



COMMONWEALTH OF AUSTRALIA

# Proof Committee Hansard

PARLIAMENTARY JOINT COMMITTEE ON LAW ENFORCEMENT

**Public communications campaigns targeting drug and substance abuse**

(Public)

THURSDAY, 15 OCTOBER 2020

CANBERRA

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## PARLIAMENTARY JOINT COMMITTEE ON LAW ENFORCEMENT

Thursday, 15 October 2020

**Members in attendance:** Senators Polley, Scarr and Dr Aly, Mr Conaghan, Mr Craig Kelly.

### **Terms of Reference for the Inquiry:**

To inquire into and report on:

Pursuant to subsection 7(1) of the Parliamentary Joint Committee on Law Enforcement Act 2010, the committee will inquire into and report on public communications campaigns targeting demand for drugs and substance abuse, with particular reference to:

- a. the efficacy of different approaches to such campaigns, including:
  - i. 'shock advertising', informational campaigns and the use of social marketing;
  - ii. the use of campaigns aimed at various audiences, including, but not limited to, children at an age before they would typically become illicit drug users, Indigenous communities and Culturally and Linguistically Diverse groups; and
  - iii. international approaches;
- b. research and evaluation methods used to plan, implement and assess the effects of such campaigns;
- c. identifying best practice approaches to designing and implementing campaigns, including social media, digital channels and traditional advertising, to guide Australia's approach to drug demand reduction;
- d. the efficacy of the current and past National Drug Strategy in achieving demand reduction through public communications campaigns; and
- e. any related matter.

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**CHEW Mr Michael, Acting Deputy Commissioner, Acting Chief Police Officer, Australian Capital Territory Policing**

**HUGHES, Mr Callum, Detective Acting Superintendent, Coordinator, Ministerial Policy and Performance, Australian Capital Territory Policing**

**WEBER, Mr Scott, Chief Executive Officer, Police Federation of Australia**

*Evidence from Mr Chew and Mr Hughes was taken via teleconference—*

**Committee met at 11:30**

**CHAIR (Mr Craig Kelly):** I declare open this public hearing of the Parliamentary Joint Committee on Law Enforcement for its inquiry into public communications campaigns targeting drug use and substance abuse. Committee members participating today are doing so remotely. The committee's proceedings today will follow the program as circulated. These are public proceedings, being broadcast live via the web and in Parliament House. The committee prefers evidence to be given in public, but, under the Senate resolutions, witnesses have the right to request to be heard in confidence, being described as in camera. It's important that witnesses give the committee notice if they intend to ask to give evidence in camera. I remind all witnesses that, in giving evidence to the committee, they are protected by parliamentary privilege. It's unlawful for anyone to threaten or disadvantage a witness on account of evidence given to a committee, and such action may be treated by the Senate as a contempt. It's also a contempt to give false or misleading evidence to the committee.

With the formalities over, I welcome everyone here today. I welcome via videoconference and in person, representatives from ACT Policing and the Police Federation of Australia. Firstly, thanks for appearing before us today. Today's hearing is a bit of a groupthink. We commend the work that you're doing on tackling the supply side of our issue of drugs in society, but our hearings are more about doing a bit of brainstorming to see what suggestions we can come up with to try and reduce a bit of the demand. I'm sure you guys would agree that if we could knock the demand down a bit, or substantially, it would make your lives a lot easier. Who would like to make a quick brief opening statement?

**Mr Chew:** If it's alright, I will start with an opening statement?

**CHAIR:** Fire away.

**Mr Chew:** Thank you to the committee for the opportunity to make this opening statement on behalf of ACT Policing. ACT Policing recognise the importance of media campaigns in addressing drug and substance abuse and acknowledge that education and public messaging are important components of crime prevention and community safety. We are committed to raising awareness and community safety through active engagement with the entire community and through the delivery of effective safety messages.

With ACT Policing continuing to transition to a more community focused model of police service, we want to be more closely connected to our community to enable us to prevent criminal behaviour before it happens, to divert people away from the justice system and to ensure the complex underlying social issues that cause criminal offending can be addressed. As we continue to transition to this model of police service, we're placing more emphasis on early intervention, engagement and education with the ACT community, focusing on harm minimisation. This is because we recognise that early intervention and education are key to reinforcing positive behaviours and diverting vulnerable people of the community, including youth and Aboriginal and Torres Strait Islander people, away from harmful behaviours such as drug and other substance abuse. ACT Policing conducts ongoing online social media messaging on a range of crime prevention and community safety issues, including illicit drug use and alcohol fuelled violence. This includes a range of content and operations media released on a range of media, including our Facebook, Twitter and ACT Policing website. It is an overall approach to educate and raise awareness on key issues affecting the community, rather than through specific targeted communication campaigns.

When conducting specific media campaigns, ACT Policing often utilise an integrated approach that targets particular issues. For example, between 2013 and 2018, we ran a successful Safe Summer communication campaign during the summer months. This campaign was aimed at reducing drug and alcohol fuelled violence and [inaudible] safety through reinforcing positive behaviours in licenced venues and on the road. This campaign used branded merchandise, strategic social media messaging and face-to-face engagement and advertising, with content promoting safer attitudes and behaviour, particularly in relation to alcohol and drug use. ACT Policing worked closely with partner agencies, including government and industry, with messaging around the Safe Summer campaign, to identify and address any [inaudible] and unsafe behaviour. This integrated approach increased the scope of messaging and contributed to the overall effectiveness of the media campaign.

Interestingly, in the 2017-18 financial year it was quite successful, as our ACT Policing Facebook page Summer Safe messages reached over one million people. During the same period we saw a decrease in alcohol fuelled violent assault by 29.2 per cent and a decrease in reports of alcohol fuelled violence by 45.3 per cent in the ACT.

Last year, we recast the Safe Summer campaign as a new campaign titled 'What Would They Think?'. This extended beyond the summer period and formed part of our ongoing media and marketing campaign. This campaign was designed to encourage members of the community to think about their decisions and the consequences of those decisions and the potential impact on family members, friends and colleagues. Unfortunately, the 'What Would They Think?' campaign was ceased in early March due to the COVID-19 restrictions, with a majority of the venues within Canberra closing due to the health restrictions. We shifted our focus to predominantly focus on safety and compliance messaging and continued the drink- and drug-driving campaigns.

ACT Policing support and amplify illicit drug campaigns and other harm minimisation messaging generated by partner agencies through sharing these messages through various media platforms. I look forward to continuing the collaboration between ACT Policing, partner agencies and the community to reduce social harm caused by drugs and other harmful substances. Thank you for your time. I welcome your questions.

**CHAIR:** Thank you. Mr Scott Weber, do you have an opening statement for us?

**Mr Weber:** I'll be very brief. The PFA, the Police Federation of Australia, represents over 64,000 police officers across all jurisdictions in Australia. The PFA fully supports what this committee does in regard to drug education but also the National Drug Strategy and National Drugs Campaign. We're quite happy to help assist in regard to the communication and to make sure that not only drug eradication and drug detection but also harm minimisation are on the agenda and that we educate people across the board. Police officers are very fluid in regard to communication. We've seen that with COVID-19, where the messaging changed quite rapidly across the board. We think it is a good strategy to progress forward with the National Drug Strategy, going out there, having those conversations with communities, community leaders and young people, and making sure that we limit the availability of drugs, not only with our seizures but also with our communication and education.

**CHAIR:** Thank you. My first question is to ACT Policing. You said that the Summer Safe campaign was very successful. Could you give us more in-depth, practical examples of what it included.

**Mr Chew:** Essentially, it was a saturation of messaging from a number of partner agencies as well as the industry around addressing or thinking about your behaviour when you're out and about. During that five-year period, we had a number of festivals in Canberra, and a lot of our targeted messaging was around safe attendance at those festivals and harm minimisation. We realise that we've got to try to reduce demand, but, society being society in this present day, it is out there and we just need to get people to focus on their behaviours and the consequences of their behaviours, more importantly—how it affects their families or other patrons or the police or other emergency services who, unfortunately, have to come in behind the decisions made and the consequences thereof. Often, they're confronted by very serious offences and scenes.

**CHAIR:** When you were designing the Summer Safe program, was it targeted at any particular age group or demographic, or was it targeted at people who may not be using drugs and might consider it, or was it targeted more to people who are already drug users? Was there a specific target or was it a catch one, catch all type of advertising campaign?

**Mr Chew:** It was very broad across the entire demographic of the community. It also included some road safety messaging around drink driving and drug driving. It was targeted more at the community as a whole to get them to think about their decisions and the consequences of those decisions. A lot of the messaging on our social media platforms was about the consequences of decisions. We just need to ensure that those people are thinking about their decisions and are making appropriate decisions based on the circumstances they're placed in at the time.

**CHAIR:** When you say it's about the consequences of their decisions, was that targeted at their personal consequences or was it more targeted on: 'This is the pain and suffering and the adverse consequences you might be inflicting on family and friends'? Was it one way or the other?

**Mr Chew:** It was about both. It related to their individual consequences and what could happen. In part of the campaign, we had some pictures of people in the back of divvy vans after a Friday or Saturday night out. The potential of drinking too much or taking drugs means that you could end up in the back of a police car, spending the night in the watch-house or attending court for the various offences you may commit. It's about thinking about those decisions. The broader messaging was that your decisions actually have consequences for the broader community, including the emergency services and your family. We were really trying to focus those decision-

makers on: 'Yes; I can go out and have a big night out, but there could be consequences that not only affect me but affect my broader family and, in fact, affect the broader community.'

**CHAIR:** In evidence yesterday, we heard there's a concern that some advertising campaigns may create a stigma around people who are already affected by drugs and they may not seek treatment. An advertising campaign that may dissuade people who are not involved in drugs from getting involved in drugs may have the unintended consequence of affecting people or creating a stigma around people who are taking drugs, and therefore they don't get help. Do you have any thoughts on that?

**Mr Chew:** In a lot of campaigns, the focus has to be around some personal messaging and those sorts of things. Unfortunately, with a lot of the things that police are involved in, there is a stigma attached. It's about getting the positive messages out, that there are alternatives and there are ways to address the issues that you may be dealing with or the community may be dealing with at the moment. Recently, in an example of the COVID response in ACT, we deliberately took very much an education and community engagement focus at the start because it was new for everyone and we wanted to make sure the messaging coming out of government and the health departments about social distancing was understood by everyone. We didn't issue any infringements for the first three, four or five months because we found that the community embraced the fact we're in this thing at this time—the lockdowns, the social distancing and the social messaging. So, bringing the community along is a very powerful message, but that message has to be right in order to balance against those stigmas. Unfortunately, there will always be people who abuse alcohol and drugs, and we need to make sure they have the right programs available, through our partners and the other government departments, to help them progress down the path of getting out of those particularly bad behaviours.

**CHAIR:** The message you're giving is coming from a law enforcement authority or police. Do you think that somehow diminishes the message for some younger people and that the same message would be better coming from a community group? And do you think your warnings, the light-handed touch on enforcing COVID restrictions, increases the police's reputation in the ACT and has therefore made the other messaging campaigns more effective, where the police have a great deal of respect in the ACT?

**Mr Chew:** I think that's right, Chair. We did find that with the way we managed the COVID restrictions. We got some very positive feedback from the community and other jurisdictional forces around the way we went about that. The messaging has to come from a variety of sources. Part of it is the enforcement of the laws of the land at the time, but definitely part of our engagement is getting to the community groups and the community elders, in relation to Aboriginal and Torres Strait Islander people, and our other CALD communities as well, to start getting the right messages out to those communities. You're quite right: there's always going to be that element to it—'All the police do is lock us up,' or do whatever in relation to their decisions around behaviours. I don't think that's the way to go forward.

**CHAIR:** Dr Aly, over in Perth, I'll hand over to you.

**Dr ALY:** Thank you, Chair. And thank you, gentlemen, for appearing here today. I want to follow on a little bit from the chair's last question. Yesterday, we heard a whole lot of evidence and, from that evidence, there are three points. One is that, when you talk about communication campaigns, it's not just about television ads and newspaper ads; it's actually about programs and all of those things. The second point is that you have to target it to either harm minimisation for drug users or prevention for people who aren't taking any form of drugs. The third is the point the chair made about the authenticity of the message and the source of the message. Given that police are largely about law enforcement, as the chair mentioned, and given that you have limited resources, where do you see that you make the most impact in this kind of broad framework of prevention and harm minimisation, but also controlling the usage and the supply of drugs?

