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I INTRODUCTION

This report, *Still Making a Difference*, updates and replaces the 1991-92 publication entitled *Making a Difference II*. It presents an overview of the federal health promotion social marketing campaigns and summarizes campaign evaluations conducted since the 1991-92 release of *Making a Difference II*.

The tracking studies discussed in this report are focused for the most part upon primary impact data (such as awareness, attitudes, current use, trends) and on obtaining psychographic information that could be used to develop more segmented (or targeted) social marketing campaigns. The 1991-92 study did not include questions on secondary impact data - behavioural intentions and interpersonal communications. However, this year, this element is included in an analysis of youth tobacco use, conducted by Sage Research International, in the section on Canada's National Strategy to Reduce Tobacco Use.

Readers interested in gaining a more complete retrospective of the campaigns' impact on youth behavioral intentions and interpersonal communications may wish to consult the 1991 version of this report, *Making a Difference* which covers these aspects in some detail.

For the 1992-93 report an evaluation of the **Vitality/Vitalité** program has also been included. This program embodies a set of issues, attitudes and behaviours that are more difficult to measure than a single specific behaviour such as smoking. In addition to having a broader scope than other social marketing campaigns, **Vitality/Vitalité** does not use paid advertising to develop and sustain public interest. Thus several complementary methods have been used to monitor the effectiveness of the program.

Two of Health Canada's social marketing campaigns - "**Really Me/Drogues, pas besoin!**" and "**Break Free/Fumer, c'est fini!**" - have been aimed at young Canadians. While young Canadians share many perspectives, and all may be influenced by similar peer pressures, they are not a homogeneous group.

Recognizing that standard demographic analysis does not take into account the diversity of lifestyles and attitudes among Canada's youth, statistical researchers have used a unique categorization system called "psychographics" to analyze young people's behaviours. This report includes the application of psychographic analysis to track study data.

Psychographics has been defined as "the constellation of attitudes, beliefs, opinions, hopes, fears, prejudices, needs, desires and aspirations that, taken together, govern how one behaves." Originally developed by market researchers to help identify consumer behaviour patterns, the technique focuses on the relationship between psychographic type and specific behaviours. *Appendix A* contains an overview of characteristics common to each of the psychographic groups to which the study refers.

The study findings demonstrate that certain segments of Canada's youth population are more likely to use/abuse alcohol and other drugs. Social marketing campaigns targeting young Canadians may prove even more effective if they focus on these segments.

Program Promotion Division
Health Promotion Directorate
Health Programs and Services Branch

Également disponible en français sous le titre "Maintenir une entreprise fructueuse "

II IMPACT INDICATORS AND HIGHLIGHTS

Background

The Department of Health currently implements two health promotion social marketing campaigns which are components of comprehensive national strategies. **"All You Need is You/On t'aime mieux au naturel"** is part of Canada's Drug Strategy. (The renewed Strategy now includes impaired driving prevention activities that were formerly part of the National Program to Reduce Impaired Driving). The second campaign, **"Break Free/Fumer, c'est fini!"** is part of the National Strategy to Reduce Tobacco Use in Canada.

The campaigns have been, with theme updates, some of the longest-running social marketing campaigns in Canada. ("Break Free/Fumer, c'est fini!" was launched in 1985-86; "All You Need is You/On t'aime mieux au naturel" was launched under a different theme name in 1987-88). They were developed after extensive qualitative and quantitative research, situation analysis and intersectoral consultation. They are implemented in consultation with provincial and territorial health departments and addiction agencies, professional and voluntary non-government organizations, and private-sector companies across Canada.

The **Vitality/Vitalité** program was developed from work surrounding "Promoting Health Weights" coordinated by the Health Programs and Services Branch between 1984 and 1988. A holistic approach is used taking into account not only physiological needs but also what is desirable from a psychological, social and cultural perspective. It recognizes the impact that the physical, social and economic environments have on a person's choices and decisions.

For each campaign, separate communications activities are devised for Canada's English and French language markets. Both campaigns include public education and communications activities and complement the Health Promotion Directorate's other key activities, which include policy and program development, research and knowledge development and support to community based programming.

Certain elements have been revised and refined as the campaigns developed, to maximize their effectiveness. Each of the campaigns has increasingly been complemented by extensive support from a broad range of partners; private sector companies in particular, have made significant contributions. This support has helped to expand the scope of the campaigns without increasing their cost.

Social marketing recognizes that informing the public about a particular issue will not, by itself, lead to attitude or behaviour changes. Providing someone with up-to-date health information, for instance, will not necessarily lead to behaviour changes; if this were the case, doctors and nurses would not smoke. Changing behaviour sometimes calls for a specific type of marketing - social marketing which attempts to change the perceptions, attitudes, opinions and behaviours that underlie an individual's health or lifestyle habits.

Assessing Impact

This report assesses the impacts of the "**Break Free/Fumer, c'est fini!**" and "**All You Need is You/On t'aime mieux au naturel**" social marketing campaigns using data obtained in an ongoing tracking study conducted by Gallup Canada Inc. (1987-88) and Creative Research Ltd. (1989-93). A separate report discussed in the section on Canada's National Strategy to Reduce Tobacco Use is based on an alternative interpretation of the 1993 tracking study data, which was carried out by Sage Research Corporation in 1994.

Social marketing campaigns are traditionally evaluated according to six key indicators of target group impact:

1. Levels of campaign **awareness** among the target audience
2. **Attitudes** (e.g., persuasion; influence; reaction)
3. **Behavioral intentions** (e.g., intent to smoke in future)
4. **Interpersonal communications** (e.g., talking with others about issues related to alcohol and other drug abuse)
5. **Current use**
6. **Trends**

The tracking study results discussed in this report focus mainly on primary impact data (i.e. awareness, attitudes, current use, trends) and on obtaining psychographic information that could be used to develop more specifically targeted social marketing campaigns.

However, the Sage study provides information on secondary impact data on youth and smoking, which includes behavioral intentions and interpersonal communications.

In 1993, as in previous surveys, sampling selection was taken from a population of households. The sample was drawn from 84 centres containing 200 Census tracts, comprising Canadian towns and cities with populations down to 1,000. For the alcohol, tobacco and other drugs campaigns, the research centred on 1997 youth (1497 from English Canada and 500 from French Canada) aged 11 to 17 years old and their parents. An additional 779 interviews were conducted among youth aged 16 to 24 (579 from English Canada and 200 from French Canada) to obtain information on drinking and driving.

The sample was carefully controlled to represent English and French Canada proportionately. Stratified probability techniques were used to ensure representativeness and accuracy, and a quota system was used to establish appropriate sampling levels for age and sex distribution.

In-home personal interviews were employed so that interviewers could use visual aids to detect advertising awareness. However, all attitudinal and behavioural data collected from youth and parents were obtained in self-completed questionnaires, sealed by the interviewer at the site to ensure privacy.

In addition to summarizing tracking survey findings, *Still Making a Difference* presents summary information on the collective impact of the campaigns using two additional measures: the development of partnerships and the influence of the campaigns as models for other programs. Impact highlights for these three sets of indicators are noted below.

Highlights Of Social Marketing Campaigns (1987-1993)

i) Impact on Target Groups

Trend data suggest significant declines in drinking, drug use and smoking among youth.

In particular, tracking studies show the following results:

- a decline of about 117,000 in the number of drinking and driving youth aged 16 to 24, from 468,000 in 1989 to 351,000 in 1993 - a proportional decline of 25%;
- a drop of 139,000 in the number of youth who are current monthly drinkers (from 598,000 in 1989 to 459,000 in 1993 - a proportional decline of 23%;
- a decrease of 7,000 in the number of youth aged 11 to 17 who smoke daily, from 466,000 in 1989 to 459,000 in 1993 - a proportional decline of 1.5%.

ii) Influence of the Campaigns as Models

The Department's health promotion social marketing campaigns are increasingly being used as a foundation for developing and implementing other campaigns and programs. Two kinds of evidence show this to be the case:

1. campaign logos and materials are frequently used as unifying elements to tie together partners' activities across Canada; and
2. the campaigns are increasingly recognized here and abroad as effective models that can be adapted and used in many contexts.

Use of the Campaigns as Models

- Requests for promotional material have been received from around the world. Some countries, including Sweden and the U.S. have adapted Canadian print and video resources.
- Health Canada's social marketing campaigns have won more than 27 awards from diverse professional organizations.
- Discussions with Departmental officials led several U.S. organizations, including The Partnership for a Drug-Free America to convert to a more positive approach, from the "scare tactics" they had been using in public messages.
- Universities and textbooks have used Health Canada campaigns as case studies. For instance, the "**Really Me/Drogues, pas besoin!**" and "**Break Free/Fumer, c'est fini!**" campaigns are examined in the most widely used university textbook on social marketing.¹
- Case studies based on Health Promotion Directorate campaigns are included in two other marketing textbooks:
- *Basic Marketing: A Managerial Approach* by E. Jerome McCarthy, Stanley J. Shapiro and William D. Perreault. Richard D. Irwin Inc. (6th Canadian ed., 1993)
- *Consumer Behaviour in Canada: Concepts and Management Action* by Gurprit S. Kindra, Michel LaRoche and Thomas E. Muller. Nelson Canada, 1989 (rev. 1993).
- Health Promotion Directorate officials have been asked to deliver presentations on social marketing at more than 75 national and international conferences. Venues have included Edmonton, Alberta; Tokyo, Japan; Oslo, Norway; Vienna, Austria; Berlin, Germany; Chicago, Washington, Nashville, San Francisco and New York, U.S.A.; Caracas, Venezuela; London, England; Glasgow, Scotland; Havana, Cuba; and Kingston, Jamaica.
- Provincial and territorial governments, other federal government departments, national professional organizations and private sector companies and coalitions have adopted the social marketing models and approaches developed by the Health Promotion Directorate.

¹ Kotler, Phillip and Roberto, E.L., *Social Marketing*. The Free Press (New York, 1989).

III CANADA'S DRUG STRATEGY

Background

The "**All You Need Is You/On t'aime mieux au naturel**" slogan is the current public awareness and information component of Canada's Drug Strategy. It replaced the "Really Me/Drogues pas besoin" campaign theme in 1993.

The federal government launched Phase II of Canada's Drug Strategy on May 25, 1987. The Drug Strategy called for action on six fronts:

- Education and Prevention;
- Enforcement and Control;
- Treatment and Rehabilitation;
- Information and Research;
- International Cooperation; and
- National Focus (Canadian Centre on Substance Abuse).

The Strategy provides a comprehensive and balanced approach to preventing and reducing alcohol and other drug abuse. Although the Strategy recognizes the importance of supply reduction (enforcement and interdiction), its primary emphasis is on demand reduction (education, prevention and treatment). The Health Promotion Directorate's social marketing campaign is a key education and prevention element in this collaborative effort to reduce abuse of alcohol and other drugs.

In 1992-93, new research results demonstrate that certain out-of-mainstream youth - school dropouts, runaways and street youth - are particularly vulnerable to becoming substance abusers. As a consequence, the "Really Me/Drogues pas besoin" campaign was refocused, mainly upon this newly-defined "at risk" population. While some activities remain focused on the mainstream youth population, particularly the TGIF psychographic group, most activities are now being directed at the high-risk, out-of-mainstream group.

Target Groups, 1992/1993

Primary Target Group:

- Youth - 11 to 13 years

Secondary Target Group:

- Youth - 14 to 17 years

Campaign Objectives

Youth campaign:

- to use positive lifestyle messages to promote the benefits of being drug-free

Campaign Activities

The 1987 campaign uses a variety of social marketing approaches to reach target audiences. Television advertisements have been aired in selected months with the latest two aired in the fall of 1993. Radio, interior and exterior bus and transit shelter posters, magazine ads, targeted publications and special promotion and information activities have all helped to sensitize Canadians to the dangers of alcohol and other drug use.

In 1992, efforts to discourage driving while impaired, which were formerly carried out as part of the National Program on Impaired Driving using the campaign theme of **"Play it Smart/Moi, j'ai toute ma tête"** were integrated into the **"Really Me/Drogues pas besoin"** campaign. In 1993, the campaign slogans were changed to **"All You Need Is You/ On t'aime mieux au naturel"**.

Campaign activities involve extensive collaboration with private sector companies. A partnership with Hilroy, the largest supplier of school supplies in Canada, has continued since 1987. Today, firms such as the Toronto Blue Jays and YTV are also actively supporting the **"All You Need Is You/ On t'aime mieux au naturel"** campaign.

Some key activities for 1992-1993 included:

- A partnership between Health Canada, Playing with Time, Inc., the CBC and Telefilm Canada resulted in the production and airing of six 30-minute television documentaries called **"Degrassi Talks"** in February and March 1992. The series examined issues that Canadian youth themselves had identified as important concerns: abuse (sexual, physical and emotional); depression; sex (including sexually transmitted diseases); sexuality; alcohol;

and drugs. On average, one million Canadians watched each episode. Each show concluded with a 1-800 number for the Kid's Help Phone Line. A series of "Degrassi Talks" books and a national tour were coordinated in conjunction with the program.

- The Department's partnership with **Federated/United Co-ops** continued with promotional sales of items such as "Really Me" hats. Proceeds were donated to various charitable organizations dealing with substance abuse prevention.
- A promotion that discouraged driving while impaired, developed in partnership with **Zurich Canada** and the **Canadian Association of Chiefs of Police** was launched. Zurich Canada's spokesperson, hockey superstar Wayne Gretsky, appeared in three English and French radio commercials and on transit posters. Zurich Canada also produced and distributed a supporting brochure to all clients.
- A **Junior Jays** comic book targeted at kids was produced in partnership with the **Toronto Blue Jays** and the **Canadian Association of Chiefs of Police (CACP)**. Including issues such as tobacco, alcohol and other drugs, nutrition and racial harmony, a million copies of the comic book were distributed to every elementary school in Canada by the CACP, and at a special Drug Awareness Day at Skydome. A mail-in form in the comic inviting kids to join the Junior Jays has, to date, resulted in 125,000 memberships. Newsletters dealing with alcohol and other drugs as well as tobacco were mailed to members in September and November, 1993.
- The French counterpart of "Degrassi Talks", "**Ici ados Canada**" addressed a similar range of issues as "Degrassi" - sexuality, alcohol and drugs, self-esteem and others. This 90-minute French-language television show, targeted at Francophone youth and parents aired on French CBC in February 1993, to 1.2 million viewers, and was simultaneously broadcast on Radio Canada, the CBC French-language radio network. An open line discussion afterward allowed young Canadians to question experts and to comment on the issues. The non-commercial version of the show was distributed in video stores across Canada, and a facilitators' manual was developed for use in schools. Ici Ados received two Gemini awards and an Award of Excellence in the audio-visual category from the Information Services Institute.
- The **Concerned Children's Advertisers** have been producing anti-drug messages and airing them on major English Canadian television networks since 1991. Health Canada has sponsored this organization and its logo has received significant visibility. Six television spots were produced in 1993.

- Health Canada has produced an anti-drug video game distributed on the educational channel of **Videoway**, a television cable-access video game network with 250,000 subscribers in Québec.
- **Woolco** distributed **flyers containing health and social messages**, including messages about substance abuse, in Québec using **Montreal Expos** players. These set the stage for a **Spiderman comic book about bicycle safety** in English and French, sponsored by **Petro Canada**. The book was distributed in the Spring of 1993 by police officers and was promoted in Woolco flyers across the country. The Montreal Expos distributed the comic books at a May 16, 1993 game in Montreal. Additional copies were distributed in schools across Canada by the **Canadian Association of Chiefs of Police**.

Measuring Impact

This chapter summarizes key findings of a 1993 national tracking survey conducted by Creative Research International. Figures and tables on the following pages are based upon data obtained in this tracking study.

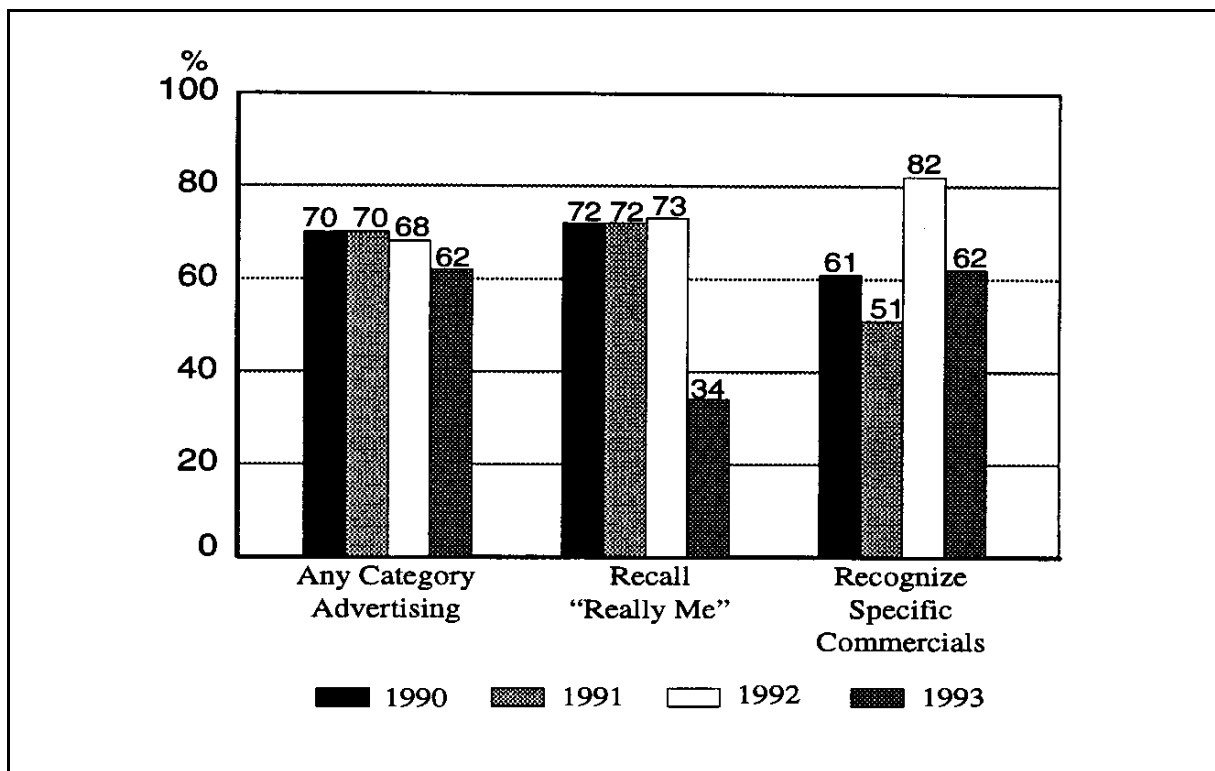
Current Impacts: 1990-93

English Youth Campaign

Figure 3-1 indicates that more than six out of ten English youth remain aware of some form of advertising about alcohol and other drugs, somewhat lower than last year's findings. This reduction follows a general decline in the level of advertising activity in this category.

