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## Department of Health and Ageing Phase Five (2010 - 2011) of the National Drugs Campaign

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EVALUATION REPORT

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# Contents

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<b>EXECUTIVE SUMMARY .....</b>	<b>IV</b>
<b>1 BACKGROUND .....</b>	<b>1</b>
1.1 CONTEXT .....	1
1.2 CAMPAIGN STRATEGY .....	1
1.3 CAMPAIGN ELEMENTS.....	2
1.4 RESEARCH OBJECTIVES .....	3
1.5 METHODOLOGY .....	4
1.6 ABOUT THIS REPORT .....	5
<b>2 CAMPAIGN AWARENESS.....</b>	<b>6</b>
2.1 CATEGORY RECALL .....	6
2.2 CATEGORY-CUED RECALL .....	7
2.3 DETAILS OF RECALLED ADVERTISING.....	9
2.4 CAMPAIGN RECOGNITION.....	13
2.5 PERCEIVED CREDIBILITY OF ADVERTISING.....	23
<b>3 CAMPAIGN IMPACT .....</b>	<b>24</b>
3.1 DIRECT IMPACT OF THE CAMPAIGN .....	24
3.2 PERCEPTIONS OF ILLICIT DRUGS.....	26
3.3 DRUG USE IN YOUNG PEOPLE IN THE GENERAL COMMUNITY .....	32
3.4 CONVERSATIONS WITH CHILDREN ABOUT ILLICIT DRUGS.....	38
<b>4 SUMMARY AND CONCLUSIONS .....</b>	<b>40</b>
4.1 CAMPAIGN AWARENESS .....	40
4.2 CAMPAIGN IMPACT .....	42
4.3 CONCLUSIONS.....	43
<b>APPENDIX 1 PHASE FIVE (2010 - 2011) YOUTH QUESTIONNAIRE.....</b>	<b>44</b>
<b>APPENDIX 2 PHASE FIVE (2010 - 2011) PARENT QUESTIONNAIRE .....</b>	<b>45</b>

## List of Figures

---

FIGURE 1	RECALL OF RECENT ILLICIT DRUGS ADVERTISING .....	6
FIGURE 2	LOCATION OF RECALLED DRUGS ADVERTISING AMONG YOUNG PEOPLE .....	11
FIGURE 3	RECOGNITION OF PHASE FIVE (2010 – 2011) RADIO ADVERTISEMENT .....	13
FIGURE 4	RECOGNITION OF PRINT ADVERTISEMENTS .....	14
FIGURE 5	LOCATION OF WHERE PRINT ADVERTISING WAS SEEN AMONG YOUNG PEOPLE .....	15
FIGURE 6	EXPOSURE TO PHASE FIVE (2010 - 2011) SUPPORTING MATERIAL AND ACTIVITY AMONG YOUNG PEOPLE .....	17
FIGURE 7	RECOGNITION OF PARENT ADVERTISING.....	19
FIGURE 8	OVERALL RECOGNITION OF THE 2011 CAMPAIGN.....	21
FIGURE 9	PERCEIVED CREDIBILITY OF PHASE FIVE (2010 - 2011) ADVERTISING AMONG YOUNG PEOPLE AGED 15-21 YEARS .....	23
FIGURE 10	REPORTED INFLUENCE OR ACTION AS A RESULT OF SEEING THE CAMPAIGN AMONG YOUNG PEOPLE .....	24
FIGURE 11	REPORTED INFLUENCE OR ACTION AS A RESULT OF SEEING THE CAMPAIGN AMONG PARENTS .....	25
FIGURE 12	REPORTED OFFERS OF VARIOUS ILLICIT DRUGS.....	32
FIGURE 13	RISK OF ACCEPTING OFFERS OF VARIOUS ILLICIT DRUGS .....	33
FIGURE 14	LIFETIME SELF-REPORTED USE OF VARIOUS ILLICIT DRUGS .....	35
FIGURE 15	RECENT SELF-REPORTED USE OF VARIOUS ILLICIT DRUGS.....	36
FIGURE 16	RESISTING OFFERS OF VARIOUS ILLICIT DRUGS .....	37
FIGURE 17	CONVERSATIONS WITH CHILDREN ABOUT ILLICIT DRUGS IN THE PAST YEAR .....	38

## List of Tables

---

TABLE 1	OVERVIEW OF CAMPAIGN AND ASSOCIATED RESEARCH ACTIVITY - 2011 .....	3
TABLE 2	ACHIEVED SAMPLE BY TARGET AUDIENCE AND WAVE.....	4
TABLE 3	DETAILS OF RECALLED DRUGS ADVERTISING .....	7
TABLE 4	UNPROMPTED MESSAGE TAKE-OUT AMONG YOUNG PEOPLE.....	9
TABLE 5	AGREEMENT WITH DESCRIPTIVE STATEMENTS ABOUT ECSTASY .....	26
TABLE 6	AGREEMENT WITH DESCRIPTIVE STATEMENTS ABOUT CANNABIS .....	27
TABLE 7	AGREEMENT WITH DESCRIPTIVE STATEMENTS ABOUT ICE.....	28
TABLE 8	AGREEMENT WITH STATEMENTS ABOUT ECSTASY, CANNABIS AND ICE BY RECENT DRUG USE .....	30
TABLE 9	AGREEMENT WITH STATEMENTS ABOUT ECSTASY, CANNABIS AND ICE BY RECALL OF THE PHASE FIVE (2010 - 2011) CAMPAIGN .	31

# Executive Summary

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This report presents key findings from the research based evaluation of Phase Five (2010 - 2011) of the National Drugs Campaign (NDC). The campaign has been evaluated in reference to campaign awareness and impact on key behavioural and communication objectives among young people and parents.

The overall aim of Phase Five (2010 - 2011) of the NDC was to contribute, along with the range of existing education, policy and regulatory initiatives, to reducing the uptake or use of ecstasy and other drugs among younger Australians (15-21 years), as well as encouraging parents of 13-17 year olds to have a better understanding of illicit drugs and talk with their children about illicit drugs.

The campaign materials for Phase Five (2010 - 2011) of the NDC consisted of advertising relating to the drug ecstasy only, as well as material aimed at parents. Campaign materials relating to other illicit drugs that used during previous phases of the NDC were not used materials for Phase Five (2010 - 2011). The total media budget for Phase Five (2010 - 2011) of the NDC was approximately 10% lower than the budget for Phase Four (Stage Two). Moreover, the media spend directed to the parent material represented about 7% of the total media budget.

The evaluation consisted of a single online survey following the conclusion of Phase Five (2010 - 2011) media with young people aged 15-21 years (n = 1,500) and parents of 13-17 year olds (n = 1,000). The results from the youth survey were compared to two existing survey waves collected as part of the evaluation of Phase Four (Stage Two) of the campaign.

## Campaign awareness

### Campaign recall

The level of unprompted recall achieved for Phase Five (2010 - 2011) of the NDC among audience was modest, but is consistent with the reduced budget and campaign strategy to focus communications on one illicit drug only. Thirteen per cent of young people recalled the campaign, typically images or messages relating to "Ecstasy – Lab" (11%). Spontaneous recall among young people of the Phase Five (2010 - 2011) campaign was lower than seen following Phase Four (28%); however, it is inline with results for the ecstasy material only (12% following Phase Four). Recall of "Lab" significantly increased (11% cf. 6%).

The main messages recalled by young people who saw the Phase Five (2010 - 2011) campaign were strongly aligned with the central themes of "Lab". Two-thirds (68%) of those who saw the campaign mentioned the message 'not knowing what is in illicit drugs'. This was considerably higher than during Phase Four (12%) when the material was first introduced.

Consistent with the limited distribution of these materials, few parents recalled the parent-specific materials, that is: editorial, online display advertising, Facebook and NESB. Five per cent recalled the youth media.

### Recognition of youth campaign

Overall recognition of the Phase Five (2010 - 2011) youth advertising was strong among the target audiences with 62% of young people and 57% of parents having seen or heard at least one element of the youth campaign.

This result represented a slight decrease in comparison to Phase Four when 72% of young people had seen the campaign. While this result may be seen as less than positive, two factors should be taken into consideration when interpreting the findings. First, the media spend for Phase Five (2010 - 2011) was approximately 10% less than Phase Four. Secondly, the current campaign did not include creative material relating to ice, which historically has achieved very strong cut-through among the primary target audience. If recognition estimates for the ecstasy material alone are compared between 2010 and 2011, there was a 7 percentage point increase in overall recognition (52% cf. 59%) suggesting a strong campaign build effect.

In terms of exposure of specific elements of the Phase Five (2010 - 2011) campaign, 41% of young people had heard the radio ad, up 6 percentage points since Phase Four (cf. 35%), while 44% had seen either of the two ecstasy print ads, up 11 points (cf. 33% in Phase Four). By contrast, 45% of parents of 13-17 year olds had heard the youth radio ad and 33% has seen the print advertisements.

Of the specific print executions used in Phase Five (2010 - 2011), "Ecstasy - Lab" continued to experience stronger recognition than "Ecstasy - Girl", although it should be noted recognition of each significantly increased following the Phase Five (2010 - 2011) campaign. Overall, 40% of young people surveyed in 2011 recognised "Lab", as compared to 27% following the Phase Four campaign. Twenty-one per cent recognised "Girl", as compared to 15% in 2010. These results can be attributed to substantial differences in the allocation of media to each execution as "Lab" received a much greater share of the print, out of home, in-venue and online media than did "Girl". The main locations young people encountered the Phase Five (2010 - 2011) print advertising were broadly consistent with the allocation of campaign resources to each channel: outdoors (36%), public bathrooms (39%), magazines (32%), online (20%) and venues (12%).

One-fifth (17%) of young people had been exposed to the supporting material and activity in some form. Six per cent had seen one of the information booklets (4% "Drugs: The Real Facts", 4% "Read this before Saturday Night"), 13% had seen at least one of the supporting public relations activities, typically National Youth Week activities (5%) and the Future Music Festival (5%). Three per cent had visited the NDC website.

### **Recognition of parent campaign**

Overall, 21% parents of 13-17 year olds surveyed had seen the parent-specific communications. Six per cent had seen either online execution, 4% had seen the Facebook versions of these ads; 11% had seen the print ad targeting non-English speaking background parents; and 9% had seen at least one of the advertorials. Given the allocation of overall media spend to the parent-focused communications was quite small, this can be seen as a very positive result.

Overall campaign recognition (youth and parent advertising combined) among parents of 13-17 year olds was strong with three-fifths (61%) having seen at least one element of the campaign.

### **Credibility of advertising**

The majority of young people who saw the Phase Five (2010 - 2011) advertisements 'agreed' they were believable (87%) and effective (87%). By contrast, only one-third (32%) of young people agreed the advertising was relevant to them. There were no significant changes in perceived credibility between 2010 and 2011.

## **Campaign impact**

### **Direct influence of the campaign**

Overall, 60% of young people who had seen the campaign (or 38% of those surveyed) said they had been influenced or had taken action as a result of seeing the campaign. This result is slightly lower than following the Phase Four activity when 69% (or 49% of those surveyed) had been influenced or had taken action. The most commonly reported influences of the campaign were to think more about the consequences of using drugs (28%), avoiding the use of drugs altogether (20%) and acknowledging the harms associated with drug use (15%).

Two-fifths (39%) of parents who had seen the campaign (or 24% of those surveyed) had taken any action as a consequence. In line with the objectives of the campaign, typically this was talking to their children about illicit drug use (33%).

### **Perceptions of illicit drugs**

Following Phase Five (2010 - 2011) of the campaign the majority of young people surveyed hold views about ecstasy that were consistent with the overall objectives of the campaign. Nevertheless, there were a small number of changes in young people's perceptions of ecstasy following the campaign.

The proportion who agreed ecstasy is made using dangerous substances or chemicals increased 5 percentage points between benchmark and the Phase Five (2010 - 2011) evaluation survey (73% cf. 78%), as did agreement with 'you don't know where it has been made' (75% cf. 80%).

Moreover, young people who had been exposed to the Phase Five (2010 - 2011) campaign were more likely than those who had not to hold views about ecstasy that were more in-line with campaign messages.

### **Drug use among young people in the general community**

There have been a small number of changes in young people's use of and exposure to ecstasy since benchmark. Notably, since the benchmark survey there has been a slight decrease in the prevalence of young people being offered ecstasy (13% at benchmark cf. 9% following Phase Five (2010 - 2011)), being 'at risk' of accepting a friend's offer of ecstasy (14% cf. 11%), as well as ever (7% at benchmark cf. 5% following Phase Five (2010 - 2011)) or recently using the drug (4% cf. 3%).

No other changes were evident in the proportion of young people being offered drugs, 'at risk' of accepting a friend's offer of drugs, or lifetime or recent use of other illicit drugs.

### **Conversations with children about illicit drugs**

Most parents (78%) reportedly felt they knew enough to talk confidently about illicit drugs with their children aged 13-17 years. The majority (83%) also said they had talked about illicit drugs with their children in the past year; 57% had done so in the past two months alone.

Parents typically believed these conversations had been effective. Forty-five per cent of those who had talked with their children reported the conversation(s) had been 'very effective' in getting their children to think about drugs and drug use. A similar proportion (51%) said the conversation(s) had been 'very effective' in discouraging their children from using drugs.

Forty-six per cent of parents surveyed said they intended to talk with their children about illicit drugs in the next two months.

There was a strong relationship between exposure to the parent's component of the Phase Five (2010 - 2011) campaign and conversations with children about illicit drugs. Typically, those who had seen the campaign were much more likely to feel confident talking about drugs, have had conversations with their children in the past two months and have the intention to talk about illegal drugs with their children in the next two months.

## **Conclusions**

Overall, the results from this evaluation suggest that despite the continued absence of television and a reduced media budget, in comparison to previous phases of the NDC, Phase Five (2010 - 2011) has achieved good cut-through and recognition among the target audiences, particularly among young people. Whilst it has been noted that due to the reduced media buy, awareness of the campaign overall was slightly lower than seen during Phase Four, awareness of the ecstasy material specifically, improved. This result is likely to be driven in part by a campaign build effect, but also the decision to revise the campaign strategy and focus communications on one illicit drug only. The perceived credibility of the ecstasy concepts continued to be strong after two bursts of media suggesting it is not yet experiencing wear out.

Despite the six months duration of Phase Five (2010 - 2011) of the campaign, there have been a small number of positive changes in perception of ecstasy among young people that were clearly communicated through the campaign. Lifetime and recent use of ecstasy has also fallen since 2010.



# 1 Background

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## 1.1 Context

In the 2010 Federal Budget, the Australian Government announced \$21.2 million in funding over four years for the continuation of the National Drugs Campaign (NDC). The measure provides funding for a campaign aimed at reducing and reversing emerging trends in the use of illicit drugs.

The NDC first began in March 2001 and, during its first three phases, encouraged parents of eight to 17 year olds to discuss illicit drugs with their children, as well as educating young people about the negative consequences of cannabis, ecstasy, amphetamine and methamphetamine use. The fourth phase of the campaign (2009-2010) was designed to build on the prevention orientated communications of preceding phases, whilst also introducing targeted communications to engage young people who are currently at risk of or using ecstasy and other illicit drugs.

The fifth phase of the NDC, which was undertaken between December 2010 and June 2011, returned to targeting young people with prevention orientated strategies and messages to reduce the uptake of ecstasy and other illicit drugs, as well as messaging aimed at parents of teenagers.

## 1.2 Campaign strategy

The primary target audience of Phase Five (2010 - 2011) of the NDC was young people aged 15-21 years. This represents a slight contraction in the age range (from the broader initial target range of 15-25 years) of the primary target audience in comparison to previous phases. The secondary target audience was parents of 13-17 year olds.

The overall aim of Phase Five (2010 - 2011) of the NDC was to contribute, along with the range of existing education, policy and regulatory initiatives, to reducing the uptake or use of ecstasy and other illicit drugs among young Australians.

The specific goals to be achieved among the **primary target audience** included a number of behavioural and communication objectives. These included:

- Increasing the likelihood that individuals will avoid using ecstasy and other illicit drugs;
- Increasing awareness of the specific negative consequences relating to the use of ecstasy and the use of other illicit drugs, as well as the availability of further information and support;
- Generating and reinforcing negative attitudes towards ecstasy and other illicit drug use; as well as positive attitudes towards seeking assistance or treatment as required; and
- Generating and reinforcing intentions to avoid use of ecstasy and other illicit drugs, or access support, drug counselling and treatment as required.

The specific goals among the **secondary target audience** were to:

- Increase the likelihood that parents will encourage their child/ren to avoid the use of ecstasy and other illicit drugs, and seek further information and support services as required;

- Increase awareness of the benefits of informed discussions on the issue of ecstasy and other illicit drugs with their child/ren; how parents can support and influence their children in avoiding illicit drug use; and the support and information services available for both parents and their child/ren;
- Generate a positive attitude towards undertaking positive, two-way discussions about the potential harms associated with ecstasy and other illicit drugs with their child/ren; and
- Generate intentions to seek further information and support services as required.

### 1.3 Campaign elements

The youth component of Phase Five (2010 - 2011) of the NDC consisted of using existing creative material (“Ecstasy – Lab” and “Ecstasy – Girl”) relating to the drug ecstasy. Creative material relating to other illicit drugs that had been used in previous phases of the NDC was not used during Phase Five (2010 - 2011).

The main elements of the youth campaign were:

- **Radio** advertising – consisting of a 30 second advertisement based on the “Ecstasy – Lab” execution.
- **Print** advertising – placed in youth orientated magazines, street press, student magazines and gay press.
- **Out of home** media including street furniture, Avant cards, universities and cinema (digilites).
- **In-venue** advertising at various locations (e.g. Pub channels; washrooms).
- **Online** advertising on various social networks (e.g. *Facebook*, *MySpace* and *Windows Live Messenger*), and entertainment and special interest websites, as well as *Google* and *Yahoo!* search marketing.

No television advertising was aired during Phase Five (2010 - 2011) of the campaign.

Previously developed content (short films) and resources (drugs booklet) were also used for various promotions, distribution strategies and sponsorships. Limited advertising specifically tailored to non-English speaking background (print) and Aboriginal and Torres Strait Islander (radio) communities, as well as print handicapped individuals (radio), was also undertaken.