**Mr Chew:** Thank you, Deputy Chair. Where the most powerful and strongest messages come from is the authenticity of the message. By its very nature, law enforcement is about enforcing laws. Regarding the people that we deal with on a day-to-day basis, there are two schools of thought. Either they have done something wrong or they are in a crisis situation where they need some form of help. It's very rare in our day-to-day business that we're actually dealing with that level playing field. If we have a really good relationship with the community and government departments, have campaigns with the focus on harm minimisation and health messages that come with alcohol and drug use and abuse, I think that's where we get the biggest bang for our buck. I'll restate that I think we found that with COVID. Outside of the alcohol and drug abuse side, with the COVID messaging we got a lot of positive feedback because we were authentic in our messaging that we're here to help the community—we're here to help you get through this because it's [inaudible] to everyone; no-one's been in the position of being in a pandemic or a lockdown, so we're here to help. I think the authenticity of the messaging is where it comes

from, and that authenticity not only comes from policing but comes from having those groups in the community on board supporting that messaging.

**Dr ALY:** Do you consider that you have the resources that you need to fulfil that role? That's really more of a community policing role, and you need to balance that with your law enforcement role.

**Mr Chew:** We alluded to it in our opening statement. We are in the process, over the next period of time, of transitioning to a more community focused policing model. The ACT government has provided some investment in the last budget to help us get to that stage, which is really about getting into that early intervention, that prevention disruption space but still maintaining that law enforcement end of the scale where the matter may go to court and prosecution may commence. But the early intervention and attacking the root cause of the problem is not solely a police issue. There are a lot of good programs around now. There's a lot of support from other government agencies in relation to housing and health and welfare and those sort of things. You need to start looking at the root cause of the problem and not just responding to incidents that have occurred or the thing we've been called to attend to. You need to really start looking at the root cause of some of these problems across all the issues we come across in policing.

**Dr ALY:** Can you talk me through the structure? Does this kind of role sit more with a crime prevention structure within your agency or do you have a specific structure to deal with it, or is it across the board?

**Mr Chew:** It's across the board, but, as part of the move to a more community focused service delivery model, we have reinstated our community safety portfolio. What we've done in that space is having a lot of our liaison points into the various communities and into the other government departments, and we're working through identifying early, through intelligence or information, what the problem area may be and what the root cause of that is. Then all work together to get the best result, because Canberra is a very small community and we have the ability to focus on individuals who do have crisis situations at the time and build a good package around them, which may divert them from the criminal justice system or may assist them in beating their particular issue they've got at the time. I think it's a step in the right direction for us, to really start focusing on that early intervention and that disruption prevention space. It will reduce the workload on my members in responding to incidents or responding to calls for help or responding to serious crime.

**Dr ALY:** Thank you, gentlemen, for coming in today and giving evidence.

**Mr CONAGHAN:** Thank you, gentlemen, for your evidence this morning. Mr Weber, my question is directed to you. Are you aware of any of the police agencies delivering drug and drug use prevention education to children in primary school or early high school? In days gone by, they would use liaison officers. Does that still occur?

**Mr Weber:** Yes, it does across most jurisdictions. There are school liaison officers, youth liaisons officers and special youth liaisons officers. On top of that, you've got the PCYCs, or police clubs, and there are Aboriginal liaison officers and auxiliary officers. We'll go in through those school programs and talk about policing and the typical topics as well as obviously cybersecurity—talking about their laptops and their access—and stranger danger but also drugs education. In different states, you still have life education with Healthy Harold and all those facets. But policing is there not only as that enforcement but also as an education tool, so there is a big emphasis on that and building up those relationships, not only with the schools but going straight to the source, talking to the kids, and educating—this is what is occurring. Those sorts of initiatives really came to a loggerhead and started to get developed when heroin was at its height in the late nineties. There have been ongoing programs across all the jurisdictions, to different degrees of course, focusing on schools, about safety education but especially drug awareness. As highlighted by our ACT colleagues, it's also about those consequences of taking drugs and what could possibly occur.

**Mr CONAGHAN:** While there's some concentration on drugs and drug prevention and the consequences, you say it's a more holistic approach by the police across the nation in terms of who we are, what we do, and, as you say, with cybersafety. It's a more genetic, holistic approach. Is that right?

**Mr Weber:** Yes, but there is a core emphasis on drugs. Obviously that's a major concern for police forces. Just to go back to the nineties when heroin was at its height, there were a lot of harm minimisation initiatives that were actually implemented by police not utilising the charges of self-administer, so people would actually call ambulances and get that aid. There were the needle stick programs. There was a lot of youth cautioning but there was also a lot of cautioning in regards to drugs. Some of the different jurisdictions allowed different quantities of drugs. There is also a referendum at the moment over in New Zealand in regard to the legalisation of cannabis. What police do—and I'll touch back on COVID-19 because it's a current issue—is we are willing to be fluid and go out there and communicate the intent not only of government but also of the community to make sure they're



safe. If there's best practice and best research that comes forward that highlights that's the best way to go forward in regard to reducing drug use and also minimising harm, police officers will adopt that. But our core role is still enforcement. We don't have a lot of those arguments if we actually stop the drugs coming in and restrict the availability of those drugs, so that is still our core responsibility, but, yes, it's a multifaceted approach. Also, we do go into schools with Health and we follow-up with Education. That's why this committee is so important—you are looking at the advertisers, you are looking at the police point of view, you are looking at the health point of view, and I think, all together, we can come up with a strategy that protects the whole community, especially our young people.

**Mr CONAGHAN:** Just on that point, and I'm certainly not being critical of the police—you know I'm 100 per cent behind the police and support everything they do—but it's fair to say it is impossible to enforce our way out of the drug issue.

**Mr Weber:** That's exactly right. The United States is a prime example of that with the War on drugs and Say no to drugs—all those campaigns. That's where Australia has been extremely smart. Again, going back to the heroin epidemic, we had a lot of harm minimisation strategies and a lot of awareness programs but also policing enforcement. To touch on the other committees' parameters and references: shock campaigning definitely does have an impact and it is another item in the arsenal that you can use against drugs. We still talk about, 30 years on, those AIDS campaigns. They were being highlighted—I noticed there were numerous submissions that refer to it. It's still in everyone's psyche. There have been campaigns about ice, showing ice users at different stages of their lives. These are powerful tools. I think there's not one silver bullet, like with law enforcement. There's also education, harm minimisation, health, awareness—all those sorts of things. It's the same with the media campaign. It can't just be traditional media. There has to be a large digital platform and it needs to be targeted to young people and also Indigenous communities. That's why police are doing those roles and we are talking to other agencies, and we're on the path of not only being community based policing, preventative policing, but also enforcement policing.

**Mr CONAGHAN:** Thank you.

**Senator POLLEY:** Thank you, gentlemen. We have had evidence, and it was outlined to you, in relation to the sorts of campaigns that we need to look at. It would be fair to say that your evidence has been about having a layered effect in terms of harm minimisation. Sure, you can still do the advertising that's going to hopefully shock people. When you talk about heroin, the thought of injecting yourself was pretty scary for a lot of kids, who then stayed away from that, whereas pill-popping now is not as frightening for people. I want to clarify: in the ACT, is growing marijuana and use of marijuana legal?

**Mr Chew:** Yes. The government passed legislation that essentially put some limits on the personal growth or personal use of cannabis. It's not so much legal; it's an offence having a certain number of plants at your house for your personal use.

**Senator POLLEY:** Doesn't that send mixed messages to the community and to young people that cannabis is okay? There is a theory that, if you're into cannabis, there's the potential for you to move to harder drugs and that we are sending very mixed messages. Also, there is the campaign that's being run, particularly in the ACT and it's also very active in South Australia, that pill testing is something we should be introducing for all rave parties. What is your view as to whether there are mixed messages going out to young people, or people who are potentially exposed to drugs?

**Mr Chew:** It's not necessarily mixed messaging. The legislation was introduced and communicated broadly across the community that it's only an exception to the possession and growing of cannabis. There were a number of reasonings behind that by the government around harm minimisation and the prosecution for a smaller amount of cannabis or a small number of cannabis plants. In the ACT, we've had cannabis infringement notices in place for a long time, where we can issue an on-the-spot fine for people who have cannabis in their possession, up to a certain amount and a certain number of plants. It's something not necessarily new for the ACT and I don't think it's a mixed message. I'm aware of the research that says cannabis use can lead to harder drug use, but I think there's the ability of the community as a whole. A generational change has occurred. There's the ability for people to take illicit drugs, if they choose to, even if they were all still illegal. It's a lot more frequent than in the nineties, when heroin was available and heroin was quite expensive. There's been a generational change, and that comes back to making sure the campaigns are about targeting the right demographic at the time and changing the perceptions of people—does drug use lead to other drug use? It's an interesting dynamic around mixed messaging. The fact is that it's still illegal to possess illegal drugs. There's just an exemption or defence within the ACT for possession of smaller amounts or growing a small number of plants for personal use.

**Senator POLLEY:** Do you concede that it could be viewed that there's an acceptance now because we have failed to deter—noting that there are so many other perhaps more dangerous drugs—and that it comes down to how effective the police can be? There's almost a view that, if you've got five plants or three plants, or whatever it happens to be, that's okay: we can accept that because we can't prevent it. Is that not a defeatist attitude?

**Mr Chew:** No. With the particular legislation in the ACT, it's still at the discretion of the constable at the time as to what course of action they take, depending on the circumstances they're presented with. We had some instances where we had two cannabis plants that would have filled the office I'm sitting in at the moment. By legislation, technically that's an exemption, because they are two plants, but the circumstances dictate that they are probably not for personal use. It's still at every police officer's discretion—especially within the ACT—in applying the cannabis legislation, to take into account all the circumstances at the time and to make a decision on which way they're going to apply the ACT legislation or the Commonwealth legislation, which is slightly unique here in the ACT.

**Senator POLLEY:** Do you support pill testing?

**Mr Chew:** I think it's about harm minimisation more than supporting pill testing. Again, we've had some high-profile festivals here where pill testing has been conducted as part of the festival arrangements, and it has been supported by government from a harm-minimisation perspective. It goes to the fact that a lot of the substances that people are currently buying or using are manufactured, and, once they're manufactured, we can't be sure what's in those particular tablets—what the content is and how much of the narcotic substance is in those tablets. Part of the harm minimisation is having those conversations and those campaigns around, 'Do you really know what you're putting in your body?' You could be popping a pill that has caustic soda in it, which has been shown by some of the analyses that have been undertaken at times, or it could be pure narcotic, which is significantly bad for your health if you take it. It's about harm minimisation, and pill testing is one way to create that harm-minimisation environment.

**Senator POLLEY:** Thank you. I appreciate your evidence. It's useful.

**Senator SCARR:** My first question is to the representatives of ACT Policing. Can I say at the outset that I was extraordinarily impressed with the results of the Safe Summer campaign. On the one hand you could have a mass media campaign, but on the other hand you could have a strategically focused social media campaign, and that seems to have been part of the Safe Summer program. I'm interested to know, even in ballpark figures, the costings involved in terms of the social media campaign.

**Mr Chew:** I don't have the costings involved. But part of our social media engagement on our social media platforms is that we do saturate them at different times. I must admit that, with the Safe Summer campaign, we did have a lot of support from government, a lot of support from the other agencies and, importantly, a lot of support from industry. Having a broad ranging campaign doesn't necessarily have to be expensive and come with a significant price tag. As we all know, the way society works now is that social media platforms are the way that people get their news and their information. It's quite an accessible platform and quite a reasonably priced, cheap platform to advertise on and get through to people. A while ago I read somewhere that very few people in the 15-20-year-old demographic watch TV news now. They get their news feeds from social media. So I don't have any particular costs for the Summer Safe campaign. It was broadly across everything. The key point was that it did have buy-in from the other agencies, so the overall cost was probably greatly reduced for one particular agency and spread across a number.

