



**Australian Government**

**Department of Health**

**Parliamentary Joint Committee on Law Enforcement Inquiry  
into public communication campaigns targeting drug and  
substance abuse**

**AUSTRALIAN GOVERNMENT  
DEPARTMENT OF HEALTH  
SUBMISSION**

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## Public communication campaigns targeting drug and substance abuse

### Item A

The efficacy of different approaches to such campaigns, including:

- i. 'shock advertising', informational campaigns and the use of social marketing.

Social marketing refers to the process of developing evidence-based approaches to promoting healthier behaviours by influencing both individual behaviours and the environmental factors that facilitate these behaviours. The process of developing, implementing and evaluating a social marketing intervention operates within a strongly research-driven framework. What distinguishes a social marketing approach from broader health communication initiatives is a thorough focus on understanding the knowledge, attitudes and behaviour of the target audience for the intervention through formative research, and framing the promoted behaviour in a way which reflects and meets the needs of this audience. The strategic development of a social marketing intervention is focused clearly on influencing (increasing, decreasing or maintaining) a specific behaviour, not simply on raising awareness of a health issue.

Drug use is influenced by an individual's beliefs and attitudes and the socio-cultural environment within which they find themselves. Social marketing campaigns can exert influence on several levels: they can stimulate discussion and awareness of an issue; increase knowledge; modify attitudes; and, in concert with other strategies, influence behaviour. By increasing perception of the risk of experiencing the negative consequences of drug use and by reducing normative perceptions of illicit drug use, campaigns can reduce people's motivations towards drug use.

Shock or fear-based advertising produces mixed results. These approaches are based on the theory, that fear will elicit a change in behaviour. However, for fear to motivate behaviour change the following criteria need to be met:

- Fear increased by presenting a graphic threat which provokes a visceral reaction and the audience believes they are susceptible to the threat and the consequences are severe.
- A solution to alleviate the fear must be presented—this is often called an efficacy method. The solution needs to be attractive to the audience, they must believe it will alleviate the risk and that can perform the solution.<sup>1</sup>

Early use of fear-based appeals in health-related advertising achieved mixed results. The 1987 Grim Reaper AIDS campaign, 'was widely recognised as a landmark public health initiative that paved the way for similar approaches such as the shock tactics used in Victoria's Transport Accident Traffic Commission Commercials'<sup>2</sup>. It created enormous awareness of HIV/AIDS however, it also created fear and hysteria among the heterosexual population and resulted in discrimination towards homosexual men and those living with HIV.<sup>3</sup>

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<sup>1</sup> Ruiter R, Kessels L, Peters G and Kok G. Sixty years of fear appeal research: Current State of the evidence. *International Journal of Psychology*, 2014 Vol49, No2.

<sup>2</sup> ANZSOG The AIDS Grim Reaper Campaign. Case Program 2006:90.1

<sup>3</sup> Morlett A, Guinan J, Diefenthaler I and Gold J. the impact of the "Grim Reaper" national AIDS campaign on the Albion Street (AIDS) Centre and the AIDS Hotline. *Med.J. Aust.* 1988 Vol48 No.6.

It is hypothesised by the ineffectiveness of early use of fear-based appeals was because they exaggerated harmful effects and failed to connect the behaviour with factual and feasible consequences or solutions.

In addition, shock/fear appeals can often be ignored or discounted for several reasons:

- people alleviate their fear by rejecting credibility of the message
- the consequences seem unlikely—either because they are very rare or they haven't previously happened when the behaviour has been performed
- people become desensitised to the message
- fear appeals ignore the potential benefits eg: pleasure people receive from the behaviour they are undertaking
- they provide no new information or solutions.

Fear appeals can also be counterproductive if they trigger a desire for the behaviour (a potentially greater problem among youth due to their lower ability to judge risk), alienate the audience, make a behaviour seem more common than it is (normalising), create mistrust towards the source, and reach unintended audiences.

Rather than focussing on fear per se, the Australian Government's National Drugs Campaigns (NDC) have always had a strategy of communicating credible evidenced based depictions of potential consequences of drug use for individuals and their families. In general, audiences respond well to severe consequences if they are credible and realistic (which is judged as whether they have experienced this or know or have heard of someone to whom the consequence has happened).

Harm minimisation strategies are generally seen as more credible than zero tolerance approaches including depiction of consequences across health, social and emotional realms with varying levels of severity. To ensure consequences are realistically depicted, technically correct, and not over exaggerated, expert advisors are present during filming.

