



# No Smokes Project

Summative Evaluation Report:  
Findings from Qualitative Focus Groups

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# Table of contents

<b>1. Purpose of this report</b>	<b>3</b>
<b>2. Method</b>	<b>3</b>
Focus groups with young Indigenous people	3
Participant profile	4
Products shown	5
Considerations for data interpretation	6
<b>3. Reactions to products</b>	<b>7</b>
Star ratings	7
Reasons products were liked	8
Reasons products were disliked	9
Intention to re-watch a product or share it with a friend	11
Emotional reactions	13
Personal relevance	15
<b>4. Key message recall</b>	<b>16</b>
Ability of products to effectively communicate key messages	16
<b>5. Changes in knowledge</b>	<b>22</b>
New information learned about smoking	23
New information learned about quitting strategies	26
<b>6. Changes in user perceptions</b>	<b>30</b>
<b>7. Intention to change behaviour</b>	<b>33</b>
<b>8. Use as a ‘discussion starter’</b>	<b>35</b>
<b>9. Summary of key findings</b>	<b>35</b>
<b>10. Attachments</b>	<b>38</b>
Attachment 1 – Post-product Questionnaire	38
Attachment 2 – Focus Group Discussion Guide	39

# 1. Purpose of this report

In 2010, the Department of Health and Ageing funded Menzies School of Health Research to develop a suite of multimedia products aimed at increasing young Indigenous people's understanding of the impacts of smoking on themselves and others. Communication products such as short animations, YouTube videos, celebrity interviews and online games were developed with the aim of increasing Indigenous young people's:

- Access to targeted anti-tobacco products
- Knowledge of the harmful effects of smoking on themselves and others
- Knowledge of potential quitting strategies

To understand the extent to which the No Smokes multimedia products achieved the above aims, Menzies conducted a summative evaluation directed at answering the following questions:

- How many products were created and distributed?
- To what extent did the products reach their target audiences?
- To what extent did the products increase Indigenous young people's understanding of the harmful effects of tobacco on themselves and others?
- To what extent did the products increase Indigenous young people's understanding of quitting strategies?

The summative evaluation used a mixed-methods approach which combined online, quantitative data collected via google analytics, online surveys and custom-built databases with qualitative feedback collected through focus groups with young Indigenous people. This report summarises the key findings from the qualitative focus groups. Findings from the online evaluation will be analysed in August 2012, once the website has been running for three months, and presented in a subsequent report.

## 2. Method

### Focus groups with young Indigenous people

The qualitative component of the summative evaluation involved the conduct of two rounds of focus groups with Indigenous young people aged 12 – 25 years of age. The first round was held in October/November 2011 and focused on collecting feedback about four flagship products – the Addiction Animation, Health Effects Video, Beyonce Video and Perfect Matches Video. The second round of focus groups was held in February/March 2012 and focused on three additional flagship products – The Facts Animation, Quitting Video and So You Think You Can Quit? In total, 11 focus groups were held engaging 67 young people aged between 12 and 23 years.

Each focus group involved between three and ten participants and a mix of ages. Most groups engaged male or female participants separately, but in a couple of locations where there were low numbers of one gender, groups were mixed for convenience. We did not screen for a specific smoking profile and typically, groups involved both smokers and non-smokers. Menzies worked with Darwin-based education and health organisations to recruit participants and host focus groups. The organisations were Kormilda College, St Johns College, Nungalinua College and Danila Dilba Aboriginal Health Service. Kormilda College and St John's College, both boarding schools with high numbers of remote Indigenous students, were chosen as they provided an efficient way to capture feedback from remote Indigenous young people.

During each focus group, participants were shown a selection of flagship products and two tools were used for capturing feedback. Firstly, after viewing each product, participants completed a one-page, pictorial questionnaire to elicit an immediate snapshot of their reactions to the product, the amount of new information they had learned and the likelihood they would watch it again or show it to a friend. The questionnaire can be viewed at Attachment 1. After completing the questionnaire, participants took part in a discussion about their reactions to the product, their likes and dislikes, new information learned, key messages recalled and whether viewing the product had changed their perceptions towards smoking or quitting. Information provided in the questionnaire was used as a starting point for these discussions and each focus group followed a semi-structured format. An example of the discussion guide can be viewed at Attachment 2.

The number of flagship products shown in each focus group differed depending on the timeframe for the focus group. For example, some focus groups were hosted in a 50-minute school period, which provided enough time to discuss one or two flagship products. Other focus groups were held over two hours allowing three or four products to be viewed. Priority was given to collecting feedback on products which had taken considerable time and resources to produce. In the first round of focus groups, priority was given to the Addiction Animation and Health Effects video and where time permitted, feedback was collected on the Beyonce and Perfect Matches videos. In the second round, priority was given to the Facts Animation and the Quitting Video.

At the commencement of each focus group, the aim of the evaluation, the focus group process and the ways in which output would be used were explained to participants. It was made explicit that participation was voluntary, all feedback was confidential and de-identified and audio recording was optional. Each participant was asked to complete a consent form. All participants received a \$10 gift voucher as thanks for their time and contribution to the evaluation.

## Participant profile

Eleven focus groups were held with a total of 67 participants aged between 12 and 23 years. The mean age of participants (at 31/03/2012) was 16.6 years and overall,

there were more males (n=42, 63%) compared with females (n=25, 37%). The following table provides an overview of the focus groups.

**Table 1 – Overview of Focus Groups**

Host organisation	Number Participants	Gender	Age (at 31/03/12)	Usually reside...	Number Products	Round
St Johns College 1	5	Male	15 - 16	Remote	2	1
St Johns College 2	9	Mixed	15 - 17	Remote	4	1
St Johns College 3	6	Male	12 - 15	Remote	1	2
St Johns College 4	4	Male	16 - 17	Remote	1	2
Nungalinya1 College 1	3	Mixed	15 – 16	Darwin	4	1
Kormilda College 1	3	Female	13 – 16	Remote	3	1
Kormilda College 2	6	Female	12 - 17	Remote	3	1
Kormilda College 3	8	Male	14 - 17	Remote	2	2
Kormilda College 4	8	Female	13 - 17	Remote	2	2
Kormilda College 5	7	Male	16 - 17	Remote	2	2
Danila Dilba 1	9	Mixed	14 - 23	Darwin	2	2

Of the 67 focus group participants, demographic data was collected for 62 individuals and showed that the majority usually resided in the Northern Territory (n=48, 79%), while the remaining participants (n=13, 21%) usually resided in the adjacent states of Western Australia and Queensland, attending boarding school in Darwin. Just over three quarters of participants (n=46, 77%) were from remote locations with the remaining participants (n=14, 23%) living in the regional centres of Darwin or nearby Palmerston.

Smoking status was not a criterium for participation in focus groups as we were interested in hearing feedback from both smokers and non-smokers. Of the 62 participants for whom demographic data was collected, almost two thirds smoked (n=40, 65%) and just over a third were non-smokers (n=22, 35%). The smokers reported starting smoking between the ages of 4 and 18 years, with an average commencement age of 13.8 years. Of the 35 smokers who answered the question about daily smoking, just over half smoked daily (n=19, 54%). Around three quarters (n=25, 76%) of those who were daily smokers smoked five or less cigarettes on average per day, with the remaining 8 respondents smoking between 6 and 20 cigarettes on average. Of the 34 smokers who responded to questions about quitting, just over three quarters had tried to quit (n=26, 77%), making between one and ten attempts.

## Products shown

Each focus group was designed around the schedule of the host organisation and as a result varied in length and focus. In shorter focus groups, one or two products were shown, whereas in longer focus groups there was time to show three or four products. In the case of shorter sessions, priority was given to the Addiction

Animation, the Health Effects video and the Facts Animation. The following table provides a breakdown of the number of participants who viewed each flagship product. In total, the 67 participants collectively viewed the seven flagship products 153 times, with the Facts Animation viewed most frequently (n=37), followed by the Health Effects video (n=28) and the Addiction Animation (n=23). The product shown least was So You Think You Can Quit? (n=10) because it was difficult to ‘bring to life’ in a focus group setting due to its design as an individual quitting tool.

**Table 2 – Summary of products shown**

	Frequency	Percent
Addiction Animation	23	15
Beyonce	21	14
Perfect Matches	13	8
Health Effects MashUp	28	18
Quit MashUp	21	14
Facts Animation	37	24
SYTYCQ	10	7
<b>Total</b>	153	100

Given the small number of individuals who viewed each product, caution needs to be taken when interpreting feedback at an individual product level. We plan to combine these responses with data collected online to create a larger sample.

## Considerations for data interpretation

The following factors need to be considered when interpreting the data in this report:



- The data collected via the post-product questionnaire needs to be interpreted with caution as the sample is not representative of the national target audience. Findings are relevant but cannot be generalised to the broader target audience.
- When interpreting data in tables, the total percentage column may add up to 99% or 101% due to rounding.
- Where we have used ‘N=’ this refers to the total number of respondents for the question, that is, the total sample. This is different to ‘n=’ which refers to the total number of respondents within the sample who answered the described question accordingly.

### 3. Reactions to products

#### Star ratings






Immediately after viewing each product, participants were asked to give the product a star rating between 1 (lowest) and 5 (highest). Overall, reactions were positive with 70% of respondents (n=103) awarding products a rating of four or five stars (Table 3), suggesting that the suite of products was well received by the target audience. This endorsement was backed up by qualitative feedback where participants described products positively describing them as ‘good,’ ‘really good,’ ‘funny,’ ‘interesting,’ ‘clear,’ ‘easy to understand,’ ‘fun,’ and ‘cool.’

**Table 3 – Overall product rating [N=147, no response = 6(4%)]**

				
n=3 2%	n=8 5%	n=33 22%	n=52 35%	n=51 35%

A comparison of rating data for each product shows that the most popular products were the Addiction Animation, the Health Effects video and the Facts Animation with average ratings of between 4.1 and 4.3. At least three quarters of all respondents awarded these products four of five stars. The comical products starring comedian Sean Choolburra, while not far behind with average ratings of 3.4 (Beyonce) and 3.9 (Perfect Matches) tended to have greater variation of scores than the other products. These were the only products which respondents awarded a one-star rating. The reasons why these products received split ratings is discussed in the next section. Quitting products, So You Think You Can Quit? and the Quitting video designed to increase knowledge of quitting strategies - while still rating well - were not as popular as the facts-based anti-tobacco products. Between 52% and 60% of respondents awarded four or five stars compared with around 80% for the informative products. Table 4 provides a detailed comparison of the ratings for each product.