**Senator SCARR:** In relation to those figures around the decrease, I will quote: 'Alcohol fuelled violence assaults decreased around the ACT by 29.2 per cent, with 155 reports to police, down from 219 reports the year before. Reports of alcohol fuelled violence in Canberra City reduced by 45.3 per cent.' They're quite profound figures. Do you have any visibility or appreciation as to what the most effective part of the campaign was? Obviously there are so many moving parts to the campaign. I was so impressed by the magnitude of difference following the campaign. Can you provide any more commentary on what elements you think were particularly successful? Or is it a question of having a holistic campaign that touches a number of different elements at the same time or has different components to it?

**Mr Chew:** I believe it was the multifaceted approach we took. As part of that Summer Safe campaign, there was an enforcement element. We did clamp down on antisocial behaviour at the same time. There was a harder enforcement element to it as well, but I think it was more the multifaceted approach, that we went across a number of different platforms. We had education within the schools. The local media in Canberra was right on board with messaging. We got some significantly good buy-in from the social media platforms. With the social media platforms, they self-feed themselves, and once you get positive commentary going that gets shared quite a bit with the friends' networks and all the networks that are on there. It was a multifaceted thing. Having that

harder line enforcement and clamping down on antisocial behaviour was a key element to it as well. It wasn't all about educating and accepting that behaviour. There was a harder edge to it to enforce social behaviour. If we didn't do that, the rest of the community that's out at those times have been impacted on by a small minority that are behaving badly.

**Senator SCARR:** My only other question is for the representatives of the Police Federation of Australia. I'll quote from the submission:

We further submit that any such communications strategy must have as a key element, a focus on recreational drug taking, including 'party drugs' and 'ice'. Such a strategy should highlight that a conviction for a criminal offence involving drugs may cause inhibitors to future employment prospects in a range of areas and overseas travel to numerous countries.

I was interested in that reference to what a conviction for a criminal offence can mean for the prospects of a young person and whether or not we've had any campaigns in the past which have educated people about that. It is a really good point, that if you get caught up in something, which from your perspective you may see as recreational, and it leads to a criminal offence, that can have quite a devastating impact in terms of your future employment opportunities or ability to go overseas and work overseas, which many young people do. Has that ever been part of an education program before, in terms of targeting young people?

**Mr Weber:** No, not to my knowledge. I think it is a very valid point. Obviously at the moment we can't really travel overseas, but one would say there are a lot of young people that are quite worried about their employment prospects in this environment with the reduction of employment, but also they're thinking about their gap year or travelling the world or going and experiencing what the world has to offer. There are numerous countries—a prime example is the United States—where, when you have a certain level of conviction, you have to declare it on your form before you go over to the country. It limits you from attending that country. We've had that occur vice versa, coming into Australia, but there are numerous countries where this occurs. If someone wants to travel the world, have a gap year or work overseas, as you highlighted, it's a very valid concern. It's another option that we can use to educate. Saying no to drugs works for some people. Harm minimisation works for some people. Testing and cannabis cautioning works for some people. Highlighting that they may not be able to get the job they've dreamed about would work for some people. Peer communication, social media—that's why it has to be a holistic approach. We highlight this. In a COVID world at present, where a lot of people are really waiting for that next holiday, it's something that would be a great educational tool to highlight to people. Not only does this have consequences in regard to your health, but if you get a criminal record it limits your opportunities in life for the rest of your life.

**Senator SCARR:** I think it's a really good point.

**CHAIR:** One final question, probably to both of you. When you do those campaigns, how do you budget for those? Is there a specific budget that you get for social media advertising, or is it something that is a special appropriation? How do you get your resources allocated to something like that Summer Safe campaign?

**Mr Chew:** From ACT Policing's perspective, it forms part of our budgetary build every year. We factor in a certain amount of budget attached to our campaigns and our community engagement. The resourcing of that is done from a holistic perspective. It doesn't just fall to the uniformed police at the time. There's potentially the community safety messaging and community safety team, the liaison officers across the various community groups. We just factor it in. A lot of the campaigns focus on a particular time of the year. This year's been a bit different with COVID, but we are now coming into the summer season. Health restrictions across the various states and territories are starting to ease, so more are allowed out. We are factoring in that as those restrictions ease the other side of our business will probably start coming forwards. It's something that we factor into our budget every year to allow a certain amount for community engagement, community programs, media and marketing campaigns.

**CHAIR:** So it's not something where the ACT government says, 'Okay, we're going to give you a million dollars for this particular advertising campaign'? It's just 'Here is your budget, you as the ACT police work out the best way to spend it.'

**Mr Chew:** Yes, that is correct. The government also supports the other government areas with funding, specifically in the health field and also the education field, to promote the ACT government messaging about the harm minimisation. So yes, while we're a small part of it, it is very much about all the government departments getting on board and using some of their funding to get together. As is industry—we get really good buy-in from the industry reps in Canberra around supporting the programs, giving investment but potentially a great result for their business in particular.

**CHAIR:** How much did you spend on that Summer Safe campaign? Do you know the budget that was spent?

**Mr Chew:** I don't. I'd take that question on notice if possible.

**CHAIR:** We would greatly appreciate it if you could.

**Mr Chew:** I've just got the figures. We afforded a budget of \$14,000 to deliver the campaign each year. That's a modest amount, but I think from the stats—

**Senator POLLEY:** It's not a very good budget.

**CHAIR:** So I'd say that from a cost-benefit analysis that \$14,000 was very well spent.

**Mr Chew:** Yes, it was. That's our \$14,000. I don't have the figures on the other government departments' spends in that space.

**CHAIR:** Any final comments to wrap up?

**Mr Chew:** No, I'm fine, thank you.

**Mr Weber:** Senator Polley highlighted cannabis as a gateway drug. There's a lot of research about that. Also with the pill testing, around most of the jurisdictions the police forces and the governments and the commissioners are against that at the present moment. They see that as an issue in regard to, as Senator Polley highlighted, being a bit of a devil's advocate. You're leading people down that path of taking pills and giving them the perception that it's safe. We're willing to have those conversations with health departments. With our overall strategies and with budgets, there's a real focus in regard to the community based policing and community awareness in going into schools. On top of that, if there is an issue in communities, whether it be drug driving in a lot of our country towns, we put more emphasis on drug testing of drivers. You will see, in a lot of the statistical data that comes out of that, in a lot of the country drug driving tests it ranges from 50 to 60 per cent positive. It's usually methamphetamines or cannabis. There is funding from other government departments that assists the police budgets, but it's usually rolled into the police media budget, the police community awareness budgets and the day-to-day business that police officers do, going to speak to local communities and schools.

**Senator POLLEY:** Can I follow up on that statement? One of the issues that wasn't addressed in the last inquiry that we did in relation to amphetamines was, at the pill testing who takes responsibility? If the pills are tested, then the person takes those and has an episode, who takes responsibility? That's what the Police Association has said in the past. Evidence was that no-one was able to give us any clarity about who takes responsibility if the pills have been tested and then a young person dies.

**Mr Weber:** That is correct. That's one of our major concerns as well. Also, we don't know the person's health, whether they have an underlying issue, whether they've taken other substances before. It's not like these pills are being manufactured at a lab where there are laws and regulations and someone who is accountable, so if someone does have an adverse reaction or, Lord forbid, dies, all of a sudden you can target the company. These are illicit drugs coming from organised crime or other people, which have been on sold numerous times. You may have a batch of ten pills that look identical, but every single one has different substances that may react with your body differently. That's a major concern across most jurisdictions, but police are willing to work with health and other government departments to see if there are better ways to make sure we mitigate risks for all people. Perhaps pill testing, if it gets to a better standard or there is a better way of doing it, might be one of the options in the future.

**Mr Chew:** If I could add to that from the ACT perspective and how it worked when the pill testing was held at the festivals here, it was a joined-up approach. Once the result of the pill testing was established, the person who presented the pill had a health package and an education package wrapped around them within the area they were testing that pill. That fully articulated the risks and the content of those pills. They got that education awareness, then they left that area and they chose to either continue taking the pill that they may have had, or chose to throw it in the bin. A lot of the tablets were thrown in the bin on the way out, so you could probably take some success from that education and awareness of what those particular chemicals were that were identified in the pills and the effect they could have on your body.

**CHAIR:** Thank you for appearing today and thank you for your submissions. Thank you for the great work and the important work that you do keeping our community safe.

**GORDON, Professor Ross, President, Australian Association of Social Marketing**

**HALE Mr Tony, Chief Executive Officer, Advertising Council Australia**

**SMITHER Ms Kate, Strategic Planning Consultant, Advertising Council Australia**

*Evidence was taken via teleconference—*

[12:24]

**CHAIR:** I now welcome representatives from the Australian Association of Social Marketing and the Advertising Council of Australia. Do any witnesses have any comments to make on the capacity in which they appear?

**Prof. Gordon:** I'm from Queensland University of Technology.

**CHAIR:** Thank you for appearing before us today. I'll go to Professor Gordon first. Would you like to make a brief opening statement?

**Prof. Gordon:** Yes. The submission that the Australian Association of Social Marketing made was mainly focusing on the evidence for effective campaigns regarding drug education. So, in our submission we reiterated our support of campaigns that draw on social marketing principles, that take segmented approaches working with different groups, depending on their behaviours and their needs. We take a holistic approach, so rather than just focusing on advertising campaigns only, we are embedded in other approaches such as service delivery, community development and so on.

**CHAIR:** Thank you. Mr Hale, would you like to make a brief opening statement on behalf of the Advertising Council?

**Mr Hale:** Yes. The Advertising Council is the peak body that represents the Australian advertising industry. Our membership base covers all the international holding companies and big multinational agencies, but also Australian owned independent brands. From our point of view, we know that creativity can play a very important role in raising awareness of any issue and encouraging change of behaviour. However, comms alone, we would say, can't effect significant change for societal issues such as drug abuse. An effective approach needs multilayered comms, multilayered activities and on-ground plans across all audiences and jurisdictions. Measurement is essential and often difficult, and sometimes simple metrics such as road tolls are an over simplistic indicator of success. Effective societal change needs bespoke measurements for the particular cause we're talking about and it needs to measure across both attitudinal and behavioural change because you need to understand how that is moving along the continuum. Success is rarely binary, such as it works or it doesn't work, or it's on or it's off. Our submission is about shock advertising. Shock advertising has a long and effective history in Australia, but I think the presumption that shock advertising on its own can be successful—in fact there's a fair bit of evidence that it has been overused in Australia and is having a reducing impact on many audiences. That is not to say that it can't work, but it is to say we need to be careful. Kate Smither is with me and she was responsible for the majority of the submission that the AC put in because she's an expert in this type of creative development. Kate, do you have any comments to make?

**Ms Smither:** I think the one thing I will say in summary, or by introduction to it, is that we've looked particularly at shock advertising because it's very oft debated. There's lots of commentary now about the Grim Reaper campaign and whether we should bring it back. I think shock advertising has changed now in the landscape of the media and messaging. We're living in a world that is more shocking than it's been in the past, and people are more exposed to shock. So the way that messaging has worked is having to work in a different way. That's the core of the submission. We also looked at PSAs. I think public service announcements are doing something different, so we're looking at the trends that are evolving around that way of communication. Mass communication still needs to work and it still has the ability to cut through. It's a different landscape to cut through. That's the core of the submission.

**CHAIR:** Thank you. My first question is about our cigarette packets. We have on our cigarette packets what I would describe as shock advertising. Katherine, do you think they've had some or any effect?

**Ms Smither:** What I do is strategically watch culture. I watch how it changes and how people react. I remember when the images came out on cigarette packets, particularly in New South Wales. It's been something that has been picked up in other countries and other states as we've watched it go on, so it has some efficacy. I think consumers, in the initial launch of it, [inaudible], which is very much the Australian way of dealing with shock and controversial images. They were requesting packets with certain images on them. That was not the desired result; that's not what you to set out to have happen, but it's certainly the way some people were engaging with those images. The interesting thing about advertising is that we create our own norms and our own cultural

conversations, so we've almost minimised our ability to cut through by putting those on a pack. Have they worked? I would say they did. I would say they would now be tapering off. But I think what's probably hitting now is the combination of that and the increase in pricing. So I think it's a double whammy now. And, obviously, you're getting people moving away from that category to different categories.

