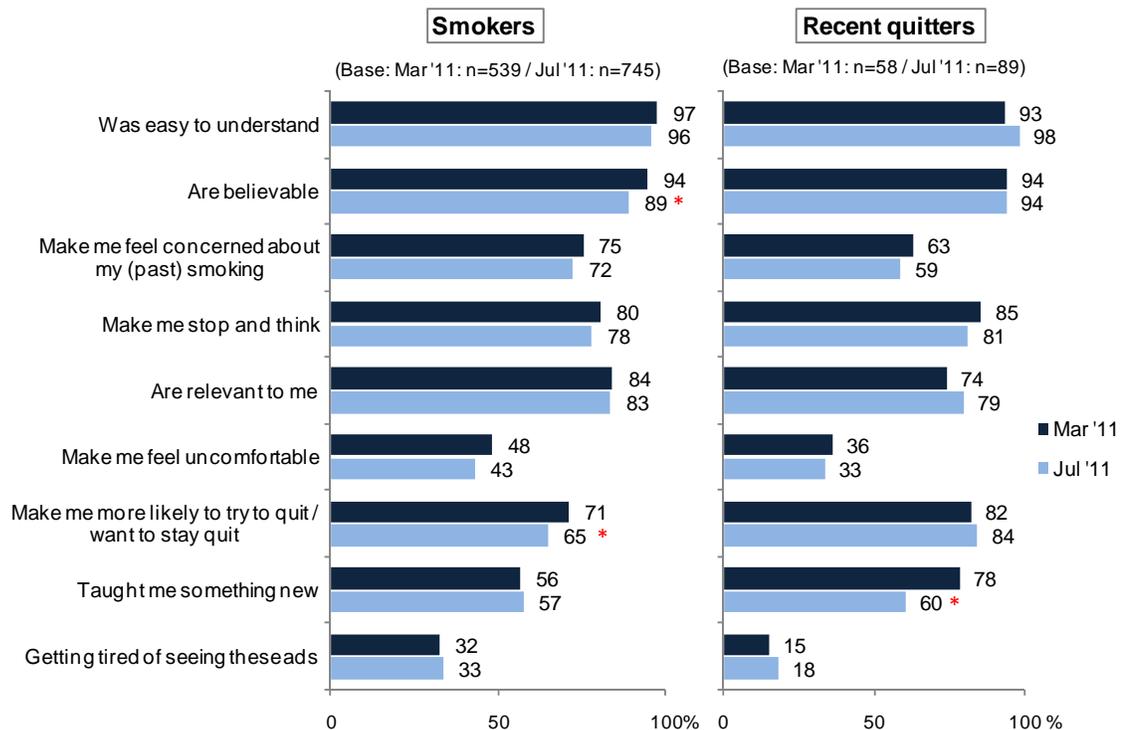
- Amongst recent quitters the pattern of agreement is broadly similar to that seen amongst smokers although, perhaps reflecting their current quit status, recent quitters are less likely than smokers to agree the ad makes them feel concerned about their past smoking and are more likely to agree the ad makes them stop and think and that it makes them want to stay quit. Also the early signs of wear out evident amongst smokers do not appear to be present amongst recent quitters – they are less likely than smokers to say they are tired of seeing the ad and there have been no significant decreases in association of *Cough* with concern about past smoking and feeling uncomfortable. These differences suggest the ad may be playing a role in reinforcing the quit decision for these respondents.

Diagnostics – Health Benefits

The same diagnostic measures were also taken amongst those who recognised any elements of the *Health Benefits* advertising from radio, magazine, out of home or online executions. As shown in Figure 13:

- Amongst smokers, the pattern is broadly similar to that seen for *Cough* apart from higher levels of agreement on teaching something new and personal relevance and, probably reflecting the higher scores on these two measures, slightly higher agreement that the advertising makes them stop and think. *Health Benefits* was less likely to make smokers feel uncomfortable (probably reflecting the less confronting creative) and there was also less indication of wear out - only 33% of smokers agreed they were tired of seeing the advertising (versus 46% for *Cough*) in the July survey. The slight falls in credibility and making me more likely to want to stay quit might bear watching.
- Results for recent quitters are much the same as for smokers with *Health Benefits* more likely than *Cough* to be seen as teaching something new and personally relevant, and less likely to arouse discomfort. While there has been a decline on teaching something new, the small samples of recent quitters responding to these measures suggest this result should be treated with caution.

Figure 13: Agreement with statements about effects of *Benefits* advertising.



Base: All who had seen NTC 'Benefits' advertisement.
 * Denotes a figure that is significantly different from the March '11 result; p<0.05.

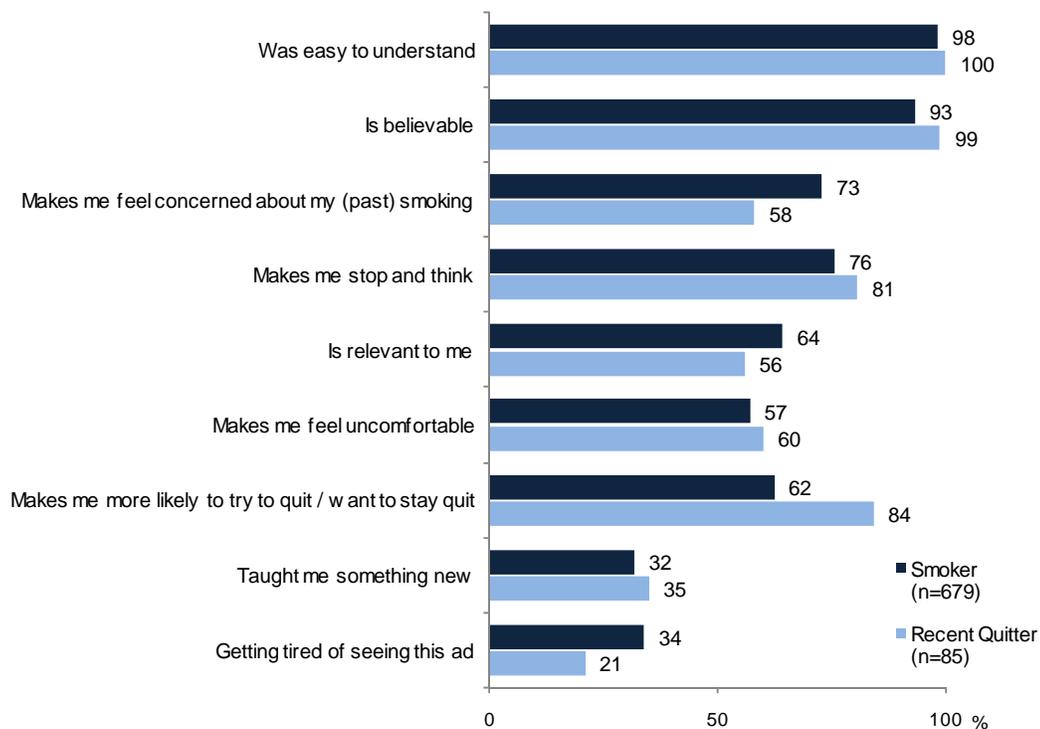
Diagnostics – Luke

Finally, the same nine diagnostic measures were also taken for the TVC *Luke* with results summarised in Figure 14. As shown:

- This ad performs strongly on being easy to understand, believable, making me stop and think and, amongst recent quitters, making me more likely to want to stay quit.
- Its profile on these measures is similar to that seen for *Cough* apart from being slightly less personally relevant (possibly a reflection of the “new father” creative) and showing less sign of wear out – as at July ’11, 34% of smokers and 21% of recent quitters agreed they were getting tired of seeing the ad (versus 46% of smokers and 30% of recent quitters who were getting tired of seeing *Cough*).

In comparison to *Benefits*, *Luke* appeared to be less personally relevant, less likely to have taught something new and more likely to have induced feelings of discomfort.

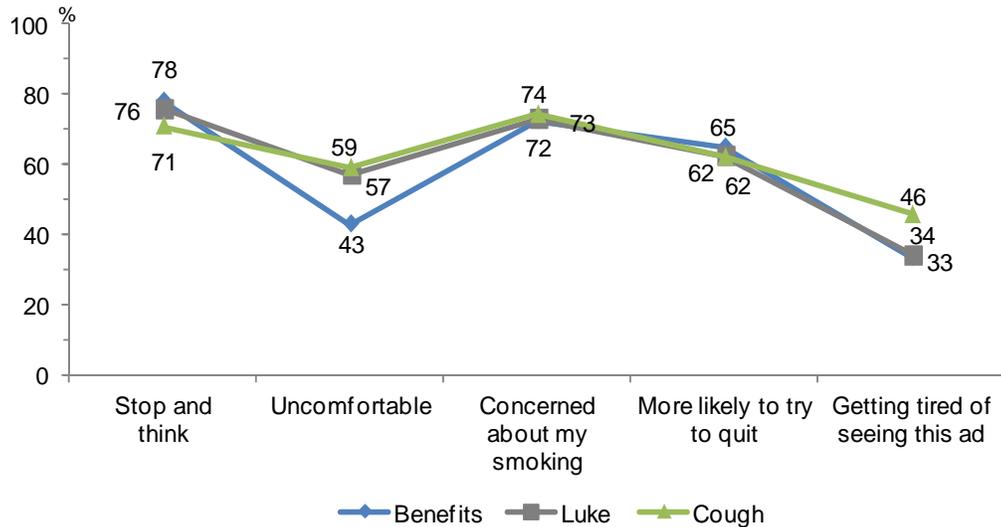
Figure 14: Agreement with diagnostic statements about *Luke*.



Base: All who had seen NTC 'Who will you leave behind?' advertisement.

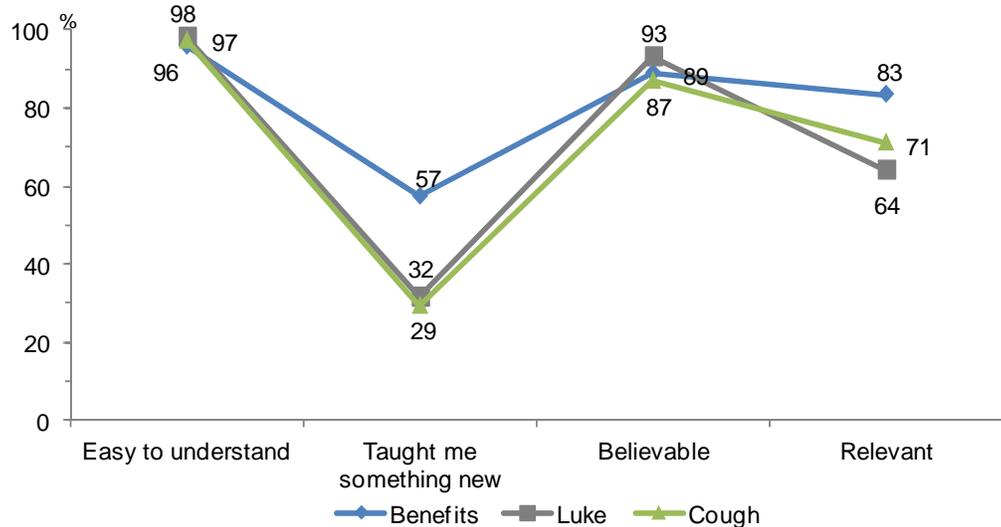
A comparison of the diagnostic profile of each advertisement used in the 2011 NTC is summarised in Figure 15 and 16. Only results for smokers interviewed in the July survey are shown.

Figure 15: Agreement with diagnostic statements for each element of the 2011 NTC.



Base: Smokers who had seen each NTC advertisement. July 2011.