**Table 4 – Comparison of individual product ratings**

						Min.	Max.	Mean
<b>Addiction Animation (N=22)</b>	0 0%	3 14%	1 5%	4 18%	14 64%	2	5	4.32
<b>Beyonce (N=19)</b>	2 11%	0 0%	8 42%	6 32%	3 16%	1	5	3.42
<b>Perfect Matches (N=12)</b>	1 8%	2 17%	0 0%	5 42%	4 33%	1	5	3.92

<b>Health Effects Video (N=26)</b>	0 0%	1 4%	3 12%	11 43%	11 43%	2	5	4.23
<b>Quitting Video (N=21)</b>	0 0%	2 10%	8 38%	8 38%	3 14%	2	5	3.57
<b>Facts Animation (N=36)</b>	0 0%	0 0%	9 25%	14 39%	13 36%	3	5	4.11
<b>So You Think You Can Quit? (N=10)</b>	0 0%	2 20%	2 20%	3 30%	3 30%	2	5	3.70

## Reasons products were liked

In the focus groups, participants were asked what they liked and disliked about each product. Participants tended to like information-rich products such as the Facts Animation, the Addiction Animation and the Health Effects video. These were seen to be engaging, factual, reliable and informative. For example, the Facts Animation was endorsed by almost all participants saying they liked it and had learned something new as a result of watching it. Feedback suggested that participants enjoyed learning new information and felt that the information in this animation was from a reliable and authoritative source. A number of people liked the voice over because it was *'confronting,' 'made me listen,'* and was *'coming from an elder,'* (Kormilda4). Participants liked the animation style and the repetitive use of motifs such as the coffin and the Aboriginal and Torres Strait Island flags made up of people.

The humour-oriented products by Sean Choolburra received mixed feedback, for example reactions to the **Beyonce video** were split between those who described it as *'funny,'* and those who thought it was *'scary'* or *'disturbing'* due to its inclusion of cross dressing. In one participant's words, *'It's a bit weird seeing an Aboriginal guy dancing around in a leotard'* (Nungalinya1). However, most of those who described it as scary or disturbing agreed that they would probably still watch it because they were curious: *'It made me both want to look and...look away'* (Nungalinya1). Others said that the way he was dressed was the reason they found the video so engaging: *'It made you want to watch it because he's all dressed up,'* (Kormilda2). *'A man in a leotard makes me want to watch it even though I didn't learn much from it'* (Kormilda1). These comments highlight the value of using humour and content that encourages curiosity to engage the target audience. **The Perfect Matches video** also received a mixed response with most participants finding it *'funny'* or *'really funny'* and a small number describing it as *'boring,' 'dumb,'* or *'too sarcastic.'* A couple of female participants expressed confusion about who the Video was directed at and felt they couldn't *'really take him seriously'* because *'he's just mucking around'* and *'he's smiling when he says smoking'* (Kormilda1). This feedback suggests that for some, the use of humour can undermine the communication of anti-tobacco key messages while for others it provides welcomed comic relief about a serious topic.

Reactions to **the Quitting video and the Health Effects video** were generally positive. In particular, participants liked the inclusion of *'heaps of different people talking about the same thing'* (Kormilda3), and were excited when they recognised someone they knew, for example, the musician Shelly Morris. Feedback about the use of repetition and the pace was mixed. Some found the deliberate repetition of key messages *'funny'* while others found it *'annoying'* or *'gammon'* and said it turned them off viewing the product a second time. Participants understood that the



repetition had been used to emphasise key messages and some said it had helped communicate information. For example, one participant said about the Quitting Video *'It got the message into your head a lot easier than the [Facts Animation] because it was faster and more repetitive'* (Kormilda3). In another participant's words *'It was good they keep repeating certain bits coz it got into your head,'* (DanilaDilba1) Others felt the repetition did not aid communication and found the pace of the video too fast. *'The [Facts Animation] talked slower which is good because we can understand it better'* (Kormilda3). In the case of the Quitting video, some participants found it boring because it didn't offer enough 'hard hitting' facts about the effects of smoking. This feedback suggests that some young Indigenous people may find it difficult to pick up on key messages in the Quitting video.

## Reasons products were disliked

Overall, the suite of flagship products was well received by focus group participants. Often participants struggled to find things they disliked about a product but some minor suggestions were made by individuals about how to improve each product. These are listed below for consideration in future product development:

- **Addiction Animation**
  - One participant felt that the animation could have included more content about the negative effects of smoking (*'the gross stuff'*).
  - One participant thought the animation was *'a bit too long'* and there was a risk that some viewers might get bored.
  - One participant thought the brain character needed to be more interesting and recommended *'blinging it up'* with *'a gangster hat or something'* to make it more human.
- **Health Effects**
  - Some participants didn't like the way the video had been edited to deliberately repeat key points describing this as *'annoying.'*
  - Some participants felt that the video included medical terms which were difficult to understand and remember and would have found it more informative if these had been explained (e.g. emphysema).
  - Some participants didn't like the way the video made them feel (i.e. worried about negative health impacts on themselves, family and friends) and said this would discourage them from watching it again.
  - One participant would have preferred if the messages were coming from young, attractive, Aboriginal people compared to the *'boring old people'* featured.
  - Another participant felt that the video needed stronger imagery of negative health effects, for example the inclusion of images where people's fingers were yellow or their limbs had been chopped off.

- **Beyonce**
  - Some participants said it was confronting to see an Aboriginal man cross-dressing and expressed discomfort about an assumption that the character was gay.
  - One participant thought Sean was ‘a bad singer’ and would have preferred if he was lip syncing to a woman singing.
  - One participant thought the Video looked ‘budget’ because of the black and white contrasting effect that had been used. She recommended that it be re-edited so that it looked ‘better quality,’ (Kormilda1).
- **Perfect Matches**
  - A couple of participants felt that it was difficult to take anything that Sean Choolburra said seriously and that as a result they didn’t really listen to what he was saying about smoking.
- **Quitting Video**
  - Some found the pace of the video too fast which made it difficult to follow what was being said. Others liked the snappiness of the information delivery.
  - Some found the deliberate repetition of key messages annoying. Others found this mechanism created humour.
  - Some felt the video failed to provoke an emotional reaction which undermined its potential to influence quitting behaviour. ‘There’s nothing scary, worrying or happy about it...that’s not gonna make smokers quit,’ (Kormilda5).
  - A number of participants were unimpressed that some interviewees were wearing sunglasses describing it as distracting and suggesting that it made them harder to trust. In the words of one Kormilda College participant ‘I didn’t like it when the people had sunnies on. You can’t see their eyes and you can’t trust them if you can’t see their face...You don’t take ‘em seriously with sunnies on’ (Kormilda3).
  - A couple of participants felt the video was ‘too short’ and should have contained more people who had quit, in particular more high profile Indigenous celebrities such as Anthony Mundine and Jessica Mauboy. One participant would have liked the video to contain more information about how long it took them to quit and how many times they had tried before quitting successfully.
- **Facts Animation**
  - A number of participants questioned the authenticity of the mouth cancer scene saying it looked ‘fake’ which made it harder to believe.
  - Some participants found the facts animation ‘too long’ and recommended that it be shortened or divided up into a series of smaller videos, particularly if it is going to be screened on TV.

- Some participants would have liked more information about quitting strategies included.
- One participant would have liked to have learned more about the other chemicals in cigarettes.
- **So You Think You Can Quit?**
  - A number of participants felt that the game show host asked too many questions and that some of the questions were boring. These participants expected to learn more from the challenge but felt that it was weighted towards eliciting information from the user rather than providing new information.
  - A couple of participants disliked the backing music and one person said it made him feel 'panicky.' These participants said that they would choose the no volume version when completing the challenge themselves.
  - Some felt that there was too much emphasis on information retrieval rather than information communication and as a result they didn't learn anything new.

### Intention to re-watch a product or share it with a friend

To gauge how young Indigenous people perceived products, participants were asked to identify whether or not they would watch the viewed product again and whether they would show it to a friend. Overall, the feedback was positive with 71% of the 150 responses indicating they would watch the product a second time and 93% saying they would show it to a friend. Qualitative feedback corresponded with findings from the questionnaire where for the most part, participants agreed that they would have few hesitations showing the product to a friend. Some also indicated an interest in showing the products to smokers of any age, for example, one male who said '*I would show it to my dad because he smokes a lot*' (StJohns2), another suggesting that '*It should be shown to adults so they can worry about their kids*,' (Kormilda3), and a third who would '*Show family so they can feel scared*' (Kormilda3). After viewing the Facts Animation, one female participant said she would show it to friends who smoked while they were pregnant so that they can '*see how bad it is for the baby*' (Kormilda4).

The main motivation for showing the product to friends or family was a desire to influence their smoking behaviour. Participants thought showing products such as the Facts Animation, Health Effects Video and Addiction Animation would '*scare them*,' (StJohns4) '*give [smokers] a warning*,' (Kormilda4) and '*help them to see what they're doing to their bodies*' (Kormilda4). Participants indicated that it was easier to show friends and family a video than explain things verbally. '*If I could, I'd show my mum and sister that this isn't good for you... You can't force them to quit but you can make them listen to the information*' (Kormilda4). The second motivation for showing a product to friends or family was 'the entertainment factor', particularly relevant for the Sean Choolburra videos where participants were encouraged to share the videos with friends because they felt they were funny. These findings demonstrate that the products are effectively engaging the target audience and have the potential to be

promoted virally via peers. They also provide a strong indication that participants would view products more than once, creating an opportunity for reinforcing the communication of key messages.

However, there were some differences between the products. Participants were most likely to view informative products such as the Addiction Animation (91%), the Health Effects video (82%), the Facts Animation (73%) and So You Think You Can Quit? (89%) multiple times, and least likely to view humorous products such as the Beyonce video again (43%). Perhaps the lower proportion of return viewers is best explained by qualitative feedback which suggested some viewers were uncomfortable about watching an Aboriginal man dressed in a leotard, while a small number of others did not find the video humorous enough to warrant showing a friend. Peer pressure may have also influenced responses, for example, among male participants where some may have hesitated admitting a desire to view a video containing a cross dresser.

There was less variation across products for the question ‘would you show this to a friend?’ Between 85% and 100% of respondents indicated they would show a friend, reinforcing the viral marketing potential of all products. The exception were a small number of participants who indicated that they would not show the Sean Choolburra videos to friends or family because they thought they were silly, uninteresting, insensitive or inappropriate for older people (e.g. grandmothers). One participant felt there was a risk in showing humorous videos about a serious topic like cancer, but this was a minority view.