**CHAIR:** A question to everyone: obviously, you talk about education campaigns on drugs, but don't you think it's true that, often when dealing with younger people, sometimes they're not making a decision about whether to use drugs on a rational basis, based upon the facts, and that it's much more an emotional decision? Being in your early teens, you probably engage in irrational behaviour and don't take notice of the facts. By that default—if that's correct—do you need to use some type of shock or emotional type of advertising, rather than factual based advertising, to get through to them?

**Ms Smither:** I can certainly start in answering that, and we can go from there. Ross can build on it, as you know. There's lots of chat around the personalisation of media and the fragmentation of media and messaging. In this category of societal communications around public issues, there's certainly a big challenge around the model. A lot of people say: 'Kids are going to [inaudible]. It's a rite of passage, and they're going to grow out of it.' Kids will say themselves that it's something that you do at a party, but you may not be doing it for life, so they then minimise the impact of it. I think what you're talking about there is individuals' collective mentally. I would argue that, with shock advertising now, you need to take a more collective approach. There needs to be some sense of bigger societal harm and danger rather than just individualistic risk, which I think is easy for people to push away. People will say, 'It's not like me; I'm not an addict,' or, 'I'm not out of control; it's a stage of my life,' whereas the impact on society is actually much [inaudible]. The reason I looked at some of the PSAs out of the US was that they've elevated the conversations to something impacting society, not just having an individual harm. I think societal harm versus individual harm is probably where the conversation could be really interesting—to look at where the shock tactics work.

**Mr Hale:** I'll build on that. I think the premise that a rational approach wouldn't work is correct. Advertising, at its best, is designed to elicit an emotional response. Any advertising targeting substance abuse should elicit an emotional response, but that emotional response doesn't necessarily need to be dictated by shock advertising; there are other ways to do that.

**Prof. Gordon:** To build on those points, in the area of social marketing, there has been a lot of conversation around fear appeals across drug use, alcohol use, tobacco and even road safety. There has been a gradual move away from that. In talking about rationality in a fear campaign, obviously a lot of the focus is on the impact to personal health from engaging in a behaviour. So you could actually argue that that's trying to push a rational response. People may say, 'If I do this, there's a risk to my health.' It tends to be that fear campaigning works best with the groups that are already doing the desired behaviours and not those that are engaging in risky behaviours. People tend to take this kind of view: 'That's not going to happen to me. I've taken a calculated risk, and I can push to the side this fear that's being pushed in this campaign.'

Increasingly, the evidence—particularly with younger people and social marketing—is suggesting that the social impact of behaviours, those kind of social normative, social impact effects, are what can leverage younger people to pay more attention, I would feel. It's things such as if you drink to excess then you'll make a fool of yourself in front of friends or a member of the opposite sex, or the 'pinky' road safety campaign—which was very memorable—about how your friends and your granny would look at you if you were speeding. It's trying to go at it through those kind of emotions.

The other point is that positive messaging and positive reinforcement tends to be something people can engage with more readily over the longer term. Sometimes with fear campaigns, once you see it, at first it does shock you, but then you become immune to it and you might switch off; you might ignore it or you might switch the channel around or whatever. I certainly feel that there are other, more sophisticated, approaches we can take now beyond fear campaigns.

**CHAIR:** Thank you. Dr Aly, over to you.

**Dr ALY:** Thank you, Chair. I should disclose that my first academic role was with the Centre for Applied Social Marketing Research. I taught social marketing and worked on some social-marketing campaigns. But I will try not to make this too academic! I want to touch on behavioural change models and theories, and traditional kinds of behaviour change models and theories. Looking at the context today with social media, I want to get a comment from you all about how relevant those still are, and how potent the kinds of behaviour changes are that drive social marketing or that we used on social marketing principles—whether they're still relevant in such a diffuse kind of communication and media ecology.

**Prof. Gordon:** Just on the use of theories and models: they're quite adaptable. I think the key thing about social media is that it's changed the kind marketing mix we can use to reach and engage with people. But it doesn't fundamentally change what drives human behaviour and what can influence it to change. So I wouldn't necessarily say that you need to throw out these models; a lot of them are adaptive to using different tools and different channels.

I think there's often a tendency, though, to focus primarily on communication only and not take an integrated marketing approach; that's something I've seen in drug education and in other areas as well. Really, ideally, you want to see social media services and other tools in the toolbox as part of an holistic mix based on your sound behavioural theory. I wouldn't say that behavioural theory is not relevant now in the social media landscape. Indeed, there are lots of adapted and new versions of behavioural models that are set up for that.

**Dr ALY:** Would anyone else like to comment on that from an advertising perspective?

**Ms Smither:** I would agree with everything Ross said. That's probably why there's silence on this end! I think the changing media landscape has probably changed while we've all been on this call, because it's changing that fast. What's fascinating to me is that it doesn't really change what people do, it changes how people do it. What people do—the behaviour, the motivation, the reactions and the responses—are the same; they're wired into human beings. It's the ability to do it in a different way. We used to talk about advertising and about the grim reaper in a one-channel universe. People can now talk in a very different way; they're still talking, but in a very different way.

On Ross's point: looking at one output simply through a lens of just seeing [inaudible] service and messaging. You have to look at it as a total, as a toolkit, as holistic. You have to surround people, because they're coming at your conversation in their own way [inaudible] that you can predict. The biggest challenge is how you surround that message [inaudible].

**Dr ALY:** Thank you. I'm getting a sense from the evidence we've heard that there are people who advocate mainly for programs around harm minimisation and treatment; they argue that all our efforts in this space should be around that. Then there are those who advocate more for prevention and education as being the primary way in which we deal with drug abuse and drug addiction. Do you find that when you're dealing with industry, whether it's around advertising, developing social marketing principles to deal with drug addiction, that there is a kind of tension between those two, or do you think that there is synchronicity in those two approaches?

**Ms Smither:** Professor, I can start answering that one, and you can jump on in. I look at it more as synchronicity. The danger is always when you try and do both those things in one channel. The way the media landscape lets us message now is it has its own job to do in the channel that's appropriate. You have to understand how people are using that channel. I think you have UM coming in later today who can talk to media far better than I can. From a channel planning and a motivation point of view, you put the right message in the right place. Where they come into conflict and there is tension is where you try and do both, and then you're not doing your job. I think that's important. Again, not to keep talking about the grim reaper—and it's been brought up in a few of the submissions—but I talk to it because it did a certain job. It raised awareness of the conversation. It started and provoked a conversation. But underneath that, and coming shortly and quickly after, was an education campaign. So what that advertising didn't do was to tell you how to prevent, how to manage, how to diagnose, how to get tested or what you would actually do. The challenge now in advertising, the way it's working, is you can't just do one or the other. You have to get the awareness, you have to pierce through the conversation but you have to back it up. You have to tell people what they can do with it. They want to know what they can do. That's where they have to work in synchronicity, not in competition. Sorry, Professor, that's a long answer and I don't know whether you've got anything to add to that.

**Prof. Gordon:** Yes, just on that point, I think that's correct. We need to recognise there are different segments here. So for some young people just being provided with information and education about the risks attached to drugs might be enough to steer them away from engaging. That's been a dominant approach in a lot of countries—the preventative or 'just say no' approach. But the fact is there are people who choose to take drugs and will continue to choose to take drugs. What do you do about those people if you keep trying with prevention, information and education approaches that are not cutting through? I would argue for that particular segment that are going to take drugs that you have to adopt a harm minimisation approach, if your overall focus is on protecting public health. It's not necessarily about one or the other; it's about recognising that different segments have different needs and will perform different behaviours, and how you actually work around that. So you really need both sides of the coin.

In the past I have dealt with a lot of funders and clients who tend to go towards one or the other—most often towards prevention. That is a difficulty because there is a political discourse around harm minimisation and

adopting a public health approach, rather than a law and order approach. But the good news is there is evidence from around the world that, if you move away from a law and order approach to a more public health focused approach, you can get good outcomes. And that's not to say prevention and education upfront is out the window. As I said, it will still cut through and be effective with some groups but not all.

**Dr ALY:** And just one final question on that point of segmentation. We've seen with COVID—and in the past with other kinds of respiratory illnesses that don't show symptoms—that if there isn't something tangible about it, people don't tend to be very strong in adopting the behaviours to prevent it. We know with both illicit and legal drugs there are a lot of people who take drugs and who may be addicted, whether it's alcohol or methamphetamines, but are still functioning. So, those images that we have are of—there was that campaign on ice, and it had the person with all the skin and all of that—somebody who's at the pointy end of addiction, not someone who is addicted but still going to work, raising children, living a life. Are we doing enough with that segment—the kind of recreational user who is functioning but not at the acute end; and what are the challenges of working with that segment?

**Prof. Gordon:** I think with some of the campaigning we've seen you're not going to cut through with that segment because to them it looks unrealistic. They are keeping together family, jobs and lifestyle, while they're indulging in drugs. Perhaps you need to be using more subtle approaches. So it's not about skin falling apart; it's more about showing the impacts that recreational drug use might have on their everyday life and lifestyle. As I said before, it's not always about showing what the negative impacts of taking drugs are; it's what are the positive possibilities of not taking them? What more can you do? Look at alcohol, for example. If you look at Hello Sunday Morning, a lot of that is built around positive messaging. It's not about how you're going to feel and what effect drinking alcohol will have on you. It's about what great things you can do on a Sunday morning if you're not hungover and stuck in your bed. It's saying you can get out there and live life. You can do all these wonderful things. I think that using that kind of positive messaging about what other things you can do instead of taking drugs, and what achievements you can have in your life, is a good angle to take. Ultimately, people get over being told that they're doing the wrong thing. I find that over time you kind of switch off to that. I feel that we can look for other examples like Hello Sunday Morning, where we can build up more of that narrative for this particular group.

**Dr ALY:** Thank you.

**CHAIR:** Did you want to add anything?

**Ms Smither:** I think the only thing I would add is that the challenge here is that [inaudible]. The only thing I'd add—and we touched on it before—is the Pinkie campaign, for example—more evolved modelling examples of this kind of advertising. [Inaudible] were talking before about the 'every cigarette does you damage' campaign. It's about finding the insight or the facts to push off. [Inaudible] and creating a different norm with that. So I think that your best hope at that stage if people are recreational drug users is that you're not going to attach them by showing the horror of it, because they say that's not me and that's not my reality and [inaudible]. But stopping them and making them think something like 'every cigarette is doing you damage'. That will stop them in their tracks. I think that's the best you can hope for. It comes back to what your expectations are and how you measure them, and what [inaudible] anticipation of a response and a result [inaudible].

**Prof. Gordon:** Those approaches have been built upon good market research. The Pinkie campaign was informed by going out and speaking to young male drivers and building a campaign around them. That's really critical. Your consumer groups should be the ones directing your approach, not anyone else. Unfortunately, that's not always the case.

**Ms Smither:** I would add that, from a strategic planning point of view, it always takes some sacrifice. I encourage any campaign to really focus on what its job is and what it wants to achieve, understanding that focusing on a segment will involve sacrificing the total population. Because the Pinkie campaign was great, it was designed around a certain target group. It didn't try to target every age of speeding drivers. It's also how you balance that and also going into a clear objective around that is your job to do. That's as much as anything on the messaging and how it's briefed and how it's understood and how the communication is developed.

**Dr ALY:** Thank you for your evidence today. We appreciate it.

**Mr CONAGHAN:** Thank you, everybody, for giving evidence today. The questions I had were covered by yours and Dr Aly's. So, I'm fine if someone else wants to ask some questions.

**Senator POLLEY:** The same thing—I found the evidence has been very useful and I have no further questions.



**Senator SCARR:** I did have a few questions and maybe an initial observation. If I can say, tongue firmly in cheek, I know nothing about fear in advertising, being a politician!