The reduction in recall in the "Really Me" category, from 73% to 34%, reflects the introduction of a new theme, "All You Need Is You". This new theme had run for too brief a period to gain equivalent recognition before the most recent tracking study survey. The same explanation holds true for specific commercials, for which recognition was reduced from 82 to 62 - a new series of commercials introduced in 1993 had received too short a media run to build exposure and awareness equivalent to the previous series of ads. However, a 62% recall rate despite the short air dates attests to the particularly effective creative.

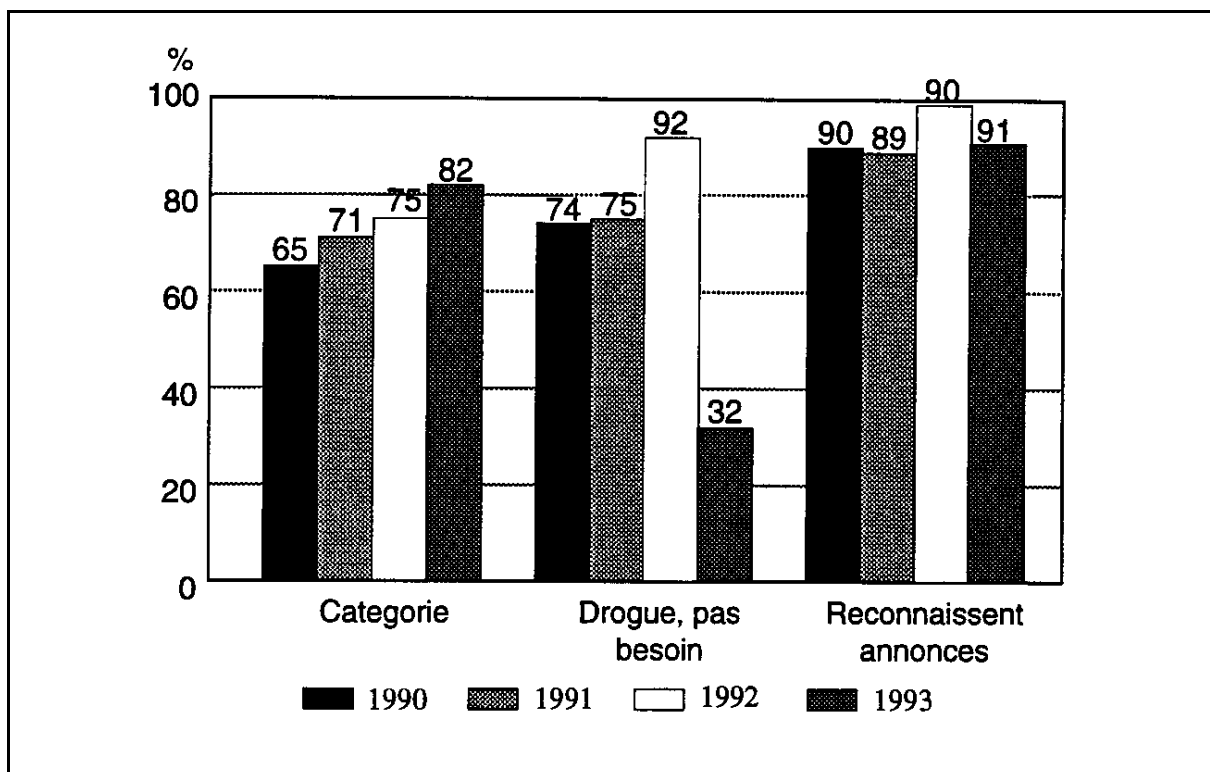
**Figure 3-1: Advertising Recall: "Really Me"/
"All You Need Is You" - Youth**



French Youth Campaign

Recall of any advertising about alcohol or other drug use continues to increase among Francophone teens, from 75% in 1992 to 82%, in 1993. This reflects a long-term buildup in sensitivity toward the subject in French Canada. As Figure 3.2 indicates, recognition of the Directorate's advertising has fallen significantly since last year, when awareness levels were higher than for any other type of advertising on the same issues. As in English Canada, this decline reflects the introduction of a new theme, "**On t'aime mieux au naturel**", with as-yet limited exposure. With 91 % of Francophone youth recognizing commercials, market coverage remains very high.

**Figure 3-2: Advertising Recall: Drogues, pas besoin!/
on t'aime mieux au naturel - Youth**

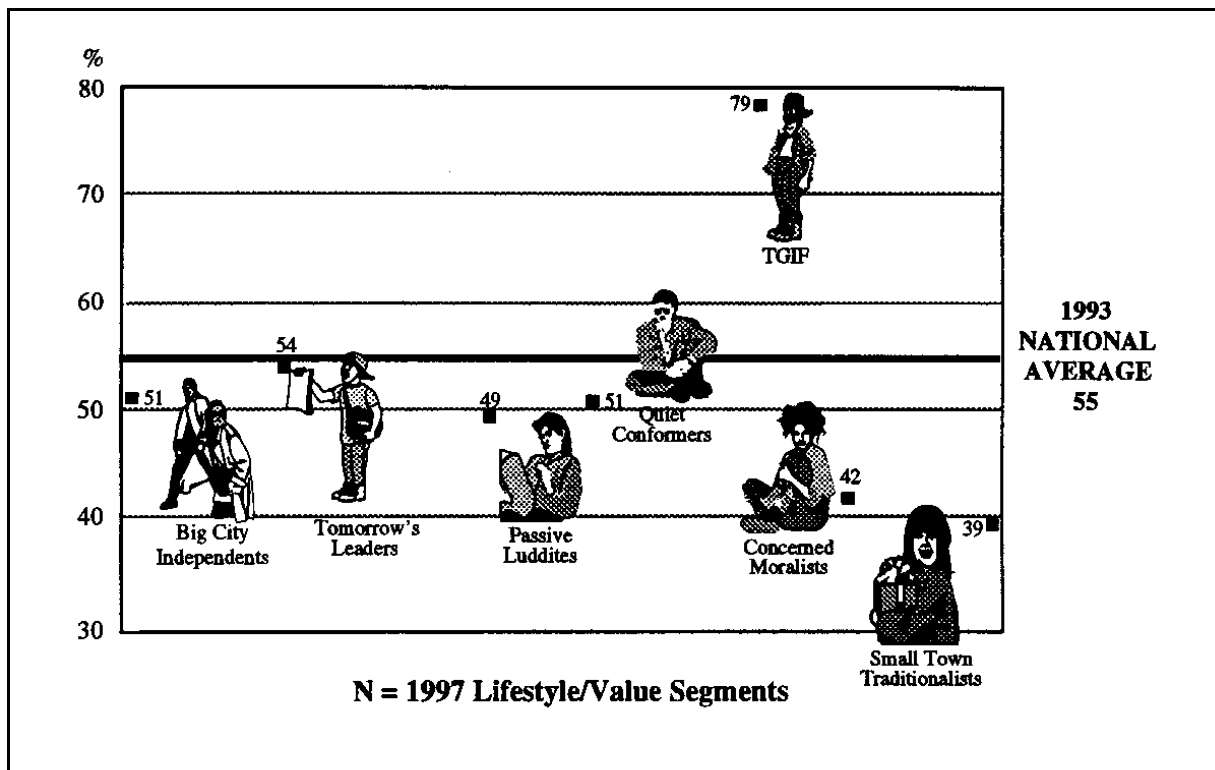


Psychographic Findings (English And French Target Groups)

Overall, about three out of ten Canadian youth recalled the new campaign message, regardless of whether they were Anglophone or Francophone. Indeed, the most significant differences occur when the data are identified by psychographic groups within the overall target audience. For example, 42% of TGIFs reported thinking about not using alcohol and other drugs as a result of seeing the campaigns, compared with 68% of Tomorrow's Leaders. Clearly, the campaign's message is more difficult to deliver to TGIFs. Ways to target this hard-to-reach group more effectively are being developed.

Figure 3-3: "Most People My Age Drink"
Percent of Those in Agreement (11-17)

Just over half (55%) of both English and French youth aged 11 to 17 reported that "most people my age drink alcoholic beverages." Small Town Traditionalists are least likely to agree with the statement (39%) while TGIFs are most likely to agree (79%). Two psychographic groups showed significant changes from 1992 to 1993: Passive Luddites fell from 60% to 49%, and Small Town Traditionalists rose from 31% to 39%.

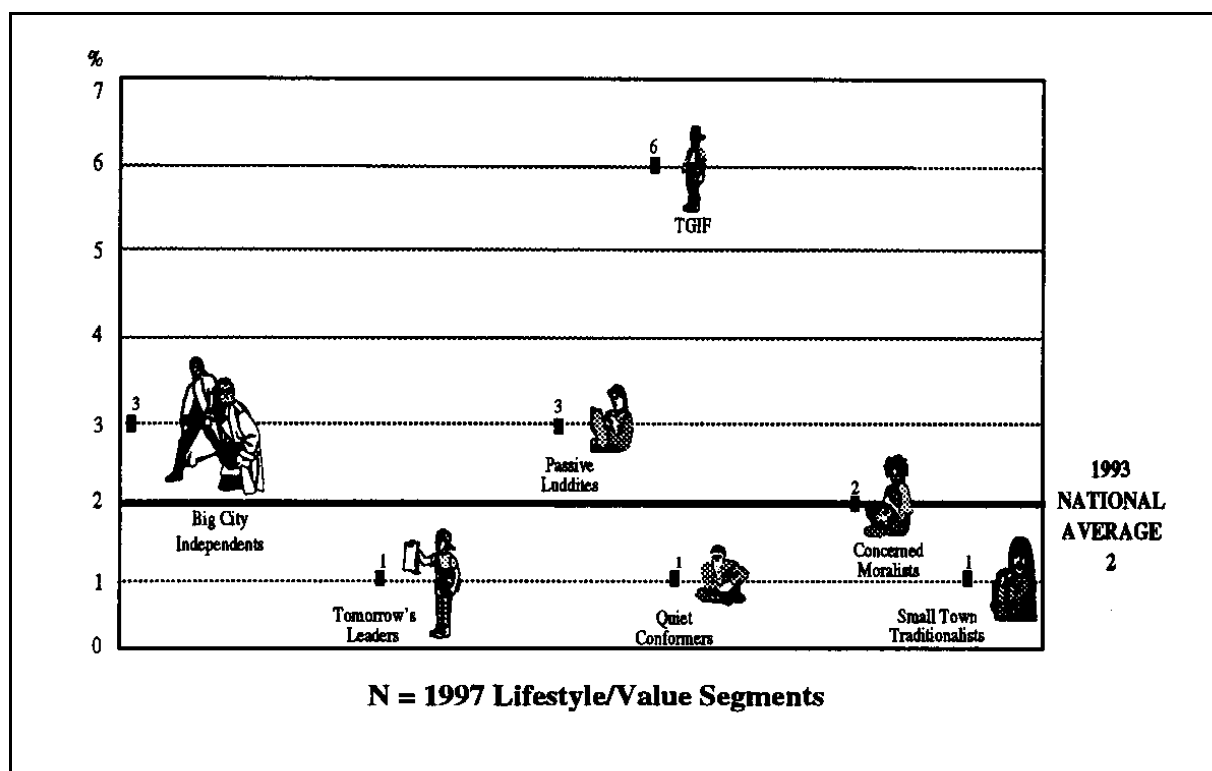


55% (1,485,000) report agreement with the proposition that most people my age drink alcoholic drinks such as beer, wine or liquor, compared with 53% (1,378,000) in 1992, and 65% (1,690,000) in 1989.

Figure 3-4: "Doing Drugs is Cool"
Percent of Those in Agreement (11-17)

Only 2% of youth (1 % English; 6 % French) agreed that it was "cool" to use drugs. The percentage is comparable to last year's and down from 6% in 1989. TGIFs were most likely to report agreeing with this attitude (6%), followed by Passive Luddites (3%). Least likely to agree were Tomorrow's Leaders, Quiet Conformers and Small Town Traditionalists, all of whom stood at 1%, or half the national average.

Between 1992 and 1993, increases or decreases occurred in every psychographic group except Tomorrow's Leaders, which remained steady at 1%. Those which rose include Big City Independents (from 2% to 3%); TGIFs (from 4% to 6%); Small Town Traditionalists (from 0% to 1%). Those which fell include Concerned Moralists (from 5% to 2%); Passive Luddites (from 6% to 3%); and Quiet Conformers (from 2% to 1%).

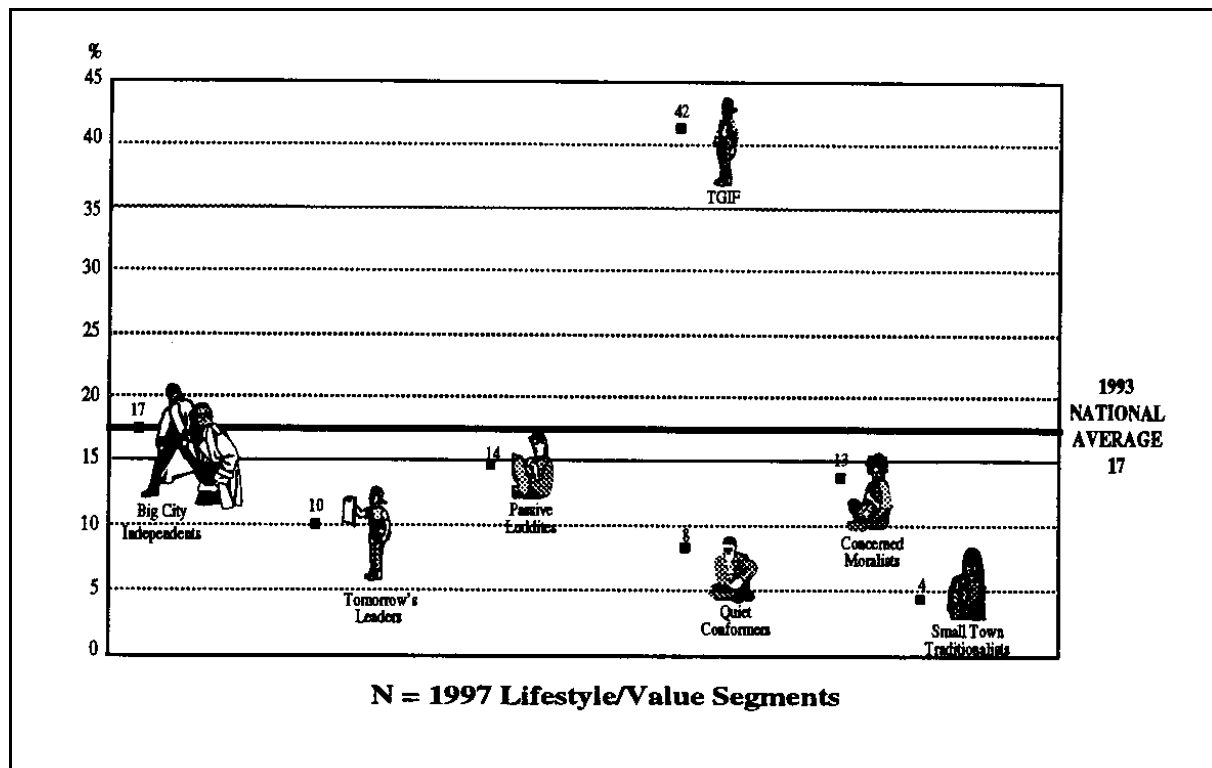


2% report agreement with the proposition that doing drugs is "cool", the same as 1992, but down from 6% in 1989.

Figure 3-5: Frequency of Drinking Alcohol
Drink Prevalence - Once/Month or More (11-1 7)

Virtually all psychographic groups are beneath, or close to, the national average except for TGIFs, who at 42% are about three times as likely as youth in most other groups to report frequent drinking.