The parent component of the campaign consisted of a range of online (search and display, including Facebook) and print advertising (advertorials, as well as an execution specifically tailored for parents of non-English speaking backgrounds) encouraging parents to have a better understanding of illicit drugs and to talk with their children about illicit drugs.

The total national media budget for Phase Five (2010 - 2011) was approximately \$4.6 million which was approximately 10% lower than the budget for Phase Four (Stage Two). It should also be noted the “Ecstasy – Lab” execution received a much greater share of print, out of home, in-venue and online spend than “Ecstasy – Girl”. Moreover, the media spend directed to the parent material

represented about 7% of the total media budget. The timing of the key media elements for Phase Five (2010 - 2011) of the NDC is shown in Table 1.

**Table 1 Overview of campaign and associated research activity – 2010/2011**

DETAIL	DEC	JAN	FEB	MAR	APR	MAY	JUN
<b>TELEVISION</b>							
Sponsorship							
<b>MAGAZINES</b>							
Youth							
Parents							
<b>RADIO</b>							
Metro/regional							
Sponsorship							
<b>DIGITAL</b>							
<b>NESB (press)</b>							
<b>INDIGENOUS (radio / press)</b>							
<b>PRINT HANDICAPPED</b>							
<b>OUT OF HOME</b>							

### 1.4 Research objectives

The main objective of this research was to evaluate the effectiveness and impact of Phase Five (2010 - 2011) of the NDC among the primary and secondary target audiences, namely young people aged 15-21 years and parents of 13-17 year olds.

The specific research objectives among the primary target audience were to measure:

- Campaign awareness, message recall and perceived credibility;
- Perceptions of ecstasy and other illicit drugs; and
- Exposure to and use of ecstasy and other illicit drugs.

The research objectives among the secondary target audience were to measure:

- Campaign awareness, message recall and perceived credibility;
- Intentions and reported behaviour related to discussion of the issue of ecstasy and other illicit drugs with their children; and
- Intentions to seek support and information.

## 1.5 Methodology

The evaluation of Phase Five (2010 - 2011) of the National Drugs Campaign was undertaken by the Social Research Centre in July 2010.

This research-based evaluation involved conducting a single online evaluation survey following the conclusion of the 2011 media burst with young people aged 15-21 years and parents of 13-17 year olds. The results from the youth survey were then compared to two existing survey waves collected as part of the evaluation of Phase Four (Stage Two) of the campaign.

The respondents for the surveys were randomly recruited through an opt-in 'research only' online panel. The surveys were conducted between 4 and 17 July 2011.

The following provides an overview of the research approach:

**Table 2 Achieved sample by target audience and wave**

Survey	Young people (15-21 years)			Parents of 13-17 year olds		
	Total (n)	Female (n)	Male (n)	Total (n)	Female (n)	Male (n)
Benchmark (Feb 2010)	933	472	507	-	-	-
Phase Four (Stage Two) Evaluation (June 2010)	934	516	460	-	-	-
Phase Five (2010 - 2011) Evaluation (July 2011)	1,500	751	749	1,000	700	300

Base: All respondents. Data is unweighted.

The age distribution of parents surveyed was as follows: 4% were 25-34 years, 40% were 35-44 years, 47% were 45-54 years and 8% were 55-664 years.

It should be noted the original sample size for the benchmark and Phase Four (Stage Two) evaluation (herein titled Phase Four for brevity) surveys was originally n = 1,500 young people aged 15-25 years. However, due to the narrowing of the age range of the primary target audience for Phase Five (2010 - 2011), the full sample size could not be used in the current evaluation.

### Questionnaire

The evaluation questionnaire was designed in close consultation with the Australian Government Department of Health and Ageing. The youth questionnaire largely replicated the questionnaire used to benchmark and evaluate Phase Four (Stage Two) of the NDC.

The broad areas included in the youth questionnaire were:

- Perceptions of ecstasy, cannabis and methamphetamines
- Campaign awareness and impact
- Offers and risk of accepting drugs
- Lifetime and recent drug use, and
- Demographics

The broad content areas included in the parents' questionnaire were conversations about illicit drugs with their children and perceived outcomes, intentions to have conversations with their children about illicit drugs, campaign awareness (youth and parent elements) and impact, and demographics.

The questionnaires are shown in Appendix 1 and 2, respectively.

## **1.6 About this report**

This report presents key findings from the evaluation of Phase Five (2010 - 2011) of the NDC. The campaign has been evaluated in reference to campaign awareness and impact on key behavioural and communication measures among the target audiences, namely:

- Young people aged 15-21 years; and
- Parents of 13-17 year olds.

Statistical tests were undertaken to establish whether differences between the responses of sub-groups within each sample, as well as between the benchmark and evaluation surveys, were statistically significant. Where differences are reported, it implies that a statistically significant difference at a 95% confidence level has been established.

In some tables and graphs, total figures shown and/or mentioned in the accompanying text may differ slightly from the apparent sum of their component elements. This is due to the effects of rounding.

The results presented in this report for the youth survey have been post-weighted by age, sex and location to match known population parameters for young people aged 15 to 21 years. The results for the parent's survey have been post-weighted by sex and location for persons aged 31-60 years. All charts and tables in this report, unless otherwise specified, show survey estimates that have been weighted in this way.

## 2 Campaign Awareness

This section of the report examines awareness of Phase Five (2010 - 2011) of the NDC among young people aged 15-21 years and parents of 13-17 year olds. Campaign awareness was measured in a number of ways including:

- Unprompted recall of illicit drugs advertising,
- Prompted recognition of key campaign elements; and
- Perceived credibility of the advertising.

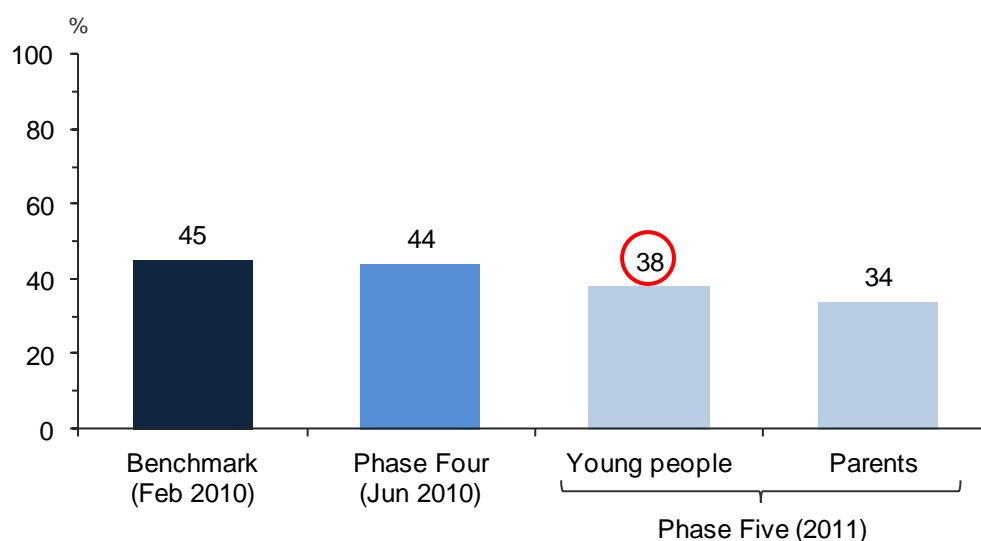
### 2.1 Category recall

Young people and parents were asked whether they had seen, read or heard any advertising about illegal drugs in the past three months.

Overall, recall of illicit drugs-related advertising in the past three months among young people decreased slightly following Phase Five (2010 - 2011) of the campaign in comparison to previous survey waves (see Figure 1). Slightly less than two-fifths (38%) of young people aged 15-21 years recalled advertising in this category following the 2011 campaign. This compares to 44% following the 2010 campaign and 45% at benchmark. The slight decrease in awareness of advertising in this category is consistent with the reduction in the campaign's media budget.

One-third (34%) of parents of 13-17 year olds had also seen advertising about illegal drugs in the past three months.

**Figure 1 Recall of recent illicit drugs advertising**



Base: All respondents. Young people: n = 933, n = 934, n = 1,500. Parents: n = 1,000. Red circle indicates result for young people is significantly different to benchmark.

## 2.2 Category-cued recall

Respondents who recalled seeing or hearing recent advertising about illegal drugs were asked to describe what they saw, read or heard in the advertisement.

Table 3 summarises responses to this question and shows the proportion (based on the total sample) that could be attributed to Phase Five (2010 - 2011) of the campaign.

Consistent with the reduction in the campaign's media budget, the level of cut-through achieved for Phase Five (2010 - 2011) of the NDC was relatively modest, with slightly more than one-in-ten (13%) young people providing descriptions consistent with elements of the campaign. Reflecting the heavy weighting of media spend towards "Ecstasy – Lab", young people's descriptions typically related to the 'Lab' execution. Unprompted recall of the Phase Five (2010 - 2011) campaign is substantially lower than was achieved following the 2010 campaign (28%), but is inline with results seen for the ecstasy material following the 2010 campaign (12%). Moreover, unprompted recall of "Ecstasy – Lab" specifically, had in fact significantly increased following Phase Five (2010 - 2011) (11% cf. 6% following Phase Four).

As could be expected, elements of the NDC not used during Phase Five (2010 - 2011) were infrequently recalled by young people. Six per cent recalled any element of earlier NDC advertising. Four per cent of young people specifically recalled the ice advertising (down from 17% following Phase Four when it was last aired), while 1% recalled the cannabis advertising (Swimmer / Coffee Table) developed for Phase Four (down from 7%).

**Table 3** Details of recalled drugs advertising

Details	Youth			Parents
	Benchmark (n=979) %	Phase Four (n=976) %	Phase Five (2010 - 2011) (n=1,500) %	Phase Five (2010 - 2011) (n=1,000) %
<b>Phase Five (2010 - 2011) youth advertising</b>	-	12	13	5
<i>"Ecstasy - Lab"</i>	-	6	11 <sup>#</sup>	4
<b>Previous NDC youth advertising</b>	20	24	6 <sup>*#</sup>	3
Ecstasy (Phase Three)	6	3	1 <sup>*#</sup>	1
Cannabis (Phase Four)	-	7	1 <sup>#</sup>	1
Cannabis (Phase Three)	5	2	-	-
Ice	12	17	4 <sup>*#</sup>	1
Speed (Phase Three)	1	2	-	-
<b>Other advertising</b>				
Other 'anti-drug' advertising	9	4	8 <sup>#</sup>	12
Drug driving	2	3	1	1
Binge drinking	2	1	1	2
Other advertising	-	1	1	1
<b>Don't know</b>	12	6	10 <sup>#</sup>	12
<b>Don't recall any recent advertising</b>	55	56	62 <sup>*#</sup>	66

Base: All respondents. \*indicates significant difference to benchmark. # indicates significant difference to Phase Four.

By contrast, approximately one-in-twenty (5%) parents of 13-17 year olds recalled the youth focused media. Only two parents surveyed spontaneously mentioned the parent-specific materials. Three per cent recalled NDC advertising from earlier phases.

There were a number of subgroup differences evident in levels of campaign recall among young people. Consistent with the results of previous evaluations of the NDC:

- Older members of the primary target audience (i.e. 18-21 year olds) were more likely than those aged 15-17 years to recall the Phase Five (2010 - 2011) campaign (16% cf. 8%).
- Young people who had used drugs (either lifetime or recent) were also more likely to recall Phase Five (2010 - 2011) advertising than those who had not used drugs. Twenty per cent of those who reported recent illicit drug use (i.e. in the last 12 months) recalled the Phase Five (2010 - 2011) campaign, as compared to 11% of those who had not recently used illicit drugs. Results were similar when based on lifetime illicit drug use (19% of those who had ever used drugs cf. 11% of those who had never used illicit drugs).

There were no differences in recall based on factors such as gender, location (either state or capital/regional divide) or cultural background.



## 2.3 Details of recalled advertising

As well as describing the advertising, respondents were asked what message they thought the advertising had been trying to communicate and where they had seen, read or heard the advertising.

### 2.3.1 Message take-out

The specific messages recalled by young people surveyed who recalled Phase Five (2010 - 2011) are summarised in Table 4.

The main message recalled from the Phase Five (2010 - 2011) campaign was much more specific and focussed than the general “drugs are bad” or “stop using drugs” of previous phases of the campaign and strongly aligned to the central messages of the ecstasy advertising (particularly the “Lab” execution). Overall, two-thirds (68%) of those who recalled the campaign mentioned the message ‘not knowing what is in illicit drugs’. This result represents a substantial increase in comparison to Phase Four when the ecstasy communications were first introduced. Following Phase Four, only 12% of young people who recalled the campaign (or 26% of those who recalled the ecstasy advertising specifically) mentioned the message ‘not knowing what is in illicit drugs’.

**Table 4 Unprompted message take-out among young people**

Message	Phase Four	Phase Five (2010 - 2011)
	(n=276) %	(n=192) %
You don't know what's in it	12	68*
Drugs are bad or dangerous	29	28
Don't use or stop using drugs	40	24*
Drugs have unpredictable effects	17	12
Drugs have a negative effect on your health	7	10
Drugs can kill	3	4
Drugs have a negative effect on your mental health	5	2
Drugs destroy your life	14	1*
Drugs have a negative impact on relationships/families	5	1*
Drugs are addictive	5	-
Drugs affect your judgment	1	-
Other messages	7	6

Base: Young people who recalled Stage Two advertising. \* indicates significant difference to Phase Four. Shaded rows indicate core messaging of Phase Five (2010 - 2011) of the NDC.

Other less frequently recalled messages following Phase Five (2010 - 2011) included relatively general prevention messages that drugs are bad (28%) or about avoiding the use of drug (24%). One-in-ten mentioned that drugs can have unpredictable effects (12%) or the negative health effects of drugs use (10%).

There were significant decreases in mentions of a small number of messages relating to advertising aired during Phase Four but not included in Phase Five (2010 - 2011). Notably, mentions of:

- “Drugs destroy your life”, which was primarily tied to the ice advertising, was down 13 percentage points; and

- “Drugs have a negative impact on relationships/families”, which was primarily tied to the cannabis advertising, was down 4 points.

There was also a significant decrease in mentions of the general prevention message ‘don't use or stop using drugs’ following the Phase Five (2010 - 2011) campaign (down 16 points on Phase Four).

Detailed message results relating to parents of 13-17 year olds are not shown due to the very small number who recalled current NDC parent specific advertising. However, the message typically mentioned by parents who recalled the Phase Five (2010 - 2011) campaign was also ‘you don't know what is in it’. Consistent with the low overall unprompted recall of the parent materials, few (n = 5) spontaneously recalled a message about talking to their children about drugs.

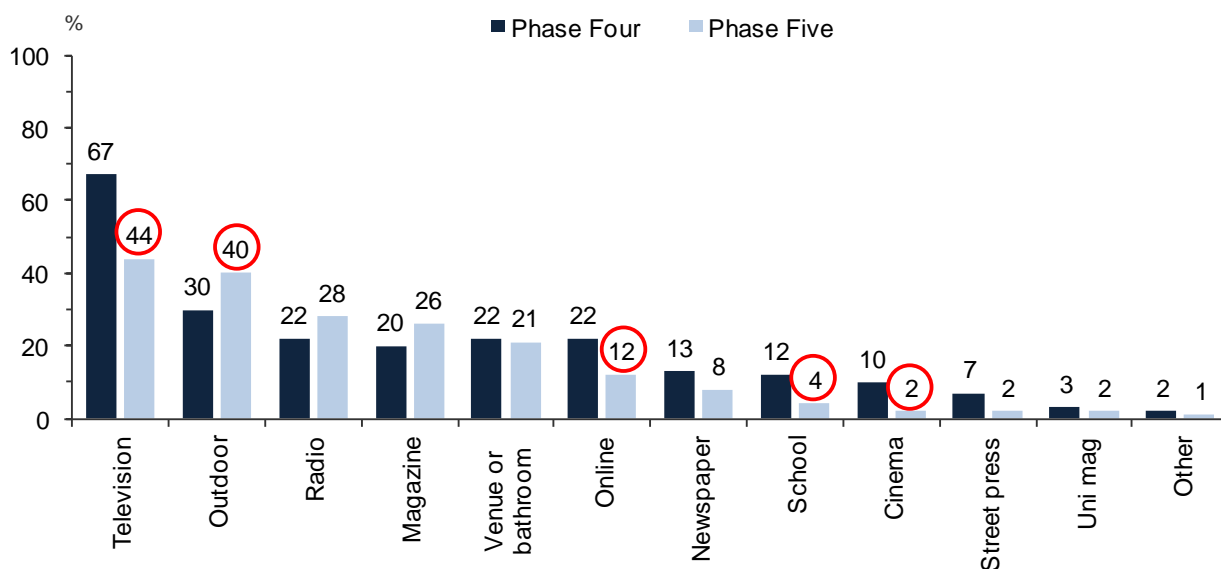
### 2.3.2 Location of recalled advertising

Young people and parents who recalled advertising about illegal drugs in the past three months were also asked where they had seen, read or heard the advertising.

The communication channels mentioned by young people who spontaneously recalled the 2011 campaign are shown in Figure 2. Most young people who recalled the Phase Five (2010 - 2011) advertising reported seeing or hearing the advertising on television (44%), outdoors (40%), on the radio (28%), in a magazine (26%), in a venue or bathroom (21%), or online (12%). Despite no TV advertisements being included in this phase of media activity, 44% of young people said they had seen the advertising on television. This latter finding is likely to reflect the high levels of exposure achieved by the previous phases of the NDC (e.g. Stage One of Phase Four in 2009) among the target audience through television advertising and possibly to some extent, an expectation that government communication campaigns include some amount of television advertising.

With the exception of television, these results are broadly consistent with the allocation of campaign resources to each channel during the campaign.

**Figure 2 Location of recalled drugs advertising among young people**



Base: Young people who recalled relevant NDC advertising. Phase Four (n=276); Phase Five (2010 - 2011) (n=192). Red circle indicates result is significantly different to Phase Four.

Further, consistent with the evolution of the media strategy for the NDC – and in particular the shift from heavy investment in television to greater investment in youth-focused outdoor and online advertising – the communication channels mentioned by young people have also changed.