I'm glad you laughed! I have a question in terms of advertising and the different target markets. A lot of the evidence we've received here is that there are different target markets and that the message needs to be adapted, potentially—or it needs to be adapted for the different target markets. If you're dealing with someone who's a recreational drug user, then that's a different message you want to tailor for them as opposed to someone who's a teenager—or for an 11 or 12-year-old who hasn't taken drugs—right? So there are different messages. In that context: how much should we be looking at a mass media campaign, advertisements on TV, which seem to be a pretty blunt instrument in terms of targeting specific groups in society, as opposed to a very highly targeted social media campaign with other aspects to it, which is really targeting a particular audience with messages that are going to resonate with that audience?

**Ms Smither:** This is probably not the ideal answer, but you need to do both. That's because if you just start with targeting it's very hard to find so many people, and the advantage of mass communication and that kind of broadcast is that it is blunter—undeniably it is, because it's not as personalised. It's more thought provoking, though, that when you've got a climate of huge inertia around shocking issues—when people are exposed to more horror on a daily basis and more messaging on a daily basis than at any other time in history—for mass media to have the ability to cut through and start a new conversation in that you need to use the tools appropriately. The conversation can start there, but then it needs to translate into relevance to me and that's where the personalisation comes in. It's how you bring it into the world of those individuals, but, you do still need to take a holistic kind of view.

[inaudible] I talked in the submission about the Sandy Hook example, which is a really interesting trend. I think what they've taken on there is an issue that's affecting society—although in the US constitutionally you have the right to bear arms individually, take that for what you will. But you can see how they could go one of two ways there: they could target trying to change that behaviour at an individualistic level or they could say, 'Actually, let's raise some conversations around this at a societal level and make a bigger universal play into making people think about an individual right.' I think those two things surround someone and make it very hard to ignore and hard to distance themselves from. So I would say you need to do both.

**Prof. Gordon:** Yes, and building on that point as well: I think any approach you do take should be guided by research and the market, but also by your segmentation analysis. If your segmentation analysis tells you that some particular segments can be better engaged in social media then, yes, you would use that. But you wouldn't go in with a social media campaign or a television campaign as the answer. You actually have to be guided by your market research and your segmentation analysis.

I think that mass media campaigns are high visibility and they're good at raising awareness, but they're not necessarily as good at getting cut-through and behavioural change. You may need to supplement them with other approaches. They tend to be favoured because they're high visibility, though; you're seen to be doing something if you've got a big television advertising campaign running. It's easier for someone to say, 'Look, we're doing something about this problem,' whereas often it's actually other things in the community, like service delivery or community development activities, that supplement the marketing mix and are needed as well.

So, ultimately, it's a bit of both. Social media is good for targeting; it's quite useful for reaching particular segments more readily than mass media. But that's not to say it's the tool that should be used every time. There might be some segments for which social media is not relevant or not the best approach, and you may need to take another approach. Really, it's about guiding your strategy based on your segmentation analysis and your market research rather than going in a priori with an idea to use mass media or social media.

**Senator SCARR:** Okay, excellent. Thanks very much.

**CHAIR:** I'll just follow on from that, Professor Gordon. How has the change in the advertising scene, with the continuing growing strength of social media, increased the ability to actually target advertising to specific demographics or groupings, as you were saying?

**Prof. Gordon:** Obviously that's very powerful. If you use platforms like Instagram or Facebook, if you have the money and the resources, you can very much target people based on a number of characteristics. What I would say here as well is that there is a real need to move away from simple segmentation that's based only on demographics. For example, if we take young people, if we lump all 18- to 30-year-olds into one group because they're of a similar age, actually we know that a lot of people in that age group are very different. They have very different lifestyles, behavioural interests and so on and so forth. So what I would say is that, yes, social media allows for a really excellent level of segmentation and targeting, but we need to use sophisticated segmentation

approaches. Look at lifestyle and behaviours beyond just where people live, what age they are and what their demographic characteristics are. You can actually do that kind of segmentation on social media. Platforms like Facebook collect a lot of data on the behaviours, interests and lifestyles of people. So coming up with a kind of segmentation approach based on those characteristics is probably more effective than just basic demographics.

**CHAIR:** Yes, that's what I was talking about: you have a wide variety of different interests. Maybe the Advertising Council would like to chip on this. That's something that is relatively new, or, if not new, it's been greatly enhanced through social media—is that a fair statement?

**Ms Smither:** The ability to target messaging, you mean?

**CHAIR:** Yes. Traditionally, you put an ad on television. You had three commercial stations to put the ad on, and all you could really do was choose the time or the program that you put it on. Now you can really narrow in. Is the ability to really narrow in on specific target markets far greater today than in the past? Is that a fair analysis?

**Ms Smither:** It is. It's the truth, right? The amount of data we have in the universe, and the amount of data that platforms like Facebook are collecting on us daily, is astonishing and unprecedented. The one thing to watch out for is that you've got two sides to this. You've got to remember that it is a personal media space. With something like illicit drugs as a conversation, you have to not appear like you are snooping in people's lives. There's a sort of privacy barrier where, as we all know, it starts to feel creepy and media starts to feel like it's intruding and like you're being watched. I think that sort of Big Brother effect is something to watch out for with these types of campaigns. Equally, no matter what data you collect, if you don't have an insight behind the campaign or a reason to be on those channels, how much data you have actually doesn't make a difference. My point of view on it is that we have all this data. Everybody has the same data. Every campaign or message, and every government department, will have access to it. But it's what you do with it and how you tailor it to an insight that will unlock behavioural change. That's the kind of build out from it, beyond the segmentation.

**Mr Hale:** Yes. I'd also like to add that, in the traditional mass media, you could target to an extent by day part, by program type, by time or by radio station—all of that—so there was targeting ability, but there's no doubt that there's far greater targeting ability now through the data and the social and the sorts of activities that you now have. But targeting is not necessarily where you're going to get the most effective results. As Ross was saying, targeting is not necessarily about age groups and stuff like that. It can be very broad. If you have a look at effectiveness studies around the world, some of the most effective advertising is often more broadly based, to raise the issue and to reach lighter users or non-participants just as much as the real pointy end. You were talking about extreme cases with fairly graphic, scary images. On methamphetamines, it's that sort of amplifying, almost, of the extreme cases, not necessarily those that are functioning, and it's not always those extreme cases that are going to lead you to the best examples. There is a really important role that broad based targeting, as opposed to more specific targeting, can play in any of these types of campaigns.

**CHAIR:** I suppose it's almost no different to our jobs as politicians. You're always trying to focus your advertising on your swinging voters rather than the rusted on to either side sort of thing.

**Mr HALE:** That's right. If you only target the swinging voters you might miss the mainstream—the real supporters.

**CHAIR:** Yes. There is time for any quick final comments?

**Mr HALE:** I think we're fine.

**Ms SMITHER:** We've answered the questions.

**Prof GORDON:** Nothing more from me.

**CHAIR:** We greatly appreciate your time today. We know you are commercial organisations and pay the bills. We appreciate your submissions. We thank you and wish you all the best.

**Mr HALE:** Thank you very much.

**Ms SMITHER:** Thank you very much.

**Prof GORDON:** Thank you very much. Good afternoon.

**ALDRED, Mr Toby, General Manager, Sydney, Saatchi & Saatchi**

**BRAY, Ms Lauren, Senior Strategist, UM**

**ELLIOTT, Mr Brett, General Manager, UM**

**GREGORIO, Mr Anthony, Chief Executive Officer, Saatchi & Saatchi**

**McHARDY, Ms Hannah, Junior Planner, Saatchi & Saatchi**

*Evidence was taken via teleconference—*

[13:01]

**CHAIR:** Welcome. We greatly appreciate your time. We all have great concerns about drug abuse in our society and with our constituents. We're looking to brainstorm as to ways we can not only work on reducing the supply of drugs, through law enforcement, but also reducing the demand for drugs, through a community advertising campaign. Starting with Saatchi & Saatchi, do you wish to make an opening statement?

**Mr GREGORIO:** Sure. I think agencies [inaudible] behavioural change campaigns. [Inaudible]. I'm not sure if you can hear me clearly? Can you hear me clearly?

**CHAIR:** It was a little bit rough.

**Senator POLLEY:** There's a bit of feedback from my end.

**Mr GREGORIO:** Is that better? Okay. The agency has been operating in Australia for 40 years and has done a number of behavioural change campaigns for both the federal government and the state governments. We are big believers in the use of communication to drive behavioural change. There are nuances in how you do that and it's also a very evolving space. Tactics that might have worked even a few years ago are shifting today. I heard the call to Kate and Tony from the council. They were alluding to social media. So there's a number of things changing quite rapidly. We're aligned with you in trying to reduce the harm that illicit drugs are impacting on society.

**CHAIR:** Would the team from UM like to make an opening statement?

**Mr Elliott:** Thank you for the opportunity to appear today. UM are a global advertising agency, experienced in behaviour change campaigns and currently the master media agency that plans and places all advertising for the Australian government. Regarding the terms of reference outlined, we've offered a response to a), b) and c) in the submission and look forward to your questions. However, there are three key elements we'd like to highlight—put simply: who, how and when. By 'who', we mean the target audience of this type of advertising campaign which we believe would be most effective when targeted to youth in the priority audience. We know that this age cohort is more influenced by their peers than any other group and that 80 per cent of illicit drug use first happens between the ages of 15 and 21. Put another way, the majority of 15- to 21-year-olds will at some point be in a position where they have to make a choice around using illicit drugs. We believe, therefore, they're a clear and obvious target for any campaign that's focusing on illicit drug use, although not necessarily the only target. By 'how', we mean that the research and outcomes of previous behaviour campaigns would suggest that surprise, compassion and positive interest are more effective emotional tools than shock, and that arming an audience with an opportunity to resolve or navigate drug use prevention is a much better opportunity for meaningful engagement.

There are many references to the grim reaper HIV campaign in the submissions to this inquiry. We think it's worth pointing out that that campaign was from more than 30 years ago. There are many case studies on behaviour change that are probably more sensitive and engaging with their messaging. We think that, whilst the approach in that grim reaper campaign undeniably had cut-through in memorability, two significant pitfalls of shock and fear based advertising are: firstly, they run the risk of stigmatising an issue or a group, who then become a common enemy; and, secondly, they can also cause anxiety with the general population who are not at risk. We think that, for those reasons, shock advertising isn't the benchmark we should be striving for. Finally, by 'when' we mean that behaviour-change campaigns need to be a sustained effort. We've documented in our submission the multiplier effects on campaign efficacy when communication is maintained for three years or more, compared to a shorter period. Also, any program needs to be holistic. Any advertising campaign should be backed by the right policies and support services that are complementary to the campaign. Thank you.

**CHAIR:** My question is to both companies. How would government best go about working with an advertising agency to structure a campaign where there is probably a little bit of—I don't know that 'conflict' is the right word, but there are targeted messages to different groups. We heard other evidence where one type of advertising campaign creates a stigma about the use of a certain drug and, while it may be beneficial to deter

people from engaging in taking drugs, it also may have an unintended consequence for people who are actually taking drugs in that it prevents them from getting counselling or some help. Where you have slightly different ideologies on that and governments are trying to tap into the creative skills of the advertising industry to come up with something, how would government best structure something like that—working with an advertising agency to put a contract out? Could you guys perhaps fill us in a little bit on that, please?

**Mr Gregorio:** Sure. I'll kick off and then Brett and Lauren from UM can jump in. The way that government, particularly the federal government, engages with creative agencies tends to be on a project basis. That is certainly my understanding. There is not an ongoing contractual arrangement with agencies. It's very much a situation where the problem is defined at a government level and then the brief and the thinking, including the vast majority of the strategic thinking, is done at a departmental level. That [inaudible] by two agencies [inaudible]. You're effectively using creative agencies, and understandably so to some degree, to simply develop the words and the pictures and the feel that would go into all the various media spots that [inaudible]. That's a very old-fashioned way of working.

