

IT'S MY LIFE: EVALUATION REPORT

Evaluation summary 28 November 2014

It's My Life Team, Massey University



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Executive Summary

This report includes quantitative data from the It's My Life evaluation survey, campus cessation reporting, and social media analytics, plus qualitative data from youth participants in the project.

Two key results from the Massey University surveys are that over the It's My Life campaign timeframe, smokers' desire to quit has increased and tolerance of the tobacco industry, in general but also particularly among smokers, has reduced. We interpret these results as an endorsement of the decision by the young people who designed the campaign not to vilify smokers but to use positive empowerment themes to make smokers feel supported and encouraged to take back control of their lives from tobacco companies.

- Smokers' desire to quit has increased over the 15-month duration of the It's My Life campaign. In August 2013, of those who had smoked more than 5 cigarettes in the preceding fortnight, 59.64% agreed or strongly agreed with the statement 'I wish I could quit'. In November 2014, that desire to quit among 5-plus smokers in our survey respondents had increased to 65.38%.
- Looking only at the 5-plus smokers in our specific target age group for It's My Life (16-24 year olds) an even more pronounced increase in desire to quit was evident. More 16-24 year old smokers had an opinion about the statement 'I wish I could quit' in 2014 than in 2013 and that opinion was more likely to be agreement or strong agreement with the wish to quit (50.21% in 2013 wanted to quit and 58.54% in 2014 wanted to quit). Conversely in 2014 the percentage of youth smokers who disagreed or strongly disagreed with the statement 'I wish I could quit' had almost halved from the previous year, from 13.54% to 7.31% in 2014.
- Attitudes towards the tobacco industry have also changed. Now, people are less tolerant of the societal health costs of smoking. In 2013, 42.68% of respondents who answered a question about tobacco companies agreed or strongly agreed with the statement 'Tobacco companies should pay for the total health costs of smoking'. In 2014, the figure was 45.11%. Correspondingly, the number of people who disagreed or strongly disagreed with the statement 'Tobacco companies should pay for the full health costs of smoking' dropped from 34.13% in 2013 to 31.79% in 2014.
- This overall change in tolerance of the tobacco industry was even more marked among regular smokers (of any age) in our study, with a 6.24% drop in levels of disagreement or strong disagreement with holding tobacco companies responsible for the health costs of smoking from 2013 to 2014 and a 7.48% rise in agreement or strong agreement over that time. (In 2013, 46.96% of smokers did not think tobacco companies should pay for the full health costs of smoking, whereas in 2014 only 40.72% thought they should not. In 2013, 27.15% of smokers thought tobacco companies should pay for the full health costs of smoking and that had increased to 34.63% in 2014.) So while overall there are still more smokers who do not hold the tobacco industry accountable than those who do, that attitude is clearly changing and increasing numbers of people, particularly smokers, are starting to attribute responsibility for the health effects of smoking to the companies that produce the product.

This report is a summary snapshot of the evaluation data and further work will be undertaken to drill down and compute in-depth statistical comparisons in academic publications.

This project has been reviewed and approved by the Massey University Human Ethics Committee: Southern B, Application 13/57. If you have any queries please contact the research leader, Dr Elspeth Tilley on e.tilley@massey.ac.nz. If you have any concerns about the conduct of the research, please contact The Chair, Massey University Human Ethics Committee: Southern B, email humanethicsouthb@massey.ac.nz.

The It's My Life research team comprises Associate Professor Elspeth Tilley (School of English & Media Studies, Wellington, project leader); Associate Professor Wyatt Page (Institute of Food, Nutrition & Human Health, Wellington, mobile technologies for health communication); Dr Ravi Balasubramanian (School of Communication, Journalism and Marketing, Wellington, marketing evaluation); Dr Radha O'Meara (School of English & Media Studies, Wellington, documentary film production), Dr Sarah Gee (School of Sport & Exercise, Manawatu, social perceptions of drug promotions), Dr Rand Hazou (School of English & Media Studies, Albany, Smokefree Summit event manager), Dr Chris Galloway (School of Communication, Journalism and Marketing, Albany, risk communication), Craig Waterworth (School of Nursing, Wellington, social media use for health promotion), Anna Brown (College of Creative Arts, Wellington, design expertise), Mark Steelsmith (School of Communication, Journalism and Marketing, Wellington, multimedia technician and web specialist) and Janaya Soma (postgraduate research assistant, Wellington).

The team is supported by a steering committee comprising Professor Frank Sligo, Associate Professor Rachel Page, Associate Professor Te Kani Kingi, Dr Linda M Jones, Dr Tyron Rakeiora Love (University of Canterbury), members of Massey University's Office of the Associate Vice Chancellor Māori and Pasifika Development and Learning Advisory team, and Massey University's Campus Health Services. Particular thanks to Jacob Tapiata from the Massey University Office of the Associate Vice Chancellor Māori, and Carole Parr of the Wellington student health service, for their active practical support in multiple ways throughout the campaign.

The Surveys

About the surveys: The 'It's My Life' evaluation survey was conducted both online (by email) and face-to-face, to a sample of students and non-students between 23rd and 30th August, 2013 to establish a baseline and again (by email) between 7th and 14th November, 2014 to obtain comparative data. The surveyed population on both occasions was primarily Massey University students both on campus and distance (a very small number of non-students also responded – perhaps students just graduating who were still on the database - but in the main the sample was made up of current Massey students). This sample was appropriate as the It's My Life activities specifically targeted Massey students and we wanted to see what effect we got within that population. (The campaign also targeted highschool students so there may also be changes there, but given there is already a national biannual survey of highschool students performed by ASH we will refer to those results when available for further research outputs, rather than replicate that in our own surveying.)

In 2013, there were 7,008 respondents to our Massey survey, a response rate of 30%. The 2013 margin of error was 0.98%. In 2014, there were 4,974 respondents to our Massey survey, a response rate of 22.72%. The 2014 margin of error was 1.22%. (A lower response rate is expected with repeat surveys – both response rates are ample to provide robust data.) In both deliveries not every respondent answered every question, hence lower totals for individual questions.

- Ethics requirements necessitated that respondents aged under 16 were not able to proceed with the survey after selecting their age. There was only one such respondent in each delivery of the survey and on both occasions the survey software successfully exited them from data collection immediately after the age question.
- Many more females than males completed the surveys, but a representative sample was obtained of male and female genders. In the first survey a respondent pointed out that an 'other' gender option was not offered and should be included. Members of the steering committee concurred and hence this was added to the second offering of the survey. In both years, slightly more males than females in the sample smoked. There did appear to have been a slightly greater effect on reducing smoking initiation among females than among males over the timeframe of the campaign.
- In 2013, 85.01% of respondents were confirmed non-smokers, using the Ministry of Health's standard smoking status question (the same question used by District Health Boards and cessation providers throughout New Zealand). In 2014, 86.27% of respondents were confirmed non-smokers using the same measure.
- In addition to the overall change in attitudes towards the tobacco industry reported earlier in the Executive Summary, when isolating just our target audience (16-24 year olds, both smokers and nonsmokers) there was also a change in attitudes towards the tobacco industry paying for health costs between 2013 and 2014, with fewer having no opinion (from 26.08% to 24.82%),

fewer disagreeing (from 35.64% to 34.45%) and more agreeing (from 38.29% to 40.72%) with the statement ‘Tobacco companies should pay for the full health costs of smoking.’

- Isolating only Massey internal students in the sample, among on-campus students, levels of strong agreement with the statement “Tobacco companies should pay for the full health costs of smoking” increased from 15.85% in 2013 to 17.25% in 2014.
- In 2013, regular smoking peaked in the late 20s, with 25-29 year olds most likely to have smoked more than 5 cigarettes in the past fortnight (11.95% of that agegroup had done so) followed by 30-39 year olds (10.52%). In 2014, however, it was the older of those two age brackets (30-39 years) where regular smoking was most common, with 11.90% of 30-39 year olds smoking more than 5 cigarettes in the previous fortnight, ahead of 25-29 year olds at 11.42%. For both age categories within our target audience (16-19 year olds and 20-24 year olds) regular smoking had reduced between 2013 and 2014 (for 16-19 year olds it had reduced from 3.62% to 2.63% and for 20-24 year olds it had reduced from 8.49% to 7.62%).
- In both years, smokers’ desire to quit increased markedly with age (in 2013, 38.23% of 16-19 year old smokers wished to quit, 52.31% of 20-24 year olds wished to quit, and 72.63% of smokers aged 40-plus wished to quit). In 2014, 50.33% of 16-19 year olds wished to quit, 59.25% of 20-24 year olds wished to quit, and 78.18% of smokers aged 40-plus wished to quit.) The rate of change in desire to quit was thus greater in the younger agegroups that were specifically targeted by It’s My Life: 12.1% change in 16-19 year olds, 6.94% change in 20-24 year olds, and 5.55% change in smokers aged 40-plus.
- Asked whether they had heard of It’s My Life prior to completing the 2014 survey, 11.66% of 20-24 year olds had heard of it. Coming from a zero awareness base in 2013, we are very pleased with this result.

The following pages provide tables and charts for answers to each question from the 2013 and 2014 surveys.

Age

Table 1 - 2013: What is your age?