Of particular note are the following trends:

- Television mentions have substantially decreased (Phase Four: 67% cf. Phase Five (2010 - 2011): 44%), which is consistent with this channel having not been used since Stage One of Phase Four in 2009;

- Outdoor advertising has increased (30% cf. 40%); and
- Slight, but non-significant, increases in radio (22% cf. 28%) and magazine (20% cf. 26%).

There has also been decreases in mentions of seeing NDC advertising online (22% cf. 12%), cinema (10% cf. 2%) and at school (12% cf. 4%).

There were few sub-group differences evident among young people in terms of the locations where the Phase Five (2010 - 2011) campaign had been seen or heard. This is likely to be, in part, driven by the relatively small base for analysis purposes.

The following differences however, were observed:

- Outdoor advertising was more likely to be seen by 18-21 year olds (45% cf. 25% of 15-17 year olds), as well those living in capital cities (47% cf. 24% of those living in regional areas);
- Consistent with general patterns of magazine readership, young women (41%) were more likely than young men (9%) to mention magazine advertising; and
- Venues or public bathrooms were more likely to be mentioned by 18-21 year olds (26%), in comparison to 15-17 year olds (8%).

## 2.4 Campaign recognition

To measure recognition of the Phase Five (2010 - 2011) campaign, all respondents surveyed were shown the materials used during the 2011 campaign and asked whether they had heard or seen each in the past three months.

### 2.4.1 Radio advertising

Recognition of the youth ecstasy radio advertisement among young people and parents of 13-17 year olds is shown in Figure 3.

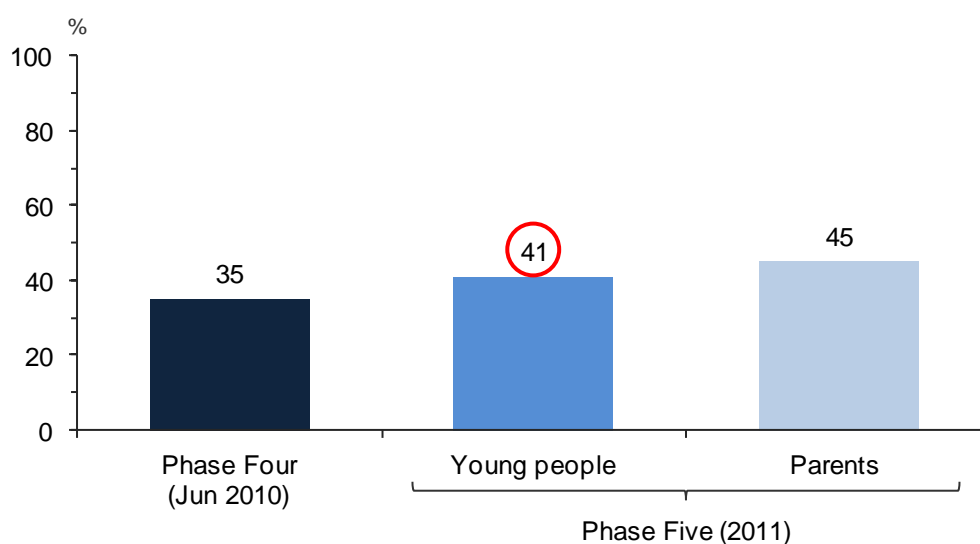
Recognition of the radio advertisement following Phase Five (2010 - 2011) campaign was strong among both target audiences. Moreover, recognition of the radio advertisement significantly increased following Phase Five (2010 - 2011) among young people from 35% in 2010 to 41% in 2011. This increase in recognition was consistent by age and gender.

There were some notable sub-group differences among young people according to their recognition of the radio advertisement. More specifically,

- Young people who reported recent illicit drug use were more likely to have heard the radio ad than those who had not recently used drugs (47% cf. 40%).
- By contrast, young people from non-English speaking backgrounds were less likely to be aware of the radio advertisement (35% cf. 43% English speaking backgrounds), as were those living in capital cities (39% cf. 46%).

Recognition of Phase Five (2010 - 2011) radio advertisement among parents of 13-17 year olds was slightly, but not significantly, higher than seen among young people (45% cf. 41%).

**Figure 3 Recognition of Phase Five (2010 – 2011) radio advertisement**



Base: All respondents. Young people – Phase Four (n=976); Phase Five (2010 - 2011) (n=1,500). Parents (n=1,000). Red circle indicates the result for young people is significantly different to Phase Four.

### 2.4.2 Print advertising

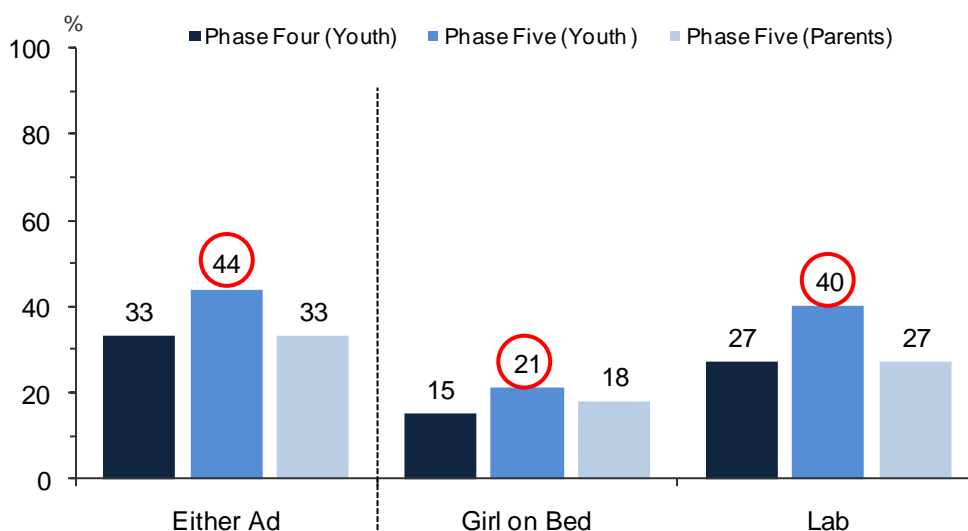
Respondents were presented images from the ecstasy out-of-home, print and online advertising, and asked whether they had seen each ad in the past three months.

Figure 4 shows recognition of each ecstasy ad (“Girl” and “Lab”) among young people and parents in the past three months. Following Phase Five (2010 - 2011) of the NDC, slightly more than two-fifths (44%) of young people had seen either ad in the past three months. This result is significantly higher than that seen following Phase Four campaign when one-third (33%) reported having seen either ad. Unlike the ecstasy radio advertisement, young people were significantly more likely than parents (33%) to recognise either advertisement. The noted difference in print recognition between the primary and secondary audiences is likely to reflect the targeted nature of the media buy for magazines and less spill-over into other consumer segments, as compared to radio.

In terms of specific executions, “Lab” continued to experience a greater level of recognition than “Girl”, but recognition of each execution did significantly increase following the Phase Five (2010 - 2011) campaign. Two-fifths (40%) of young people surveyed in 2011 recognised “Lab”, as compared to 27% following the 2010 campaign, and one-fifth (21%) of those surveyed recognised “Girl”, as compared to 15% in 2010.

The continued stronger performance of “Lab” in comparison to “Girl” can be attributed to substantial differences in the allocation of media to each execution, as well as in their overall tone. More specifically, “Lab” received a much greater share of the print, out of home, in-venue and online media budget as the ‘hero’ ad for this phase of activity than did “Girl” and was the only execution to be aired on radio. “Lab” also adopts a harder, more confronting creative direction than “Girl”, which has, within the context of the NDC, been more effective in ensuring higher levels of cut-through with the target audience.

**Figure 4 Recognition of print advertisements**



Base: All respondents. Young people – Phase Four (n=976); Phase Five (2010 - 2011) (n=1,500). Parents (n=1,000). Red circle indicates the result for young people is significantly different to Phase Four.

There were a number of consistent sub-group differences according to levels of recognition of the print advertising. Recognition was stronger among,

- Young women (“Girl”: 26% cf. 15% of young men; “Lab”: 46% cf. 33%),
- Those who had recently used illicit drugs (“Girl”: 26% cf. 20% among those who had not recently used drugs; “Lab”: 48% cf. 38%), and
- Those from English speaking backgrounds (“Girl”: 26% cf. 20% of those from a non-English speaking backgrounds; “Lab”: 48% cf. 38%)

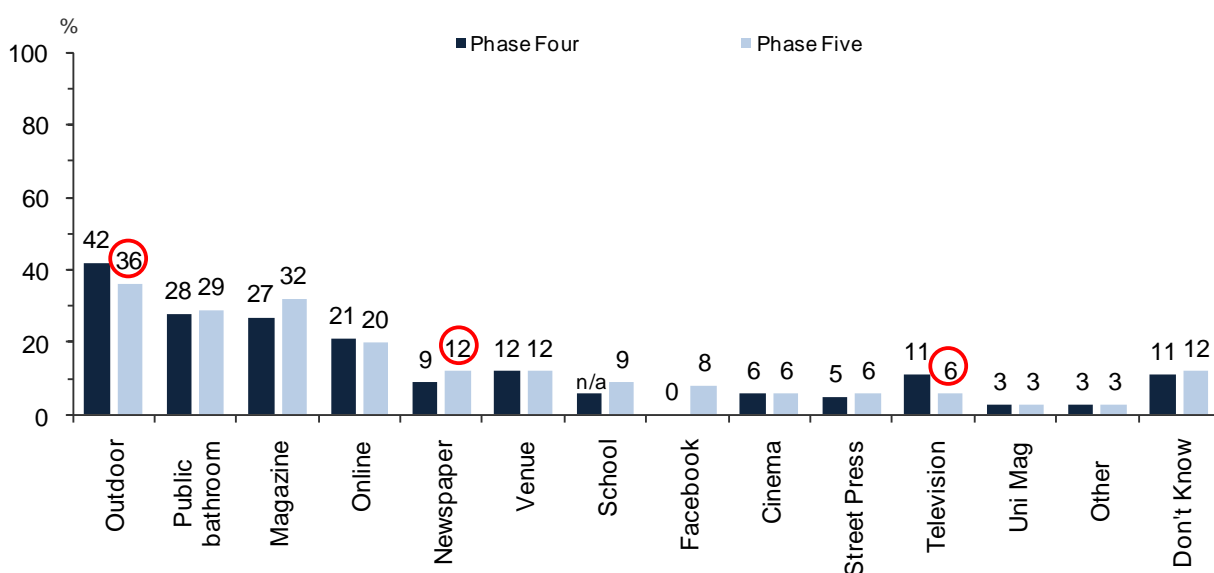
Reflective of the disproportionate distribution of print advertising, particularly out of home advertising, towards metropolitan areas, recognition of the print advertising was weaker among those living in capital cities (Either ad: 41% cf. 50% of those living in regional areas).

### Location of recognised ecstasy print advertising

Young people who had seen either of the images of the print ads were also asked where they had seen the ads. Figure 5 shows the proportion of young people who saw the print advertising at each location (results are based on the total sample).

The most frequently mentioned locations were outdoors (36%), public bathrooms (29%), magazines (32%), online (20%) and venues (12%). These results are broadly consistent with the allocation of campaign resources to each channel during the 2011 campaign. A number of changes in the pattern of locations for print advertising following Phase Five (2010 - 2011) were observed when compared to the previous wave. Notably, there was a decrease in mentions of outdoor (42% cf. 36%) and television (11% cf. 6%), as well as an increase in mentions of newspapers (9% cf. 12%) in comparison to Phase Four.

**Figure 5 Location of where print advertising was seen among young people**



Base: All young people. Phase Four (n=584); Phase Five (2010 - 2011) (n=660). Red circle indicates the result is significantly different to Phase Four.

There were a number of differences between sub-groups of young people according to where they had seen Phase Five (2010 - 2011) print advertising.

- Consistent with known media consumption patterns, young women were more likely than young men to have seen the print advertising in a magazine (40% cf. 22%).
- Young people aged 18-21 years (32% cf. 24% of 15-17 year olds), and especially females of this age (37%), were more likely to have seen the print advertising in public bathrooms; Young people aged 18-21 years were also more likely to mention venues (16% cf. 4%). The latter result is not surprising given this age group can more readily access licenced venues.
- Recent drug users were also more likely to mention seeing the print advertising in magazines (40% cf. 31% of those who had not recently used drugs).
- Young people living in regional areas were more likely to mention magazines (41% cf. 28% of those living in capital cities) but less likely to mention out of home (26% cf. 41%).
- Young people from non-English speaking backgrounds were more likely to mention outdoor advertising (44% cf. 34%). This finding possibly reflects the greater exposure to the outdoor channel among those living in capital cities where young people from non-English speaking backgrounds are more likely to reside. They were also more likely to mention newspapers (19% cf. 10%), schools (13% cf. 8%) and university magazines (8% cf. 2%).



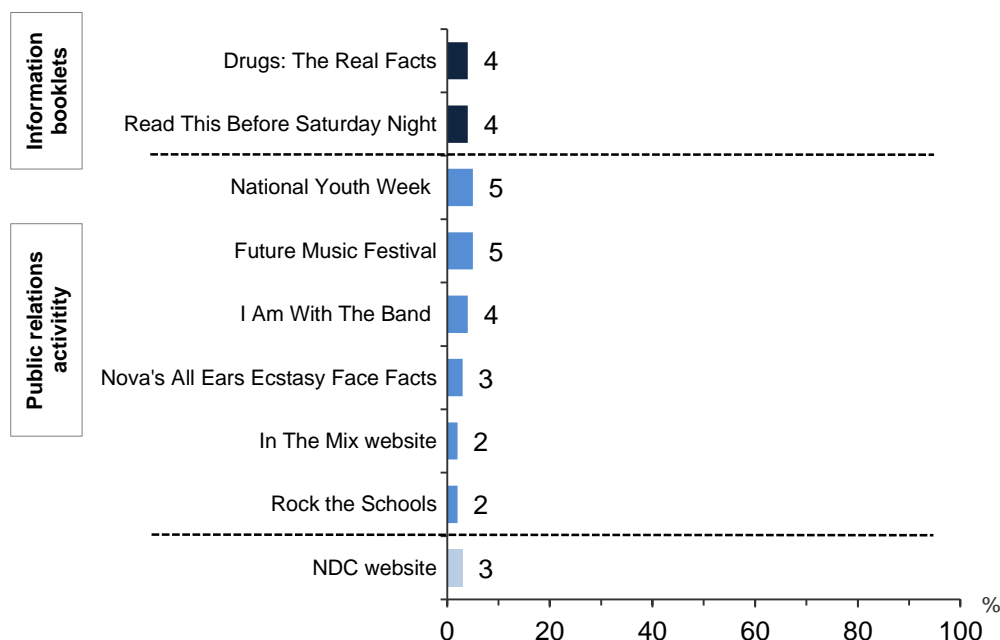
### 2.4.3 Supporting material and activity

Young people surveyed were asked a series of questions to measure exposure to a range of supporting materials and activities. These included two information booklets relating to drug use, various sponsorship and co-branding activities and visitation to the NDC website.

Exposure to supporting material and activity among young people surveyed was modest, with 17% reportedly having seen at least one element in the past three months (Figure 6). Overall, 6% of young people had seen either booklet (of whom 46% said they had actually read it), slightly more than one-in-ten (13%) had seen at least one of the supporting public relations activities and 3% had visited the NDC website in the past three months.

Young people who had seen at least one of the supporting public relations activities were more likely to be aged 18-21 years (16% cf. 9% 15-17 year olds) or report recent illicit drug use (22% cf. 12% those who had not recently used drugs). There were no other significant demographic differences according to exposure to Phase Five (2010 - 2011) supporting material and activity.

**Figure 6 Exposure to Phase Five (2010 - 2011) supporting material and activity among young people**



Base: All young people – Phase Five (2010 - 2011) (n=1,500).

In addition to NDC supporting materials and activities, young people were also asked whether they had looked for information about drugs on any other websites in the past 3 months. Overall, 11% of those surveyed said they visited other websites looking for information about drug use.

Those who recognised the campaign were more likely to have visited other websites looking for information about drug use (15% cf. 5%), as were those who used illicit drugs (26% cf. 8% those who had not recently used).

This large gap between use of the NDC website and other websites for information about drug use, particularly among recent illicit drug users, indicates a potential opportunity to develop further content and information the campaign's website to meet the needs of the target audiences. The nature of information about drug use being accessed by young people was not measured in this research. Future research would be required to determine the scope and nature of future content.

### 2.4.4 Parent advertising

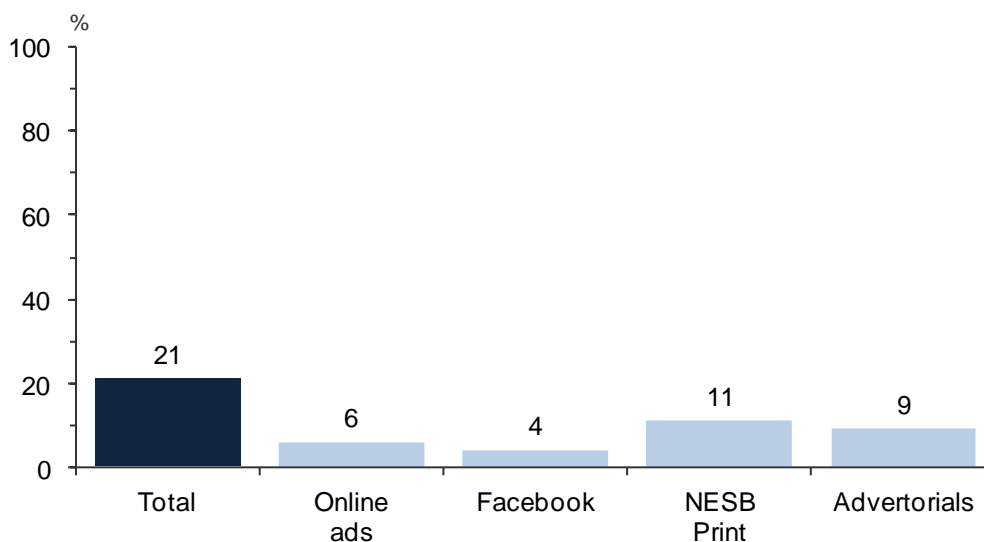
The following section presents results relating to parent's awareness of the parent focused communications introduced in Phase Five (2010-2011) of the NDC. It should be noted that overall recognition of the campaign among parents also takes into account recognition of the youth campaign. Results relating to overall recognition are presented in Section 2.4.5.