The Australian Government has a strong history of illicit drug campaigns beginning with the 1985 launch of the 'National Campaign Against Drug Abuse' and a series of targeted campaigns throughout the 1990s under the branding 'The Drug Offensive'. There are clear benefits and economies in developing and implementing these initiatives at the national level, maximising opportunities afforded by the cost-efficiencies and agenda setting influence of national media and a consistent national approach.

The NDC, part of successive National Drugs Strategies, plays an important role as one of a number of prevention initiatives. The strategies are based on a harm minimisation approach of policies and programs aimed at reducing drug-related harm. This approach recognises the need to seek a balance between supply, demand, and harm reduction strategies.

There have been many phases of campaign activity addressing different audiences and specific drugs responding to emerging and resurgent drug trends.

Year	Target audience(s)	Focus
2001	Parents and carers of 8-17 year olds Young people 12-17	Informing parents of the role they can play in preventing drug use among children, and providing support for them in this role.
2005	Young people 13-24 Parents of 8-17 year olds	Cannabis, ecstasy and speed
2007	Young people 13-24 Parents of 8-17 year olds	Cannabis, ecstasy, speed and ice
2009	Young people 15-24	Cannabis, ecstasy, and ice
2010	Young people 15-25	Cannabis, ecstasy, and ice
2010-12	Young people 15-21 Parents of 13-17 year olds	Ecstasy
2015	Young people 14-25 Parents of 14-26 year olds	Ice
2017-18	Young people 14-25 Parents of 14-25 year olds	Ice and 3,4-methylenedioxymethamphetamine (MDMA)

A summary of each campaign and top line results can be found at **Attachment A**.

For campaigns to have an effect on behaviours, long term-sustained activity is required. Coinciding with campaign activity, since 2001, lifetime and last 12 months use of illicit drugs has decreased for both 14-19 and 20-29 year olds, as has use of the drugs targeted by the campaigns, cannabis, ecstasy and methamphetamines.<sup>4</sup>

- ii: The use of campaigns aimed at various audiences, including, but not limited to, children at an age before they would typically become illicit drug users, Indigenous communities and Culturally and Linguistically Diverse groups.

#### Aboriginal and Torres Strait Islander youth

It is recognised many Aboriginal and Torres Strait Islander youth will be exposed to the mainstream campaign materials and specific targeting may not be necessary or desirable. Testing with Aboriginal and Torres Strait Islander youth is crucial to ensure relevance and salience and to ensure no cultural stigma is elicited.

The NDC has targeted Aboriginal and Torres Strait Islander youth in several previous campaigns. Specialist Aboriginal and Torres Strait Islander communications agencies recommended a multi-tiered approach of appropriate inclusion in: mainstream advertising; partnerships with national Indigenous media; sporting events with specific co-branding, and funding regional and remote organisations to develop local media content. The Phase two campaign in 2005 employed a specific Indigenous youth evaluation which found 99% of youth surveyed were reached by the campaign

<sup>4</sup> Australian Institute of Health and Welfare 2017. National Drug Strategy Household Survey 2016: detailed findings. Drug Statistics series no. 31. Cat. no. PHE 214. Canberra: AIHW.

with 91% recognising the mainstream youth campaign, 47% recognised the targeted posters and 16% received drug information at a 'Croc Festival' and 5% at a 'Vibe 3 on 3 challenge' event. Awareness of the targeted materials and events was higher in regional and rural locations. Three in four believed the campaign had influenced what they did or thought about illegal drugs.<sup>5</sup>

#### Culturally and Linguistically Diverse (CALD) audiences

Based on lower prevalence use, media consumption habits and potential stigma associated with specific communities being targeted, specific strategies are not typically used to target youth at a national level, as they will be reached by the mainstream campaign. Campaign materials are developed to accurately represent the diversity of the Australian population and are tested with youth from a wide variety of backgrounds.

Campaign phases targeting parents have included specific materials to reflect different language needs and media usage, typically translating materials into community languages and including involvement with ethnic media and stakeholders. Specific evaluations of the CALD media have not been undertaken but CALD parents are included in representative samples in all evaluations. Generally, parents from CALD backgrounds have responded well to the campaign but have had slightly lower levels of awareness.