#	Answer	Bar	Response	%
1	15 years old or younger		1	0.01%
2	16-19 years	■	942	13.78%
3	20-24 years	■	2332	34.10%
4	25-29 years	■	955	13.97%
5	30-39 years	■	1193	17.45%
6	40 years or older	■	1415	20.69%
	Total		6838	100.00%

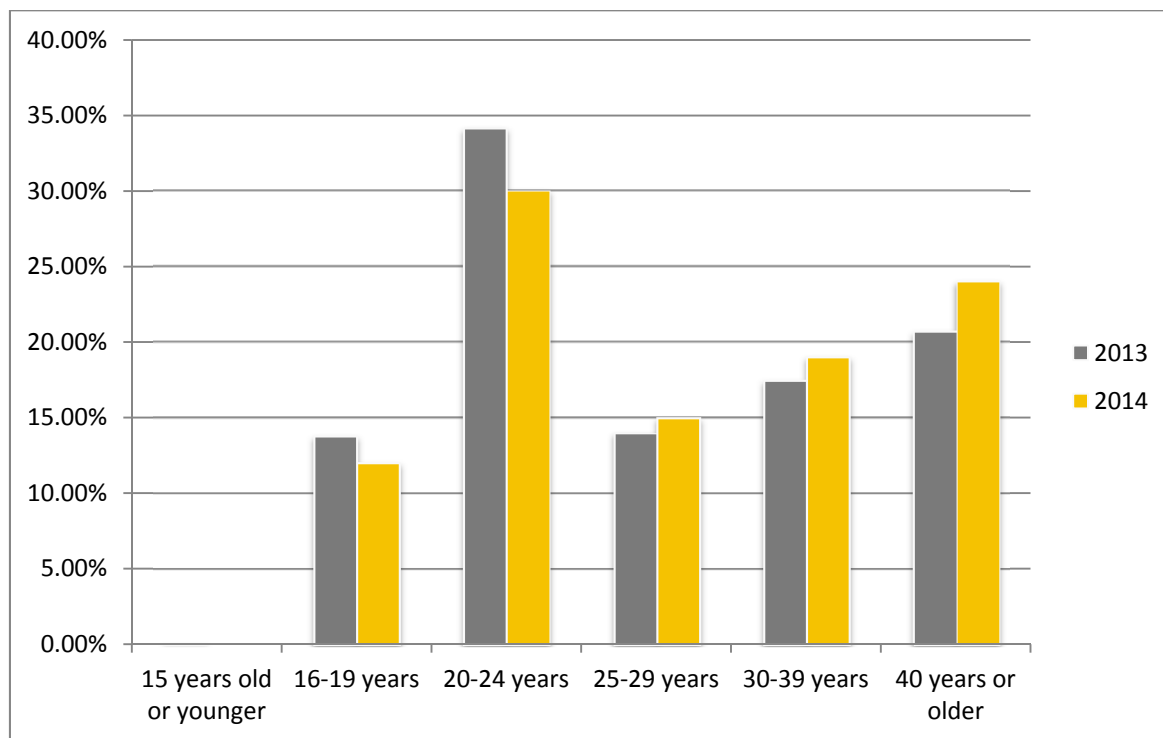
Table 2 - 2014: What is your age?

#	Answer	Bar	Response	%
1	15 years old or younger		1	0.02%
2	16-19 years	■	576	12.11%
3	20-24 years	■	1,439	30.25%
4	25-29 years	■	693	14.57%
5	30-39 years	■	917	19.28%
6	40 years or older	■	1,131	23.78%
	Total		4,757	100.00%

Table 3 - Sample age comparison 2013 to 2014

Age	2013	2014
15 years old or younger	0.01%	0.02%
16-19 years	13.78%	12.11%
20-24 years	34.10%	30.25%
25-29 years	13.97%	14.57%
30-39 years	17.45%	19.28%
40 years or older	20.69%	23.78%

Chart 1 – Sample age comparison 2013 to 2014



Commentary: In 2014 the respondent cohort was slightly older, likely due to the timing of the survey release in 2014 after exams, when young people may have commenced summer jobs so be time-poor, or be less attuned to checking email from the university. (The need to obtain a variation to ethics approval for a new question delayed release of the 2014 survey.) Nonetheless good sampling of a range of ages was obtained in both deliveries, with a strong sample of the target audience for the campaign, 16-24 year olds, in both deliveries (47.88% of the sample in 2013 and 42.36% of the sample in 2014 were aged between 16 and 24 years).

Gender

Table 4 - 2013: What is your gender?





#	Answer	Bar	Response	%
1	Male		2096	30.72%
2	Female		4726	69.28%
	Total		6822	100.00%

Table 5- 2014: What is your gender?

#	Answer	Bar	Response	%
1	Male		1,412	29.78%
2	Female		3,316	69.93%
3	Other		14	0.30%
	Total		4,742	100.00%

Commentary: There was no difference in the gender balance of the samples between 2013 and 2014. In 2014, in response to a request from a respondent in the 2013 survey who emailed the survey team, the 'other' gender option was added to provide a more appropriate and realistic range of categories but this made no statistical difference to the distribution of the category overall.

Smoking status

Table 6 - 2013: Over the past 2 weeks have you smoked at all?

#	Answer	Bar	Response	%
1	No, not a single puff		5764	85.01%
2	Yes, just a few puffs		221	3.26%
3	Yes, between 1 and 5 cigarettes		233	3.44%
4	Yes, more than 5 cigarettes		562	8.29%
	Total		6780	100.00%

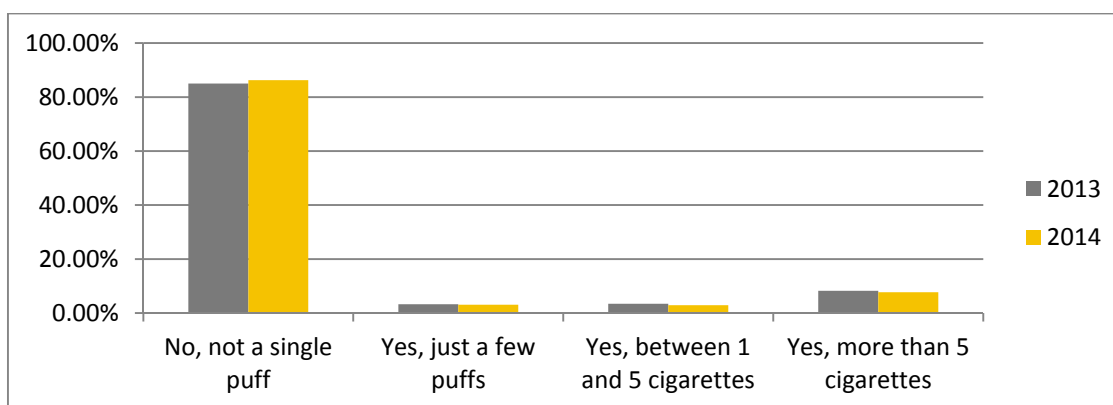
Table 7 - 2014: Over the past 2 weeks have you smoked at all?

#	Answer	Response	%
1	No, not a single puff	4,095	86.27%
2	Yes, just a few puffs	146	3.08%
3	Yes, between 1 and 5 cigarettes	139	2.93%
4	Yes, more than 5 cigarettes	367	7.73%
	Total	4,747	100.00%

Table 8 – Sample smoking status comparison 2013 to 2014

Smoking status	2013	2014
No, not a single puff	85.01%	86.27%
Yes, just a few puffs	3.26%	3.08%
Yes, between 1 and 5 cigarettes	3.44%	2.93%
Yes, more than 5 cigarettes	8.29%	7.73%

Chart 2 – Sample smoking status comparison 2013 to 2014



Commentary: While the differences in overall smoking status are not large, we are heartened to see all the measures are trending in the direction of non-smoking – the percentage of non-smokers increased from 2013 to 2014 and the number of moderate to heavy smokers decreased. Some international research has suggested that heightened campaigning around smokefree issues can in some instances have the opposite effect to the desired one, with visibility of smoking issues actually increasing the number of smokers in a given population. That was definitely not the case here, with all of the measures either staying the same or indicating a trend slightly towards a reduction in smoking.

Attitude to quitting

Table 9 - 2013: Of only those who smoked more than 5 cigarettes, how would you rate your agreement with the following statement? 'I wish I could quit.'






#	Answer	Bar	Response	%
1	Strongly Disagree		27	4.82%
2	Disagree		39	6.96%
3	Neither Agree nor Disagree		160	28.57%
4	Agree		196	35.00%
5	Strongly Agree		138	24.64%
	Total		560	100.00%

Table 10 - 2014: Of only those who smoked more than 5 cigarettes, how would you rate your agreement with the following statement? 'I wish I could quit.'

#	Answer	Response	%
1	Strongly Disagree	10	2.75%
2	Disagree	18	4.95%
3	Neither Agree nor Disagree	98	26.92%
4	Agree	115	31.59%
5	Strongly Agree	123	33.79%
	Total	364	100.00%

Chart 3 - Sample attitude to quitting comparison 2013 to 2014

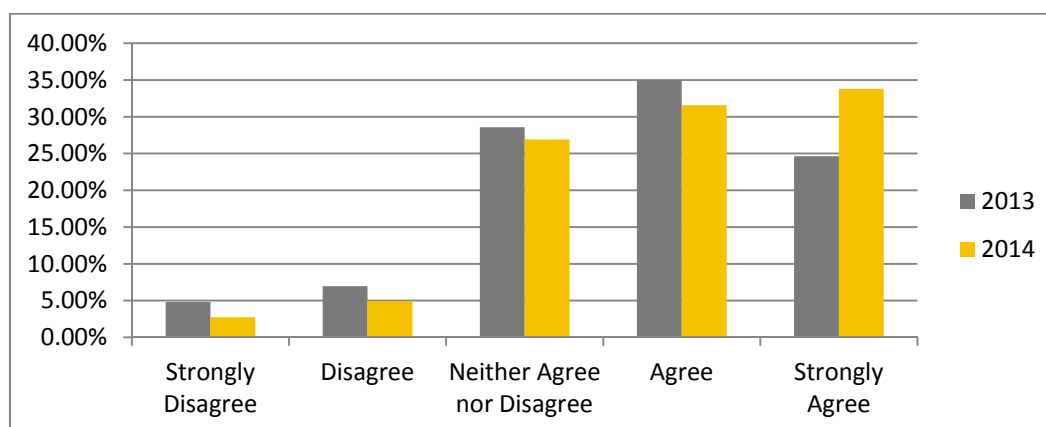
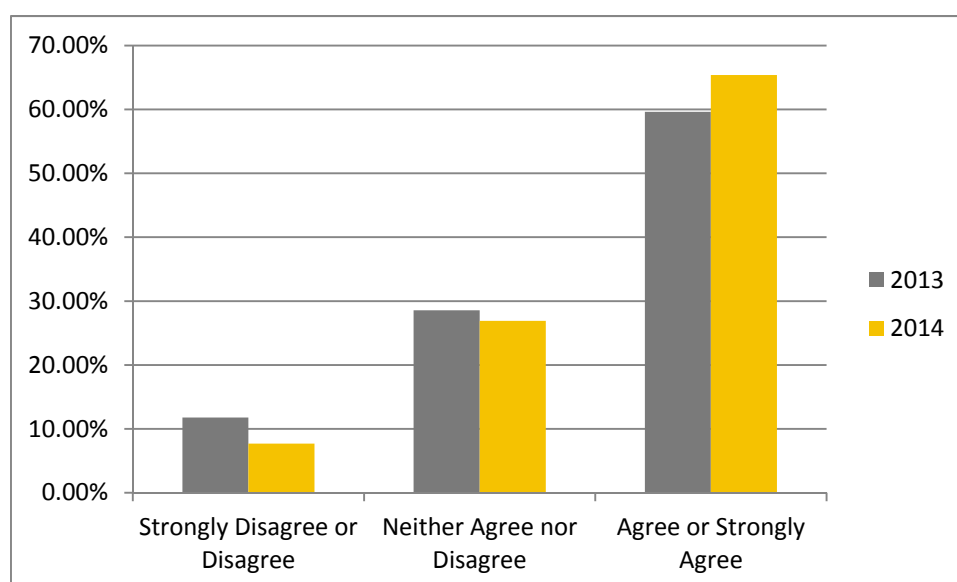