The other surprising results from the questionnaire relates to the Quitting video which received a lower than average percentage of ‘would watch it again’ (57%, N=21) and ‘would show it to a friend’ (71%, N=21). Qualitative feedback indicated that some participants found the video boring, some felt it lacked new information and some found it difficult to understand due to the fast pace. Others, worried that friends might think it’s ‘no good’, for example, this male Kormilda student: ‘I’d feel ashamed to show them especially if they think it’s crap’ (Kormilda3). The following table provides a comparison of responses for each product.

**Table 5 – Product comparison for ‘Watch again’ and ‘Show a friend’**

	<b>Proportion who would watch it again</b>	<b>Proportion who would show it to a friend</b>
<b>All responses</b>	71% (N=150)	93% (N=151)
<b>Addiction Animation</b>	91% (N=21)	100% (N=22)
<b>Beyonce</b>	43% (N=21)	95% (N=21)
<b>Perfect Matches</b>	62% (N=13)	85% (N=13)
<b>Health Effects Video</b>	82% (N=28)	96% (N=27)
<b>Quitting Video</b>	57% (N=21)	71% (N=21)
<b>Facts Animation</b>	73% (N=37)	97% (N=37)

<b>So You Think You Can Quit?</b>	89% (N=9)	100% (N=10)
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Qualitative feedback about participants' motivations for watching the products multiple times suggested that the main motivation for a second viewing was a desire to learn more (based on the idea that people pick up different messages during a second viewing). In one participant's words, '*If I watch it again, the info would stick better, then you can tell your friends [about it]*' (DD1). The second motivation was the 'entertainment factor,' particularly relevant for humorous products. There were a number of instances where focus group participants requested that the humorous Beyonce and Perfect Matches videos be shown again. These second viewings were often met with raucous laughter. There were fewer spontaneous requests to view informative products such as the Health Effects video, Addiction Animation and Facts Animation a second time, most likely due to their more sombre messages.

## Emotional reactions

In social marketing, one of the mechanisms for stimulating changes in perceptions or behaviour is the provocation of an emotional response in the viewer. An emotional response experienced while viewing a product has the potential to stay with the viewer beyond new information acquired. In the No Smokes project, the products were created to evoke specific emotional responses. Some products, such as the Addiction Animation, Facts Animation and Health Effects video were developed to emphasise the harmful effects of smoking and evoke feelings of worry and fear. Products such as the Sean Choolburra videos were developed to provide entertainment and communicate key messages through humour. Products such as the Quitting video and So You Think You Can Quit? were developed to inspire and support participants to change their behaviour through the use of positive role modelling.







The post-product questionnaire and the qualitative discussions were used to explore the extent to which products succeeded in evoking the desired emotional response. In the questionnaire, participants were asked to identify how they felt after viewing each product and could choose from a list of six emotions – happy, sad, worried, angry, bored or scared, each of which was represented by an emoticon. In the qualitative discussions, participant responses were discussed with the aim of exploring why they felt this way.

Across all product responses (N=152), participants were most likely to indicate that the product viewed had made them feel worried/scared (43%, n=65) or happy (41%, n=63), with other feelings receiving a handful of responses. Encouragingly, only 13% (n=20) of responses indicated that they were bored. Products designed to evoke feelings of worry or fear did so, with 78% (n=28) of respondents who viewed the Facts Animation and 64% (n=18) of those who viewed the Health Effects Video saying it had made them feel scared/worried. Products designed to evoke positive feelings such as humour or inspiration also succeeded as illustrated by responses to the Quitting video and the Sean Choolburra videos. Fifty two percent (52%, n=11) of respondents said the Quitting Video made them feel happy compared with 14% who

said it made them feel worried/scared. For both Sean Choolburra videos, over 60% of viewers said it made them feel happy. These findings corresponded with qualitative feedback where participants typically indicated that the Beyonce video made them feel happy because it was humorous. In the words of one participant *'Funny is good because it makes people laugh and listen and take it in a bit'* (Kormilda2).

Participants indicated that the Facts Animation and Health Effects video made them feel most worried/scared because it encouraged them to think about the harmful effects of smoking on themselves, their family or their friends. One participant said that he would not watch the Health Effects video again as *'it made [him] feel not very good'* (St Johns2). Similarly, one participant said she would refuse to watch the Facts Animation again as it had made her feel *'scared', 'uneasy' and 'worried'* (DanilaDilba1), another said it was *'too much in your face'* (Kormilda3) and another said she didn't like hearing the facts because *'it made me think about people I know who smoke and made me worry and feel uncomfortable'* (Kormilda4). In the case of the Facts Animation, the main triggers for creating feelings of discomfort were the descriptions of chemicals in a cigarette and facts about the number of people who die from smoking-related causes. For the health Effects video, triggers were the descriptions of cancer, bleeding behind the eyes and amputations. Reactions to these key messages and others suggest that the products are effective in evoking a strong emotional response but highlight a potential risk whereby the target audience purposefully disengage with the product (either during or after viewing) because of the 'yuk factor' and emotional discomfort experienced while viewing.

**Table 6 – Emotional responses to each flagship product**

	 Happy	 Sad	 Worried	 Angry	 Bored	 Scared
<b>All Responses (N=152)</b>	63 41%	3 2%	46 30%	1 1%	20 13%	19 13%
<b>Addiction Animation (N=23)</b>	13 57%	0 0%	8 35%	0 0%	1 4%	1 4%
<b>Beyonce Video (N=21)</b>	13 62%	0 0%	3 14%	0 0%	3 14%	2 10%
<b>Perfect Matches (N=13)</b>	8 62%	0 0%	1 8%	0 0%	4 33%	0 0%
<b>Health Effects (N=28)</b>	9 32%	1 4%	8 27%	0 0%	0 0%	10 36%
<b>Quitting Video (N=21)</b>	11 52%	0 0%	2 10%	0 0%	7 33%	1 5%
<b>Facts Animation (N=36)</b>	3 8%	2 6%	23 64%	1 3%	2 6%	5 14%
<b>So U Think U Can Quit (N=10)</b>	6 60%	0 0%	1 10%	0 0%	3 30%	0 0%

*\*Totals may not add up to 100% due to rounding*

## Personal relevance

Qualitative feedback suggested that participants were able to connect with the products on a personal level relating what they viewed to their own lives and those of their friends and family. This was most apparent for the Facts Animation, Addiction Animation, Health Effects video and So You Think You Can Quit? where a number of participants indicated that the products made them think directly about friends and family members who smoke. Typically, these products evoked feelings of worry or fear for family members or friends who smoke. For example, *'[The Addiction Animation] kind of reminded me of my brother. He smokes non-stop every day. I feel a bit scared for him cause he could get lung cancer'* (Kormilda1). *'One of my friends back home, he smokes too much. I'm worried for him'* (St Johns2). *'My family smokes. It makes me worried that they'll pass away, get cancer or smoke too much and get their toe chopped off'* (St Johns1). *'It mostly got me thinking about older people in my family who have been smoking for a long time...Like they can just die any time'* (Kormilda 3).

Participants who smoked also linked messages from the Facts Animation, the Addiction Animation and the Health Effects video to their own smoking experiences. Some smokers reflected on the harm smoking might be doing them. For example, one participant said about the Addiction Animation, *'It made me worried I might get addicted to smoking...it made me think about quitting'* (St Johns1). After watching the Facts Animation, one participant expressed *'Every time I smoke I feel weak and slow...That must explain why I'm running slow'* (Kormilda3). Another stated, *'I don't wanna die young...I'm worried about what's going on inside my body'* (Kormilda5) and another *'I should quit...I just didn't realise how dangerous it was'* (DanilaDilba1). Male participants in a number of groups related to feelings of weakness in their bodies while playing sport. *'It's hard to breath. I notice it running if I smoked on that day'* (K3).

Non-smokers tended to worry about the harm it was doing others who smoked rather than the potential harm it could do them if they started smoking or were exposed to passive smoking. There were some exceptions however such as one girl who said about the Health Effects video: *'It makes me not even want to try it (smoking)'* (Kormilda2). A couple of non-smokers felt the videos weren't really relevant to them because they didn't smoke. For example one male who said *'all of it is boring cause I don't smoke'* (StJohns2).

For one participant, the Health Effects video made her reflect on the role of older role models in her life. *'My aunty buys me smokes but I kinda wish she told me I shouldn't smoke'* (Kormilda1). For another, it triggered a story about her father who had been a heavy smoker for years and had lost his sense of taste. And another who's mother had started smoking at 15 years of age and had a collapsed lung aged 30. The emergence of these stories directly after viewing the product suggests that there is a direct connection between key messages (e.g. smoking affects your sense of taste and smell) and individual's personal experiences with smoking. This personal relevance should assist the transfer of key messages and will make the products useful discussion starters in classroom or clinic/intervention settings.

### **Key findings – Reactions to products**

**3.1** All products are liked by the target audience, but the three facts-based products (Addiction Animation, Facts Animation and Health Effects video) are most liked because of their engaging, information, reliable content.

**3.2** Humour-oriented products need to be used with caution because for a small number of viewers they can appear insincere, insensitive or untrustworthy.

**3.3** Products are likely to be shared virally via friend and family networks. Main motivations for showing a friend are a desire to influence their smoking behaviour and to provide entertainment.

**3.4** Products, in particular the facts-based products, are likely to be watched multiple times by the target audience, increasing opportunities for the communication and reinforcement of key messages. The main motivations for multiple viewing are an interest in learning more and to provide entertainment.

**3.5** Products successfully triggered desired emotional responses among viewers increasing the potential to influence perceptions and uptake of key messages.

**3.6** There is a risk that some of the target audience will ‘switch off’ (metaphorically and literally) when viewing products that evoke a feeling of disgust, minimising the uptake of key messages.

**3.7** Products have personal relevance for the target audience and stimulate reflection which helps viewers to relate key messages to their own experiences and those of their family and friends.

## **4. Key message recall**

### **Ability of products to effectively communicate key messages**

One of the aims of the evaluation was to determine the extent to which each flagship product effectively communicated its intended key messages. The key messages embedded in each product were different depending on the focus and intent of the product. Table 7 provides a summary of the main messages each product aimed to communicate. Focus group discussions were used to explore the types of key messages recalled by participants after viewing each of the products. Unprompted key message recall was strong for the three informative products (Addiction Animation, Facts Animation and Health Effects video) with most of the intended key messages being recalled by some participants and some being recalled by most (see bolded messages in Table 7). Feedback suggested that the high message recall for these products may have been related to the products being perceived as factual and reliable. The scripts for these three products also delivered information in a systematic and logical way that may have made it easier for participants to identify and recall messages. Also, some participants appeared to find it easiest to recall messages about the grave or serious consequences of smoking, suggesting that



'hard-hitting' messages may have more impact. In addition, participants tended to recall messages that had particular relevance to them. For example, after viewing the Facts Animation, male participants were more likely to spontaneously recall messages about how smoking affected their ability to play sports and females were more likely to recall messages about how smoking during pregnancy can affect the baby. One female participant who had been told that she would have trouble conceiving children was shocked to learn that smoking could reduce her fertility. In the case of the Health Effects video (and to a lesser extent the Quitting video), participants appeared most likely to recall messages that had been repeated suggesting that the deliberate repetition of key messages is an effective way of reiterating key messages. As one participant put it: *'All the serious stuff, like cancer, they said it twice...that really freaked me out'* (Nungalinya1).