The groups in which major changes occurred between 1992 and 1993 were TGIFs (up from 31% to 42%); Big City Independents (up from 12% to 18%); and Tomorrow's Leaders (up from 10% to 15%).^{2 3}



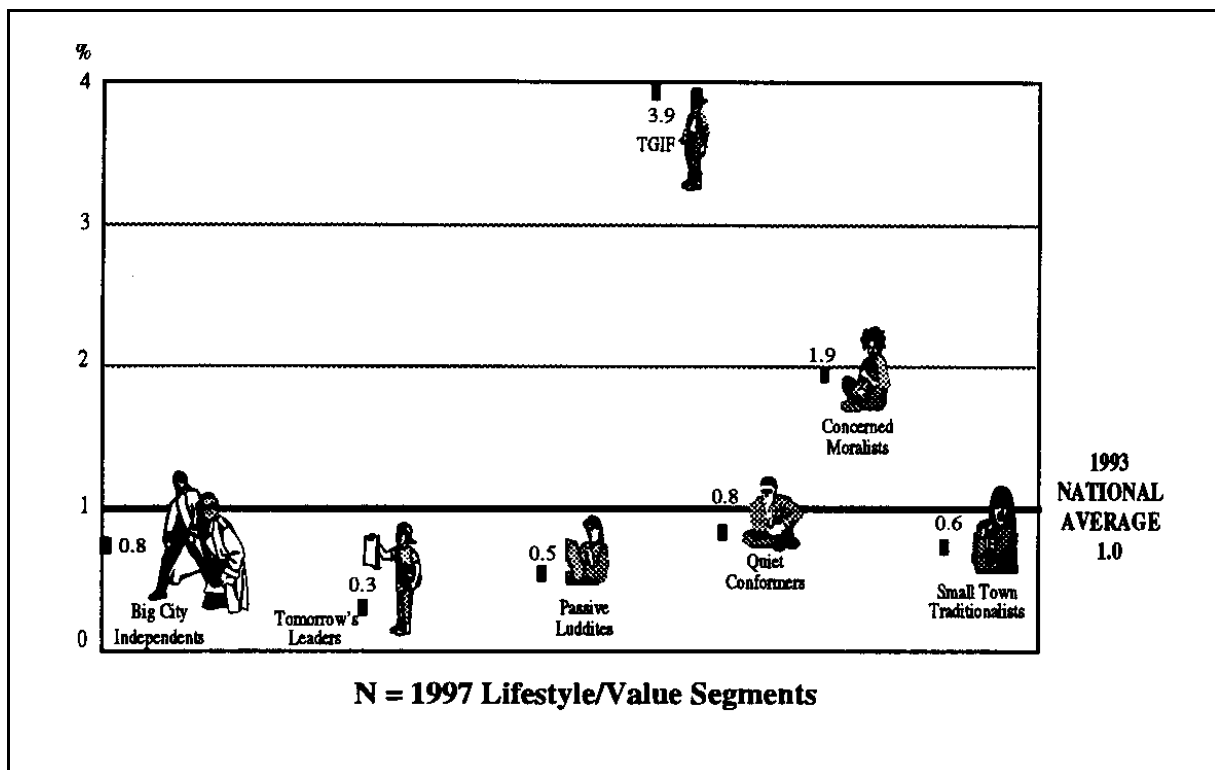
17% (459,000) reported monthly drinkers, up from 15% (392,000) in 1992, but down from 23% (598,000) in 1989.

- 2 Other researchers who conduct national surveys for the general public exclude occasional substance users. The alcohol and drug use behaviour of the target group (excluding occasional substance users) shows a 1993 national average of 2% (unchanged from 1992).
- 3 Given the vast amounts of data collected from various research agencies, it is important to also look at the sector trend of substance-use behaviour among our target group. The sector trend is downward (irrespective of short-term fluctuations) from 1987 onward.

Figure 3-6: Cocaine/Coke Trial
Prevalence - At Least Once (11-17)

TGIFs were most likely to report hard drug trial (3.9%), followed by Concerned Moralists (1.9%). All other psychographic groups were less likely to try cocaine than the national average. The national average for cocaine use among the target groups, which was 2% in 1992, dropped even further to 1% in 1993.

The groups in which major changes occurred between 1992 and 1993 were:
 Tomorrow's Leaders (down from 2.1% to 0.3%); Passive Luddites (down from 2.0% to 0.5%); and Quiet Conformers (down from 2.0% to 0.8%).

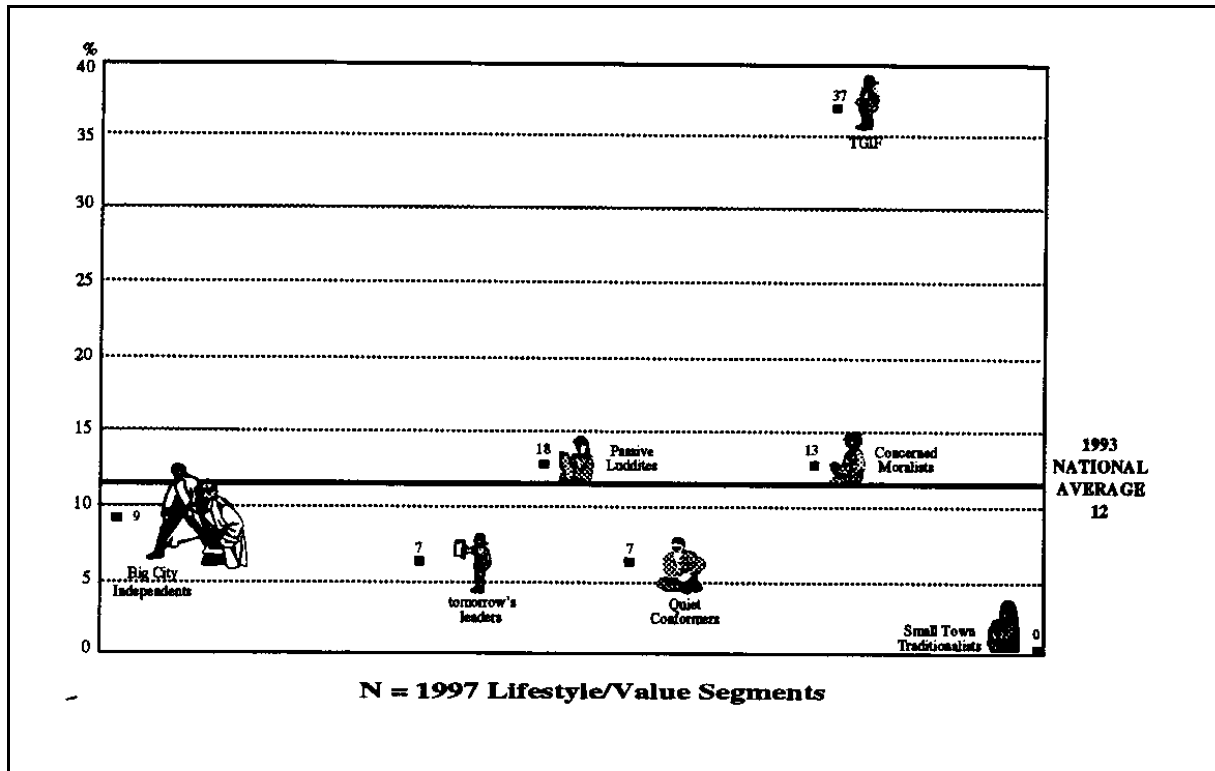


1% = An estimated 27,000 youth who have tried cocaine, down from 2% (52,000) in 1992 and 4% (103,000) in 1987.

Figure 3-7: Marijuana/Hashish Trial
Prevalance - At Least Once (11-17)

At 37%, marijuana trial was much higher among TGIFs than all other groups. Passive Luddites and Concerned Moralists recorded rates equal to the 1993 national average trial rate of 13%, while all other groups reported lower rates. The national average rate rose from 10% in 1992.

Psychographic groups in which major changes occurred were: TGIFs (up from 25% to 37%); Tomorrow's Leaders (down from 7% to 3%); and Quiet Conformers (down from 7% to 3%).

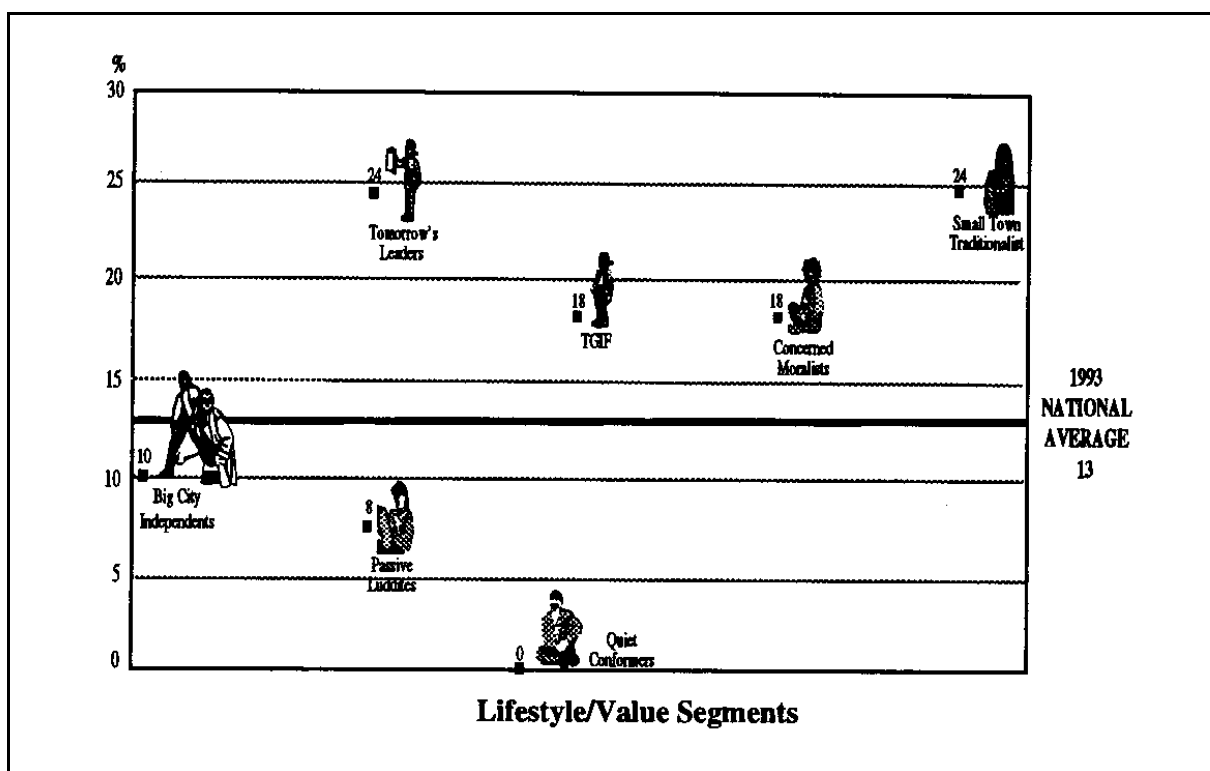


12% = An estimated 324,000 youth up from 10% or 260,000 in 1992, but down from 16% (415,000) in 1987.

Figure 3-8: Alcohol and Driving Experience
Reported Driving After Drinking -
At Least Once in Past 12 Months (16-24)

The proportion of Canadian youth 16 to 24 who reported driving in the previous two months after having at least one drink remained steady at 13%. This percentage was higher than the 11% reported in 1991, but lower than the 18% reported in 1989. Psychographically, the highest frequencies were found among Tomorrow's Leaders and Small Town Traditionalists (each at 24%); the lowest frequency among Quiet Conformers (0%).

Between 1992 and 1993, major increases occurred in Small Town Traditionalists (from 4% to 24%); Concerned Moralists (from 6% to 18%); and Tomorrow's Leaders (from 14% to 24%). At the same time, TGIFs fell from 27% to 18% and Quiet Conformers fell from 8% to 0%.



13% = An estimated 351,000 drinking and driving youth, compared to 13% (338,000) in 1992 and down from 18% (468,000) in 1989.

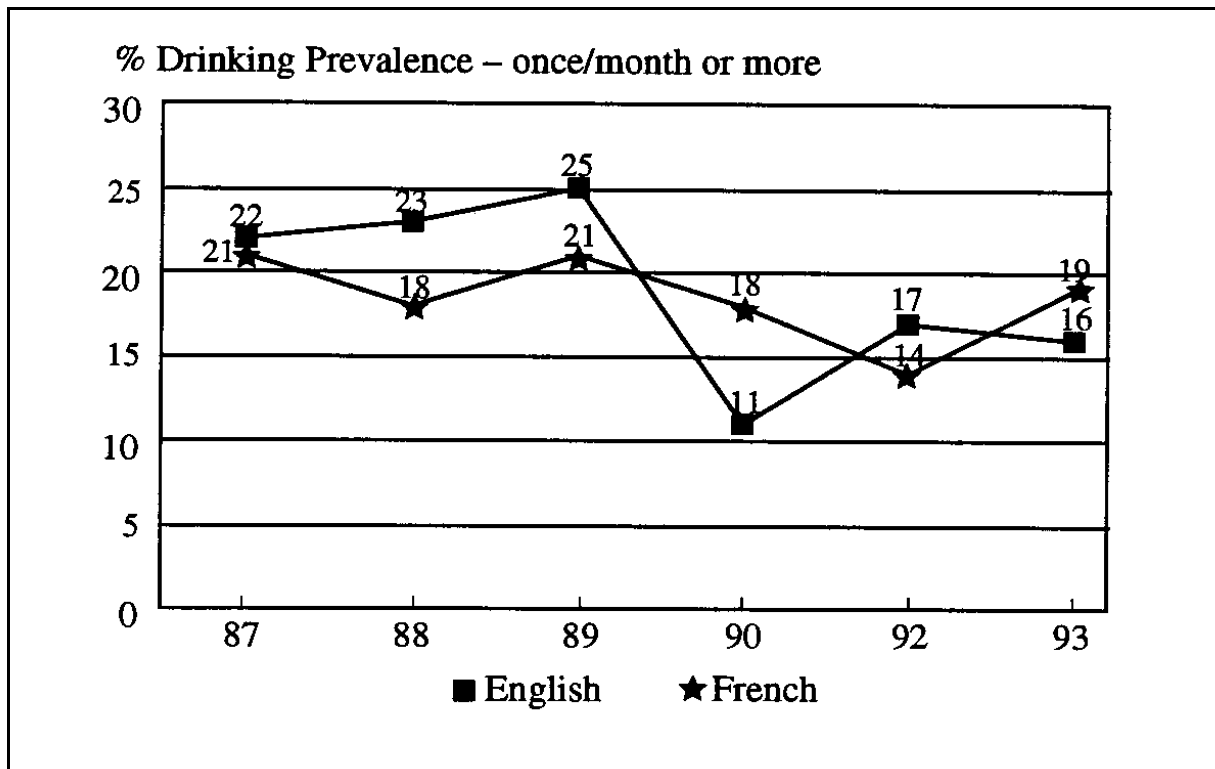
Trends In Use

Figure 3-9: Trends in Alcohol Use Among English and French Youth

The tracking studies by Creative Research continued to show a slight overall decline in regular drinking rates (once a month or more) among Canadian youth aged 11 to 17, from 23% in 1989 to 17% in 1993. The rate rose slightly from 15% in 1992.

For Anglophone youth aged 11 to 17, the rate in the long-term shows a decline from 1989 - but recently has been rising again after reaching a low of 11% in 1990. In 1993 it held relatively steady at 16%. Francophone youth still show a decline, from 21 % in 1989 - but the latest survey showed a relatively sharp increase from 14% in 1992 to 19% in 1993.

Psychographic studies of 1993 data clearly showed that alcohol use was significantly higher among the TGIF group. The rate of alcohol use among the Anglophone TGIF segment (45%) was close to three times that of Anglophone youth overall (16%); and the rate of alcohol use among the Francophone TGIF segment (33%) was close to double that of Francophone youth overall 19% .



Source: Gallup Canada Inc 1987-89, Creative Research Group Ltd. 1990-92 for Health Canada.

**Figure 3-10: Percentage of Youth Who Drink Alcohol
At Least Once a Month (1987-1993)**

When the data are analyzed by target group, the downward trend in alcohol use is particularly noticeable in the secondary target group (ages 14 to 17). The rates remain very low in the primary target group (ages 11 to 13).

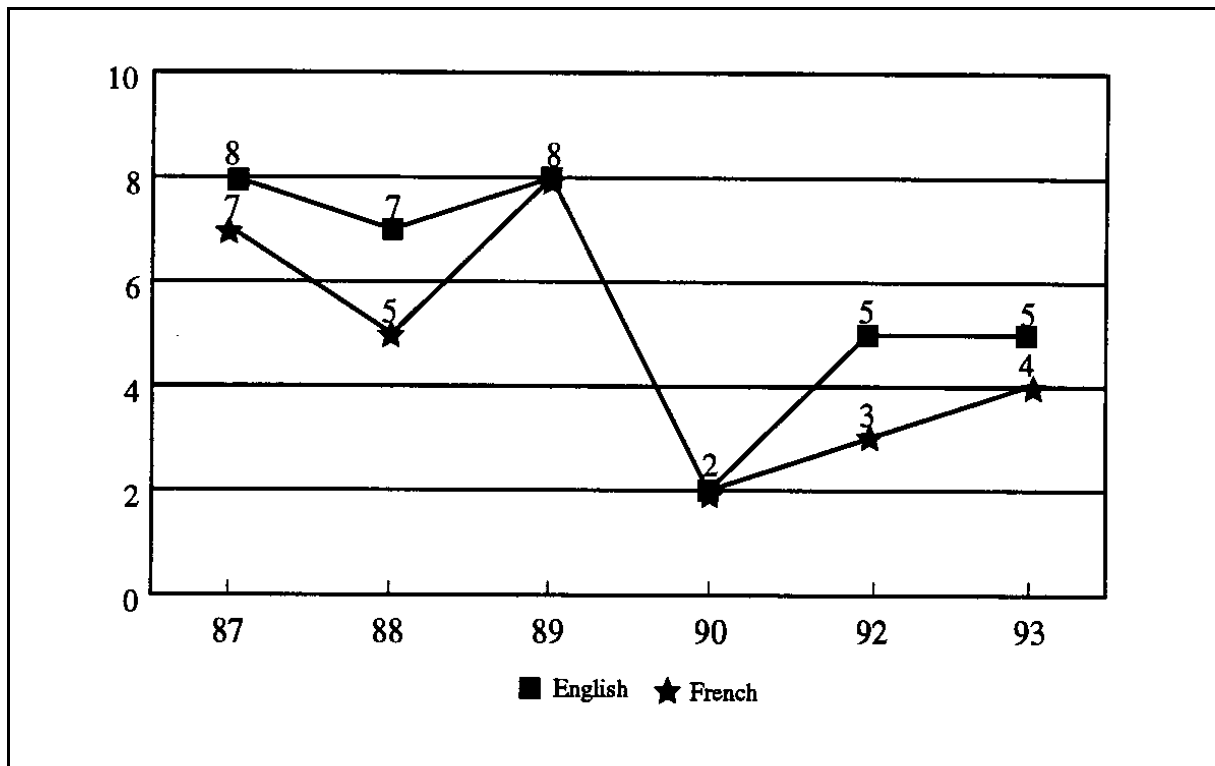
Since youth who were in the primary group in 1987 have matured and entered the secondary group in 1989 and 1990, the downward trend would suggest that youth cohorts from 1989 onward were less likely to take up drinking than were their predecessors.

Minor increases evident from 1992 to 1993 are statistically insignificant, but may suggest that the downward trend of previous years has been arrested temporarily. The long-term trend is down, but may have "bottomed out" during the past two or three years.