Table 11 - Aggregated Comparison 2013-2014 'I wish I could quit'

Wish I could quit	2013	2014
Strongly Disagree or Disagree	11.78%	7.70%
Neither Agree nor Disagree	28.57%	26.92%
Agree or Strongly Agree	59.64%	65.38%






Chart 4 - Sample attitude to quitting aggregated comparison 2013 to 2014



Commentary: Among our sample of smokers, the wish to quit was significantly stronger in 2014, increasing from 59.64% to 65.38%. There were correspondingly fewer smokers opposed to quitting and also fewer neutral respondents. Future research aims include comparing this change in the Massey University survey population over this 15-month timeframe with trends in broader populations over the same timeframe. It is worth noting that our survey did not include Massey staff (unless they were simultaneously a staff member and a student, which most are not). Including staff may even have increased the quit wish and smokefree status results as cessation providers at the three It's My Life Smokefree Summits reported that many staff were among those who signed up for cessation in response to the positive smokefree messaging associated with the Summits.

Attitude to tobacco industry

**Table 12 - 2013: How would you rate your agreement with the following statement?
'Tobacco companies should pay for the total health costs of smoking.'**

#	Answer	Bar	Response	%
1	Strongly Disagree		612	9.03%
2	Disagree		1700	25.10%
3	Neither Agree nor Disagree		1571	23.19%
4	Agree		1593	23.52%
5	Strongly Agree		1298	19.16%
	Total		6774	100.00%

**Table 13 - 2014: How would you rate your agreement with the following statement?
'Tobacco companies should pay for the total health costs of smoking.'**


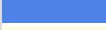
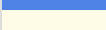
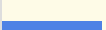
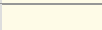
#	Answer	Bar	Response	%
1	Strongly Disagree		411	8.69%
2	Disagree		1,093	23.10%
3	Neither Agree nor Disagree		1,093	23.10%
4	Agree		1,143	24.15%
5	Strongly Agree		992	20.96%
	Total		4,732	100.00%

Table 14 – Attitude to tobacco industry comparison 2013 to 2014

Industry responsibility	2013	2014
Strongly Disagree	9.03%	8.69%
Disagree	25.10%	23.10%
Neither Agree nor Disagree	23.19%	23.10%
Agree	23.52%	24.15%
Strongly Agree	19.16%	20.96%

Chart 5 – Attitude to tobacco industry comparison 2013 to 2014

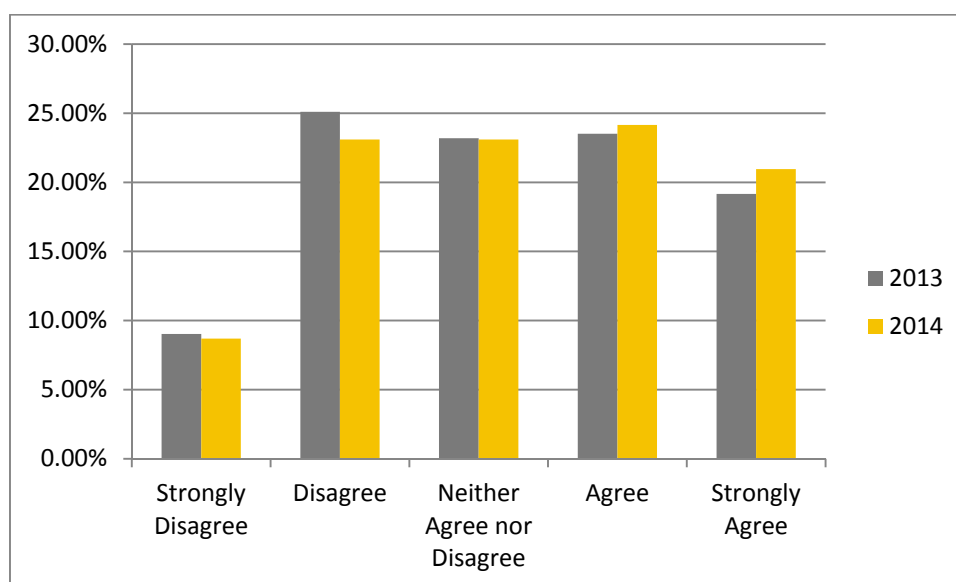
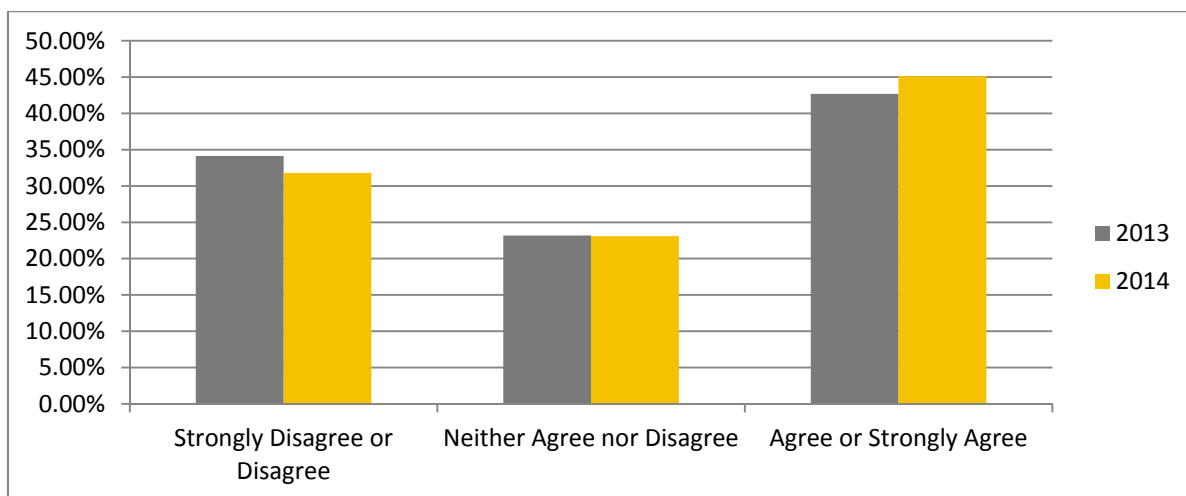


Table 15 – Attitude to tobacco industry aggregated comparison 2013-2014

Industry responsibility	2013	2014
Strongly Disagree or Disagree	34.13%	31.79%
Neither Agree nor Disagree	23.19%	23.10%
Agree or Strongly Agree	42.68%	45.11%

Chart 6 – Sample attitude to tobacco industry aggregated comparison 2013-2014



Commentary: There was a change from 2013 to 2014 in attitudes towards tobacco companies, with less tolerant attitudes towards them in 2014. While the proportion of respondents who had no strong opinion about the tobacco industries remained effectively stable, there was a 2.43% rise in the number of people who thought tobacco companies should bear health costs from 2013 to 2014 and a corresponding 2.34% drop in the number of people who did *not* think they should.

Smoking status by age

Table 16 – 2013: Smoking status by age

		WHAT IS YOUR AGE BRACKET?					
		16-19 YEARS	20-24 YEARS	25-29 YEARS	30-39 YEARS	40 YEARS OR OLDER	TOTAL
Over the past two weeks, have you smoked at all?	No, not a single puff	839 89.45%	1900 82.29%	759 80.23%	1000 84.82%	1261 89.88%	5759 85.00%
	Yes, just a few puffs	41 4.37%	112 4.85%	27 2.85%	18 1.53%	23 1.64%	221 3.26%
	Yes, between 1 and 5 cigarettes	24 2.56%	101 4.37%	47 4.97%	37 3.14%	24 1.71%	233 3.44%
	Yes, more than 5 cigarettes	34 3.62%	196 8.49%	113 11.95%	124 10.52%	95 6.77%	562 8.30%
	TOTAL	938 100.00%	2309 100.00%	946 100.00%	1179 100.00%	1403 100.00%	6775 100.00%

Table 17 - 2014: Smoking status by age

		What is your age bracket?						Total
		15 years old or younger	16-19 years	20-24 years	25-29 years	30-39 years	40 years or older	
Over the past 2 weeks have you smoked at all?	No, not a single puff	0 0.00%	511 89.49%	1201 83.99%	567 81.94%	762 83.19%	1044 92.64%	4085 86.25%
	Yes, just a few puffs	0 0.00%	30 5.25%	67 4.69%	18 2.60%	19 2.07%	11 0.98%	145 3.06%
	Yes, between 1 and 5 cigarettes	0 0.00%	15 2.63%	53 3.71%	28 4.05%	26 2.84%	17 1.51%	139 2.93%
	Yes, more than 5 cigarettes	0 0.00%	15 2.63%	109 7.62%	79 11.42%	109 11.90%	55 4.88%	367 7.75%
	Total	0 100.00%	571 100.00%	1430 100.00%	692 100.00%	916 100.00%	1127 100.00%	4736 100.00%

Commentary: In 2013, regular smoking peaked in the late 20s, with 25-29 year olds most likely to have smoked more than 5 cigarettes in the past fortnight (11.95% of that agegroup had done so) followed by 30-39 year olds (10.52%). In 2014, however, it was the older of those two age brackets (30-39 years) where regular smoking was most common, with 11.90% of 30-39 year olds smoking more than 5 cigarettes in the previous fortnight, ahead of 25-29 year olds at 11.42%. For both age categories within our target audience (16-19 year olds and 20-24 year olds) regular smoking had reduced between 2013 and 2014 (for 16-19 year olds it had reduced from 3.62% to 2.63% and for 20-24 year olds it had reduced from 8.49% to 7.62%).