Figure 16: Agreement with diagnostic statements for each element of the 2011 NTC.



Base: Smokers who had seen each NTC advertisement. July 2011

3. Campaign Impact

3.1 Direct impact

The impact of the campaign was assessed by investigating its effect on aspects of respondents' knowledge and beliefs, intentions and behaviour in respect of smoking cigarettes and quitting smoking. Specifically, this included an assessment of:

- Respondents' stated actions and future intentions as a direct result of seeing the 2011 NTC;
- 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.

3.1.1 Action taken as a result of seeing NTC advertising

All respondents who recognised any element of the 2011 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, (re-based to the total sample) are shown in Tables 6 and 7. Looking first at actions taken as a result of exposure to the campaign (see Table 6), in July:

- Overall, 41% of smokers and 59% of recent quitters said they had taken action of some sort as a result of seeing the 2011 NTC advertising.
- Amongst smokers, the types of action taken most often related to quitting (21% in the July survey) and included actually quitting (9% of all smokers), thinking about doing so (5%) or starting to use NRT or other anti-smoking pharmaceuticals (4%). Cutting down the number of cigarettes smoked (17%) was the next most frequently taken action.
- Amongst recent quitters the action taken most often as a result of seeing the 2011 NTC was to actually quit smoking (mentioned by 50% in July and 42% in March).
- Over one in two smokers (57%) and 36% of recent quitters said they had 'done nothing' as a result of seeing the 2011 NTC advertising. A further two percent of smokers and one percent of recent quitters had not seen any advertising while one percent and four percent respectively of these two groups were unable to provide a response.
- There were few changes evident between the March and July surveys apart from a slight increase in the proportion of smokers who said they had quit (but failed) as a result of seeing the campaign (up from 6% to 9%) and slight falls in the proportion of smokers who said they had thought about quitting (down 3 points to 5%) and who had discussed smoking and health with their family or friends (down 3 points to 4%).

Table 6: Action taken as a result of seeing the 2011 NTC.

	Smokers		Recent Quitters	
	Mar '11 (n=1,001) %	Jul '11 (n=1,002) %	Mar '11 (n=113) %	Jul '11 (n=114) %
Base: Total sample				
Done nothing	55	57	46	36
Quit-related activity	22	21	42	50
Thought about quitting	8	5 [#]	-	-
Stopped/quit smoking	6	9 [#]	38	50
Began taking Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking product	4	4	4	1
Asked your doctor for help to quit	3	3	1	-
Set a date to give up smoking	3	3	-	-
Asked your pharmacist/other health professional for advice on quitting	2	1	2	-
Read 'how to quit' literature	1	1	<1	1
Accessed Quit information from a website	1	1	-	-
Rang the 'Quit' help line	1	<1	-	-
Other activity				
Cut down the amount I smoke	15	17	1	3
Discussed smoking and health with family/friends	7	4 [#]	8	2
Changed the type of cigarettes I smoke	1	1	-	-
Other action	3	5 [#]	5	9
Don't know	1	1	-	4
Not seen any NTC advertising	5	2 [#]	4	1

Denotes a figure that is significantly different from the March '11 result; p<0.05.

To gain further insight into the impact of the 2011 NTC, all respondents who had seen the campaign were also asked what they intended doing in the next month as a result. Table 7 presents 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 42% as at July while two percent had not seen any of the 2011 NTC. Thus, in July 56% of smokers had done, or intended to do something as a result of their exposure to the campaign. Typically these actions or intentions were quit related, most often quitting, intending to quit or stay quit (25% of all smokers; 29% of lapsed quitters⁷). Cutting down the amount smoked or intending to do so (26%) was also mentioned by around one in four smokers.
- Amongst recent quitters, quitting and intending to stay quit (58%) was the thing mentioned most often although 13% of this group either had or intended to discuss smoking and health with their family or friends.

⁷ Lapsed quitters are defined as those smokers who have quit smoking on at least one occasion.

Table 7: Combined actual and intended actions as a result of seeing the 2011 NTC.

	Smokers		Recent Quitters	
	Mar '11 (n=1,001) %	Jul '11 (n=1,002) %	Mar '11 (n=113) %	Jul '11 (n=114) %
Base: Total sample				
Done nothing/Don't intend doing anything	37	42	38	32
Quit-related activity/intentions	42	37	50	58
Thought/will keep thinking about quitting	9	7	-	-
Quit/will quit/will stay quit	26	25	48	58
Taken/will take Nicotine replacement therapy (NRT), or other pharmaceutical stop smoking product	8	5 [#]	5	2
Asked/will ask your doctor for help to quit	8	6	2	<1
Set/will set a date to give up smoking	3	3	<1	-
Asked/will ask your pharmacist/other health professional for advice on quitting	2	1	2	-
Read/will read 'how to quit' literature	2	1	<1	1
Accessed Quit information from a website	2	1	-	-
Rung/will ring the 'Quit' help line	1	1	-	-
Other activity				
Cut down/will cut the amount I smoke	26	26	1	3
Discussed/will discuss smoking and health with family/friends	8	5 [#]	13	13
Changed/will change the type of cigarettes I smoke	1	1	-	-
Other action	5	8 [#]	8	11
Not seen any NTC advertising	5	2 [#]	4	1

Denotes a figure that is significantly different from the March '11 result; p<0.05.

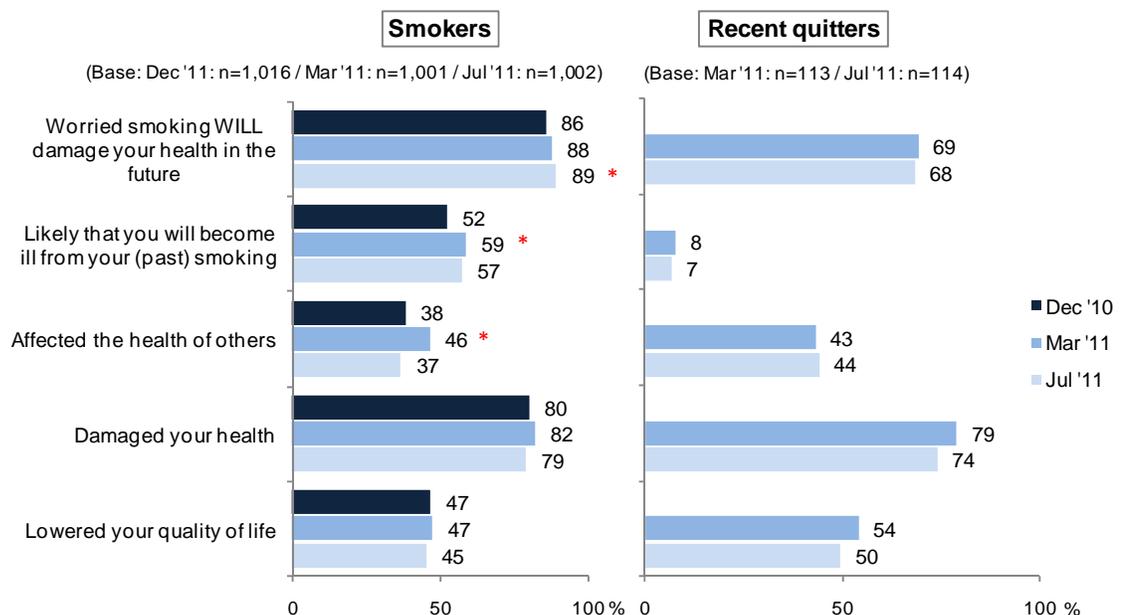
3.2 Beliefs about smoking and its impact on health

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 and serious health problems for non-smokers.

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 17 which shows 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 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 most smokers (89%) were at least somewhat worried that smoking will damage their future health, a proportion which has increased by three percentage points since the December benchmark.
- March saw increases over December in the proportion of smokers who thought it likely they would become ill from their smoking (interestingly, recent quitters were much less concerned about the health effects of their past smoking) and who felt their smoking had affected the health of others. This finding may be a reflection of the campaign's emphasis on the impact premature death from smoking might have on others' lives.

Figure 17: Certainty of health damage due to smoking.

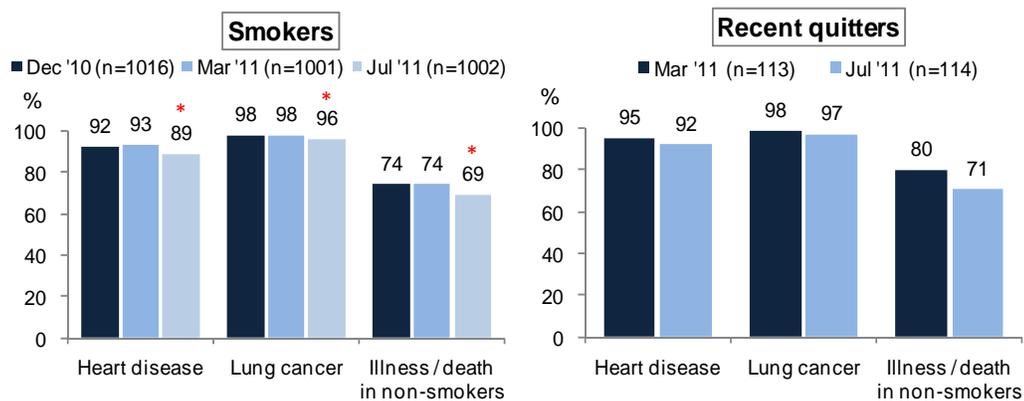


Base: Total Sample. * Denotes a figure that is significantly different from the December '10 results; p<0.05.

Respondents were also asked if they thought smoking caused heart disease, lung cancer and illness and death amongst non-smokers. As shown in Figure 18:

- Almost all smokers and recent quitters accept that smoking causes heart disease and lung cancer. A slight decline is evident in July for the proportion of smokers accepting these assertions but the total level of acceptance remains very high.
- There is less agreement with the proposition that smoking causes illness and death amongst non-smokers, both overall – the highest levels were 74% amongst smokers and 80% amongst recent quitters at the December 2010 survey. Since the March survey the proportion of smokers accepting this proposition declined five percentage points to 69%. The decreased proportion of smokers who feel their smoking has affected the health of others (Figure 17) may reflect a more general view of the impact of smoking on others rather than a direct response to perceptions of the negative health impacts of second hand smoke on other people. This was not a message directly communicated by the campaign and the result may have been influenced by other factors.

Figure 18: Believe smoking causes certain health problems.



Base: Total Sample.

* Denotes a figure that is significantly different from the December '10 results; $p < 0.05$.

3.3 Attitudes to quitting and smoking

This section of the report presents the survey results as they pertain to respondents' views on quitting and on their perceptions of the community's attitudes towards smoking. Specific attention is paid to the perceived benefits and salience of quitting, attitudes towards quitting and perceptions of smoking.

3.3.1 Benefits of quitting

All respondents were asked what personal benefits they felt would be derived from quitting smoking. As shown in Table 8, respondents were most likely to refer to:

- Benefits associated with their quality of life, particularly improved fitness and general health (mentioned by 64% of smokers and 67% of recent quitters in the July survey).

Table 8: Perceived benefits of quitting smoking.