<i>Percent of Youth Who Drink Alcohol at Least Once a Month (1987-1992)</i>						
Year	1987	1988	1989	1990	1992	1993
<i>Primary Group (11-13) French/English</i>						
French	4	3	4	1	3	2
English	3	3	4	3	4	5
<i>Secondary Group (14-17) French/English</i>						
French	33	35	39	19	27	30
English	31	28	32	24	21	24

Figure 3-11: Trends in Marijuana Use Among English and French Youth (1987-1993)

The 1993 findings suggest that marijuana use essentially remained steady at 1992 levels. Between 1987 and 1992, tracking study results indicated a significant decline in the proportion of Canadian youth aged 11 to 17 to report cannabis use in the month before they were surveyed. The data show minimal use among the primary target group of 11 to 13 year-olds, and a stable rate among Anglophone youth aged 14 to 17, after a resurgence of monthly marijuana users among the French secondary target group in 1992.



Source: gallup Canada Inc. 1987-89, Creative Research Group Ltd. 1992 for Health Canada.

Figure 3-12: Trends in Marijuana Use Among Primary and Secondary Target Groups (1988-1992)

Explaining recent declines in marijuana use

Two alternative explanations for declines in marijuana and hard drug use were suggested in a recent U.S. article by Jerald Bachman. The first is that young people generally have become "more conservative" and "less trouble-prone" (to others). The data suggest that apparently-opposed trends such as increasing absenteeism from school (a measure of truancy) and an increase in going out for fun and recreation were not associated with increased marijuana use.

The second explanation is that specific changes have occurred in views about drugs and the risks associated with their use. This study's data suggest that a reduction in the perceived "coolness" of drugs correlates with falling marijuana use. The U.S. study data show that perceived risk also has a direct negative effect on marijuana consumption.⁴

In both cases, the data offer more support for the proposition that specific increases in negative attitudes about marijuana are more important in explaining recent reductions in marijuana and hard drug use, than any underlying "conservative shift" among youth.

<i>Trends in Prevalence of Marijuana Use Among Primary and Secondary Groups - 1988-1992</i>			
Year	1988	1990	1992
<i>Primary Group (11-13) French/English</i>			
French	2	-	6
English	-	-	7
<i>Secondary Group (14-17) French/English</i>			
French	16	4	8
English	9	3	4

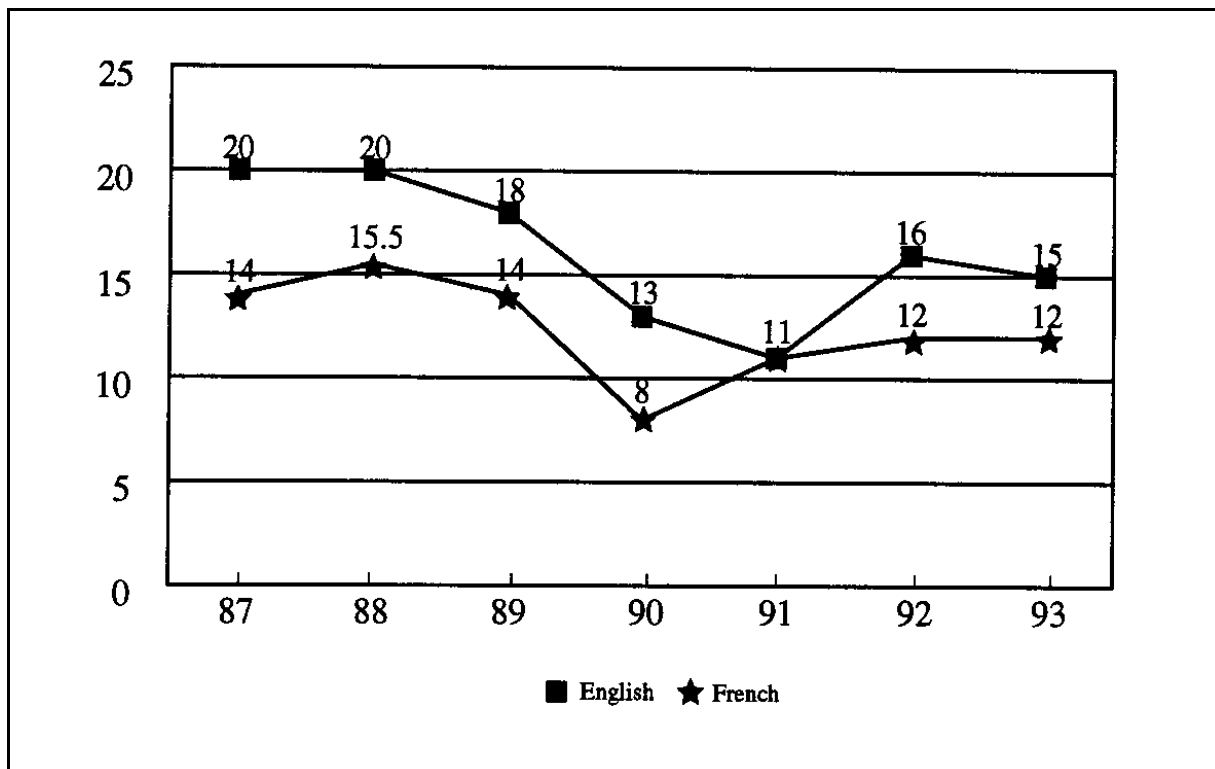
⁴ Bachman, Jerald G. "Explaining the recent decline in marijuana use". *Journal of Health and Social Behaviour* 29:92-112. The U.S. study data are drawn from an annual national sample of high school seniors.

Trends In Impaired Driving

Youth Trends: 1987-93

Findings from Gallup and Creative Research tracking studies show a long-term national decline in drinking and driving among young Canadians. In 1988, some 18% of young Canadians (16 to 24 year-olds) reported having driven after consuming at least one alcoholic drink some time in the two months preceding the survey. By 1993, the national rate had held steady at 13% for two years, after having gone as low as 11% in 1990 and 1991. While data showed a stable rate after a decline among Anglophone youth, there was evidence of a resurgence in drinking-and-driving behaviour among Francophone youth.

Figure 3-13: Trends in Driving After Having at Least One Drink in the Past Two Months
Driving After At Least One Drink in Last 2 Months



Attitudes, Behaviours and Interpersonal Communications

Figure 3-14: Anticipated Future Drinking Behaviour - English

Net findings in Table 3-14 suggests that a high proportion of Anglophone target group members surveyed anticipated not drinking alcohol or drinking less in the future, whether they had seen the campaign or not. A smaller proportion of those who had seen the campaign (54%) said they would not drink any or would have fewer drinks in the future, compared with 65% of those who had not.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(976) %	(521) %	
WILL not be drinking any	47	60	-13
Will have fewer	7	5	+2
Will have about as many as I have now	37	29	+3
Will have more	9	6	+3
NET - Not any/fewer	54	65	-11

(Alcohol - Q.7, Table 45)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-15: Anticipated Future Drug Use - English

A high proportion of Anglophone youth surveyed said they would not be using drugs, or would be using drugs less. Net results show 64% of those who had seen the campaign anticipated non-use or less use, compared with 59% of those who had not seen the campaign.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(976) %	(521) %	
Will not be using any	61	57	+4
Will be using less	3	2	+1
Will be using the same as I do now	4	3	+1
Will be using more	1	1	-
NET - Not any/fewer	64	59	+5

(Alcohol - Q.3 Table 34)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-16: Reactions To Ad - English

Of English-speaking youth who had seen the campaign, 60% of those surveyed indicated it made them think about not using alcohol or drugs, while 47% said it had helped them in their choice not to use alcohol and other drugs.

	Youth who have seen campaign		
	Total	Drinkers	Tried Drugs
	(976) %	(521) %	(136) %
<u>Behaviour</u>			
It has made me think about not using alcohol and drugs	60	45	40
It has helped me in my choice not to use alcohol and drugs	47	18	18
Makes it easier not to start using alcohol and drugs	20	8	8
Make is easier to cut down on using alcohol and drugs	4	9	13
Makes it easier to quit using alcohol and drugs	2	3	4
<u>Dialogue</u>			
I have talked to my firends about using alcohol/drugs	18	21	23
I have talked to my parents about using alcohol and drugs	17	17	18
I have talked to other adults about using alcohol and drugs	13	10	11
Has had no influence on me	18	32	37
(Main – Q.21a, Table 61)			

Figure 3-17: Attitudes Toward Alcohol and Drugs - English

Some 59% of Anglophone youth who had seen the campaign agreed to some extent with the statement that most people their age drink, compared with 47% of those who had not seen the campaign.

	Percent of Youth who agree a little/a lot		Difference*
	Have Seen Campaign	Have Not Seen Campaign	
	(976) %	(521) %	
<u>Behaviour</u>			
Most people my age drink	59	47	+12
Party not a party without drinking	14	11	+3
Party not a party without drugs	3	3	-
If I don't drink, I am not accepted	8	7	+1
Doing drugs is "cool"	1	1	-
<u>The Comparisons</u>			
Using drugs no worse than alcohol	37	38	-1
Smoking marijuana no worse than cigarettes	23	16	+7
Marijuana to teens is what alcohol is to adults	21	21	-
<u>The Dangers</u>			
Legalize marijuana	28	25	+3
Nothing wrong getting drunk once in a while	33	26	+7
Pot and hash all right; other stuff dangerous	19	14	+5
If don't take too much, most drugs not harmful	7	6	+1
Marijuana okay as long as don't get into it heavily	11	6	+5

(Drugs - Q.4, Table 35)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-18: Talking To Others About Alcohol - English

Some 62% (or 605) of those who have seen the campaign and 59% (or 307) of those who did not, talked to someone about alcohol. A large proportion (89%) of those who talked to someone (most often a parent (59%), a teacher/counsellor (53%) or friend (48%)) about alcohol felt that the discussion had been helpful.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(976) %	(521) %	
Have wanted to talk to someone about alcohol	26	29	-3
Have talked to someone about alcohol	62	59	+3

	Percent Among Those Who Talked to Someone
	(912) %
<u>Talked To:</u>	
Parent	59
Sister/brother	22
Other family member	16
Friend	48
Teacher/counsellor	53
Other	4
<u>The Discussion Was:</u>	
Helpful	89

(Alcohol – Q's. 8, 9a-c, Tables 46,47)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-19: Talking To Others About Drugs - English

Some 63% (or 615) of those who have seen the campaign and 64% (or 333) of those who did not, talked to someone about drugs. A large proportion (90%) of those who talked to someone (most often a teacher/counsellor (56%), friend (49%) or parent (46%)) about drugs felt that the discussion had been helpful.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(976) %	(521) %	
Have wanted to talk to someone about drugs	32	31	+1
Have talked to someone about drugs	63	64	-1

	Percent Among Those Who Talked to Someone
	(947) %
<u>Talked To:</u>	
Parent	46
Sister/brother	18
Other family member	14
Friend	49
Teacher/counsellor	56
Other	6
<u>The Discussion Was:</u>	
Helpful	90

(Drugs – Q's. 5, 6a-c, Tables 36,37)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-20 Anticipated Future Drinking Behaviour - French

Net findings in Table 3-20 suggest that 55% of those who had seen the campaign said they would not drink alcohol or would have fewer drinks in the future, compared with 47% of those who had not seen the campaign.

	Have Seen Campaign	Have Not Seen Campaign	Difference *
	(455) %	(45) %	
Will not be drinking any	51	40	-11
Will have fewer	4	7	-3
Will have about as many as I have now	42	49	-7
Will have more	3	4	-1
NET - Not any/fewer	55	47	+8

(Alcohol - Q.7, Table 45)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-21: Anticipated Future Drug Use - French

Interestingly, an extremely high proportion of Francophone youth surveyed said they anticipated not using drugs, or using drugs less. Net results show 90% of those who had seen the campaign anticipated non-use or less use, compared with 94% of those who had not seen the campaign.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(455) %	(45) %	
Will not be using any	89	87	+2
Will be using less	1	7	-6
Will be using the same as I do now	7	4	+3
Will be using more	1	2	-1
NET - Not any/fewer	90	94	-4

(Alcohol - Q.3, Table 34)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-22: Reactions To Ad - French

Of French-speaking youth who had seen the campaign, 63% of those surveyed indicated it made them think about not using alcohol and drugs and 35% said it had helped them in a choice not to use alcohol and drugs.

	Youth who have seen campaign		
	Total	Drinkers	Tried Drugs
	(455) %	(84) %	(69) %
<u>Behaviour</u>			
It has made me think about not using alcohol and drugs	(63)	36	26
It has helped me in my choice not to use alcohol and drugs	(35)	23	15
Makes it easier not to start using alcohol and drugs	(15)	7	3
Make is easier to cut down on using alcohol and drugs	4	(10)	(10)
Makes it easier to quit using alcohol and drugs	1	—	—
<u>Dialogue</u>			
I have talked to my firends about using alcohol/drugs	12	8	15
I have talked to my parents about using alcohol and drugs	10	8	10
I have talked to other adults about using alcohol and drugs	7	8	1
Has had no influence on me	20	(41)	(46)

(Main – Q.21a, Table 61)

Figure 3-23: Attitudes Toward Drugs and Alcohol - French

Some 53% of Francophone youth who had seen the campaign agreed to some extent with the statement that most people their age drink, compared with 64% of those who had not seen the campaign.

	Percent of Youth who agree a little/a lot		Difference*
	Have Seen Campaign	Have Not Seen Campaign	
	(455) %	(45) %	
<u>Behaviour</u>			
Most people my age drink	53	64	-11
Party not a party without drinking	22	33	-11
Party not a party without drugs	4	4	-
If I don't drink, I am not accepted	6	11	-5
Doing drugs is "cool"	5	9	-4
<u>The Comparisons</u>			
Using drugs no worse than alcohol	20	31	-11
Smoking marijuana no worse than cigarettes	14	20	-6
Marijuana to teens is what alcohol is to adults	13	18	-5
<u>The Dangers</u>			
Legalize marijuana	15	18	-3
Nothing wrong getting drunk once in a while	45	42	+3
Pot and hash all right; other stuff dangerous	21	25	-4
If don't take too much, most drugs not harmful	13	20	-7
Marijuana okay as long as I don't get into it heavily	17	18	-1

(Drugs - Q.4, Table 35)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-24: Talking To Others About Alcohol - French

57% (or 30) of those who had seen the campaign, talked to someone about alcohol. Figure 3-24 indicates that large proportion (89%) of those who talked to someone (most often a parent (65%), friend (44%) or teacher/counsellor (35%)) about alcohol felt that the discussion had been helpful.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(455) %	(45) %	
Have wanted to talk to someone about alcohol	27	47	-20
Have talked to someone about alcohol	57	67	-10

	Percent Among Those Who Talked to Someone
	(289) %
<u>Talked To:</u>	
Parent	(65)
Sister/brother	16
Other family member	13
Friend	(44)
Teacher/counsellor	(35)
<u>The Discussion Was:</u>	
Helpful	(89)

(Alcohol – Q's. 8, 9a-c, Tables 46,47)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Figure 3-25: Talking To Others About Drugs - French

Some 70% (or 319) of those who have seen the campaign and 76% (or 34) of those who did not, talked to someone about drugs. A large proportion (92%) of those who talked to someone (most often a parent (59%), friend (52%) or teacher/counsellor (47%)) about drugs felt that the discussion had been helpful.

	Have Seen Campaign	Have Not Seen Campaign	Difference*
	(455) %	(45) %	
Have wanted to talk to someone about drugs	46	56	-10
Have talked to someone about drugs	70	76	-6

	Percent Among Those Who Talked to Someone
	(353) %
<u>Talked To:</u>	
Parent	59
Sister/brother	14
Other family member	10
Friend	52
Teacher/counsellor	47
<u>The Discussion Was:</u>	
Helpful	92

(Drugs – Q's. 5, 6a-c, Tables 36,37)

* Between those who have seen and those who have not, i.e., have seen minus those who have not.

Conclusions

Of the English and French speaking youth, who had seen the campaigns, over half of those surveyed indicated that the campaigns have helped them think about not using alcohol or drugs. Furthermore, almost half of the English speaking youth and one third of the French speaking youth surveyed indicated that the campaigns helped them in their choices to not use alcohol or drugs.

However, a comparison of the Francophone and Anglophone target groups' attitudes toward alcohol indicates Francophones are less likely to cut back drinking. In general, current and anticipated use of alcohol appears to be greater among Francophone youth than among Anglophone youth.

IV NATIONAL STRATEGY TO REDUCE TOBACCO USE

Background

In May 1985, Canada's federal, provincial and territorial governments agreed to work together with national health organizations to reduce tobacco use, which is Canada's leading preventable health problem. In October 1985, the National Strategy to Reduce Tobacco Use was launched. The Strategy's goals are:

- to protect the health and rights of non-smokers;
- to help non-smokers stay smoke-free; and
- to encourage and help those who want to quit smoking to do so.
- The Health Promotion Directorate's social marketing program, launched in 1985/86, was a key part of this collaborative effort.

Target Group, 1992/1993

Primary Target Group

- Youth - 11 to 13 years, particularly TGIFs (Thank Goodness It's Friday psychographic group)

Secondary Target Group

- Youth - 14 to 17 years

Campaign Objectives

- To inform young Canadians of the benefits of not smoking;
- to position non-smoking as a normal activity and smoking as an abnormal activity; and
- to make it easier for young people to resist pressures to smoke.

In October, 1985, the National Strategy to Reduce Tobacco Use was launched to encourage non-smoking and to protect the health and rights of non-smokers. The "Break Free/Fumer, c'est fini" public awareness campaign - launched in 1985-86, and now replaced by "All You Need is You/On t'aime mieux au naturel" - is a key element of the National Strategy.

"Break Free" was the English slogan for the national anti-smoking campaign. The "Break Free" logo was augmented in 1992 by the slogan, "All You Need is You". The original French slogan, "Pour une generation de non-fumeurs", was replaced in 1988 by "**Fumer, c'est fini!**". It was augmented again in 1993, to "**On t'aime mieux au naturel**".

Campaign Activities

The campaign used television, radio, interior and exterior bus and transit shelter posters, magazine ads and targeted publications to promote the "Break Free" message. These efforts were supplemented by special promotions and information activities such as poster and lyric-writing contests.