Key message recall was least effective for the two quitting products (Quitting video and So You Think You Can Quit?) where participants struggled to recall key messages even after prompting. In the case of So You Think You Can Quit? this is likely to relate to the product being a quiz/survey (as opposed to an animation or film). Participants picked up on this quickly as illustrated in the following quote. *'I didn't learn anything new because they're just asking questions. How are you supposed to learning anything new?'* (Kormilda4). The intent of the product is to support an individual's quitting attempt and while doing so communicate new information about quitting strategies. However participants felt that the process was largely about giving over information rather than receiving it and did not appear to pick up on key messages embedded in the survey responses. The key messages in So You Think You Can Quit? are delivered in two ways – through the multiple choice response options and via the voice over. Some found the music and voice over annoying and said they would choose to complete it without sound. This highlights a limitation of the product because without the volume, the number of key messages relayed to the user diminishes.

In the case of the Quitting video, the key messages were largely centred on strategies to support successful quitting, but only about half of the quitting strategies cited in the video were recalled by young people (see Table 7). One possible explanation for this is the pace of the video which some participants described as *'too fast.'* Another explanation is that participants were unfamiliar with some of the terms or concepts, for example Nicotine Replacement Therapy, cold turkey and meditation making these messages harder to recall. Whatever the reason, feedback from young people raises questions about the effectiveness of this product for communicating key messages.

Typically, the Sean Choolburra videos were seen as entertaining (due to their use of humour) but limited in factual content. In one participant's words, *'I liked it because it was funny...but I wouldn't give it to anyone to learn anything'* (Nungalinya1). In comparison, participants had this to say about the facts-based products. *'[The Addiction Animation] wasn't just funny. It told you about the brain too'* (Kormilda2). *'It was more interesting [than the Beyonce Video] because it wasn't just talking about one thing...It had more info that I didn't know'* (Nungalinya1). This feedback raises questions about the role of humour-based products in the No Smokes program. It is clear they are valuable hooks for engaging the target audience and have the

potential to be promoted virally through peer networks, but their value as mechanisms for changing perceptions and attitudes is questionable.

Across products, participants found it difficult to recall unfamiliar or technical terms. For example after watching the Health Effects video, no young people spontaneously recalled the terms emphysema or larynx cancer. Similarly for the Facts Animation, most participants did not spontaneously recall the term passive smoking because it was new to them. And after viewing the Addiction Animation, no participants recalled the term ‘dopamine’ and most struggled to recall the key message ‘*The brain makes dopamine which makes us feel good*’ even after prompting. Encouragingly, some participants were able to recall the concept of brain chemicals and how they influence the way you feel. For future product design, the No Smokes team may wish to refrain from using unfamiliar, technical terms or consider strategies to strengthen recall such as explaining new terms, repeating them regularly and providing a written example of new words.

Table 7 provides a summary of the key messages embedded in each product and an indication of which key messages were recalled during focus group discussions. The key messages highlighted in bold were recalled by most participants, with other messages being recalled by some participants. Please note that because facilitators were female it was not possible to determine whether messages about smoking causing erectile dysfunction in the Health Effects video were recalled by male participants as it was not culturally appropriate to discuss this topic with participants. In female-only groups, some participants recalled this message and said that it wasn’t new information for them.

**Table 7 - Product key messages**

<b>Addiction Story</b>	
<ul style="list-style-type: none"> <li>• The brain makes dopamine which makes us feel good (all participants struggled to recall the word dopamine even with prompting)</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> </ul>
<ul style="list-style-type: none"> <li>• Addiction happens in the brain (E.g. ‘<i>I didn’t know there were different brain chemicals. I knew about addiction, but not that the brain was involved</i>’ – K1).</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking is addictive (E.g. ‘<i>Once you get addicted to it, you can’t stop thinking about it</i>’ – N1. ‘<i>It shows how smoking can make you addicted</i>’ – StJ2)</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Smoking/addiction tricks the brain into feeling good</b> (e.g. ‘<i>Smoking tricks the brain...makes it seem attractive</i>’ – N1. ‘<i>Your brain slowly gets used to it</i>’ – N1. ‘<i>It makes you feel good</i>’ – StJ2. ‘<i>It (dopamine) makes you want to smoke more</i>’ – K2)</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking makes you sick (e.g. ‘<i>You can get sick from smoking</i>’ – StJ1)</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can kill you</li> </ul>	
<ul style="list-style-type: none"> <li>• Beating addiction is hard work and can take a long time (E.g. ‘<i>It’s hard to quit smoking,</i>’ – StJ1. ‘<i>It’s not that easy to make them quit because addiction makes it harder. It’s not them, it’s</i></li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes</li> </ul>

<p><i>the chemical in their brain</i> – K1)</p> <ul style="list-style-type: none"> <li>• The brain needs your help to give up cigarettes/beat addiction (e.g. <i>'[Quitting] would be easy if they had help'</i> – K1)</li> <li>• <b>Nicotine patches, exercise and eating healthy food can help beat addiction</b> (E.g. <i>'There are more better things to do than smoking, like keeping active and eating healthy'</i> – N1. <i>'Do a lot of exercise and eat plenty of fruit and veggies'</i> – K2)</li> <li>• <b>Staying away from people who smoke helps beat addiction</b> <i>'Stay away from your friends who smoke if you wanna stop'</i> – K2)</li> <li>• Your doctor can help you quit</li> </ul> <p><b>Additional messages:</b></p> <ul style="list-style-type: none"> <li>• Smoking kills you slowly</li> <li>• Smoking kills your brain / makes your brain dopey</li> <li>• You can quit smoking</li> <li>• Quitting can change your life</li> <li>• You can always ask for help</li> <li>• You can call the quitline for help</li> <li>• Eating healthy makes your brain healthy, not just your body</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>
<p><b>Health Effects Video</b></p>	
<ul style="list-style-type: none"> <li>• Smoking is bad</li> <li>• Smoking causes lots of negative health effects</li> <li>• <b>Smoking causes many different types of cancer</b> (e.g. <i>'Cancer of the lips...you can't kiss any girls...you can't eat...you can't talk to people'</i> – StJ1)</li> <li>• Smoking can lead to amputations (although no recall of the term emphysema) (E.g. <i>'Don't smoke, your legs will get chopped off'</i> – StJ2)</li> <li>• <b>Smoking causes breathing and chest problems</b> (E.g. <i>'[Smoking] makes you out of breath...gives you lung and chest infections'</i> – K1)</li> <li>• Smoking causes erectile problems</li> <li>• <b>Smoking can hurt your unborn baby</b> (e.g. <i>'I was thinking holy crap, [smoking] can cause still birth? I didn't know it could do that'</i> – N1)</li> <li>• Smoking when pregnant is bad (e.g. <i>'Baby is getting small'</i> – StJ2)</li> <li>• Smoking makes you smelly</li> <li>• <b>Smoking makes you look ugly</b> (yellow skin, yellow teeth, dull hair). (e.g. <i>'It makes your hair less shiny'</i> – N1. <i>'It can make you look scraggy...older...it can rot your teeth'</i> – N1. <i>'It can affect the way you look'</i> – K1)</li> <li>• The damage done by smoking can't be reversed. There's no going back (e.g. <i>'it never leaves your body'</i> – K2)</li> </ul> <p><b>Additional messages:</b></p> <ul style="list-style-type: none"> <li>• If you smoke, you'll die soon</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• No*</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>

<b>Beyonce Video</b>	
<ul style="list-style-type: none"> <li>• Smoking is addictive (e.g. <i>'If you smoke you'll get addicted to it'</i> - N1)</li> <li>• <b>Smoking makes you sick</b> (e.g. <i>'He's getting puffed out real easy and he's choking'</i> – N1. <i>'Smoking will make you sick,'</i> – St2. <i>'It makes you sick...It affects your system inside'</i> – K2)</li> <li>• Smoking makes you cough (e.g. <i>'It makes your lungs weak'</i> – N1)</li> <li>• If you smoke, you'll have to use patches to quit</li> </ul>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>
<b>Perfect Matches</b>	
<ul style="list-style-type: none"> <li>• Smoking cigarettes isn't cool</li> <li>• Smoking gives you cancer</li> <li>• Smoking isn't sexy (e.g. <i>'Smokes are bad. It turns people off you. It's not a perfect match!'</i> – N1. <i>'If you want to seem sexy, then don't smoke'</i> - N1)</li> <li>• Kissing a smoker tastes no good (E.g. <i>'You can taste the smoke when kissing a smoker, especially if you don't smoke. It's true...It's a yucky taste, a real turn off'</i> – N1)</li> <li>• If you quit you'll be more sexy</li> </ul> <p><b>Additional messages:</b></p> <ul style="list-style-type: none"> <li>• Smoking stinks</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>
<b>Quitting Video</b>	
<ul style="list-style-type: none"> <li>• To quit you need to: <ul style="list-style-type: none"> <li>○ Be mentally prepared / strong minded</li> <li>○ Be strong / don't give up*</li> <li>○ Be active</li> <li>○ Work hard at quitting</li> <li>○ Know the reasons why you want to quit</li> <li>○ Find something you love doing</li> <li>○ Think about your future*</li> <li>○ Just quit*</li> </ul> </li> <li>• There are many things that help you quit including: <ul style="list-style-type: none"> <li>○ <b>Patches*</b></li> <li>○ Gum</li> <li>○ Tablets</li> <li>○ Lozengers</li> <li>○ NRT (Nicotine replacement Treatment)</li> <li>○ Cold turkey</li> <li>○ <b>Quitline</b></li> <li>○ Acupuncture</li> <li>○ Meditation</li> </ul> </li> </ul> <p><b>Additional messages</b></p> <ul style="list-style-type: none"> <li>• Thinking about your culture can help you quit</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> <li>• No</li> <li>• Yes</li> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• No</li> </ul>