One of the points that Brett alluded to is that an ongoing approach is one of the things that gives you the chance of success in addressing any issue, particularly one about behavioural change. One of the things we could do is look at engaging an agency—it doesn't have to be on an ongoing contractual basis—at a much earlier stage in the process to be involved with government in developing the work. When I say 'agency', that shouldn't just be the creative agencies; it should also be creative agencies with your nominated media agencies, being UM, and the research part of it [inaudible] research agency, because it's only when you can collectively discuss those issues and understand the right role that communication plays, particularly broadcast communication versus maybe much more targeted communication [inaudible], that you can plan things out well in advance. My experience for the last 24 years of being involved in this type of work is that the thinking is pretty well formed by the time it [inaudible], and then creative agencies are just asked [inaudible]. Maybe in the vast majority of [inaudible] it's fine, but I think [inaudible] a problem that is as complex and nuanced as behaviour change with regard to illicit drug use, it will probably [inaudible].

**CHAIR:** Saatchi & Saatchi, and UM, you are both large international companies. Are there any countries or governments in the world that you're aware of with which your agencies are doing current drug campaigns?

**Mr Elliot:** From the UM perspective, I can't bring to mind anything specific with other governments, but certainly we look at case studies from a global point of view on a regular basis, particularly in the behaviour-change campaign space, several of which we referenced in our submissions. I could invite Lauren to maybe highlight a few of those, but there's nothing specific that I could recall right now.

**CHAIR:** Lauren, do you have anything to add?

**Ms Bray:** There are obviously a number of approaches that are being taken across the world to this problem at the moment, both preventive and harm minimisation. One of the key things that seems to come through and makes it really difficult to assess is the measurement applied to them. There's not often a link back to a reduction in the demand side. That would be the key I would take from that.

**CHAIR:** And from Saatchi & Saatchi's perspective?

**Mr Gregorio:** We included a reference to a campaign within our submission with the Foundation Against Drug Addiction, which is an NGO in Spain. It's a publicist group agency based in Spain. Saatchi & Saatchi is part of a multinational publicist group. That is just one example. We didn't do a comprehensive search of the process, but I would be surprised if there weren't agencies within the 80,000-strong people and the work the publicists across the world [inaudible] campaign against illicit drugs.

**CHAIR:** I have one final question before I hand over to Dr Aly. If the government were to say, 'Here is a pot of money—a couple of million bucks—we want a multilayered advertising campaign to reduce the demand for illicit drugs in society,' how would you go about that and how would you structure it? Could we start with UM and then Saatchi & Saatchi.

**Mr Elliot:** Understanding the objectives up-front is important, whether it is about prevention or harm minimisation or a combination of both. From listening to some of the previous discussions today, getting the segmentation or audience that we want to target right is imperative. Once we understand those things, we could then formulate the right campaign from both a media and a creative perspective.

From an audience point of view, referring back to the remarks in my opening statement, we know, particularly for illicit drug use, that the youth cohort of 15- to 21-year-olds is particularly important. What I would say is that although we wouldn't necessarily recommend a traditional mass media approach, we could certainly get to a

youth audience at scale using digital channels. It is possible for us to have a mass campaign that's targeted at scale. That is the approach we would take, pending the specifics that are in the brief.

**Ms Bray:** The only thing I would add to what Brett said there is that once we understand what the barriers [inaudible] overcome are, whether it's prevention, intervention and what audience we're going after, in any instance, the two important things are the context in which the ad is going to be seen and making sure that viewers are open to receiving such an ad. With behavioural change—as with any campaign, but particularly with behavioural change—there's also an element of being as close to the point of action as possible and prompting and reminding that audience. [inaudible] research into what and when and why the audience are engaging in this behaviour is very important and something we would definitely look into and prioritise as part of a campaign.

**CHAIR:** I'd imagine then that there'd also need to be a way of measuring the results at the end of the campaign to see whether it was successful and worth repeating, or whether the government had wasted a big bucket of money. Saatchi & Saatchi, could you make a few comments on that, please. How you would go about it?

**Mr Gregorio:** UM outlined the process that we would probably endorse and [inaudible]. I would add two things to that: first of all we would be heavily interested in spending time understanding the audiences in-depth. As Lauren alluded to, context is important. The content always has to be viewed from the context in which it's to be delivered, but also, importantly, what the audience thinks and feels and how receptive it is to specific messaging. That is stuff that you can spend [inaudible]. You can improve your ability to influence by spending time up-front understanding the audience in detail.

The other point I'd make, alluding to the point I made earlier, is that one of the things that [inaudible] continually gets [inaudible] when it comes to [inaudible] is working collaboratively in a more commercial scenario, where we would work with the media agencies and research agencies a lot more closely to understand all the pieces before we get creative. There's a much better chance of success from those pieces if they're discussed and deliberated on as a team. That is normally not the [inaudible] when it comes to doing campaigns.

**CHAIR:** Okay. Dr Aly, over to you.

**Dr ALY:** Before we start, I'm getting a bit of feedback when people are responding. Could I check that people who are on their phones, for example, are on mute when they're not speaking. That helps with this.

My first question goes to the fact that we know that it's not just the content of the message that impacts on its effectiveness; it's also the individual contexts of the receivers of the message and the credibility of the source of the message. In your opinions, what is the most credible and effective source for messaging around prevention and harm minimisation—those two aspects of drug taking or the drug issue? Is it health, is it law enforcement, is it government at all, is it not-for-profits, and then how do we engage those sources?

**Mr Elliot:** From the perspective of the communication or the message that we're trying to get across, relevance is critical. Making something taboo, or talking about something in an authoritarian way, is not necessarily going to get the right response, particularly from younger audiences. Being in the right channels is important, particularly for digital and social, where we know particularly youth audiences are, but also conveying the message in a way that is going to resonate and engage. It's not necessarily a mass, 30-second TVC or print ad that goes out to everyone, or a channel that might be seen as more authoritarian than something that is done in a way that is going to resonate with that target audience. It's a combination of channel and message and also reaching people in the right moment. When it comes to behaviour around drug use, we would know that some channels are going to be closer to that point of decision-making than others. That's another important consideration.

**Mr Gregorio:** Part of your question was, 'Which particular authority or body might be more believable in terms of supporting a health message?' My experience—and I've worked on a number of campaigns, particularly anti-smoking campaigns, for many years for the government—is that there is a hierarchy, and it absolutely depends on everything that Brett talked about, in terms of content, where it appears and so on. I think that healthcare professionals, generally speaking, are higher up the hierarchy pyramid than, say, law enforcement or government. That's not to say that sometimes a message from government or law enforcement has no impact. It depends on the message you're trying to deliver.

But, if I'm hearing the question correctly, 'Which source is the most credible in terms of convincing people to change their behaviour around whether or not to use drugs?'—particularly, as Brett highlighted, with regard to an audience that is quite young—to be honest, they generally don't listen to many people. If you've got teenagers, which I do, you would know that. They listen to their friends more than anyone else. But, in terms of a hierarchy around law enforcement, government and healthcare professionals, I would put healthcare professionals at the top

of the list. The reason why is that they're less likely to be judged by that group and less likely to also fear reprisals from that group. That would typically be the reason.

**Dr ALY:** I've got a 27-year-old and a 30-year-old who don't listen, so it doesn't get better. I'm just letting you know.

**Mr Gregorio:** That's great to know!

**Dr ALY:** To the representatives from UM, we've been talking a lot about targeting and segmentation, and I was interested that in your submission you referred to people from culturally and linguistically diverse backgrounds and having communication campaigns that are specifically targeted towards them. My question is around data. Do we have enough data, not just around demographics of drug use or at-risk, but also around other kind of vulnerability factors and dual diagnoses, social issues around it, for us to be able to really have an effective approach to segmentation?

**Mr Elliot:** Lauren, would you like to answer that?

**Ms Bray:** I'm not across all that level of how far cut that data is segmented. I do believe that there's still value, obviously, in those CALD audiences, and while they will have some different drivers and different barriers to overcome, whether that's new migrants not understanding cultural and linguistic differences or pure language barriers to the ads, I think that's definitely an area that should be looked at [inaudible] and they should be addressed as such. I do see there's value in reaching them with a broader message, the more mainstream message that would be presented, but in language. There's definitely research to say that that will still provide benefit. Obviously the more nuanced you can get, and the more data we have, the more impactful and the more beneficial that will be.

**Mr Gregorio:** What is not in doubt, I'm sure, is the fact that CALD audiences can often have quite diverse points of view and cultural perspectives around drug use, compared to Western audiences. To support Lauren, we would definitely like to spend time understanding the audiences that are most at risk and delving into those particular ethnic backgrounds and understandings of their perspectives. A message that might work for a Western audience might not resonate with a Chinese specific audience or a Middle Eastern specific audience because of their cultural attitudes towards drug use.

**Dr ALY:** I mentioned earlier that one of my first academic roles was with the Centre for Applied Social Marketing Research. It was a while ago. One of the first research projects that I did was looking at smoking uptake among culturally and linguistically diverse young people. In that research we found that it was much lower than the general population. One of the reasons for it, and a significant correlation, was around the authoritarian family structure. They were afraid of their parents finding out, so they didn't take up smoking. Looking at that as an example, do you have any examples or what would you say about the value of actually targeting family and relationships as an effective—I used to do this when I did countering violent extremism work. We looked at targeting the family as a more credible intervention source. How much does that factor in? Is there an opportunity?

**Ms Bray:** With a lot of the work we already do with government, families, in particular with CALD audiences, when we're looking at post-school pathways and things like that, are a huge influence, and more so than the more traditional audiences that we would go after. I absolutely think that if there were research to say—and I imagine there is, because I doubt it's changed since you conducted the smoking research, though it was a while ago—yes, absolutely, that could be an approach if it was justified, for sure.

**Mr Gregorio:** In various campaigns we've done, targeting parents or families is an important part of trying to bring about behaviour change: getting them to understand the issue, what they can do, the type of questions they can ask or the type of support they can give to someone who is in a position of vulnerability. They're really important aspects to behaviour change campaigns. So I would support what Lauren is saying. It would be almost negligent to not be thinking about the broader audiences and the type of messaging you need to give them to help achieve the best possible outcome.

**Dr ALY:** Thank you all for your evidence today.

**Mr Gregorio:** I think we've got to 1.5, if you need to ask more questions.

**Dr ALY:** Chair, are you there? I think he's gone. I might take over and hand over to Senator Helen Polley.

**Senator POLLEY:** Thank you very much. Thank you for your evidence. It's been most useful. Saatchi & Saatchi, you briefly talked about an overseas campaign that was run. Could you outline that, in relation to the state of Montana, in terms of the campaign that was run? I've seen the printout. Can you tell us a bit more about

that campaign and how that was assessed as either being successful, very successful, or not having a major impact?

**Mr Gregorio:** I might start and hand over to Hannah, who did a lot of the research behind it. We put two campaigns forward. They're both from the state of Montana. They were not campaigns done by Saatchi & Saatchi, but they were interesting in their approach, which was why we included them in the submission. One was a very graphic portrayal of the impact that meth can have on someone. Then there was a campaign a number of years later—the first campaign was 'not even once': trying to draw a distinction that even if you tried meth one time, it can have a devastating impact on your life. They took a very graphic approach to those impacts. The campaign a number of years later was taking a very different approach, using a different behaviour change model, where they were trying to move away from the shock tactic and talk about the inclusiveness, about everyone needing to come together to solve the problem. They used a controversial line with meth on it as a way of attracting attention to the campaign.

**Ms McHardy:** The key difference between those two campaigns—one was actually from South Dakota. The first was in Montana. That one used graphic, visceral advertising. At the time it was awarded highly in the advertising industry, because the message was very strong and came across very intensely. It had the initial impact of fear, which was what we were talking about when we referenced whether things were effective or not. But later on there was further research into that campaign. Once people started to talk to users as a part of the audience that those communications were talking to, they realised it was really stigmatising to a section of the audience. When you look later at the South Dakota campaign, the change there is really to place the responsibility on the whole community, trying to drive change in terms of behaviour when it comes to illicit drug use, versus that quite visceral and stigmatising creative back in 2005 or 2007. We've come a long way in terms of approach. We've realised, potentially, that that kind of strategic and creative approach doesn't necessarily have the greater intended effect of reducing illegal drug use, but it may actually enhance it among the already using community. They were two quite, I guess, opposing approaches which we pointed out in the report. While, the 'We're on it' campaign doesn't yet have any results, because it's quite new, we thought it was relevant to show the ends of the spectrum, where that's concerned.