Examples of specific campaign for 1992-93 activities include:

- The **Palis des Merveilles/Abat-Tabac Project** is a major exhibit for youth which takes place in Montreal every December-January. In 1992, the Department sponsored an interactive game for young children on the Fumer, C'est fini! theme.
- In collaboration with Radio Quebec, the department sponsored an episode of the popular French language television program for youth "**Club des 100 Watts**". The half-hour program which aired on March 27, 1992, focused on a variety of smoking issues. The program was also used to announce the winners of a contest which was launched during National Non-Smoking Week. The contest, aimed at children in grades 4, 5 and 6, involved a questionnaire which tested the children's knowledge of smoking issues. The department sponsored the contest in collaboration with the provincial ministries of health and education in Quebec and New Brunswick.
- **Quit 4 Life/Une Vie 100 Fumer**, a self-help smoking program, was designed for teenage smokers aged 15 to 19 who are motivated to stop. The program components were packaged in a: compact disc case in an attempt to tap into the lifestyle, language and graphic look of the music of the target group. The program is available to teen smokers through a 1-800 number. There was a national launch in Montreal and Toronto, and the program was promoted through Much Music/Musique Plus. Major partners included Health Canada, Ciba-Giegy and the Lung Association.
- **Street Cents** (CBC), a popular consumer show in its fourth season, is aimed at teens. The program reaches over 1 million viewers each week. A special episode dealt with tobacco advertising and sensitized youth to these ads, and to the issue of sponsorship of sporting events by tobacco companies.

- In addition, a spot promoting Quit 4 Life aired immediately following Street Cents. The promotional spot featured the different elements of the kit as well as the 1-800 number teens could call to obtain a kit.

English and French campaigns were designed and implemented separately. Therefore their impacts are described separately here.

Measuring Impact

As in previous years, a section is devoted to continuing assessment of the impact of the **"Break Free/Fumer, c'est fini!"** and **"All You Need is You/On t'aime mieux au naturel"** social marketing campaign, using data obtained in a national tracking study conducted in 1993 by Creative Research International. Figures and tables are based upon data obtained in this study (Section C). Included for the first time this year is a new section based on a report of an alternative interpretation of the same data obtained in the Creative tracking study. The report was prepared by Sage Research Corporation and released in March, 1994 (Section B).

Youth Trends versus General Trends in Tobacco Use

Canada's Health Promotion Survey, 1990, indicates that 30% of adult Canadians are considered "current smokers", a figure only slightly lower than in 1985. While the general adult trend recently has been showing declines (General Social Survey, 1992), youth data on smoking suggest prior evidence of a stray downward trend in the proportions of youth tobacco smokers (ages 11 to 17).

Although many factors influence social trends, this decline coincides with the target group and the objectives of Health Canada's anti-smoking social marketing campaign, suggesting that the campaign may have contributed to the decline in smoking in this age group.

The Continuum

A 1994 report prepared for Health Canada by **Sage Research** is based on the data collected for the Creative Research International tracking study, results of which are detailed in the next section. Sage finds that youth consider the main deterrents to smoking to be the influence of friends (63%) and the high cost (44%), the latter particularly among older teens.

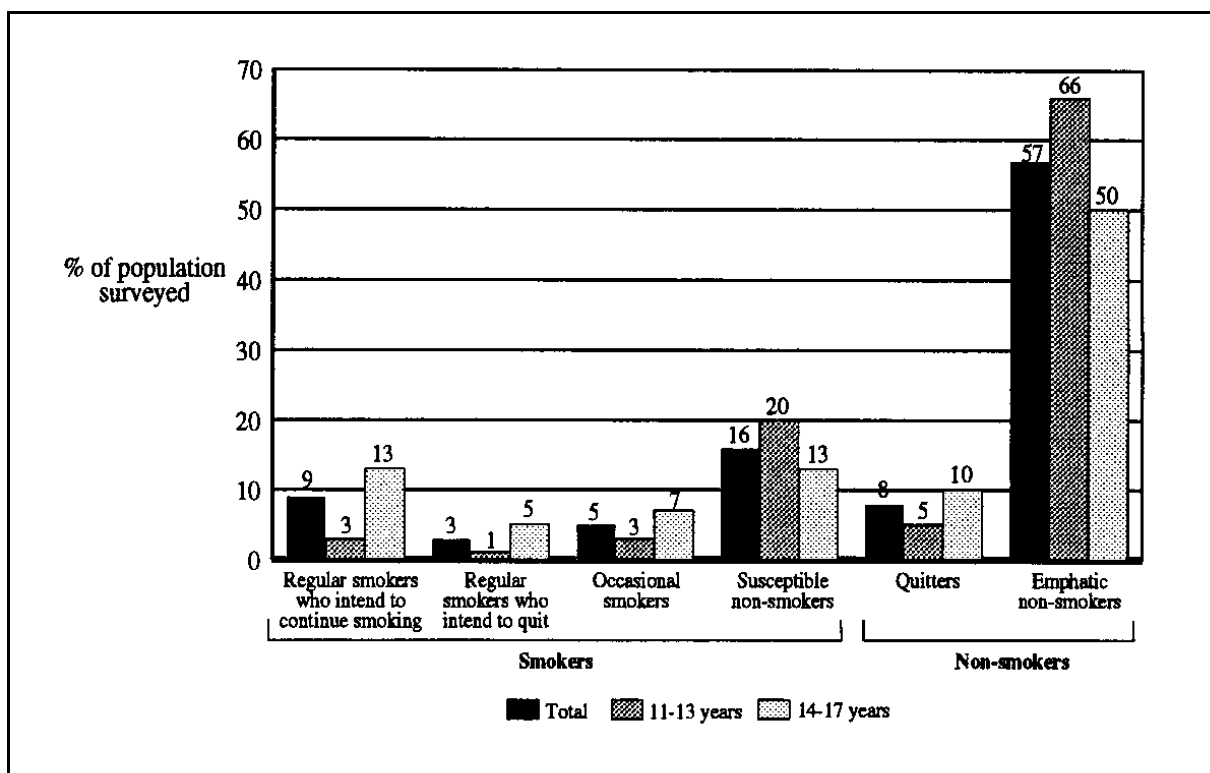
However, advertising campaigns, while down the list somewhat, are also considered to be a factor (24%). This is particularly true among younger teens, who form Health Canada's advertising target group.

Figure 4-1: "The Smoking Continuum - Canadian Youth 11 to 17 Years"

The Sage report derives classifications from studies conducted in California in the early 1980s. It divides youth into a "smoking continuum" of six categories, ranging from the most committed smokers to the most emphatic non-smokers. The two groups at each end of the continuum in Figure 4-1 are unlikely to change their attitudes in the short term. Committed smokers are unlikely to be easily swayed by social marketing or other influences, and there is no need to focus on confirmed non-smokers.

On the basis of these classifications, social marketing efforts for the immediate future are probably best focused on the four groups in between.

Members of the four groups are considered "susceptible non-smokers" because while they haven't formed a habit, they haven't made a conscious decision *not* to smoke. Each group may require up to several different social marketing strategies. The Sage study confirms that the largest number of susceptible non-smokers is in the age group already designated by Health Canada as its primary target group - 11 to 13 year olds.



SMOKING CONTINUUM BY AGE AND PSYCHOGRAPHIC SEGMENTS

Confirmed smokers form a more challenging target for social marketing than the other groups. When the psychographic categories are cross-referenced with the six segments of the continuum, it's apparent that TGIFs represent a large proportion of confirmed smokers in both younger and older age groups shown in Figures 4-2 and 4-3 respectively.

Sage's breakdown of Canadian tracking study data applying the California continuum suggests that a key deciding issue is one of age - older youth are more likely to smoke than younger ones.

Figure 4-2: Smoking Continuum by Age and Psychographic Segments, 11-13

	SMOKING CONTINUUM							
	Total 11-13	Quiet Conformers	Big City Independent	Tomorrow's Leaders	Concerned Moralists	Passive "Luddites"	Small Town Traditional	TGIF
Base: Total	801	168	164	138	91	88	74	70
	%	%	%	%	%	%	%	%
Regular smokers who intend to keep smoking	3	-	2	-	4	5	-	13
Regular smokers who intend to quit	1	-	1	1	-	-	-	3
Occasional smokers	3	4	2	2	3	1	-	9
Quitters	5	3	4	7	3	5	5	14
Susceptible non- smokers	20	18	17	24	21	22	12	26
Emphatic non- smokers	66	73	73	60	68	65	80	34

Figure 4-3: Smoking Continuum by Age and Psychographic Segments, 14-17

	SMOKING CONTINUUM							
	Total 11-13	Quiet Conformers	Big City Independent	Tomorrow's Leaders	Concerned Moralists	Passive "Luddites"	Small Town Traditional	TGIF
Base: Total	1196	286	226	189	171	119	118	82
	%	%	%	%	%	%	%	%
Regular smokers who intend to keep smoking	13	36	2	6	4	13	11	-
Regular smokers who intend to quit	5	8	1	6	2	10	6	-
Occasional smokers	7	11	5	7	3	7	7	2
Quitters	10	10	10	9	11	13	11	5
Susceptible non- smokers	13	14		16	10	14	14	12
Emphatic non- smokers	50	19	70	55	66	40	48	78

**Figure 4-4: Occasions for Smoking Among
11 to 17 Year-Olds - 1993**

The incidence of smoking is 16% overall in the 11 to 17 age group, but this breaks down to 4% among the 11 to 13 group and 24% among the 14 to 17 group. Youth at these ages who smoke say they do so most often during "social" situations - for instance, at parties (53%), with a few friends (45%), or at school break (39%). These are the occasions at which "Continuous Smokers" who are the highest in each field, say they smoke the most.

All youth, including Continuous Smokers are less likely to smoke alone or at family occasions. As well, younger teens smoke less frequently at these occasions than do older teens.

By determining the occasions for smoking among youth, it may be possible to design social marketing campaigns to intervene at an early stage, before they become habituated.

Occasions for Smoking Among 11 to 17 Year-Olds				
% Saying They Smoke "very often"	National Average for all Smokers	Continuous Smokers	Would Like to Quit	Occasional Smokers
At parties	53%	73%	60%	16%
With friends	45%	62%	52%	11%
At school breaks	39%	59%	38%	4%
Alone	25%	38%	27%	2%
After practicing sports	9%	15%	5%	-
While watching sports	12%	19%	10%	-
While studying	12%	18%	14%	0%
At family get-togethers	10%	17%	8%	-

Advertising Impact - Anglophone Youth

The Sage report finds that a majority of youth in English Canada recall having seen or heard Health Canada's anti-smoking advertising campaigns. These ads, when shown, were recognized by more than 80% of youth in both the primary (11 to 13 years) and secondary (14 to 17 years) target groups.

When asked how well the ads succeeded in persuading them that they didn't have to smoke to fit with friends, only 17% of those surveyed said the ads were "not at all" successful. The vast majority considered the ads to be either completely (36%) or partly (46%) persuasive. The primary target group of 11 to 13 year olds found the ads more convincing than did older youth.

Youth were also asked how they felt these ads would influence someone like themselves. Based on their responses, the campaign met its objectives: a majority in both age groups indicated they did not intend to start smoking. This reaction was most predominant in the 11 to 13 age group.

This means that the ads succeeded in their intent of getting youth, particularly those in the primary target group, to stay smoke-free "attitudinally".

Some details of these results are on the following pages.

Persuasion

In the Sage study, English-speaking youth were asked *"How well would you say these ads succeeded in persuading you that you don't have to smoke to fit in with your friends?"*

The ads were more convincing for the primary group of 11 to 13 year-olds and less so for the secondary target of older youth.

For 11 to 17 year-olds as a whole, the majority considered Health Canada's ads to be "persuasive" - 36% completely and 46% partially. Only 17% said this series of ads was "not at all" successful in achieving the objective.

Figure 4-5: Persuasion of Health Canada Ads - Anglophone Youth

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	1210	477	733
	%	%	%
Completely	36	50	27
Partially	46	40	50
Not at all	17	9	22

Influence Of The Ads And Reaction To The Ads

Sage asked English-speaking youth how Health Canada ads would influence someone like themselves with regard to smoking.

Based on youth responses to this question, the campaign was judged to have met its communication objectives. The majority in both age groups indicated they would not start smoking, and this reaction was most predominant in the 11 to 13 year-old primary target group.

For 11 to 17-year-olds as a whole, one in five said their reaction was to "stop smoking". This was more the case among the secondarily target group of 14 to 17 year-olds, which is the group that reports a much higher incidence of current regular smoking. However, those in the secondary target group were three times as likely as those in the primary group to say that the ads "had no influence at all" upon them.

Figure 4-6: Reaction to Health Canada Ads

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	1210	477	733
	%	%	%
Not start smoking	70	84	61
Stop smoking	20	16	23
No influence at all	15	7	21

Behaviour

Consistent with other results, Health Canada's ads were successful in getting English-speaking youth to stay smoke-free "attitudinally", particularly those in the primary target group of 11 to 13 years.

Figure 4-7: Behaviour after Viewing Ads - Anglophone youth

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	1210	477	733
	%	%	%
Made me think about not smoking	54	62	49
Has helped in my choice not to smoke	43	52	37
Has made it easier to start smoking	21	23	19
Has made it easier to cut down on smoking	4	2	5
Has made it easier to quit smoking	2	2	3

Advertising Impact - Francophone Youth

A majority of youth in French Canada also recall having seen or heard Health Canada's anti-smoking advertising campaigns. When shown these ads, teens in both the primary (11 to 13 years) and secondary (14 to 17 years) target groups recognized them at rates of 91%.

The ads succeeded in communicating general anti-smoking messages, such as "don't smoke/quit smoking" and that "smoking is hazardous to health". Some 15% understood that smoking was not a prerequisite to fitting in. Younger youth recalled the general anti-smoking messages more often than the older youth. However, the message "don't need to smoke to fit in" registered at higher levels among older youth.

When asked how well the ads succeeded in persuading them that they didn't have to smoke to fit with friends, only 17% of those surveyed said the ads were "not at all" successful. The rest felt the ads to be either partially or completely persuasive to varying degrees - 43% completely and 40% partially. Similar to those aimed at Anglophone youth, the ads were more convincing for the Francophone primary target group than for the older secondary group.

Based on the responses given when Francophone youth were asked how these ads would influence someone like themselves, the campaign met its objectives. A majority in both age groups indicated they did not intend to start smoking. This was particularly the case in the 11 to 13 primary target group.

More detailed explanations of these results follow.

Persuasion

Among Francophone youth, Health Canada's ads were more convincing to the 11 to 13 year-old primary target group than for 14 to 17 year-olds. The majority of those interviewed felt that the ads succeeded in persuading people that they don't have to smoke to fit it - 43% completely and 40% partially. Only 17% of Francophone youth interviewed said the ad series was "not at all" successful in persuading people.

Generally the French campaign seems to have been more instrumental than the English campaign in convincing youth that they don't have to smoke to fit in, estimated by the higher proportion saying that the ads were "completely" successful in meeting the communication objective.

Figure 4-8: Persuasion of Health Canada Ads - Francophone Youth

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	454	183	271
	%	%	%
Completely	43	55	35
Partially	40	35	43
Not at all	17	10	22

Influence Of The Ads And Reaction To The Ads

Overall, the ads were successful in meeting the communication objectives. The majority of youth indicated that the ads were influential in getting someone like themselves to not start smoking. This was particularly the case among the 11 to 13 year-old primary target group.

Figure 4-9: Influence of Health Canada Ads - Francophone Youth

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	454	183	271
	%	%	%
Completely	66	78	58
Partially	9	7	10
Not at all	25	15	32

Behaviour

Consistent with other results, Health Canada's ads were successful in getting Francophone youth to stay smoke-free "attitudinally", particularly those in the primary target group of 11 to 13 years.

Figure 4-10: Behaviour after Viewing Ads - Francophone youth

	Total	11-13	14-17
Base: Recall Health Canada ad(s)	454	183	271
	%	%	%
Made me think about not smoking	5a6	67	49
Has helped in my choice not to smoke	29	37	24
Has made it easier to start smoking	14	17	11
Has made it easier to cut down on smoking	4	2	4
Has made it easier to quit smoking	2	2	2

Assessing The Smoking Continuum

At present, issues related to the smoking continuum remain to be resolved as the six groups are not homogenous in attitude, and these classifications need further refining. As well, members of these groups are self-classified, based on broad measures of self-reporting. There is presently no objective way to measure how recently a respondent has actually smoked, or how much. A more in-depth understanding of the behaviours, habits, attitudes and beliefs present in each group is needed.

A division of youth into three rather than two age groups may also yield better targeting.

Finally, there remains the issue of whether social marketing campaigns target youth early enough. Current indications are that it may be worthwhile to try to reach youth younger than age 11.