Facts Animation	
<ul style="list-style-type: none"> <li>Smoking kills more Aboriginal people than anything else (e.g. <i>'I just didn't realise how many Aboriginal and Torres Strait Islander people die from smoking.'</i> – DD1. <i>'Twenty percent die from smoking.'</i> – DD1)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>Smoking doesn't make you look cool</li> <li>Smoking is a waste of money (e.g. <i>'It can cost you \$400 a week if you smoke.'</i> – StJ3)</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>Smoking can kill you (<i>'It's about how you die when you smoke.'</i> - K3)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>The addictive ingredient in cigarettes is nicotine</li> <li><b>Cigarettes have 200+ poisons in them including rocket fuel, toilet cleaner, insect spray, lighter fluid, arsenic</b> (<i>'I thought there was a few chemicals in cigarettes, like 10, but when it come up, there was lots'</i> – K5)</li> </ul>	<ul style="list-style-type: none"> <li>No</li> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li><b>There are more than 4000 chemicals in each cigarette</b> (e.g. <i>'It told us what and how many chemicals in cigarettes'</i> – K5. <i>'There's 4000 chemicals in one ciggy'</i> – DD1)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>Chemicals from cigarettes go into the blood (<i>'[I was worried about how] the smoke travels in blood around your body'</i> – K3)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>Chemicals go to the brain and make you want more</li> <li>Chemicals get carried round the body and can cause lumps/tumours/cancers to grow</li> </ul>	<ul style="list-style-type: none"> <li>No</li> </ul>
<ul style="list-style-type: none"> <li>Smoking makes your heart weaker (<i>'I didn't know the heart slows down, just the lungs'</i> – K5)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li><b>Smoking makes your lungs weaker</b> (e.g. <i>'Smoking makes you weak for sport'</i> – StJ3)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li><b>Smoking makes it easier for you to get diabetes</b> (e.g. <i>'I learned about what it does to you...like diabetes,'</i> - StJ3).</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li><b>Passive smoking kills people who don't even smoke</b> (e.g. <i>'I was surprised to hear non-smokers can catch diseases and die'</i> – K5) Note, term passive smoking not widely recalled.</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>1 in 4 people who die from smoking don't even smoke (<i>'I didn't know that people who die don't smoke'</i> – K4)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>When you smoke, you're hurting/killing others</li> </ul>	
<ul style="list-style-type: none"> <li><b>Smoking when pregnant hurts the unborn baby</b> (baby can be born too early, get sick or die) (e.g. <i>'Smoking can kill the baby'</i> – StJ3)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> </ul>
<ul style="list-style-type: none"> <li>Smoking is killing too many Indigenous people (e.g. <i>'Too many people die from smoking'</i> – StJ3)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<ul style="list-style-type: none"> <li>If you smoke, you'll probably die from smoking</li> </ul>	
<ul style="list-style-type: none"> <li>Keep family and culture alive and quit today (e.g. <i>'They said be strong, quit today'</i> – K5)</li> </ul>	<ul style="list-style-type: none"> <li>Yes</li> </ul>
<p><b>No additional messages</b></p>	<ul style="list-style-type: none"> <li>No</li> </ul>
	<ul style="list-style-type: none"> <li>Yes</li> </ul>

So You Think You Can Quit?	
<ul style="list-style-type: none"> <li>• It takes up to 8 quitting attempts to quit successfully</li> <li>• Understanding why you smoke can help you quit</li> <li>• Reminding yourself about the reasons why you want to quit can help you quit</li> <li>• The more addicted you are, the more support you need</li> <li>• The more addicted you are, the more likely you are to need NRT</li> <li>• Quitting with friends can make quitting easier</li> <li>• There are lots of tools to help you quit (e.g. patches, hypnosis, quitline, doctor...)</li> <li>• There's lots of things to help you cope with cravings (e.g. drinking water, chewing gum, avoiding alcohol and coffee)</li> </ul>	<ul style="list-style-type: none"> <li>• No</li> <li>• No</li> <li>• No</li> <li>• No</li> <li>• No</li> <li>• Yes</li> <li>• Yes</li> <li>• Yes</li> </ul>
<p><b>No additional messages:</b></p>	

*\*Likely to be due to the sensitivity of this topic. As the evaluator was female it was not appropriate to discuss this topic with male participants. Some female participants indicated that they already knew that smoking causes erectile dysfunction.*

### Key findings – Key message recall

- 4.1 The three facts-based products (Facts Animation, Addiction Animation, Health Effects video) communicated key messages most effectively.
- 4.2 Target audience is most likely to recall messages that are ‘hard-hitting’ (e.g. about grave/harmful effects of smoking) or personally relevant (e.g. about sport for males and about women’s health for females).
- 4.3 The deliberate repetition of key messages used in the Health Effects video is an effective way to communicate and reinforce key messages
- 4.4 Use of unfamiliar or technical terms without sufficient explanation undermines the communication of key messages.
- 4.5. Key messages embedded in surveys/quizzes as is the case with So You Think You Can Quit? are more difficult for target audience to recall.
- 4.6 The capacity of the Quitting video to effectively communicate key messages about quitting strategies is questionable due to the pace of the video, use of unfamiliar terminology and the absence of ‘hard-hitting’ messages.

## 5. Changes in knowledge

One of the key aims of the No Smokes project is to increase understanding about the harmful effects of smoking and quitting strategies among Indigenous young people. To this aim, the evaluation explored the extent to which flagship products effectively communicated new information about the effects of smoking and potential quitting

strategies. Data was collected in two ways. Firstly by asking participants ‘How many new things did you learn about smoking / quitting?’ (using a four-point scale for responses). Secondly by discussing what new information participants had learned during the focus group discussions. The results from the questionnaire and subsequent qualitative discussions are summarised below.

## New information learned about smoking

Overall, questionnaire data suggested that the products were successful in increasing understanding about the harmful effects of smoking (see Table 8). In almost half (48%) of the 147 completed questionnaires participants reported that they had learned some or lots of new things about smoking as a result of viewing the product. This feedback suggests that for one out of every two viewers, the information was pitched at the right level, providing multiple opportunities to learn new things. For the 50% or so of participants who learnt ‘nothing’ or ‘a few new things,’ qualitative feedback suggested that some of these participants felt they already had a strong knowledge of the harmful effects of smoking learnt through school curriculum, health promotion activities or their own quitting attempts. Low English literacy may have also made it difficult for a proportion of these participants to learn new information from viewing the products.

The products that were purposefully designed to communicate smoking facts (Health Effects video, Facts Animation and Addiction Animation) were most successful at communicating new information to viewers. Of these products, the Health Effects video was most effective with 84% of respondents (N=26) reporting that they learnt some or lots of new information. The Facts Animation and the Addiction Animation were on par with 59%, (N=37) and 52%, (N=21) respectively.

The Sean Choolburra videos, the Quitting video and So You Think You Can Quit? were less effective at communicating new, smoking-related information with around three quarters of respondents reporting that they learnt nothing or a few new things. This contrast between the products is likely due to the intent of the products. For example, the Sean Choolburra videos were primarily designed as entertaining ‘hooks’ and contain fewer anti-smoking messages. As such, it is not surprising that the amount of new information learnt is lower than for products such as the Facts and Addiction Animation. Similarly, So You Think You Can Quit? and the Quitting video were designed to communicate messages about quitting and contain very few key messages about the effects of smoking. Hence, we would expect to see lower proportions for these products.

In the focus group discussions, participants were asked to identify any new information they had learnt about the harmful effects of smoking as a result of viewing the products (see Table 9). Feedback reinforced findings from the questionnaire with participants readily identifying new information after viewing the factual products (Health Effects, Facts Animation and Addiction Animation), with much lower recall for other products. Encouragingly, new information learned from the factual products was usually aligned with intended key messages. For example, participants made statements such as: ‘*I was surprised to hear non-smokers can catch diseases and die*’ (Kormilda5); ‘*Too much smoking can make you weak when you do sport*’ (Kormilda3); ‘*I just didn’t realise how many Aboriginal and Torres Strait*

Islander people die from smoking...you don't realise people are dying from smoking. You think they die from cancer or heart disease' (DanilaDilba1). Table 9 summarises the new information participants said they had learnt from each of the flagship products.

**Table 8 – Comparison of new smoking information learned**

	Nothing new (=0)	A few new things (=1)	Some new things (=2)	Lots of new things (=3)	Min.	Max.	Mean
<b>All products (N=147)</b>	21 14%	56 38%	41 28%	29 20%	0	3	1.53
<b>Addiction Animation (N=21)</b>	0 0%	10 48%	4 19%	7 33%	1	3	1.86
<b>Beyonce (N=20)</b>	4 20%	11 55%	3 15%	2 10%	0	3	1.15
<b>Perfect Matches (N=11)</b>	3 25%	6 50%	3 25%	0 0%	0	2	1.00
<b>Health Effects Video(N=26)</b>	0 0%	4 15%	11 42%	11 42%	1	3	2.27
<b>Quitting Video (N=21)</b>	6 29%	11 52%	3 14%	1 5%	0	3	0.95
<b>Facts Animation (N=37)</b>	3 8%	12 32%	16 43%	6 16%	0	3	1.68
<b>So You Think You Can Quit? (n=10)</b>	5 50%	2 20%	1 10%	2 20%	0	3	1.00

**Table 9 – New smoking-related information learnt by participants**

<b>Addiction Animation:</b>
<ul style="list-style-type: none"> <li>• Smoking affects your brain chemicals               <ul style="list-style-type: none"> <li>○ 'When you smoke, the [dopamine] gets messed up' (StJohns2)</li> </ul> </li> </ul>
<ul style="list-style-type: none"> <li>• The brain is involved in addiction (previously thought only the body was involved)</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking kills your brain</li> </ul>
<b>Health Effects:</b>
<ul style="list-style-type: none"> <li>• Smoking can cause bleeding behind the eyes (males tended to recall this more)</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can lead to amputations</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can cause cancer of the lips</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can make your hair dull (females tended to recall this more)</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can make your teeth and fingers yellow</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can make your moustache yellow (males tended to recall this more)</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can reduce female fertility (females tended to recall this more)</li> </ul>



<ul style="list-style-type: none"> <li>• Smoking can cause still births/miscarriages (females tended to recall this more)</li> </ul>
<ul style="list-style-type: none"> <li>• Smoking can affect your sense of taste and smell</li> </ul>
<ul style="list-style-type: none"> <li>• It doesn't take that long to get cancer</li> </ul>
<p><b>Beyonce:</b></p>
<ul style="list-style-type: none"> <li>• Generally, participants felt they already knew the information presented in this video, except for a handful of participants for whom the idea of nicotine patches was new.</li> </ul>
<p><b>Perfect Matches:</b></p>
<ul style="list-style-type: none"> <li>• Generally, participants felt they already knew the information presented in this video.</li> </ul>
<p><b>Facts Animation</b></p>
<ul style="list-style-type: none"> <li>• Twenty per cent of Indigenous people die from smoking related causes</li> <li>• Smoking is the biggest killer of Indigenous people</li> <li>• There's more than 4000 chemicals in one cigarette (Some knew cigarettes contained chemicals but didn't realise it was that many)</li> <li>• There are more than 200 poisons in one cigarette (Some knew cigarettes contained poisons but were surprised at the examples provided).</li> <li>• When you smoke, the smoke enters your blood and travels around your body.</li> <li>• The heart slows down and gets weaker as a result of smoking.</li> <li>• Smoking during pregnancy, smoking can kill the baby (generally people knew it caused harm, but they didn't know it could lead to a miscarriage)</li> <li>• One in four people who die from smoking-related causes don't even smoke.</li> <li>• Smoking can increase your chance of getting diabetes</li> </ul>

*NB: The Quitting video and So You Think You Can Quit? have been excluded given their key messages focus on quitting strategies*

## New information learned about quitting strategies

After viewing each product, participants were asked to identify how much new information they had learned about quitting. Across all products, questionnaire data (see Table 10) showed that the level of new information learned about quitting was slightly lower than that learned about smoking. Across all products, 43% of respondents learnt some or a lot of new things about quitting, compared with 48% who learnt some or a lot of new information about smoking. This is to be expected given that there were fewer products that focused on quitting messages.