Smoking status by gender

Table 18 - 2013: Smoking status by gender

		What is your gender?		
		Male	Female	Total
Over the past 2 weeks have you smoked at all?	No, not a single puff	1723 82.92%	4030 85.98%	5753 85.04%
	Yes, just a few puffs	79 3.80%	141 3.01%	220 3.25%
	Yes, between 1 and 5 cigarettes	82 3.95%	150 3.20%	232 3.43%
	Yes, more than 5 cigarettes	194 9.34%	366 7.81%	560 8.28%
Total		2078 100.00%	4687 100.00%	6765 100.00%

Table 19 - 2014: Smoking status by gender

		What is your gender?			Total
		Male	Female	Other	
Over the past 2 weeks have you smoked at all?	No, not a single puff	1171 83.17%	2902 87.86%	8 57.14%	4081 86.37%
	Yes, just a few puffs	52 3.69%	89 2.69%	2 14.29%	143 3.03%
	Yes, between 1 and 5 cigarettes	60 4.26%	76 2.30%	1 7.14%	137 2.90%
	Yes, more than 5 cigarettes	125 8.88%	236 7.15%	3 21.43%	364 7.70%
Total		1408 100.00%	3303 100.00%	14 100.00%	4725 100.00%

Commentary: For males, the proportion of non-smokers stayed relatively static, shifting from 82.92% to 83.17% (which increase is not above the margin of error). For females, non-smoking increased from 85.98% to 87.86% which is above the margin of error. For males, regular smoking decreased from 9.34% in 2013 to 8.88% in 2014 (again not outside margin of error). For females, regular smoking also stayed statistically the same (7.81% to 7.15%) but light smoking (including from just a few puffs to between 1 and 5 cigarettes) went down from 6.21% to 4.99%. There was no statistical change for males in terms of light smoking (few puffs or up to five cigarettes). So the greatest areas of change by gender in our respondents overall were for females, who as a group shifted slightly from light smoking to non-smoking – suggesting fewer women may be ‘trying out’ smoking initiation socially in 2014 than in 2013. Possibly the campaign design appealed more to young women, but also the majority of students who worked on the campaign were female as they dominate the enrolments in the communication and health cohorts from which most of the student participants were drawn.

Attitude to tobacco industry by smoking status

Table 20 - 2013: Attitude to tobacco industry by smoking status

How would you rate your agreement with the following statement? Tobacco companies should pay for the full health costs of smoking.

	Over the past 2 weeks have you smoked at all?				Total
	No, not a single puff	Yes, just a few puffs	Yes, between 1 and 5 cigarettes	Yes, more than 5 cigarettes	
Strongly Disagree	472 8.21%	27 12.27%	31 13.36%	81 14.46%	611 9.03%
Disagree	1390 24.17%	56 25.45%	68 29.31%	182 32.50%	1696 25.08%
Neither Agree nor Disagree	1283 22.31%	67 30.45%	76 32.76%	145 25.89%	1571 23.23%
Agree	1408 24.48%	46 20.91%	43 18.53%	93 16.61%	1590 23.51%
Strongly Agree	1198 20.83%	24 10.91%	14 6.03%	59 10.54%	1295 19.15%
Total	5751 100.00%	220 100.00%	232 100.00%	560 100.00%	6763 100.00%

Table 21 - 2014: Attitude to tobacco industry by smoking status

How would you rate your agreement with the following statement? Tobacco companies should pay for the full health costs of smoking.

	Over the past 2 weeks have you smoked at all?				Total
	No, not a single puff	Yes, just a few puffs	Yes, between 1 and 5 cigarettes	Yes, more than 5 cigarettes	
Strongly Disagree	329 8.06%	12 8.22%	19 13.87%	51 14.13%	411 8.69%
Disagree	922 22.58%	43 29.45%	30 21.90%	96 26.59%	1091 23.08%
Neither Agree nor Disagree	920 22.53%	38 26.03%	45 32.85%	89 24.65%	1092 23.10%
Agree	1019 24.96%	26 17.81%	30 21.90%	67 18.56%	1142 24.16%
Strongly Agree	893 21.87%	27 18.49%	13 9.49%	58 16.07%	991 20.96%
Total	4083 100.00%	146 100.00%	137 100.00%	361 100.00%	4727 100.00%

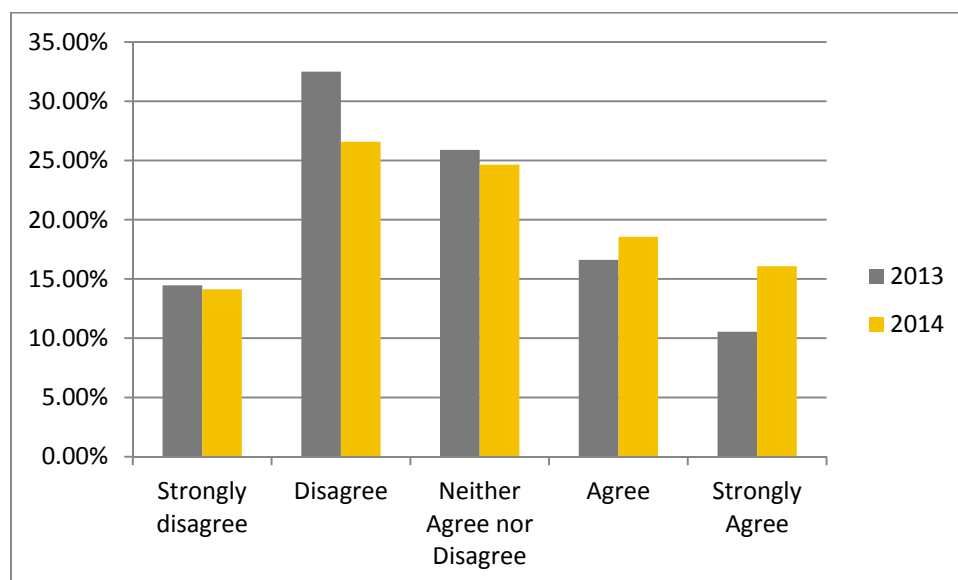
Table 22: Comparison attitudes to tobacco industry among regular smokers 2013 to 2014

Of those who had smoked more than 5 cigarettes in previous fortnight, what was agreement with the statement 'Tobacco companies should pay for the full health costs of smoking'?

Attitude to tobacco companies among regular smokers	2013	2014
Strongly disagree	14.46%	14.13%
Disagree	32.50%	26.59%
Neither Agree nor Disagree	25.89%	24.65%
Agree	16.61%	18.56%
Strongly Agree	10.54%	16.07%

Chart 7: Comparison attitudes to tobacco industry among regular smokers 2013 to 2014

Of those who had smoked more than 5 cigarettes in previous fortnight, what was agreement with the statement 'Tobacco companies should pay for the full health costs of smoking'?



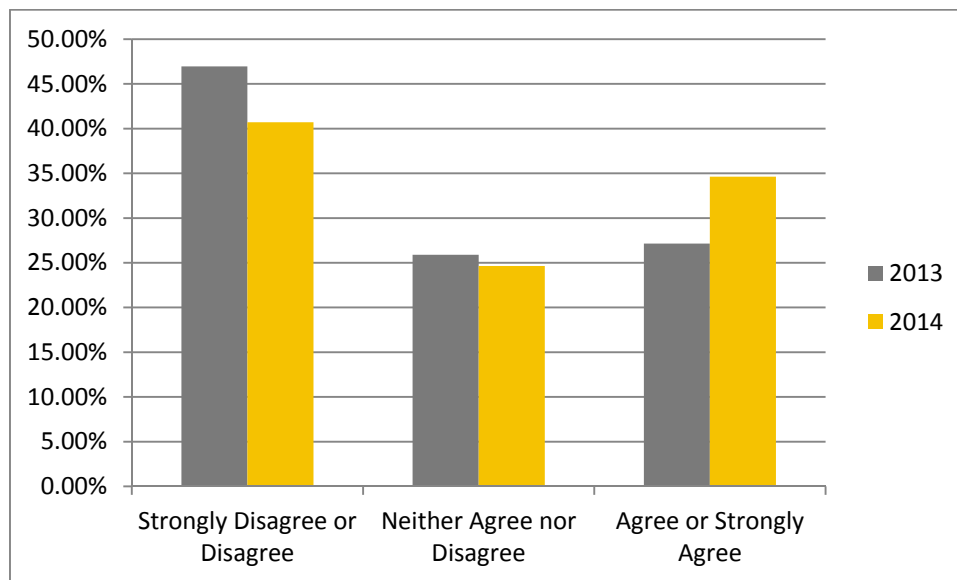
Commentary: It is interesting to note that while there was most shift in terms of disagree attitudes among those who did not hold the attitude strongly, in terms of agree attitudes the biggest shift was in the strong attitudes. This implies that while smokers with entrenched attitudes of support for the tobacco industry are hard to shift, weaker attitudes against tobacco are less so. This is not surprising and aligns with known research about attitude change, but what was unexpected was that there was greater success during the timeframe of the campaign with creating strong attitudes against the tobacco industry than with creating moderate attitudes against the tobacco industry. Somehow, during the 15 months of the campaign, a disproportionately high number of ardent critics of the tobacco industry was created in the smoker population, perhaps due to the very personal nature of involvement for those students who worked on the campaign (which included both smokers and nonsmokers). Communication literature suggests these strong attitudes will now be quite enduring.