Advertising Recall - English Youth Campaign (1992-1993)

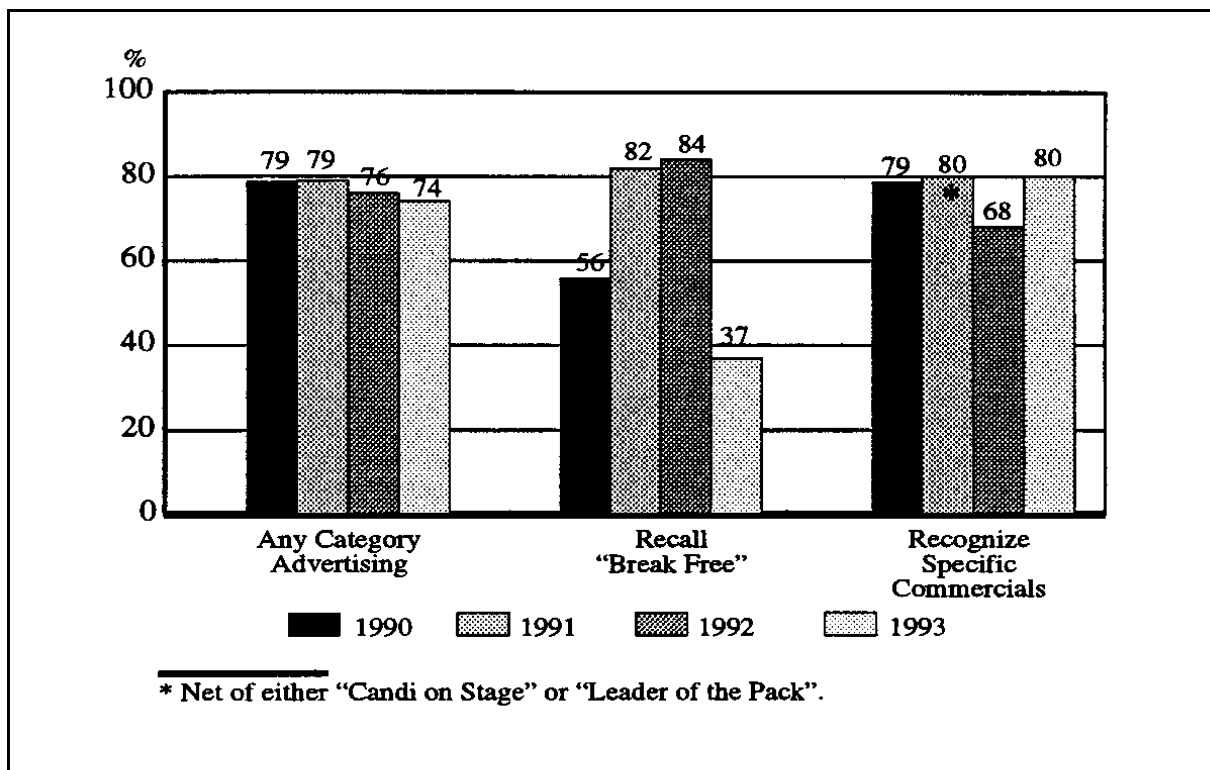
Figure 4-11: Advertising Recall - "Break Free" - Youth

Based on the Creative Research Tracking Study, Figure 4-11 indicates that in 1993, fewer youth recalled the "All You Need is You" slogan (37%) than the previous "Break Free" slogan (80%) or advertising against smoking in general (80%).

In 1992, Health Canada's advertising against smoking underwent a one-year hiatus, during which no advertising appeared on any media. This had a major impact on recognition of the slogan.

In 1991 the existing "Break Free" slogan, in use since 1985, was changed to a logo and attached to ads containing the new slogan "All You Need is You". Since "Break Free" was used but no longer featured, and "All You Need is You" will take a number of years to register, recognition is lower.

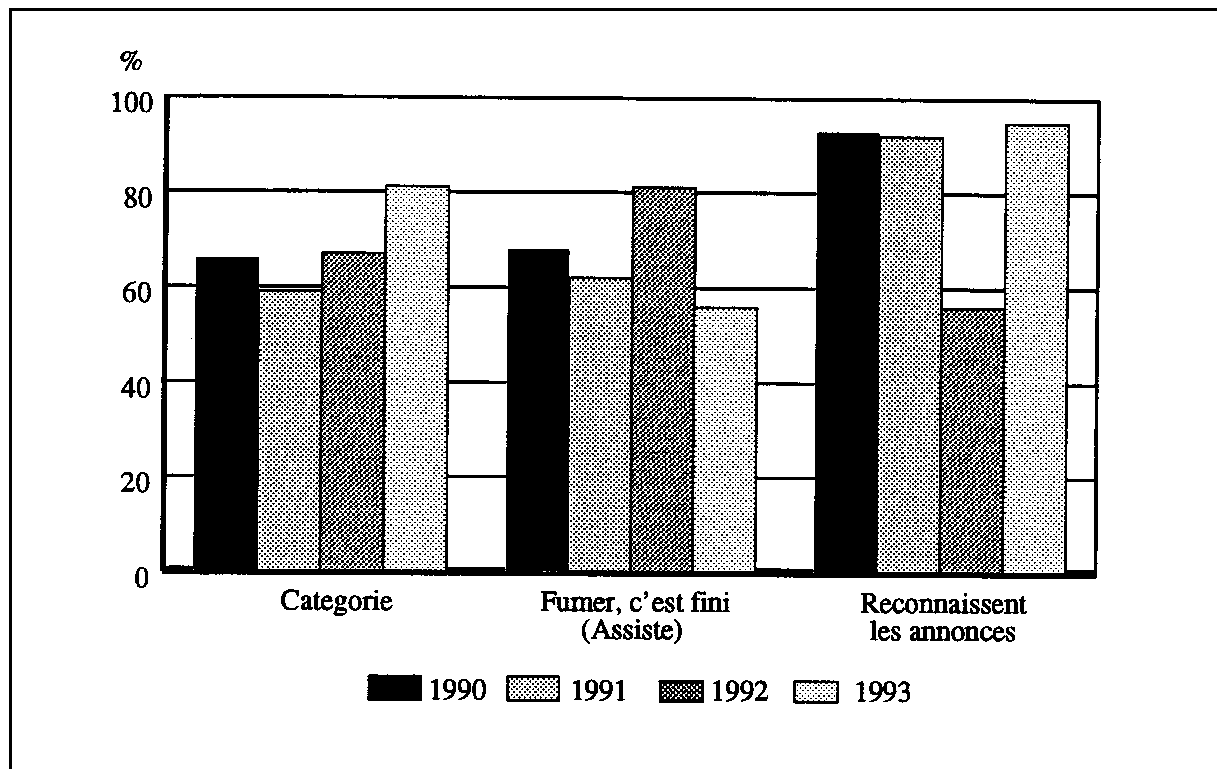
As well, the number of logos onscreen may have reduced recognition of single elements. But while recognition of the "Break Free" slogan declined considerably, the level of recognition for specific commercials remained equal to that in 1991.



Advertising Recall - French Youth Campaign (1992-1993)

Figure 4-12: Advertising Recall - Fumer, c'est fini! - Youth

Based on the Creative Research Tracking Study, more than eight in ten (81 %) Francophone youth 11 to 17 years of age are familiar with some form of advertising against smoking. The old campaign theme, "Fumer, c'est fini!" was recalled by 70% of those interviewed, while the new campaign theme, "On t'aime mieux au naturel" was recalled by 56%.



Psychographic Findings - English And French Target Groups

Awareness

Creative Research found that among surveyed youth, overall awareness of anti-smoking messages remained very high. At least eight of ten in each language group recalled some form of governmental anti-smoking advertising. As the new anti-smoking campaign "**All You Need is You/On t'aime mieux au naturel**" gathered momentum, it garnered 37% recall among English-speaking youth and 56% among French-speaking youth.

Predictably, with the re-positioning of the government's former anti-smoking campaigns, "**Break Free/Fumer, c'est fini**" awareness of the themes diminished among both French- and English-speaking youth. Some 56% of French youth recalled the campaign in 1993, compared to 81% who recalled it in 1992. Among English Canadian youth, awareness fell by more than half, from 84% to 37%, as they were supplanted by new campaign themes.

The timing of campaign changes and the tracking study survey contributed at least partially to the reduced rates of recall. The new campaign began airing in June. Research was conducted in September, allowing only four months to generate awareness. As well, there had been no campaign at all for much of the year prior to the new campaign's launch.

However, awareness of specific commercials rose. Members of the target group may not have recognized specific campaign themes at high rates, perhaps in part because of the recent changes. However, they recognized the visuals from individual commercials when they saw them.

Attitudes

Small Town Traditionalists reported the lowest rates of peer group smoking (15%) compared to a national average among youth of 35%. TGIFs were most likely to report that "most people I hang around with smoke," at 64%.

Do young Canadians feel smoking makes them look cool? Some 12% of TGIFs held such a belief, compared to 5% of Tomorrow's Leaders.

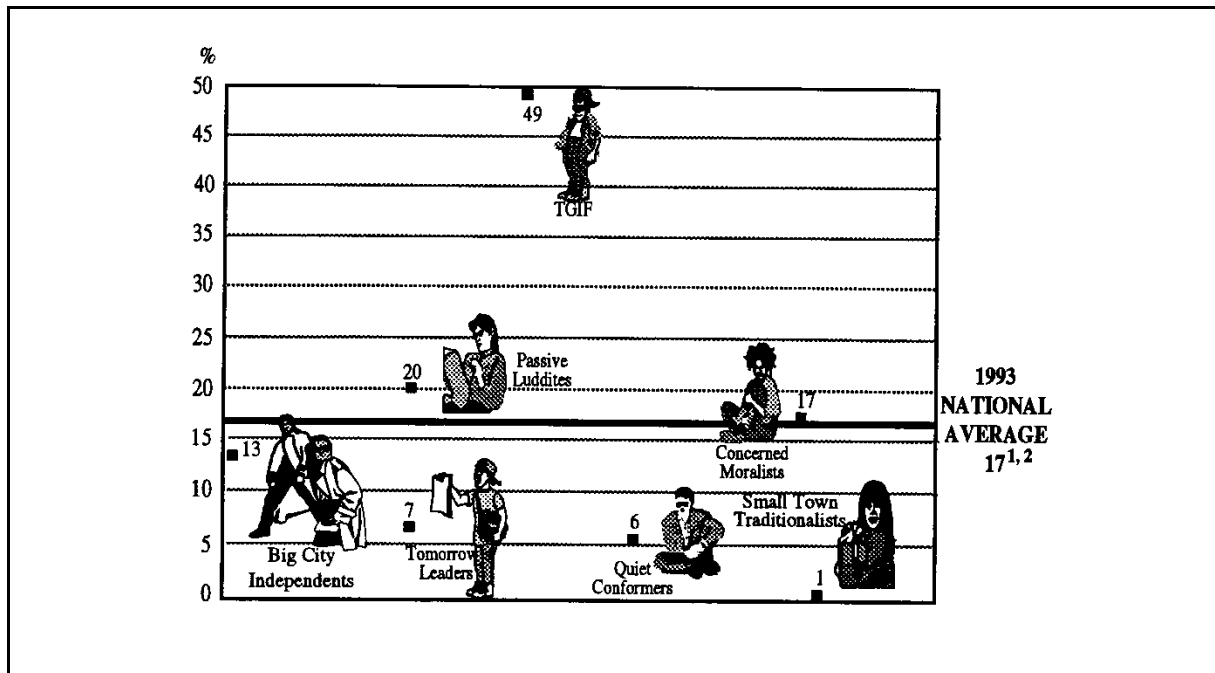
TGIFs were less likely to report thinking about not using tobacco after seeing a Health Canada message than were Concerned Moralists (39% vs. 65%).

Behaviour

Among psychographic groups, the higher the agreement with the statement that "most of the people I hang around with smoke cigarettes," the more likely was the probability of engaging in smoking behaviour and vice-versa. The incidence and probability of smoking were highest, therefore, among TGIFs at 38%. This group was followed by Passive Luddites (15%). The lowest rates were among Tomorrow's Leaders (3%), Quiet Conformers (2%) and Small Town Traditionalists (0%).

Figure 4-13: Smoking Incidence - Daily, At Least On Occasion (11-17)

Notably, the national average of daily smoking among youth increased to 17% in 1993 from 14% in 1992.^{5 6}



17% = An estimated 459,000 current smokers, up from 14% (378,000) in 1992, but down from 18% (466,000) in 1987.

⁵ Other researchers who conduct national surveys for the general public exclude rare-occasion smokers. The smoking behaviour of the target group (excluding rare-occasion smokers) shows a 1993 national average of 12% (up 2% from 10% in 1992).

⁶ Given the vast amounts of data collected from various research agencies, it is important to also look at the secular trend of smoking behaviour among our target group. The secular trend is downward (irrespective of short-term fluctuations) from 1987 onward.

Trends In Tobacco Use

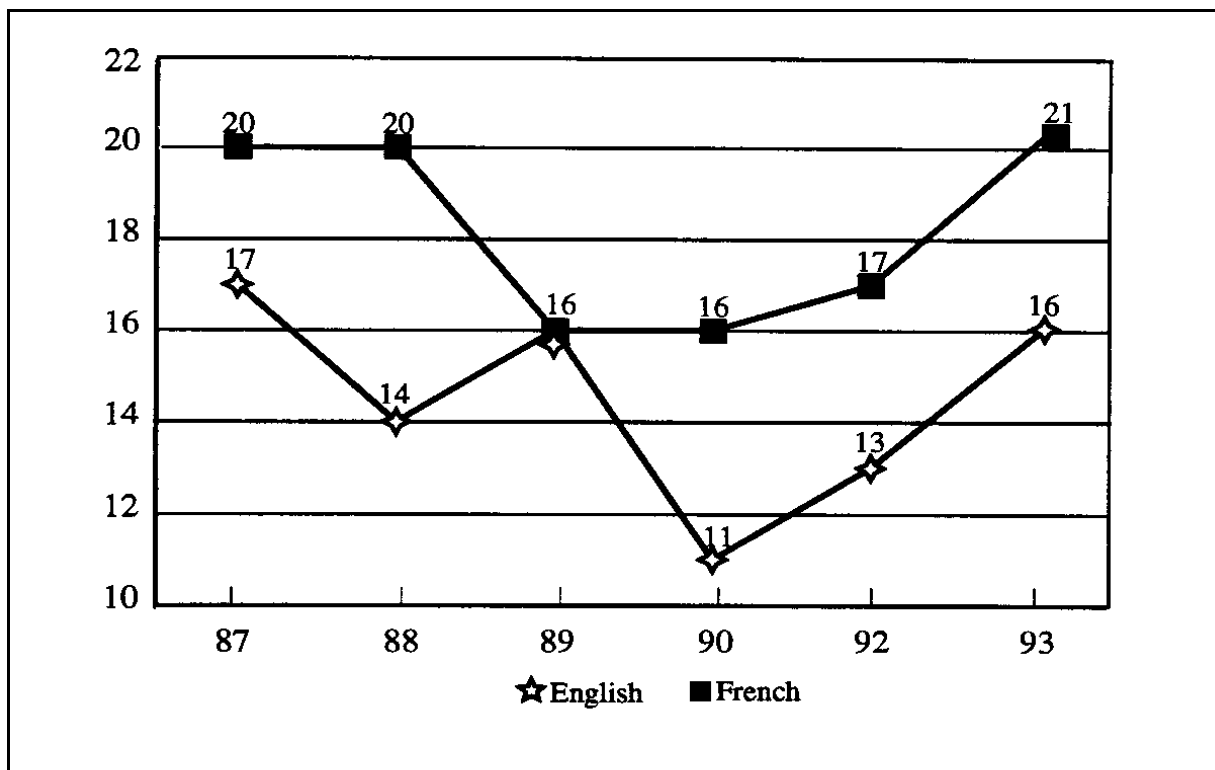
YOUTH TRENDS IN TOBACCO USE: 1987-1993

According to results from Gallup's 1987 tracking study, the proportion of youth 12 to 17 years old who said they smoked daily as 18%. The 1993 survey results from Creative Research, which measure the new campaign's targeting of 11 to 17-year-old youths, show that the proportion reporting smoking at least occasionally (which *includes* daily smokers) was 17%, up 3% from 1992.

This change in the percentage of daily smokers, from 18% in 1987 to 17% in 1993, represents an estimated decline from more than 466,000 young Canadian smokers in 1987 to 459,000 in 1993, or approximately 7,000 fewer daily smokers among the campaign's target population.

Figure 4-14: Trends in Tobacco Use Among English and French Youth

Smoking Incidence (daily, at least one occasion)



Source: Gallup Canada Inc. 1987-89, Creative Research Group Ltd. 1992 for Health Canada.

Trends By Target Group

Findings from Gallup and Creative Research Group tracking studies indicate that in 1993, some 2% of English-speaking and 6% of French-speaking primary target groups (11 to 13-year-olds) reported occasional or daily smoking, down from levels of 8% for Anglophones and 9% for Francophones in 1987.

For the secondary target group (14 to 17-year-olds), 21% of French-speaking youth and 16% of English-speaking youth reported occasional or daily smoking in 1993, down from 1987 levels of 28% for the French and 23% for the English, representing a 25% and a 30% decrease for each of those respective populations.

Youth Trends versus General Trends in Tobacco Use

Canada's Health Promotion Survey, 1990, indicates that 30% of adult Canadians are considered "current smokers," a figure only slightly lower than in 1985. Until recently, the main reason for reductions in tobacco sales seems to have been a reduction in how much smokers smoke, rather than a reduction in the proportion of smokers.

While the general trend is reported to be static, youth data on smoking presented here suggest the sector trend is slightly downward. This decline coincides with the Directorate's initial objectives for the original **"Break Free/Fumer, c'est fini!"** campaign and its follow-up, **"All You Need Is You/On t'aime mieux au naturel"**.

Combined Results

Both the Sage report and the Creative Research study indicate that by all the measures available, Health Canada's social marketing campaign against smoking is working. Target groups are aware of the government's campaign. Aided recall of both the campaigns in general and of particular ads is high. A majority of both age groups surveyed stated that they had formed the intention to not begin smoking, and/or to talk with someone about the issue.

In addition, percentages of confirmed smokers among the target groups have fallen during the years the ads have run.

As well, Health Canada's social marketing has benefited from a substantial "ripple effect", as private sector partners have allied themselves with the campaign's aims. In some cases, these partners' financial contributions have been substantial enough to double Health Canada's original investments. (*See Appendix B.*)

V VITALITY/VITALITÉ

Background

When people think about diet and exercise, it is generally in terms of weight loss. In fact, entire industries have been developed just to cater to the Western World's obsession with losing weight. However, research proves that diet and exercise regimes that focus on weight loss are seldom successful and often leave the person feeling discouraged and less in control than ever over his or her own body.

With these facts in mind, the Health Promotion Directorate and Fitness Canada initiated a program that integrates three positive life choices: enjoyable, healthy eating; enjoyable physical activity; and positive self and body image. Adopting this approach will lead to well-being, an enhanced quality of life and maintenance of a healthy weight.

Integrating these three components and emphasizing enjoyment are the hallmarks of this approach, appropriately called **Vitality/Vitalité**. This holistic approach takes into account not only physiological needs but also what is desirable from a psychological, social and cultural perspective. It recognizes the impact that the physical, social and economic environments have on a person's choices and decisions.