Base: Total sample	Smokers		Recent Quitters	
	Mar '11 (n=1,001) %	Jul '11 (n=1,002) %	Mar '11 (n=113) %	Jul '11 (n=114) %
Net: Quality of Life/General Health Benefits	72	69	76	70
<i>Improved fitness / general health</i>	64	64	64	67
<i>Improved lung function</i>	12	8 [#]	18	13
<i>Improved smell and taste</i>	2	2	10	10
<i>Improved blood flow to the skin</i>	1	1	2	1
<i>Improved quality of life nfi</i>	2	1	3	1
Save money / more money	53	50	46	48
Net: Social/Personal benefits	24	21	43	34
<i>Kids / family would like it</i>	14	11	20	15
<i>Not smelling like smoke / cigarettes</i>	4	5	14	11
<i>Easier when going out</i>	3	2	4	8
<i>More socially acceptable</i>	2	2	7	2
<i>Have more time (spend less time smoking)</i>	1	1	2	-
<i>Improved appearance / look better physically</i>	1	1	2	1
<i>Be a better role model / positive influence for children</i>	1	1	1	1
<i>Not being addicted anymore</i>	1	<1	2	-
Net: Decreased Risk of Disease/Illness	15	11[#]	15	11
<i>Decreased risk of other diseases / illnesses</i>	10	7	10	6
<i>Decreased risk of cancer</i>	6	4	5	5
<i>Decreased risk of heart disease</i>	3	2	3	2
<i>Decreased risk of stroke</i>	2	<1 [#]	<1	-
<i>Fewer complications during pregnancy</i>	1	1	-	-
Decreased risk of premature death / less likely to die	9	10	6	10
Lowers others' exposure to cigarette smoke (passive smoking)	4	2 [#]	2	1
Other benefits	4	3	7	5
Don't know	1	2	<1	-
No benefits	3	4	1	1

Denotes a figure that is significantly different from the March '11 result; p<0.05.

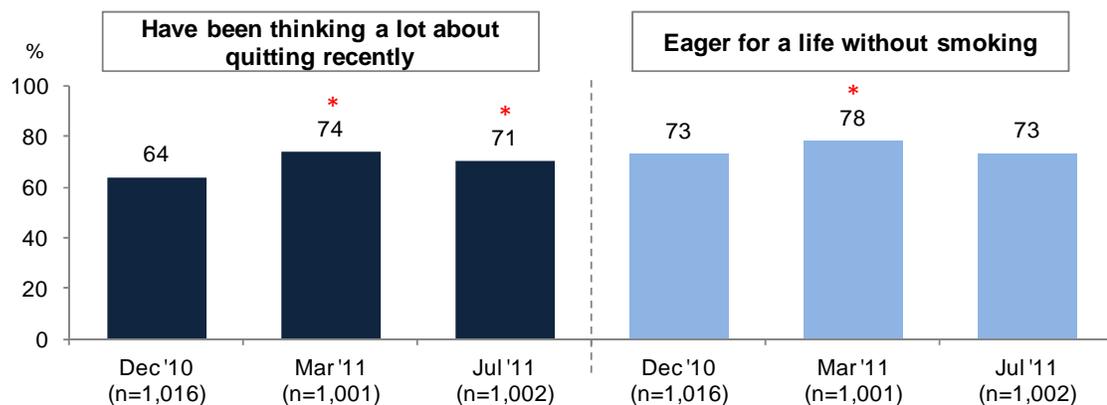
- This was followed by mentions of the financial benefits of quitting (50% of smokers and 48% of recent quitters in July) and the social and personal benefits, particularly the approval of other family members (11% of smokers and 15% of recent quitters). Around one in ten smokers and recent quitters (both 11% in July) mentioned the decreased risk of specific diseases and illnesses and about the same proportion of both groups (10% in July) saw the reduced risk of premature death as a benefit of quitting.

3.3.2 Attitudes to quitting

The salience of quitting as an issue was addressed by asking respondents the extent to which they agreed or disagreed with the statement *You have been thinking a lot about quitting recently* while a measure of predisposition to quit was obtained by measuring agreement with the statement *You are eager for a life without smoking*. Results presented in Figure 19 show that:

- Amongst smokers the proportion who ‘strongly agreed’ or ‘agreed’ they *had been thinking a lot about quitting recently* showed a 10 point increase to 74%) in the March survey and retained this improvement in July when it was still up by seven points at 71%. Interestingly, those who agreed with this statement were also more likely to intend quitting in the next month (25% versus 19% of all smokers in July – see Figure 22).
- The proportion who agreed they were eager for a life without smoking was also significantly above the benchmark in March (up 5 points to 78%), but this improvement had dissipated by July when the result was back to 73%.

Figure 19: Smokers’ overall attitude towards smoking/quitting.



Base: Smokers.

* Denotes a figure that is significantly different from the December '10 results; p<0.05.

Attitudes to quitting were assessed by asking respondents to what extent they agreed or disagreed with each of the first four statements shown below in Figure 20 (the graphs show the proportion of respondents who “strongly agree” or “agree” with each statement) and for the last two statements, how much they thought their health and finances would benefit from quitting (Figure 20 shows the proportion who thought their health and finances would benefit “extremely” or “very much”).

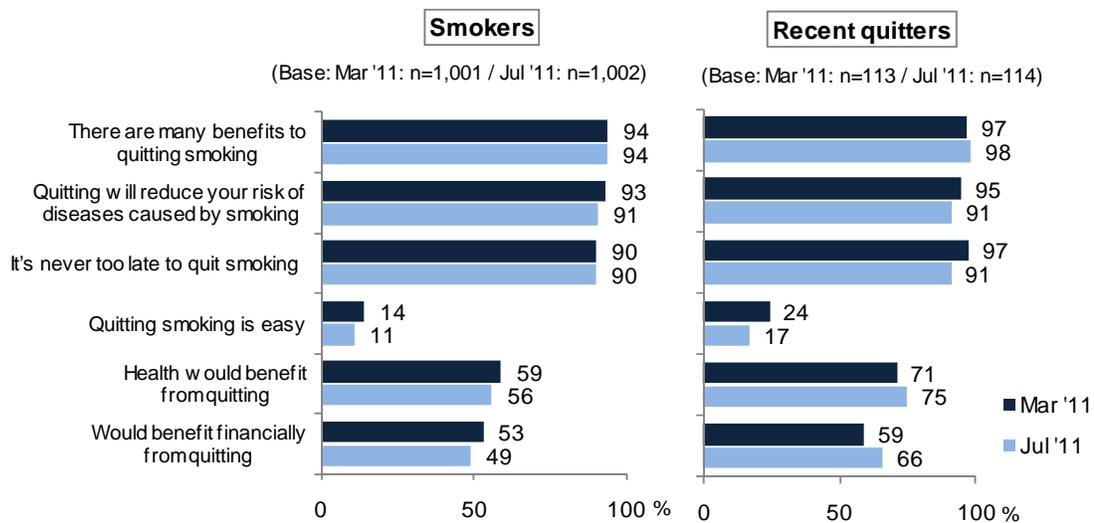
It is evident that almost all smokers and recent quitters agree with the statements *there are many benefits to quitting smoking* (94% and 98% respectively in July), *quitting will reduce your risk of diseases caused by smoking* (91% of smokers and recent quitters in July) and *it’s never too late to quit smoking* (90% of smokers and 91% of recent quitters in July).

Perhaps in acknowledgement of the difficulty in quitting, relatively few smokers and recent quitters agreed with the statement that *quitting smoking is easy* (11% of smokers and 17% of recent quitters in July). Smokers aged 35 to 40 years were the least likely to agree with this statement (5% in July).

Over one in two smokers (56% in July) thought that quitting would lead to a major improvement in their health while recent quitters were more positive on this issue with 75% (in July) feeling this was the case. There was slightly less support for the proposition that quitting would have major financial benefits.

No significant changes were evident on any of these measures between the March and July surveys.

Figure 20: Attitudes towards quitting.



Base: Total sample.

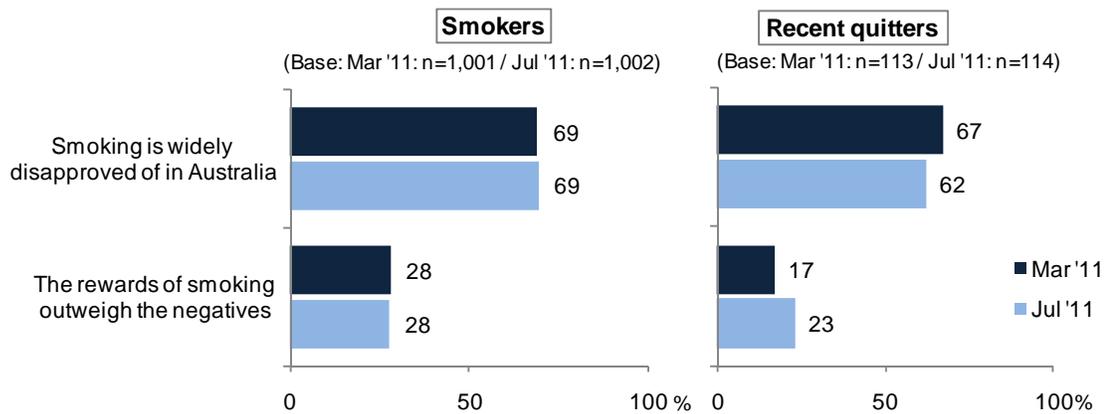
3.3.3 Attitudes to smoking

Attitudes to smoking were assessed by respondents' agreement/disagreement with the two statements shown in Figure 21. The graph shows the proportion of smokers and recent quitters who 'strongly agree' or 'agree' with each statement.

In July, 69% of smokers and 62% of recent quitters agreed that *smoking is widely disapproved of in Australia*, results which are not significantly different from those recorded in March.

Against this, in July some 28% of smokers and 23% of recent quitters agreed with the view that *the rewards of smoking outweigh the negatives*. Again no significant changes are evident on this measure since the March survey.

Figure 21: Attitudes towards smoking.



Base: Total sample.

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 6 months;
- Details of any assistance ever used to help with quitting attempts; and
- Self-assessed predisposition towards, intention and likely success (self-efficacy) of future quitting attempts.

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.

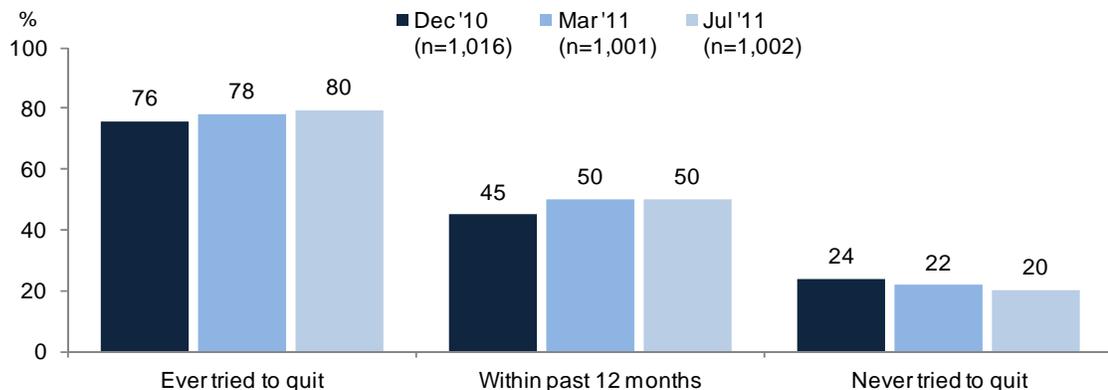
3.4.1 Smokers' quitting attempts

Most recent quitting attempt

Figure 22 summarises smokers' quitting history with the great majority (ranging from 76% in December to 80% in July) having made at least one attempt to quit (on average these smokers had made at least 3 attempts to quit), and around 50% having made their most recent quitting attempt in the last 12 months.

No significant increase in attempts overall to quit smoking is evident since the launch of the 2011 NTC although a trend may be developing and will bear watching in future surveys.