#### Parents

Parents have been successfully targeted with materials informing them about drugs: to have honest conversations with their children about drugs; providing information about specific drugs; tips for talking with children and help seeking information. The 2001 NDC included extensive information for parents to use in age-specific categories to reinforce general negative perceptions among children, and to provide more specific information for teens. The Phase Two evaluation of these targeted materials found increases post campaign in the proportion of parents feeling they had learned something new (14%-19%) and 62% felt the campaign had made it easier to talk to their children about illegal drugs - with increases in reported recent conversations seen across both parents of 12-17 year olds (59% -69%) and 8-11 year olds (43%-57%). Discussion between parents and children have become more normalised since the initial phases of the campaign. The 2017 campaign evaluation found higher levels of recent discussions and an increase in those discussions among parent of 14-17 year olds (74% to 79%)<sup>6</sup>. The most recent evaluation also saw significant increases in the proportion of parents who believed there was more drug information and help available (42% - 75% among those who recognised the campaign).

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<sup>5</sup> Pennay D, Blackmore D, Milat A, Stewart C, Carroll T & Taylor J. National Drugs Campaign Evaluation of Phase Two. Commonwealth of Australia March 2006

<sup>6</sup> <https://campaigns.health.gov.au/drughelp/resources/publications/report/national-drugs-campaign-evaluation-research-may-2018>

## Item B

Research and evaluation methods used to plan, implement and assess the effects of such campaigns.

The Department of Health (Department) uses a strong evidence-based approach to campaign development and evaluation. All campaigns are developed using a variety of research methods, using market research commissioned specifically for each campaign. The research process would typically entail the following:

1. **Desk research.** This is used to scan literature and national surveys such as the Australian Institute of Health and Welfare National Drug Strategy Household Survey (NDSHS) (conducted every three years) for prevalence of use at the population level and sentinel surveys conducted by the National Drug and Alcohol Research Centre to identify patterns and trends among users of specific drugs. These include the Illicit Drug Reporting System among injecting drug users and the Ecstasy and Related Drugs Reporting System among people who use ecstasy and other stimulants. These data are used to prioritise audiences and specific drugs.
2. **Formative research with potential target audiences.** The research usually involves qualitative and quantitative phases and may use a combination of group discussions, individual interviews, on-line discussions, ethnographic observations and surveys. This stage is used to gain an in-depth understanding of the audience's knowledge, attitudes, intentions and behaviours and may include exploration of potential message territories. A segmentation model is developed in this process. For illicit drugs, this segmentations has been based on attitudes towards both life and drugs and are useful for targeting those at risk of future drug use. The segments are used to develop messaging for different audiences: to reinforce negative attitudes among the rejecter segments, provide new information to those at risk, and alert users to available help.
3. **Concept Testing.** This is used to identify and then refine successful campaign elements over several rounds. Testing measures how well the concepts are communicating the intended messages, how credible, relevant and salient they are to audiences, how likely they are to be noticed and their likely impact on attitudes, intentions and behaviours. Testing with the identified segments is important as information about negative consequences could inadvertently increase appeal to risk taking segments and messages need to have credibility among those with experience of drug use.
4. **Benchmark and tracking.** Nationally representative surveys are conducted with target audiences before the campaign has commenced and then again at completion of campaign phases. Cohort studies of drug users have also been conducted however they are costly and have inherent problems of respondent drop out and of respondents learning what is expected of them over repeated measures. Evaluations measure reach, response and impact of campaigns by typically measuring recall and recognition of the materials, changes in reported attitudes, intentions, and behaviours as a result of seeing the campaign. The most recent evaluations are published on <https://campaigns.health.gov.au/drughelp>.

## Item C

Identifying best practice approaches to designing and implementing campaigns, including social media, digital channels and traditional advertising, to guide Australia's approach to drug demand reduction.

As noted in [Item A](#), social marketing is the best-practice approach the Department has used to implement the NDC, a primary prevention initiative delivered over seven phases between 2001 and 2017-18.

Successful social marketing does not always result in notable short-term changes in behavioural outcomes, and will seldom, if ever, result in universal uptake of behaviours. Campaign messages must be reinforced among the target audience in a sustained, consistent manner to encourage adoption of desired behaviours, and/or rejection of undesirable behaviours.

Campaign impact can be measured in terms of attitudes, beliefs and intentions to change that represent movement across stages within the Stages of Change Model:



As noted in [Item B](#) the communication strategy for each NDC phase was informed by market research, including evaluation of previous phases and regular exploratory research into community attitudes and behaviours towards drugs. Each phase targeted specific audiences, addressed particular drugs of concern at the time, and focused on different stages of the change model above.