The **Vitality/Vitalité** program was developed from work surrounding "Promoting Healthy Weights" coordinated by Health Programs and Services Branch between 1984 and 1988. The approach draws on the "Achieving Health for All" framework developed by Health Canada and the "Active Living" concept developed under the leadership of Fitness Canada.

ParticipACTION has been an important partner in **Vitality/Vitalité** since 1991, working on the development and delivery of public awareness and information activities.

Components

Enjoying Eating Well means choosing from a wide variety of foods that you enjoy. This includes emphasizing breads, other grain products, vegetables and fruit. It means choosing lower-fat foods more often, including lower-fat dairy products, leaner meats and foods prepared with little or no fat. *Canada's Food Guide to Healthy Eating* was designed to encourage this pattern of healthy eating.

Enjoying Being Active or "moving your way every day" is the key to active living. This concept, developed under the leadership of Fitness and Amateur Sport, means finding ways to enjoy being active every day, at home, at work, within your community and with friends. Being active helps to relieve stress, manage weight and strengthen the heart, lungs and muscles.

Positive Self and Body Image starts with individuals being aware and accepting of themselves and their bodies in a healthy way. This also means that individuals have a positive yet realistic attitude toward their body size, shape and composition. Positive self and body image entails both personal and societal acceptance of a range of healthy body weights, of variations in body size and of the importance of healthy body composition.

Why the Vitality/Vitalité Program?

Vitality/Vitalité is about personal choice - taking charge of how we eat, how we can stay active daily and how we can feel good about ourselves. Research shows that Canadians 25 to 44 years of age are absorbed by their family life and their work family and enjoying life are their top priorities. While they recognize the importance of healthy eating, activity and a positive self and body image, these issues rank relatively low on their list of priorities.

The Vitality/Vitalité Target

Vitality/Vitalité is relevant to all Canadians and can therefore be integrated into the strategies and programs of agencies, companies, volunteers and professionals who deal with a variety of target groups within our population.

Initially the program is targeting adults 25 to 44 years of age with 9 to 13 years of education. This is a critical public to reach, since research has shown its members are at increased risk of developing cancer, heart disease and diabetes. In addition, they are principal influencers of the behaviours and attitudes of their family units. Finally, existing public awareness and prevention programs are not reaching them successfully. Eventually, additional population groups will be targeted, including children and older adults.

The **Vitality/Vitalité** program goals are:

- To enable Canadians to adopt an integrated approach to living, centered on enjoyable, healthy eating; enjoyable physical activity; and a positive self and body image;
- To create a positive environment that supports adoption of Vitality/Vitalité.

To keep the concept on track as it evolves, the following five guiding principles have been adopted:

1. **Vitality/Vitalité** is based on changing behaviour through raising awareness and encouraging people to experience, then adopt, **Vitality/Vitalité**.
2. **Vitality/Vitalité** is built on existing networks of professional and voluntary groups.

3. **Vitality/Vitalité** is market-centered: tailored to the needs and interests of segments of the population rather than developed to meet the requirements of traditional delivery systems.
4. **Vitality/Vitalité** encourages consumer involvement: people representing target groups are involved in the developmental process.
5. **Vitality/Vitalité** embodies a positive contemporary approach, encouraging people to take control of their lives.

Getting There From Here: Strategic Directions

Introducing Canadians to **Vitality/Vitalité** and encouraging them to try it and then adopt it as a way of life is a challenge. Some of the methods that are being employed include:

- Promoting general awareness through the media and influential spokespersons in the government, volunteer and private sectors. Private sector partners in 1993 included Fleischmann's, Kellogg Canada, J.M. Schneider and regional grocery chains including Sobeys, Provigo, A&P/Dominion/Valuemart/Miracle Foodmart and Safeway.
- Encouraging the development of opportunities for people to experience **Vitality/Vitalité** first-hand;
- Encouraging professionals and educators to adopt the **Vitality/Vitalité** program and concept;
- Enlisting the support of major influencers in our society (e.g., food, fashion and entertainment industries); and
- Encouraging research to support implementation of Vitality/Vitalité.

Some key activities for 1992-93 included:

- A **five-page supplement** distributed through "HOMEmaker's/Madame au foyer" magazine in March, 1992, communicated the **Vitality/Vitalité** message to the target group.
- Fleischmann's (Lever Brothers, Monarch Foods) supported the production and distribution of a **16-page booklet** which explained the program and contained examples of **Vitality/Vitalité** activities. It was distributed in 1,636 supermarkets and sent to more than 18,000 health, fitness and nutrition professionals.

Evaluation

Vitality/Vitalité is in many ways unique. It embodies a set of issues, attitudes and behaviours that are more difficult to measure than a single specific behaviour such as smoking. In addition to having a broader scope than other social marketing campaigns, **Vitality/Vitalité** does not use paid advertising to develop and sustain public interest. Thus it is difficult to evaluate it in the same fashion as other social marketing campaigns.

Several complementary methods have been used to monitor the effectiveness of the program. These include the following:

- A study conducted by **Tandemar Research Inc.** was submitted in February 1992. The data were gathered through mall intercepts and telephone interviews in three markets. The following results should be considered directional in nature.
 - More than half (62% of sample) believe that the **Vitality/Vitalité** idea is important and meaningful to them.
 - The PSAs generated some awareness for the creative (aided recall was 62% for TV and 23% for radio). However, awareness of the **Vitality/Vitalité** identifier itself was relatively low (11%) suggesting a need for better "branding" of the campaign in the future.
 - Some 70% of respondents felt that it is important for the federal government to send the **Vitality/Vitalité** message to Canadians.
- **ParticipACTION's** media monitoring for the 12 months ending in July 1992 estimated that **Vitality/Vitalité** had then received the equivalent of more than \$4.3 million in PSA exposure.
- In June 1993, **Enviro-nics Research Group Limited** conducted interviews to assess recognition of the **Vitality/Vitalité** message. It revealed a low recognition rate in the target group - unsurprising in view of the modest budget available (However, a series of eight Body Break PSAs released to network and cable broadcasters in December 1993 garnered media value conservatively estimated at \$7.74 million during the next six months.)

To sum up, the message of **Vitality/Vitalité** is important to many Canadians, although the campaign itself has had a low recognition rate in the past. Health Canada, with its private-sector partners, is finding innovative, low-cost ways of transmitting the message and exposure has gained momentum steadily since the campaign began.

VI LESSONS LEARNED

Social Marketing Models

The Health Promotion Directorate has developed a wide range of innovative social marketing approaches which, in addition to the impacts they are having on specific target groups, are proving increasingly valuable as prototypes. These approaches are being adapted and used as models by other federal departments, non-government organizations and community groups, among others.

Each model involves a specific product, a targeted distribution system, a strategic combination of partners and a distinct communications/promotion strategy. Whenever feasible, most of the approaches also incorporate a fund-raising component, with proceeds going to community groups. The Directorate will continue to use these approaches to develop new social marketing resources and partnerships that complement its other strategic approaches.

Applications

The Directorate's social marketing campaigns are used:

- To promote social change;
- To communicate effectively the Department's position on national public health issues;
- To support increased understanding of health causes;
- To complement and support other elements of national programs;
- To encourage a broad range of partnerships and to leverage financial support and commitment by partners to national programs;
- To respond to public demand for information and communications/skills development resources.

Key Attributes

Several key attributes distinguish Health Canada's health promotion social marketing approaches from other social marketing campaigns. These include the following:

1. Partnerships

Health promotion social marketing campaigns are developed and implemented in co-operation with provincial and territorial health departments and addiction agencies, professional and voluntary non-government organizations, and private sector companies across Canada. In recent years, the campaigns have increasingly been complemented by extensive support from a broad range of partners. Each social marketing approach is developed and delivered in association with a strategic combination of partners, each of whom contributes to one or more components of the approach. (e.g., development of the product, distribution or promotion.)

Before entering into a partnership agreement, the Directorate insures that a potential partner meets certain criteria and guidelines. Potential partners must be willing to make a long-term commitment to the program and to demonstrate support for program goals within their own organizational culture. For instance, by implementing an internal employee awareness program, distributing resources such as the *Drug Dialogue* video to employees or initiating fund-raising activities.

2. Focus on Resources (Education/Prevention and Skills Development)

Since 1990, the Directorate has increasingly emphasized the development of education/prevention and skills development resources. Examples include the *Drug Dialogue/Dialogue sur les drogues* videos, the *Really Me/Anthem* (English only) cassette and the *Quit for Life/Une vie sans fumer* smoking cessation kit.

These resources have proven popular and effective. They are meeting real needs within the campaign target groups and within the Canadian public. Resources are used in homes, schools and workplaces. Parents, community groups and educators are constantly requesting additional copies.

This focus on developing practical, innovative resources in collaboration with partners will continue to be a key element of the Directorate's social marketing campaigns.

3. Targeted Delivery and Promotion Systems

A key feature of the Directorate's social marketing approaches has been the development of targeted delivery (or distribution) and promotion systems.

The Junior Jays project, for instance, was developed in partnership with the Toronto Blue Jays and the Canadian Association of Chiefs of Police (CACP). Other partners include McDonald's, Imperial Oil, Kellogg Canada, McCain Foods, Wrigley's, CP Hotels, Heritage Canada, Warner Brothers and Canada Post. A comic book was developed to target kids, dealing with issues such as tobacco, alcohol and other drugs, nutrition and racial harmony. The CACP distributed approximately 1 million copies to all elementary schools across Canada and at a special Drug Awareness Day at

Skydome. Kids were invited to join the Junior Jays club through a mail-in form in the comic, and by April, 1994, more than 125,000 had joined and received newsletters on health-related topics.

The distribution and promotion strategy developed for this project was comprehensive, targeted and low-cost. Distribution - which was accomplished without cost for the Department or the consumer - was supported by extensive private sector promotion. To date, the government's contribution to this campaign has been \$150,000, and private sector contributions total more than \$2 million.

Each new project or partnership presents unique distribution and promotion options that need to be explored. Even a relatively minor project, such as a poster, creates possibilities. For instance, in 1992, the Directorate entered a direct marketing partnership with the Canadian Medical and Dental Associations, through which a **"Break Free/Fumer, c'est fini!"** poster was distributed to these associations' memberships. The poster humorously highlighted the vital role that parents and other adults can play in helping to curb child and youth experimentation with tobacco. The Canadian Medical Association used the poster illustration on its journal cover and ran an accompanying editorial supporting the theme.

4. Community Fund-Raising Component

The Directorate's social marketing programs have successfully raised several million dollars' worth of funds for community groups throughout Canada. Partnership initiatives with private-sector companies such as Safeway, Federated Co-op and Pepsi-Cola Ltd. have generated funding that has enabled community groups throughout Canada to implement alcohol and drug abuse prevention and treatment programs at the local level.

Whenever it is feasible, the Directorate's social marketing approaches include a fund-raising component. Even contests (an unlikely source of revenue) have been used to raise funds. For instance, "Really Me/Drugs, pas besoin!" T-shirt design contests have generated funding through sales of T-shirts with the winning design.

5. Evaluation

All of the Directorate's social marketing campaigns are evaluated regularly through independent tracking studies and other evaluation tools. Findings from these ongoing evaluations are used to revise and fine-tune the campaigns. This helps to ensure the effectiveness and efficiency of the campaigns.

Lessons Learned

The most significant lessons learned throughout the development of these social marketing campaigns follow:

- **To have real impact, social marketing campaigns should develop a wide variety of partners.**

The Health Promotion Directorate has long recognized the importance of working closely with provinces and territories, private sector companies and non-government organizations in the development of its programs, including its social marketing campaigns. Organizations in these sectors offer a number of partnership advantages: they have established delivery networks which can supplement the Division's existing networks and distribution channels; they are often willing to provide support in return for the opportunity to be associated with positive social causes, etc.

Health promotion programs have traditionally been implemented in cooperation and consultation with provinces and territories and professional and voluntary non-government organizations. Private sector companies, however, are more recent partners.

During the last five years, more than 80 private sector companies have contributed an estimated \$50-million-plus in services and support-in-kind to the campaigns - more than the Directorate itself has spent on its social marketing programs. Such partnerships are increasingly recognized as an innovative, cost-effective and productive way of working.

Although the Directorate initially had to expend significant time and energy to develop partnerships, the investment has proven worthwhile. Now, increasing numbers of private sector companies are approaching the Directorate because they want to be involved visibly with progressive social causes and because they realize that partnerships benefit all concerned. Companies benefit from the positive public relations aspects of being recognized as responsible corporate citizens. In return, partnerships have a "multiplier effect" on campaigns, adding synergy, momentum and greater visibility without increasing costs to the Directorate.

- **Social marketing campaigns can effect social change, but a long-term commitment is essential.**

The Directorate's experience is that even initially high campaign awareness levels will, not create immediate changes in attitudes or behaviour. However, sustained effort, effective planning and the use of a broad array of tactics are likely to produce changes in attitudes and behaviours over the long term.

- **Social marketing campaigns have to be comprehensive to be effective.**

The use of advertising or Public Service Announcements (PSAs) should not be expected to have a substantial or lasting impact on attitudes, behaviours and intentions. These elements are essential, however, to raise the profile of an issue and to initiate discussion among those in the target audience. Other social marketing elements can then be used to motivate and encourage the target audience to adopt personally and socially beneficial health behaviours.

- **Developing social marketing campaigns based on demographic information alone is not sufficient; psychographic information is also required.**

Tracking studies, focus group tests, and ongoing research concerning the attitudes, beliefs and opinions of youth have all played an important role in the evolution of the campaigns. Research has indicated, for instance, that positive, reinforcing messages are more likely to be effective than a negative, fear-based approach.

Research has also indicated that the campaigns have had more impact on some youth sub-groups than on others. Certain hard-to-reach groups cannot be addressed effectively solely on the basis of demographic information. Psychographic research is required to determine which messages and approaches would be most appropriate to reach these groups. Psychographic research combines the quantitative and statistical sampling approach of demographic analysis with psychological profiles drawn from self-reported statements of personal values and consumer habits and preferences. The resulting data can be used to identify consumer profiles, patterns and trends. The Directorate is currently using psychographic analysis to identify youth groups that are more likely to engage in high-risk behaviours such as smoking, excessive alcohol consumption, impaired driving, or the use of illicit drugs. Further analysis of these data will enable the Directorate to focus and target its campaigns with greater precision.

- **Effective approaches are not always the most expensive ones.**

A key element of the Directorate's social marketing campaigns is the production of resources that enable individuals and families to develop communications and prevention skills. Through partnerships, these resources can often be developed for very low costs. An example is the "Drug Dialogue" video, which was produced in English and French for approximately \$70,000. Developed in collaboration with the Canadian Association of Chiefs of Police and Sun Publishing Ltd., the video provides Canadian parents with skills for discussing alcohol and drug issues with their children and for preventing family problems before they occur.

- **Social marketing should be considered an integral component of a broader strategy (particularly in the case of health promotion).**

The body of evidence in this report suggests that the Directorate's campaigns have had some impact. However, this report does not assume that social marketing on its own can change behaviour. To accomplish this, a comprehensive health promotion strategy is required. Health Canada's health promotion strategies include public education and communication activities which complement the other key activities including policy and program development, research and knowledge development, and support to community-based programming. The collective impact of these activities can facilitate and foster individual and social change (e.g., Canada's Drug Strategy greatly contributed to changing Canadians' attitudes towards alcohol and other drugs in a period of only seven years).

VII STRATEGIC DIRECTIONS

The 1990s constitute a challenge for social marketers in all sectors. In the public sector, it will become increasingly important to ensure that social marketing campaigns are targeted to well-defined audiences and that they emphasize collaboration, innovation, cost-effectiveness and efficiency, and integration of approaches.

The Health Promotion Directorate has been reviewing and strategically repositioning its social marketing programs to ensure that they will remain relevant to their particular target groups and they will continue to be efficient and effective. Key elements of the current strategic directions for social marketing include the following:

- **Collaboration will remain one of the cornerstones of social marketing. Campaigns will continue to emphasize a partnership approach to development and implementation.**

In particular, the focus on developing practical and innovative information and Skills development resources in collaboration with partners will continue to be a key element of the Directorate's social marketing programs.

- **Developing Alternatives to Traditional (Paid Media) Advertising**

In the 1980s, the initial emphasis of the campaigns was often on advertising. Although advertising remains an essential element of some of the Directorate's social marketing programs, it is no longer the primary element. More importantly, it is no longer allocated the same percentage of overall campaign expenditures.

The Directorate has developed a number of innovative alternatives to traditional paid advertising. These alternatives require some capital investment in the form of "seed money", but are far less expensive than paid advertising.

The primary option is collaborative public service messages - the development and placement of public awareness campaigns and products in collaboration with partners such as the Association of Concerned Children's Advertisers or the Canadian Cancer Society. Although it has some potential drawbacks, such as lack of editorial control, benefits outweigh drawbacks.

For example, since 1991 the Association of Concerned Children's Advertisers, with Health Canada as a co-sponsor, has developed a series of 13 drug awareness vignettes targeted at youth. Broadcasters across Canada donated over \$13 million worth of free media time to air the ads. The vignettes receive extensive air time at no cost to the CCA's member companies.

Another alternative is "third-party" or "arms-length" advertising. This was selected for the **Vitality/Vitalité** campaign; the Department contributed seed money to ParticipACTION, which developed appropriate creative and materials, then placed the ads as PSAs. By choosing this route, the Department ensured high visibility for the campaign without incurring the expenses normally associated with developing and placing ads. It also took advantage of ParticipACTION's well-established distribution network and partnerships. A July, 1994 evaluation of the **Vitality/Vitalité** PSAs (including both ParticipACTION and the follow-up, Body Break) conservatively estimates the value of media placements to that date as \$12 million.

- **Defining Target Groups With Greater Precision**

The 1990s pose a number of challenges for social marketers, whether they work in private or public sectors. The proliferation of information sources, the constant barrage of data, and the emergence of new communication technologies creates an increasingly complex and cluttered public environment. Effective social marketing programs will need to be very precisely aimed at specific, well-defined target groups.

It is anticipated that the use of psychographic data, combined with a focus on specific population sub-groups, will enable the Directorate to target its social marketing programs with increasing precision. For example, a number of alcohol and drug marketing initiatives will be targeted at specific psychographic groups - such as TGIFs - and at 11 to 13-year-old youth at risk of entering the TGIF group.