Figure 22: Smokers' last quit attempt



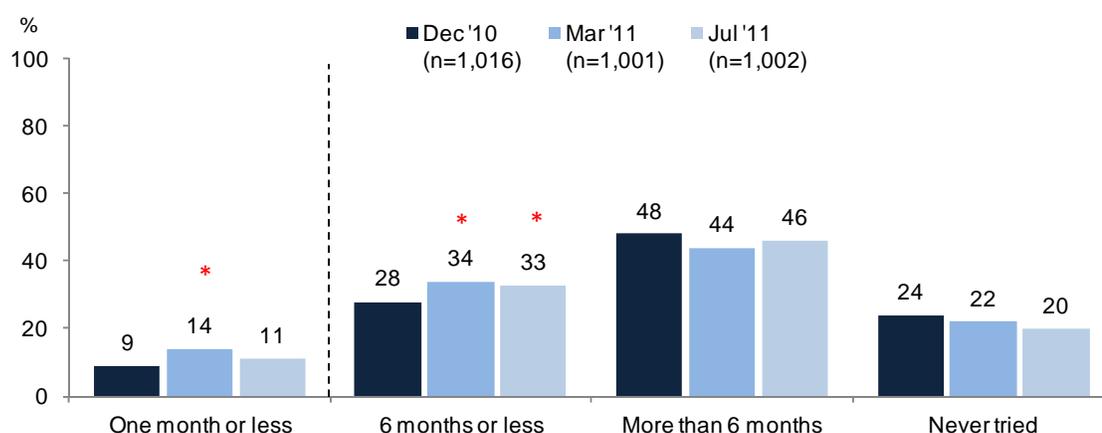
Base: Smokers.

However, some changes in the timing of smokers' last quit attempts is evident as shown in Figure 23.

The March results show a significant increase in quitting attempts in the previous month (up 5 percentage points to 14%), a time frame that coincides with the first flight of the 2011 NTC. Similarly, the results for July show an increase in quitting attempts in the preceding six months⁸ (up 5 points to 33%), also a time frame that coincides with the on air presence of the 2011 NTC.

Hence, there are indications in these results that the presence of the 2011 NTC has coincided with an increase in quitting attempts (albeit unsuccessful attempts) amongst current smokers.

Figure 23: Time since smokers' last quit attempt



Base: Smokers.

Note: the "6 months or less time" frame includes responses of "one month or less".

Reasons for making the last quitting attempt are presented in Table 9. It is evident that:

- Health related reasons are by far the most common for attempting to quit – 48% of those smokers who had ever tried to quit gave a reason of this type in the July survey. Coinciding with the launch of the 2011 NTC, there was a significant increase in mention of health reasons in the March survey (up 8 percentage points to 58%) and this was partly maintained (through mentions of non-specific health issues) in July.

These increases were accompanied by a slight dip in the proportion of smokers who had no particular reason for making their last quitting attempt – down seven percentage points to 13% in the March survey although by July this was no longer significantly different from the December '10 result.

- Also of interest was the more frequent mention of smoking as a waste of money (an objective of the *Financial Benefits* component of the 2011 NTC). This rose from two percent in December to five percent in July.

⁸ Note: the "6 months or less time" frame includes responses of "one month or less".

Table 9: Smokers' reasons for last quitting attempt.

	Dec '10 (n=790) %	Mar '11 (n=799) %	Jul'11 (n=816) %
Base: Smokers who have tried to quit			
Net: Health Reasons	50	58[#]	48
<i>Decline in Health / Bad for My Health</i>	12	8 [#]	6 [#]
<i>Pregnancy</i>	8	8	7
<i>To improve health</i>	7	3 [#]	2 [#]
<i>Had a cough / Cold / Flu / Chest Infection</i>	4	5	4
<i>Health Scare (Eg Pneumonia, Coughing Fits)</i>	3	7 [#]	4
<i>Health reasons / Ill Health (non-specific)</i>	21	31 [#]	26 [#]
Net: Cost	20	16	18
<i>Cost / Too expensive</i>	16	9 [#]	13
<i>Wanted to save money</i>	4	3	4
<i>Waste of Money</i>	2	4 [#]	5 [#]
Net: Family and Friends	20	23	19
<i>Family / Partner / Parents</i>	10	11	10
<i>Children in the house / Children's health / Role model for children</i>	9	9	7
<i>Friends / Colleagues</i>	1	3	2
<i>Know someone ill / died from smoking-related disease</i>	1	1	1
Net: Quality of Life	6	7	7
<i>Affecting my fitness</i>	5	6	6
<i>The Smell (On my body / clothes)</i>	1	1	1
Other Reasons			
<i>Advertisements / Anti-smoking promotions</i>	1	2	1
<i>Other reasons</i>	13	7 [#]	4 [#]
No particular reason/Spur of the moment decision	20	13[#]	17
Can't say	1	1	4[#]

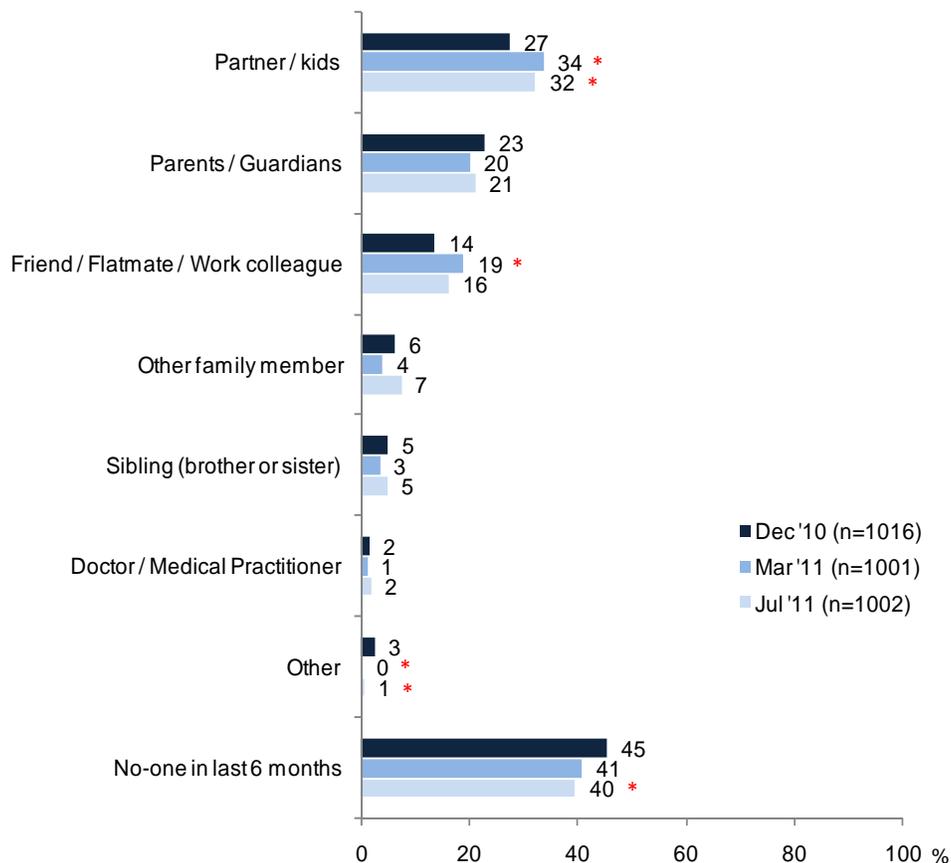
Denotes a figure that is significantly different from the December '10 result; p<0.05.

Encouragement to quit in the last 6 months

All smokers were asked if anyone had encouraged them to quit smoking in the last six months. As shown in Figure 24:

- In the July survey, smokers were slightly more likely to have been encouraged to quit by someone in the last six months – the proportion saying no-one had encouraged them to do so fell by five percentage points from 45% in December to 40% in July.
- Encouragement to quit was most likely to have come from close family members (partner or children). Encouragement from this source increased significantly from 27% in December to 34% in March and maintained a similar level in July (32%). The focus on family/friends situations in the creative used for *Cough* and *Luke* seems likely to have been a factor in this result.

Figure 24: People who have encouraged smokers to quit in the last 6 months.



Base: All Smokers.

* Denotes a figure that is significantly different from the December '10 result; p<0.05.

Use of quitting aids and advice

Around two-thirds of smokers who have tried to quit had also used some form of support to help them do so. Used most often (see Table 10) were:

- Nicotine Replacement Therapy, although use of these products has fallen somewhat from 51% in December to 45% in July. Champix was used by around one in five of those attempting to quit.
- Approximately three in ten of these smokers (31% in July) had sought their doctor's advice for help with quitting and around 15% (in July) had asked their pharmacist for advice. The Quit Help-line was used by over one in ten (14% in July) of those who had attempted to quit.
- There has been no increase in the use of any of these aids to quitting since December '10.

Table 10: Assistance smokers have ever sought to help them quit.

	Dec '10 (n=790) %	Mar '11 (n=799) %	Jul'11 (n=816) %
Base: Smokers who have tried to quit			
Pharmaceutical Quitting Aids			
<i>Used Nicotine Replacement Therapy</i>	51	46	45 [#]
<i>Used Champix</i>	20	18	22
<i>Used Zyban</i>	8	9	7
Quitting Advice			
<i>Asked your doctor for help to quit</i>	29	30	31
<i>Rung the "Quit" help line</i>	14	11	14
<i>Asked a pharmacist/ other health professional for advice on quitting</i>	14	17	15
<i>Taken part in Quit smoking programs (individual or group)</i>	6	5	4
<i>Used an online support tool such as an online Quit coach</i>	na	3	4
Other	15	9 [#]	10 [#]
Nothing used	30	36	32

Denotes a figure that is significantly different from the December '10 result; p<0.05.

Smokers' future quitting – intention, predisposition and perceived self-efficacy

All smokers were asked whether they had any intention to quit smoking and, if so, when they thought they might do so. As shown in Figure 25:

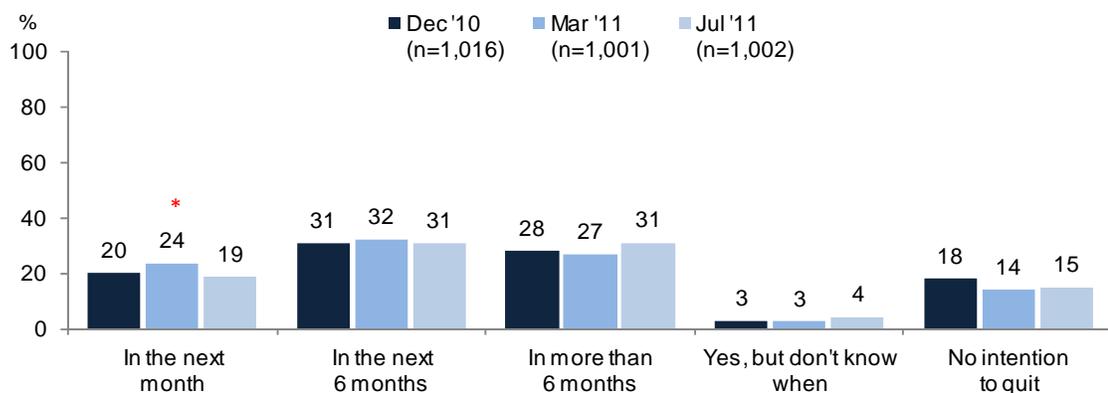
- Most smokers did have some intention of quitting. In March, 14% said they had no intention of doing so, a figure which is slightly lower than the 18% recorded in December while about the same proportion (15%) of smokers gave this response in July. Amongst lapsed quitters the corresponding figures were 10% in March against 14% in December and 11% in July.