Surprisingly, the two products designed to communicate information about quitting strategies, *So You Think You can Quit?* and the *Quitting* video were not as effective at communicating new information about quitting as the *Addiction Animation* and the *Health Effects* video. For the *Quitting* video, 24% of respondents (N=21) learnt some or a lot of new information. It was higher for *So You Think You Can Quit?* (40%, N=10) but neither came close to the *Addiction Animation* 55%. This is surprising considering the *Health Effects* video does not contain any targeted messages about quitting. One explanation may relate to how participants interpreted the question. Perhaps instead of focusing on how many new quitting 'facts' they had learned, participants responded on an emotional level noting the degree to which each product would make them want to quit. While it is not possible to know for sure, these results need to be interpreted with caution.

Sean Choolburra's *Beyonce* and *Perfect Matches* videos did not effectively communicate new information about quitting with between 55% and 65% of participants indicating they learnt nothing new or a few new things. Again, this is in part due to the intent of the Sean Choolburra products as humorous 'hooks' but the low recall of new information raises questions about the effectiveness of these products for changing knowledge levels.

More alarming is the low recall of new quitting information in products purposely designed to raise understanding of quitting strategies, namely the *Quitting* video and *So You Think You Can Quit?* where between 60% and 76% of respondents said they had learnt nothing new or a few new things about quitting. In the case of the *Quitting* Video, initial qualitative feedback found that participants felt they already knew the information contained in the quitting video and as a result hadn't learnt anything new. With prompting participants revealed that they were unfamiliar with a number of the concepts discussed in the *Quitting* video, namely NRTs, cold turkey, lozenges, acupuncture and meditation. For the most part, participants had not heard of these terms before and if they had, they did not understand their meaning. The *Quitting* Video does not explain any of these (or other) quitting terms and provides no explanation about how they support quitting. Despite the terms and concepts being new to viewers, minimal new information is being learnt by participants due to the brevity of references to each strategy. Perhaps this video could be supplemented by an additional *No Smokes* resource which provides more information about individual quitting strategies.

In the case of *So You Think You Can Quit?*, participants indicated that the main reason they didn't learn new information was because the focus was on them providing information/completing the survey, rather than receiving new information. In the words of one participant, *'I didn't learn anything because they're just asking*

questions. How are you supposed to learn anything?' (Kormilda4). While there are numerous key messages about quitting in So You Think You Can Quit?, they are embedded in survey responses and the voice over. Feedback suggested that young people were unfamiliar with this technique of communicating key messages (as opposed to more conventional delivery of facts through an animation) and as a result had not tuned into the new information on offer. However, So You Think You Can Quit? deserves to be treated a little differently to the other flagship products in that it is designed to be 'played' rather than 'viewed'. In the focus groups, it was not possible for individuals to play the challenge so it was conducted as a group activity using hypothetical responses. It is likely that this approach limited individuals' ability to engage with the content. Perhaps the acquisition of new information would have been higher if participants had completed the challenge individually.

Table 11 provides a summary of the new quitting information that young people identified after viewing each product.

**Table 10 – Comparison of new quitting information learned**

	<b>Nothing new (=0)</b>	<b>A few new things (=1)</b>	<b>Some new things (=2)</b>	<b>Lots of new things (=3)</b>	<b>Min.</b>	<b>Max.</b>	<b>Mean</b>
<b>All products (N=146)</b>	39 27%	44 30%	34 23%	29 20%	0	3	1.36
<b>Addiction Animation (N=21)</b>	4 19%	5 24%	4 19%	8 38%	0	3	1.76
<b>Beyonce (N=20)</b>	6 30%	6 25%	5 25%	3 15%	0	3	1.25
<b>Perfect Matches (N=12)</b>	5 42%	3 25%	4 33%	0 0%	0	2	1.00
<b>Health Effects Video (N=26)</b>	5 19%	7 27%	5 19%	9 35%	0	3	1.69
<b>Quitting Video (N=21)</b>	5 24%	11 52%	3 14%	2 10%	0	3	1.10
<b>Facts Animation (N=36)</b>	10 28%	10 28%	9 25%	7 19%	0	3	1.36
<b>So You Think You Can Quit (N=10)</b>	4 40%	2 20%	4 40%	0 0%	0	2	1.00

**Table 11 – New quitting-related information learnt by participants**

<b>Addiction Animation:</b>
<ul style="list-style-type: none"> <li>Quitting can change your life</li> </ul>
<ul style="list-style-type: none"> <li>There are more better things to do than smoking, like keeping active and eating healthy</li> </ul>
<ul style="list-style-type: none"> <li>It's hard to quit smoking</li> </ul>
<ul style="list-style-type: none"> <li>Exercise and being active can help you quit</li> </ul>

<ul style="list-style-type: none"> <li>• Wearing a patch can help you quit</li> </ul>
<ul style="list-style-type: none"> <li>• Staying away from friends and family who smoke can help you quit</li> </ul>
<ul style="list-style-type: none"> <li>• Doctors and nurses can help you quit</li> </ul>
<ul style="list-style-type: none"> <li>• You can call Quitline if you want to quit</li> </ul>
<p><b>Health Effects:</b></p>
<ul style="list-style-type: none"> <li>• Generally, participants felt there wasn't any information about quitting (e.g. <i>'It didn't say much about quitting...(or) who you can do to for help'</i> – Kormilda1. <i>'They didn't really talk about quitting, just the consequences [of smoking]'</i> – Kormilda2)</li> </ul>
<p><b>Beyonce:</b></p>
<ul style="list-style-type: none"> <li>• You can use nicotine patches to quit</li> </ul>
<p><b>Perfect Matches:</b></p>
<ul style="list-style-type: none"> <li>• Generally, participants felt there wasn't any information about quitting</li> </ul>
<p><b>So You Think You Can Quit?</b></p>
<ul style="list-style-type: none"> <li>• Generally, participants felt they didn't learn new information about quitting because the focus was on them providing rather than receiving information.</li> <li>• After prompting, some participants said that they had not heard of the following quitting strategies before: cold turkey, patches, gum, lozenges, medicines, hypnosis, etc.</li> <li>• After prompting, some participants said that they had not heard of the following strategies for avoiding cravings: chewing gum and avoiding caffeine and alcohol.</li> </ul>
<p><b>Quitting Video:</b></p>
<ul style="list-style-type: none"> <li>• The term NRT (Nicotine Replacement Treatment). Most had never heard the term and if they had, couldn't explain how NRTs work. Some described NRT as patches.</li> <li>• The term cold turkey. Most had never heard this term and didn't understand its meaning</li> <li>• The term lozenges. Most had never heard this term and didn't understand its meaning</li> <li>• Acupuncture. Some had heard of acupuncture before but didn't know it could be used to support quitting.</li> <li>• Meditation. Many didn't understand the term and among those who did, they were not aware that it could assist with quitting.</li> </ul>
<p><b>Facts Animation</b></p>
<ul style="list-style-type: none"> <li>• Keep your culture strong, Quit Today</li> </ul>

### **Key findings – Change in knowledge**

**5.1** The three facts-based products (Facts Animation, Addiction Animation, Health Effects video) are most effective at increasing knowledge about the harmful effects of smoking.

**5.2** Humorous products are least effective at increasing knowledge about the harmful effects of smoking.

**5.3** The capacity of So You Think You Can Quit? and the Quitting video to increase knowledge about quitting strategies is questionable due to the use of unfamiliar terminology, the fast pace of the Quitting video content and the embedding of key messages within the Quitting challenge.

## 6. Changes in user perceptions

The evaluation aimed to understand whether or not viewing No Smokes products provokes a change in viewers' attitudes about smoking and quitting. In the post-product questionnaire, 148 responses were collected for the question 'Would this turn you off smoking?' Of these, 75% (n=111) said that the product viewed had turned them off smoking. The three factual products were most likely with 100% of respondents indicating the Addiction Animation had turned them off smoking (N=23), closely followed by the Health Effects video (96%, N=27) and the Facts Animation (80%, N=35). The Sean Choolburra videos and So You Think You Can Quit? were less likely to turn young people off smoking with around 60% of respondents answering yes. The Quitting Video was least likely to turn people off smoking with only 40% of participants answering yes. Qualitative feedback suggested this may be because participants found the video '*boring*', '*too brief*' or difficult to understand due to unfamiliar terms and fast speaking pace. It may have also been related to the 'soft' nature of the messages in this product (as opposed to hard hitting facts about harmful effects). In one participant's words '*There's nothing scary, worrying or happy about it...that's not going to make smokers quit*' (Kormilda4).

Feedback suggested that 'hard hitting' messages about negative health effects were more likely to turn people off smoking than 'softer' messages (like those used in the Quitting video) or humour-based messages (such as those used in the Sean Choolburra videos). For example, after viewing the Health Effects video, participants regularly listed multiple health effects (e.g. lip cancer, throat cancer, rotting teeth, toe amputations, bleeding behind the eyes, yellow moustache and smelliness) as direct deterrents to smoking. After viewing the Addiction Animation, one participant said '*This one made a bit more sense (than the Beyonce video)...the warning was a bit more hard hitting...vrooom...it's right there*' (Nungalinya1). In comparison, in discussion about the Beyonce and Perfect Matches videos participants either struggled to communicate why the Videos had turned them off smoking or indicated that viewing hadn't influenced the way they thought about smoking, people who smoke or quitting. For example, after viewing the Beyonce video, one participant stated, '*Nah, it didn't change the way I think about anything*' (Nungalinya1).