Research has clearly identified by treating different illicit drugs with unique messages and styles is the most effective and credible approach, acknowledging each drug is used differently for different reasons. Most youth audiences have a high level of exposure to drugs, resulting in a good understanding of the effects of individual drugs. Advertising creative therefore needs to present

drugs in an accurate and believable manner to avoid the campaign being dismissed if it does not align with their understanding or experience.

The Department has found using a 'real stories' approach and sharing people's actual experience to be very effective. This approach lends itself to communicating specific stories about a number of drugs simultaneously, accommodating a range of audiences and responding to emerging and resurgent drug trends, including party drugs and ice.

The most recent campaign phase, for example, spoke to three different target audiences:

- young people aged 18–25 who were using or at risk of using ice;
- young people aged 14–17 who were using or at risk of using party drugs; and
- parents of 14–25 year olds.

The formative research stressed about communication on party drugs needed to be clearly distinct from ice campaign messages, to reduce the risk of ice being 'normalised' or the harms of other illicit drugs are misrepresented if grouped with ice. Consequently, separate creative materials with discrete messaging were developed for each audience group, which evaluation research showed was key to the campaign's success.

Young people who saw the campaign were more likely to have avoided drugs in the past two months (i.e. *'said no to offered drugs'*, or *'avoided a situation where they knew there would be drugs'*), compared to pre-campaign benchmark measures (with an increase of 5% and 7% respectively). Around three in ten young people who were exposed to the campaign directly took action as a result of seeing it. These actions included talking to others, interacting with the advertisements, as well as seeking more information and help.

The campaign prompted 44% of parents who saw it to take action, and 21% to intend to take action. The primary action taken was *'talked to my kids about it'* (33%), suggesting the campaign was successful in communicating this key message.

Media placement is also an important consideration in best practice campaigns. The Australian Government's master media buying agency, currently Universal McCann, advises the department on the most effective media plan and strategy to most effectively reach and engage the target audiences.

These strategies look to ensure audiences are served messages at the most relevant time (when they may be exposed to or considering using illicit drugs) via the media channel they are most likely to be using at the time. An integrated media approach using personal and mass media channels ensures good reach and frequency levels, as well as providing an opportunity to tailor creative messaging which is highly relevant and appropriate.

The NDC advertising with messaging relating to consequences was always placed at the end of the week and weekend, when people may be contemplating and planning to use illicit drugs. Advertising around support services was placed late Sunday and early week for when people may be in recovery.

For the most recent campaign phase, television was the main channel used for the parent-focused advertising. This channel generates quick and efficient mass reach at a national level and is effective in delivering high impact and emotional content. Commercials were run during programing where



families may be watching together, to prompt immediate discussion between parents and their children. Catch up TV was also used to cater for the way youth stream their favourite programs.

When it came to reaching youth audiences however, digital, social media, mobile and search channels were mainly used for their demographic, geographic and contextual targeting capabilities. Using the digital channels ensured the advertising was delivered directly to an audience which is very difficult to reach via traditional media channels.

If the budget allows, out-of-home advertising can be very effective in environments where people may be considering taking illicit drugs (toilet stalls of pubs, clubs, shopping centres, parks and bus stops). Geo-targeting can be used to ensure the effective placement of campaign materials. Other engaging media opportunities through music streaming services, activations, podcasts and apps should also be considered.

It is the combination of market research, a clear communication strategy, creative and messaging tailored to each target audience, and strategic media placement to ensure a best-practice approach to behaviour change campaigns.

An overview of the results of each campaign phase is at Attachment A.

#### Item D

The efficacy of the current and past National Drug Strategy in achieving demand reduction through public communication campaigns.

The *National Drug Strategy 2017-2026* (NDS)<sup>7</sup> is the seventh iteration of the NDS since its inception in 1985, and is the first time Australia has adopted a ten-year strategy.

The NDS provides a national framework to identify national priorities relating to alcohol, tobacco and other drugs. It provides a guide for government action in partnership with service providers and the community. The NDS outlines our national commitment to harm minimisation through a balanced approach of demand, supply and harm reduction strategies.

The NDC is an important component of the NDS and specifically aims to reduce young Australians' motivation to use illicit drugs by increasing their knowledge about the potential negative consequences of drug use.