In the July survey, those smokers who spontaneously recalled seeing the 2011 NTC were less likely to say they had no intention of quitting than were those smokers who did not recall it (13% versus 18%). The corresponding figures for lapsed quitters who spontaneously recalled the NTC advertising were eight percent versus 13% for those who did not recall the campaign.

- Around one in five smokers (19% in July) intended to quit smoking in the next month. This figure was significantly higher in March than in December (24% versus 20%) but by July, when it was 19%, this was no longer the case. A similar pattern was evident for lapsed quitters amongst whom the corresponding figures were 26% in March against 23% in December and 22% in July. Reflecting the on air presence of *Break the Chain*, in July smokers from an Aboriginal and Torres Strait Islander background were more likely to intend quitting in the next month than were smokers in general (35% versus 19%).

One in three smokers (31% in July) indicated they intended to quit in the next six months (but not in the next month), while a similar proportion (again 31% in July) intended to quit in more than six months time. A small proportion (4% in July) were unable to put any time frame on when they might quit.

Figure 25: Smokers' intentions to quit.

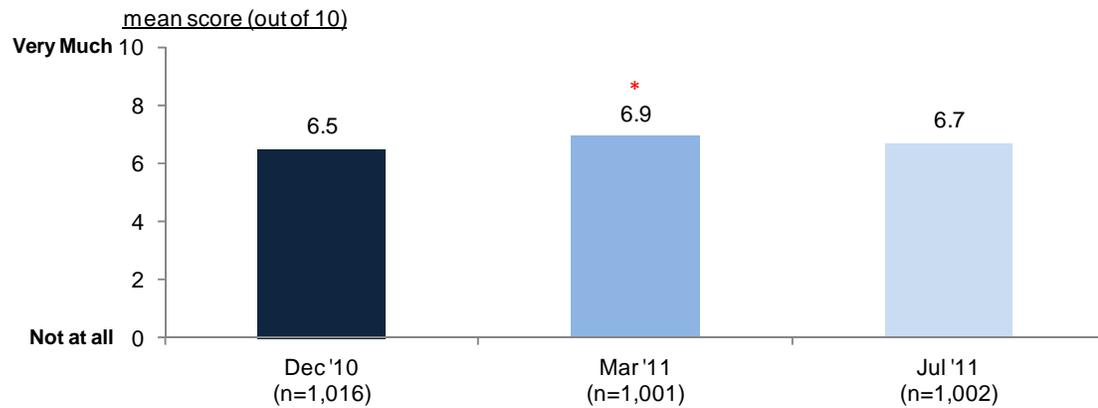


Base: All Smokers.

* 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 26 where there is evidence of a slight increase in desire to quit in March (mean score of 6.9 out of 10 versus 6.5 in December). However, this effect had dissipated by the July survey when the mean score was 6.7, not significantly different from that obtained in December.

Figure 26: Smokers’ desire to quit



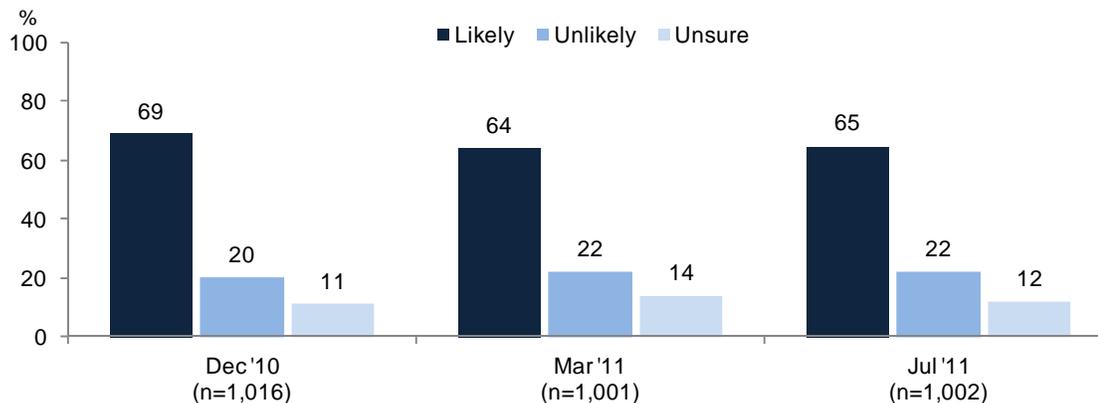
Base: All Smokers.

* Denotes a figure that is significantly different from the December '10 result; p<0.05.

Finally, Figure 27 presents smokers’ perceptions of their own ability to permanently quit smoking (self-efficacy). There has been no significant change in the proportion feeling it was “likely” they could do this – 69% in December; 64% in March and 65% in July.

It is of interest to note however, that those who intend to quit in the next month and those expressing a high level of desire to quit (score of 8 or more out of 10) were also more likely to think they would be able to quit permanently - in the July survey, respectively 76% and 73% of these two groups felt it was “likely” they could quit permanently. These results suggest a link between self-efficacy, desire to quit and the time frame within which an attempt to quit was likely to be made.

Figure 27: Smokers’ self-rated likelihood of being able to quit permanently.



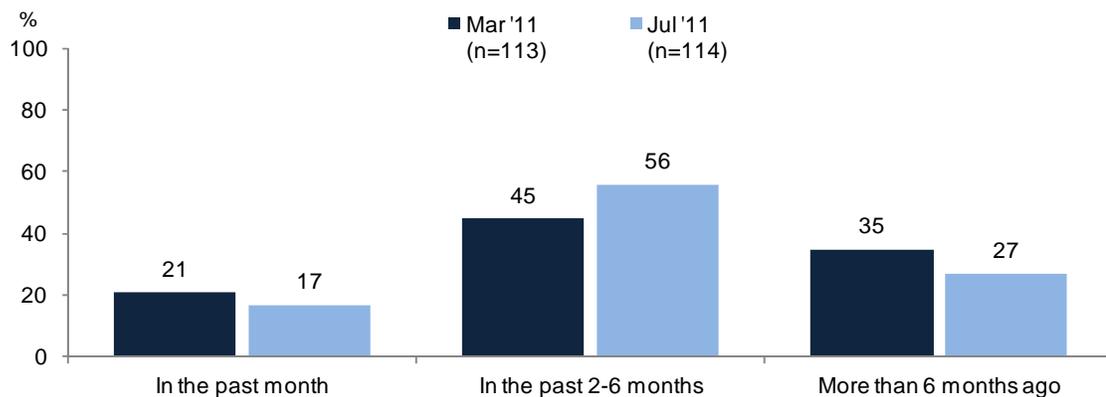
Base: All Smokers.

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, reasons for quitting and their expectations of maintaining their quit status.

As shown in Figure 28, recent quitters were most likely to have quit in the last six months (73% in the July survey) with 17% in July having quit in the last month. Thus, the majority of recent quitters in the July survey had quit within the time frame of the 2011 NTC. In the March survey, 21% of recent quitters had quit within the 2011 NTC post-launch time frame.

Figure 28: Recent quitters' length of time since quit.



Base: All Recent quitters.

As with smokers, recent quitters' reasons for quitting (see Table 11) were most often associated with health issues (53% versus 48% for smokers in the July survey). Mentions of cost were also the same for recent quitters and smokers (both 18% in July) as was the profile of issues to do with quality of life (10% for recent quitters, 7% for smokers in July).

The only differences of note between these two groups were:

- Recent quitters' **more frequent** mention of issues related to family and friends (33% versus 19% for smokers in July), particularly mentions of children in the house and the need to provide them with a role model (15% for recent quitters versus 7% for smokers).
- Recent quitters were also slightly **less likely** to say there had been no particular reason for their quit decision (10% versus 17% in July).

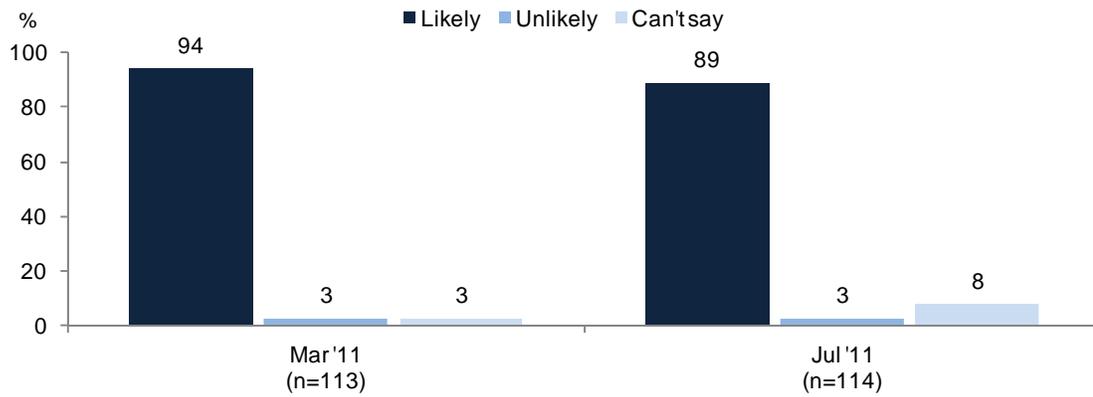
Table 11: Recent quitters' reasons for quitting.

Base: Smokers who have tried to quit	Mar '11	Jul'11
	(n=113) %	(n=114) %
Net: Health Reasons	65	53
<i>Decline in Health / Bad for My Health</i>	6	11
<i>Pregnancy</i>	7	5
<i>To improve health</i>	3	6
<i>Had a cough / Cold / Flu / Chest Infection</i>	2	3
<i>Health Scare (Eg Pneumonia, Coughing Fits)</i>	9	8
<i>Asthmatic</i>	2	6
<i>Health reasons / Ill Health (non-specific)</i>	37	19 [#]
Net: Cost	19	18
<i>Cost / Too expensive</i>	12	15
<i>Wanted to save money</i>	2	2
<i>Waste of Money</i>	5	1
Net: Family and Friends	32	33
<i>Family / Partner / Parents</i>	12	13
<i>Children in the house / Children's health / Role model for children</i>	18	15
<i>Friends / Colleagues</i>	3	3
<i>Know someone ill / died from smoking-related disease</i>	1	4
Net: Quality of Life	7	10
<i>Affecting my fitness</i>	4	5
<i>The Smell (On my body / clothes)</i>	2	4
Other Reasons	4	8
<i>Advertisements / Anti-smoking promotions</i>	2	5
<i>Other reasons</i>	2	4
No particular reason/Spur of the moment decision	14	10

Denotes a figure that is significantly different from the March '11 result; p<0.05.

Finally, as shown in Figure 29, most recent quitters (94% in March; 89% in July) thought it was likely that they would be able to stay quit.

Figure 29: Recent quitters' self-rated likelihood of being able to stay quit.



Base: All Recent quitters.

4. Summary

The following summarises key findings from this evaluation of the 2011 NTC. The results are discussed in three main sections - campaign awareness measures, measures of campaign impact and an assessment of the campaign's performance against its communication objectives.

Overall, the results of the evaluation point to a successful campaign and indicate little need for any major changes at this point in time.

4.1 Campaign awareness

The 2011 NTC has performed strongly on most awareness measures. Specifically:

- In the July survey, **unprompted recall** of the 2011 NTC was 44% amongst smokers and 55% amongst recent quitters. These figures were largely driven by *Cough* with unprompted recall of 34% amongst smokers and 47% amongst recent quitters. At the same time, *Health Benefits* (recalled by 9% of smokers and 14% of recent quitters) and *Luke* (4% of smokers; 2% of recent quitters) all contributed to total recall of the NTC.

Recall of *Break the Chain* was 3% among smokers and 3% among recent quitters.