Table 23: Aggregated comparison attitudes to tobacco industry among regular smokers 2013 to 2014

Of those who had smoked more than 5 cigarettes in previous fortnight, what was aggregated agreement with the statement ‘Tobacco companies should pay for the full health costs of smoking’.

Attitude to tobacco companies among regular smokers	2013	2014
Strongly Disagree or Disagree	46.96%	40.72%
Neither Agree nor Disagree	25.89%	24.65%
Agree or Strongly Agree	27.15%	34.63%

Chart 8: Aggregated comparison attitudes to tobacco industry among regular smokers 2013 to 2014



Commentary: Among regular smokers in our study population, the change in attitudes towards the tobacco industry from 2013 to 2014 represented a 6.24% drop in disagreement or strong disagreement with holding tobacco companies responsible for the health costs of smoking and a 7.48% rise in agreement or strong agreement with that statement.

Attitude to tobacco industry by age

Table 24- 2013: Attitude to tobacco industry by age

		What is your age bracket?					Total
		16-19 years	20-24 years	25-29 years	30-39 years	40 years or older	
How would you rate your agreement with the following statement? Tobacco companies should pay for the full health costs of smoking.	Strongly Disagree	63 6.75%	248 10.74%	108 11.43%	105 8.90%	86 6.14%	610 9.01%
	Disagree	213 22.81%	632 27.36%	273 28.89%	319 27.03%	263 18.79%	1700 25.11%
	Neither Agree nor Disagree	269 28.80%	577 24.98%	221 23.39%	255 21.61%	247 17.64%	1569 23.18%
	Agree	249 26.66%	523 22.64%	185 19.58%	259 21.95%	376 26.86%	1592 23.52%
	Strongly Agree	140 14.99%	330 14.29%	158 16.72%	242 20.51%	428 30.57%	1298 19.18%
Total		934 100.00%	2310 100.00%	945 100.00%	1180 100.00%	1400 100.00%	6769 100.00%

Table 25 - 2014: Attitude to tobacco industry by age

	What is your age bracket?						Total
	15 years old or younger	16-19 years	20-24 years	25-29 years	30-39 years	40 years or older	
Strongly Disagree	0 0.00%	47 8.22%	145 10.20%	73 10.58%	76 8.32%	68 6.04%	409 8.66%
Disagree	0 0.00%	143 25.00%	352 24.75%	165 23.91%	232 25.41%	200 17.78%	1092 23.13%
Neither Agree nor Disagree	0 0.00%	141 24.65%	354 24.89%	180 26.09%	192 21.03%	225 20.00%	1092 23.13%
Agree	0 0.00%	151 26.40%	331 23.28%	157 22.75%	222 24.32%	277 24.62%	1138 24.10%
Strongly Agree	0 0.00%	90 15.73%	240 16.88%	115 16.67%	191 20.92%	355 31.56%	991 20.99%
Total	0 100.00%	572 100.00%	1422 100.00%	690 100.00%	913 100.00%	1125 100.00%	4722 100.00%

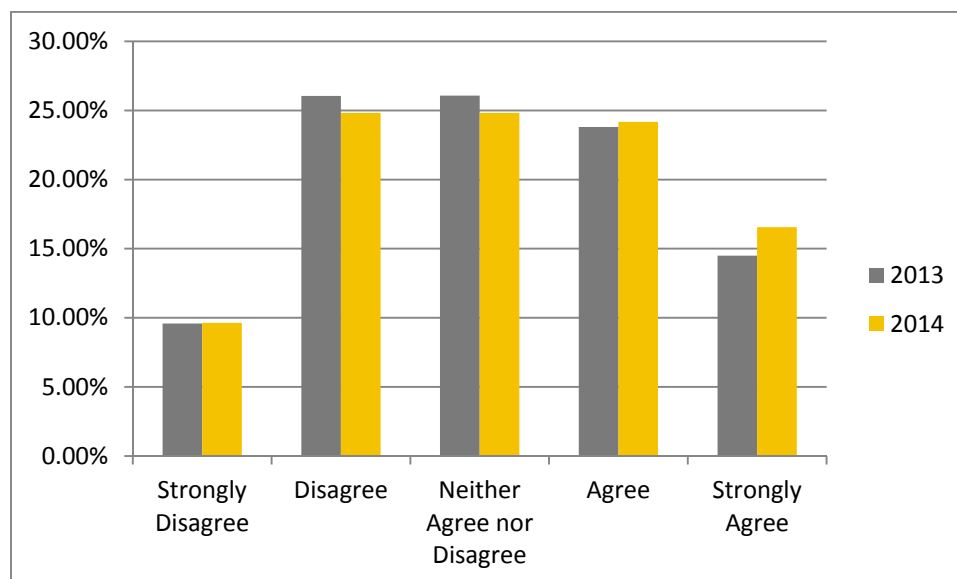
Target age group comparison

Target age group comparison: 16-24 year olds' attitude to tobacco companies 2013 to 2014 - How would you rate your agreement with the following statement? Tobacco companies should pay for the full health costs of smoking.

Table 26 - Target age group comparison attitude to tobacco industry 2013 to 2014

16-24 year olds' attitude to tobacco companies	2013	2014
Strongly Disagree	9.59%	9.63%
Disagree	26.05%	24.82%
Neither Agree nor Disagree	26.08%	24.82%
Agree	23.80%	24.17%
Strongly Agree	14.49%	16.55%

Chart 9 – Target age group comparison attitude to tobacco industry 2013 to 2014

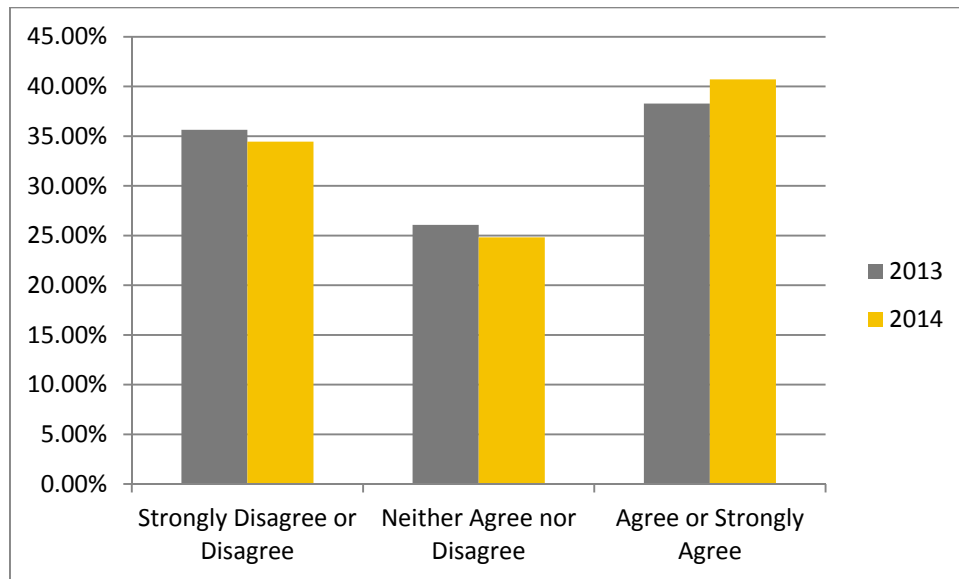


Aggregated comparison: 16-24 year olds' attitude to tobacco companies 2013 to 2014 - How would you rate your agreement with the following statement? Tobacco companies should pay for the full health costs of smoking.

Table 27 – Target age group aggregate comparison attitude to tobacco industry 2013 to 2014

16-24 year olds' attitude to tobacco companies	2013	2014
Strongly Disagree or Disagree	35.64%	34.45%
Neither Agree nor Disagree	26.08%	24.82%
Agree or Strongly Agree	38.29%	40.72%

Chart 10- Target age group aggregate comparison attitude to tobacco industry 2013 to 2014



Commentary: The target age-group's attitudes towards the tobacco industry had shifted between 2013 and 2014, with fewer having no opinion, fewer disagreeing and 2.43% more agreeing with the statement 'Tobacco companies should pay for the full health costs of smoking.'

Smokers' attitude to quitting by age

Table 28 - 2013: Smokers' attitude to quitting by age

		What is your age bracket?						Total
		15 years old or younger	16-19 years	20-24 years	25-29 years	30-39 years	40 years or older	
How would you rate your agreement with the following statement? I wish I could quit.	Strongly Disagree	0 0.00%	0 0.00%	15 7.69%	4 3.54%	4 3.25%	4 4.21%	27 4.82%
	Disagree	0 0.00%	2 5.88%	14 7.18%	5 4.42%	10 8.13%	8 8.42%	39 6.96%
	Neither Agree nor Disagree	0 0.00%	19 55.88%	64 32.82%	35 30.97%	28 22.76%	14 14.74%	160 28.57%
	Agree	0 0.00%	9 26.47%	74 37.95%	39 34.51%	44 35.77%	30 31.58%	196 35.00%
	Strongly Agree	0 0.00%	4 11.76%	28 14.36%	30 26.55%	37 30.08%	39 41.05%	138 24.64%
	Total	0 100.00%	34 100.00%	195 100.00%	113 100.00%	123 100.00%	95 100.00%	560 100.00%

Table 29 - 2014: Smokers' attitude to quitting by age

		What is your age bracket?						Total
		15 years old or younger	16-19 years	20-24 years	25-29 years	30-39 years	40 years or older	
Strongly Disagree	0 0.00%	1 6.67%	4 3.70%	1 1.27%	4 3.74%	0 0.00%	10 2.75%	
Disagree	0 0.00%	0 0.00%	4 3.70%	6 7.59%	6 5.61%	2 3.64%	18 4.95%	
Neither Agree nor Disagree	0 0.00%	6 40.00%	36 33.33%	22 27.85%	24 22.43%	10 18.18%	98 26.92%	
Agree	0 0.00%	3 20.00%	43 39.81%	24 30.38%	27 25.23%	18 32.73%	115 31.59%	
Strongly Agree	0 0.00%	5 33.33%	21 19.44%	26 32.91%	46 42.99%	25 45.45%	123 33.79%	
Total	0 100.00%	15 100.00%	108 100.00%	79 100.00%	107 100.00%	55 100.00%	364 100.00%	