Qualitative discussions were also used to explore how viewing each product had changed participants' attitudes and intentions, focusing on the following questions:

- Did this video change the way you think about smoking? What changed?
- Did this video change the way you think about people who smoke? What changed?
- Did this video change the way you think about quitting? What changed?
- Did this film make you want to change anything in your life?

Most participants indicated that viewing the products had changed the way they thought about smoking and/or quitting to some extent. Changes in participants' perceptions typically fell into one of the following categories (in order of frequency). There were a small number of participants for whom viewing the products had not made any difference to the way they thought about smoking and/or quitting.

**1. Increased fear and worry about negative health effects of smoking on family and/or friends:**

- 'It made me think they [my family who smoke] might have no legs' (StJohns1)
- 'My family smokes. [The Health Effects Video] made me feel worried that they'll pass away, get cancer, or smoke too much and get their toe chopped off' (StJohns1)
- 'Made me worry for me and others...worried about my family dying' (StJohns2)
- 'When you think about it, you don't realise people are dying from smoking. You think they die from cancer or hear disease' (DanilaDilba1)
- 'It mostly got me thinking about older people in my family who have been smoking for a long time' (Kormilda3)
- '[The Facts Animation made me worried because] you don't want to see the next generation smoke, then pass it onto their kids' (Kormilda4)

**2. Increased fear and worry about the negative health effects of smoking on self:**

- 'It makes me think more about cancer' (StJohns1)
- 'I'm trying to quit and it made me worried cause of the info it was giving' (Kormilda2)
- 'Yes, I feel more scared of the cancers' (Kormilda2)
- 'I wouldn't want to be a cripple because I love sports' (Kormilda2)
- 'I'm worried that it could affect your brain' (Nungalinya1)
- 'If I don't quit I'm probably going to die...It made me feel sad to die from cancer...what a waste!' (DanilaDilba1)
- 'I remember the death toll. A big mob died and I didn't want to be one of them' (DanilaDilba1)
- 'How it affects your ability to play sport, like how it makes you puffed. It hasn't affected me yet, but it might soon' (DanilaDilba1)
- 'I'm worried about what's going on inside my body' (Kormilda5)

**3. A desire to quit (among smokers) and a desire not to start smoking (among non smokers):**

- 'It makes you feel stronger about stopping smoking' (Kormilda2)
- 'Everything they say makes you want to quit' (Nungalinya1)
- 'Yep, I'm probably going to quit now' (Nungalinya1)
- 'It makes you think wiser about smoking' (Kormilda2)
- '*It made me think about quitting*' (Kormilda3)
- '*It makes me want to quit more*' (Kormilda5)

- 'It makes me not even want to try it' (Kormilda2)
  - 'Thank goodness I'm not smoking!' (Kormilda4)
- 4. Realisation that smoking can harm you at a young age:**
- 'Maybe it doesn't take such a long time to get cancer' (StJohns1)
  - 'If you're a smoker, you should quit now because you can get cancer' (StJohns1)
  - 'Dying young would be the worst' (StJohns2)
  - 'They can just die at any time...death is closer' (Kormilda3).
  - 'Quit!. It's bad. I don't want to die young' (Kormilda5)
- 5. Negative judgement of others' decision to smoke:**
- 'They are so stupid' (Kormilda2)
  - 'It's killing them...They're making weak decisions' (Kormilda2)
  - 'It's bad for their baby' (Kormilda2)
- 6. Increased empathy for friends and family who are addicted to nicotine:**
- 'It's not that easy to make them quit because addiction makes it harder. It's not them, it's the chemical in their brain' – Kormilda1)
  - 'You don't know you're addicted til you're addicted' (Nungalinya1)
  - 'Once you get addicted to it, you can't stop thinking about it' (Nungalinya1)
- 7. Increased reflection about effects of smoking on passive smokers:**
- 'I'm worried for myself but also for the people around me...the passive smokers' (DanilaDilba1)
  - 'If you make family sick, it's your fault' (Kormilda5)
- 8. Greater conviction that quitting is possible:**
- 'Yes, [The Quitting Video] did help a bit. You see people who are just the same [as you] and who are trying to quit. It makes it feel like quitting might be easier' (DanilaDilba1)

### **Key findings – Changes in user perceptions**

**6.1** Viewing products is likely to turn the target audience off smoking with the three facts-based products (Addiction Animation, Facts Animation and Health Effects Video) most likely to do so.

**6.2** Products are likely to increase viewers' concern about the negative effects of smoking on friends and family and self.

**6.3** Products are likely to increase some viewers' desire to cut back or quit smoking.



**6.4** Products have the potential to prompt greater reflection about the negative health effects of smoking, the nature of addiction and the impact of passive smoking among some viewers

## 7. Intention to change behaviour

The evaluation did not explore the extent to which viewing No Smokes products influences behaviour as this requires long-term, rigorous methods that are outside the scope of this evaluation. However, during the focus groups participants were asked if there was anything they would do differently as a result of viewing the products. Feedback suggested that products such as the Facts Animation, Addiction Animation and Health Effects video which contained 'hard hitting' health messages were more likely to prompt an intention to take action than the humorous or 'motivational' products. Among participants who said that they intended to do something different as a result of viewing a No Smokes product, most said they would talk to smokers (in particular friends, family and girlfriends) about the effects of smoking with the aim of encouraging them to quit. This is illustrated through comments such as:

- *'[The Addiction Animation] makes you wanna tell [your friends] to stop smoking...to tell them that smoking is letting you down'* (StJohns1).
- *'[The Addiction Animation] makes me want to tell my friends more to stop smoking, straight up'* (Kormilda1).
- *'Yeah, [the Health Effects Video] freaks me out a bit...I'd probably ask my uncle to buy nicotine patches'* (Nungalinya1)
- *'[The Addiction Animation] maybe makes me want to talk to people more about stopping smoking'* (Kormilda1)
- *<After viewing Addiction Animation> 'Yeah, you can tell our friends to stop it and what it does to you'* (Kormilda2)
- *<After viewing Facts Animation> 'I'd talk to my friends about smoking...Tell 'em don't smoke and show 'em everything about quitting'* (Kormilda5)
- *'I'd show family [The Facts Animation] so they can feel scared and that'* (Kormilda3)

While most felt confident enough to talk to friends and family about the harmful effects of smoking, some said they would feel shy or ashamed, particularly in the case of older relatives or friends who were going through a difficult time (e.g. a relationship break up). Others said that rather than speaking to relatives, they would show the products to friends and family with the intent of influencing their smoking and quitting behaviour.

- *'[I would show the Facts Animation to my friends to] give them a warning. To let them see what they're doing to their body'* (Kormilda4).

- *‘[The Facts Animation] made me want my [family and friends] to stop. If I could, I’d show my mum and sister that this isn’t good for you... You can’t force them to quit but you can make them listen to the information’ (Kormilda4)*

Some smokers indicated that they would change their own smoking behaviour as a result of viewing the No Smokes products. This involved either an intention to quit, reducing the number of cigarettes smoked each day (*‘I’ll slow down smoking’ – Kormilda4; ‘Have a couple of puffs then stop...save it for later’ -Kormilda5*), or purchasing fewer cigarettes (*‘Instead of big packets, I’ll buy smaller packets’ – Kormilda5*). Others said that viewing the products had made no impact on their own smoking behaviour and some said that in addition to new information, they needed ongoing support to successfully quit. One participant had clearly missed the point indicating that she didn’t need to change her smoking behaviour because she only smoked occasionally. *‘I don’t really need to quit because I only smoke two ciggies a week’ (Nungalinya1).*

In the case of So You Think You Can Quit? a series of additional questions were asked to try and establish the extent to which participants felt the quitting challenge would assist them in their quitting attempts. The questions asked were: Would you do the SYTYCQ? challenge? Why/why not? Would this help you to quit? How would it help? Would you print out the quit map? What would you do with it? Who would you show it to?

Focus group discussions indicated that most smokers would do the So You Think You Can Quit? challenge even though some found it a bit boring. Participants agreed that it had the potential to help them and others to reach their quitting goals because it was encouraging and provided a one page summary of their quitting plan. However, participants were split on whether they would print out the quit map after completing the challenge. About half said they would print out the quit map. Of those who would, some said they would have no problem sticking it on their wall, showing it to family and friends or sharing it with support people such as teachers. Others preferred to keep the information to themselves, for example in a scrapbook or diary. A number of participants expressed enthusiasm about showing the challenge to their friends who smoke, for example, *‘Show it to your best mates who are heavy smokers to get them to quit’ (StJohns4); ‘It’s something we can use to help family and friends to quit smoking’ (StJohns4)*. Participants were asked whether they would prefer to fill it out alone or with another person and feedback was mixed. Some thought that filling it out with someone else, like a friend or teacher who doesn’t smoke, provided increased accountability and opportunities for support. *‘I’d fill it in with someone who doesn’t smoke because they can remind me why I want to quit’ (StJohns4); ‘[With someone else is] good because they know if you’re getting stressed it’s because...you’re trying to quit and they can support you’ (Kormilda4)*. Filling it in with someone else might also be helpful for people who don’t understand all the questions. Others preferred to complete the challenge in private because it meant there was less scrutiny and pressure.

### **Key findings – Intention to change behaviour**

7.1 The products are likely to prompt the audience to change something in their lives, with the three facts-based products most likely to do so. The most likely scenario is that participants will plan to talk to family and friends about the harmful effects of smoking. Some viewers may also consider cutting back or quitting smoking as a result of viewing the products.

## **8. Use as a ‘discussion starter’**

During the focus groups, the suite of products provoked discussion with participants regularly asking questions and sharing their stories and opinions. Some of the common questions asked related to quitting strategies, the fastest ways to quit, how nicotine patches work, who can provide nicotine patches, whether the brain is involved in all drug addiction, the monetary cost of smoking, the history of tobacco in Indigenous Australia, the implications of purchasing cigarettes for underage smokers, and strategies for combating peer pressure. There were also multiple occasions when participants shared stories about their own smoking/quitting experiences and those of their friends and family. This suggests that the products are thought provoking and an effective catalyst for facilitating further conversations about the effects of smoking and possible quitting strategies. They will be useful tools for intermediaries such as teachers and health workers in their work around tobacco education and behavioural change.

### **Key findings – Use as a discussion starter**

8.1 The suite of No Smokes products stimulate reflection and discussion and will provide a useful resource for intermediaries such as teachers and health workers in their tobacco cessation work.