Overall, one-fifth (21%) of parents of 13-17 year olds surveyed had seen at least one element of the parent focused communications in the past three months (see Figure 7).

- One-in-twenty (6%) parents had seen either of the online ads ("Beans" or "Chalk Board"), with 4% having seen the Facebook versions of these ads;
- One-in-ten (11%) had seen the print ad targeting parents of non-English speaking backgrounds (NESB); and
- One-in-ten (9%) had seen one at least one of the advertorials.

Moreover, given that approximately 7% of the total campaign media budget was allocated to distributing the parent communications, these results should be seen as a positive outcome.

**Figure 7 Recognition of parent advertising**



Base: All parents (n=1,000).

There were a small number of subgroup differences in the level of recognition of these communication materials.

- Parents from a high socio-economic background were more likely than those from a low socio-economic background to have seen any of the parent advertising (27% cf. 16%), as well as the NESB print advertisement specifically (14% cf. 7%).

- Moreover, women were slightly more likely than men to have seen the “Beans” or “Chalk Board” ads on Facebook (6% cf. 2%) or the advertorials (12% cf. 5%).

Findings relating to the recognition of Facebook advertising is broadly consistent with current usage trends indicating there are more female members of the Facebook than male in Australia. Moreover, the gender divide in membership substantially increases with age and is at its widest among those who were most likely to have participated in the parents’ survey, namely 35-54 year olds.<sup>1</sup>

Parents who regularly speak a language other than English at home were no more likely than those who did not, to recognise the NESB print advertisement.

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<sup>1</sup> <http://www.socialmob.com.au/blog/research-and-analysis/data-mining-facebook-battle-of-the-sexes/>

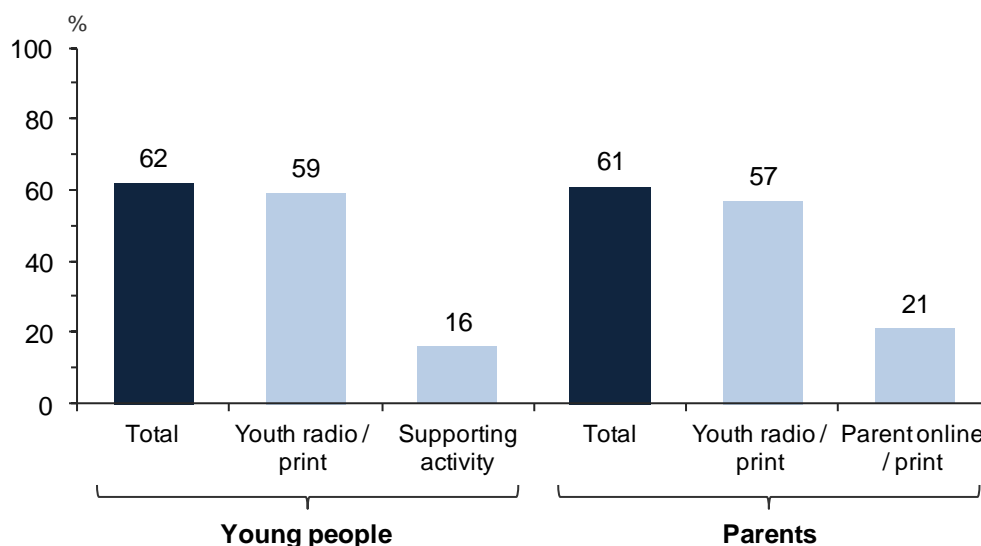
### 2.4.5 Overall campaign recognition

Overall recognition of Phase Five (2010 - 2011) youth advertising was strong among young people (see Figure 8), but lower than seen following the 2010 campaign. Three-fifths (62%) of young people surveyed following the 2011 campaign reported seeing or hearing at least one element of the campaign in the past three months, as compared to three-quarters (72%) following the 2010 campaign.

While this may be seen as less than a positive result, two factors should be taken into consideration when interpreting these results. Firstly, the overall campaign spend in 2011 was much lower than in 2010 (approximately 10% lower). Secondly, the Phase Five (2010 - 2011) campaign did not include creative material relating to ice (crystal methamphetamine) or cannabis as was the case in 2010. Historically, the ice advertising, and in particular “Ice – Girl”, has achieved very strong cut through with the primary target audience. If campaign awareness is defined as exposure to the ecstasy material (that was used in the Phase Five (2010 - 2011) campaign), there has in fact been a seven percentage points increase in overall campaign recognition between 2010 and 2011 (52% cf. 59%) suggesting a campaign build effect.

Overall campaign recognition among parents of 13-17 year olds was also strong with three-fifths (61%) having seen at least one element of the campaign. This level of recognition was primarily driven by strong awareness of the youth radio and print advertising; however, one-in-five (21%) had also seen the parent specific communications.

**Figure 8 Overall recognition of the 2011 campaign**



Base: All Phase Five (2010 - 2011) respondents. Young people (n=1,500). Parents (n=1,000).

There were some notable differences between sub-groups of young people according to their overall recognition of the Phase Five (2010-2011) campaign. More specifically:

- Young women (67% cf. 58% of young men), particularly those aged 18-21 years (70%) were more likely than other young people to be aware of the campaign.
- Young people who reported engaging in recent illicit drug use (73% cf. 61% of those who had not recently used illicit drugs) were more likely to be aware of the campaign.
- Those from non-English speaking backgrounds were less likely overall, to be aware of the campaign (56% cf. 65% English speaking backgrounds).

## 2.5 Perceived credibility of advertising

Young people who recognised the radio or print advertising were asked whether they thought the advertising was:

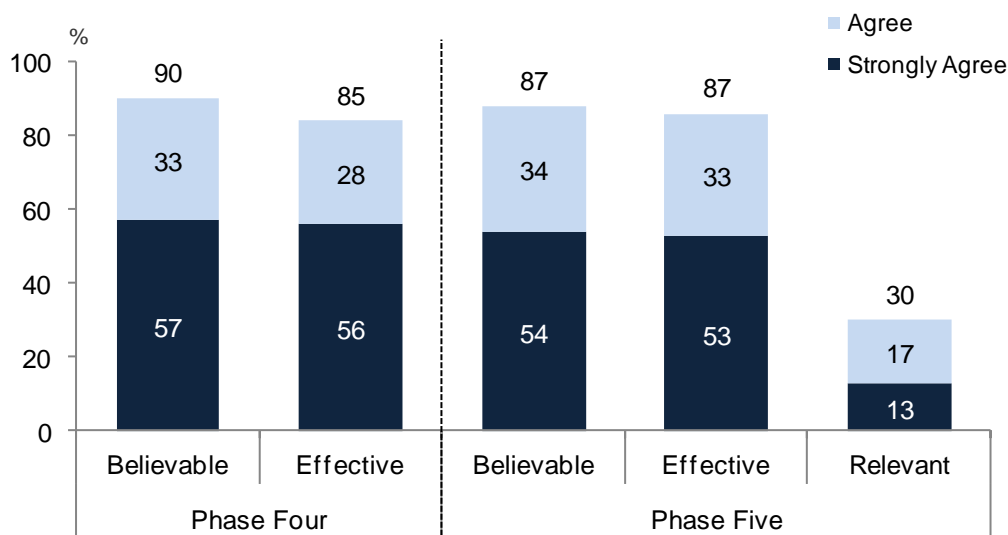
- Believable;
- Effective in making them think about what ecstasy can do to them; and
- Relevant to them.

The latter statement was introduced for the 2011 evaluation survey.

As can be seen in Figure 9, the majority of young people who recognised the Phase Five (2010 - 2011) advertisements ‘agreed’ they were both believable (87%) and effective in making them think about what ecstasy can do to them (87%). There were no significant changes in ratings of believability or effectiveness between the 2010 and 2011 evaluation surveys.

By contrast, slightly less than one-third (30%) of young people agreed the advertising was relevant.

**Figure 9 Perceived credibility of Phase Five (2010 - 2011) advertising among young people aged 15-21 years**



Base: Young people who recognised the radio or print advertising about each drug (Evaluation). Note: Totals may appear to differ slightly from the sum of their component elements due to rounding.

There were a small number of sub-group differences according to perceived credibility of the Phase Five (2010 - 2011) advertising. Notably:

- young men age 18-21 years were much less likely than other young people to agree the ecstasy advertisements were believable (79%) or effective (80%); and
- those who had recently used illicit drugs were more likely than those who had not to agree the advertising was relevant to them (38% cf. 28%).

### 3 Campaign Impact

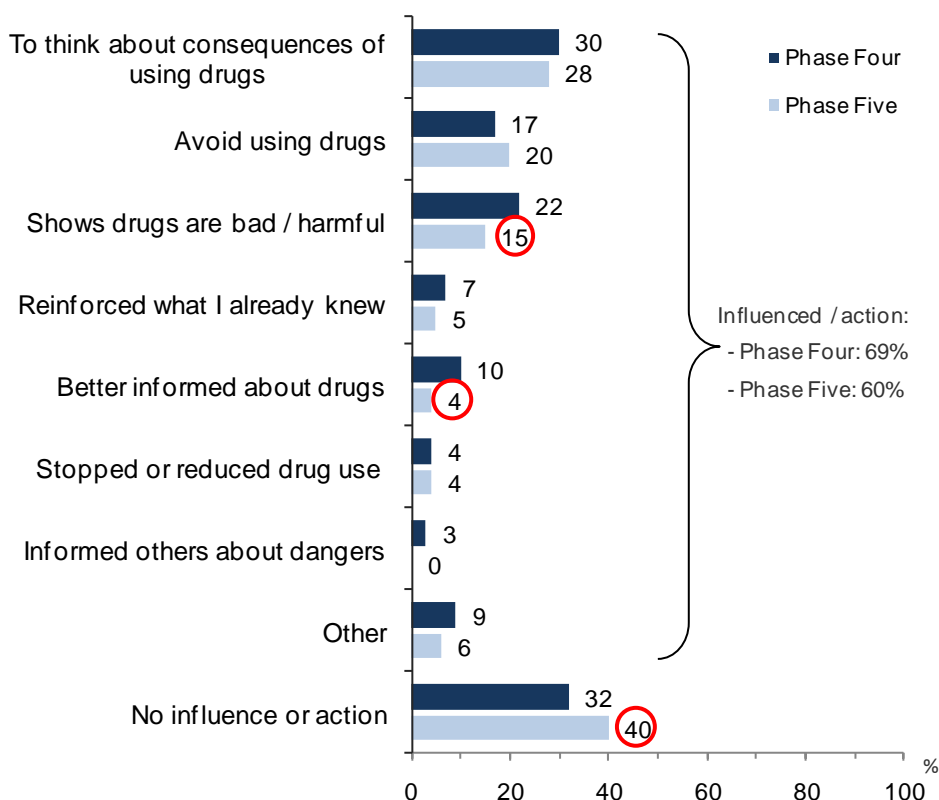
This section of the report examines the direct influence of Phase Five (2010 - 2011) of the NDC as reported by respondents who recognised any of its elements. It also evaluates the campaign’s impact on young people’s perceptions of illicit drugs and drug use behaviours, as well as parent conversations about drugs with their children.

#### 3.1 Direct impact of the campaign

##### Young people

Young people who recognised any element of the Phase Five (2010 - 2011) campaign were asked whether it had any “influence on what they did or thought about drugs” and whether they had “done anything as a result of seeing the advertising”. Overall, 60% of those who had seen the campaign (or 38% of all young people surveyed) said they had been influenced or had taken action as a result of seeing the campaign (see Figure 10). This represents a slight decrease on results seen following the Phase Four campaign, where 69% of those who had seen the campaign (or 49% of those surveyed) said they had been influenced or had taken action.

**Figure 10** Reported influence or action as a result of seeing the campaign among young people



Base: Young people who recognised the NDC. Phase Four (n=705). Phase Five (2010 - 2011) (n=933). Red circle indicates the result is significantly different to Phase Four.



Figure 10 also summarises the details of the campaign’s reported influence. The most commonly reported direct influences of the campaign were to think about the consequences of using drugs (28%), avoiding the use of drugs (20%) and acknowledging harms associated with drug use (15%). These results are broadly consistent with those seen following Phase Four. It should be noted however, there were slightly fewer mentions of the campaign showing the harms associated with drug use (15% in 2011 cf. 22% in 2010) and being better informed about drugs (4% cf. 10%).

Teenagers aged 15-17 years who were aware of the Phase Five (2010 - 2011) campaign were more likely than 18-21 year olds to report some influence (71% cf. 54%), particularly relating to avoiding the use of drugs (26% cf. 16%) and showing the harms associated with drug use (18% cf. 12%). There were no other significantly demographic differences according to reported influence or action as a result of the campaign.

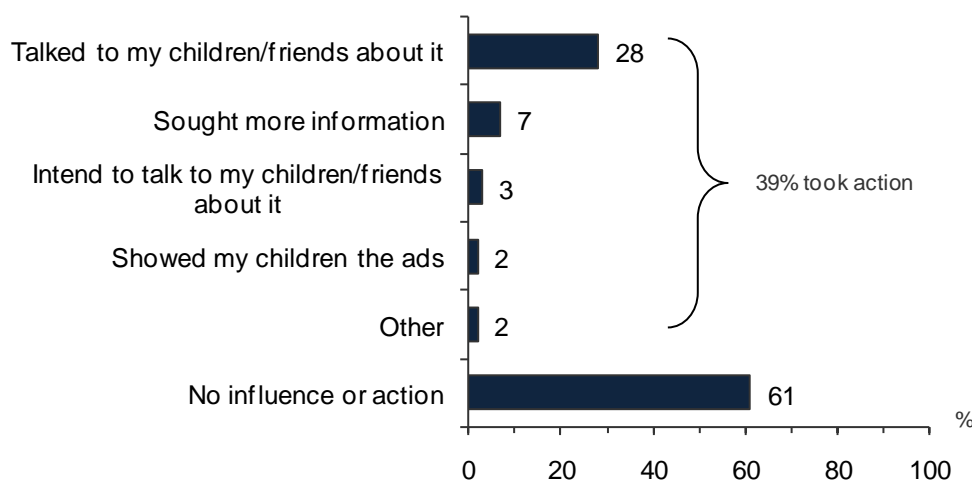
**Parents**

Parents of 13-17 year olds who recognised any element of the Phase Five (2010 - 2011) campaign (youth or parent communications) were also asked whether seeing the campaign had prompted them to take any action. Figure 11 summarises the details of the campaign’s reported influence.

Overall, 39% of parents who had seen the campaign (or 24% of those surveyed) had taken action as a result of seeing the campaign. The most commonly reported action taken was talking to their children about illicit drug use (33%), while a minority said they had sought more information about drugs (9%). Women were more likely than men to report talking to their children about illicit drug use as a result of seeing the campaign (44% cf. 32%), or intending to do so (4% cf. 1%).

Moreover, approximately two-fifths (41%) of parents who saw the 2011 campaign felt it had made it easier to talk to their children about illicit drugs. Women were more likely than men to report the campaign had made it less difficult to talk to their children about illicit drugs (48% cf. 35%).

**Figure 11      Reported influence or action as a result of seeing the campaign among parents**



Base: Parents who recognised the Phase Five (2010 - 2011) of the NDC (n=620).

### 3.2 Perceptions of illicit drugs

Young people surveyed were presented a set of descriptive statements about ecstasy and asked to indicate the extent to which they agreed or disagreed with each on a scale from 1 to 10, where 1 meant 'strongly disagree' and 10 meant 'strongly agree'. Young people surveyed were also presented a set of descriptive statements about cannabis and ice. To avoid excessive respondent burden, each respondent was randomly presented only one of these additional sets of statements.

Table 5 summarises the proportion of young people who 'agreed' with each statement relating to ecstasy at benchmark and following Phase Four and Phase Five (2010 - 2011) of the NDC.

Overall, young people surveyed typically held views about ecstasy that were reasonably consistent with the overall objectives of the campaign (see Table 4). The majority believed ecstasy can cause serious harm when taken (78%), long-term health problems (77%) and psychological problems (74%), while only a minority saw it was a fun (10%) or glamorous drug (10%). Further, the majority of young people believed the quality of ecstasy is questionable: 73% agreed "you don't know what is in it" and 80% that "you don't know where it has been made".

**Table 5 Agreement with descriptive statements about ecstasy**

Statement	Benchmark (n= 979) %	Phase Four (n=976) %	Phase Five (2010 – 2011) (n=1500) %	Per cent points change since benchmark
<b>Perceived positives</b>				
Is a fun drug	11	12	10	-1
Is a good drug to share with friends	6	8	6 <sup>#</sup>	-
Is a glamorous drug	10	11	10	-
<b>Perceptions of drug quality</b>				
Is a clean drug	4	5	5	+1
You don't know what is in it	70	71	73	+3
Is made using dangerous substances or chemicals	73	75	78*	+5
You don't know where it has been made	75	78	80*	+5
<b>Perceived negative consequences of use</b>				
Can lead to insomnia	42	44	43	+1
Can cause memory problems	50	53	52	+2
Is addictive	59	61	61	+2
Can lead to long-term health problems	76	75	77	+1
Can cause psychological problems	73	73	74	+1
Can cause serious harm when taken	78	76	78	-
<b>Harm minimisation</b>				
Only causes problems if used every week	11	13	12	+1

Base: All young people. \*indicates significant difference to benchmark. # indicates significant difference to Phase Four.

Following the Phase Five (2010 - 2011) campaign, there have been a small number of changes in young people's perceptions of ecstasy relating to key campaign messages about drug quality (see Table 4).

The proportion of young people who agreed ecstasy is made using dangerous substances or chemicals increased five percentage points between benchmark and the 2011 evaluation survey (73% cf. 78%), as did agreement with the statement “you don’t know where it has been made” (75% cf. 80%). These overall changes appear to be mainly driven by changes among 15-17 year olds.