Table 30 - Target age group attitude to quitting comparison 2013 to 2014

Quit wish 16-24 year olds	2013	2014
Strongly Disagree	6.55%	4.06%
Disagree	6.99%	3.25%
Neither Agree nor Disagree	36.24%	34.15%
Agree	36.24%	37.40%
Strongly Agree	13.97%	21.14%

Chart 11 - Target age group attitude to quitting comparison 2013 to 2014

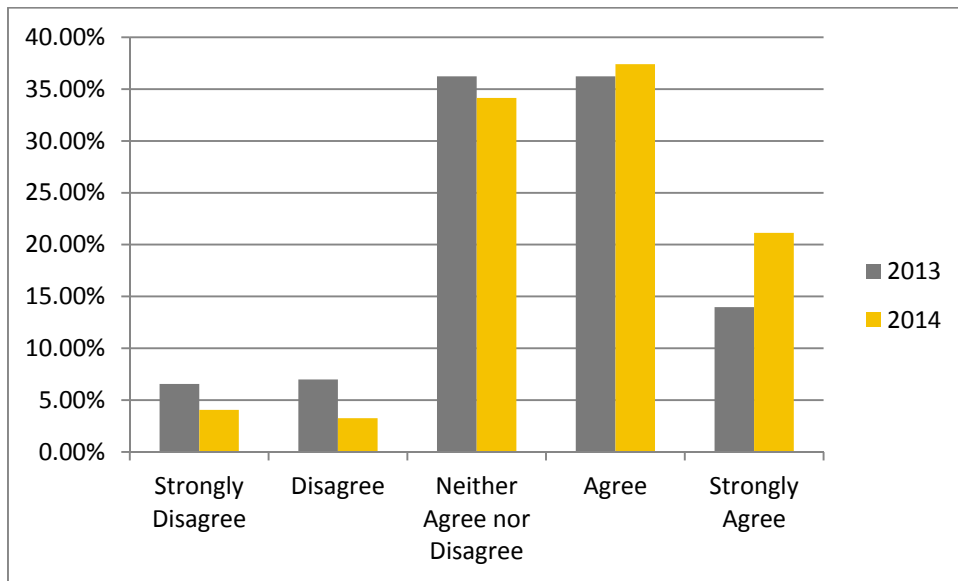
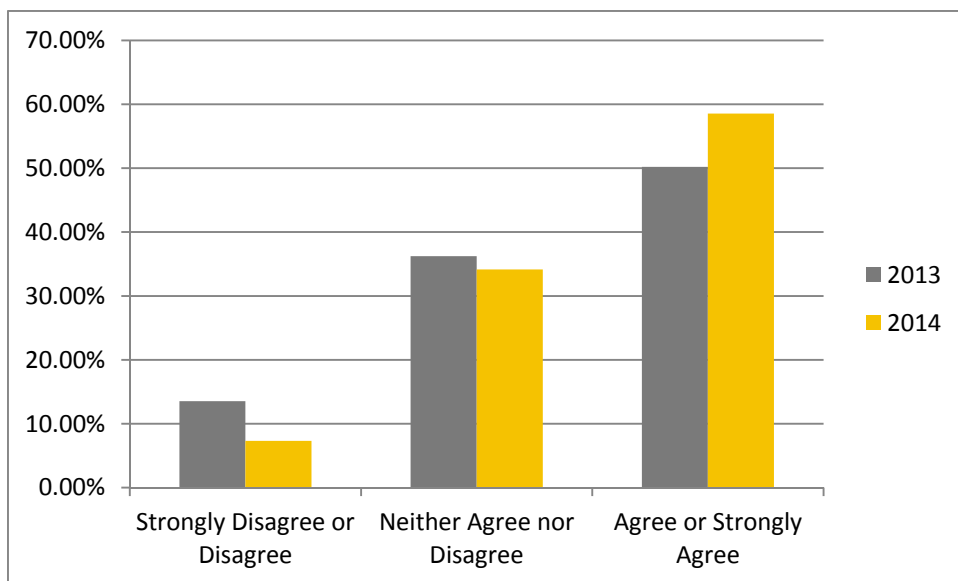


Table 31- Target age group attitude to quitting aggregated comparison 2013 to 2014

Quit wish 16-24 year olds	2013	2014
Strongly Disagree or Disagree	13.54%	7.31%
Neither Agree nor Disagree	36.24%	34.15%
Agree or Strongly Agree	50.21%	58.54%

Chart 12 - Target age group attitude to quitting aggregated comparison 2013 to 2014



Commentary: More 16-24 year old smokers had an opinion about the statement 'I wish I could quit' in 2014 than in 2013 and that opinion was more likely to be agreement or strong agreement with the wish to quit. Conversely in 2014 the percentage of youth smokers likely to disagree or strongly disagree with the statement 'I wish I could quit' had halved from the previous year.

Awareness of health campaigns

Chart 13 - 2014 only: Awareness of a range of suggested health campaign names

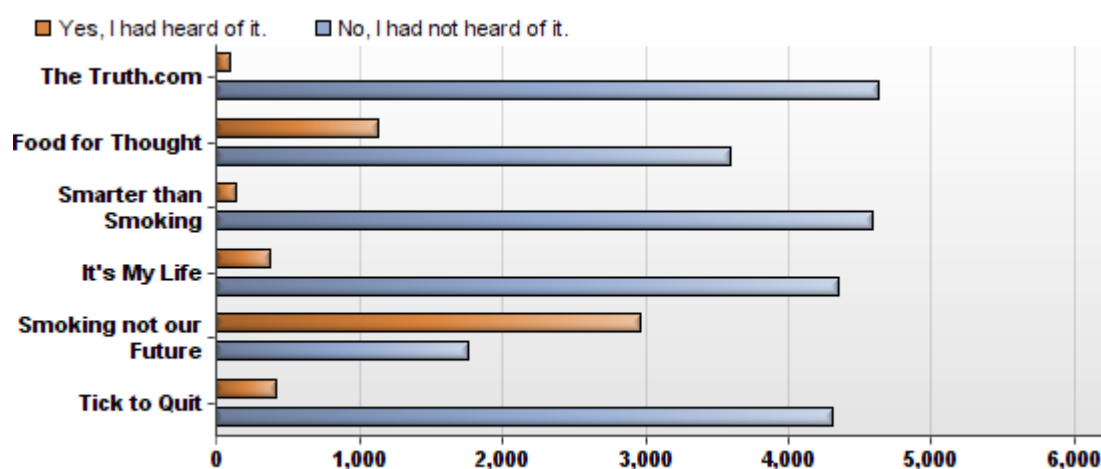


Table 34 – 2014 only: Awareness of a range of suggested health campaign names

Campaign	Yes, I had heard of it.	No, I had not heard of it.	Total Responses
The Truth.com	99	4,631	4,730
Food for Thought	1,134	3,595	4,729
Smarter than Smoking	145	4,584	4,729
It's My Life	380	4,350	4,730
Smoking not our Future	2,968	1,762	4,730
Tick to Quit	419	4,310	4,729

Commentary: This question asked respondents to indicate which of the list of campaigns they had heard of or not heard of, prior to receiving the current survey. The method used is called 'unprompted recall' as respondents were simply told a list of names. Some awareness methodologies use 'prompted recall' (i.e. showing respondents samples of campaign collateral and talking through where they may have seen them) and those kinds of results should not be compared with 'unprompted recall' results, as prompting invariably achieves higher results. We know from informal discussions with students that if we had used a prompted methodology and asked whether respondents had seen anything to do with the 'Smokefree Summits' on campus, our results would have been far higher. There was some disconnect between the summits and It's My Life, suggesting we needed to more clearly brand the Summit events with It's My Life signage and logos. In the context of a static survey to both on-campus and off-campus students, however, it was only possible to test unprompted recall.

In terms of unprompted recall of the It's My Life name only, the campaign scored awareness at 8.03% of respondents, and was at 12.8% of the awareness rate of Smoking not our Future, which was the only campaign with more than 50% awareness (62.75%). Given the newness of It's My Life,

its comparatively small budget spend over a short time-frame (compared with Not our Future's long-term multi-channel awareness building) and the fact that Smoking not our Future had specifically been active on Massey campuses (with onsite promotions for the 'Stop Before You Start' campaign including large pedestrian crossing signage, posters, rubbish bin decals and involvement of student media, etc., which It's My Life team members had also helped to promote to the student body) in the month leading up to our November 2014 awareness survey, whereas It's My Life had not been visibly active on campus since the summits in March, we are very pleased with this result for It's My Life. Had we asked this awareness question in 2013 (the question was only introduced in 2014) the level for It's My Life would have been zero, given the campaign had no public face at that time. So in terms of increase from a zero base our numbers compare well with the first year of other new, relatively low-budget campaigns.

Also of interest was that very few respondents had heard of the American Truth campaign – given the ongoing social media activity by The Truth, and the global nature of social media communities and messaging, we suggest that more could be done to promote awareness of The Truth campaign in New Zealand and leverage the extensive resources they already have available among our own youth communities. Our own students who worked on It's My Life and were specifically directed to look at The Truth found its approach and messaging relatable and inspirational. They particularly responded to its quirky, irreverent tone. However, a greater proportion of our respondents had heard of the Western Australian campaign Smarter than Smoking, even though this is not a national campaign, unlike The Truth, and does not have a significant international social media following. A large proportion of respondents also indicated they were aware of the campaign 'Tick to Quit'. There is in fact no such campaign – this was a 'pseudo campaign' name included to identify response bias in the answers. Possibly our choice of the pseudo campaign name was too close to names used for various activities run by Quitline and hence seemed familiar to people – we suggest the awareness level of The Truth provides a more accurate baseline for comparison.