## **9. Summary of key findings**

The results from the qualitative focus groups with young, Indigenous people can be summarised as:

### **Reactions to products**

3.1 All products are liked by the target audience, but the three facts-based products (Addiction Animation, Facts Animation and Health Effects video) are most liked because of their engaging, informative, reliable content.

**3.2** Humour-oriented products need to be used with caution because for a small number of viewers they can appear insincere, insensitive or untrustworthy.

**3.3** Products are likely to be shared virally via friend and family networks. Main motivations for showing a friend are a desire to influence their smoking behaviour and to provide entertainment.

**3.4** Products, in particular the facts-based products, are likely to be watched multiple times by the target audience, increasing opportunities for the communication and reinforcement of key messages. The main motivations for multiple viewing are an interest in learning more and to provide entertainment.

**3.5** Products successfully triggered desired emotional responses among viewers increasing the potential to influence perceptions and uptake of key messages.

**3.6** There is a risk that some of the target audience will ‘switch off’ (metaphorically and literally) when viewing products that evoke a feeling of disgust, minimising the uptake of key messages.

**3.7** Products have personal relevance for the target audience and stimulate reflection which helps viewers to relate key messages to their own experiences and those of their family and friends.

### **Key message recall**

**4.1** The three facts-based products (Facts Animation, Addiction Animation, Health Effects video) communicated key messages most effectively.

**4.2** Target audience is most likely to recall messages that are ‘hard-hitting’ (e.g. about grave/harmful effects of smoking) or personally relevant (e.g. about sport for males and about women’s health for females).

**4.3** The deliberate repetition of key messages used in the Health Effects video is an effective way to communicate and reinforce key messages

**4.4** Use of unfamiliar or technical terms without sufficient explanation undermines the communication of key messages.

**4.5.** Key messages embedded in surveys/quizzes as is the case with So You Think You Can Quit? are more difficult for target audience to recall.

**4.6** The capacity of the Quitting video to effectively communicate key messages about quitting strategies is questionable due to the pace of the video, use of unfamiliar terminology and the absence of ‘hard-hitting’ messages.

### **Change in knowledge**

**5.1** The three facts-based products (Facts Animation, Addiction Animation, Health Effects video) are most effective at increasing knowledge about the harmful effects of smoking.

**5.2** Humorous products are least effective at increasing knowledge about the harmful effects of smoking.

**5.3** The capacity of So You Think You Can Quit? and the Quitting video to increase knowledge about quitting strategies is questionable due to the use of unfamiliar terminology, the fast pace of the Quitting video content and the embedding of key messages within the Quitting challenge.

### **Changes in user perceptions**

**6.1** Viewing products is likely to turn the target audience off smoking with the three facts-based products (Addiction Animation, Facts Animation and Health Effects video) most likely to do so.

**6.2** Products are likely to increase viewers' concern about the negative effects of smoking on friends and family and self.

**6.3** Products are likely to increase some viewers' desire to cut back or quit smoking.

**6.4** Products have the potential to prompt greater reflection about the negative health effects of smoking, the nature of addiction and the impact of passive smoking among some viewers

### **Intention to change behaviour**

**7.1** The products are likely to prompt the audience to change something in their lives, with the three facts-based products most likely to do so. The most likely scenario is that participants will plan to talk to family and friends about the harmful effects of smoking. Some viewers may also consider cutting back or quitting smoking as a result of viewing the products.

### **Use as a discussion starter**

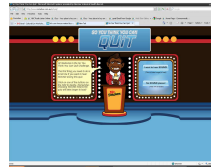
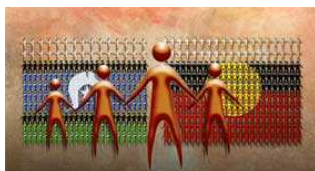
**8.1** The suite of No Smokes products stimulate reflection and discussion and will provide a useful resource for intermediaries such as teachers and health workers in their tobacco cessation work.

## 10. Attachments

### Attachment 1 – Post-product Questionnaire

1. Date of birth: \_\_\_ / \_\_\_ / \_\_\_\_\_

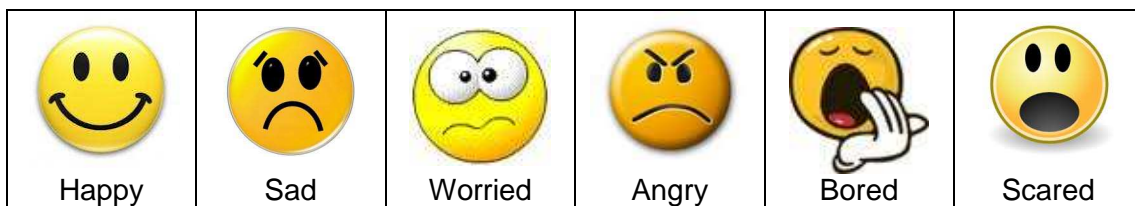
2. Which film did you watch? (circle one only)



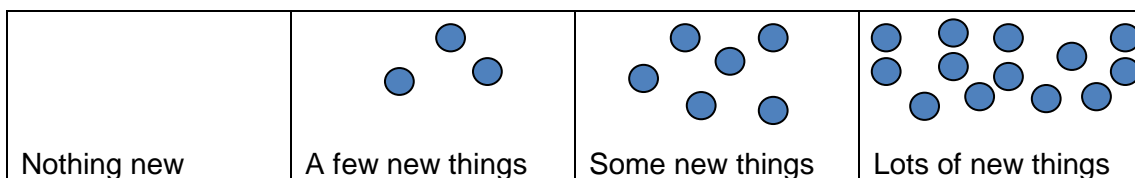
3. How many stars would you give this film? (circle one only)



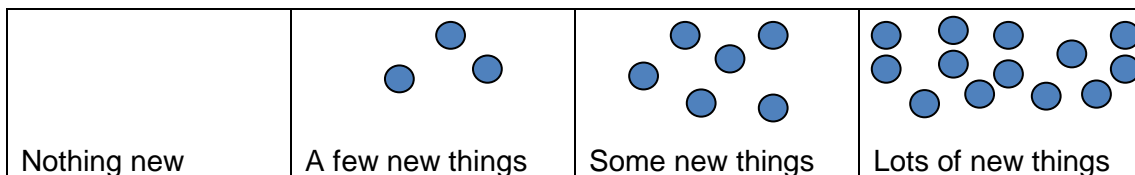
4. How did this film make you feel? (circle one only)



5. How many **new things** did you learn about **smoking**? (circle one only)



6. How many **new things** did you learn about **quitting**? (circle one only)



7. Would you watch this film again? YES / NO

8. Would you show this film to a friend? YES / NO

9. Would this film turn you off smoking? YES / NO

## Attachment 2 – Focus group discussion guide

### A. Reactions

10. What did you think of this film?
11. If your friend asked you about this film, what would you tell them?
12. What did you like about this film?
13. What didn't you like about this film?
14. How did it make you feel? Why did it make you feel like that?
15. Would you show it to a friend or family? Who? Why?

### B. New information

16. Did you learn anything new from watching this film?
17. What new things did you learn?
18. Did you learn anything new about quitting? What did you learn?
19. Did you learn anything new about what smoking can do to you? What did you learn?
20. *Test Key messages...* Did you learn anything new about....<prompt for key messages>? What did you learn?

### C. Attitudes

21. Did this film change the way you think about smoking? What changed/ examples?
22. Did this film change what you think of friends or family who smoke? What changed / examples?
23. If you smoke, did this film make you want to quit? Why/why not?
24. If you don't smoke, did this film turn you off smoking? Why/ why not?
25. Did this film make you want to change anything in your life or the lives of your family and friends? Examples.

### D. SYTYCQ (smokers only)

26. Would you do the SYTYCQ challenge? Why/why not?
27. Would this help you to quit? How would it help?
28. Would you print out the quit map? What would you do with it? Who would you show it to?

### Product key messages

Quitting Mash Up	<p>To quit you need to:</p> <ul style="list-style-type: none"> <li>- Be mentally prepared / strong minded</li> <li>- Be strong / don't give up*</li> <li>- Be active</li> <li>- Work hard at quitting</li> <li>- Know the reasons why you want to quit</li> <li>- Find something you love doing</li> <li>- Think about your future*</li> <li>- Just quit*</li> </ul> <p>There are many things that help you quit including:</p> <ul style="list-style-type: none"> <li>- Patches*</li> <li>- Gum</li> <li>- Tablets</li> </ul>
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	<ul style="list-style-type: none"> <li>- lozengers</li> <li>- NRT (Nicotine replacement Treatment)</li> <li>- Cold turkey</li> <li>- Quitline</li> <li>- Acupuncture</li> <li>- Meditation</li> </ul>
Facts Animation	<ul style="list-style-type: none"> <li>- Smoking kills more Aboriginal people than anything else</li> <li>- Smoking doesn't make you look cool</li> <li>- Smoking is a waste of money</li> <li>- Smoking can kill you</li> <li>- The addictive ingredient in cigarettes is nicotine</li> <li>- Cigarettes have 200+ poisons in them including rocket fuel, toilet cleaner, insect spray, lighter fluid, arsenic</li> <li>- There are more than 4000 chemicals in each cigarette</li> <li>- Chemicals from cigarettes go into the blood</li> <li>- Chemicals go to the brain and make you want more</li> <li>- Chemicals get carried round the body and can cause lumps/tumors/cancers to grow</li> <li>- Smoking makes your heart weaker</li> <li>- Smoking makes your lungs weaker</li> <li>- Smoking makes it easier for you to get diabetes</li> <li>- Passive smoking kills people who don't even smoke</li> <li>- 1 in 4 people who die from smoking don't even smoke</li> <li>- When you smoke, you're hurting/killing others</li> <li>- Smoking when pregnant hurts the unborn baby (baby can be born too early, get sick or die in utero)</li> <li>- Smoking is killing too many Indigenous people</li> <li>- If you smoke, you'll probably die from smoking</li> <li>- Keep family and culture alive and quit today</li> </ul>
SYTYCQ?	<ul style="list-style-type: none"> <li>- It takes up to 8 quitting attempts to quit successfully</li> <li>- Understanding why you smoke can help you quit</li> <li>- Reminding yourself about the reasons why you want to quit can help you quit</li> <li>- The more addicted you are, the more support you need</li> <li>- The more addicted you are, the more likely you are to need NRT</li> <li>- Quitting with friends can make quitting easier</li> <li>- There's lots of tools to help you quit (examples)</li> <li>- There's lots of things to help you cope with cravings (examples)</li> </ul>