**Senator POLLEY:** Thank you for that. Is there anything you wanted to add in the way of evidence in relation to the campaign run in Spain?

**Ms McHardy:** Sorry; could you repeat that?

**Senator POLLEY:** The campaign that you referenced that was conducted in Spain. I note that was in 2015 as well, but is there anything you want to put on the record in relation to that campaign?

**Ms McHardy:** Sure. If you refer to appendix A in our report, there's a bit of an outline on how mass media campaigns approach social marketing. It's basically to correct erroneous normative beliefs. Instead of trying to create fear around the behaviour, it's about setting positive role models or social norms. That one really dives into the kind of life you could have if you didn't use, which is a much more positive approach. It's relaying lifestyles, behaviour and personality as the potential for what your life could look like without using. It's just a different way of talking to that young audience, who definitely, as we already talked about, don't like listening to authority. As well, that comes from an NGO and not the government. It's just a different way of approaching the problem and is potentially as powerful a tool. It's just coming from a different kind of tone.

**Senator POLLEY:** Thank you for that.

**Mr Gregorio:** The only thing I would add—and we didn't include it in the report, but it's something that I know from previous health campaigns targeting this audience—is that anyone under the age of 21 doesn't actually think they're going to die. They think they are going to live forever and they think they're unbreakable, so it's very difficult to use some of the scare tactics that we have highlighted. Brett was very eloquent at the start in explaining why fear campaigns don't necessarily work, and would we agree in this space. It's not that, as a tactic, it can't be useful, but, generally speaking, trying to depict strong scenes, particularly where people might die because of drug use, is not necessarily a winning strategy for that audience, because they just don't believe it will happen to them. They don't have enough life experience and they don't have enough other examples to draw upon to know that it's something that is likely to be a reality. There are probably smarter ways of targeting them.

**ACTING CHAIR:** I want to ask about the normalisation of drug use in popular culture among young people. Is that something you're fighting against? Sorry, Helen; this sparked it for me. When you look at some of the Netflix shows that young people are watching, you see that drug use is really normalised in those shows. Is that something that we're fighting against?

**Mr Gregorio:** It has an impact—absolutely. It's a bit like smoking was for a long time. It's now largely been dropped from movies. Seeing people that you admire or people who are glamorised in some way doing something that's illicit tends to be something that can spur a section of the audience on. All these things come into play. We have to accept there are many different ways and influences against an audience. One thing that was interesting as an approach—and, again, we included it in the submission—was the Western Australian campaign. They tried to take a very rational approach around highlighting some data that suggested the vast majority of young people weren't using drugs. I think that's a very interesting approach. It's quite rational. I'd be interested to know more about that campaign. It's good trying to use those kinds of messages with a youth audience because they're hard to sway.

**Senator POLLEY:** I agree with what you're saying about young people—that they believe they're bulletproof and invincible. I was going to make a comment in relation to that campaign in WA, in terms of talking about the majority of people who don't use drugs. We've basically removed cigarettes from advertising and television shows and, to a great extent, movies, but every night on the box we still see people having a drink of alcohol when they get home and when there's a crisis. We're always sending mixed messages. So, whatever campaign you're running, there needs to be a layered effect.

From your point of view—both agencies—are we judging the success or otherwise of these national campaigns and these strategies in a rational way? Are we too quick to dismiss an ad as not having worked? Do we need more of a lead time to make those sorts of assessments? How do we assess them? We don't have a measure of, 'We've had 15,000 people stop using drugs.' There's no basic measurement that we can give. What's your message that we can feed to the government in terms of making a rational assessment about what campaigns work and what don't?

**Mr Elliot:** It's very difficult, and it highlights the need for a multiyear strategy or approach to this sort of subject matter. We have research, which is included in our submission, that shows that campaigns that are out there for multiple years perform much, much better than those that are out there for a short period of time. It's important that we take a long-term approach and a long-term view before making a decision about whether a campaign is working or not. Certainly, there are things we can do from a communication point of view to track awareness or behavioural intent, but, in terms of getting hard numbers around the effect of a campaign, it always takes time with behavioural change.

To add to the point around popular culture, it is difficult when that sort of behaviour is normalised and is in a lot of content that's being consumed.—anything from music videos and online videos through to mainstream television. That's where advertising can juxtapose some of those messages and make sure that we have an alternative to what might be glamorised or normalised in the mainstream media.

**Mr Gregorio:** To build on Brett's comments, these campaigns don't work overnight. Behavioural change campaigns take time. That's the only way to approach the problem. If you're going to spend government resources then you have to have a long-term approach, otherwise it's probably not [inaudible] if you only take a short-term view.

**CHAIR:** Thanks, Senator Polley. I'll hand over to Senator Scarr. We're running tight for time, and I'd like to give him the opportunity to have a bit of time.

**Senator SCARR:** Actually, I'm fine, Chair. I think it's all been very enlightening, so I'm good.

**CHAIR:** Thank you. Sorry, Senator Polley, do you have any final comments to finish up on?

**Senator POLLEY:** I was going to leave it there, being cognisant of the time as well. The presentations and evidence today have been very useful. Thank you all very much. I know your time is valuable.

**CHAIR:** Just quickly, Mr Conaghan, are you still on the line?

**Mr CONAGHAN:** I'm on the line. I'd like to thank Saatchi & Saatchi and UM for their submissions. They're really informative and very helpful, so thank you all very much.

**CHAIR:** As I said, we know every second of your day is valuable. We really appreciate your time. Thank you so much for your submissions. Maybe down the track, if we look at investing some dollars into this as government to try to reduce the demand for drugs, hopefully your companies will have every opportunity to tender to government. Thank you so much.



**GRIEVE, Ms Jodie, Assistant Secretary, Public Information Branch, Department of Health**

**LAFFAN Mr David, Assistant Secretary, Alcohol Tobacco and Other Drugs Branch, Department of Health**

*Evidence was taken via teleconference—*

[13:45]

**CHAIR:** I now welcome via video conference witnesses from the Department of Health. I remind witnesses that the Senate has resolved that an officer of a department of the Commonwealth or a state shall not be asked to give opinions of matters of policy, and shall be given reasonable opportunity to refer questions asked of the officer to superior officers or a minister. This resolution prohibits only questions asking for opinions on matters of policy and does not preclude questions asking for explanations of policies or factual questions about when and how policies were adopted. If a witness objects to answering a question, the witness should state the ground on which the objection is taken and the committee will determine whether it will insist on an answer having regard to the ground that is claimed. If the committee determines to insist on an answer, a witness may request that the answer be given in camera. Ms Grieve, do you want to make an opening statement?

**Ms Grieve:** Thank you, Chair. I just want to note that in the submission that we made there was a table attached to it that outlines each of the phases of activity. In preparation for today, I noticed that we've got some errors in some of the total expenditure figures. I can either read those into the record for you, or we will follow up with the secretariat afterwards and make sure you have got the correct numbers. My apologies.

**CHAIR:** Please read them in now.

**Ms Grieve:** For phase 6 stage 2, 2015, the total expenditure should be \$5.58 million. In 2010 to 2014, for phase 5, the total should be \$7.638 million. For phase 4 stage 2 in 2009-10, the total should be \$7,83,000; and in phase 4 stage 1, the total should \$6.395 million.

**CHAIR:** Could you basically give us a rundown on how some of that money has been expended—what are some of the programs you've been running, what has succeeded and what has failed?

**Ms Grieve:** I might start with the most recent phase of national drug campaign activity, phase 7, which ran in September 2017 through to January 2018. The total investment for that was \$8.6 million and the majority of that activity was for the media buy. For the 2017 activity, the majority of that expenditure was for the media buy and that's the case in all phases of activity—the media buy is the most significant component of investment. Phase 7, for some time, was almost characterised as three campaigns in one because there were primary targeted audiences of 18 to 24-year-olds to address the issue of ice, parents and, for young people, 14- to 17-year-olds, to address party drugs. So roughly half of the investment was to address ice and to reach both young people and parents on that issue, and then the remaining investment was split between party drugs and parent messaging.

The focus for the ice stream in phase 7 was not only about reinforcing the harms of ice use but also about connecting people to a range of support services to help them with their use. It depicted a young man who's referred to as Steve in the campaign showing a progression from quite significant harm being caused by ice back to some of the early behaviours that he showed when he started to use. That was accompanied by direct messaging that then, in a separate advertisement on television, connected the viewer to the support services and the new telephone service hotline that was available at the time. That was predominantly television.

The party drugs stream was predominantly social media and digital platforms to reach youth around the issue of MDMA or ecstasy and that depicted three real stories. They were portrayed to be emulating real stories to address some of the different harms and motivators that may encourage people not to use. That focused on both severe harms from the use of ecstasy, with a mother recounting her story of losing a son, to a young person talking about losing friendships and relationships, and another story that showed the impacts on a young person's mental health through using ecstasy, and they linked the viewer to more information on the website and the hotline.

The parents stream had a combination of those materials but also was aimed at trying to empower parents again to have those conversations with young people. It did that by providing a statistic, by asking them if they understood where young people may get information about drugs, and with the response which had come from developmental research informing this campaign. It surprised most parents that a third of young people reported they would look to their parents for information about illicit drug use. We found really good engagement with the parent phase in particular. Around 60 per cent of parents recalled seeing the campaign and, of those, around two-thirds reported having taken action or intending to take action in the next two months. Those actions were largely around having conversations with their young adult children and adolescent children not only about drugs in general but also around ecstasy. We also saw increases in awareness amongst 18 to 25-year-olds and youth.

Given there are seven phases, it would probably take quite some time to move through each of the achievements for each of the phases of the campaign. If I can summarise: what we see each time in market are good levels of recognition of the campaign and increases in intentions to have conversations to reassess drug use. It varies from phase to phase, depending on what the drug is that we are focusing on at that particular time and what the audience is. It will also be impacted by the level of investment and therefore just how possible it is to get the engagement we're looking for. Across all phases, the evaluation shows they're effective in reaching the target audience and in influencing their awareness and intentions around illicit drug use. Those evaluations are all published in the public domain. The most recent three phases are on the drug help campaign site. I am happy to take any questions.

**CHAIR:** Can you explain to me how you set the direction of the advertisements that you're running? The reason I ask that question is we have heard a couple of different views about how an anti-drug campaign should be structured. One view appears to be that you have to be very careful you don't stigmatise people because that has an unintended consequence of people who are taking drugs not going to seek help for it, and may deter people who are taking drugs from engaging in that activity. There appears to be different ways of going about advertising in this space. How do you as the department structure which way you will go and what emphasise you will put on the ad? Is that direction from the minister or is that done more at the departmental level?

**Mr Laffan:** Essentially when the government's made a decision and there are some funds available for a national drugs campaign, we'll generally engage with a research organisation to have a look at community attitudes to a particular drug. In the most recent campaign, there was clearly a lot of awareness in the community of harms that have been caused by ice and concern around the effects some of the party drugs that have been used at festivals. So, in terms of the instructions that are given to that research organisation, we'd ask them to investigate those particular substances but then to understand what the drivers for use might be that sit underneath, because of course this is quite a complex area. When we've got some information about why people might be engaging in that drug use in the first place, then we have a basis to hand over to people in Jodie's area to start to consider what the best approach might be in designing a campaign.

**Ms Grieve:** From that point, once we've got a strategic direction set in terms of drugs that we need to focus on, it's then a process of undertaking formative research with the audiences, the target groups who are experiencing the harms or at risk of use of those drugs—understanding their knowledge levels in relation to that drug and their intended behaviours and looking closely at what possible message territories might prove productive in terms of trying to influence their behaviour. It's usually a qualitative and quantitative exercise. A quantitative stage allows us to look at segmenting that particular audience based on their attitudes towards life and to drugs more specifically. That then helps us identify which, if we're talking about youth—but we would apply the same principles to any social marketing interventions that we're doing—what are the characteristics of young people that might be at more risk of taking those drugs? What can we do to help them make decisions? What can we message to those that have a level of hesitancy around trying a drug to make sure that their views are reinforced and that they feel equipped to be able to reject offers of illicit drugs?

