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YOUNG METHAMPHETAMINE USERS CAMPAIGN: EVALUATION OF STAGE ONE RESEARCH REPORT

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Executive Summary

This report describes the response of teenagers (15 to 17 years) and young people (18 to 24 years) to Stage One of the Young Methamphetamine Users Campaign (YMUC). This response was measured by conducting a telephone survey of 1,409 teenagers and young people shortly after Stage One was completed. Survey results were evaluated with particular attention to campaign awareness, recognition and message recall, and reported action taken as a result of the campaign.

Stage One of the YMUC was launched in April 2009. It focused on prevention of methamphetamine and other illicit drug use among teenagers and young people. The campaign materials consisted of existing advertising and information resources from Phase Three of the National Drug Campaign (NDC) and included television commercials, print and online advertising, and campaign website and information line.

Campaign reach

Following Stage One of the YMUC, 76% of teenagers and young people (15 to 24 year olds) said they had recently seen, read or heard advertising about illicit drugs. Sixty-one percent mentioned elements of the YMUC when asked to describe the advertising they had seen, while 46% specifically described ice advertising.

Campaign recognition and message recall

Prompted recognition of the campaign was high with 93% of the target audience recognising at least one element from Stage One.

The 'Ice' television commercial (TVC) was recognised by 67% of teenagers and young people (slightly lower amongst 18-24 year old males and those of a language other than English [LOTE] background). Amongst those who recognised the 'Ice' TVC, almost all 'agreed' the ad was believable (96%) and effective (91%), 96% recalled an on-target message (most often the negative consequences and dangers of using ice, its unpredictable effects and to abstain from its use) and 71% correctly identified ice as the drug being discussed. Sixty-eight percent recognised the marijuana or ecstasy TVC.

There was widespread recognition of non-television elements of Stage One with 77% of teenagers and young people recalling at least one additional element. Recognition of billboard/outdoor advertising (50%) was particularly strong. Magazine advertising was more likely to be recognised by teenage females, while cinema and in-venue advertising were more likely to be recognised by young males (18 to 24 years) and outdoor advertising by youth from households where a language other than English is mainly used.

The campaign's influence

Seventy-four percent of 15-24 year olds felt the campaign had influenced what they did or thought about illegal drugs. This influence included resolving to think more about illegal drugs and the consequences of their use, to avoid their use or to receive confirmation of a pre-existing negative view of drugs and to be better informed about drugs.

Fifty-six percent of teenagers felt the campaign had made it easier to talk to their parents about illicit drugs, while 26% claimed to have done so in the previous two months.

Since September 2004, prior to the Phase Two NDC, fewer teenagers and young people hold positive attitudes of marijuana, ecstasy and speed, while more tend to associate these drugs (particularly ecstasy and speed) with mental health problems such as aggression, depression and paranoia, with dental problems and with addiction. Changes in attitudes towards marijuana, ecstasy, speed and ice between the Phase Three NDC and Stage One YMUC surveys were more limited but nevertheless positive.

Since the launch of the NDC in 2001, there has been a reduction in the proportion of teenagers and young people 'at risk' of accepting a friend's offer of marijuana, ecstasy or speed. There has also been a decrease in self-reported use of marijuana across the target audiences and speed/ice among young people (18 to 24 year olds). Self-reported use of ecstasy however, was unchanged for young males but appeared to increase among young females.

In conclusion, results from the Stage One YMUC survey suggest that, despite a lower overall media spend and less weighting towards television advertising than in previous phases of the NDC, most teenagers and young adults responded to Stage One of the YMUC. Overall this response appears to have maintained, and in some cases built on, the positive impact on attitudes and intentions towards illicit drugs achieved by earlier NDC activity.

1 Introduction

1.1 Background

In the 2008 Federal Budget, the Australian Government announced \$17.9 million in funding over four years for the *Illicit Drug Use – Targeting Young Methamphetamine Users* campaign (YMUC). This campaign is designed to build on its predecessor, the National Drugs Campaign (NDC), which began in March 2001 and, during its three phases, encouraged parents of eight to 17 year olds to discuss illicit drugs with their children and educated young people about the negative consequences of cannabis, ecstasy, amphetamine and methamphetamine use.

The YMUC will support the aims of the *National Amphetamine-Type Stimulant (ATS) Strategy 2008-2011*. The ATS strategy was developed on behalf of the Ministerial Council on Drug Strategy (MCDS), within the context of the *National Drug Strategy 2004-2009*, which encompasses demand reduction strategies to prevent the uptake of harmful drug use, including abstinence-orientated strategies and treatment to reduce drug use. The ultimate aim of the YMUC is to contribute to a reduction in the uptake of methamphetamines and other illicit drugs by young Australians by encouraging those who are using to reconsider their use and by directing them to relevant support, counselling and treatment services.

Stage One of the YMUC was launched in April 2009. It focused on prevention of methamphetamine and other illicit drug use among teenagers and young people (aged 15 to 25 years) through the generation and reinforcement of negative perceptions of ice, speed, ecstasy and cannabis. Existing advertising and information resources from Phase Three of the NDC were used for this purpose and, as a result, Stage One of the YMUC, to a large extent, comprised a fourth phase of the NDC. Consequently, this report draws comparisons between the latest survey and the results from earlier surveys associated with evaluation of the “Youth” component of the NDC.

1.2 Communication Strategy

Stage One of the YMUC adopted a primary prevention approach among 15 to 25 year olds by using existing Phase Three materials of the NDC to generate and reinforce negative perceptions of ice, ecstasy, cannabis and, to a lesser extent, speed¹.

The main objectives of Stage One of the YMUC amongst the target audience were:

- To increase awareness of the negative consequences of using ice and other forms of methamphetamines, cannabis and ecstasy;
- To generate and reinforce negative attitudes towards use of methamphetamines and other illicit drugs; and

¹ In the remainder of this document, cannabis, ecstasy and amphetamines will be referred to as marijuana, ecstasy and speed as these were the terms used across the campaign's materials.

- To generate and reinforce intentions to avoid using methamphetamines and other illicit drugs.

In addition, the Stage One materials provided information about support services by offering a 1800 number and the address of the NDC website.

1.3 Campaign components

The key elements of the Stage One YMUC were:

- Television advertising comprising three television commercials (TVCs) - '*Ice*', '*Marijuana*' and '*Ecstasy*'². These three commercials were also screened in cinemas.
- Print advertising placed in consumer and trade magazines as well as in street press. This advertising included three executions using different images from the '*Ice*' TVC and one execution each for marijuana, ecstasy and speed. The print images were also used in out of home media including street furniture and Big Screen media, and in pubs, clubs, nightclubs and bars.
- Online advertising on various sites (including *MySpace*, *Facebook*, various *ninemsn* and *Yahoo!7* sites, *YouTube* and *Sensis EggNetWork*) as well as search marketing through *Google* and *Yahoo! Search Marketing*;
- The campaign website (www.australia.gov.au/drugs); and
- The campaign information line 1800 250 015.

The timing for key elements of the Stage One YMUC is illustrated in Figure 1.3a.

Figure 1.3a Timing of phase three campaign elements

DETAILS	APRIL '09				MAY '09					JUNE '09				JULY '09			
	5	12	19	26	3	10	17	24	31	7	14	21	28	5	12	19	26
<u>National Television</u>																	
<i>Ice</i> (45 sec)																	
<i>Marijuana</i> (45 sec)																	
<i>Ecstasy</i> (30 sec)																	
<u>National Cinema</u>																	
<i>Ice, Marijuana, Ecstasy</i> plus <i>Digilites</i> in foyers																	
<u>Press</u>																	
<i>Magazines</i> (48 titles)																	
<i>Street Press</i> (23 titles)																	
<u>Online</u>																	
<i>Digital Display, TV & Search</i>																	
<u>Nightclub Activity</u>																	
<i>Posters, Chalking,</i> <i>Passout Stamps</i>																	
<u>Out of Home</u>																	
<i>Citylights, Highlights</i> <i>Metrolites & Superlites</i>																	
<i>AFL / NRL Big Screens</i>																	

² Appendix 1 provides descriptions of these commercials. The ecstasy TVC was revised to delete one vignette since the previous phase of the NDC.

Figure 1.3b provides an overview of Stage One of the YMUC and both Phases of the NDC “Youth” advertising³. It also shows the timing of the associated surveys of teenagers and young people. A total of four surveys have been conducted including a benchmark in 2004, followed by three evaluation surveys in 2005, 2007 and 2009.

Figure 1.3b Timing of the NDC and surveys of parents and young people

Event	Youth
Survey 1	Benchmark (Aug/Sep 2004)
NDC Phase 2	"Marijuana"/"Ecstasy"/"Speed" plus radio, press, cinema, "alternatives"
Survey 2	Phase 2 Evaluation (Jul/Aug 2005)
NDC Phase 3	"Ice"/"Marijuana"/"Ecstasy"/"Speed" plus press, posters/postcards, internet
Survey 3	Phase 3 Evaluation (Oct/Nov 2007)
Young Methamphetamine Users Campaign Stage 1	"Ice"/"Marijuana"/"Ecstasy" plus press, posters, internet
Survey 4	Stage 1 Evaluation (Jul/Aug 2009)

It should be noted the media allocation strategy has changed significantly across the three campaign phases shown in the above diagram. In particular, since Phase 2 of the NDC, there has been less emphasis on television advertising and greater use of print, out of home and venue advertising.

A total of 1,430 TARPS⁴ were applied to the main “Youth” television advertising in Phase Two of the NDC. This was reduced to 711 TARPS in Phase Three and reduced further to 300 TARPS in Stage One of the YMUC. Conversely, while Phase Two press advertising used only 14 magazine and six street press titles, Stage One of the YMUC placed press ads in 48 different magazines and 23 different street press publications.

1.4 About this report

This report examines the impact of the Stage One YMUC on its primary target audience – teenagers and young people aged 15 to 25 years. In particular, it explores the results from a quantitative telephone survey of 1,409 young people from this age group conducted by The Social Research Centre during July/August 2009.

³ Phase One of the NDC only used communication material directed at parents of 8-17 year olds.

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

Where appropriate, the findings from this survey are compared with those from the three surveys of teenagers and young people (15 to 24 years) during the National Drugs Campaign (NDC) in 2004, 2005 and 2007.

It should be noted that time-series comparisons are most often made between results from the Benchmark survey (conducted in 2004) and current survey. There are two main reasons for this:

- Firstly, the Benchmark survey is able to provide a directly comparable sample of young people aged 15 to 24 years whereas, in the Phase Two Evaluation (2005), young people aged 21 to 24 years were not included in the sample. Further, in order to ensure comparability with the Benchmark, young people aged 25 years were excluded from the Stage One Evaluation, even though this age group was included in the primary target audience for the campaign.
- Secondly, the 2004 survey provides a useful benchmark measure, as Phase Two marked the commencement of the “Youth” component of the NDC.

Nevertheless, for reasons of completeness, Phase Two and Phase Three Evaluation results are shown wherever possible in the figures and tables presented in this report.

Given that Stage One of the YMUC used materials from the “Youth” component of the NDC, the main objective of the Stage One Evaluation was to update both measures of advertising and message recall of the Youth materials, and measures of young people’s attitudes, intentions and behaviour with respect to illicit drugs.

2 Methodology

The Stage One YMUC Evaluation survey was conducted by the Social Research Centre between 9 July and 3 August 2009. It involved 1,409 telephone interviews with young people aged 15 to 24 years. On average these interviews took just under 17 minutes to complete.

The questionnaire was based on the instrument used for the Phase Three NDC Evaluation survey. However, several questions relating to parent/child communication were removed, while items relating to illicit drug use and an “attitudinal” segmentation based on young people’s attitudes towards illicit drugs were added.

There was no formal pilot test although the first night’s interviewing (14 interviews) was used to check for any problems with the questionnaire content and flow. No significant changes were made after these interviews and the 14 “pilot” interviews were included in the final sample. A copy of the questionnaire is appended to this document (see Appendix 2).

For this survey, quotas were set based on geography (both state of residence and “remoteness” using the Australian Bureau of Statistics’ ARIA classification⁵) and age⁶. The survey was post-weighted by age, sex and region to match known population parameters for young people aged 15 to 24 years. A Random Digit Dialling (RDD) sampling frame was used for the survey. Permission was obtained from parents of 15 to 17 year-olds before conducting each interview. Respondents were identified using the “next-birthday” method where there was more than one eligible resident in the household.

Statistical tests were conducted to establish whether differences between the responses of subgroups, either within the post-Stage One survey or between this and earlier surveys, were statistically significant. In this report, differences between subgroups that are reported as ‘significant’ imply that a statistically significant difference at a 95% confidence level has been established.

⁵ ARIA (Accessibility/Remoteness Index of Australia) is an ABS classification based on the premise that remoteness is a factor of the relative distance one must travel to access a full range of services. ARIA measures the remoteness of a point based on road distances to the nearest ABS defined Urban Centre. ARIA scores provide the basis for the Australian Standard Geographical Classification remoteness structure. For examples, see Appendix Three.

⁶ Refer to Fieldwork Report and Technical Addendum for a full description of the sampling framework employed.

3 Detailed Findings

3.1 Sample characteristics

Table 3.1a shows key characteristics of the Stage One YMUC Evaluation sample. It shows the age, sex and school/work status of respondents, as well as the geographical area in which interviews were conducted, the respondent's highest level of educational attainment, the main language spoken at home and the respondent's household situation. Data presented in Table 3.1a are unweighted.

From the table it can be seen that the sample achieved a roughly even distribution of males (49%) and females (51%) and, reflecting the quotas used, of those aged 15 to 17 years (50%) and 18 to 24 years (50%). Consequently, 15 to 17 year olds were over-represented in comparison to their true proportion (31%) of the 15 to 24 year old population. In keeping with this age distribution, around half the sample were still participating in secondary education while one in five (21%) were working full time. The great majority (85%) were still living with their parents or guardians.

The sample quotas used also resulted in over-representation of young people living in remote areas. Such 15 to 24 year olds comprised 12% of the unweighted sample compared with a population proportion of just two percent.