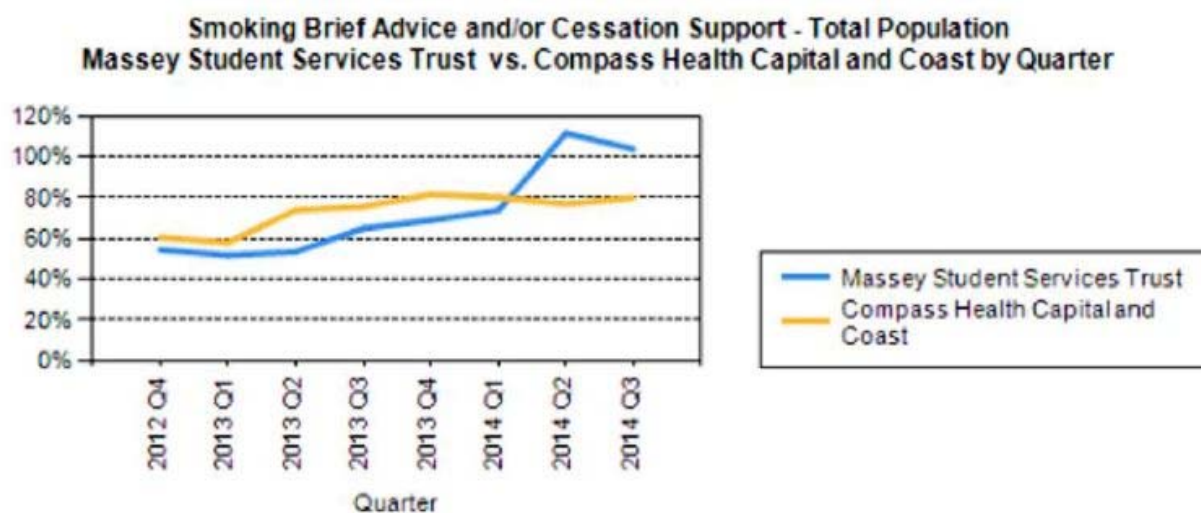
The comparatively high awareness of the Heart Foundation's schools-based nutritional health promotion program 'Food for Thought' in our sample suggests the effectiveness of curriculum-linked school programs in building long-term recall of health messages. We hope to implement a similar curriculum-linked schools-based phase of It's My Life to continue to expand and grow its by-youth ethos if we are funded to continue our activities.

Filtering the awareness of It's My Life results by age bracket, awareness peaked among 20-24 year olds. Age-defined results showed that 6.81% of 16-19 year olds had heard of it, and 11.66% of 20-24 year olds had heard of it. Of 25-29 year olds, 5.96% had heard of it, of 30-39 year olds 4.72% had heard of it, and of those over 40, 8.0% had heard of it. In other words, 20-24 year olds had heard of it most often, followed by the age-group that may represent the likely age of their parents. This peak in awareness in 20-24 year olds corresponded with the data from the Facebook page which indicated it was most popular with 20-24 year olds.

On-campus cessation data

Campus health service cessation inquiries were also collected throughout the campaign at Wellington campus.

Chart 14: Wellington Campus Student Services Trust Smoking Advice/Cessation Provided as a proportion of population of students registered as smokers.



Commentary: Chart 12 shows in Quarter 1, 2014 a marked increase in provision of cessation services to those students on Massey Wellington campus who were enrolled with the Student Services Trust's health service and identified as smokers. This spike coincides with the highest-visibility of the It's My Life campaign on Wellington campus (students were doing smokefree promotional assignments in February, March and April, and the Wellington campus Smokefree Summit was held in March).

The increase took Wellington Campus Student Services Trust' percentage for Smoking Advice/Cessation Support provided to students registered as smokers to over 100%. This means that the population of those of its student patients identified as smokers also increased during that time (at the end of the quarter more people had received cessation than had originally been identified as smokers at the beginning of the quarter). We cannot prove from these data what the cause of this increase in identified smokers was – it could have been more students willing to admit to smoking during a health consultation, it could have been more students starting smoking upon arriving at university at the beginning of the year or it could have been other focussed cessation activities by the Trust including phonecall follow-ups. However, while we cannot precisely diagnose its causes, the combination of increased identification of smokers combined with the also increased achievement of the Trust in providing very high levels of cessation service within the same quarter both to those already identified and those newly identified as smokers suggests a high proportion of positivity among the student population around cessation uptake. The marked steepness of the graph in comparison with the same quarter for the previous year also suggests something different happened in 2014.

Media coverage

We estimate the impressions (number of people who saw coverage) from our extensive media relations work across the life of the campaign to date as greater than 1.5million. In late 2013 when we first launched the national 'It's My Life' competition, media coverage was obtained on TV1, TV3, the Radio Network and other radio stations, ZM, student media, and in multiple community newspapers in Wellington, Palmerston North and Auckland, reaching an estimated direct audience of more than 700,000 people nationwide.

In March/April 2014, with the promotion of the Smokefree Summits, visit of Katie Lou Holland, and announcements of the winners, media coverage was obtained on the Radio Network and other radio stations, ZM, The Edge, and in multiple community newspapers right throughout the country reaching every region from which winners came, and including some front page stories. International visitor Katie Lou Holland was interviewed live on NewstalkZB, which has the country's largest radio audience, and on the front page of the Manawatu Standard, about youth-led smokefree initiatives. Media coverage during this summit phase reached an estimated direct audience of more than 400,000 people nationwide.

In mid-2014 the project was in the news again, with newspaper and radio coverage of the film students who went to Melbourne to showcase It's My Life to the World Heart Federation Youth Take Action forum. Janaya Soma was interviewed live, on Radio Live, and also had her story about the Summits published in both the print and online versions of *Tearaway Magazine*.

In November 2014 the launch of the DVD featured in student media and Massey media and social media.

There will be more releases of information to the media, including the shift in attitudes (to be released in December 2014) and the release of the finalised app (early 2015).

Social media and web analytics

The student-designed It's My Life website at www.smokefree-itsmylife.org.nz had 28,887 unique viewer page views from 1st November 2013 to November 27, 2014. This does not include repeat visits by the same computer.

The Massey design students also created a social media presence on Facebook and Twitter. Both accounts were opened at the campaign's beginning in October 2013. Each was set up with the same aesthetic that design students had created for the campaign's collateral material (posters, videos, flier, and website).

Throughout the campaign there was no single assigned specialist social media manager, the campaign instead relied on a collaborative group of nine students and four Massey staff members to add to and monitor both of the social media channels throughout. There was a high level of collaboration and rotation across the social media posting, with access depending on who was most heavily involved with the project at the time. For example, at the beginning of the campaign two design students were mostly adding content, during the summits the student event managers were largely driving content, and now in late November 2014 it is a student intern mostly adding content.

Posts to both the Facebook and Twitter accounts included links to publicity, reminders about the competition, photos of collateral and video clips to promote the campaign. The Facebook page had a total reach of 100,615 people from October 2013 to 26th November 2014. Reach is described by Facebook as the daily number of people who have seen any content associated with the It's My Life page, and these are unique users. The page had 363 likes as at 26th November 2014.

Sixty-six percent of the Facebook page's 'likers' are female while 33% are male. Of the 33% that are male, 4% are aged 13-17, 20% are aged 18-24, 6% are 25-34 year olds, 3% are aged 35-44 years old and 1.55% are in the 45 and over age bracket. Of the 66% of female 'likers', 6% are 13-17 years old, 46% are 18-24 years old, 4% are aged 25-34, 6% are aged 35-44 years old and 3.275% are 45 and over. This means that a large majority of the 'likers' engaged with our Facebook page are placed directly in our target age group of 12-24 year olds.

Ninety-one percent of It's My Life's Facebook 'likers' are from New Zealand, which is expected as this campaign is targeted at young New Zealanders. However, 4% of our 'likers' are from Australia and 1.4% are from the UK. While these seem like small amounts it is still notable that the page does have some overseas interest.

The majority of It's My Life Facebook page's 'likes' and comments have been gained organically, as there was almost no paid promotion on the page (less than \$500 was used for paid promotions and only as a way to test different designs to confirm that the students' design was in fact most popular with the target audience).

On Twitter, over the course of the campaign so far, the team has tweeted 189 times and has 221 followers. Many of the Twitter followers are other tobacco sector organisations, rather than young people. Given that Facebook is a more common social media site among young internet users this is not surprising. On Twitter, a majority of the posts were created by the design students and also by the Manawatu and Albany smokefree summit organisers.

The campaign's own social media also provided a springboard for other social media to distribute the messages and participate in the conversation. For example, a popular video featuring Massey students and school student visitors to the Auckland summit was produced by Pacific Heartbeat during their time at the event and went viral with multiple shares and more than 45,000 views in its first month after posting. These 'ripple effects' are not captured directly by our evaluation, but did occur in a variety of ways.

Given that It's My Life is a small-scale campaign it cannot be compared with other youth focused smokefree campaigns such as Smoking Not Our Future and Stop Before You Start because it had a small team (mainly students) and a small budget on social media. Overall considering that there was no fulltime, dedicated social media manager of this campaign, and that there were almost no funds allocated to paid promotion, the team are very happy with the social media results. There is certainly potential to build on this solid beginning if the project is continued into a new phase.



Student participant feedback

Students in Palmerston North who had worked on the Smokefree Summits prepared evaluative posters as part of their assignment work for the project. On the next page is the poster by Braden Prideaux, a health student who worked on the summit for his honours project, under the supervision of Dr Sarah Gee.

Two communication honours students in Wellington who worked on multiple aspects of the project also wanted the opportunity to report on how it had affected them and their thoughts on being involved. On the following pages are reports from Janaya Soma and Catherine Moreau-Hammond. These are just some of the many students who worked on the project, as listed below, but we are pleased to be able to bring you these insights in the students' own words as an example of some of the participant outcomes.

269 Massey University students were involved in It's My Life in the following roles:

- 15 student designers
- 48 student event managers and event assistants
- 13 student nurses
- 14 student researchers
- 170 student publicists/ media writers
- 9 student social media contributors

Manawatu Smokefree Summit

Practicum in a Ministry of Health Initiative

Purpose of the practicum

To create an informative, entertaining and eye-opening Smokefree Summit event that aimed at empowering youth to make their own decision on smoking.

Roles:

- Organising health professionals, sport organisations and live entertainment to attend the event.
- Make contact with potential sponsors and write sponsorship proposals for each company.
- Work closely with Massey University's external relations, event management and facilities management to help organise the event on Massey University Concourse.
- Collaborating with the project leader and other smokefree interns to ensure consistency was reached among all three Smokefree Summits.