From there that helps us start formulating. We would engage with a creative agency at that point and ask them to develop creative proposals that we can then test with the market to see what is going to be the most effective way to engage with that target audience. That includes them looking at whether or not we use confronting type scenarios and imagery, whether we would use more rational approaches and what types of motivators might influence young people. Increasingly we see that for young people storytelling and real scenarios are a strong way of connecting with them. Some of their fears are in part about the health effects, but also fears associated with being rejected by their peers, having social problems, and issues around being able to perform at school and at work. We look at all of those factors and then determine what is going to be the most effective way to influence a young person's decision to use or reduce the amount of illicit drugs.

**CHAIR:** What is your opinion on what is loosely called 'shock type advertising', which is based on basically putting the fear of God in people? Where you see an ad where someone has actually deteriorated and what it has actually done to them. We've heard some mixed opinions in our inquiry so far about how effective that is. I know we've done it for cigarette smoking, where we've put very graphic images on the packs of cigarettes. That appears to have had some effect in reducing smoking rates and appears to have been supported all around. What's your opinion on doing something like those shock ads that we've used for tobacco in trying to get some deterrence in drug use?

**Ms Grieve:** As Mr Laffan conveyed before, the issue of illicit drugs and substance abuse is complex and varied, especially when compared to the use of tobacco, which one could argue is rather singular in terms of harms. The evidence base is very well known in terms of the health effects, and there has been a sustained focus

on trying to reduce the use of tobacco. In illicit drugs, we have multiple drugs, substances, that need to be focused on and variable attitudes towards those substances. I suppose, at the start of anything, we need to understand what the attitudes are towards those drugs and therefore what is going to potentially influence someone's decision to use them or not.

There is generally a mix of confronting and more rational messaging in all of the phases of activity that have been undertaken under the National Drugs Campaign. The more confronting imagery is often used to draw attention to the issue and to get engagement. What we know, from the results of testing many times across the different phases, is that the way we depict those confronting images needs to be realistic, genuine and credible. We use experts to help us ensure that we are getting that execution of messaging correct and credible. And we know that if we are able to engage people with more confronting messaging, to be effective what we then need to be able to do is to create a sense of efficacy, their ability to do something about avoiding that situation, or reducing their use. So there has to be a practical solution then offered, in order to get some behaviour change.

The evidence from all of the research that's gone into the multiple phases of the campaign very much suggests that, in addition to raising concerns, you have to then offer a solution—whether it be tips on how to avoid the drugs, information on how to get more [inaudible], direction on where to get information, encouraging people to have conversations or connecting them to hotline services so they can talk to someone who has experience in drug use. That combination of factors we have found has had a positive effect, through each of the phases, over the years.

**CHAIR:** Okay. Thank you. I'll hand over to Dr Aly.

**Dr ALY:** Thank you, Chair. Can I start by thanking you for your really comprehensive submission. I found it incredibly interesting and I found the evaluations that you had of all of the campaigns incredibly interesting as well. But I want to put to you—yesterday we heard some evidence, and it was in the submission from 360Edge, where they argued that the effectiveness of campaigns isn't well established because of poorly designed evaluations. So I wonder if you could comment on that, around the evaluation of campaigns and how we measure the success of campaigns?

**Ms Grieve:** Thank you. I can tell you about the approach that we use for evaluation. The methodology that we have used throughout each phase of the National Drug Campaign is the same as what we apply to all social marketing intervention. That includes the previous phases of the National Tobacco Campaign. The methodology is the same; it is always a robust sample that reflects the target audience we are trying to achieve objectives with. We benchmark before the intervention so we have a baseline set of data that we can then assess the intervention against. We ensure that the sampling is robust enough to be able to look at each of the target audiences, that are part of the campaign, and to be able to measure progress against the objectives that have been laid out for the campaign development.

Generally we are looking for levels of awareness. Have we actually reached the audience? That's the first challenge. Then, have we reached them in a way that leaves them with increased knowledge and increased attitudes in line with campaign objectives?

Then we look at their intended behaviours and explore actual behaviours, always bearing in mind that actual behaviours are self-reported and need to be considered in that context. Then we look at some other data that would help us get a sense of what sort of impact we've had. That can be visits to the website, if that's a strong—I should say, that is a strong call to action on all of the phases of the National Drug Campaign. The most recent phase, phase 7, also introduced the 1800 number. We look at call volumes to that number and see if we're having an effect.

The evaluation process is the same across all of the health social-marketing campaigns. I'm not sure why there is a concern that they are less robust, but I can certainly confirm that we take that same approach across all of the interventions.

**Dr ALY:** Absolutely. Thank you for clarifying that you do pre- and post-evaluation. Does the self-reporting aspect of it increase the margin of error?

**Ms Grieve:** I don't think it necessarily increases the margin of error. We are also able to compare the results across each phase of the campaign as well, so we can see if there are shifts in trends where we've got audiences aligned and objectives. The other factor we look at is prevalence. That data takes some time to come through, and the campaign will only be one factor that can be considered in that context. That's the other piece of information we look for. We can correlate some periods of campaign activity with decreases in illicit drug use. I wouldn't say that's true across all phases, but certainly there are those streams that we would look to.

**Dr ALY:** I have one more question, and it goes to the chair's question about shock campaigns. I guess the one we all think about is the Grim Reaper campaign. There's a certain level of stickiness to that. The fact that we can still remember it, 30 years on, shows how sticky that messaging was. When you are working with the creatives to devise a campaign and when you evaluate that campaign—that stickiness can have positive and negative effects, but the stickiness, in itself, means that the campaign is effective. So how much attention do you pay to the stickiness of the message, and is there value in looking at the fear based campaigns because of the stickiness?

**Ms Grieve:** There is a high level of focus on cut-through and engagement with the message. If you're not drawing attention to it you're not going to be very successful in imparting information. That's always a key factor in testing any messaging. It's not unusual for us to go through a minimum of three stages of concept testing, for any stage of an illicit-drug campaign, to make sure that the message is cutting through and is connecting in a credible and authentic way that will encourage people to engage further and take the actions that we are asking for. So memorability is important. But we also need memorability transfer, in terms of agency and a sense of ability to do something, to take some positive action, as a result of seeing that message.

You touched on the issue of stigma. I think that is a really challenging issue. The National Drugs Campaign, all phases, works most strongly in the primary prevention area and trying to encourage people to make a choice not to use illicit drugs. But there are phases like the ice phases, which also have a focus on encouraging people to get help with use. When we are dealing with those types of issues, we will also research amongst current users of that particular drug. That's not necessarily looking to see what might change their behaviour, because at that point the ability of the campaign is more limited; they're going to need a range of other supports. But certainly connecting them to those supports is important. We look to see whether or not we're having unintended consequences with them.

I think one of the challenges in phases 5 and 6 of the campaign around ice was a very high level of community concern around the issue of ice, and that was being played out in the media. So the campaign imagery reflected the harms that the community was concerned about at that time, plus a range of less confronting imagery. I think it needs to be seen in the context of how the community is seeing that drug at that particular time.

In phase 7 there was a recognition that, to move people beyond that level of awareness and concern and to get help, we needed to take a different approach. I think the results of phase 7 really point to an approach that helped not only to reinforce intentions to not use ice but also to encourage those who were currently using to be more open to seeking help. So I would suggest that, while stages 5, 6 and 7 were in no way intended to cause stigma, there is a recognition that that was happening, and phase 7 took steps to try to address that.

**Dr ALY:** Thank you very much. That's all from me. I appreciate your submission and your evidence.

**Mr CONAGHAN:** I just have one question. I suppose anyone who can could really answer this. On platforms such as Stan, Foxtel and Netflix, with the programs, every time you switch a program on it has the warnings: 'sex references' or 'drug use'. It's become very standardised, and I think we're becoming immune to it. How much of a battle are you facing in implementing an effective national drug campaign when you have all of these programs awash with what seems to be standard drug use these days?

**Ms Grieve:** I think the challenge continues to become more complex. Just to be able to get cut-through on any social issue now, you're competing in a very busy area, and in the coming years that will continue to be more challenging given the challenges of COVID. So being able to cut through on all of those issues is challenging. Yes, people have access to multiple information sources on demand, so that makes it challenging to develop a message and deliver it through multiple channels. Ten years or so ago, the channels that you had available to you to reach different target audiences were reasonably straightforward. Now you need to use far more channels to get the same sort of reach amongst an audience, so that makes campaign development more complex. But it is possible. It just means we have to keep focused on using the best-practice models. We're driven by the research to test and make sure that we're always connecting with the target audience in the way that we intend and that we're checking along the way that the response to those concepts is as we intend it to be. As I said before, we always check to see if we are evoking any unintended consequences, and we do what we can to minimise those without undermining the key objectives, which are generally around primary prevention of illicit drug use.

**Mr CONAGHAN:** I suppose, going back to Dr Aly's point about the grim reaper ad and, using her word—the 'stickiness'—there was only the one platform back then, and that was television. These days there are multiple levels, which is why, realistically, you wouldn't have that sort of an impact, because there are so many levels.

**Ms Grieve:** I think we can achieve the same level of impact, but we need to do that by being across many more platforms. It does potentially undermine the wider community awareness of the activity, because we're being increasingly targeted in delivering the messages to make sure that we reach the audience we're trying to

reach, and that means there's potentially far less exposure to the broader community of those messages and therefore they're harder to see. I haven't had a phase of the National Drugs Campaign that hasn't used television to some degree. They do vary across different phases. Part of that is because not only is the target audience still using television, to a reasonable degree, but UM, who you heard from today, the master media-buying agency for government, recommend that it's still an effective medium to reach people and it also allows that spillover into a broader audience.

On the issue of illicit drugs, a medium like television allows us to look at joint viewing opportunities and where there is crossover in viewing, albeit that teenagers may be on the couch looking at their device while the television program is on. But there is still an opportunity to look for joint viewing opportunities and then they can be a catalyst for conversations within families about illicit drugs. We need to continue to look at innovative ways to make sure that we're being effective through a much more cluttered messaging environment and across a much bigger range of channels which are available to use.

**CHAIR:** Just a final question for you both. Do you think there's more that can be done? If you had greater resources—I know that's probably a 'how long is a piece of string' question to someone from a government department—and if we set some parameters, some guidelines about targeting your success or failure or otherwise, and some benchmarks, do you think you could do more with more resources?

**Mr Laffan:** In response to your question, I'll point out that both the Commonwealth and the states and territories continue to implement a variety of measures underneath the National Drug Strategy. The balanced approach between health and law enforcement is key to achieving excellent outcomes in relation to that. While our law enforcement colleagues from police, ABF and broader Home Affairs are working on reducing the supply of illicit drugs, the Department of Health, both at the Commonwealth level and in the jurisdictions, continues to expand programs in relation to treatment services. So we can further reduce demand with prevention programs to prevent or delay initial uptake of illicit drug use and a variety of other programs in the community to help reduce stigma and encourage help-seeking behaviour. So continuing to invest in all of those services is important for reducing the prevalence of illicit drug use into the future.

**Ms Grieve:** If I could add, in the context of guidance, I did want to acknowledge that the government has quite a comprehensive compliance process in place outlined in the Australian government's advertising information campaign guidelines. They set out five principles for all government campaigns to adhere to and include that campaigns are to be carried out in an efficient and effective manner. Those principles very much underpin the development work that we do for each stage of national drug campaigns. In addition to using best practice social marketing processes, we are very mindful of those guidelines and go through a process to ensure that we meet the principles and that results in a certification process with the chief executive of the agency. So there are parameters already set in government campaigns that we adhere to.

**CHAIR:** Thank you for your time today. I thank you for your evidence and also thank you for the work that you do; it's a very important job. As members of parliament, we see in our community the destruction that drugs wreak, not only on individuals but on families and society. If you guys can do your work successfully, you really do make a big difference in society. We wish you all the best and we congratulate you on the work you're doing. Please keep it up. Let's all work together as governments, both sides of politics, to try to get as many deterrents as we can on this scourge in our society. I think you have taken one question on notice. We request that responses be provided by 30 October 2020. I thank the witnesses for their evidence.

**Committee adjourned at 14:27**