Total 2011 NTC recall has increased, but non-significantly, since March, with rises of four percentage points (from 40% to 44%) amongst smokers and 12 points (from 43% to 55%) amongst recent quitters.

Overall, these are encouraging results for unprompted recall given the crowded advertising space where campaigns such as *I Can Quit*, *Best Intentions*, *Never Give Up Giving Up* and *What's Worse* have all been competing for "share of mind" with the 2011 NTC.

- Prompted **recognition** of the 2011 NTC was very strong. As at July, total recognition of the campaign stood at 98% amongst smokers and 99% amongst recent quitters, results which are in line with the ambitious 1+ reach target of 100% set for the campaign.

Individual campaign elements also achieved relatively strong recognition results with some of the non-television advertising boosting reach amongst young adults, males and smokers from an Aboriginal and Torres Strait Islander People(s) background. Looking at details of the July results:

- Recognition of the *Cough* TVC reached 95% amongst smokers (up 10 points since March) and 94% amongst recent quitters. Recognition of the supporting *Cough* advertising was also solid with out of home at 31% amongst smokers and 35% amongst recent quitters (up 6 points and 17 points respectively since March) while the online execution was at seven percent amongst smokers and five percent for recent quitters. The out of home advertising performed particularly well amongst male smokers (37% versus 22% amongst females); while recognition of the online advertising was above average amongst 18 to 24 year olds (14% versus 7% of all smokers).

- *Health Benefits* also made a worthwhile contribution to overall campaign recognition in July; and significant increases were evident in most elements of this advertising since the March survey. Recognition of the *Health Benefits* radio ad reached 60% amongst smokers (up from 48% in March) and 68% amongst recent quitters (up from 44% in March); the magazine advertising was at 15% amongst smokers (up 6 points) - it was particularly strong amongst 18 to 24 year old females (26%) - and reached 28% amongst recent quitters (up 16 points); out of home was at 25% amongst smokers and 27% amongst recent quitters (up 15 points for both groups) with 18 to 24 year old smokers above average in their recognition of this advertising (34%); and seven percent of smokers and recent quitters recognised the online advertising (up from 4% and 1% respectively). It appears recognition of this part of the campaign has benefitted from its relatively long duration and from the use of a variety of complementary media.
- Recognition of the online *Money Saved* advertising (*Financial Benefits*) was at six percent for smokers and eight percent for recent quitters. These results have not changed significantly since March and this advertising did not appear to be a significant contributor to total campaign recognition, which is not surprising for online advertising.
- *Luke*, which was introduced between the March and July surveys (and therefore only assessed in July), also achieved strong recognition results. Recognition of *Luke* reached 65% amongst smokers and 72% amongst recent quitters in the July survey. This was also an encouraging result on a total of 500 TARPS over only six weeks.
- Recognition of at least one element of the 2011 NTC was more or less universal in July at 98% for smokers and 99% of recent quitters. Only those from a Culturally and Linguistically Diverse background were slightly below average on this measure and even amongst this group total campaign recognition was a very strong 93%.
- *Break the Chain* – although not part of the 2011 NTC – achieved solid recognition results among the general community. Recognition of *Break the Chain* was 55% amongst smokers and 52% amongst recent quitters, a sound result given that 380 TARPS were applied to this ad in total over the 10 weeks it was on air. Amongst smokers, results were stronger for females (62%) and it's intended audience: Aboriginal and Torres Strait Islander People(s) (69%). It is also noteworthy that unprompted recall of *Break the Chain* was at 10% amongst smokers from Aboriginal and Torres Strait Islander background compared with three percent for all smokers. The talent used in this TVC and the creative execution appears to have been successful in engaging with its target audience.

Message communication appeared strong and in keeping with the campaign's communication objectives and executional content. Thus:

- Amongst those who recalled any of the 2011 NTC in the July survey, message take-out most often referred to cancer-related issues, particularly that *smoking causes lung cancer* (mentioned by 35% of smokers and recent quitters); comments about the *negative effect of smoking on other people, particularly family members* (38% of smokers; 36% of recent

quitters); comments about *the benefits of not smoking* (19% of smokers; 23% of recent quitters); and *Quit smoking* messages (25% of smokers; 18% of recent quitters). Further, the profile of messages about smoking as a cause of lung cancer and those about the negative effects of smoking on others increased between March and July.

- Message take-out for the *Cough* TVC focused on the *negative effect of smoking on other people, particularly family members* (42% of smokers; 43% of recent quitters), *smoking causes lung cancer* (31% of smokers; 34% of recent quitters); *Quit messages* (20% of smokers; 12% of recent quitters); and messages about *the dangers of smoking* (18% of smokers; 19% of recent quitters). This is a similar pattern of results to spontaneous message recall for the campaign overall and reflects the importance of *Cough* in generating high levels of campaign awareness among the target audiences. .
- Perceived communication effectiveness (where those who recognised any aspect of the NTC were asked if they thought the advertising had been effective in communicating four key campaign messages) showed that in July, most smokers and recent quitters agreed the campaign had been effective in communicating the messages *Every cigarette brings cancer closer* (87% of smokers; 93% of recent quitters); *Every cigarette you don't smoke is doing you good* (91% of smokers; 95% of recent quitters); *There are many health benefits to quitting* (94% of smokers; 95% of recent quitters); and *The day you quit, your body starts to repair itself* (87% of smokers; 97% of recent quitters).
- A final measure of communication effectiveness was drawn from the proportion of respondents able to provide correct information from the *Health Benefits* advertising about the time taken for various post-quitting changes to occur. The following results were obtained in the July survey – 56% of smokers and recent quitters correctly identified five days as the time taken for *nicotine to leave the body*; 41% of smokers and 51% of recent quitters correctly identified three months as the time taken for *lung capacity to increase by 30%*; 30% of smokers and 41% of recent quitters correctly identified one year as the time taken for *the risk of heart disease to halve*; and 15% of smokers and 18% of recent quitters correctly identified five years as the time needed for *the risk of stroke to dramatically decrease*.

Finally, a number of **advertising diagnostic measures** were used to evaluate various aspects of the *Cough* and *Luke* TVCs and of the *Benefits* advertising. July results included the following:

- Amongst both smokers and recent quitters it was almost universally agreed that the 2011 NTC advertising was *easy to understand* and *believable*. In addition, more than 70% of smokers agreed this advertising made them *feel concerned about their smoking*, had made them *stop and think* and, for all except *Luke*, was *personally relevant*.
- The diagnostics also highlighted some differences between these three components of the 2011 NTC. The *Benefits* advertising was more strongly associated with *learning something new* than either *Cough* or *Luke* (in July 57% agreed *Benefits* had taught them something new versus 29% for *Cough* and 32% for *Luke*) perhaps not entirely unexpected given the focus of the latter two ads on the causal links between smoking and cancer. *Benefits* was also seen as

less confronting (in July 43% of smokers agreed this advertising made them *feel uncomfortable* compared with 59% for *Cough* and 60% for *Luke*) and of greater *personal relevance* (83% of smokers agreed this advertising was personally relevant versus 71% for *Cough* and 64% for *Luke*). These findings point to the potential value of *Benefits'* more positive tone in providing a counterpoint to the more negative approach of the other two ads.

- Diagnostics also pointed to some early signs of wear out with *Cough*. In particular, the proportion of smokers who agreed they were *getting tired of seeing the ad* increased from 38% in March to 46% in July while the proportion who felt this TVC *made them feel uncomfortable* fell from 65% to 59% between the two surveys.

4.2 Campaign impact

The impact of the 2011 NTC was assessed in relation to reported action taken as a direct consequence of exposure to the campaign as well as its association with attitudes, beliefs and behaviour of smokers and recent quitters towards smoking and quitting. Key findings included the following:

- In the July survey, 41% of smokers and 59% of recent quitters claimed to have taken action as a result of seeing the 2011 NTC. This most often involved some form of quitting activity, with a particularly encouraging result being the nine percent of smokers⁹ and 50% of recent quitters who said they had quit smoking as a direct result of the campaign.

Further, when respondents' intended actions as a result of seeing the NTC were included, the proportion of smokers who had either quit smoking or who said they intended to do so in the next month rose to 25%.

- In terms of health beliefs, the proportion of smokers *worried smoking will damage their future health* was significantly higher in July than December (89% versus 86%). In addition, the March survey saw increases in the proportion who thought they would *become ill as a result of their smoking* (up 7 points to 59% versus December) and who thought their *smoking had affected the health of others* (up 8 points to 46%).
- In keeping with NTC messages, stated benefits associated with quitting most often related to health and quality of life issues (69% of smokers and 70% of recent quitters in July) and saving money (50% of smokers and 48% of recent quitters in July). Other quitting benefits with possible links to NTC communications were the decreased risk of disease/illness (11% of smokers and recent quitters) and the approval of close family members (11% of smokers; 15% of recent quitters). It should be kept in mind however that, as no pre-campaign benchmark was available for this measure, it is difficult to reliably attribute the responses given to the impact of the 2011 NTC.
- Amongst smokers, the salience of quitting – measured by agreement with the statement *I have been thinking a lot about quitting recently* - increased markedly in March (up 10 points from

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.

December to 74%) and remained at an elevated level of 71% in July. Predisposition towards quitting – measured by agreement with the statement *I am eager for a life without smoking* – also increased significantly in March (up 5 points from December to 78%) but this increase had dissipated by July when the proportion who “strongly agreed” or “agreed” with this statement was back to 73%.

- Attitudes to quitting saw both smokers and recent quitters exhibit high levels of agreement (ie: 90% plus) with attitudinal measures on *the many benefits of quitting, the lowered risk of smoking related disease that accompanies quitting* and the proposition that *it's never too late to quit*. There were no significant changes between March and July on any of these measures but given the high levels of agreement it might be expected that such changes would be difficult to achieve.
- Following the launch of the 2011 NTC, there has been an increase in the proportion of smokers encouraged to quit by their partners and/or children – this rose from 27% in December to 34% in March and 32% in July.
- Between December and March there was an increase (from 20% to 24%) in the proportion of smokers who intended to quit in the next month as well as an increase in smokers' desire to quit smoking (mean score out of 10 rose from 6.5 in December to 6.9 in March). However, both of these changes had dissipated by July, an indicator that the NTC may have lost a little of its early impact.
- Insofar as actual quitting behaviour was concerned, an increased proportion of smokers attempted to quit in a time frame that coincided with the NTC. That is, compared to December the March survey saw a five point increase (from 9% to 14%) in smokers who had attempted to quit during the previous month. Similarly, the July survey saw a five point increase (from 28% in December to 33% in July) in the proportion of smokers who attempted to quit in the previous six months. Accompanying these increases in quitting activity were more mentions of “health issues” and of smoking as a “waste of money” as reasons for quitting.

4.3 Performance against campaign objectives

This section summarises the campaign's performance against specific objectives to do with awareness, attitudes and beliefs, intentions and behaviour. Details of the individual measures and their outcomes are provided in Tables 12 to 14.

Awareness

The 2011 NTC has performed strongly on most awareness measures. Performance against the campaign's awareness objectives are shown in Table 12. Since the launch of the 2011 NTC smokers have become more aware of several aspects of the health damage caused by smoking (ie: *smoking will damage their future health and will cause them to become ill*) and of the key benefits to be derived from quitting (ie: *time taken for nicotine to leave the body and for the risk of stroke to decrease*). At the same time smokers' knowledge of the health harms associated with smoking appeared to have declined slightly (although these remain at very high levels) and a similar decline was seen for knowledge of the time taken for the risk of heart disease to decrease after quitting.

Table 12: Objectives - awareness.