- “Ecstasy is made using dangerous substances or chemicals”: 15-17 years: 72% cf. 79%.
- “You don’t know where it has been made”: 15-17 years: 75% cf. 82%; 18-21 years.

There were no other significant changes in perceptions of ecstasy over time.

Tables 6 and 7 summarise the proportion of young people who ‘agreed’ with each statement relating to cannabis and ice, respectively, at benchmark and following Phase Four and Phase Five (2010 - 2011) of the NDC. As can be seen, there have been limited changes (positive or negative) in young people’s perceptions of these drugs following Phase Five (2010 - 2011).

Overall, there appears to have been a slight weakening of young people’s perception of cannabis between benchmark and the 2011 evaluation survey, particularly relating to the negative consequences of use, such as causing insomnia (42% cf. 35%), psychological problems (72% cf. 68%) and serious harm generally when taken (55% cf. 51%). The only statistically significant change related to the perception cannabis can cause insomnia (42% cf. 35%).

There were no changes in young people’s perception of ice between benchmark and the 2011 evaluation survey (Table 7).

**Table 6 Agreement with descriptive statements about cannabis**

Statement	Benchmark (n=477) %	Phase Four (n= 492) %	Phase Five (2010 – 2011) (n=750) %	Per cent points change since benchmark
<b>Perceived positives</b>				
Is a fun drug	15	13	12	-3
Is a good drug to share with friends	12	16	11 <sup>#</sup>	-1
Is a glamorous drug	9	7	7	-2
<b>Perceptions of drug quality</b>				
Is a clean drug	10	8	10	-
You don’t know what is in it	36	40	36	-
<b>Perceived negative consequences of use</b>				
Can lead to insomnia	42	36	35 <sup>*</sup>	-7
Can cause memory problems	56	55	54	-2
Is addictive	56	56	59	+3
Can lead to long-term health problems	70	69	68	-2
Can cause psychological problems	72	69	68	-4
Can cause serious harm when taken	55	50	51	-4
Can waste your potential	72	70	70	-2
Can negatively affect personal relationships	70	67	68	-2
<b>Harm minimisation</b>				
Only causes problems if used every week	13	14	12	-1

Base: All young people. \*indicates significant difference to benchmark. # indicates significant difference to Phase Four.

**Table 7 Agreement with descriptive statements about ice**

Statement	Benchmark (n= 502) %	Phase Four (n=484) %	Phase Five (2010 – 2011) (n=750) %	Per cent points change since benchmark
<b>Perceived positives</b>				
Is a fun drug	3	6*	5	+2
Is a good drug to share with friends	3	6*	4	+1
Is a glamorous drug	5	8*	7	+2
<b>Perceptions of drug quality</b>				
Is a clean drug	3	8*	4 <sup>#</sup>	+1
Is made using dangerous substances or chemicals	74	77	76	+2
You don't know where it has been made	78	76	79	+1
<b>Perceived negative consequences of use</b>				
Can lead to insomnia	45	48	46	+1
Can cause memory problems	54	59	56	+2
Is addictive	76	75	76	-
Can lead to long-term health problems	84	82	83	-1
Can cause psychological problems	80	81	81	+1
Can cause serious harm when taken	83	81	81	-2
<b>Harm minimisation</b>				
Only causes problems if used every week	9	11	11	+2
Is safe to use as long as you have friends around to look after you	3	7*	5	+2

Base: All young people. \*indicates significant difference to benchmark. # indicates significant difference to Phase Four.

### Sub-group differences

Analysis of young people's perceptions of illicit drugs by self-reported recent drug use and awareness of the Phase Five (2010 - 2011) campaign are presented in Tables 8 and 9, respectively. Results are drawn from the 2011 evaluation survey only.

It was evident that young people who had recently used illicit drugs more readily identified supposed positives of using ecstasy and cannabis, minimised some of the negative consequences of using drugs and rejected the idea that what goes into the drugs is unknown or dangerous. However, when it comes to perceptions of ice, there are far fewer significant differences identified between young people who had recently used illicit drugs and those who had not.

In relation to ecstasy for example, young people who had recently used illicit drugs were:

- More likely to associate ecstasy with being a fun drug (24% cf. 8%), good drug to share with friends (13% cf. 5%) and glamorous (15% cf. 9%);
- Less likely to associate ecstasy with causing a range of health issues, such as insomnia (34% cf. 45%), memory problems (35% cf. 55%), long-term health problems (57% cf. 81%) and psychological problems (57% cf. 77%). They were also less likely to associate ecstasy with being addictive (40% cf. 64%) and causing serious harm when taken (59% cf. 81%); and

- Less likely to associate ecstasy being made from dangerous chemicals (69% cf. 80%), not knowing what is in it (61% cf. 75%) and not knowing where it has been made (72% cf. 81%).

It was also evident that those who were aware of the Phase Five (2010 - 2011) campaign were more likely than those who were not aware of the campaign to hold views on ecstasy that were more in-line with key campaign messages (see Table 9).

In particular, these young people were more likely to associate ecstasy with:

- Being made from dangerous substances (82% cf. 72%);
- Not knowing where it had been made (82% cf. 76%); and
- Leading to insomnia (46% cf. 39%), memory problems (55% cf. 48%), long-term health problems (80% cf. 74%) and psychological problems (77% cf. 69%).

They were also more likely to associate ecstasy with being addictive (64% cf. 56%), as well as being a fun (12% cf. 6%) and clean drug (6% cf. 3%). The latter results may reflect an intersection of earlier reported findings that recent drugs users were more likely to recall the campaign, but more readily identified supposed positives of using ecstasy.

There were no differences in perceptions of cannabis according to awareness of the Phase Five (2010 - 2011) campaign; however, there were a small number of differences in perceptions relating to ice. Young people who were aware of the Phase Five (2010 - 2011) campaign were more likely to associate ice with being made using dangerous substances or chemicals (79% cf. 70%), leading to insomnia (51% cf. 38%) and being addictive (79% cf. 71%). These differences could be attributed to a generalisation of the ecstasy messaging to ice due to possible perceived similarities in the manufacturing process of the two drugs.

**Table 8 Agreement with statements about ecstasy, cannabis and ice by recent drug use**

Statement	Ecstasy		Cannabis		Ice	
	Recently used drugs (n=221) %	Did not recently use drugs (n=1279) %	Recently used drugs (n= 112) %	Did not recently use drugs (n=638) %	Recently used drugs (n=109) %	Did not recently use drugs (n=641) %
<b>Perceived positives</b>						
Is a fun drug	24*	8	35*	7	9	4
Is a good drug to share with friends	13*	5	30*	8	8*	4
Is a glamorous drug	15*	9	13*	6	9	7
<b>Perceptions of drug quality</b>						
Is a clean drug	7	4	19*	8	7	4
You don't know what is in it	61*	75	12*	41	-	-
Is made using dangerous substances or chemicals	69*	80	-	-	64*	78
You don't know where it has been made	72*	81	-	-	75	79
<b>Perceived negative consequences of use</b>						
Can lead to insomnia	34*	45	22*	37	51	45
Can cause memory problems	35*	55	43*	56	53	57
Is addictive	40*	64	40*	62	74	77
Can lead to long-term health problems	57*	81	52*	70	75*	84
Can cause psychological problems	57*	77	53*	71	77	81
Can cause serious harm when taken	59*	81	19*	57	70*	83
Can waste your potential	-	-	56*	72	-	-
Can negatively affect personal relationships	-	-	52*	71	-	-
<b>Harm minimisation</b>						
Only causes problems if used every week	15	11	17	11	12	11
Is safe to use as long as you have friends around to look after you	-	-	-	-	8	4

Base: All young people (Phase Five (2010 - 2011)). \* denotes result for those who recently used drug is significantly different from that for non-recent drug users.

**Table 9 Agreement with statements about ecstasy, cannabis and ice by recall of the Phase Five (2010 - 2011) campaign**

Statement	Ecstasy		Cannabis		Ice	
	Aware of campaign (n=933) %	Not aware of campaign (n=567) %	Aware of campaign (n=460) %	Not aware of campaign (n=290) %	Aware of campaign (n=473) %	Not aware of campaign (n=277) %
<b>Perceived positives</b>						
Is a fun drug	12*	6	13	10	6	3
Is a good drug to share with friends	7	5	13	9	5	3
Is a glamorous drug	11	9	7	6	8	6
<b>Perceptions of drug quality</b>						
Is a clean drug	6*	3	10	9	5	4
You don't know what is in it	75	70	35	38	-	-
Is made using dangerous substances or chemicals	82*	72	-	-	79*	70
You don't know where it has been made	82*	76	-	-	80	76
<b>Perceived negative consequences of use</b>						
Can lead to insomnia	46*	39	36	33	51*	38
Can cause memory problems	55*	48	54	54	59	52
Is addictive	64*	56	60	57	79*	71
Can lead to long-term health problems	80*	74	70	64	84	79
Can cause psychological problems	77*	69	70	66	83	77
Can cause serious harm when taken	78	77	49	55	83	79
Can waste your potential	-	-	71	68	-	-
Can negatively affect personal relationships	-	-	70	66	-	-
<b>Harm minimisation</b>						
Only causes problems if used every week	13	11	12	12	12	11
Is safe to use as long as you have friends around to look after you	-	-	-	-	6	3

Base: All young people (Phase Five (2010 - 2011)). # denotes result for those who recalled the campaign is significantly different from those who did not recall the campaign.

### 3.3 Drug use in young people in the general community

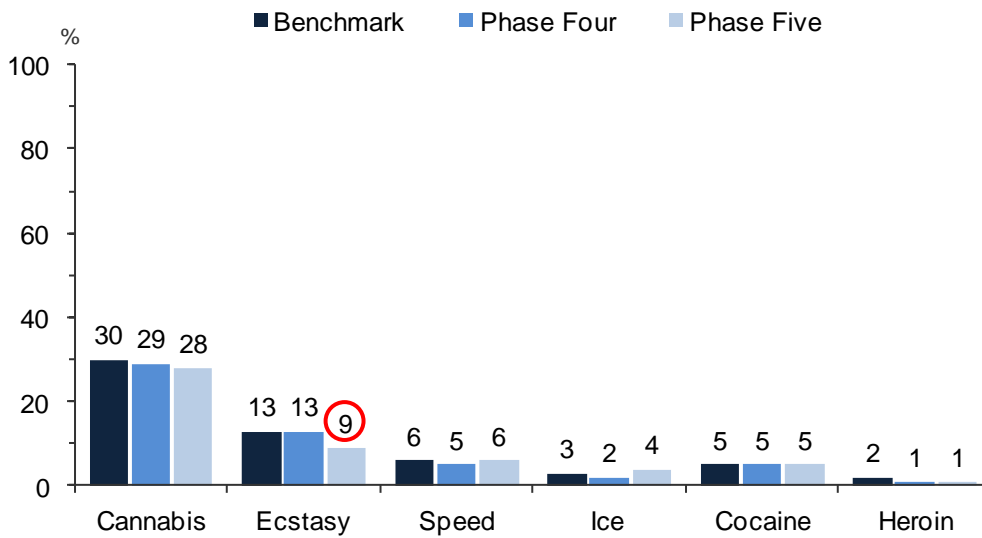
#### 3.3.1 Offers of illicit drugs

All young people surveyed were asked if they had been offered a number of different illicit drugs in the past year. As can be seen in Figure 12, cannabis was the drug most commonly offered to young people following Phase Five (2010 - 2011) of the campaign, with 28% having been offered the drug in the past year. One-in-ten (9%) had been offered ecstasy, while a minority of young people said they had been offered speed (6%), cocaine (5%) or ice (4%).

There were no significant changes in the proportion of young people reporting they had been offered most types of drugs measured in the survey. There was however, a significant decrease in young people being offered ecstasy following Phase Five (2010 - 2011) in comparison to benchmark and Phase Four (13% at both surveys cf. 9% at Phase Five).

Overall, slightly less than one-third (30%) of young people had been offered any illicit drug in the past year. This result was also not significantly different to previous survey waves (Benchmark: 32%, Phase Four: 31%).

**Figure 12** Reported offers of various illicit drugs



Base: All young people. Benchmark (n=933), Phase Four (n=934), Phase Five (2010 - 2011) (n=1,500). Red circle indicates the result is significantly different to benchmark.



### 3.3.2 Risk of accepting offers

Young people surveyed were also asked whether or not they would accept an offer of drugs, if the offer was made by a friend in a situation where the friend was using that drug. Young people were considered to be ‘at risk’ of accepting the drug if their response was anything other than ‘definitely say no’, including ‘definitely say yes and take it’, ‘probably say yes’ or ‘probably say no’.

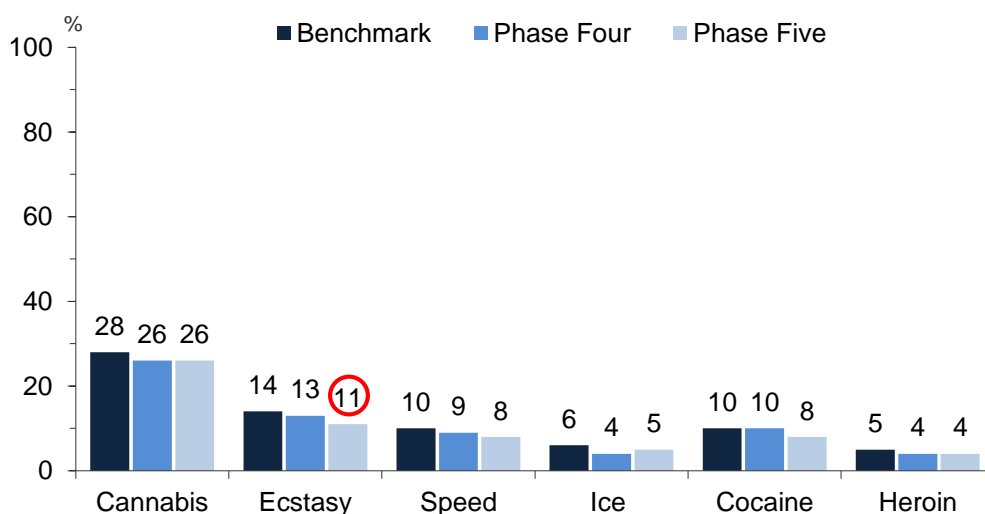
Figure 13 shows the proportion of young people at each survey wave who were considered at risk of accepting an offer of each drug.

Cannabis remained the illicit drug young people were most at risk of accepting an offer following Phase Five (2010 - 2011) of the NDC, with slightly more than one-quarter (26%) considered at risk. One-in-ten (11%) were considered at risk of accepting an offer of ecstasy, while 8% at risk of accepting speed, 8% were at risk of accepting cocaine and 5% were at risk of accepting ice. Overall, one-quarter (28%) of young people following Phase Five (2010 - 2011) were considered at risk of accepting an offer of any illicit drug (cf. 29% following the Phase Four and 30% at benchmark).

There was a slight decrease in the proportion of young people who were considered at risk of accepting an offer of ecstasy between benchmark and Phase Five (2010 - 2011) (14% cf. 11%). This reduction was seen across most sub-groups of young people, but was statistically stronger among young women (14% at benchmark cf. 10% following Phase Five), 18-21 year olds (17% cf. 13%) and those living in capital cities (14% cf. 11%).

There were no other significant changes in the proportion of young people considered at risk since the benchmark survey was conducted in January 2010.

**Figure 13 Risk of accepting offers of various illicit drugs**



Base: All young people. Benchmark (n=933), Phase Four (n=934), Phase Five (2010 - 2011) (n=1,500).

There were a number of subgroup differences found according to risk of accepting an offer of drugs among young people following Phase Five (2010 - 2011). In particular,

- Older members of the primary target audience (18-21 year olds) were more likely than those aged 15-17 years to be considered at risk of accepting an offer of any drugs from a friend (32% cf. 22%), as well as cannabis (30% cf. 22%), ecstasy (13% cf. 8%), speed (10% cf. 6%) and cocaine (9% cf. 6%) specifically.
- Young men were more likely to than young women to be considered at risk of accepting an offer of speed (10% cf. 6%), ice (6% cf. 3%) and cocaine (10% cf. 5%).

There were no differences in risk of accepting an offer of drugs according to whether a young person lived in a capital city or regional location.

### 3.3.3 Self-reported drug use

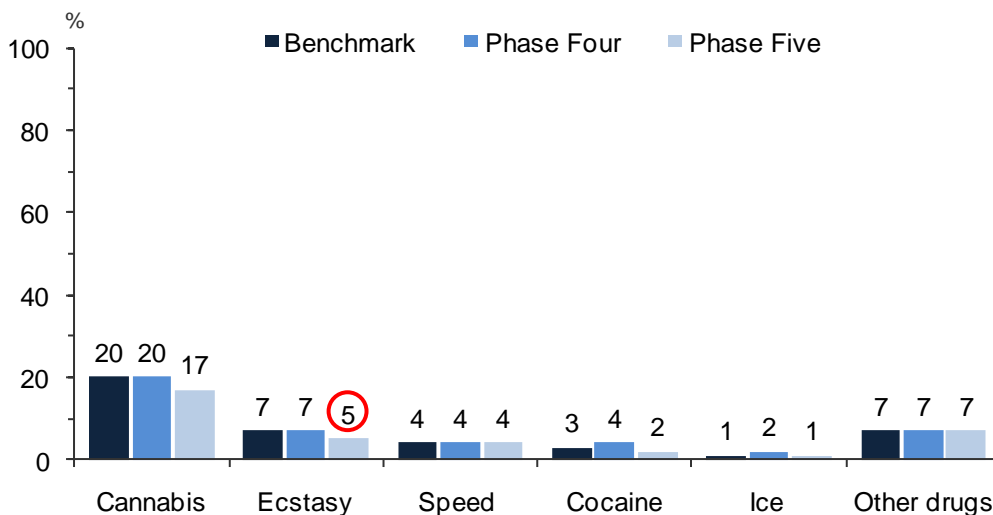
All respondents were asked if they had ever used a number of different drugs and if so, if they had used them in the previous 12 months. To be consistent with the National Drugs Strategy Household Survey, ‘ever’ using drugs is referred to as ‘lifetime’ use and use in the previous 12 months is referred to as ‘recent’ use.