As highlighted in the evaluation reports at <https://campaigns.health.gov.au/drughelp> the campaign's positive behavioural impact has contributed to the NDS goals. More specifically, as outlined in [Item A](#), the reduction in illicit drug usage rates by the campaign target audience during the years the campaign was in market suggests it has effectively contributed to reducing demand.

To measure the effectiveness of the NDS, the National Drug Strategy Committee (NDSC) Annual Reports are provided to the Ministerial Drug and Alcohol Forum (MDAF) for noting by Council of Australian Governments (COAG). These Annual Reports are an accumulation of existing reporting available in public domain and available on the MDAF website. The success of the NDS relies on a coordinated national effort across Health and Law Enforcement/Justice from the Commonwealth and state and territory governments.

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<sup>7</sup> [National Drug Strategy 2017-2026](#)

The 2018 NDS Annual Report is due to be presented to COAG in early 2020. This is the first annual report for the current version of the NDS.

In MYEFO and the 2018/19 Budget, the Australian Government announced a package of measures to combat supply, demand and harm of illicit drugs. This announcement included the establishment of the Commonwealth Illicit Drug Joint Agency Taskforce (the Taskforce).

The Taskforce brings together the Home Affairs, Health, Social Services, Education and Foreign Affairs Portfolios and will ensure the Commonwealth is working collectively to target its illicit drug supply and demand reduction efforts where they are needed most, and achieve the best outcomes for Australian communities.

Public communications campaigns targeting drug and substance abuse  
Submission 1