	Smokers			Recent Quitters	
	Dec '10 (n=1016)	Mar '11 (n=1001)	Jul '11 (n=1002)	Mar '11 (n=113)	Jul '11 (n=114)
Base: All Respondents	%	%	%	%	%
<u>Awareness of health harms associated with smoking</u>					
<i>% who agree ...</i>					
Smoking causes heart disease	92	93	89↓	95	92
Smoking causes lung cancer	98	98	96↓	98	97
Smoking causes illness and death in non-smokers	74	74	69↓	80	71
<u>Awareness of health damage associated with smoking</u>					
<i>% who ...</i>					
Worried smoking will damage their future health	86	88	89↑	69	68
Thought smoking had damaged their own health	80	82	79	79	74
Think it likely they will become ill from smoking	52	59↑	57	8	7
<u>Awareness of the benefits of quitting</u>					
<i>% thought health and finances would benefit "extremely" or "very much" from quitting</i>					
Health would benefit	na	59	56	71	75
Finances would benefit	na	53	49	59	66
<i>% mentioning these benefits of quitting unprompted</i>					
Improved fitness/health	na	64	64	64	67
Save money	na	53	50	46	48
<i>% giving correct response on time taken for ...</i>					
Nicotine to leave the body	na	46	56↑	57	56
Lung capacity to increase by 30%	na	42	41	42	51
Risk of heart disease to halve	na	37	30↓	34	41
Risk of stroke to decrease dramatically	na	11	15↑	14	18

Arrows shows significant increase (↑) or decrease (↓) since Dec '10 or Mar '11 if no Dec '10 data is available (p<.05).

Awareness of quitting benefits is not as high in comparison to awareness of the health harms of lung cancer and heart disease, with none exceeding 64% of smokers. Also, awareness of the time taken for stroke risk to decrease was lowest of all quitting benefits at 15% amongst smokers and 18% amongst recent quitters. This latter result is likely to be a reflection of the media used to communicate these messages. Notably, the message about the time taken for stroke risk to decrease was not included in the radio ad (while other messages were) and was only presented visually in the “male” version of the print/out of home advertising.

Attitudes and beliefs

Outcomes for key attitudes and beliefs are presented in Table 13.

- Increases evident since December are in the salience of quitting amongst smokers and in the proportion who agree they are eager for a life without smoking (although this increase was not maintained in July).
- There is near universal agreement with the general statements about quitting tested in this research and increasing the proportion of smokers who share these particular attitudes looks a difficult task. At the same time, it should be kept in mind that some of the more detailed knowledge of quitting benefits is limited.

Table 13: Objectives - attitudes and beliefs.

Base: All Respondents	Smokers			Recent Quitters	
	Dec '10 (n=1016) %	Mar '11 (n=1001) %	Jul'11 (n=1002) %	Mar '11 (n=113) %	Jul '11 (n=114) %
<u>Salience of quitting</u>					
<i>% who strongly agree or agree ...</i>					
They have been thinking a lot about quitting recently	64	74↑	71↑	95	92
<u>Negative attitudes towards smoking</u>					
<i>% who strongly agree or agree ...</i>					
Smoking is widely disapproved of in Australia	na	69	69	67	62
The rewards of smoking outweigh the negatives	na	28	28	17	23
<u>Positive attitudes towards quitting</u>					
<i>% who strongly agree or agree ...</i>					
There are many benefits to quitting smoking	na	94	94	97	98
Quitting will reduce your risk of diseases caused by smoking	na	93	91	95	91
It's never too late to quit smoking	na	90	90	97	91
I am eager for a life without smoking	73	78↑	73	na	na
<u>Increase confidence in being able to quit/stay quit</u>					
<i>% who strongly agree or agree ...</i>					
Quitting smoking is easy	na	14	11	24	17
<i>% who think it likely they can ...</i>					
Quit permanently / stay quit	69	64	65	94	89
<u>Increase resilience of lapsed quitters to continue quitting attempts</u>					
<i>% of lapsed quitters who ...</i>					
"Agree" quitting smoking is easy	na	11	9	na	na
Think it "likely" they can quit permanently	69	63	64	na	na

Arrows shows significant increase (↑) or decrease (↓) since Dec '10 or Mar '11 if no Dec '10 data is available (p<.05).

- Areas where some improvement may be desirable include increasing smokers' conviction that they can quit permanently (most recent quitters feel they can stay quit while around two-thirds of smokers feel that it is likely they would be able to quit permanently). The view that *the rewards of smoking outweigh the negatives* appears higher amongst smokers than recent quitters and is another area where a closer alignment of smokers' attitudes with those of recent quitters may prove beneficial in encouraging quitting activity.

As shown in Table 14:

- There have been some positive changes since the campaign launch with respect to quitting intentions – the proportion of smokers intending to quit in the next month was higher in March than December while the proportion of lapsed quitters intending to quit in more than six months time was higher in July than December.
- There have also been increases in the proportion of smokers who quit smoking within the time frame of the 2011 NTC (ie: *within the last month* in the March survey and *within the last 6 months* in the July survey).

Further, as at July almost one in ten smokers and one in two recent quitters said they had quit smoking as a result of exposure to the 2011 NTC advertising.

Table 14: Objectives - intentions and behaviour.

	Smokers			Recent Quitters	
	Dec '10 (n=1016) %	Mar '11 (n=1001) %	Jul '11 (n=1002) %	Mar'11 (n=113) %	Jul '11 (n=114) %
Base: All Respondents					
<u>INTENTIONS</u>					
<u>Smokers' quitting intentions</u>					
<i>% who intend to quit smoking ...</i>					
In the next month	20	24↑	19	na	na
In the next 2-6 months	31	32	31	na	na
In more than 6 months	28	27	31	na	na
<u>Lapsed quitters' quitting intentions</u>					
<i>% who intend to quit smoking ...</i>					
In the next month	23	26	22	na	na
In the next 2-6 months	34	35	32	na	na
In more than 6 months	25	27	31↑	na	na
<u>BEHAVIOUR</u>					
<u>Quitting attempts amongst smokers/recent quitters</u>					
<i>% who have attempted to quit / quit...</i>					
In the last month	9	14↑	11	21	17
In the last 6 months	28	34↑	33↑	65	73
% who have quit as a result of the NTC	na	6	9↑	38	50
<u>Quitting attempts amongst lapsed quitters</u>					
<i>% who have attempted to quit ...</i>					
In the last month	11	18↑	14	na	na
In the last 6 months	37	43	42	na	na
% who have quit as a result of the NTC	na	7	10	na	na

Arrows shows significant increase (↑) or decrease (↓) since Dec '10 or Mar '11 if no Dec '10 data is available (p<.05).

Given the results discussed in this section of the report, Table 15 provides a summary assessment of the performance of the 2011 NTC to date. The extent to which the campaign objectives are considered to have been met is indicated with '✓' and 'x' symbols.

These symbols have been used are as follows:

- ✓✓ is used to indicate where an objective is considered to have been achieved because of the high proportion of the audience who exhibit the attitude, awareness, intention or behaviour;
- ✓ is used to indicate where an objective has been partly achieved because the campaign appears to have had a positive effect, but the attitude, awareness, intention or behaviour is still not especially widely held (i.e. there is still room improvement);
- - is used where the attitude, awareness, intention or behaviour is not widely held and there has been no detectable improvement between benchmark and Wave 2; and
- x is used where the attitude, awareness, intention or behaviour has deteriorated between benchmark and Wave 2 and there is still room improvement.

Table 15 Summary of campaign against stated objectives

Campaign Objectives	Outcome	
	SMOKERS	RECENT QUITTERS
AWARENESS		
To increase awareness of:		
• The health harms associated with smoking	✓(x)	✓✓
• The certainty of health damage associated with smoking	✓	✓
• The benefits of quitting smoking (to self and others)	✓	✓
ATTITUDES AND BELIEFS		
• To increase salience and personal relevance of the negative health impacts of smoking	✓	✓✓
• To reinforce negative attitudes towards smoking	-	-
• To build positive attitudes towards quitting	✓	✓✓
• To increase confidence in being able to successfully quit and to remain a non-smoker	-	✓✓
• To promote resilience amongst lapsed quitters to continue with their quit attempts	✓	na
INTENTIONS		
To generate and reinforce intentions:		
• Amongst current smokers to quit now	-	na
• Amongst quitters to remain non-smokers	na	✓✓
• Amongst lapsed quitters to make another quit attempt now	-	na
BEHAVIOURAL CHANGE		
To increase quitting attempts amongst smokers	✓	na

4.4 Implications

In summary, the key findings on the overall performance of the 2011 NTC suggest that:

- Recall and recognition of the campaign are both very strong. So too is message communication; and
- The NTC appears to have had positive effects on various aspects of the knowledge, attitudes, intentions and quitting behaviour of its target audience.

Against this positive background, there appears to be little need for any major changes to the campaign. Nevertheless, there are several issues which may be worth considering in fine-tuning future performance.

- Firstly, some aspects of the campaign's impact appear to have dissipated between March and July, despite the general improvement in the overall campaign profile. For example the proportion of smokers who had "attempted to quit in the last month", the proportion who "intend to quit in the next month" and the proportion "eager for a life without smoking" all fell back to December levels after being significantly above these in March.

In considering these findings it should be noted that *Cough* appears to be the major driver of the campaign's profile and that these slight declines in campaign impact coincide with early signs of wear out associated with this TVC. In addition, the strong recall and recognition of *Cough* suggest that achieving further improvement on current levels is likely to be a difficult task. Hence, it may be worth considering lower TARP spends on this TVC in the future.

- At the same time, there are several other elements of the 2011 NTC which may not yet have reached their full potential and which may benefit from a reallocation of some resources from the *Cough* TVC. In particular:
 - The complementary media and support advertising used in the campaign have been valuable in increasing its exposure amongst often more difficult to reach groups such as young adults (online performed more strongly amongst 18 to 24 year olds and recognition of the magazine advertising was above average amongst females in this age group) and males (who were more likely than females to have seen the out of home advertising). Moreover, the radio channel had been particularly effective in raising strong recognition of the *Benefits* advertising.
 - While recognition of the complementary media has, for the most part, increased between the March and July surveys, there still appears to be scope for further increases to be achieved. For example, as at July recognition of the out of home, magazine and online *Benefits* advertising had reached relatively modest levels of 25%, 15% and 11% respectively amongst smokers. Additional/increased spend may improve this situation.

- It is also noteworthy that, while the campaign's message communication is strong, take-out has focused mainly on *smoking as a cause of cancer* and on the *impact of smoking on close family members*. By contrast, message take-out from the *Health Benefits* advertising appears to have a lower profile, which is not altogether surprising given it did not have a television element. However, this appears to be of some importance as the *Health Benefits* advertising (and its associated messages) were more likely to be seen as having something *new* to say and also to have greater *personal relevance*. To this extent a more positive, supportive tone offered by *Health Benefits* can serve as a counterpoint to the strong tone of *Cough* and *Luke*. Future phases of the NTC should ensure media allocation between the approaches is appropriately balanced.
- The results of this evaluation also suggest it may be warranted to review the strategy to air *Luke* in tandem with *Cough*. This is because this ad appears to have a similar diagnostic profile to *Cough*, but has the lowest level of personal relevance out of the three ads tested (i.e. *Cough*, *Benefits* and *Luke*) and is considered less confronting. Future flights of the campaign could consider using *Luke* in rotation, rather than in tandem, with *Cough* to order to mitigate possible wear out of *Cough*.
- Finally, and although it is not a component of the 2011 NTC, *Break the Chain* also shows room for improvement on the July recognition of 55% achieved amongst smokers (69% amongst Aboriginal and Torres Strait Islander People(s)). Maximising the reach of this TVC appears potentially valuable given its above average cut-through and recognition with its primary target audiences (Aboriginal and Torres Strait Islander People(s)), as well as the increased proportion of Aboriginal and Torres Strait Islander smokers intending to quit in the next month following its airing - 35% compared with 19% of all smokers in the July survey; and versus 21% of Aboriginal and Torres Strait Islander smokers in March.