#### Lifetime drug use

Figure 14 shows the proportion of young people aged 15-21 years who reported ever having used each drug. Consistent with results relating to offers of drugs, cannabis remains the most commonly used substance by young people, with around one-in-five (17%) reporting lifetime use. Five per cent had reportedly used ecstasy in their lifetime, 4% had used speed, 4% had used cocaine, 1% had used ice and 7% had used other types of drugs. Overall, 21% of young people had used any illicit drug following the Phase Five (2010 - 2011) of the campaign.

There have been a small number of changes in the prevalence of lifetime drug use among young people following Phase Five (2010 - 2011) of the campaign. There was a slight, but significant, decline in lifetime use of ecstasy among young people; down two percentage points in comparison to results from benchmark and the 2010 evaluation survey. This decrease was primarily seen among young women (9% cf. 5%) and those living in capital cities (8% cf. 5%). There was also a statistically significant decrease in the use of cocaine between the 2010 (4%) and 2011 (2%) evaluation surveys. However, this result was not significantly different to benchmark (3%).

**Figure 14** Lifetime self-reported use of various illicit drugs



Base: All young people. Benchmark (n=933), Phase Four (n=934), Phase Five (2010 - 2011) (n=1,500). Red circle indicates the result is significantly different to benchmark.

Consistent with population estimates of drug use among young people, 18-21 year olds were more likely than 15-17 year olds to use each of the drugs measured through the survey. Moreover, young people living in regional areas were more likely than those living regional areas to have ever used

cannabis (21% cf. 16%). There were however, no gender differences apparent in lifetime use following Phase Five (2010 - 2011).

### Recent drug use

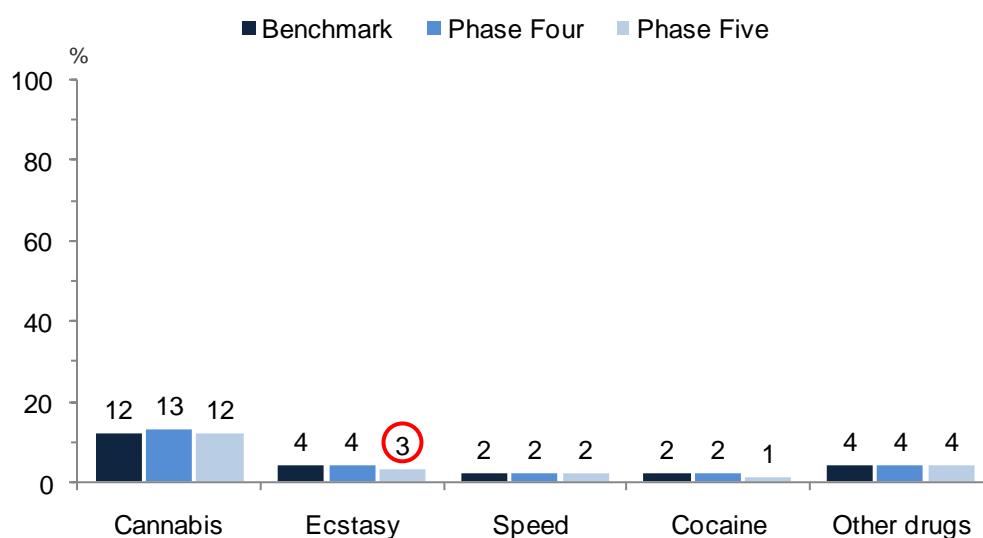
The overall pattern of results seen for recent drug use (i.e. having used in the past 12 months) was very similar to lifetime use. However, given the average age of first use of most illicit drugs, save cannabis, is in the early twenties, this is not an unexpected result.<sup>2</sup>

Following Phase Five (2010 - 2011) of the campaign, cannabis was the most commonly used drug, with 12% reporting recent use (see Figure 15). Three per cent reported recently using ecstasy, 2% had used speed, 1% had used cocaine and 1% had used ice. Overall, 15% of young people surveyed had recently used any illicit drug. These prevalence estimates are broadly inline with those obtained through the 2010 National Drug Strategy Household Survey (NDSHS).<sup>3</sup>

There was a small but statistically significant decrease in recent ecstasy use was observed following the Phase Five (2010 - 2011) campaign in comparison to the benchmark survey (4% cf. 3%). This decrease appeared to be evident across all sub-groups of young people, but was slightly stronger among males (8% cf. 5%). These trends are also broadly consistent with those reported by the 2010 NDSHS. There were no other significant changes in the recent use of most drugs measured.

Sub-group differences in patterns of recent drug use among young people surveyed were similar to those for lifetime use; namely, that young people aged 18-21 years were more likely than 15-17 year olds to use each of the drugs measured through the survey, saved ice. There were however, no gender or location based differences apparent in recent use following Phase Five (2010 - 2011).

**Figure 15** Recent self-reported use of various illicit drugs



Base: All young people. Benchmark (n=933), Phase Four (n=934), Phase Five (2010 - 2011) (n=1,500). Red circle indicates the result is significantly different to benchmark.

<sup>2</sup> 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

<sup>3</sup> Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.

### 3.3.4 Resisting offers of illicit drugs

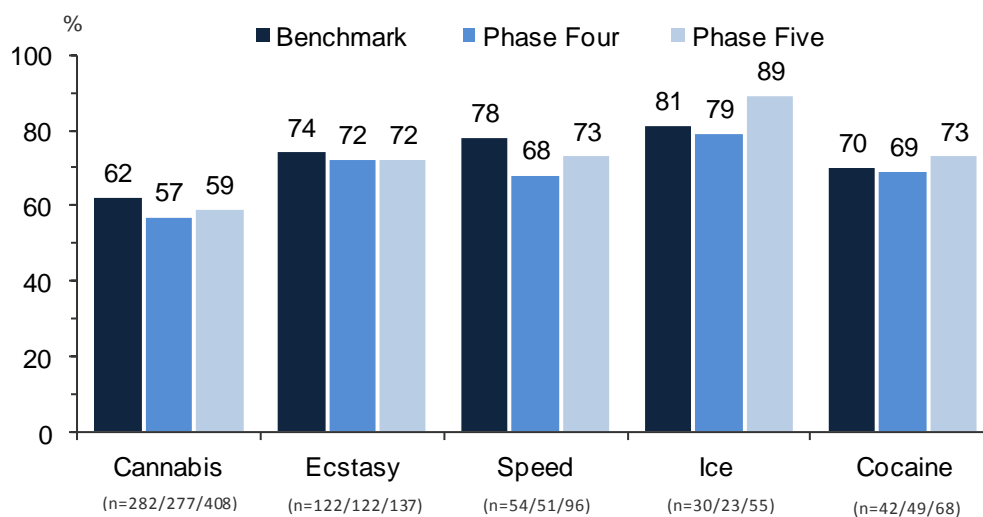
The number of young people who had not recently used each type of drug was calculated as a proportion of those who had been offered the drug in the same period of time. This provides an approximate measure of the proportion of young people who 'resisted' an offer of illicit drugs.

The majority of young people who had been offered drugs in the past year had resisted the offer to use them (see Figure 16). Approximately three-quarters (72%) of young people who had been offered ecstasy in the past year had resisted the offer, while three-fifths (59%) of young people who had been offered cannabis in the past year had also resisted the offer.

There were no significant changes in the proportion of young people who had resisted an offer of illicit drugs following Phase Five (2010 - 2011) of the campaign when compared to result following the Phase Four campaign or benchmark.

Due to the available sample size for these measures only limited sub-group analysis could be undertaken according to recently resisting an offer of illicit drugs. It was apparent however, that younger members of the primary target audience (15-17 years) were more likely than those aged 18-21 years to have resisted an offer of cannabis (70% cf. 54%).

**Figure 16** Resisting offers of various illicit drugs



Base: Young people who had been offered each group.

### 3.4 Conversations with children about illicit drugs

#### 3.4.1 Parental knowledge about illicit drugs

The majority (78%) of parents surveyed felt they knew enough to talk confidently about illicit drugs with their children aged 13-17 years.

Parents who felt they knew enough to talk confidently about drugs with their children tended to be from high socio-economic (84% cf. 75% low SES) or English speaking backgrounds (79% cf. 69% NESB). Moreover, those who were aware of the parents' component of the NDC were more likely to feel confident than those who had not (83% cf. 76%).

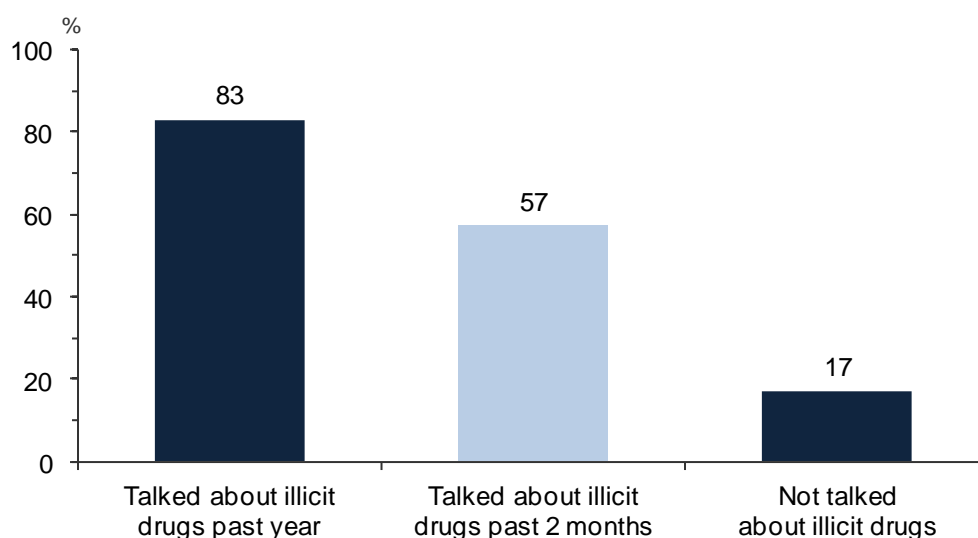
#### 3.4.2 Conversations with children

The majority (83%) of parents also had reportedly talked with their children aged 13-17 years about illicit drugs in the past year (see Figure 16). Close to three-fifths (57%) said they had done so in the past two months.

Women were more likely than men to have talked to their children in past year (89% cf. 77%) or in the past two months (64% cf. 50%). Parents from English speaking backgrounds were also more likely to have talked to their children in past year (85% cf. 75% NESB).

Parents who were aware of the parents' component of the NDC were more likely to have had conversations with their children aged 13-17 years in the past two months (73% cf. 53% of those who were not). The same was also true for parents who were aware of the youth component of the campaign (61% cf. 51% of those who were not); however, the difference in the likelihood of having had conversations with their children or not was less pronounced. These results suggest the parental focused material plays an important role in generating greater communication between parents and children about illicit drugs.

**Figure 17** Conversations with children about illicit drugs in the past year



Base: All parents (n=1,000).

Parents typically believed the conversations with their children aged 13-17 years had been effective. Forty-five per cent of those who had talked with their children in the past year reported the conversation(s) had been 'very effective' in getting their children to think about drugs and drug use, while 49% said those conversations had been 'somewhat effective'. Moreover, half (51%) said the conversation(s) had been 'very effective' in discouraging their children from using drugs, while two-fifths (42%) said it had been 'somewhat effective'.

Parents who felt they knew enough to talk confidently about illicit drugs were much more likely to report their conversations had been 'very effective' in getting their children to think about drugs (51% cf. 18%) or discouraging them from using drugs (56% cf. 28%). This result highlights the importance of providing parents with information about issues related to illicit drugs and their children.

### **3.4.3 Intentions**

Slightly less than half (46%) of the parents surveyed said they intended to talk with their children aged 13-17 years about illicit drugs in the next two months.

Those who reported they intended to talk with their children were more likely to be women (51% cf. 41% of men). Those aware of the parents' component of the NDC were more likely than those who had not talked with their children aged 13-17 years about illicit drugs in the next two months (64% cf. 41%).

There were no other sub-group differences in reported intentions by key socio-demographics or campaign awareness measures.

## 4 Summary and Conclusions

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This section of the report summarises and discusses the key findings from the evaluation of Phase Five (2010 - 2011) of the National Drugs Campaign in regards to campaign awareness and impact among ecstasy users and young people in the general community.

### 4.1 Campaign awareness

#### Campaign recall

The level of cut-through achieved for Phase Five (2010 - 2011) of the NDC among the primary target audience was modest. Thirteen per cent of young people recalled the campaign, typically images or messages relating to the “Lab” execution (11%).

This level of cut-through is lower than the level of total campaign cut-through achieved following Phase Four (Stage Two) of the NDC; however, it is consistent with results seen for recall of the ecstasy only material following the 2010 campaign. Also, recall of “Ecstasy – Lab” specifically significantly increased in 2011 (11% cf. 6% following Phase Four).

The main messages recalled by young people who recalled the Phase Five (2010 - 2011) campaign were strongly aligned with the central themes of the ecstasy advertising (particularly the “Lab” execution). Two-thirds (68%) mentioned the message ‘not knowing what is in illicit drugs’, which was substantially higher than seen during Phase Four (12%) when the advertisements relating to ecstasy were first introduced. This result suggests the decision to revise the campaign strategy and focus communications on one illicit drug only has had a significant impact on message recall and clarity.

One-in-twenty (5%) parents of 13-17 year olds recalled the youth media from Phase Five (2010 - 2011). Few parents recalled the parent-specific materials.

#### Recognition of youth campaign

Recognition of Phase Five (2010 - 2011) youth advertising overall was strong among the target audiences with 62% of young people and 57% of parents having seen or heard at least one element of the youth campaign in the past three months. These results indicate the media strategy used is clearly still working well in terms of ensuring high levels of exposure among the target audiences, despite the absence of television.

This level of recognition did however, represent a decrease in campaign reach overall in comparison to Phase Four of the NDC when 72% of the primary target audience had been exposed to at least one element of the campaign. Although this result could be seen as less than positive, two factors should be taken into consideration when interpreting the findings. First, the media spend for the current campaign was lower than Phase Four by approximately 10%. Secondly, the current campaign did not include creative material relating to ice, which historically has achieved very strong cut-through among the primary target audience. If reach estimates for the ecstasy material alone are compared between 2010 and 2011, there was a seven percentage point increase in overall recognition (52% cf. 59%) suggesting a strong campaign build effect.



In terms of exposure of specific elements of the Phase Five (2010 - 2011) campaign, 41% of young people had heard the radio ad in the past three months, up six percentage points since Phase Four (cf. 35%), while 44% had seen either of the print ads, up 11 percentage points (cf. 33% in Phase Four). By contrast, 45% of parents of 13-17 year olds had heard the radio advertisements in the past three months, while 33% has seen the print advertisements.

Of the specific print executions used in Phase Five (2010 - 2011), "Lab" continued to experience greater recognition than "Girl", although recognition of each did significantly increase following the Phase Five (2010 - 2011) campaign. Overall, 40% of young people surveyed in 2011 recognised "Lab", as compared to 27% following the 2010 campaign, while 21% of young people recognised "Girl", as compared to 15% in 2010. The continued stronger performance of "Lab" in comparison to "Girl" can be attributed to substantial differences in the allocation of media to each execution, as well as in their overall tone. More specifically, "Lab" received a much greater share of the print, out of home, in-venue and online media budget than did "Girl" and was also the only execution to be aired on radio. "Lab" also adopts a harder, more confronting creative direction than "Girl", which has, within the context of the NDC, been more effective in ensuring higher levels of cut-through with the target audience.

The main locations young people encountered the Phase Five (2010 - 2011) print advertising were broadly consistent with the allocation of campaign resources to each channel and included outdoors (36%), public bathrooms (39%), magazines (32%), online (20%) and venues (12%).

Exposure to supporting material and activity among young people was modest with 17% reportedly having seen at one element in the past three months. More specifically, 6% had seen one of the information booklets, 13% had seen at least one of the supporting public relations activities and 3% had visited the NDC website.

### **Recognition of parent campaign**

Overall, one-in-five (21%) parents of 13-17 year olds surveyed had seen the parent-specific communications. One in twenty (6%) had seen either of the online executions, 4% had seen the Facebook versions of these ads; 11% had seen the print ad targeting non-English speaking background parents; and 9% had seen at least one of the advertorials.

Given the allocation of overall media spend to the parent-focused communications was quite small, this can be seen as a very positive result.

### **Credibility of advertising**

The majority of young people who saw the Phase Five (2010 - 2011) advertisements 'agreed' they were believable (87%) and effective (87%). By contrast, only one-third (32%) of young people agreed the advertising was relevant to them.

There were no significant changes in perceived credibility between 2010 and 2011.

## **4.2 Campaign impact**

### **Direct influence of the campaign**

Overall, 60% of young people who had seen the campaign (or 38% of those surveyed) said they had been influenced or had taken action as a result of seeing the campaign. This result is slightly down on those following the Phase Four campaign when 69% (or 49% of those surveyed) said they had been influenced or had taken action.

The most commonly reported direct influences of the campaign were to think about the consequences of using drugs (28%), avoiding the use of drugs (20%) and acknowledging harms associated with drug use (15%).

By contrast, two-fifths (39%) of parents who had seen the campaign (or 24% of those surveyed) had taken any action as a consequence. In line with the communication objectives of the campaign, typically this was talking to their children about illicit drug use (33%), while a minority had sought more information about drugs (9%).

### **Perceptions of illicit drugs**

The results of the Phase Five (2010 - 2011) evaluation revealed the majority of young people hold views about ecstasy that were consistent with the overall objectives of the campaign. Nevertheless, following Phase Five (2010 - 2011) of the campaign, there have been a small number of changes in young people's perceptions of ecstasy, particularly relating to key campaign messages about drug quality.

The proportion of young people who agree ecstasy is made using dangerous substances or chemicals increased five percentage points between benchmark and the 2011 evaluation survey (73% cf. 78%), as did agreement with the statement "you don't know where it has been made" (75% cf. 80%). These overall changes appear to be mainly driven by changes among younger members of the primary target audience; namely 15-17 year olds. Moreover, it was evident that young people who had been exposed to the Phase Five (2010 - 2011) campaign were more likely than those who were not aware of the campaign to hold views on ecstasy that were more in-line with key campaign messages.