Table 3.1a Youth survey respondents: sample characteristics⁷

15–24 year olds (n=1,409)		15–24 year olds (n=1,409)	
	%		%
Respondent sex		Highest educational qualifications	
Male	49	<i>Still at school and in ...</i>	
Female	51	Years 9	4
Respondent age (years)		Year 10	16
15 to 17 years	50	Years 11/12	28
18 to 24 years	50	<i>Left school and have completed ...</i>	
ARIA Region		Year 10 or below	7
Major city	64	Year 11 or 12	32
Regional	24	TAFE/Technical/Trade	4
Remote	12	Diploma or degree	10
State		Main language spoken at home	
New South Wales/ACT	27	English	85
Victoria/Tasmania	25	Other language	15
Queensland	14	Household situation	
Western Australia	12	Live with parents/guardians	81
South Australia/NT	21	Live with sole parent/guardian	4
School/work status (Main activity)		Net: Living with parent/guardian	85
High school	47	Share with other adults	5
Post-secondary education	18	Live with spouse/partner	5
Part-time/casual work	9	Other arrangements	5
Full-time work	21	Indigenous background	
Unemployed	3	ATSI background	4
Other	3	Not from ATSI background	96

Base: All respondents

Note: Totals do not always sum to 100% due to rounding

⁷ Results shown in Table 3.1a are unweighted.

There are some notable differences between the sample characteristics of this survey and the Phase Three Evaluation conducted in 2007 in relation to region and state. These differences arose due to adopting ARIA classifications in the present survey to define geographic region and a disproportionate sampling framework for geographic region and respondent age. Notwithstanding these differences, there were no other major differences between the samples.

Table 3.1b presents the same set of sample characteristics but shows the differences between younger (15 to 17 years) and older (18 to 24 years) survey respondents. As expected, 18 to 24 year olds are most likely to be working or in post-secondary education while 15 to 17 year olds are more likely to still be attending high school. Those aged 18 to 24 years are also less likely to be living with their parents/guardians although almost three in four of them still do so.

Table 3.1b Youth survey respondents: demographic characteristics of 15 to 17 year olds versus 18 to 24 year olds⁸

	Age of Respondent			Age of Respondent	
	15–17 years (n=706)	18–24 years (n=703)		15–17 years (n=706)	18–24 years (n=703)
Respondent sex			Highest educational qualifications		
Male	49	48	<i>Still at school and in ...</i>		
Female	51	52	Year 9	7	-
Respondent age (years)			Year 10	31	-
15 to 17 years	100	-	Years 11/12	49	6
18 to 24 years	-	100	<i>Left school and have completed ...</i>		
ARIA Region			Year 10 or below	5	9
Metropolitan	64	64	Year 11 or 12	6	58
Regional	23	26	TAFE/Technical/Trade	<1	7
Remote	13	10	Diploma or degree	1	20
State			Main language spoken at home		
New South Wales/ACT	27	27	English	87	84
Victoria/Tasmania	26	25	Other language	13	16
Queensland	14	14	Household situation		
Western Australia	12	12	Live with parents/guardians	95	68
South Australia/NT	21	21	Live with sole parent/guardian	4	4
School/work status (Main activity)			Net: Living with parent/guardian	99	72
High school	88	6	Share with other adults	-	10
Post-secondary education	3	32	Live with spouse/partner	<1	10
Part-time/casual work	3	15	Other arrangements	1	8
Full-time work	4	37	Indigenous background		
Unemployed	1	4	ATSI background	5	3
Other	1	5	Not from ATSI background	95	97

Base: All respondents

Note: Totals do not always sum to 100% due to rounding

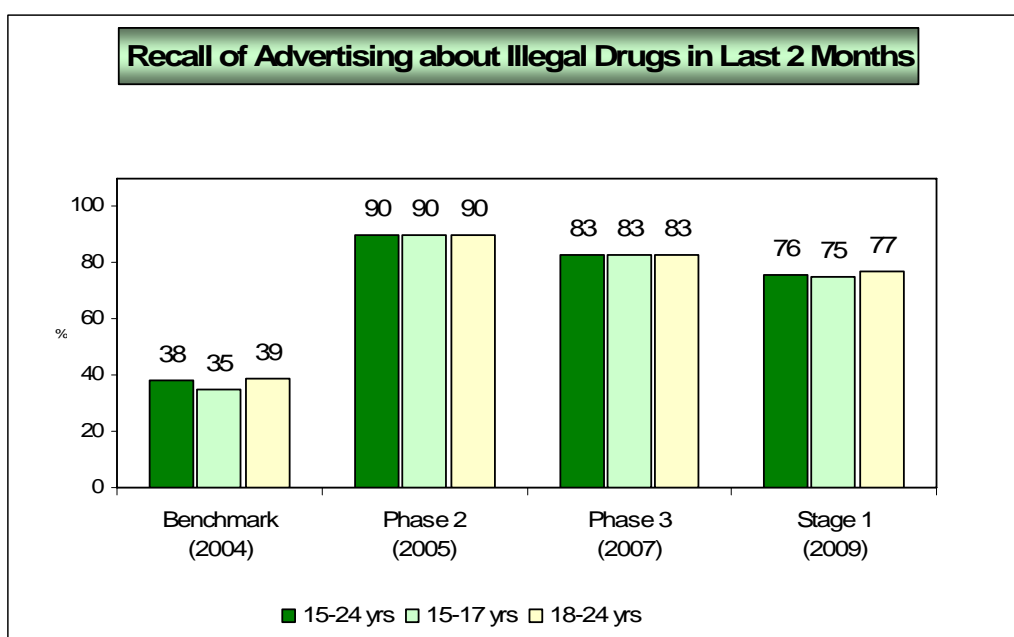
⁸ Results shown in Table 3.1b are unweighted.

3.2 Campaign awareness

All survey respondents were asked if they had recently seen read or heard any advertising campaigns about illegal drugs. Following Stage One of the YMUC, 76% of young people aged 15 to 24 years reported seeing, reading or hearing such advertising (see Figure 3.2a). There were no significant differences between 15 to 17 year olds (75%) and 18 to 24 year olds (77%) insofar as recall of this advertising was concerned.

These results were slightly lower than those seen after Phases Two⁹ (90%) and Three (83%) of the NDC. However, Phase Two of the NDC saw a total of 1,430 TARPS applied to the television commercials (TVCs) 'Marijuana', 'Ecstasy' and 'Speed', while 711 TARPS were applied to 'Marijuana', 'Ecstasy', 'Speed' and 'Ice' during Phase Three. This compares with just 300 TARPS applied to the 'Marijuana', 'Ecstasy' and 'Ice'¹⁰ TVCs during Stage One of the YMUC.

Figure 3.2a Recall of any advertising about illegal drugs seen, read or heard during the previous two months



Base: All Respondents (n = 1409)

Proven campaign recall

All those who were able to recall any advertising about illegal drugs were then asked to describe what they had seen, read or heard. Where possible, responses were coded to specific components of the YMUC, that is 'proven' recall of the campaign advertising. Results are shown in Table 3.2a.

⁹ Note: The age groupings used in Phase Two differ slightly to those listed in Figure 3.2a. The following groupings were used: 15 to 20 years, 15-17 years and 18 to 20 years only.

¹⁰ The 'Speed' TVC was not included in Stage One based on developmental research findings that indicated the advertisement no longer resonated with the primary target audiences.

Of all respondents, 61% provided a description that was consistent with the Stage One YMUC. In keeping with the allocation of campaign spend, 'Ice' advertising (46%) was recalled most often. This was followed by recall of 'Marijuana' (19%) and 'Ecstasy' (15%). The slightly higher recall of 'Marijuana' is possibly explained by the use of a 45 second execution of the TVC compared with a 30 second execution for 'Ecstasy'. Only four percent of respondents recalled any of the 'Speed' advertising reflecting the limited exposure of this component during the campaign.

Table 3.2a Details of the illegal drug advertising recalled

	15-24 year-olds (n=1,409)	15-17 year-olds (n=706)	18-24 year-olds (n=703)
Descriptions consistent with YMUC ads	61	55	63
Ice	46	42	47
Marijuana	19	17	21
Ecstasy	15	11	16
Speed	4	3	4
Other			
Victorian TAC 'Marijuana' tv	6	8	5
Other 'anti-drug' (illegal) advertising	10	13	9
Anti-binge drinking	2	2	2
Other advertising	1	1	1
Don't recall any recent advertising	24	25	23

Base: All Respondents

Recall of YMUC advertising was higher amongst 18 to 24 year old females (67%). It was also above average amongst 15 to 24 year olds living in major cities (66% versus 53% for those living in regional and remote areas) and amongst those respondents who had ever used illegal drugs (66% versus 58% of those who have never done so). Recall of the ecstasy and speed advertising was also higher amongst the 'higher risk' psychographic segments¹¹ (24% and 9%, respectively) compared with the 'lower risk' segments (12% and 2%, respectively).

Details of advertising recalled

As well as describing the advertising, respondents were also asked what message they thought it had been trying to communicate and what illegal drug it had been about.

Message

Specific message recall is summarised in Table 3.2b for those who recalled any of the YMUC advertising (i.e. 61% of the total sample; n=861). As shown, these respondents were most likely to recall messages to do with the negative effects of using illegal drugs (32%), warnings not to use or to stop using illegal drugs (25%), particularly ice (11%), and messages about the unpredictable effects of illegal drugs (18%).

¹¹ Higher risk segments consisted of 'Thrill Seekers' and 'Reality Swappers', while lower risk segments consisted of 'Considered Rejectors', 'Cocooned Rejectors', 'Ambivalent Neutrals' and 'Risk Controllers'.

The great majority of message recall was in keeping with the campaign's communication objectives. Only 14% of these respondents were unable to say what message the YMUC advertising was seeking to convey.

Table 3.2b Unprompted message take-out by those who recalled any YMUC advertising

Message Recalled	Recalled YMUC Advertising (n=861)
Net: General negative effects of illegal drugs	32
Negative side effects of drugs	21
Drugs destroy / ruin your life	14
Net: Don't use / stop using drugs	25
No specific type of illegal drug	13
Ice	11
Marijuana	2
Ecstasy	1
Speed	<1
Net: Unpredictable effects of illegal drugs	18
Drugs have unpredictable effects/Don't know what they do to you	17
You don't know what's in illegal drugs	2
Drugs are bad / dangerous	16
Net: Physical/Behavioural effects	12
Drugs have a negative effect on your health	8
Drugs make you aggressive/violent	4
Drugs have a negative effect on your mental health	10
Drugs are addictive	6
Drugs have negative effects on families/relationships	5
Dangerous to use drugs and drive	3
Other messages	2
No message recalled	14

Base: Respondents who recalled YMUC advertising

Identification of drug

Of those who recalled any of the YMUC advertising (n=861), 68% mentioned ice as the drug under discussion (87% of those who recalled the 'Ice' advertising), 33% mentioned marijuana (88% of those who recalled the 'Marijuana' advertising), 20% specifically mentioned ecstasy (71% of those who recalled the 'Ecstasy' advertising) and 10% mentioned speed (71% of those who recalled the 'Speed' advertising).

Broadly these results are in line with the allocation of campaign resources to the four main creative components of the YMUC.

3.3 Campaign recognition and communication

To measure recognition of the television campaign, respondents were read separately a description of the '*Ice*' ad, and a composite description¹² of the '*Marijuana*' and '*Ecstasy*' ads. Respondents were also asked if they had seen any advertisements which used images from these commercials (and from the '*Speed*' ad as well) in magazines, street magazines or newspapers, posters in pubs, clubs, bars or nightclubs, billboards or outdoor posters or on the internet.

The Television Campaign ('*Ice*'/ '*Marijuana*'/ '*Ecstasy*' [ME] Composite)

The YMUC used three television commercials, '*Ice*', '*Marijuana*', and '*Ecstasy*'. Prompted recognition of these commercials was tested using the following verbal descriptions.

'Ice'

The ad opens with a female doctor explaining the negative effects of using a particular drug. As she speaks, we first see a young man in an office looking agitated, then a mother and son fighting in the kitchen resulting in the mother being pushed to the floor, then a girl on a lounge picking at scabs on her arm, and finally we see a young man in a hospital emergency ward throwing a metal bin and smashing a glass panel before being restrained by police officers.

Composite 'Marijuana'/'Ecstasy'

Now I'm going to describe a pair of television ads. Each ad is about a different drug and shows a number of different scenes. The scenes include a boy letting his team mates down in a football match, a young man in a dentist chair and an x-ray of his cracked tooth, and a young guy in intensive care with his parents looking on.

Figure 3.3a shows recognition levels of these television ads for three groups. Those aged 15 to 24 years¹³, 15 to 17 year olds and 18 to 24 year olds. Results are shown from the Phase Two and Three of the NDC and Stage One of the YMUC.

Following Stage One of the YMUC, 67% of young people aged 15 to 24 years recognised the '*Ice*' TV commercial. This result is slightly lower than the 74% obtained post-Phase Three of the NDC when this ad was supported by 400 TARPS (versus 180 TARPS in Stage One of the YMUC).

Post-Stage One recognition of '*Ice*' was slightly higher amongst 15 to 17 year olds (74%) than those aged 18 to 24 years (65%), particularly 18 to 24 year old males (63%), and amongst those 15 to 17 year olds who had discussed illegal drugs with their parents in the last two months (83% versus 71% of those who had not done so). Recognition was also slightly lower amongst those speaking a

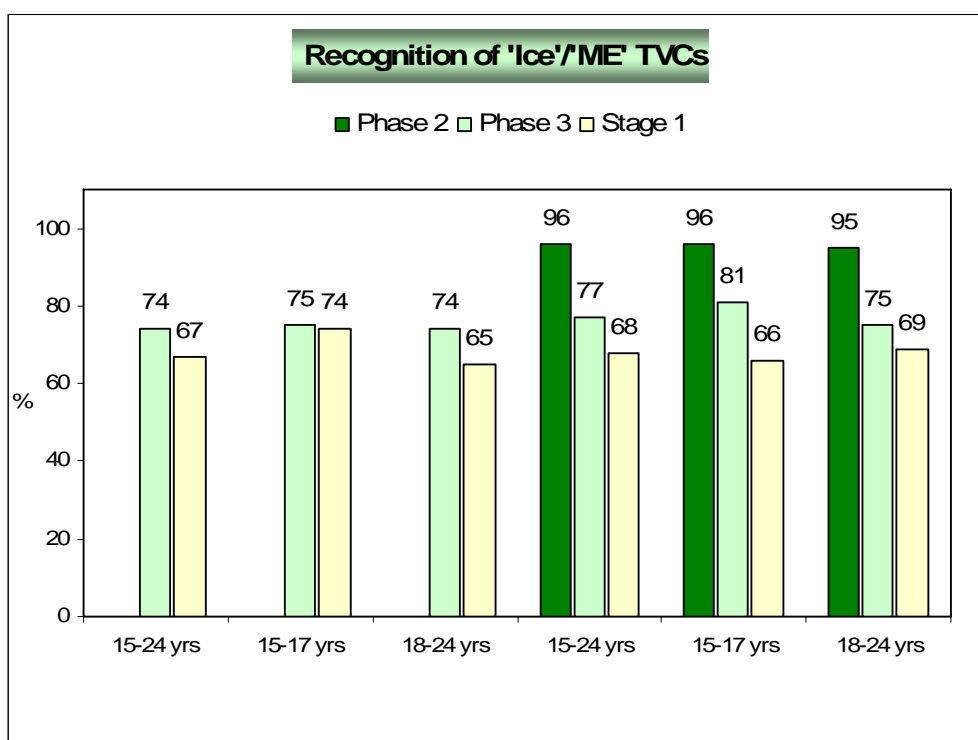
¹² Composite descriptions were used to avoid excessive 'respondent burden'.