4.5 Conclusions

Overall the 2011 NTC has performed well with strong cut-through, near universal reach amongst members of the target audience and strong message communication.

Positive impacts have also been noted in relation to the target audience's knowledge, attitudes and intentions with respect to smoking and in their actual quitting behaviour.

The results of this evaluation also highlight the importance of including advertising with a positive tone and messaging in the campaign (as delivered through *Health Benefits*), as it can serve as a counterpoint to the strong approach of *Cough* and *Luke*. It suggests future phases of the NTC could ensure an appropriate balance between these quite different approaches.

Appendix 1 Evaluation Questionnaire

2011 National Tobacco Campaign Evaluation

Department of Health and Ageing

INTRO AND SCREENER

*(ALL)

S1 Good (morning/afternoon/evening). My name is <INSERT INTERVIEWER NAME> calling on behalf of the Australian Government Department of Health and Ageing 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

PRESUM 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 Department of Health and Ageing 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)

*(ALL)

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

1. Monitor
2. Do not monitor

*(ALL)

QE A 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)

QI 4A. RECORD SEX OF RESPONDENT

1. Male
2. Female

*(ALL)

QI 9 And could I please just confirm your postcode?

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

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

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 QE 20.

*(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

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
- 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' 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
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

*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

Advice

4. Rung the "Quit" help line

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

*(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.
10. 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

THERE IS NO QE 37

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)

- a. You've been thinking a lot about quitting recently
- b. 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)

AW1 In your opinion, what, if any, are the benefits to you of quitting smoking? (DO NOT READ OUT)
(MULTIPLES ACCEPTED)

1. Decreased risk of premature death / less likely to die
2. Decreased risk of cancer
3. Decreased risk of stroke
4. Decreased risk of heart disease
5. Decreased risk of other diseases / illness / getting sick
6. Improved smell and taste
7. Improved lung function
8. Improved blood flow to the skin
9. Improved fitness / general health
10. Fewer complications during pregnancy
11. Save money / more money
12. Kids/family would like it
13. Lowers others exposure to cigarette smoke (passive smoking)
14. Easier when going out
15. Not smelling like smoke / cigarettes
16. Other benefit (SPECIFIC)
17. No benefits ^s
99. Don't know ^s
98. Refused ^s

*(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

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?

(RESPONSE FRAME)

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

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 AD2)
99. Can't Say (GO TO AD2)

*(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

Campaign Recognition

*(ALL)

AD2 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 ad shows a man with a smokers cough in a number of different locations coughing; at home with his family, at a barbeque with friends, and at work climbing the stairs. The final scene shows the man at home again. As he goes outside for a cigarette he coughs into a handkerchief. When he looks at it, there are spots of blood on the handkerchief. He then looks back at his family.

Have you seen this ad?

1. Yes
2. No (GO TO AD6)

- 99. Don't know (GO TO AD6)
- 98. Refused (GO TO AD6)

*(SEEN COUGH)

AD3 What would you say were the MAIN messages of this advertisement?
(DO NOT READ OUT) (MULTIPLES ACCEPTED)

- 1. Smoking causes cancer (unspecific)
- 2. Smoking causes lung cancer/smokers cough can become lung cancer cough
- 3. Every cigarette brings cancer closer
- 4. Smoking affects your quality of life
- 5. Your smoking affects others / your family
- 6. Smoking-related diseases can affect people even when they are young
- 7. Smoking is dangerous / bad
- 8. Quit smoking
- 9. Other (SPECIFY)
- 99. Don't know
- 98. Refused

*PROGRAMMER NOTE: ROTATE STATEMENTS

*(SEEN COUGH)

AD4 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)

*(SEEN COUGH)

AD5 And to what extent do you agree or disagree that you are getting tired of seeing this ad?

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

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

*(ALL)

AD6 Have you recently seen any other ads using images from this TV ad in any of the following places?

(MULTIPLES ACCEPTED)

READ OUT

1. On a billboard or poster in a shopping centre or in a bus shelter or train station
2. Online
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)

AD7 Next I'm going to read you a short description of a recent radio ad.

The ad starts out with a man's or woman's voice saying "The day you stop smoking, your body starts to repair itself". The voice then talks about different ways the body repairs itself in eight hours, five days, three months and one year after you stop smoking.

Have you heard this ad?

1. Yes
2. No
99. Don't know
98. Refused

*(ALL)

AD8 In the magazine, billboard and poster version of this ad, there is a man or a woman sitting with the heading, "Stop Smoking, Start Repairing", above them. Lines come from different points on their body that lead to descriptions of how that part of the body will repair, and the timeframe it will take once you stop smoking.

Have you seen any of these ads? (IF YES, PROBE WHERE)

1. Yes – seen in magazine
2. Yes – seen outdoor advertising
3. Yes – seen both
4. Yes – seen, but not sure where
5. No
99. Don't know
98. Refused

*(ALL)

AD9 There were also two ads on the internet. One ad starts out "Stop Smoking, Start Repairing". It then shows different ways your body will repair, and the date it will occur, if you quit smoking today. The other ad shows the financial benefits of quitting smoking. It asks you to enter the number of cigarettes you smoke each day and then shows the amount you could save in a year, and examples of what you could have done with the money.

Have you seen either of these ads? (IF YES, PROBE WHICH)

1. Yes – seen ad (health benefits)
2. Yes – seen ad (financial benefits)
3. Yes – seen both
4. Yes – seen, but not sure where
5. No
99. Don't know
98. Refused

PREQAD11 IF AD7=1 OR AD8=1 TO 4 OR AD9=1 TO 4 (SEEN 'POSITIVE' ADS) CONTINUE, ELSE GO TO AD12a)

*PROGRAMMER NOTE: ROTATE STATEMENTS

*(SEEN 'POSITIVE' ADS)

AD11 Thinking about the radio, magazine, outdoor and online ads I have just described to you, to what extent do you agree or disagree these ads ...

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

(STATEMENTS)

- a. ...were easy to understand
- b. ...taught me something new
- c. ...make me stop and think
- d. ...are believable
- e. ...make me feel uncomfortable
- f. ...are relevant to me
- g. ...make me feel concerned about my <past> smoking
- h. ...make 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)

*(SEEN 'POSITIVE' ADS)

AD12 And to what extent do you agree or disagree that you are getting tired of seeing/hearing these ads?

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

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

*(ALL)

AD12a I am now going to read out short descriptions of two other recent TV ads and I would like to know if you have seen either of them?

In the first ad, we see an Aboriginal woman sitting in an armchair holding a photo frame. She tells the camera about how her Pop died of lung cancer, her Mum had a heart attack and her Sis and Uncle Barry had trouble breathing, all as a result of smoking. She then tells us, "I was smoking, for years too ... but I quit", followed by "If I can do it, I reckon we all can".

Have you seen this ad?

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

*(ALL)

AD12b The second ad shows a man talking about his dad who died of cancer from smoking. He says "Dad was absolutely convinced that he would be around to hold his grandson". We then see scenes of the grandson and his nursery, as the man says, "There was a sad moment where Emily came into the room and Dad just put his hand on Emily's belly and just said, look I'm sorry, I'm just not going to make it, I'm sorry."

Have you seen this ad?

1. Yes
2. No (GO TO PREQAD13)
3. (Don't know)(GO TO PREQAD13)
4. (Refused) (GO TO PREQAD13)

*PROGRAMMER NOTE: ROTATE STATEMENTS, ALSO TEXT SUBSTITUTION BASED ON WHETHER SMOKER OR RECENT QUITTER:

***SMOKER (QE1=1 to 4)**

***RECENT QUITTER (QE 1=97 or 99 AND Q21 =1)**

*(SEEN WHO WILL YOU LEAVE BEHIND)

AD12c Now thinking about the ad that shows the man talking about his dad who died of cancer, 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)

*(SEEN WHO WILL YOU LEAVE BEHIND)

AD12d And to what extent do you agree or disagree that you are getting tired of seeing this ad?

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

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

PREQAD13 IF AD2=1 OR AD6=1 or 2 OR AD7=1 OR AD8=1 TO 4 OR AD9=1 TO 4 OR AD12a = 1 OR AD12b =1 (RECOGNISES ANY NTC AD) CONTINUE, ELSE GO TO AW4

*PROGRAMMER NOTE: ROTATE STATEMENTS

*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)

AD13 Whether or not you have seen ALL of the ads I described to you, we are interested in YOUR THOUGHTS about the ads you saw.

Please tell me if you think the ads communicated each of the following or not ... we don't want to know if you think the statement is true, we want to know whether the ads communicated this message to you.

DISPLAY ON EACH STATEMENT SCREEN (Do you think the ad communicated this message to you)

(STATEMENTS)

- a. There are many short and long term health benefits to quitting smoking
- b. The day you stop smoking, your body starts to repair itself
- c. Every cigarette you don't smoke, is doing you good.
- d. Every cigarette brings cancer closer

(RESPONSE FRAME)

1. Yes
2. No
99. Don't know
98. Refused

Direct influence of the campaign

PREQIM1 IF AD2=1 OR AD6=1 or 2 OR AD7=1 OR AD8=1 TO 4 OR AD9=1 TO 4 OR AD12a = 1 OR AD12b =1 (RECOGNISES ANY NTC AD) CONTINUE, ELSE GO TO AW4

*(RECOGNISES ANY ELEMENT OF THE NATIONAL TOBACCO CAMPAIGN ADS)

IM1 What, if anything, have you done as a result of seeing 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
99. (Don't know)
98. (Refused)

*(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 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
10. Other (Specify)
11. No intentions
99. (Don't know)
98. (Refused)

AWARENESS OF TIMEFRAMES OF HEALTH BENEFITS

*(ALL)

AW4 As far as you know, how long after quitting does it normally take for ...

(STATEMENTS)

- a. Nicotine to leave your body

- b. Your lung capacity to increase by 30%
- c. Your risk of stroke to dramatically decrease
- d. Your risk of heart disease to halve

(RESPONSE FRAME)

READ OUT

- 1. 5 days
- 2. 3 months
- 3. 9 months
- 4. 1 year
- 5. 5 years
- 99. Don't know
- 98. Refused

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

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

*(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)

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 Department of Health and Ageing.

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.info.au

Quitline 131 848

*(REFUSAL)

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

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

*(REFUSAL)

RR2 RECORD RE-CONTACT TYPE

1. Definitely don't call back
2. Possible conversion

TERMINATION SCRIPTS

TERM1 Thank you for your time but we need to speak with people aged 18 to 40 years of age.

TERM2 Thank you very much for your time and assistance.

IF NECESSARY EXPLAIN. We need to speak to (smokers in particular age groups / people who have quit smoking in the last 12 months in particular age groups).

TERM3 Thank you very much for your time and assistance.

ALLTERM

5. No 18-40 year old in household (S1=2)
6. No smokers or recent quitters aged 18 to 40 in household (S3=2 AND S4=2)
7. HH refusal - Phone answerer refused to pass on to selected 18 to 40 year old (S5=2)
8. Respondent refusal - Selected 18-40 year old refused to do survey (S6=3)
9. Selected respondent not smoker or recent quitter (qe2=2 or 99) (QE 1=97 or 99 AND Q21=2 or 99)
10. Quota full