The relatively small changes in perceptions of illicit drugs among young people in the general community following Phase Five (2010 - 2011) is not an unexpected finding, given the majority of young people in the general community appear to already have perceptions aligned with campaign messages and the relatively short duration of the evaluation.

### **Drug use among young people in the general community**

There have been a small number of changes in young people's use of and exposure to ecstasy since benchmark. Notably, since the benchmark survey there has been a slight decrease in the prevalence of young people being offered ecstasy (13% at benchmark cf. 9% following Phase Five (2010 - 2011)), being 'at risk' of accepting a friend's offer of ecstasy (14% cf. 11%), as well as ever (7% at benchmark cf. 5% following Phase Five (2010 - 2011)) or recently using the drug (4% cf. 3%).

The latter decrease was evident across all sub-groups of young people, but was slightly stronger among males (8% cf. 5%).

No other changes were evident in the proportion of young people being offered drugs, 'at risk' of accepting a friend's offer of drugs, or lifetime or recent use of other illicit drugs.

### **Conversations with children about illicit drugs**

Most parents (78%) reportedly felt they knew enough to talk confidently about illicit drugs with their children aged 13-17 years. The majority (83%) had talked with their children about illicit drugs in the past year, with three-fifths (57%) having done so in the past two months alone.

Parents typically believed the conversations with their children aged 13-17 years had been effective. Forty-five per cent of those who had talked with their children in the past year reported the conversation(s) had been 'very effective' in getting their children to think about drugs and drug use. A similar proportion (51%) said the conversation(s) had been 'very effective' in discouraging their children from using drugs.

Slightly less than half (46%) of the parents surveyed said they intended to talk with their children about illicit drugs in the next two months.

There was a strong relationship between exposure to the parent component of the campaign and conversations with children about illicit drugs. Those who had seen the campaign were much more likely to feel confident talking about drugs, have had conversations in the past two months with their children and hold future intentions to talk about illegal drugs with their children.

## **4.3 Conclusions**

The results from this evaluation suggest that, despite the absence of television and a reduced media budget in comparison to all previous phases of the NDC, Phase Five (2010 - 2011) of the NDC has achieved good cut-through and recognition among the target audiences, particularly young people.

Whilst overall campaign awareness was lower than Phase Four, awareness of the ecstasy material specifically improved. This result is likely to be driven by a campaign build effect but also the decision to revise the campaign strategy and focus communications on one illicit drug. The perceived credibility of the ecstasy concepts continued to be strong after two bursts of media activity.

Despite the six months duration of Phase Five (2010 - 2011) of the campaign, there have been a small number of positive changes in perception of the harms of ecstasy among young people that were clearly communicated through the campaign. Lifetime and recent use of ecstasy has also fallen since 2010.

## Appendix 1      Phase Five (2010 - 2011) Youth Questionnaire

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- STRICTLY CONFIDENTIAL -

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**Phase Five of the National Drugs Campaign  
Youth Survey 2011 (Online)**

Version 1 (Final)

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PROGRAMMER NOTE: PLEASE RETAIN QUESTION NUMBERING AS LISTED BELOW.

NEED TO ADD AN IMAGE AND MULTI MEDIA TEST QUESTION

\*(ALL)

ID RECORD UNIQUE ID (AUTOFILL)  
(NUMBER)

\*(ALL)

WAVE RECORD SURVEY WAVE (AUTOFILL)  
1. WAVE 3 (2011)

\*(ALL)

CONSENT RECORD RECRUITMENT SOURCE  
1. Approach through parents (GO TO INTRO 1)  
2. Direct to panellists (GO TO INTRO 2)

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**\*SCREENING & INTRODUCTION FOR PARENTS**

INTRO1 (PARENTAL CONSENT)

Hello and thank you for taking the time to complete our survey.

The survey will take about 5 minutes to complete and is being conducted by the Social Research Centre.

Your answers will be held in the strictest confidence and under the Privacy Act all information provided will only be used for research purposes. The responses of everyone who participates in this survey will be combined for analysis.

1. Next (GO TO PC1)

PC1 Are you:

(SINGLE RESPONSE)

1. Male
2. Female

PC2 Do you have any children of your own living at home?

(SINGLE RESPONSE)

1. Yes
2. No (TERMINATE)
96. Rather not answer (TERMINATE)

\*(CHILDREN LIVING AT HOME)

PC3. In which age groups are your children that are currently living at home with you?

(MULTIPLE RESPONSE)

1. Under 5 years (TERMINATE)
2. 5 to 10 years (TERMINATE)
3. 11 to 14 years (TERMINATE)
4. 15 to 17 years (GO TO PC4)

- 5. 18 to 20 years (TERMINATE)
- 6. 21 years and over (TERMINATE)

\*(HAVE 15-17 YEAR OLDS AT HOME)

PC4 Would you be willing to allow your teenager aged **15-17 years** to take part in a once off survey?

The survey is part of an important study being conducted by the Social Research Centre to evaluate a major health campaign funded by the Australian Government Department of Health and Ageing.

The results from this study will also be used to gain a better understanding of community views about drugs and drug use. Their answers will be held in the strictest confidence and under the Privacy Act all information provided will only be used for research purposes.

The survey would take about 10-15 minutes to complete.

(SINGLE RESPONSE)

- 1. Yes
- 2. No (TERMINATE)
- 96. Rather not answer (TERMINATE)

\*(GIVES CONSENT FOR 15-17 YEAR OLD TO TAKE PART)

PC5 Thanks for that!

Is your teenager aged **15-17 years** with you and able to do the survey now?

(SINGLE RESPONSE)

- 1. Yes (GO TO PC7)
- 2. No (Selecting this option will suspend the survey until they are ready to start the survey) (GO TO PC6)

\*(15-17 YEAR OLD NOT AROUND NOW TO DO SURVEY [PC5 = 2])

PC6 This is just to confirm that the survey invitation to your teenager is still active.

When they are ready to start the survey, please log-on to your members page and select the link under survey invitations.

With your consent, we would also appreciate if your teenager could be given some privacy while completing the survey.

\*(15-17 YEAR OLD READY TO START SURVEY [PC5 = 1])

PC7 Thanks again for allowing your teenager to take part. They can click next once they are ready to start the survey.

With your consent, we would also appreciate if your teenager could be given some privacy while completing the survey.

- 1. Next

---

## \*SCREENING & INTRODUCTION FOR YOUNG PEOPLE

\*(ALL)

INTRO2 (RESPONDENTS)

Hello and thank you for taking the time to complete our survey.

The results from this important study will be used to gain a better understanding of community views about drugs and drug use. The survey is being conducted by the Social Research Centre on behalf of the Australian Government Department of Health and Ageing.

Some of the questions in this survey are of a personal nature. However, your answers will be held in the strictest confidence and under the Privacy Act all information provided will only be used for research purposes.

The survey will take about 15 minutes to complete.

Next (GO TO S1)

\*(ALL)

S1 Are you:

(RESPONSE FRAME, SINGLE RESPONSE)

1. Male
2. Female

\*(ALL)

S2 How old are you:

(ENTER NUMBER)

(IF DIRECT SAMPLE - 15 -21 CONTINUE, OTHERWISE TERMINATE)  
(IF INDIRECT SAMPLE - 15-17 CONTINUE, OTHERWISE TERMINATE)

S2.GEN (AUTOFILL)

1. 15-17 years (IF S2 = 15-17)
2. 18-21 years (IF S2 = 18-21)

\*(ALL)

S3 Where do you live?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Australian Capital Territory
2. New South Wales
3. Northern Territory
4. Queensland
5. South Australia
6. Tasmania
7. Victoria
8. Western Australia

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### \*BELIEFS ABOUT DRUGS

PROGRAMMER NOTE:

- A1, A2, A3 to be rotated
- All respondent to receive A1 (ecstasy)
- 50% to receive A2 (marijuana) and 50% to receive A3 (ice) – set and monitor quotas
- Record presentation schedule at PREA1

\*(ALL)

PREA1 Possible drug combinations:

1. Ecstasy – Marijuana
2. Ecstasy – Ice
3. Marijuana – Ecstasy
4. Ice – Ecstasy

\*(ALL)

A1 The following are some statements other people have made about the drug **ecstasy**.

To what extent do you agree or disagree with the following statements about **ecstasy**. Please rate each from 1 to 10, where 1 means 'strongly disagree' and 10 means 'strongly agree'.

(ROTATE)  
(SINGLE RESPONSE FOR EACH ROW)  
(SPLIT ACROSS TWO SCREENS)

	Strongly disagree										Strongly agree	Don't know
Ecstasy ...	1	2	3	4	5	6	7	8	9		10	97
a) Is a fun drug												
b) Is a clean drug												
c) Is a good drug to share with friends												
d) You don't know where it has been made												
e) Is made using dangerous substances or chemicals												
f) Can lead to insomnia												
g) Can cause memory problems												
h) Is a glamorous drug												
i) Is addictive												
j) Can lead to long-term health problems												
k) Can cause psychological problems												
l) You don't know what is in it												
m) Only causes problems if used every week												
n) Can cause serious harm when taken												

\*(ALL)

A2 The following are some statements other people have made about the drug **marijuana (also known as cannabis)**.

To what extent do you agree or disagree with the following statements about **marijuana**. Please rate each from 1 to 10, where 1 means 'strongly disagree' and 10 means 'strongly agree'.

	Strongly disagree										Strongly agree	Don't know
Marijuana ...	1	2	3	4	5	6	7	8	9		10	97
a) Is a fun drug												
b) Is a clean drug												
c) Is a good drug to share with friends												
d) Can waste your potential												
e) Can negatively affect personal relationships												
f) Can lead to insomnia												
g) Can cause memory problems												
h) Is a glamorous drug												
i) Is addictive												
j) Can lead to long-term health problems												
k) Can cause psychological problems												
l) You don't know what is in it												
m) Only causes problems if used every week												
n) Can cause serious harm when taken												



\*(ALL)

A3 The following are some statements other people have made about the drug **ice (also known as crystal methamphetamine)**.

To what extent do you agree or disagree with the following statements about **ice**. Please rate each from 1 to 10, where 1 means 'strongly disagree' and 10 means 'strongly agree'.

	Strongly disagree										Strongly agree	Don't know
Ice ...	1	2	3	4	5	6	7	8	9	10	97	
a) Is a fun drug												
b) Is a clean drug												
c) Is a good drug to share with friends												
d) You don't know where it has been made												
e) Is made using dangerous substances or chemicals												
f) Can lead to insomnia												
g) Can cause memory problems												
h) Is a glamorous drug												
i) Is safe to use as long as you have friends around to look after you												
j) Can lead to long-term health problems												
k) Can cause psychological problems												
l) Is addictive												
m) Only causes problems if used every week												
n) Can cause serious harm when taken												

**\*ADVERTISING AWARENESS**

\*(ALL)

G1 Now, thinking about advertising....

Have you seen, read or heard any advertising about illegal drugs in the past three months. This might have been on the radio, in magazines or street press, on the internet/online, at venues or on outdoor signs, such as billboards?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Yes
2. No (GO TO G4.pre)
97. Don't know (GO TO G4.pre)

\*(RECALLS ADVERTISING [G1 = 1])

G2a Can you describe what you saw, read or heard in the advertisement?

Please describe in as much detail as you can.

(VERBATIM)

\*(RECALLS ADVERTISING [G1 = 1])

G2b What was the ad trying to say?

Please describe.

(VERBATIM)

\*(RECALLS ADVERTISING [G1 = 1])  
G2c What drug(s) was the ad about?  
  
(VERBATIM)

\*(AUTO FILL)  
G2.gen (CONCATENATE G2a, G2b and G2c)

\*(RECALLS ADVERTISING [G1 = 1])  
G3 Where did you see, read or hear the advertising? Please select all that apply to you.

(RESPONSE FRAME, ROTATE ORDER OF 1 to 15)

1. Television
2. Radio
3. Cinema
4. Newspaper
5. Magazine
6. Free street magazine or newspaper
7. University magazine
8. Postcard
9. ATM
10. Bathroom or toilet in a public place
11. Internet/online
12. Club, pub, nightclub or bar
13. Outdoor (e.g. billboard, an outdoor poster on the footpath or in a bus shelter or train station)
14. School
15. Other (SPECIFY)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

\*(ALL)  
G4.pre. The next few questions will show you some advertisements you may or may not have recently heard on the radio or seen in newspapers, magazines, venues (i.e. clubs and pubs), outdoors or online.

Please make sure your computer speakers or headphones are turned on and the volume is turned up.

Click next when you are ready to see the advertisements.

1. Next

\*(ALL)  
G4. We would like you to [listen to | read the script of] a recent radio advertisement. Have you heard this radio advertisement in the past three months?

(PLAY **ECSTASY LAB** RADIO AD – SHOW SCRIPT IF MEDIA PLAYER INCOMPATIBLE)  
(SUPPRESS RESPONSE OPTION FOR 25 SEC)  
(RESPONSE FRAME, SINGLE RESPONSE, INCLUDE REPLAY FUNCTION)

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

\*(ALL)  
G7b. Now we would like to show you some images of other recent advertising about ecstasy. Have you seen any of these advertisements in the past three months?

Please click on each of the ads you have seen.

(SHOW **ECSTASY GIRL** AND **LAB** PRINT ADS)  
(RESPONSE FRAME, MULTIPLE RESPONSE)  
(CODE AS FOUR Y/N VARIABLES)

1. Yes - ECSTASY GIRL
2. Yes - ECSTASY LAB
3. No (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

\*(RECALLS SEEING PRINT ADS [G7b = 1 or 2])

G21. Shown below are the ecstasy ads you said you have seen in the past three months. Where did you see these advertisements?

Please select all that apply to you.

(SHOW IMAGES OF RECALLED)  
(RESPONSE FRAME, MULTIPLE RESPONSE)  
(ROTATE 1 to 12)

1. Cinema
2. Newspaper
3. Magazine
4. Free street magazine or newspaper
5. University magazine
6. Postcard
7. ATM
8. Bathroom or toilet in a public place
16. Facebook
9. Internet/online (not including facebook)
10. Club, pub, nightclub or bar
11. Outdoor (e.g. billboard, an outdoor poster on the footpath or in a bus shelter or train station)
12. School
13. Other (SPECIFY)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

\*(RECALLS ECSTASY ADS [G4 = 1 | G7b = 1 or 2])

G9a And now thinking about all of the ads you heard or saw about **ecstasy**, do you agree or disagree that the ads are ...

(STATEMENTS)

- G9a. Believable  
G9c. Relevant to you  
G9b. Effective in making you think about what using **ecstasy** can do to you

(RESPONSE FRAME, SINGLE RESPONSE)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
97. Don't know

\*(ALL)

G22 Next we'd like to show you the covers of two recent information booklets. In the past three months, have you seen either of these booklets?

Please click on each of the booklets you have seen.

(SHOW DRUGS: 'THE REAL FACTS AND 'READ THIS BEFORE SATURDAY NIGHT' COVERS)  
(CODE AS FOUR Y/N VARIABLES AS BELOW)

1. Yes – Drugs: The Real Facts
2. Yes – Read This Before Saturday Night
3. No (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

\*(SAW EITHER BOOKLET – G22 = 1 or 2)

G23 Did you read <the booklet / either of the booklets>?

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

\*(ALL)

G24 In the past three months, have you seen any images or messages from the ads you have seen or heard during this survey at any of the following locations or events?

1. Rock the Schools tour
2. Future Music Festival
3. I Am With The Band competition
4. National Youth Week events
5. In The Mix website
6. Nova's All Ears Ecstasy Face Facts radio program
7. None
97. Don't know

\*(ALL)

G25 Have you visited the National Drugs Campaign website in the past 3 months?

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

\*(ALL)

G26 Have you looked for information about drugs on any other websites in the past 3 months?

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

---

**\*ACTION AS RESULT OF CAMPAIGN**

PREH Recalls campaign

1. Yes [G4 = 1 | G7b = 1 or 2 | G22 = 1 or 2 | G24 = 1, 2, 3, 4, 5 or 6]
2. No

\*(RECALLS CAMPAIGN [PREH = 1])

H1 Thinking about this advertising as a whole, would you say it has had any influence on what you do or think about drugs?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(INFLUENCED BY CAMPAIGN [H1 = 1])

H2 In what way specifically has the advertising influenced what you do or think about drugs? Please describe.

(VERBATIM)

\*(RECALLS CAMPAIGN [PREH = 1])

H3 Have you done anything as a result of seeing this advertising?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(DONE ANYTHING AS A RESULT OF THE CAMPAIGN [H3 = 1])

H4 What specifically have you done as a result of seeing this advertising? Please describe.

(VERBATIM)

**\*OFFERS AND USE OF DRUGS**

\*(ALL)

PREB1 The next questions will ask about drug and alcohol use.

Please remember that all answers you give are completely confidential. You are also free to not answer any of the questions, and any answers you do give are protected by strict Commonwealth and State privacy laws.

(RESPONSE FRAME)

1. Next

\*(ALL)

O1 In the last twelve months, have you been offered any of the following drugs?

Tick one box for each drug listed below.

(ROTATE)

(SINGLE RESPONSE FOR EACH ROW)

	Yes 1	No 2	Don't know 97	Refuse to answer 96
a) Marijuana or cannabis				
b) Ecstasy				
c) Speed or base				
d) Ice (also known as crystal meth)				
e) Cocaine				
f) Heroin				

\*(ALL)

O2 The following is a list of drugs.

For each drug please indicate whether, if a friend were to offer you this drug in a situation where they were using it, you would definitely say yes and take it, probably say yes, probably say no, or definitely say no?

(ROTATE)

(SINGLE RESPONSE FOR EACH ROW)

	Definitely say yes and take it 1	Probably say yes 2	Probably say no 3	Definitely say no 4	Don't know 97	Refuse to answer 96
a) Marijuana or cannabis						
b) Ecstasy						
c) Speed or base						
d) Ice (also known as crystal meth)						
e) Cocaine						
f) Heroin						

\*(ALL)

B1a The next couple of questions ask about your use of particular types of drugs.

Which, if any, of the following drugs have you personally ever used?