Drugs Campaign									
Year	2017-2018	2015 - 2017	2014-2015	2010 - 2014	2009 - 2010	2008 - 2009	2007 - 2008	2004 - 2007	2000 - 2004
Phase	PHASE 7	PHASE 6 - Stage 2	PHASE 6 - Stage 1	PHASE 5	PHASE 4 – STAGE II	PHASE 4 – STAGE I	PHASE 3	PHASE 2 - YOUTH	PHASE 1 - PARENTS
Drugs	Ice and Party Drugs (MDMA 'caps')	Ice	Ice	Ecstasy	Marijuana, ecstasy, ice	Marijuana, ecstasy, ice	Marijuana, ecstasy, speed, ice	Marijuana, ecstasy, speed	Non-specific
Objective	Contribute to a reduction in the uptake of illicit drug use among young Australians by raising awareness of the harms and encouraging and supporting decisions not to use illicit drugs.	To highlight the dangers of ice and contribute to the reduction in the uptake of ice.	To highlight the dangers of ice and contribute to the reduction in the uptake of ice.	Contribute to a reduction in the uptake of ecstasy and other drugs by raising awareness of the harms and encouraging and supporting decisions not to use.	Contribute to a reduction in the uptake of drugs by raising awareness of the harms and encouraging and supporting decisions not to use.	Increase awareness among young people of the harms and risks associated with the use of ecstasy, marijuana and methamphetamines (Ice, speed and base).	The aim of the campaign was to contribute to a reduction in the proportion of young Australians using illicit drugs	The aim of the youth prevention campaign was to contribute to a reduction in the proportion of young Australians using illicit drugs	Increase awareness of the role of parents in preventing the initiation or continued use of illicit drugs, of the harm related to illicit drug use and to meet the information needs of the community.
Audience	Ice stream: 18-25 yo Party drugs stream: 14-17 yo Parent stream: Parents of 14-25 yo	Primary: Young people aged 14-25. Secondary: Parents of young people aged 14-25	Primary: Young people aged 14-25. Secondary: Parents of young people aged 14-26	Primary: Young people 15-21 Secondary: Parents of 13-17 yo	Primary: Young people 15-25 (15-17 prevention, 18-25 intervention)	Primary: Young people 15-24	Primary: Young people 13-24 Secondary: Parents of 8-17 yo	Primary: Young people 13-24 Secondary: Parents of 8-17 yo, Other influencers	Primary: Parents of 8-17 yo Secondary: Community, members, Young people 12-17
Total Expenditure (approx.)	2017-18 \$8.6m (GST excl) <b>Phase 7: \$8.6m (GST excl)</b>	2015-16 \$167,520 (GST excl) 2016-17 \$1.1m (GST excl) <b>Phase 6 II: \$1.2m (GST excl)</b>	2014-15 \$8.9m (GST excl) <b>Phase 6: \$8.9m (GST excl)</b>	2010-11 \$167,153 (GST excl) 2011-12 \$0 2012-13 \$0 2013-14 \$55,792 (GST excl) <b>Phase 5: \$222,945 (GST excl)</b>	2009-10 \$6.1m (GST excl) <b>Phase 4 II: \$6.1m (GST excl)</b>	2008-09 \$1.9m (GST excl) <b>Phase 4: \$1.9m (GST excl)</b>	2007-08 \$13.1m (GST excl) <b>Phase 3: \$13.1m (GST excl)</b>	2004-05 \$10.4m (GST excl) 2005-06 \$2.3m (GST excl) 2006-07 \$3m (GST excl) <b>Phase 2: \$15.7m (GST excl)</b>	2000-01 \$13.6m (GST excl) 2001-02 \$298,106 (GST excl) 2002-03 \$119,557 (GST excl) 2003-04 \$372,586 (GST excl) <b>Phase 1: \$14.4m (GST excl)</b>
Media Buying Agency	Dentsu Mitchell	Dentsu Mitchell	Dentsu Mitchell	Universal McCann	Universal McCann	Universal McCann	Universal McCann	Universal McCann	Mitchell Media Partners
Media buy	September 2017 - January 2018	August - September 2015	May-June 2015	December 2010-June 2011 (\$4.6) December 2011-June 2012 (\$4.7)	February-June 2010 (\$4.5)	April-June 2009 (\$5.6)	August – October 2007 (\$9.3)	April – July 2005 (\$9.1m)	March – May 2001
Media Buy Expenditure (approx.)	2017-18: \$6.1m (GST excl) <b>Phase 7: \$6.1m (GST excl)</b>	2015-16: \$1,154 (GST excl) 2016-17 \$0 <b>Phase 6 II: \$1,154 (GST excl)</b>	2014-15: \$6.8m (GST excl) <b>Phase 6: \$6.8m (GST excl)</b>	2010-11 \$0 2011-12 \$0 2012-13 \$0 2013-14 \$0 <b>Phase 5: \$0</b>	2009-10: \$4.1m (GST excl) <b>Phase 4 II: \$4.1m (GST excl)</b>	2008-09: \$1.7m (GST excl) <b>Phase 4: \$1.7m (GST excl)</b>	2007-08: \$8.9m (GST excl) <b>Phase 3: \$8.9m (GST excl)</b>	2004-05: \$6.9m (GST excl) 2005-06: \$1.1m (GST excl) 2006-07 \$0 <b>Phase 2: \$13.785 (GST excl)</b>	2000-01 \$7.8m (GST excl) 2001-02 \$0 2002-03 \$0 2003-04 \$0 <b>Phase 1: \$7.8m (GST Excl)</b>
Channels	TV (x3), digital, social, out-of-home, new website and National Alcohol and Other Drug Hotline	TV (x4), digital, social and website	TV (x4), digital, social and website	Radio, cinema, print, postcards, outdoor, in venue, online, website, promotion/sponsorship, parent advertorials	Radio, print, postcards, outdoor, in venue, online, website	TV (x3), Cinema, print, outdoor, online, 1800#, website, 'nightclub activity', in venue	TV (x6) cinema, print, 1800#, website	TV (x5), print, online, 1800#, website, PR & sponsorship	TV (x3), radio, print, outdoor, 1800#, website, PR
Resource materials	N/a	Campaign booklets developed by NDARC in 2013	Wristbands, water bottles, re-printed youth booklet 'Drugs: the real facts'	Used Phase 4 II ecstasy materials	Used Phase 3 Ice and new ecstasy/marijuana materials	Used Phase2-3 materials	Posters, postcards, online, youth booklet, parents booklet	Posters, youth booklet & wallet card, parents booklet (2nd ed.) & resources, service provider resources	Parents booklet (letterdropped), leaflet