¹³ Results for Phase 2 are for 15-20 year olds, 15-17 years and 18-20 year olds only.

language other than English at home (56% versus 70% amongst English speakers) and amongst those who had never used illegal drugs (64% versus 73% of those who had used illegal drugs).

Sixty-eight percent of respondents recognised '*Marijuana*' and/or '*Ecstasy*' from the composite description used. In-line with the significantly lower number of TARPS applied (i.e. 120 TARPS during Stage One of the YMUC), this was below the recognition levels of 77% obtained for '*Marijuana*', '*Ecstasy*' and '*Speed*' after Phase Three of the NDC, when 311 TARPS were applied to these commercials, and 96% after Phase Two when these three commercials received a total of 1,430 TARPS.

Figure 3.3a Prompted recognition of the YMUC television commercials



Base: All respondents (NB: Post-Phase 2 results are for 15 to 20 and 18 to 20 year olds)

Recognition of '*Marijuana/Ecstasy*' was slightly lower amongst 15 to 17 year old females (59%) and those respondents who spoke a language other than English at home (56% versus 71% amongst English speakers). Recognition of the '*Marijuana/Ecstasy*' TVC was however, higher among those who had ever used illegal drugs (74% vs. 65% of those who had never done so) and the higher risk psychographic segments (75% versus 66% lower risk). Not surprisingly, there was significant overlap between these subgroups, in that a high proportion of those who used illegal drugs were also members of the higher risk psychographic segments.

Perceived Impact of the TVCs

Those who recognised the YMUC TV commercials were asked whether they thought the advertising was 'believable' and whether they felt it had been 'effective in making you think about what drugs can do to you'.

Results are shown in Table 3.3a where it is apparent that virtually all of those who recognised these commercials 'agreed' they were both believable (96% for 'Ice' and the 95% for the 'Marijuana/Ecstasy' composite) and effective (91% for 'Ice' and 89% for the 'Marijuana/Ecstasy' composite).

Those aged 18 to 24 years were slightly less likely than 15 to 17 year olds to 'agree' that the 'Ice' TVC was believable (95% versus 99%) and effective (89% versus 93%). They were also less likely to 'agree' that the 'Marijuana'/'Ecstasy' combination was effective (86% versus 94%).

Similarly, higher risk psychographic segments were less likely than lower risk segments to agree the 'Ice' and 'Marijuana'/'Ecstasy' TVCs were effective (78% vs. 93% and 79% vs. 92%, respectively). They were also less likely to agree the 'Ice' TVC was believable (90% vs. 96%). In-line with these results, those who had 'ever used' illicit drugs such as ice, speed, ecstasy or marijuana were less likely to agree that the 'Ice' TVC was effective (85% 'agree' versus 95% of those who had 'never used' these drugs).

Table 3.3a Agreement that the 'Youth' campaign TV commercials were 'believable' and 'effective'

	Total	Respondents aged ...	
	15-24 yrs	15-17 yrs	18-24 yrs
'ICE'			
Base: Recognised 'Ice' TVC	(n=1018)	(n=530)	(n=488)
Ad is believable			
Strongly agree	72	72	72
Somewhat agree	24	27	23
Net: "Agree"	96	99	95
Ad was effective in making you think about what drugs can do to you			
Strongly agree	62	67	60
Somewhat agree	28	26	30
Net: "Agree"	91	93	89
'Marijuana/Ecstasy' Composite			
Base: Recognised 'ME' TVCs	(n=959)	(n=476)	(n=483)
Ad is believable			
Strongly agree	59	62	58
Somewhat agree	36	34	36
Net: "Agree"	95	96	94
Ad was effective in making you think about what drugs can do to you			
Strongly agree	55	61	52
Somewhat agree	34	33	34
Net: "Agree"	89	94	86

Base: Respondents who recognised the TV commercials

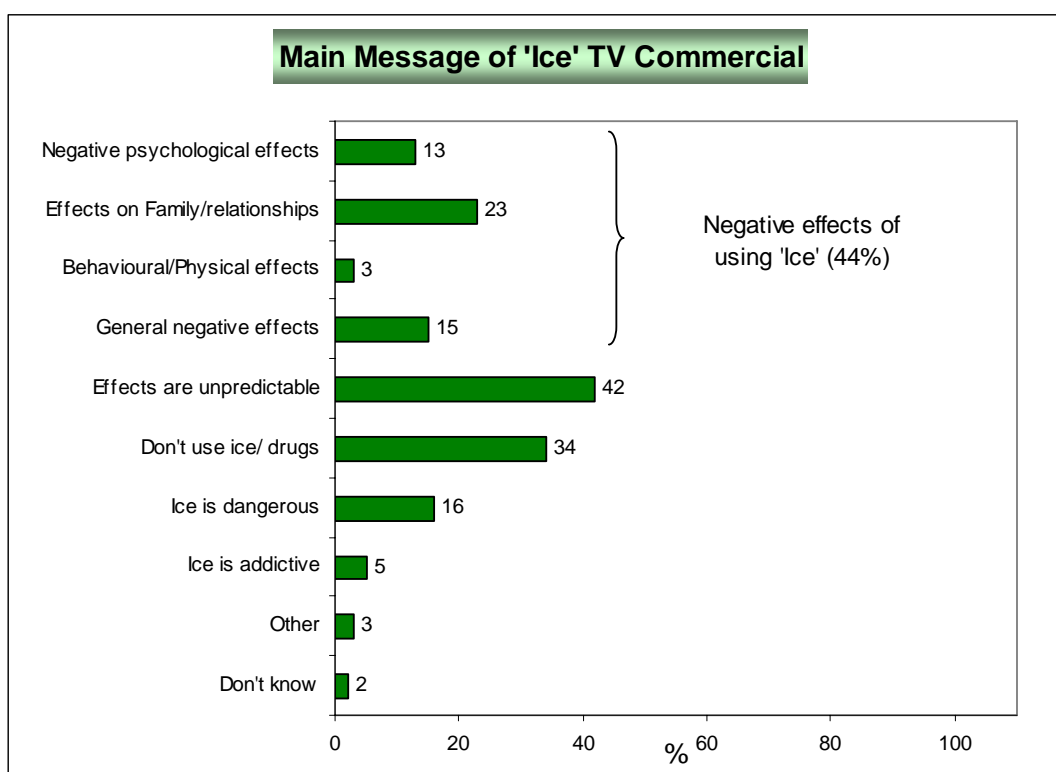
Communication – Recall of the main message from the 'Ice' TVC

All young people who recognised the 'Ice' TVC were asked to describe its main message. Responses are shown in Figure 3.3b.

Of those who recognised 'Ice', 44% recalled a message relating to the negative effects of using ice including its negative psychological (13%) and behavioural/physical (3%) effects and the negative impact of its use on family and other relationships (23%). A further 34% mentioned 'don't use ice/drugs' as the message, 42% mentioned the drug's unpredictable effects and 16% took out that 'ice is dangerous'.

Overall, 96% of those who recognised the 'Ice' TVC mentioned a message that was 'on-target' in terms of the communication objectives of the commercial. This was the same level of on-target message recall as seen after Phase Three of the NDC.

Figure 3.3b Main message of the 'Ice' TV commercial as recalled by young people



Communication – Recall of the specific drug from the 'Ice' TVC

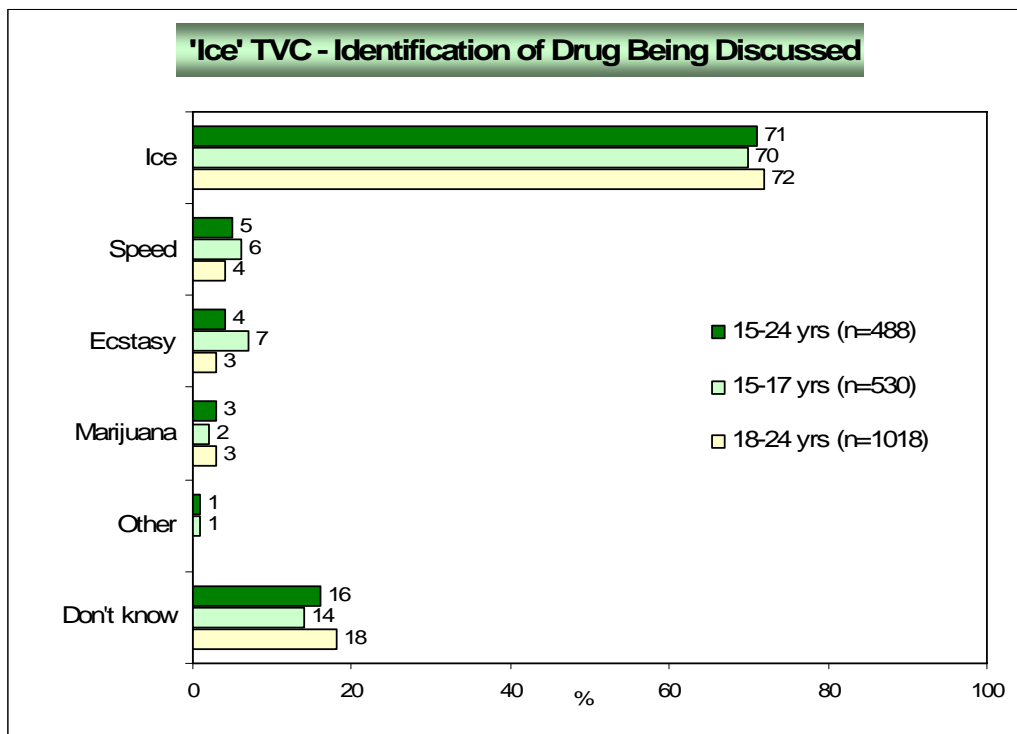
Those who recognised the 'Ice' TVC were also asked what drug they thought was discussed in the ad. Figure 3.3c shows correct identification of ice as the drug under consideration for the majority of those who recognised the 'Ice' TVC.

From this graph it is apparent that 71% of all those who recognised the television ad, correctly identified ice as the drug involved. Sixteen percent were unable to say what the drug was while the remainder were most likely to nominate speed (5%), ecstasy (4%) or marijuana (3%). The latter responses suggest the possibility of a little confusion between the 'Ice' and other YMUC advertising.

There was no significant difference in the correct identification of ice between 15 to 17 year olds and 18 to 24 year olds.

Identification of ice was however, slightly higher amongst those with 'high risk' attitudes towards drug use (81% versus 68% amongst those classified as 'low risk') and amongst those who had 'ever used' illegal drugs (82% versus 64% amongst those who had never done so).

Figure 3.3c Identification of ice as the drug discussed in the 'Ice' TVC



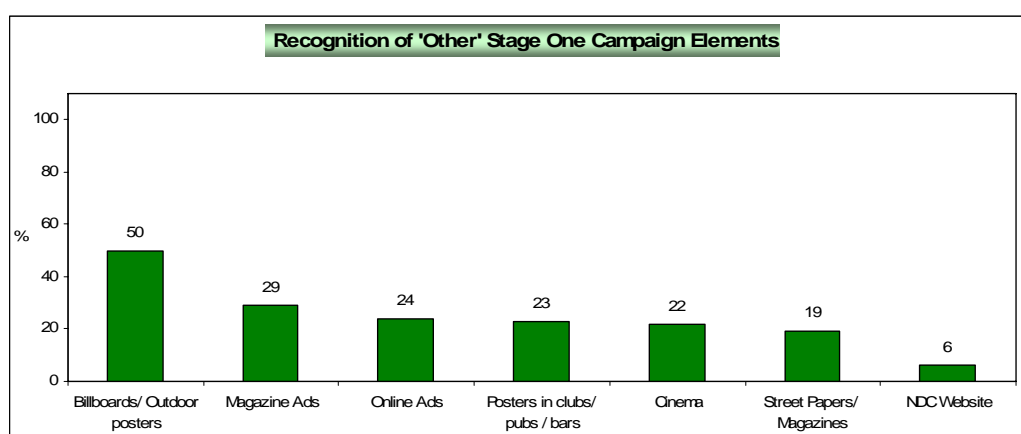
Other Stage One YMUC elements

Recognition of the main non-television elements of the Stage One YMUC is shown in Figure 3.3d.

None of these elements reached quite the recognition levels achieved by the television advertising. Nevertheless, there was relatively widespread recognition of the billboard/outdoor poster advertising (50%) as well as advertising which occurred in magazines (29%), on-line (24%), in posters in clubs, pubs, bars and nightclubs (23%), in cinemas (22%) and in street magazines and newspapers (19%).

In total, 77% of young people aged 15 to 24 years recalled seeing at least one of the additional Stage One campaign elements.

Figure 3.3d Prompted recognition of other YMUC elements



Base: All respondents (n = 1409)

There were a number of important subgroup differences in recognition of these additional YMUC elements which suggested each played a useful role in filling some of the 'gaps' evident in exposure to the television advertising. In particular, there was higher recognition of:

- Magazine advertising amongst 15 to 17 year old females (50%);
- Cinema advertising and posters in clubs, pubs, nightclubs or bars amongst 18 to 24 year old males (26% and 33% respectively).
- Advertising on billboards and outdoor posters amongst those using a language other than English at home (59%), a result which reflects the greater exposure to this channel for residents of major cities where those respondents from a LOTE background were more likely to reside; and
- Internet advertising amongst 15 to 17 year olds (31% versus 21% of 18-24 year olds), in particular 15 to 17 year old males (34%).

In addition:

- Those 15 to 17 year olds who had discussed illegal drugs with their parents in the last two months were more likely than their counterparts to recognise the YMUC advertising from street magazines and newspapers (26%) and on billboards and outdoor posters (64%) than were those who had not engaged in such discussions (15% and 48% respectively);
- Those in the 'high risk' psychographic segments were more likely than those classified as 'low risk' to have seen YMUC advertising on posters in pubs, clubs, nightclubs or bars (32% versus 21%) and on billboards and outdoor posters (57% versus 48%); and
- Those who had 'ever used' illegal drugs were more likely to have seen YMUC advertising in pubs, clubs, nightclubs or bars (31% versus 18% of those who had 'never used' illegal drugs).

Overall, 93% of all 15 to 24 year olds in the Stage One Evaluation recognised at least one element of the YMUC that is the television ads and/or any of the supporting material shown in Figure 3.3d.