Key learning outcomes of the practicum

- Gained an understanding of the written and oral skills needed to communicate with a range of different stakeholders.
- Implemented effective time management strategies for event management
- Learnt the risk/hazard identification and minimization processes which are involved with organising a Massey University event.
- Gained an understanding of the sponsorship proposal process.
- Gained a further understanding of the Ministry of Health and public and health initiatives which are implemented in the community.

The big picture – The 'it's my life' campaign

This Smokefree Summit practicum was part of the 'it's my life' project implemented by the Ministry of Health. The 'it's my life' project establishes for the first time in New Zealand, a by-youth, for-youth smokefree movement. The 'its' my life' campaign consisted of a competition asking youth to create their own smokefree messages; recruiting smokefree interns to organise Smokefree Summits held at Massey University's Albany, Manawatu and Wellington campuses; and finally enabling youth to start the first youth anti-smoking movement in New Zealand.

Key facts on smoking in New Zealand

- In New Zealand, 5,000 people die each year due to smoking or second hand smoke exposure.¹
- 21% of adults living in New Zealand are current smokers, which can be compared to 18% of youth who are currently smoking.²
- Maori adults have a high reported smoking rate (39.2%), compared to that of Pacific (24.7%), European/Other (15.4%) and Asian (10.2%).³

Conclusion and recommendations

Traditional anti-smoking campaigns used by the Ministry of Health have viewed youth as 'targets' of an adult-led marketing scheme. The 'it's my life' campaign has empowered New Zealand youth to create their own anti-smoking messages through the medium of an app, poster or video.

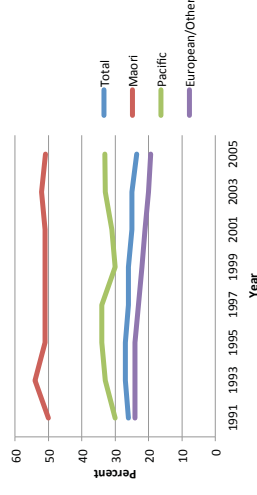
For future Ministry of Health smoking campaigns, it is recommended that:

- Run similar youth empowerment events around the country that promote youth to make their own decisions on smoking.
- The Health Promotion Agency should continue to work closely with youth for future marketing schemes.
- Continue to use forms of media that are most applicable to youth (i.e. social media) to promote smokefree messages.
- Support and work with local youth to help foster creative anti-smoking and health related messages.

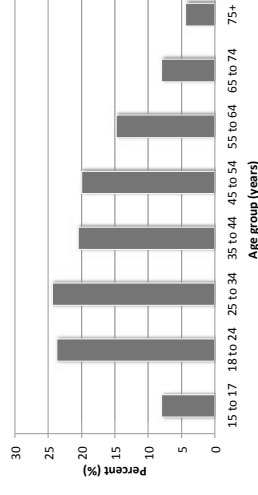
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Smoking prevalence in New Zealand by ethnicity 1991-2005⁴



Proportion of the population who currently smoke tobacco⁵



Key outcomes from the Manawatu Smokefree Summit

- Health professionals at the event reported a high number of students joining smoking cessation groups. In particular Te Ohu Mutunga noted having a high demand for Maori cessation groups.
- Keynote speaker Tariana Turia spoke about the government's progress in regulating smoking in New Zealand and explained the current initiatives in place to reach a Smokefree New Zealand by 2025.
- A petition supporting a Massey University smokefree campus gained 173 signatures.
- Youth were given an opportunity to express an interest in starting their own smokefree movement in their community.



Braiden Pridoux
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Participant report from Janaya Soma

I am a recent honours graduate of Massey University's Bachelor of Communication. I can't stress enough how much It's My Life has benefited me academically, professionally and personally. I have been involved with this project through many of its stages. I first became involved when starting research for my honours year in 2013. Through consultation with my supervisor, Elspeth Tilley I conducted a 30-point research report which included an extensive literature review on the current state of youth smoking throughout New Zealand. This report will be published as part of the project's findings. It looked at both the current state of smoking, and the communicative and legislative methods to reduce youth smoking in New Zealand and ultimately for Aotearoa to become smokefree by the year 2025. This report was my first time conducting such in-depth research and the best part about this was that my research was actually going to be used to serve a real purpose for this project.

After completing my research report I was selected along with another honours student to be involved in creating short documentary-style clips. At the project's end, these clips and interviews were put together to form a documentary resource to inspire young New Zealanders to form similar projects of their own. This particular part of the project gave me the skill and confidence to film, interview and edit and this often meant having to work with new technologies. This was very rewarding to see the DVD resource come together this November. We were also funded by the World Heart Federation to attend a preconference workshop at the World Congress of Cardiology Conference last May to showcase what the It's My Life project was about and to show some of the outputs we had together at that time. This was my first time speaking to an audience of around 100, and my only prior experience of presentations was to tutorial groups of around 20 maximum. The presentation pushed me and took me out of my comfort zone, but at the end of it I was so proud of myself for having done it.

I also worked on planning one of the Smokefree Summits hosted at the Massey University Wellington campus. This helped me to further develop my event management skills to produce a medium scale event. Communicating with approximately 12 vendors, organising food, presentations and live entertainment to produce a fun and positive event is definitely something I am proud of. It gave me the confidence to know what I am capable of when I move into the workforce fulltime in the near future. I have also been working on the distribution of our smokefree DVD resource and organising its launch. Again, this work has provided me with real-life experience that will give me the confidence to transition into the work force fulltime.

From the very beginning of the project I would find myself bringing random smokefree facts into conversation into social situations because I was so engaged with my research. One of my most used lines would probably have been, "Did you know that the cigarette industry specifically target young people because their product is one that kills people, so they have to constantly be targeting new, young audiences." Peer groups seldom seemed bored of my slight rants and often agreed with me.

I've learnt that for me personally, that the cigarette industry is possibly the worst place you could ever work because of the very strategic in the way they target their customers with a product that is likely to kill them. I was a non-smoker before the campaign and still am, but I feel different now when I see people smoking. It makes me angry now, it stands out to me more. I still wouldn't

approach a smoker and rant to them because I know it's a personal choice, unless they were a close friend or family member. In my eyes, I think there is a social stigma attached with being a smoker, if only that was enough to make people stop!

What enabled me to carry out all of the above was the endless support and praise from the mentors behind the project. Elspeth Tilley, Radha O'Meara and Mark Steelsmith were always there pushing me to do better but also giving me the space to figure things out on my own. The It's My Life project has been an absolute pleasure to work on, and has allowed me to do things that I wouldn't have pictured myself doing a couple years ago. I'm so happy and grateful to have been part of such a fun, innovative and positive project.

Participant report from Catherine Moreau-Hammond

I was one of the two students who planned, filmed, and edited documentary clips about the 'It's My Life' Smokefree campaign.

Working on the campaign was a rewarding and challenging experience. I furthered my knowledge about communication theory, documentary film, health promotion, and youth audiences.

Throughout the project I developed a genuine interest in health promotion at both a personal and professional level. I can now see myself pursuing work in the field of public health, and working on this campaign has inspired me to think more about the small things I can do to promote health among my friends, family, and local community.

In May of this year the World Heart Federation sponsored my colleague, Janaya Soma, and me to speak at the World Congress of Cardiology about our videos and the campaign. At the conference, we were able to meet with other students and young professionals working to prevent non-communicable diseases. Ideas were exchanged and valuable connections made. I continue to email a young Australian doctor about her work promoting a smokefree lifestyle in schools.

On a purely personal level, working on the campaign has assured that I will never have another cigarette in my life. While I used to smoke socially, I have entirely quit the habit. I am also more comfortable talking to smokers about their experiences and, if it is appropriate, offering cessation advice.

It was a privilege working on this campaign and having the guidance of the academic and technical support staff at Massey University. I am proud of the work the team produced.

Smokefree It's My Life: The Next Phase

In order to continue It's My Life into 2015 and beyond, planning for a second phase has begun. A small portion of our funding was allocated under our original budget as seed funding for highschool groups who wanted to start their own It's My Life projects, and we have begun publicising this fact and inviting applications, as well as offering free copies of our DVD to schools, youth groups and health promotion groups. To facilitate this next phase, we printed 4,200 colour copies of the It's My Life application flier for students to fill out and return to show their interest in setting up an independent Smokefree It's My Life by-youth for-youth group in their school or community.

To date we have had 13 schools and community groups request multiple copies of the It's My Life DVD both for classroom use and to place in their libraries. Additionally, students or staff at four schools have applied to be funded with seed funding and mentored by a Massey University academic to establish their own It's My Life student groups in 2015. The schools who have applied to date to set up their own groups are Wellington East Girls' College, Otumoetai Intermediate school, Hastings Girls' High School and Opunake High School.

We anticipate further requests as we are still distributing letters of invitation to schools.

The available funding gives both secondary and intermediate aged students the opportunity to set up smokefree groups in their schools or extracurricular contexts and receive mentoring from a Massey University academic in relevant areas such as health, social media or public relations. Students can apply for amounts up to \$500 depending on the size and scale of their project. We also anticipate, based on the positive outcomes from the students who participated in It's My Life throughout 2014, that student-to-student mentoring would be effective, that is, having university students who are working on the project mentor highschool students (under the twin overall supervision of a school teacher and a Massey academic).

Because we have only a small amount of seed funding for this next phase of the project, we will need to either keep the number of school groups small (no more than five or six) to be manageable or, if this phase is to be expanded, apply for further funding to continue this work effectively with a full project plan and project manager. This second phase of in-school focus could either complement or replace the national It's My Life competition.

We would be happy to develop a project plan proposal and budget calculations for running either both the competition and the school groups simultaneously in 2015 or just the school groups. Some aspects of this could include:

- National social media networking for groups in different schools to connect and share resources
- Leadership development opportunities for students in the school groups to be selected to meet together at regional and national hui, report on their activities, and take ownership of the direction of the overall campaign
- Creating regional and national connections between school teachers working with students on smokefree projects.