Creative Agency	BCM	BCM	BCM	BMF Advertising	BMF Advertising	Campaign Palace	Campaign Palace	Batey Kazoo	Batey Kazoo
Examples of creative									
Formative Research / Concepting Testing	Snap Cracker Research and Strategy	Snap Cracker Research and Strategy	Snap Cracker Research and Strategy	GfK Blue Moon Research	GfK Blue Moon Research	GfK Blue Moon Research	GfK Blue Moon Research	GfK Blue Moon Research	GfK Blue Moon Research
Evaluation Research Supplier	Stancombe Research and Planning May 2018	Stancombe Research and Planning March 2016	Stancombe Research and Planning August 2015	Stancombe Research and Planning September 2012	The Social Research Centre June 2010	The Social Research Centre October 2009	The Social Research Centre April 2008	Research Marketing Group March 2006	Research Marketing Group April 2003
Unprompted recall	Unprompted recall: Parents 45%, Youth 38%	Unprompted recall: Parents 50%, Youth 47%	Unprompted recall: Parents 47%, Youth 42%	2010-11 Parents 5%, Youth 13% 2011-12 Parents 4%, Youth 8%	Youth 28%	Youth 61%	Parents 64%, Youth 72%	Parents 54%, Youth 83%	Parents 78%, Youth 64%
Prompted recognition	Prompted recognition: Ice (among Parents and Youth) 45%, Party Drugs 43%, Parents Stream 46% Overall Youth 58% and Parents 59%	Prompted recognition: Parents 82%, Youth 78%	Prompted recognition: Parents 78%, Youth 76%	2010-11 Parents 57%, Youth 62% 2011-12 Parents 62%, Youth 61%	Youth 70%	Youth 67%	Parents 95%, Youth 97%	Parents 90%, Youth 99%	Parents 97%, Youth 97%
Impact/Action Youth audiences	Increase in awareness of the new National Alcohol and Other Drug hotline among young people (13% increase for those who had seen the campaign), as well as the campaign website (8% increase for those who had seen the campaign). Young people who saw the campaign were more likely to have avoided drugs in the last 2 months. Results revealed that around three in ten young people who were exposed to the campaign directly took action as a result of seeing it (30% for the Ice stream and 29% for the Party Drugs stream). Actions taken included talking to others, interacting with the ads, as well as seeking more information and help.	92% of youth who saw the campaign indicated that they had taken some kind of 'action'. The main actions taken tended to be passive rather than active. Young people considered at-risk of using drugs were once again more likely than those not at-risk to say they 'will avoid using ice' (51% at-risk cf 44% not at-risk). The gap present in the July evaluation results between those at-risk of drug use and those not at-risk stating they 'thought about the consequences of ice use' (July: 42% at-risk cf 35% not at-risk) has closed (October: 41% at-risk cf 41% not at-risk) suggesting that repeated exposure to the campaign has encouraged deeper consideration of its messages among those to whom it is less relevant.	94% of youth who saw the Campaign indicated that they had taken some kind of 'action'. The main actions taken tend to be passive rather than active. Young people considered at-risk of using drugs were more likely than those not at risk to say that they 'will avoid using ice' (51% at risk cf 46% not at risk) and that they 'thought about the consequences of ice use' (42% at risk of 35% not at risk). Those not considered at-risk of drug use were more likely than those at risk to feel 'better informed about ice' (55% not at risk cf 47% at risk) and to have 'learnt that ice can be harmful' (40% not at-risk cf 33% at risk). They were also more likely to have carried out some of the more 'active' responses to having seen the campaign including 'informed others about the dangers of ice' (34% not at-risk cf 29% at-risk) and 'talked to your parents about ice' (21% not at-risk cf 14% at-risk).	*40% (2011-12) of parents took some action as a result of the campaign. Of these 64% talked to their children, 19% sought more information. *64% of youth (2011-12) were influenced by the campaign. Of these 48% saw drugs were harmful, 31% avoided drugs.	*46% of youth were influenced by the campaign. Of these 50% thought about consequences, 26% saw drugs were harmful, 24% avoided drugs.	*74% of youth were influenced by the campaign. Of these 41% thought about consequences, 31% avoided drugs.	*55% of parents took some action as a result of the campaign. Of these 90% talked to their children. *78% of youth were influenced by the campaign. Of these 41% thought about consequences, 26% avoided drugs.	*41% of parents took some action as a result of the campaign. Of these 82% talked to their children. *65% of youth were influenced by the campaign. Of these 55% avoided drugs, 29% thought about consequences.	*48% of parents took some action as a result of the campaign. Of these 77% talked to their children, 25% thought more about drugs. *35% of youth took some action as a result of the campaign. Of these 40% did not use drugs, 28% sought information.