This was on par with recognition of the 'Youth' advertising component of the NDC achieved after Phases Two (99%) and Three (92%).

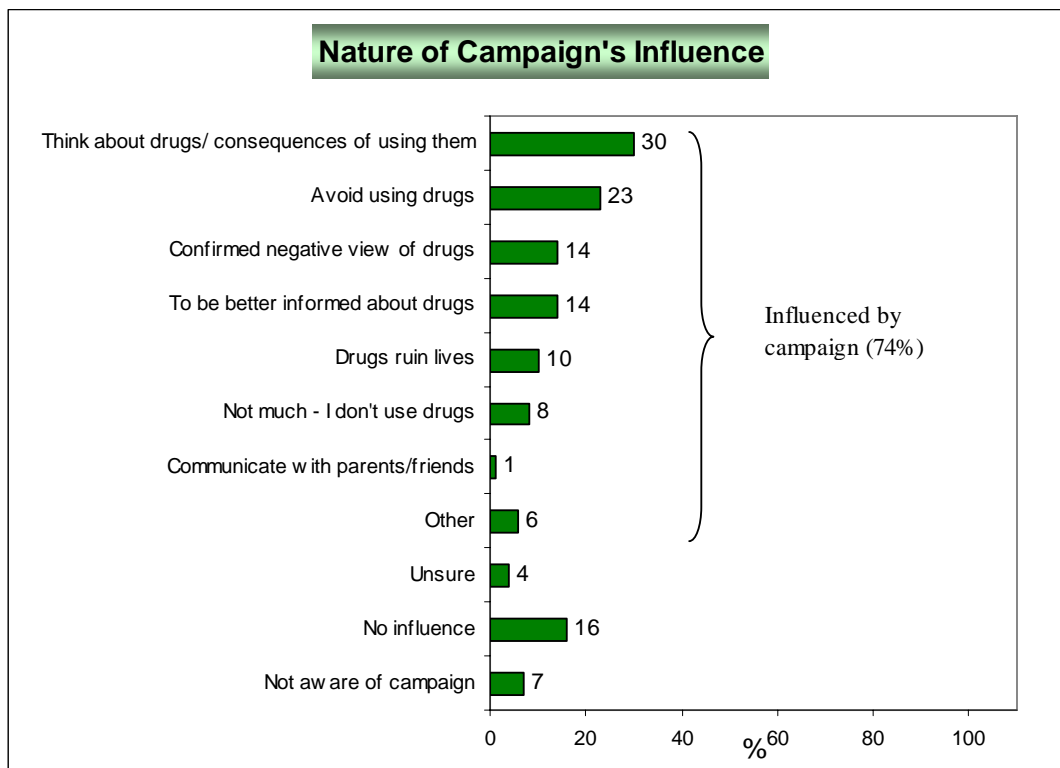
3.4 Reported influence of the campaign

Figure 3.4a shows the extent to which young people felt the campaign had influenced what they did or thought about illegal drugs. Overall, three-quarters (74%) of 15 to 24 year olds felt the campaign had influenced them to some extent. This compares favourably with the 77% of 15 to 24 year olds who felt Phase Three of the NDC had influenced their thoughts and feelings about illegal drugs and the 62% of 15 to 20 year olds who felt this way after Phase Two.

As was also evident after Phases Two and Three of the NDC, the likelihood of young people reporting they had been influenced by the campaign decreased with age. Following Stage One of the YMUC, those aged 15 to 17 years were more likely than those aged 18 to 24 years to report that the campaign had influenced them in some way (82% versus 70%).

Figure 3.4a also provides details of the campaign's reported influence. Most frequently this included thinking about the consequences of using drugs (30%), avoiding the use of drugs (23%), confirming negative personal views about drugs (14%) and encouraging efforts to be better informed about drugs (14%).

Figure 3.4a **Reported influence of the campaign on what young people did and thought about drugs**



Base: Total Sample (n = 1409)

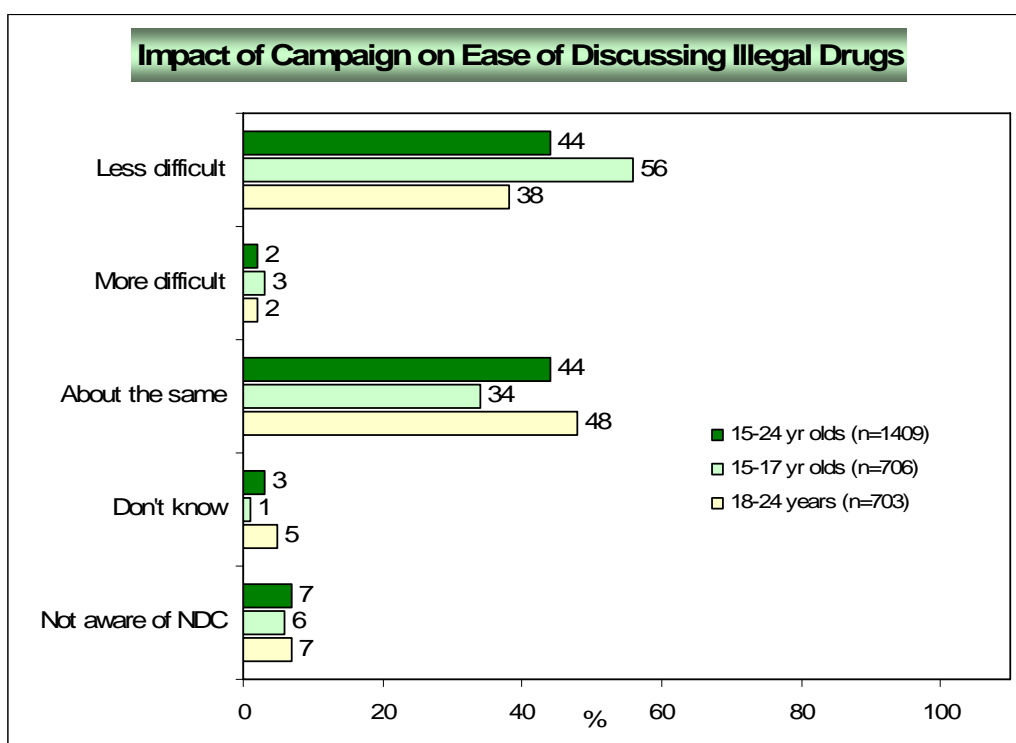
Reported impact of the campaign in facilitating parent/child conversations about drug use

Young people who had seen at least one element of the YMUC were asked whether the campaign as a whole had made it more or less difficult for them to discuss illegal drugs with their parents.

Figure 3.4b shows the results for three groups - the total sample of 15 to 24 year olds, (that is, including those who were unable to recall any element of the campaign), those aged 15 to 17 years and those aged 18 to 24 years.

From Figure 3.4b it can be seen that 44% of 15 to 24 year olds felt it was less difficult to talk to their parents about illegal drugs after seeing the campaign. Forty-four percent thought the level of difficulty was about the same and two percent felt it was more difficult. Those aged 15 to 17 (56%) were more likely than those aged 18 to 24 (38%) to feel it was less difficult to talk to their parents about illegal drugs after Stage One of the YMUC.

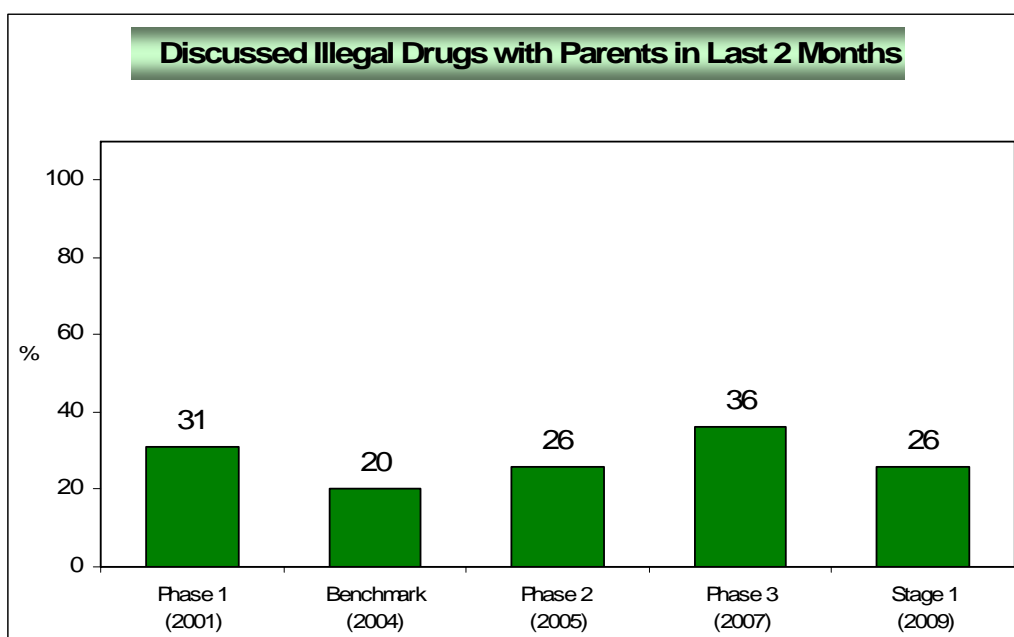
Figure 3.4b Young people's reported ease or difficulty in talking about illicit drugs after the campaign



Discussions about illegal drugs

Young people aged 15 to 17 years were asked if they had discussed illegal drugs with their parents during the last two months. Figure 3.4c shows that 26% had done so. This is lower than the 36% of 15 to 17 year olds who reported having such a discussion after Phase Three of the NDC when the parent information booklet was distributed to all households. However, the result is on a par with the 26% of 15 to 17 year olds who reported a parental discussion about illegal drugs during the previous two months after Phase Two of the NDC, when the parent information booklet had not been widely distributed.

Figure 3.4c Recent discussion of illegal drugs between young people and their parents



Base: All respondents aged 15 to 17 years

Those 15 to 17 year olds displaying 'high risk' attitudes to drug use were slightly more likely to report discussing illegal drugs with their parents in the previous two months (36% versus 24% of those in the 'low risk' category). This was also the case for those who had 'ever used' illegal drugs (43% of this group had discussed illegal drugs with their parents compared with 22% of those who had 'never used' illegal drugs).

By contrast, those who failed to recognise the YMUC television advertising were less likely to have discussed illegal drugs with their parents in the last two months (15% versus 29% of those who recognised 'Ice' and 28% of those who recognised the composite description of 'Marijuana/Ecstasy').

3.5 Young people's attitudes towards illicit drugs

Attitudes towards marijuana, speed, ecstasy and ice

A set of descriptive statements about marijuana, speed, ecstasy and ice were read to survey participants. For each statement, a randomly selected subgroup¹⁴ of respondents was asked if they agreed or disagreed with it as a description of the drug.

Table 3.5a compares the results for marijuana, ecstasy and speed in the Stage One Evaluation survey with those obtained through the Benchmark (2005) and Phase Three Evaluation (2007) surveys. A number of changes appear to have occurred in young people's attitudes towards these drugs between the launch of the Youth NDC in mid-2005 and Stage One of the YMUC:

- There are less positive perceptions of the three drugs. That is, young people are less likely to agree these drugs are 'fun' (with the exception of marijuana where agreement remained steady at 27%), 'help a person to relax' and are 'good drugs to share with friends';
- There is greater agreement that ecstasy and speed can be associated with various mental health problems, including aggression, depression and paranoia;
- There is also greater agreement that all three drugs can lead to dental problems, although, in keeping with the 'cracked tooth' scene from the 'Ecstasy' TVC, the greatest increase (from 38% to 80%) in agreement was for ecstasy;
- Following Stage One of the YMUC, ecstasy was more strongly associated with being addictive; while
- For marijuana, more respondents 'agreed' this drug could 'make it harder to drive a car safely' (up from 89% to 94%) and that 'you don't know what's in it' (up from 71% to 76%).

There were also some changes evident between Phase Three of the NDC and Stage One of the YMUC:

- For marijuana, there was increased association with dental problems (up from 63% to 73%), unknown contents (up from 70% to 76%), unsafe driving (up from 90% to 94%) and difficulty sleeping (up from 62% to 70%). There was less association of marijuana (from 28% to 21%) with being a good drug to share with friends;
- There was increased association of ecstasy with aggressive behaviour (up from 80% to 86%) and dental problems (up from 72% to 80%);
- Ice showed slightly less association with triggering serious mental illness (down from 95% to 91%); while
- No significant changes were evident between these two surveys insofar as respondents' attitudes towards speed were concerned.

¹⁴ To avoid excessive respondent burden, each respondent was only asked about two of these drugs.

Table 3.5a Agreement with descriptive statements about marijuana, speed, ecstasy and ice

	MARIJUANA			SPEED			ECSTASY			ICE	
	NDC		YMUC	NDC		YMUC	NDC		YMUC	NDC	
15-24 year olds	Benchmark (2004)	Phase 3 (2007)	Stage 1 (2009)	Benchmark (2004)	Phase 3 (2007)	Stage 1 (2009)	Benchmark (2004)	Phase 3 (2007)	Stage 1 (2009)	Benchmark (2004)	Phase 3 (2007)
<i>Base: All respondents</i>	<i>(n=1400)</i>	<i>(n=723)</i>	<i>(n=704)</i>	<i>(n=1400)</i>	<i>(n=726)</i>	<i>(n=704)</i>	<i>(n=1400)</i>	<i>(n=726)</i>	<i>(n=704)</i>	<i>(na)</i>	<i>(n=723)</i>
<i>Agree that (... drug ...)</i>											
<u>Positive Perceptions</u>											
Is a fun drug	27	24	27	23	10 ¹	8 ¹	29	23 ¹	20 ¹	na	5
Can help a person to relax	72	65 ¹	64 ¹	21	14 ¹	13 ¹	29	23 ¹	23 ¹	na	13
Is a good drug to share with friends	34	28 ¹	21 ^{1,2}	16	10 ¹	11 ¹	22	15 ¹	12 ¹	na	4
<u>Mental health problems</u>											
Can trigger serious mental illness	89	88	91	87	92 ¹	91 ¹	87	91 ¹	92 ¹	na	95
Can make a person paranoid	92	90	91	84	90 ¹	89 ¹	85	87	88	na	90
Can make a person depressed	91	89	89	79	84 ¹	86 ¹	79	86 ¹	88 ¹	na	89
Can make a person aggressive	68	71	70	85	89 ¹	90 ¹	73	80 ¹	86 ^{1,2}	na	89
Can make a person lazy & lethargic	88	84 ¹	88	38	47 ¹	49 ¹	41	51 ¹	56 ¹	na	55
<u>Other health issues</u>											
Can lead to dental problems	53	63 ¹	73 ^{1,2}	44	70 ¹	71 ¹	38	72 ¹	80 ^{1,2}	na	73
Is addictive	83	86	86	86	86	90 ¹	78	85 ¹	86 ¹	na	94
Can have unpredictable effects	94	91 ¹	92	94	95	93	97	97	97	na	95
You don't know what is in it	71	70	76 ^{1,2}	91	92	93	94	94	96	na	91
Makes it harder to drive a car safely	89	90	94 ^{1,2}	87	89	90	90	92	92	na	89
Makes it hard to sleep	na	62	70 ²	na	90	87	na	88	90	na	85

Base: All Respondents

¹ Significantly different from the pre-Phase Two NDC result at the 0.05 level of statistical significance² Significantly different from the post-Phase Three NDC result at the 0.05 level of statistical significance

Analysis of these attitudes by subgroups defined by respondents' age and self-reported use of the illicit drugs marijuana, ecstasy and speed are presented in Tables 3.5b and 3.5c. Results are drawn from the Stage One Evaluation only.