(ROTATE b – g)

(SINGLE RESPONSE FOR EACH ROW)

	Yes	No	Don't Know	Refuse to answer
	1	2	97	96
a) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Marijuana or cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Speed or base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ice (also known as crystal meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Mephedrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(PROGRAMMER NOTE: INCLUDE ADDITIONAL NAMES AS MOUSE OVER FUNCTION OR SIMILAR)

- b) Ecstasy: "can also be called pills, biccies, disco treats, XTC, E, Ex, Ecce, E and C, Adam, MDMA or PMA"
- c) Marijuana or cannabis: "can also be called Pot, Grass, Weed, Choof, Reefer, Joint, Mary Jane, Acapulco Gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash or Chronic"
- d) Speed or base: "can also be called whiz, go-ee, louie, zip, gas, oxblood, paste or pure"
- e) Ice: "can also be called crystal, crystal meth, meth, glass or crank"
- f) Cocaine: "can also be called coke, flake, snow, happy dust, charlie, gold dust, Cecil, C, freebase, toot, white girl, Scotty, white lady, crack, rock or sugar block"
- g) Heroin: "can also be called Hammer, Smack, Gear, Horse or H"
- h) Other drugs: "such as LSD or other hallucinogens, tranquilisers or sleeping pills without a prescription, ketamine, inhalants, khat, kava or GHB"
- i) Mephedrone: "can also be called meow meow, Miaow, MMCA, 4-methylmethcathinone (4-MMC), or 4-methylephedrone"

\*(ALL)

B1c In the last year have you used ...

(ONLY SHOW DRUGS RESPONDENTS HAVE EVER USED [B1a])

(KEEP SAME PRESENTATION ORDER AS B1a)

(SINGLE RESPONSE FOR EACH ROW)

	Yes	No	Don't Know	Refuse to answer
	1	2	97	96
a) Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Marijuana or cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Speed or base	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Ice (also known as crystal meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Mephedrone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

**\*ECSTASY USERS**

\*(USED ECSTASY IN PAST 12 MONTHS)

PREB2 The next questions are about ecstasy only.

(RESPONSE FRAME)

1. Next

\*(ALL)

B10. About what age were you when you first tried ecstasy?

(ENTER NUMBER)

(CANNOT ENTER NUMBER GREATER THAN AGE)

\*(USED ECSTASY IN PAST 12 MONTHS)

B2 In the last 12 months, how often have you used ecstasy?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Everyday
2. Several days a week (3-6 days a week)
3. Two days a week
4. One day a week
5. About once a fortnight (2-3 days a month)
6. About 1 day a month
7. Once or twice in the past 3 months
8. Once only
97. Don't know
96. Refuse to answer

\*(USED ECSTASY IN PAST 12 MONTHS)

B2b. In the last 12 months, on what days of the week did you normally use ecstasy?

(MULTIPLE RESPONSE)

1. Monday
2. Tuesday
3. Wednesday
4. Thursday
5. Friday
6. Saturday
7. Sunday
96. Refuse to answer

\*(USED ECSTASY IN PAST 12 MONTHS)

B3 On the days you used ecstasy, on average how many tablets or pills did you have?

(RESPONSE FRAME, SINGLE RESPONSE)

1. 1
2. 2
3. 3
4. 4
5. 5 to 6
6. 7 to 9
7. 10 or more
97. Don't know
96. Refuse to answer

\*(USED ECSTASY IN PAST 12 MONTHS)

B5 In the last 12 months, would you say your use of ecstasy has ...

(RESPONSE FRAME, SINGLE RESPONSE)

1. Increased
2. Decreased
3. Stayed the same
97. Don't know
96. Refuse to answer

\*(USED ECSTASY IN PAST 12 MONTHS)

C1 Do you think your current pattern of ecstasy use is harmful to you in any way?

Would you say it is ...

(RESPONSE FRAME, SINGLE RESPONSE)

1. Very harmful
2. Slightly harmful
3. Not at all harmful
97. Don't know

\*(USED ECSTASY IN PAST 12 MONTHS)

C7 In a year from now, how likely is it that you will be using ecstasy?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Definitely will
2. Probably will
3. Might or might not
4. Probably will not
5. Definitely will not
97. Don't know

\*(USED ECSTASY IN PAST 12 MONTHS)

F1 Have you EVER sought advice or help about stopping or reducing your ecstasy use?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(EVER SOUGHT ADVICE OR HELP [F1 = 1])

F3 Where did you go for advice or help?

Please tick all the sources of advice or help you have used.

(STATEMENTS, MULTIPLE RESPONSE)

1. Family
2. Friends
3. Doctor or GP
4. Drugs Counsellor
5. Other Health Professional
6. Telephone information or counselling service (SPECIFY)
7. Website or online counselling service (SPECIFY)
8. Other source(s) (SPECIFY)
97. Can't remember



**\*DEMOGRAPHICS**

PRED The last questions we have are to help us analyse the results of the survey.

(RESPONSE FRAME)

1. Next

\*(ALL)

D1 Are you currently doing paid work of any kind?

This includes temporary or casual positions, being self-employed or running your own business

(RESPONSE FRAME, SINGLE RESPONSE)

1. Yes
2. No
97. Don't Know

\*(AGED 15 TO 19)

D2 Are you still attending high / secondary school?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Yes (GO TO D5)
2. No
97. Don't know

\*(AGED 20-25, OR 15-19 AND LEFT SCHOOL)

D3a What is the highest level of formal education qualification you have completed?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Year 10 or below
2. Year 11
3. Year 12
4. Trade certificate or qualification (including apprenticeship)
5. Non-trade certificate or diploma
6. Degree
7. Post Graduate
97. Don't Know

\*(AGED 20-25, OR 15-19 AND LEFT SCHOOL)

D3b Are you currently studying part-time or full-time at a university, TAFE or other post-secondary education institution?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(AGED 20-25, OR 15-19 AND LEFT SCHOOL)

D4 Which of the following best describes your main activity at the moment?

(RESPONSE FRAME, SINGLE RESPONSE)

1. Paid full-time work (DISPLAY ONLY IF D1=1)
2. Paid part-time or casual work (DISPLAY ONLY IF D1=1)
3. Studying or training
4. Looking for work
5. Home duties
6. Something else
97. Don't Know

\*(ALL)

D5 Is a language other than English regularly spoken in your household?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(ALL)

D7 Are you from an Aboriginal or Torres Strait Islander background?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(ALL)

D8 Which of the following best describes your current living arrangements ...

(RESPONSE FRAME, SINGLE RESPONSE)

1. I live with my parents or guardians
2. I live with my parents or guardians and other family members
3. I share with other adults I'm not related to
4. I live alone
5. I live with my spouse or partner
6. I live with my spouse or partner and our child or children
7. I'm a sole parent or guardian living with my child or children
8. I live with my sole parent or guardian
9. Other

\*(ALL)

D10 How often do you personally do each of the following....

(STATEMENTS)

- a) Go to a club, pub, nightclub or bar
- b) Attend a dance party, rave or music festival

(CODE FRAME)

1. At least once a week
2. About once a fortnight
3. About once every 3 or 4 weeks
4. About once every couple of months
5. Less often than that but go occasionally
6. Never
97. Don't know

\*(ALL)

D11 What is your postcode?

(NUMBER)

\*(ALL)

D12 And finally, did you complete this survey in private (i.e. no one was watching your computer screen when you answered the questions)?

1. Yes
2. No
96. Rather not say

\*(ALL)

END1 Thank you for taking the time to answer those questions.

This survey was conducted by the Social Research Centre on behalf of the Australian Government Department of Health and Ageing.

## Appendix 2      Phase Five (2010 - 2011) Parent Questionnaire

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**Phase Five of the National Drugs Campaign**

**NDC Parent Survey 2011 (Online)**

21 June

Version 1 (Final)

**\*SCREENING & INTRODUCTION FOR PARENTS**

INCLUDE IMAGE AND MULTI MEDIA TEST QUESTION

\*(ALL)  
INTRO

Hello and thank you for taking the time to complete our survey.

The results from this important study will be used to gain a better understanding of community views about drugs and drug use.

Please be assured that all answers you provide will be held in the strictest confidence and under the Privacy Act all information provided will only be used for research purposes.

The survey will take about 10 minutes to complete.

1. Next

\*(ALL)  
S1

Are you:

1. Male
2. Female

\*(ALL)  
S3

Where do you live?

1. Australian Capital Territory
2. New South Wales
3. Northern Territory
4. Queensland
5. South Australia
6. Tasmania
7. Victoria
8. Western Australia

\*(ALL)  
S2

What is your age?

(ENTER NUMBER)

\*(ALL)  
S2cat

COMPUTE FOLLOWING FROM S2

1. 18 - 24 years
2. 25 - 34 years
3. 35 - 44 years
4. 45 - 54 years
5. 55 - 64 years
6. 65 + years

\*(ALL)

S4 Are you a parent or guardian?

1. Yes
2. No (TERMINATE)

\*(PARENTS) (S4 = 1)

S5 In which age groups are your children? Please select all that apply.

1. 0-4 years (TERMINATE)
2. 5-12 years (TERMINATE)
3. 13-17 years (CONTINUE)
4. 18-24 years (TERMINATE)
5. 25 years and over (TERMINATE)

<b>DISCUSSIONS WITH CHILDREN ABOUT ILLICIT DRUGS</b>
--

\*(ALL)

A1 Now thinking about talking to just your child(ren) **aged 13-17 years** about illegal drugs.

Do you feel you know enough about illegal drugs to be confident that you can talk to your child aged 13-17 years about them?

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

\*(ALL)

A2 Have you talked about illegal drugs with your child(ren) aged 13-17 years in the past **two months**?

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

\*(DID NOT HAVE CONVERSATIONS WITH CHILDREN IN PAST 2 MONTHS) (A2 = 2 or 97)

A3 Have you talked about illegal drugs with your child(ren) aged 13-17 years in the **past 12 months**?

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

\*(HAD CONVERSATIONS WITH CHILDREN) (A2 = 1 or A3 =1)

A4a Overall, how effective do you feel your conversations with your child(ren) aged 13-17 years have been in getting them to think about drugs and drugs use?

1. Very effective
2. Somewhat effective
3. Not very effective
4. Not effective at all
97. Don't know

\*(HAD CONVERSATIONS WITH CHILDREN) (A2 = 1 or A3 =1)

A4b And overall, how effective do you feel your conversations with your child(ren) aged 13-17 years have been in discouraging them from using illegal drugs?

1. Very effective

2. Somewhat effective
3. Not very effective
4. Not effective at all
97. Don't know

\*(ALL)

\*(IF A2 = 1 or A3 =1 insert additional (text) in question)

A5 In the next 2 months, do you intend to talk with your child (again) about illegal drugs?

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

<b>*ADVERTISING AWARENESS – UNPROMPTED</b>
--

\*(ALL)

G1 Now, thinking about advertising....

Have you seen, read or heard any advertising about illegal drugs in the past three months? This might have been on the radio, in magazines or street press, on the internet/online, at venues or on outdoor signs, such as billboards?

(RESPONSE FRAME, SINGLE RESPONSE)

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

\*(RECALLS ADVERTISING [G1 = 1])

G2a Can you describe what you saw, read or heard in the advertisement?

Please describe in as much detail as you can.

(VERBATIM)

\*(RECALLS ADVERTISING [G1 = 1])

G2b What was the ad trying to say?

Please describe.

(VERBATIM)

\*(AUTO FILL)

G2.gen (CONCATENATE G2a, G2b)

\*(RECALLS ADVERTISING [G1 = 1])

G3 Where did you see, read or hear the advertising? Please select all that apply to you.

(RESPONSE FRAME, ROTATE ORDER OF 1 to 14)

1. Television
2. Radio
3. Cinema
4. Newspaper
5. Magazine
6. Free street magazine or newspaper
7. University magazine
8. Postcard
9. ATM
10. Bathroom or toilet in a public place
11. Internet/online

12. Club, pub, nightclub or bar
13. Outdoor (e.g. billboard, an outdoor poster on the footpath or in a bus shelter or train station)
17. Booklet
15. Other (SPECIFY)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

**\*ADVERTISING AWARENESS – PROMPTED**

\*(ALL)  
G4.pre

The next few questions will show you some advertisements you may or may not have recently heard on the radio or seen in newspapers, magazines or online.

Click next when you are ready to see the advertisements.

1.Next

\*(ALL)  
G4.

We would like you to [listen to | read the script of] a recent radio advertisement. Have you heard this radio advertisement in the past three months?

(PLAY **ECSTASY LAB** RADIO AD – SHOW SCRIPT IF MEDIA PLAYER INCOMPATIBLE)  
(SUPPRESS RESPONSE OPTION FOR 25 SEC)  
(RESPONSE FRAME, SINGLE RESPONSE, INCLUDE REPLAY FUNCTION)

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

\*(ALL)

G7b. Now we would like to show you some images of other recent advertising about ecstasy. Have you seen any of these advertisements in the past three months?

Please click on each of the ads you have seen.

(SHOW **ECSTASY** GIRL AND LAB PRINT ADS)  
(RESPONSE FRAME, MULTIPLE RESPONSE)  
(CODE AS FOUR Y/N VARIABLES)

1. Yes - ECSTASY GIRL
2. Yes - ECSTASY LAB
3. No (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)
97. Don't know (IF SELECTED NO OTHER OPTIONS CAN BE SELECTED)

\*(ALL)

G27 Have you seen either of these **online** advertisements in the past three months?

(SHOW ONLINE AD – BEANS and BOARD)

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

\*(ALL)

G28 Have you seen either of these advertisements on **facebook** in the past three months?

(SHOW TWO FACEBOOK ADS)

1. Yes

- 2. No
- 97. Don't know

\*(ALL)

G29 Next we'd like you to show you a recent **print** advertisement. Have you seen this ad in the past three months?

(SHOW NESB PRINT AD)

- 1. Yes
- 2. No
- 97. Don't know

\*(ALL)

G30 Below are some articles that have recently appeared in a range of magazines. Have you seen **any** of these articles in the past three months?

(SHOW FIVE ADVERTORIAL)

- 1. Yes
- 2. No
- 97. Don't know

<b>*DIRECT IMPACT</b>
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\*(SAW CAMPAIGN) (G4 = 1 or G7b = 1 or 2 or G27 = 1 or G28 = 1 or G29 = 1 or G30 = 1)

IM1 Now thinking about this campaign as a whole, would you say it has prompted you to take any action?

- 1. Yes
- 2. No
- 97. Don't know

\*(TOOK ACTION) (IM1 =1)

IM2 What action did you take?

- 1. (VERBATIM)
- 97. Don't Know

\*(SAW CAMPAIGN) (G4 = 1 or G7b = 1 or 2 or G27 = 1 or G28 = 1 or G29 = 1 or G30 = 1)

IM3 Do you think this campaign, has made it more or less difficult for you to talk with your child about illegal drugs?

- 1. A lot more difficult
- 2. A little more difficult
- 3. About the same
- 4. A little less difficult
- 5. A lot less difficult
- 97. Don't know



**\*DEMOGRAPHICS**

\*(ALL)

D1 Now we would like to ask some final questions about you just to check we have surveyed a good cross-section of the population...

Which one of the following best describes your household?

1. Sole parent household
2. Two parent household
3. Something else

\*(ALL)

D2 What is the highest level of education you have completed?

1. Primary school
2. Year 7 to Year 9
3. Year 10
4. Year 11
5. Year 12
6. Trade certificate or qualification (including apprenticeship)
7. Non-trade certificate or diploma
8. Degree
9. Post Graduate
10. Other (Specify)
97. Don't know
98. Prefer not to say

\*(ALL)

D3 Which one of these best describes your employment situation?

1. Employed (full-time, part-time, self-employed, casual)
2. Unemployed
3. Retired or on a pension
4. Student
5. Home duties, or
6. Something else (Specify)
97. Don't know
98. Prefer not to say

\*(EMPLOYED) (D3=1)

D4 What is your current occupation?

(DISPLAY EXAMPLES AS MOUSE OVER + INCLUDE INSTRUCTION TEXT)

1. Managers
2. Professionals
3. Technicians and trade workers
4. Community and personal service workers
5. Clerical and administrative workers
6. Sales workers
7. Machine operators and drivers
8. Labourers
9. Other (Specify)
97. Don't know
98. Prefer not to say

**Detailed Description:**

**Managers and administrators**

Hospitality, retail and service managers, Specialist managers, Farmers and farm managers,

Chief executives, General managers and legislators

**Professionals & Associate professionals**

Legal, social and welfare professionals, ICT professionals, Health professionals, Education professionals, Design, engineering, science and transport professionals, Business, human resource and marketing professionals, Arts and media professionals

**Technicians and trade workers**

Other technicians and trades workers, Skilled animal and horticultural workers, Food trades workers, Electro-technology and telecommunications trades workers, Construction trades workers, Automotive and engineering trades workers, Engineering, ICT and science technicians

**Community and personal service workers**

Sports and personal service workers, Protective service workers, Hospitality workers, Carers and aides, Health and welfare support workers

**Clerical and administrative workers**

Other clerical and administrative workers, Clerical and office support workers, Numerical clerks, Inquiry clerks and receptionists, General clerical workers, Personal assistants and secretaries, Office managers and program administrators

**Sales workers**

Sales support workers, Sales assistants and salespersons, Sales representatives and agents

**Machinery operators and drivers**

Store person, Road and rail drivers, Mobile plant operators, Machine and stationary plant operators

**Labourers and related workers**

Food preparation assistants, Farm, forestry and garden workers, Factory process workers, Construction and mining labourers, Cleaners and laundry workers

\*(ALL)

D5 Which of the following describes your household's approximate annual income from all sources, before tax?

1. Less than \$ 40,000
2. \$40,000 – \$79,999
3. \$80,000 – \$119,999
4. \$120,000 or over
97. Don't know
98. Prefer not to say

\*(ALL)

D6 Is a language other than English regularly spoken in your household?

1. Yes
2. No
97. Don't know
98. Prefer not to say

\*(ALL)

D7 Are you from an Aboriginal or Torres Strait Islander background?

1. Yes
2. No
97. Don't know
98. Prefer not to say

\*(ALL)

D8 And finally, what is your postcode?

1. (NUMBER)
97. Don't know
98. Prefer not to say

\*(ALL)

END1 Thank you for taking the time to answer those questions.

This survey was conducted by the Social Research Centre on behalf of the Australian Government Department of Health and Ageing.