Public communications campaigns targeting drug and substance abuse  
Submission 1

Impact/Action Parent audience	Parents revealed that the campaign prompted action among four in ten, and intention to act in two in ten with the top action being taken ‘talking to their kids’. More than half of the parents said the campaign reinforced their knowledge and around two thirds of parents talked to their children about drugs in the past two months. Awareness of the campaign website had also increased among parents who had recognised the campaign (up by 4%). Among parents, the proportion who indicated an increase in information was 22%, and the proportion who indicated an increase in help available was 25%. The primary action taken was ‘talked to my kids about it’ (33%), suggesting the campaign was successful in communicating this important message.	92% of youth took some action as a result of the campaign. Of these 50% said they would avoid using ice, 41% thought about the consequences of ice use. 67% of parents had talked to their children in the past 2 months and 51% said they intended to do so in the following 2 months. The increase in parents who had talked to their children occurred only among the group who had seen the campaign (stage 1: 67%, stage 2: 70%) and remained steady (52% in both waves) among those who had not seen the campaign.	69% of parents took some action as a result of the campaign. Of these 36% talked to their children, 18% looked for more information about ice. 94% of youth took some action as a result of the campaign. Of these 50% said they would avoid using ice, 40% thought about the consequences of ice use. 63% of parents had talked to their children in the past 2 months and 50% said they intended to do so in the following 2 months. Parents who had seen the campaign were more likely to intend to talk to their children than those who hadn’t (52% cf. 40%)	*88% of parents in 2011-12 had spoken to their children about drugs in the past year, 64% in the last 2 months. *56% of parents said the campaign made it easier to talk to their children.	N/A	*26% of youth had spoken to their parents about drugs in the last 2 months. *56% of youth felt the campaign had made it easier to talk to their parents about drugs.	*94% of parents had ever spoken to their children about drugs, 90% in the past year, 76% in the last 2 months. *59% of youth and 67% of parents said the campaign made it easier to talk to their parents/children.	*94% of parents had ever spoken to their children about drugs, 89% in the past year, 68% in the last 2 months. *63% of youth and 61% of parents felt the campaign had made it easier to discuss drugs with their parents/children.	*96% of parents had ever spoken to their children about drugs, 84% in the past year, 80% in the past 2 months. *51% of youth and 56% of parents felt the campaign had made it easier to discuss drugs with their parents/children.
Summary	Phase Seven has not achieved the same levels of awareness as the previous phase, the campaign has nonetheless achieved some key successes. These include: introduction of ‘support/help’ messaging for the Ice stream (in addition to ‘risk/harm’ messaging), as well as the introduction of creative that appeals directly to parents and has greater relevance for them. Digital elements of the Ice stream were more effective at reaching youth than parents, particularly among the at-risk Fun Seeker segment. Additionally, further consideration could be given to media channels used for targeting specific target audiences, social media for younger teens and television for reaching parents.	The second stage of activity extended the reach, strengthened campaign messaging and increased negative perceptions of ice among the target audiences.	The campaign was effective in delivering clear messages related to the harms of ice and/or discouraging ice use, and these messages were felt to be believable and effective by both youth and parents.	Declining recognition and indications of campaign wear-out. Continued decline in those ‘at risk’ of using ecstasy and increased negative perceptions.	Campaign effects were moderate, mostly with ecstasy users with decreased perception of ecstasy as fun/clean. Little change in proportion ‘at risk’ of accepting offers.	Campaign maintained/ built on previous NDCs. Reduction in proportion ‘at risk’ of accepting offers.	Campaign continued to have positive impact on young people and increased conversations with parents.	Campaign increased awareness of health problems, the likelihood young people would reject offers of illicit drugs and of parents talking to their children	Campaign was effective in reaching the target audiences and encouraging discussions about illegal drugs.
NDSHS data*	2016: * Meth/amphetamine 1.4% * Ecstasy 2.2% * Cannabis 10.4%	2013: * Meth/amphetamine 2.1% * Ecstasy 2.5% * Cannabis 10.2%	2013: * Meth/amphetamine 2.1% * Ecstasy 2.5% * Cannabis 10.2%	2013: * Cannabis 10.2% * Ecstasy 2.5% * Meth/amphetamine 2.1%	2010: * Cannabis 10.3% * Ecstasy 3.0% * Meth/amphetamine 2.0%	2010: * Cannabis 10.3% * Ecstasy 3.0% * Meth/amphetamine 2.0%	2007: * Cannabis 9.1% * Ecstasy 3.5% * Meth/amphetamine 2.3%	2004: * Cannabis 11.3% * Ecstasy 3.4% * Meth/amphetamine 3.2%	2001: * Cannabis 12.9% * Ecstasy 2.9% * Meth/amphetamine 3.4%

\*National Drug Strategy Household Survey