It is evident that, compared to those aged 15 to 17 years, young people aged 18 to 24 years are (see Table 3.5b):

- Less likely to associate marijuana with aggressive behaviour (67% versus 77% of 15-17 year olds), dental problems (69% versus 81%) and unknown contents (73% versus 82%);
- Less likely to associate speed with helping a person to relax (11% versus 20%);
- More likely to associate ecstasy with fun (25% versus 9%) and less likely to associate this drug with aggressive behaviour (83% versus 93%) and addiction (83% versus 92%); and
- Less likely to associate ice with serious mental illness (89% versus 95%), paranoia (87% versus 94%) and aggression (87% versus 96%).

Table 3.5c shows attitudes towards marijuana, speed and ecstasy for those who have used these particular drugs as well as for those respondents who have never used any illegal drugs.

It is evident that users are more likely than non-users to associate all three drugs with fun and sharing with friends. Users are also more likely to associate marijuana with helping a person to relax.

At the same time, users are less likely than non-users to associate the drugs with various negative usage outcomes including:

- Addiction for all three drugs;
- Dental problems (66% versus 77%), unknown contents (66% versus 82%) and difficulty sleeping (59% versus 76%) for marijuana;
- Serious mental illness (75% versus 91%) for speed; and
- Lazy and lethargic behaviour (38% versus 62%) and unsafe driving (84% versus 94%) for ecstasy.

Conversely, users were more likely to associate:

- Marijuana with paranoia (97% versus 88%) and lazy and lethargic behaviour (96% versus 84%); and
- Speed with dental problems (89% versus 69%) and difficulty sleeping (98% versus 83%).

Table 3.5b Agreement with descriptive statements about marijuana, speed, ecstasy and ice by age (Stage One)

POST-STAGE ONE YMUC	MARIJUANA		SPEED		ECSTASY		ICE	
	15-17 years	18-24 years	15-17 years	18-24 years	15-17 years	18-24 years	15-17 years	18-24 years
<i>Base: All respondents</i>	(n=362)	(n=342)	(n=350)	(n=354)	(n=345)	(n=359)	(n=355)	(n=351)
<i>Agree that (... drug ...)</i>								
<u>Positive Perceptions</u>								
Is a fun drug	22	30	6	9	9	25 [#]	2	6
Can help a person to relax	58	67	20	11 [#]	23	23	13	12
Is a good drug to share with friends	18	22	9	12	8	14	3	4
<u>Mental health problems</u>								
Can trigger serious mental illness	92	90	94	89	96	90	95	89 [#]
Can make a person paranoid	89	92	90	89	92	87	94	87 [#]
Can make a person depressed	89	90	88	85	89	88	92	86
Can make a person aggressive	77	67 [#]	93	89	93	83 [#]	96	87 [#]
Can make a person lazy & lethargic	85	89	51	48	62	54	60	58
<u>Other health issues</u>								
Can lead to dental problems	81	69 [#]	75	70	77	81	78	71
Is addictive	88	85	92	89	92	83 [#]	96	91
Can have unpredictable effects	92	93	93	93	99	96	96	91
You don't know what is in it	82	73 [#]	95	92	97	96	93	88
Makes it harder to drive a car safely	94	94	91	90	95	91	91	87
Makes it hard to sleep	75	68	86	87	89	91	85	83

Base: All Respondents

Result for 18-24 year olds is significantly different from that for 15-17 year olds at the 0.05 level of statistical significance

Table 3.5c Agreement with descriptive statements about marijuana, speed and ecstasy¹⁵ by illegal drug use (Stage One)

POST-STAGE ONE YMUC	MARIJUANA		SPEED		ECSTASY	
	Ever Used Marijuana	Never Used Any Illegal Drugs	Ever Used Speed	Never Used Any Illegal Drugs	Ever Used Ecstasy	Never Used Any Illegal Drugs
<i>Base: All respondents</i>	<i>(n=239)</i>	<i>(n=455)</i>	<i>(n=50)*</i>	<i>(n=456)</i>	<i>(n=91)</i>	<i>(n=469)</i>
<i>Agree that (... drug ...)</i>						
<u>Positive Perceptions</u>						
Is a fun drug	53	13 [#]	30	3 [#]	67	8 [#]
Can help a person to relax	87	52 [#]	4	12	28	21
Is a good drug to share with friends	44	8 [#]	38	5 [#]	52	3 [#]
<u>Mental health problems</u>						
Can trigger serious mental illness	89	92	75	91 [#]	90	94
Can make a person paranoid	97	88 [#]	92	87	88	88
Can make a person depressed	91	89	89	84	89	89
Can make a person aggressive	64	74	93	88	80	89
Can make a person lazy & lethargic	96	84 [#]	48	55	38	62 [#]
<u>Other health issues</u>						
Can lead to dental problems	66	77 [#]	89	69 [#]	87	78
Is addictive	77	91 [#]	76	90 [#]	62	91 [#]
Can have unpredictable effects	91	94	87	92	95	97
You don't know what is in it	66	82 [#]	90	92	96	95
Makes it harder to drive a car safely	92	96	84	89	84	94 [#]
Makes it hard to sleep	59	76 [#]	98	83 [#]	97	89

Base: All Respondents

[#] Result for those who have never used illegal drugs is significantly different from that for those who have used each drug at the 0.05 level of statistical significance

* Caution small sample size, results are indicative only.

¹⁵ Note: Due to the very small number of ice users in the sample (n=16), the comparative attitudes of ice users and non-users of illegal drugs have not been reported.

To explore the relationship between attitudes to speed and ice, Table 3.5d shows the percentage of respondents who agreed with each statement for these two drugs in the Stage One Evaluation survey.

Few differences are evident apart from:

- Ice being less likely than speed to be seen as 'a good drug to share with friends' (4% agreement versus 11% for speed); and
- Greater agreement that ice 'can make a person lazy and lethargic' (59% agreement versus 49% for speed).

Table 3.5d Agreement with descriptive statements about ice and speed (Stage One)

	Ice	Speed
<i>Base: Respondents aged 15-24 years</i>	<i>(n=706)</i>	<i>(n=704)</i>
<i>Agree that (... drug ...)</i>		
<u>Positive Perceptions</u>		
Is a fun drug	5	8
Can help a person to relax	12	13
Is a good drug to share with friends	4 [#]	11
<u>Mental health problems</u>		
Can trigger serious mental illness	91	91
Can make a person paranoid	89	89
Can make a person depressed	88	86
Can make a person aggressive	90	90
Can make a person lazy & lethargic	59 [#]	49
<u>Other health issues</u>		
Can lead to dental problems	73	71
Is addictive	92	90
Can have unpredictable effects	92	93
You don't know what is in it	89	93
Makes it harder to drive a car safely	89	90
Makes it hard to sleep	84	87

[#] Result differs from that for speed at the 0.05 level of statistical significance

By contrast, Table 3.5e suggests that 15 to 24 year olds view marijuana and ecstasy quite differently from ice. Specifically:

- Respondents were significantly less likely to associate ice with the positive measures of 'fun', 'relaxation' and being 'a good drug to share with friends';
- Compared to marijuana, ice was more likely to be associated with aggressive behaviour (90% 'agree' versus 70% for marijuana) and less likely to be associated with 'making a person lazy and lethargic' (59% versus 88% for marijuana);
- Ice was also more likely than marijuana to be seen as 'addictive' (92% versus 86% for marijuana) and to be associated with 'not knowing what's in it' (89% versus 76% for marijuana) and 'making it hard to sleep' (84% versus 70% for marijuana). Ice was less likely than marijuana to be associated with unsafe driving (89% versus 94% for marijuana); and

- Compared to ecstasy, ice was less likely to be associated with 'dental problems' (73% versus 80% for ecstasy), 'unpredictable effects' (92% versus 96% for ecstasy), 'not knowing what's in it' (89% versus 96% for ecstasy) and 'making it hard to sleep' (84% versus 90% for ecstasy). Ice was more likely than ecstasy to be seen as addictive (92% versus 86% for ecstasy).

Table 3.5e Agreement with descriptive statements about ice, marijuana and ecstasy (Stage One)

	Ice	Marijuana	Ecstasy
<i>Base: Respondents aged 15-24 years</i>	<i>(n=706)</i>	<i>(n=704)</i>	<i>(n=704)</i>
<i>Agree that (... drug ...)</i>			
<u>Positive Perceptions</u>			
Is a fun drug	5 ^{1,2}	27	20
Can help a person to relax	12 ^{1,2}	64	23
Is a good drug to share with friends	4 ^{1,2}	21	12
<u>Mental health problems</u>			
Can trigger serious mental illness	91	91	92
Can make a person paranoid	89	91	88
Can make a person depressed	88	89	88
Can make a person aggressive	90 ¹	70	86
Can make a person lazy & lethargic	59 ¹	88	56
<u>Other health issues</u>			
Can lead to dental problems	73 ²	73	80
Is addictive	92 ^{1,2}	86	86
Can have unpredictable effects	92 ²	92	97
You don't know what is in it	89 ^{1,2}	76	96
Makes it harder to drive a car safely	89 ¹	94	92
Makes it hard to sleep	84 ^{1,2}	70	90

¹ Result differs from that for marijuana at the 0.05 level of statistical significance

² Result differs from that for ecstasy at the 0.05 level of statistical significance

Finally, it is interesting to note that those who recognised the 'Ice' TVC and identified ice as the drug discussed in the ad were more likely than those who failed to recognise ice as the drug being discussed in this TVC to associate ice with addiction (96% to 84%), aggression (95% to 76%), depression (92% to 76%), paranoia (96% to 72%), making it hard to sleep (89% to 69%), dental problems (81% to 54%), with unknown contents (93% to 76%) and with having unpredictable effects (95% to 81%).

Likelihood of accepting an offer of marijuana, speed and ecstasy

All respondents were asked whether or not they would accept an offer of various drugs if the offer was made by a friend in a situation where the friend was using that drug. The drugs tested in this way were the 'campaign' drugs (i.e. marijuana, ecstasy, speed and ice) as well as LSD or other hallucinogens, cocaine and heroin. A response scale of 'definitely say yes and take it', 'probably say yes', 'probably say no' and 'definitely say no' was used. All respondents who gave a response other than 'definitely say no' were classed as being 'at risk' of accepting the drug.

Results for 15 to 24 year olds from the Benchmark, Phase Three and Stage One surveys are shown in Table 3.5f. Significant changes are only reported for comparisons of the Benchmark and Stage One surveys.

Table 3.5f 'At Risk' of accepting offers of the 'campaign' drugs from a friend

	Def- initely 'Yes'	Prob- ably 'Yes'	Prob- ably 'No'	Net: 'At Risk' **	Def- initely 'No'	Unsure/ Refused'
At Risk of accepting offer of ...						
Marijuana						
Benchmark (2004)	6	15	20	42	57	1
Phase 3 (2007)	4	13	19	36	64	<1
Stage 1 (2009)	3	14	17	34[#]	65	<1
Ecstasy						
Benchmark (2004)	4	7	10	21	78	1
Phase 3 (2007)	2	6	9	17	83	<1
Stage 1 (2009)	1	6	8	16[#]	84	<1
Speed						
Benchmark (2004)	3	6	7	16	83	1
Phase 3 (2007)	1	4	6	11	89	<1
Stage 1 (2009)	1	3	6	9[#]	91	<1
LSD or other hallucinogens						
Benchmark (2004)	1	4	8	12	87	1
Phase 3 (2007)	<1	2	7	9	90	1
Stage 1 (2009)	1	3	7	10	89	1
Cocaine						
Benchmark (2004)	2	4	5	11	88	1
Phase 3 (2007)	2	4	6	11	88	<1
Stage 1 (2009)	1	3	5	10	90	<1
Heroin						
Benchmark (2004)	<1	<1	2	2	97	<1
Phase 3 (2007)	<1	<1	2	3	97	<1
Stage 1 (2009)	<1	<1	2	2	98	<1
Ice						
Benchmark (2004)	na	na	na	na	na	na
Phase 3 (2007)	<1	1	3	4	96	<1
Stage 1 (2009)	<1	<1	2	2	98	<1

Base: All Respondents

Significantly different from pre-Phase Two result at the 0.05 level of statistical significance

** Numbers may not always add exactly due to rounding

From Table 3.5f it can be seen that the proportion of 15 to 24 year olds 'at risk' of accepting a friend's offer of marijuana, ecstasy or speed has significantly decreased since the start of the Youth component of the NDC. Further, there has been a decrease (from 4% to 2%) in the proportion of 15 to 24 year olds 'at risk' of accepting an offer of ice since the Phase Three. That is, there has been a decline in the proportion of young people 'at risk' of accepting offers of the drugs which were the focus of the 'Youth' NDC and Stage One of the YMUC.

Further to this, Table 3.5g shows the proportion of 15 to 17 year old and 18 to 24 year olds 'at risk' of accepting offers of these drugs.

- Firstly, it is noteworthy that 18 to 24 year olds are more likely than those aged 15 to 17 years to be 'at risk' of accepting offers of ecstasy, speed, marijuana and cocaine.