- **Integrating Issues**

In cost-conscious times, it is important to ensure that campaign activities are able to address a range of related issues. The Directorate has conducted focus groups and research reviews to identify which health issues the public sees as being linked, and why. The findings of these studies and consultations have been used to link various social marketing program elements in ways which should make the programs more relevant to their target audiences.

For instance, focus groups had a strong tendency to see all substance abuse issues as linked: tobacco, alcohol and other drug use/abuse constituted a continuum for the participants that encompassed issues such as impaired driving, youth experimentation with alcohol and/or drugs, fetal alcohol syndrome, etc.

The *Degrassi Talks* series was a prime example of integrated programming. Developed in partnership with Playing With Time, Inc. and the CBC, the prevention-oriented series examined issues which Canadian youth identified as important to them: abuse (sexual, physical and emotional); depression; sex (including STDs and AIDS); sexuality (puberty); alcohol; and drugs. The French-language counterpart, *Ici Ados Canada*, similarly addresses a range of issues.

Based on the success of Degraasi Talks, the Directorate has developed other ways of integrating issues and messages. These have included co-sponsorship of *ALIVE!*, a 13-episode, 30-minute television documentary series which began airing on CBC in October 1993. By mid-1994, based on the success of the first series, a second *ALIVE!* series had entered production.

It is also possible to address related issues within the context of a comprehensive strategy. In 1992, for instance, the federal government integrated its national impaired driving prevention and reduction program with Canada's Drug Strategy.

Integrating programming through models such as these will enable the Health Promotion Directorate to continue to provide Canadians with timely information relevant to their individual health status and, at the same time, to address current and emerging health issues.

APPENDIX A PSYCHOGRAPHIC YOUTH GROUPS: ZEROING IN ON THE MARKET

Two of Health Canada's social marketing campaigns - "**Really Me/Drogues, pas besoin!**" and "**Break Free/Fumer, c'est fini!**" - have been aimed at young Canadians. While young Canadians share many perspectives, and all may be influenced by similar peer pressures, they are not a homogeneous group. A particular ad's message may appeal to some groups, but not persuade another group with different values, perspectives, interests and behaviours.

Recognizing that standard demographic analysis does not take into account the diversity of lifestyles and attitudes among Canada's youth, statistical researchers have used a unique categorization system called "psychographics" to analyze young people's behaviours. This report includes the application of psychographic analysis to track study data.

Psychographics has been defined as "the constellation of attitudes, beliefs, opinions, hopes, fears, prejudices, needs, desires and aspirations that, taken together, govern how one behaves." Originally developed by market researchers to help identify consumer behaviour patterns, the technique focuses on the relationship between psychographic type and specific behaviours.

The study findings demonstrate that certain segments of Canada's youth population are more likely to use/abuse alcohol and other drugs. Social marketing campaigns targeting young Canadians may prove even more effective if they focus on these segments.

Following are brief descriptions of each of the seven psychographic youth segments, the proportion of the studied population they comprise, and summaries of their associated behaviours and attitudes.

TGIF (Thank God It's Friday) (18%)

Members of this group are primarily concerned with today, not the future. A strong focus on self precludes any strong social consciousness - at the extreme, some TGIFs are quite reactionary. Substance use - cigarettes, alcohol and drugs - is part of this group's lifestyle. TGIFs in both English and French report smoking, drinking, drinking and driving, and taking drugs other than alcohol more often than the sample average.

Profile Summary

Attitudes

- Concern is more for today than the future
- No particular work ethic; not ambitious; not disciplined
- Lacking in traditional values and without a strong social conscience.
- Reactionary or pointed in that direction
- Culture of any sort is not a priority
- Not entirely self-sufficient; needs company of others, particularly the opposite sex
- Substance use/abuse is part of the TGIF lifestyle. This includes cigarettes, drugs and alcohol

Demographics

- Sex - more males than females
- Socio-economic - largely middle class
- Geography - All regions; modest concentration in Ontario

T.G.I.F.-PROFILE SUMMARY-



Quiet Conformers (20%)

This group includes a significant segment of Canadian youth. Members are twice as likely to come from English Canada as from French Canada, and are more likely to be female than male. They have a strong work ethic and a strong social conscience. Compared with Tomorrow's Leaders, Quiet Conformers are more likely to be followers. They are also highly likely to reject cigarettes, alcohol and drugs. Quiet Conformers in English Canada are relatively drug-free. In French Canada in the past, this group reported drinking and using cocaine and "uppers" at a rate higher than the sample's statistical average - but in 1993, it also was relatively drug-free.

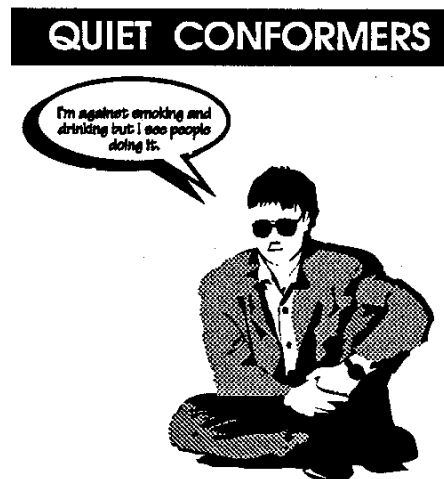
Profile Summary

Attitudes

- A strong work ethic
- Has a social conscience
- Tends to be more placid than others; a little shy
- Subscribes to conventional wisdom; will follow rather than lead
- Against smoking and other substance abuse

Demographics

- Sex - more females than males
- Socio-economic - profile close to average
- Geography- from across the country



Concerned Moralists (11%)

Members of this group are in some ways similar to Quiet Conformers. However, where Quiet Conformers are more likely to be found in English Canada, Concerned Moralists are more often found in French Canada. They are traditional in their attitudes toward family and sex roles, and are team players but definitely followers. A little quiet and shy, they need support and approval from others. They are conscious of personal appearance, and interested in fashion and material things. Members of this group are less opposed to substance abuse than some.

Profile Summary

Attitudes

- Very traditional - almost old fashioned - in attitudes toward family, sex roles, sexuality, etc.
- A team player but more a follower than a leader
- A little less optimistic than some and not comfortable with technology; however, looks to the future and has career ambitions
- A little quiet and shy - insecure and needs the support and approval of others
- Very conscious about how he/she looks; interested in material things; fashion conscious; brand-loyal and looks to advertising for information

Demographics

- Sex - males and females equally
- Socio-economic - more blue collar
- Geography - over-represented in Quebec and rural Canada

CONCERNED MORALISTS



Passive Luddites (10%)

Members of this group are somewhat insecure and lack optimism. They are not as comfortable with technology as members of many other groups. Their views on morality are "old-fashioned", and compared with, say, Tomorrow's Leaders, they have lower levels of social conscience and are less willing to help the disadvantaged. They are more tolerant of, and somewhat more involved in, substance use. Passive Luddites in both English and French Canada report smoking and drinking. Members of this group in English Canada are more likely to use marijuana and report higher-than-average rates for driving while impaired; in French Canada, they now report lower-than-average use of drugs.

Profile Summary

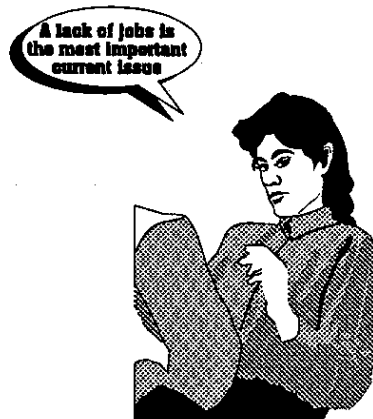
Attitudes

- Homebody; family important; traditional family structure
- Universe is close to home
- More "old-fashioned" views on morality
- More tolerant of, if not involved in substance use/abuse
- Claims some degree of independence, but is concerned about how seen by others
- Not as ready as some to support the disadvantaged
- Lacks optimism; has lower level of ambition
- Jobs are an issue
- Not comfortable with technology

Demographics

- Sex - more females than males
- Socio-economic - somewhat above middle; more are upper middle class
- Geography - more in Quebec and Ontario

PASSIVE LUDDITES



Tomorrow's Leaders (15%)

Quite ambitious with strong leadership tendencies, members of this group are gregarious participators and team players. They feel a strong social responsibility, support human rights. Tomorrow's Leaders are male and female in equal proportions. As members of this group age, a certain erosion occurs, presumably caused by continued exposure to negative attitudes and behaviours which cause them to question their idealism. Members are anti-smoking and anti-drug.

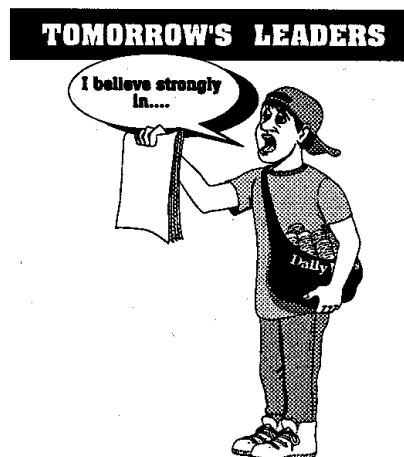
Profile Summary

Attitudes

- Quite ambitious, with strong leadership tendencies
- A participator; team person; gregarious; out-going
- Not really traditional; embraces mores of today; nevertheless, has at least some faith in the system
- The future is important; optimistic about that future
- Likes to be thought of as fashionable, up-to-date, modern; fitness is important
- Very anti-smoking

Demographics

- Sex - more males than females
- Socio-economic - comes from all classes but disproportionately from upper middle
- Geography - across the country



Small Town Traditionalists (8%)

This relatively small group is inclined toward females and residents of English Canada. Youth in this group have a social conscience, but are traditional in their outlook on values, sex roles, family. Members are against substance abuse.

Profile Summary

Attitudes

- Traditional outlook - even old-fashioned - on values, sex roles, sex, work ethic, family, religion
- Monogamous
- Has national pride; believes in government's role
- Ambitious; self-confident; tries new things
- Socially active but confined to traditional value system; has a social conscience for the less fortunate but draws the line on certain issues such as abortion, drug use, AIDS, etc. - less tolerant in these areas
- Anti-substance use/abuse - cigarettes, drugs

Demographics

- Sex - more females than males
- Socio-economic - mirrors national distribution
- Geography - over-represented in the Atlantic Region and Prairies

SMALL TOWN TRADITIONALIST



Big City Independents (18%)

A sizable group, with twice the likelihood of membership in Quebec (28%) as in English Canada (14%). Big City Independents are independent of spirit and not easily influenced. They are gregarious in nature but are very focused on self. They are relatively free of sexual discrimination and support human rights, but aren't always willing to commit energy in these directions. They are "loners" more than team players. In English Canada, young people in this group report a wide range of substance-use behaviours. In French Canada, members are more likely to report drinking and using inhalants.

Profile Summary

Attitudes

- Independent of spirit; not easily influenced
- Self-focused
- Outgoing and gregarious but not likely to commit to only one person; more of a loner than a team player; not a "flag waver" in terms of national pride
- Relatively free of sexual discrimination and supporter of human rights
- New products, brands, fashion hold little interest; personal appearance not important

Demographics

- Sex - equally male and female
- Socio-economic - mirrors national distribution
- Geography - proportionately more in Quebec

BIG CITY INDEPENDENTS



APPENDIX B PARTNERSHIPS

Introduction

Since 1987, the Health Promotion Directorate (HPD) has collaborated with a variety of government and non-government partners to promote its campaign objectives the Directorate's partners may include other Government of Canada departments and/or agencies; municipal governments; provincial and territorial governments; Non-Governmental Organizations (NGOs); or companies that sell goods and services at the wholesale/retail levels, preferably with a national base.

A partnership is an arrangement between two or more parties who have agreed to work cooperatively toward shared and/or compatible goals in which there is:

- shared authority and responsibility for delivering programs and services, for carrying out a given action or for developing policy.
- joint investment of resources such as time, work, funding, material, expertise or information.
- shared liability or risk-taking; and ideally
- mutual benefits.

Key partners to date have included:

All Provincial and Territorial Addiction Agencies
All Provincial and Territorial Health Departments
Alliance for a Drug-Free Canada
Canadian Association of Broadcasters
Canadian Association of Chiefs of Police
Canadian Cancer Society
Canadian Centre on Substance Abuse
Canadian Council on Smoking and Health
Canadian Lung Association
Canadian Medical Association
Canadian Nurses Association
Canadian Pharmaceutical Association
Canadian Public Health Association
Concerned Children's Advertisers Association
Heart and Stroke Foundation of Canada
Non-Smokers Rights Association
Other Federal Government Departments
ParticipACTION
Physicians for a Smoke-Free Canada

In addition to working with these partners, more than 80 private-sector partners to date have chosen to work with the Department on a range of initiatives. Lists of partners specific to each campaign or program are shown below.

The Health Promotion Directorate's partners contribute valuable support to the Department in a range of ways. Some collaborate on the creative development and distribution of education resources - for instance, the Canadian Association of Chiefs of Police and the Alliance for a Drug Free Canada collaborated with HC on "Spiderman" drug awareness comics; and Vive Communications collaborated with HC on the *ALIVE!* television series. Others, such as Federated Co-op and Safeway have generated funding for community alcohol and drug prevention and treatment programs throughout Canada. Other companies promote the campaign by featuring campaign logos on their produce. Through these and other means, partnerships directly contribute to the impact and effectiveness of social marketing campaigns. In a host of cases, they significantly increase campaign visibility, impact and value.

Benefits

Partnership agreements with corporate sponsors, other levels of government and NGOs are becoming more common as government resources become scarcer. Such agreements are a means to implement programs designed to achieve Departmental objectives by obtaining additional resources such as funding, space, printing and mailing, contest prizes, special expertise or supplies and equipment. In addition to providing needed resources, partnerships may include other benefits:

- Improved delivery of the message (e.g. through a company's established distribution network)
- Increased credibility for a program (e.g. by linking with partners who are well-known with regard to the public issue.)
- Better coordination of stakeholders' expectations and reduced public conflict (e.g. ensuring that stakeholders, through their participation, will have the opportunity to make their views known and considered from early on. This reduces the chance of public dissent by the time a program is in place.

Certain activities lend themselves well to partnerships. These include: raising public awareness of an issue; producing or distributing information and skills development resources such as videos or publications; national or local fundraising; employee communications; event marketing and sponsorships; and special promotions.

Private Sector Partners

Alcohol and Other Drugs

A&P Dominion	Marvel Comics
Air Canada Touram	McCain Foods Limited
Antares	McDonalds Restaurants of Canada
Apple Computer	Montreal Expos
Ault Foods	Mouvement Desjardins
Bauer	Parke-Davis
Bell Ontario	Pepsi-Cola Canada
Block Parents	Petro-Canada
Campbell Soup Company Ltd.	Productions Pixart
Canada Post	Salon de la Jeunesse
Canadian Business Forms	Slushie
Distribution Association	Sony Canada
Canadian Pacific Hotels	Tecnic et Lauzon
Canadian Tire Ltd.	Thomas J. Lipton Inc.
CBS Records	Tilden
Cineplex-Odeon	Toronto Blue Jays
Club Aventure	Toshiba of Canada
Coca-Cola Canada	Trans-Ad
Federated Co-op	United Co-op
General Mills Canada Ltd.	Video Tron
Global Television Network	Wall Sound
Hershey Canada Inc.	Warner Brothers
Hilroy Ltd.	Wellington Insurance
Imperial Oil	Woolco
Kawai	Zurich Insurance Canada
Kellogg Canada	
Kraft General Foods Ltd.	
La Presse	
Maple Leaf Meats	

Tobacco

Annick Press
Breakthrough Productions
Filles d'aujourd'hui
CIBA-Geigy
Ingénue
Le Chateau
Much Music Ltd.
Musique Plus
Peugot
Productions Pixart
Radio Bureau of Canada
Trans-Ad

Vitality/Vitalité

A&P/Dominion
Borden/Catelli
Fleischmann
Kellogg Canada
Kimberly Clarke
Sobey's
Provigo
Reader's Digest/Sélection
Safeway
Telemedi
TVA

Annual Campaign Allocations (1987-1993)

Canada's Drug Strategy \$5.3 million/fiscal year (approx.)

National Strategy to Reduce Tobacco Use \$1.0 million/fiscal year (approx.)

Vitality \$1.0 million/fiscal year (approx.)

Total Funding Allocated to Developing Private Sector Support (1987-1993)

Approximately \$3 million.

Total Value of Private Sector Support Received (1987-1993)

Over \$50 million (almost a 17 to 1 leverage/return-on-investment)

For a detailed breakdown of these Figures, please refer to the following chart:

Program	Total funding Allocated to Developing Private Sector Support		Total Value of Private Sector Support Received		Leverage \$
	\$ (millions)	%	\$ (millions)	%	
Alcohol & Other Drugs (1987-93)	1.65	55	25	50	15.15
Tobacco (1987-93)	0.6	20	10	20	19.67
Vitality (1991-93)	0.25	8.33	7.5	15	30.00
Brighter Futures (1991-93)	0.5	16.67	7.5	15	15.00
Total	\$3.0	100%	\$50	100%	\$16.67

ADDITIONAL INFORMATION

For further information on the activities and impacts described in this report, the following persons can be contacted:

Social Marketing Campaigns:

Mr. James (Jim) H. Mintz
Director
Program Promotion Division
Room 400
Jeanne Mance Building
Ottawa K1A 1B4

(613) 954-8839

Statistical Analysis of Social Marketing Campaigns:

Dr. Neville Layne
Biostatistician
Health Promotion Studies Unit
Program Resources Division
Room 472
Jeanne Mance Building
Ottawa K1A 1B4

(613) 954-3354

Social Marketing Programs

Ms. Rachel Ladouceur
Social Marketing Program
Manager
Program Promotion Division
Room 416
Jeanne Mance Building
Ottawa K1A 1B4

(613) 954-8841

Social Marketing Programs

Mr. Garwood Tripp
Social Marketing Program
Manager
Program Promotion Division
Room 412
Jeanne Mance Building
Ottawa K1A 1B4

(613) 954-8844

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