Table 3.5g 'At Risk' of accepting offers from a friend of various illegal drugs

	Total Sample % 'At Risk'	% 'At Risk' Respondents Aged ...	
		15-17 yrs	18-24 yrs
At Risk of accepting offer of			
Marijuana			
Benchmark (2004)	42	39	43
Phase 3 (2007)	36	31	38
Stage 1 (2009)	34 [#]	31 [#]	36 [#]
Ecstasy			
Benchmark (2004)	21	14	24
Phase 3 (2007)	17	13	19
Stage 1 (2009)	16 [#]	11	18 [#]
Speed			
Benchmark (2004)	16	12	18
Phase 3 (2007)	11	6	13
Stage 1 (2009)	9 [#]	6 [#]	11 [#]
LSD or other hallucinogens			
Benchmark (2004)	12	8	14
Phase 3 (2007)	9	7	10
Stage 1 (2009)	10	10	10
Cocaine			
Benchmark (2004)	11	8	13
Phase 3 (2007)	11	7	13
Stage 1 (2009)	10	6	11
Heroin			
Benchmark (2004)	2	4	2
Phase 3 (2007)	3	2	3
Stage 1 (2009)	2	3	2
Ice			
Benchmark (2004)	na	na	na
Phase 3 (2007)	4	4	4
Stage 1 (2009)	2	2	2

Base: All Respondents

[#] Significantly different from Benchmark result at the 0.05 level of statistical significance

- Secondly, since September 2004 (that is, before Phase Two of the NDC began) there have been significant decreases in the proportion of 15 to 17 year olds 'at risk' of accepting offers of marijuana (from 39% to 31%) and speed (from 12% to 6%).
- During the same time period, there have also been decreases in the proportion of 18 to 24 year olds 'at risk' of accepting an offer of marijuana (from 43% to 36%), ecstasy (from 24% to 18%) and speed (from 18% to 11%).

Self-reported use of marijuana, ecstasy and speed/ice

For the first time since the Benchmark survey, the Stage One YMUC Evaluation survey included self-reported measures of illegal drug use by 15 to 24 year olds, specifically use of marijuana, ecstasy, speed and ice¹⁶. All respondents were asked if they had ever used these drugs and if so, if they had used them in the last 12 months and in the last four weeks.

As shown in Table 3.5h, since the NDC Benchmark survey was conducted in September 2004, there has been a decrease in the self-reported use of marijuana amongst 15 to 24 year olds. Thus the proportion who had 'ever used' this drug fell from 44% to 35%, while the proportion who had used marijuana 'in the last four weeks' fell from 11% to 7%. Decreases were evident amongst 15 to 17 year olds ('ever used' fell from 29% to 17%, 'used in the last 12 months' fell from 19% to 12%) and amongst 18 to 24 year olds ('ever used' fell from 51% to 44%, 'used in the last 4 weeks fell from 13% to 8%).

Table 3.5h Self-reported use of illegal drugs

	15-24 years		15-17 years		18-24 years	
	NDC Pre-Phase 2 (n=1400) %	YMUC Post-Stg 1 (n=1409) %	NDC Pre-Phase 2 (n=1400) %	YMUC Post-Stg 1 (n=1409) %	NDC Pre-Phase 2 (n=1400) %	YMUC Post-Stg 1 (n=1409) %
Ever used						
Marijuana	44	35 [#]	29	17 [#]	51	44 [#]
Ecstasy	15	15	4	4	21	20
Speed/Ice	15	11 [#]	3	2	20	15 [#]
Used in last 12 months						
Marijuana	24	20	19	12 [#]	26	23
Ecstasy	8	10	3	3	10	13
Speed/Ice	8	3 [#]	2	1	10	4 [#]
Used in last 4 weeks						
Marijuana	11	7 [#]	7	5	13	8 [#]
Ecstasy	3	3	1	1	4	3
Speed/Ice	3	<1 [#]	1	<1	4	<1 [#]

Base: All Respondents

Significantly different from pre-Phase Two result at the 0.05 level of statistical significance

¹⁶ Respondents were only asked a single question about their use of "Speed, amphetamines or methamphetamines" in 2004. In 2009 separate questions about use of "speed or base" and of "ice" were asked. The 2009 results from these two questions have been combined to allow comparison between the two surveys.

There is also evidence of a decline in the proportion of 15 to 24 year olds who reported using speed/ice. The proportion who had 'ever used' these drugs fell from 15% to 11%, 'use in the last 12 months' fell from 8% to 3% and 'use in the last four weeks' fell from 3% to less than 1%. Decreases in all three usage categories were evident amongst 18 to 24 year olds but not amongst those aged 15 to 17 years.

However, while reported use of marijuana and amphetamines/methamphetamines appears to have fallen during the last five years, no decrease was evident in self-reported use of ecstasy amongst 15 to 24 year olds. Interestingly, further analysis of ecstasy use by gender showed females were more likely to report using ecstasy in the last 12 months than was the case in the 2004 Benchmark survey (5% in the Benchmark survey versus 10% in the Stage One survey). There was no increase in use of this drug by males (Table 3.5i).

Table 3.5i Self-reported use of ecstasy by 15-24 year olds

Self-Reported use of ECSTASY	Benchmark (2004) %	Stage 1 (2009) %
Ever used		
Males	19	15
Females	12	14
Used in last 12 months		
Males	10	10
Females	5	10 [#]
Used in last 4 weeks		
Males	4	2
Females	2	3

Base: All Respondents

[#] Significantly different from Benchmark result at the 0.05 level of statistical significance

The patterns of self-reported marijuana, meth/amphetamines and ecstasy use among respondents to the post Stage One survey were reasonably consistent with population estimates from the National Drug Strategy Household Survey (NDSHS, 2004, 2007). Whilst it should be noted the age groupings differ slightly between this survey and the NDSHS (14-19 years and 20-29 years versus 15-17 years and 18-24 years), the overall trend of a reduction in marijuana and meth/amphetamine use among teenagers and young people, but steady use of ecstasy, hold true.

4 Summary and Conclusions

The first stage of the YMUC used materials from the 'Youth' component of the NDC. It comprised television advertising (300 TARPS across three executions compared with 1,430 in Phase Two of the NDC and 711 in Phase Three) supported by images from the TVCs placed in magazines and street press, out of home media including street furniture and Big Screen media, posters in pubs, clubs, nightclubs and bars, and online. A campaign website and a free-call hotline were also established.

The campaign targeted teenagers and young people aged 15 to 25 years and focused on prevention of methamphetamine and other illicit drug use through the generation and reinforcement of negative perceptions of ice, speed, ecstasy and cannabis.

4.1 Campaign reach and recognition

Overall, Stage One of the YMUC appears to have achieved strong cut-through among teenagers and young people despite reduced media spend. Following the conclusion of the campaign, three-quarters of teenagers and young people (76%) recalled recent advertising about illegal drugs and 61% described elements consistent with the YMUC. Consistent with the allocation of campaign spend, the 'Ice' advertising was recalled most often (46%) followed by marijuana (19%) and ecstasy (15%).

Recall of advertising about illegal drugs was slightly lower than was seen following the 'Youth' phases of the NDC (90% following Phase Two and 83% following Phase Three). This decline however, is not surprising given the considerable differences in media strategy between Stage One of the YMUC and previous phases of the NDC. In particular, Stage One is notable for a much lower use of television but greater use of print and out of home advertising. Notwithstanding these differences, the level of cut-through achieved in Stage One is a positive result and appears to have maintained, without necessarily extending, the success of the earlier NDC campaign. The continued success of the NDC creative materials used for Stage One is likely to be due to a combination of factors including the consistent use of creative material that appears to resonate with the target audience, the targeted nature of the media strategy and, possibly, the relatively high TV spend in the earlier phases of the NDC. The latter, in particular, is likely to have ensured that virtually all older members of the target audience would have been exposed to the campaign at a younger age and that subsequent phases of the campaign only needed to 'refresh' their initial take-out.

The vast majority (93%) of teenagers and young people recognised at least one element of the Stage One campaign, which is equivalent to the results obtained for Phase Three of the NDC (92%) and only slightly down in comparison to Phase Two (99%).

There was continued strong recognition of the '*Ice*' (67%) television execution despite the reduction in TARPS. Amongst those who recognised this TVC, the main take-outs were consistent with the communications objectives of the campaign with 96% recalling an on-target message (44% recalled the negative consequences of using ice, 28% its unpredictable effects and 34% encouragement to abstain from its use) and 71% correctly identifying ice as the drug being discussed. Recognition of the '*Ice*' TVC was slightly lower among 18 to 24 year old males and those respondents from a LOTE background.

The '*Marijuana and Ecstasy*' television executions were also recognised by around two in three (68%) teenagers and young people. Recognition of the '*ME*' TVCs was slightly lower among teenage females and those from a LOTE background.

Both the '*Ice*' and '*ME*' TVCs were considered 'believable' and 'effective' by almost all teenagers and young people who had seen them. However, the perceived effectiveness of the '*Ice*' and '*ME*' TVCs was higher among teenagers (15 to 17 year olds) than it was amongst 18 to 24 year olds. It was also lower among users and higher risk psychographic segments (Thrill Seekers and Reality Swappers). This finding suggests that while the present campaign material is working well in the context of a broad prevention agenda among this age group, it may not be quite as effective when the focus of the YMUC shifts towards a more targeted intervention among methamphetamine users.

Recognition of individual non-television elements of the campaign among the target audiences was less extensive than the TVCs. However, three-quarters (77%) of respondents recalled at least one of the additional elements of the Stage One campaign. Recognition of billboard/outdoor advertising (50%) was particularly strong. Recognition of other media was slightly lower: 29% for magazines, 24% for on-line, 23% for clubs, pubs, bars and nightclubs, 22% for cinemas, and 19% for street magazines and newspapers.

There was also evidence – as was the case in the post Phase Three survey – that the non-television elements of the campaign may have acted in a more targeted fashion and facilitated reaching audience segments which were less exposed to the TVCs. In particular, magazine advertising was more likely to be recognised by teenage females, cinema and in-venue advertising were more likely to be recognised by young males (18 to 24 years) and outdoor advertising by 15 to 24 year olds from households where a language other than English is mainly used. In-venue and outdoor advertising was also more likely to be recognised by those who had engaged in illicit drug use.

4.2 The campaign's influence

Perceived campaign influence

Almost three-quarters (74%) of young people aged 15 to 24 years felt the campaign had influenced what they did or thought about illegal drugs. Teenagers (82%) were more likely than young adults (70%) to report the campaign had influenced them in some way.

The nature of the campaign's influence was similar to previous phases of the NDC and included young people resolving to think more about illegal drugs and the consequences of using them, to avoid the use of illegal drugs, to confirm existing negative views of drugs and to be better informed about drugs.

Communication with parents

Fifty-six percent of teenagers felt the campaign had made it easier to talk to their parents about drugs, while 26% claimed to have discussed illegal drugs with their parents in the previous two months. While the latter is lower than the 36% achieved after Phase Three of the NDC (when the parent information booklet was distributed to all households), it is on par with results following Phase Two when the booklet could only be obtained by request.

This suggests the mass media campaign contributed to discussions about illicit drugs between parents and teenagers but that the mass distribution of the booklet also played a significant role in stimulating parent/child discussions about this topic.

Attitudes towards illicit drugs

Since September 2004 (prior to the launch of Phase Two of the NDC), there have been a number of positive changes in the attitudes of teenagers and young people towards marijuana, ecstasy and speed.

Specifically, teenagers and young people have less positive perceptions of all three types of illicit drugs – that is, they are less likely to agree these drugs are fun, that they help a person to relax and that they are good to share with friends. These drugs – particularly ecstasy and speed – are also more likely to be associated with mental health problems such as aggression, depression and paranoia, dental problems (ecstasy in particular) and addiction.

Changes in attitudes towards marijuana, ecstasy, speed and ice between the Phase Three NDC and Stage One YMUC surveys were more limited. Nevertheless, there was decreased association of marijuana with being fun and increased association of this drug with dental problems, unknown contents, unsafe driving and sleeping difficulties. Ecstasy was more strongly associated with dental problems and aggressive behaviour while there was a slight decline in the association of ice with triggering serious mental illness (although most respondents – 91% - continued to associate ice with this attribute).

Insofar as attitudinal differences between subgroups in the Stage One survey were concerned, those between users and non-users of illicit drugs were of particular note. Typically, those who use illicit drugs were much more likely than those who have never used illicit drugs to associate the drugs targeted by the campaign with so-called positives (i.e. fun, helping a person to relax and being good to share with friends). Users were also more likely to associate these drugs with their immediate

consequences of use but, somewhat paradoxically, were less likely to acknowledge some of the more serious negative consequences of use (such as aggression or addiction).

Risk and self-reported illicit drug use

There has been little change in the proportion of teenagers and young people considered to be 'at risk' of accepting a friend's offer of marijuana, ecstasy or speed since the Phase Three survey. However, the proportion considered 'at risk' continued to be significantly lower than before the 'Youth' component of the NDC commenced. For teenagers, the proportion 'at risk' of accepting marijuana or speed has decreased, while for young people (18 to 24 years) there has been a decrease in the proportion 'at risk' of accepting all three illicit drugs. Further, there has been a decrease in the proportion of teenagers and young people 'at risk' of accepting an offer of ice since the Phase Three.

Similarly, there has also been a decrease in self-reported use of some illicit drugs among teenagers and young adults since September 2004. Most notably, there has been a reduction in self-reported use of marijuana across the target audiences and speed/ice among young adults (18-24 year olds). However, self-reported use of ecstasy was unchanged for 15 to 24 year olds males but appeared to increase among 15 to 24 year old females. These patterns of use are broadly consistent with those noted in population estimates from the NDSHS (2004, 2007).

In conclusion, results from the Stage One YMUC survey suggest that, despite a lower overall media spend and less weighting towards television advertising than in previous phases of the NDC, most teenagers and young adults responded to Stage One of the YMUC. Overall this response appears to have maintained, and in some cases built on, the positive impact on attitudes and intentions towards illicit drugs achieved by the earlier NDC activity.

Appendix 1 Description of Stage One TV commercials

'Marijuana'

The commercial opens on a party in a suburban house. We see a boy (who has been smoking marijuana) slumped on a lounge in the corner of a room, staring straight ahead. We hear two girls speaking about how the boy is so out of it and smoking more and more. The camera moves rapidly through a picture on the wall of a city street. The picture comes to life as the camera moves into it and we are suddenly at the scene of an accident. A pedestrian has been hit. Ambulance paramedics are frantically working on someone. The female driver stands there in a daze. She (has been smoking marijuana and) is obviously affected. We see a small bag of grass in her handbag. A policewoman asks her what happened and the girl is confused, saying she didn't see the pedestrian. The camera moves through a window on the side of the ambulance. Suddenly we are in a hospital room. A young man cowers in the corner of a hospital bed in the foetal position. We hear one of his friends speaking about how they "didn't know (marijuana) could mess his head up that much." The camera moves through the screen of a television set in the room on which we see the main street of a country town. A girl is sitting sullenly in the gutter. A nearby girl speaks sadly to her friend about how their friend is not doing well, and how she's changed as a result of using marijuana. The camera moves through a poster of a grassy scene on the wall behind. We are suddenly at an Aussie Rules match. A player hand-passes a football to his team mate. He clumsily fumbles it, dropping it to the ground. He looks breathless and confused. His team mates shake their heads - it's obviously not the first time. We hear one of them say *"Not again...wake up."* The coach shakes his head, mystified and says *"I don't know what's wrong with him these days"*. A super appears and we hear: *"Marijuana. You don't know what it'll do to you"*. The super also contains a phone number (1800 250 015) and a website address (www.australia.gov.au/drugs) for the Australian Government. This is a 45 second commercial.

'Ecstasy'

The commercial opens in the bedroom of a 16-year-old girl. She is sitting forlornly on her bed, tears rolling down her cheeks. Her boyfriend says he's not sure why she takes ecstasy as she gets so depressed coming down. The camera moves rapidly through the glass of the girl's window and into the window of a building across the road into a dental surgery. A young man is in the chair with a dentist operating on his mouth. We hear the young man's thoughts, as well as the dentist's voice during the examination. Over a rapid montage of damaged teeth close-ups and the guy's agonised face, we hear the dentist remark on how the front teeth have cracked through grinding. We also hear the young man's worried thoughts. The camera moves rapidly through a picture on the wall. The curtains in the picture suddenly become curtains around a bed in an intensive care unit in a hospital. They pull to one side as we see a young man experiencing toxic meltdown. Hospital staff are frantically trying to reduce his body temperature as his distraught parents look on. We hear the worried voice of his girlfriend. A super appears and we hear: *"Ecstasy. You don't know what it'll do to you."* The super also contains a phone number (1800 250 015) and a website address (www.australia.gov.au/drugs) for the Australian Government. This is a 30 second commercial.

'Ice'

The commercial begins with a doctor in a hospital ward talking to camera. A super appears: "*Dr. Sally McCarthy, Director of Emergency Medicine, Prince of Wales Hospital Sydney.*" As she speaks, the camera cuts away to a series of scenes which illustrate what she is referring to. Firstly, a young guy is seen sitting at the desk in his office staring into the middle distance. Although he's wearing a collar and tie, he is quite dishevelled and rubbing his hands together in a strange repetitive motion. His boss and another employee exchange a worried glance in the background. In the next scene a young guy is seen arguing with his crying mother in her kitchen. He pushes her roughly backwards and she falls to the floor. Next we see a girl in her early 20's sitting on a sofa in a suburban lounge room. Her face is ravaged by sores and blemishes. She begins to dig at the wounds on her arms because she feels like there are bugs crawling under her skin. In the final scene two police officers restrain a young guy they have brought to the hospital. He is dishevelled with his shirt open. He gets one arm loose and lashes out at a male nurse. As the nurse falls to the ground, the young guy picks up a metal bin and throws it at a window, shattering it. Security guards and the police struggle to restrain him. Finally a *super* appears, *DON'T LET ICE DESTROY YOU*. The super also contains phone number (1800 250 015) and a website address for the Australian Government. This is a 45 second commercial.

Appendix 2 YMUC Stage One Questionnaire

- STRICTLY CONFIDENTIAL -

PR0557 National Drugs Campaign Phase 4 (CATI) Version 2c

Screening and Introduction

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

1. Continue
2. Household refusal (GO TO RR1)
3. Make appointment to screen household
4. Language difficulty (target language) (DO NOT FOLLOW-UP)
5. Queried how number was obtained (GO TO ATELQ)
6. Wants more information on subject matter (GO TO AINFO)

*(HOUSEHOLD SCREENING)

S1 INTRO A How many people aged 15 to 24 live in the household?

1. One
2. Two
3. Three
4. Four
5. Five
6. Six or more
7. None (GO TO TERMINATION SCRIPT 1)
8. Don't know / Can't say (GO TO TERMINATION SCRIPT 1)
9. Refused (GO TO RR1)

*PROGRAMMER NOTE: WRITE "qualhh=1" TO SAMPLE RECORD WHERE S1<7.

PRES2 IF S1=1 (ONLY ONE 15-24 YEAR OLD IN HOUSEHOLD) GO TO S2 INTRO A
OTHERS (MORE THAN ONE 15-24 YEAR OLD IN HOUSEHOLD) GO TO S2 INTRO B

*(RESPONDENT SELECTION)

S2 INTRO A How old is that person (aged 15 to 24)? (this is just to confirm whether I am required to ask for parental permission before starting the interview)
INTRO B How old is the 15 to 24 year old with the next birthday - this is just a way of randomising which person to interview.

1. 15 (GO TO QUOCHK, THEN S3)
2. 16 (GO TO QUOCHK, THEN S3)
3. 17 (GO TO QUOCHK, THEN S3)
4. 18 (GO TO QUOCHK, THEN S5)
5. 19 (GO TO QUOCHK, THEN S5)
6. 20 (GO TO QUOCHK, THEN S5)
7. 21 (GO TO QUOCHK, THEN S5)
8. 22 (GO TO QUOCHK, THEN S5)
9. 23 (GO TO QUOCHK, THEN S5)
10. 24 (GO TO QUOCHK, THEN S5)
11. Not sure
12. Refused (GO TO RR1)

*(NOT SURE OF EXACT AGE OF 15-24 YEAR OLD)

S2b Well, would it be....

IF NECESSARY: We're just collecting the age group to make sure we ask the right questions

1. 15 to 17
2. 18 to 19, or
3. 20 to 24
4. Refused (GO TO RR1)

QUOCHK PROGRAMMER CREATE AGE QUOTA VARIABLE FROM S2 / S2b (15-17, 18 -24)
CHECK AGE QUOTAS WITHIN LOCATION

S2DUM DUMMY VARIABLE FOR AGE QUOTA GROUP

1. 15 to 17
2. 18 to 24

*(PARENTAL PERMISSION (SELECTED RESPONDENT 15-17))

S3 Could I please speak to the parent of guardian of the <insert age from S2 / S2b> year old - I need to get parental permission before starting the interview. Would that be you?

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

IF ABSOLUTELY NECESSARY: The study is to evaluate the effectiveness of the national drugs campaign. We will be asking questions about attitudes to illicit drugs and drug use - you can contact our 1800 number to verify the legitimacy of this research (1800 250 015 / www.australia.gov.au/drugs)

1. Continue
2. Parent refusal (GO TO RR1)
3. Refused to pass to parent (GO TO RR1)
4. Make appointment to get permission from parent (TYPE STOP, MAKE APPOINTMENT)

*(RECORD PARENTAL PERMISSION)

S4 In order to show that I have got permission to proceed with this interview would you mind telling me your first name please?

1. Permission given, name provided (RECORD PARENTS NAME)
2. Permission given, name NOT provided (GO TO S4)
3. Parental permission refused (GO TO RR1)

(TRANSITION TO SELECTED 15-24 YEAR OLD)

S5 (Thank you for that) Could I please speak to the < insert age from S2 / S2b> year old?

1. Continue
2. Make appointment to speak with 15-24 year old (TYPE STOP, MAKE APPOINTMENT)
3. Refused to pass on to 15-24 year old (GO TO RR1)

*(SELECTED RESPONDENT INTRODUCTION)

S6 Good (.....), my name is (.....) calling on behalf of the Department of Health and Ageing from the Social Research Centre. We are conducting a major national study on young people's views about drugs and drug use. Would you be willing to help us – the questions are quite straightforward?
It will only take 10 to 15 minutes depending on your answers - I'll make it as quick as I can
Any information you give will be completely confidential. If there are any questions you don't want to answer just tell me so I can skip over them. Your answers will only be looked at together with the responses of hundreds of other young people we are talking to.

Do you have any questions before we begin?

1. Yes (CONTINUE)
2. Not now (STOP INTERVIEW, ARRANGE CALLBACK, RECORD SELECTED RESPONDENT NAME)
3. In-scope refusal (GO TO RR1)

*(QUERIED HOW TELEPHONE NUMBER WAS OBTAINED)

ATELQ Your telephone number has been chosen at random from all possible telephone numbers in your area. We find that this is the best way to obtain a representative sample of all Australians for our study.

1. Snap back to previous question

*(WANTS MORE INFO ON SUBJECT MATTER)

AINFO This is an important study to evaluate a major public health campaign aimed at young people that is being funded by the government.

EXPLAIN AS NECESSARY: We will be asking for young persons views about illicit drugs. The findings will be used to develop education programs for young people.

1. Snap back to previous question

S7 This interview may be monitored for quality purposes. Is that ok with you?

1. Monitoring allowed
2. Monitoring not permitted

S8 GENDER (CODE BY OBSERVATION)

1. Male
 2. Female
-

***ANALYSIS OF THE CONVERSATION (15-17 year olds ONLY)**

PREPAR1 IF S2DUM=1 (15 TO 17 YEAR OLD) CONTINUE.
OTHERS GO TO "RISK SEGMENTATION"

*(15-17 YEAR OLDS)

PAR1 In the LAST 2 MONTHS, have you had any discussions with your parents about illegal drugs?

1. Yes (GO TO PAR4)
2. No
3. Don't know / Can't say
4. Refused

****"RISK SEGMENTATION"**

*(ALL)

ATT1 Next/First I'm going to read out some things that people have said about their attitudes to life generally. For each one, please tell me whether you personally agree or disagree with each of these statements. (PROBE STRONGLY AGREE / DISAGREE OR JUST AGREE / DISAGREE)

STATEMENTS

- a) I don't really have any problems in life
- b) I like new and exciting experiences, even if I have to break the rules
- c) I don't care about what people think
- d) I like my life
- e) I worry about what my friends think of me
- f) I like the world the way it is
- g) I'm not really in control of my life
- h) You have to live for today, rather than worry about the future

(CODE FRAME)

1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know / Can't say
7. Refused

*(ALL)

ATT2 Now I'd like to find out what you think about drugs and drug use generally. I'm going to read out a number of things that people have said about drugs. For each one, please tell me whether you personally agree or disagree with each of these statements. (PROBE STRONGLY AGREE / DISAGREE OR JUST AGREE / DISAGREE)

STATEMENTS

- a) Drugs are only a problem if you let them be
- b) Most of my friends have experimented with illegal drugs
- c) Some drugs are OK, but others are a problem
- d) Drugs are not a problem for me
- e) I would recognise if I had a problem with drugs before it became too much
- f) I can control my use of drugs
- g) I'm not interested in drugs

(CODE FRAME)

1. Strongly Agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree
6. Don't know / Can't say
7. Refused

***PERCEPTIONS OF DRUGS**

*(ALL)

PREPER1 (Thanks for that). Next I'm going to read out a number of statements about particular types of drugs....

IF NECESSARY: We're just interested in your perceptions of these drugs.

1. Continue

PROGRAMMER NOTE: THERE ARE FOUR DRUGS TO ASK ABOUT – MARIJUANA, SPEED, ICE AND ECSTASY. OF THESE, TWO ARE TO BE RANDOMLY SELECTED TO GO THROUGH STATEMENT LIST AT PER1 AND PER1A.

DRUG TYPES

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

***PROGRAMMER NOTE:**

Randomly allocate to 2 out of the 4 drugs (NB: please make sure the same number of respondents rate each drug - **control with "a1" quota**)

SUMMARY

15 TO 24 (6 possible drug combinations, order of presentation rotated, 12 presentation options of drug combinations)

1. Marijuana - Speed
2. Marijuana – Ecstasy
3. Marijuana – Ice
4. Speed – Ecstasy
5. Speed – Ice
6. Ecstasy – Ice
7. Speed - Marijuana
8. Ecstasy - Marijuana
9. Ice - Marijuana
10. Ecstasy - Speed
11. Ice - Speed
12. Ice - Ecstasy

*(ALL)

PER1 Firstly, thinking about (FIRST DRUG).

Do you personally agree or disagree that (FIRST DRUG).....

(STATEMENTS)

- a) Is a fun drug
- b) Can trigger serious mental illness
- c) Can help a person to relax
- d) Can make a person lazy and lethargic
- e) Makes it harder to drive a car safely
- f) Is a good drug to share with friends
- g) Is addictive
- h) Can make a person aggressive
- i) Can lead to dental problems
- j) Can have unpredictable effects
- k) You don't know what is in it
- l) Can make a person paranoid
- m) Can make a person depressed
- n) Can make it hard to sleep

(RESPONSE FRAME)

1. Agree
2. Disagree
3. Don't know / Can't say
4. Refused

*(ALL)

PREPER1A I'd just like to quickly run through the same things again, this time for (SECOND DRUG)

1. Continue

PER1A Do you personally agree or disagree that (SECOND DRUG).....

(STATEMENTS)

- a) Is a fun drug
- b) Can trigger serious mental illness
- c) Can help a person to relax
- d) Can make a person lazy and lethargic
- e) Makes it harder to drive a car safely
- f) Is a good drug to share with friends
- g) Is addictive
- h) Can make a person aggressive
- i) Can lead to dental problems
- j) Can have unpredictable effects
- k) You don't know what is in it
- l) Can make a person paranoid
- m) Can make a person depressed
- n) Can make it hard to sleep

(RESPONSE FRAME)

1. Agree
2. Disagree
3. Don't know / Can't say
4. Refused

***RECOGNITION OF ADVERTISING**

*(ALL)

ADV1 Now I'd like you to think about any advertising campaigns about illegal drugs you may have recently seen. Do you recall seeing, reading or hearing any advertising about illegal drugs recently? (IF NO PROBE: Nothing at all?)

1. Yes
2. No (GO TO PR1)
3. Don't know (GO TO PR1)
4. Refused (GO TO PR1)

*(RECALLS A CAMPAIGN)

ADV2 Can you describe what you saw, read or heard in this advertising?

(Probe as necessary:

- a) What happened in the ad?
 - b) What was the ad trying to say?
 - c) What drug was it about?
 - d) Is there anything else you can remember about the ad?
- (RECORD VERBATIM)

1. Response given (Specify _____)
2. (Can't say) (GO TO PR2)
3. (Refused) (GO TO PR2)

***PROMPTED RECALL**

*(ALL)

PR2 Next I'm going to describe a commercial that you may have seen recently on television or at the cinema. The ad opens with a female doctor explaining the negative effects of using a particular drug. As she speaks, we first see a young man in an office looking agitated, then a mother and son fighting in the kitchen resulting in the mother being pushed to the floor, then a girl on a lounge picking at scabs on her arm, and finally we see a young man in a hospital emergency ward throwing a metal bin and smashing a glass panel before being restrained by police officers.

Do you recall seeing this advertisement? (IF "YES" PROBE: Did you see the ad on television? Did you see it at the cinema?) (ACCEPT MULTIPLES)

1. Yes – on television
2. Yes – at the cinema
3. No (GO TO PR3)
4. Don't know (GO TO PR3)

*(RECALLS SEEING AD)

PR2b Do you recall what drug this commercial was talking about? (DO NOT FORCE ANSWER)

1. Yes, Ice
2. Yes, Marijuana
3. Yes, Speed
4. Yes, Ecstasy
5. Yes, other drug (Specify)
6. No
7. Don't know

*(RECALLS SEEING AD)

PR2a What would you say was the main message of this advertisement?
(RECORD VERBATIM)

1. Response given (Specify _____)
2. (Can't say)
3. (Refused)

*(RECALLS SEEING AD)

PR2c Do you agree or disagree that this ad is believable? (Wait for response, then say: Is that strongly or just somewhat agree/disagree)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Unsure)
7. (Refused)

*(RECALLS SEEING AD)

PR2d Do you agree or disagree that this ad was effective in making you think about what drugs can do to you? (Wait for response, then say: Is that strongly or just somewhat agree/disagree)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Unsure)
7. (Refused)

*(ALL)

PR3 Now I'm going to describe a pair of television ads. Each ad is about a different drug and shows a number of different scenes. The scenes include a boy letting his team mates down in a football match, a young man in a dentist chair and an x-ray of his cracked tooth, and a young guy in intensive care with his parents looking on.....(PAUSE)

Do you recall seeing ANY of these ads?

1. Yes
2. No (GO TO PR4)
3. Don't know (GO TO PR4)

*(RECALLS SEEING AD)

PR3c Do you agree or disagree that these ads are believable? (Wait for response, then say: Is that strongly or just somewhat agree/disagree)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Unsure)
7. (Refused)

*(RECALLS SEEING AD)

PR3d Do you agree or disagree that these ads were effective in making you think about what drugs can do to you? (Wait for response, then say: Is that strongly or just somewhat agree/disagree)

1. Strongly agree
2. Somewhat agree
3. Neither agree nor disagree
4. Somewhat disagree
5. Strongly disagree
6. (Unsure)
7. (Refused)

*(ALL)

PR4 In the last three months, do you recall seeing any ads using images from these TV commercials in any of the following places ... (READ OUT)?

1. In a magazine
2. In a free street magazine or newspaper
3. In a poster in a club, pub, nightclub or bar
4. In a billboard, an outdoor poster on the footpath or in a bus shelter or train station
5. (None of these)
6. (Can't say)
7. (Refused)

*(ALL)

PR11 Have you recently seen any ads for the National Drugs Campaign ON THE INTERNET. There have been scenes from the tv ads including the girl picking at scabs on her arm, a quiz asking which drug can cause your kidneys and liver to collapse, a young man sitting on the edge of a hospital bed looking nervous and unsure where he is, a young man lying on a hospital bed with a tube coming out of his mouth, and two guys mixing chemicals in a backyard lab. Have you seen any of this INTERNET advertising?

1. Yes
2. No
3. Don't know
4. (Don't have access to internet) (GO TO PREAC1)

*(ALL EXCEPT THOSE WITHOUT INTERNET ACCESS)

PR11b Have you ever visited the National Drug Campaign website?

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

****ACTION AS RESULT OF CAMPAIGN**

PREAC1 IF [(PR2=1 OR 2) OR (PR3=1) OR (PR4=1 TO 4) OR (PR11=1) OR (PR11b=1)] CONTINUE. OTHERS GO TO OFF1

*(AWARE OF CAMPAIGN)

AC1 Now thinking about this campaign as a whole, what influence, if any, would you say it has had on what you do or think about drugs?

1. Response given (Specify_____)
2. (Can't say)
3. (Refused)

*(AWARE OF CAMPAIGN)

AC1b Do you think this campaign has made it more or less difficult for you to talk with your parents about illegal drugs? (PROBE: Is that a lot or a little?)

1. A lot more difficult
2. A little more difficult
3. About the same
4. A little less difficult
5. A lot less difficult
6. (Don't know / Can't say)
7. (Refused)

OFFERS AND USE OF DRUGS

*(ALL)

OFF1 Now for a couple of quick questions about your experiences with being offered drugs....
In the last twelve months have you been offered (INSERT STATEMENT)?

(STATEMENTS)

- a) Marijuana
- b) Ecstasy
- c) Ice

(CODE FRAME)

- 1. Yes
- 2. No
- 3. Don't Know
- 4. Refused

*(ALL)

OFF2 Next I'm going to read out a list of different types of drugs. For each drug I read out please tell me whether, if a friend offered 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 STATEMENTS)

- a) Marijuana
- b) Ecstasy
- c) LSD or other hallucinogens
- d) Speed
- e) Ice
- f) Cocaine
- g) Heroin

(CODE FRAME)

- 1. Definitely say yes and take it
- 2. Probably say yes
- 3. Probably say no
- 4. Definitely say no
- 5. (Don't Know / Can't Say)
- 6. (Refused)

*(ALL)

DU1 The next couple of questions ask if you have used particular types of drugs. I'd just like to remind you that all responses you give will be completely confidential. You are free to not answer any of the questions, and any answers you do give are protected by strict Commonwealth and State privacy laws.

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

(ROTATE STATEMENTS)

STATEMENTS

- a) Marijuana (eg: Pot, Grass, Weed, Reefer, Joint, Mary Jane, Acapulco Gold, Rope, Mull, Cone, Spliff, Dope, Skunk, Bhang, Ganja, Hash, Chronic)
- b) Ecstasy (eg: XTC, E, Ex, Ecce, E and C, Adam, MDMA, PMA)
- c) Ice (eg: crystal, crystal meth, meth, glass, crank)
- d) Speed or base (eg: whiz, go-ee, zip, oxblood, base, paste, pure, gas, meth/amphets)
- e) Any other illegal drugs like LSD, heroin, cocaine or GHB.

(CODE FRAME)

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

PREDU2 if (DU1a=1 or DU1b=1 or DU1c=1 or DU1d=1 or DU1e =1) Continue
 ELSE go to DEMOGRAPHICS

DU2 In the last year have you used ... (ONLY READ OUT EACH DRUG MENTIONED AT DU1)

STATEMENTS

- a) Marijuana
- b) Ecstasy
- c) Ice
- d) Speed or Base
- e) Any of those other illegal drugs.

(CODE FRAME)

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

PREDU3 if (DU2a=1 or DU2b=1 or DU2c=1 or DU2d=1 or DU2e=1) continue
 ELSE go to DEMOGRAPHICS

DU3 And in the last four weeks have you used ... (ONLY READ OUT EACH DRUG USED AT DU2)

STATEMENTS

- a) Marijuana
- b) Ecstasy
- c) Ice
- d) Speed or Base
- e) Any of those other illegal drugs.

(CODE FRAME)

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

DEMOGRAPHICS

*(ALL)

D1 To make sure we have spoken with a good range of people, I'd like to ask you a final few questions.

(Just to confirm) Are you currently doing paid work of any kind, even if it's only a temporary or casual position?
(INCLUDES SELF-EMPLOYED OR OWN BUSINESS).

1. Yes
2. No
3. Don't Know / Can't Say
4. Refused

PRED2 IF AGED 15 TO 19 YEARS CONTINUE ELSE GO TO D3

*(AGED 15 TO 19)

D2 Are you still attending high / secondary school or have you left school?

1. Still attending
2. Left school (GO TO D3)
3. Refused (GO TO D3)

*(AGED 15 TO 19, STILL ATTENDING SCHOOL)

D2a What year of secondary school are you currently attending?

1. Year 7 or below (GO TO D5)
2. Year 8 (GO TO D5)
3. Year 9 (GO TO D5)
4. Year 10 (GO TO D5)
5. Year 11 (GO TO D5)
6. Year 12 (GO TO D5)
7. (Refused) (GO TO D5)

*(AGED 20-24, OR 15-19 AND LEFT SCHOOL)

D3 What is the highest level of formal education qualification you have completed?

1. Primary School
2. Year 10 or below
3. Year 11
4. Year 12
5. Trade / apprenticeship qualification
6. Other TAFE/ Technical
7. Certificate or Diploma
8. Degree
9. Post Graduate
10. Other (Specify____)
11. Don't Know
12. Refused

*(AGED 20-24, 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?

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

*(AGED 20-24, OR 15-19 AND LEFT SCHOOL)

D4 Which one of the following best describes your main activity at the moment? Are you mainly doing ... (READ OUT)

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. Doing unpaid voluntary work
6. Home duties, or
7. Something else (Specify___)
8. Don't Know / Can't Say
9. Refused

*(ALL)

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

1. Yes
2. No (GO TO D7)
3. Refused GO TO D7)

*(LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME)

D6 What language other than English is regularly spoken at home?

1. Arabic
2. Cantonese
3. Mandarin
4. Greek
5. Italian
6. Vietnamese
7. Spanish
8. Turkish
9. Serbian
10. Croatian
11. Macedonian
12. Other (SPECIFY)
13. Don't Know / Can't Say
14. Refused

*(ALL)

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

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

*(ALL)

D8 What are your current household living arrangements. For example, do you live at home with your parents, are you sharing with friends, or something else? (SINGLE RESPONSE) (PROBE TO CLARIFY)

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 (SPECIFY)
10. Refused

*(ALL)

D9a Can the internet be accessed at your home? (IF "YES" PROBE FOR TYPE OF CONNECTION)

1. No internet connection
2. Yes broadband (incl. ADSL, Cable, Wireless and Satellite connections)
3. Yes, dial up (incl. analogue modem and ISDN connections)
4. Other (internet access through mobile phones, etc)
5. (Don't know)

*(HAS INTERNET ACCESS)

D9b Are you currently a member of an on-line internet panel where you get rewards for taking part in on-line surveys?

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

*(ALL)

D10 And how often do you personally do each of the following (READ OUT)

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 do go occasionally
6. Never
7. Don't know
8. Refused

END That's the end of survey. Just in case you missed it my name is (...) and this survey was conducted on behalf of the Australian Government Department of Health and Ageing.
Thank you for your cooperation.

ONLY IF NECESSARY:

If you have any queries about this survey, or would like any further information, you can ring the Department of Health and Ageing on 1800 250 015.

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

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

*(REFUSED)

RR2 RECORD RE-CONTACT TYPE

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

TERMINATION SCRIPT 1

Thanks anyway, but for this survey we need to speak to people aged between 13 and 24 years of age.

ALLTERM

1. Household refusal (INTRO=2)
2. No 13-24 year olds in household (S1=7)
3. DK if 13-24 year olds in household (S1=8)
4. Refused household screening (S1=9)
5. Qualifying household, refused age at respondent selection (S2=14, S2b=3)
6. Quota failure at S2 (age group full)
7. Qualifying household, parent refused permission to interview 13 to 17 year old (S3=2, S4=3)
8. Qualifying household, phone answerer refused to pass on to parent (S3=3)
9. Qualifying household, refused to pass on to selected respondent (S5=3)
10. Respondent refusal (S6=3)

Interviewer Declaration

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

Interviewer name:

Interviewer I.D:

Signed:

Date

Appendix 3 Accessibility/Remoteness Index of Australia

REMOTENESS STRUCTURE - AUSTRALIAN STANDARD GEOGRAPHICAL CLASSIFICATION		
Remoteness area	Description	Examples
Major cities	Geographic distance imposes minimal restriction upon accessibility to the widest range of goods, services and opportunities for social interaction.	Sydney, Newcastle, Wollongong, Melbourne, Geelong, Brisbane, Gold Coast, Adelaide, Perth and Canberra.
Inner regional	Geographic distance imposes some restriction upon accessibility to the widest range of goods, services and opportunities for social interaction.	Tamworth, Wagga Wagga (New South Wales), Ballarat, Bendigo (Victoria), Rockhampton, Bundaberg, Gladstone (Queensland), the Adelaide Hills (South Australia), Bunbury (Western Australia), Hobart and Launceston (Tasmania).
Outer regional	Geographic distance imposes a moderate restriction upon accessibility to the widest range of goods, services and opportunities for social interaction.	Broken Hill, Griffith, Gunnedah (New South Wales), Horsham, Swan Hill, Traralgon (Victoria), Roma, Cairns (Queensland), Port Augusta, Mount Gambier (South Australia), Albany (Western Australia), Burnie (Tasmania), and Darwin (Northern Territory).
Remote	Geographic distance imposes a high restriction upon accessibility to the widest range of goods, services and opportunities for social interaction.	Cobar (New South Wales), the northern Wimmera district (Victoria), Charters Towers and Cooktown (Queensland), Port Lincoln (South Australia), the Kalgoorlie gold-fields (Western Australia), parts of the West Coast (Tasmania), Alice Springs, Katherine (Northern Territory).
Very remote	Geographic distance imposes the highest restriction upon accessibility to the widest range of goods, services and opportunities for social interaction.	The far west parts of New South Wales and Queensland, northern South Australia and Western Australia, most of the Northern Territory and Flinders and King Islands in Bass Strait (Tasmania).

Remoteness is calculated using the road distance to the nearest Urban Centre in each of five classes based on population size. The Remoteness classification divides Australia into six Remoteness Areas: Major Cities of Australia; Inner Regional Australia; Outer Regional Australia; Remote Australia; Very Remote Australia; and Migratory. The glossary accompanying this publication provides definitions of RAs used. For further information see Statistical Geography: Volume 1 - Australian Standard Geographical Classification (ASGC), 2006 (cat. no. 1216.0).

The key element in producing the structure is the preparation of the Accessibility/Remoteness Index of Australia (ARIA+) grid. ARIA+ scores are first calculated for each Urban Centre and are then interpolated to create a 1 km grid covering the whole of Australia. Each grid square carries a score of remoteness from an index of scores ranging from 0 (zero) through to 15. The data custodian of the grid remains the National Key Centre for Social Applications of Geographic Information System (GISCA), Adelaide University, South Australia. ABS Remoteness Areas are created by averaging the ARIA+ scores within Census Collection Districts (CDs), then aggregating the CDs up into the 6 ABS Remoteness Area categories based on the averaged ARIA+ score.

Remoteness Area categories are defined in the ASGC Remoteness Classification as follows:

- Major Cities of Australia: CDs with an average Accessibility/Remoteness Index of Australia (ARIA) index value of 0 to 0.2
- Inner Regional Australia: CDs with an average ARIA index value greater than 0.2 and less than or equal to 2.4
- Outer Regional Australia: CDs with an average ARIA index value greater than 2.4 and less than or equal to 5.92
- Remote Australia: CDs with an average ARIA index value greater than 5.92 and less than or equal to 10.53
- Very Remote Australia: CDs with an average ARIA index value greater than 10.53

For the purposes of this research, the Remoteness Area categories were further grouped into three categories:

- Major Cities
- Regional: including inner and outer
- Remote: including remote and very remotes