



Health Canada Santé Canada

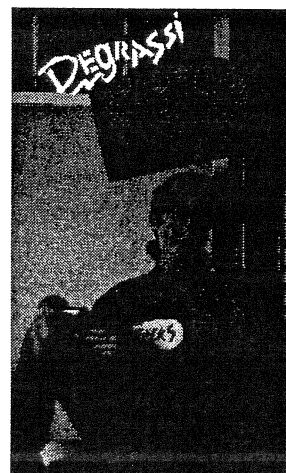
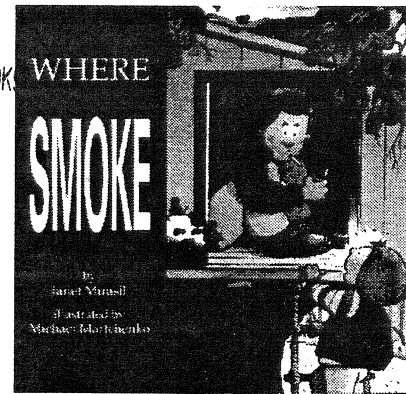
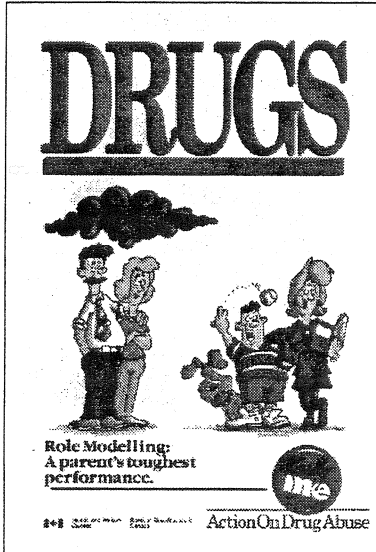
RA440.4/M235/1994
 Canada. Health Canada. H
 Making a difference II:
 the impact of the Health
 EBVX c. 1 aa EBVX \$.00

Making a Difference II

The impact of the Health Promotion Directorate's
 social marketing campaigns 1991-1992

HEALTH PROMOTION
 CANADA
 DEPARTMENTAL LIBRARY
 HEALTH DIV.
 Tunney's Pasture
 Ottawa, Ontario K1A 0K9

SANTÉ ET BIEN-ÊTRE
 SOCIAL CANADA
 BIBLIOTHÈQUE MINISTÉRIELLE
 DIV. DE LA SANTÉ
 Pré Tunney
 Ottawa, Ontario K1A 0K9



Canada



PREFACE

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

The tracking studies discussed in this report focused on primary impact data (i.e., awareness, attitudes, current use, trends) and on obtaining psychographic information that could be used to develop more segmented (i.e., targeted) social marketing campaigns. The studies did not include questions on secondary impact data - e.g., behavioural intentions and interpersonal communications. Readers interested in the campaigns' impact on youth behavioural intentions and interpersonal communications may wish to consult the 1991 version of this report, which discussed these impacts in some detail.

Chapter 1 serves as an executive summary. It provides an overview of federal health promotion social marketing and notes some key impact indicators and highlights. The psychographic findings derived from the most recent tracking studies are outlined in Chapter 2. Chapters 3 and 4 present the tracking study findings on two of Health Canada's health promotion social marketing campaigns: the campaigns known as "Really Me/Drogues, pas besoin!" (part of Canada's Drug Strategy) and "Break Free/Fumer, c'est fini!" (part of the National Strategy to Reduce Tobacco Use).

Chapter 5 contains the highlights of an evaluation of the "Vitality/Vitalité" program conducted by ParticipACTION. Chapter 6 presents the findings of an evaluation report on the "Degrassi Talks" television series. Chapter 7 summarizes some of the key lessons learned from implementing health promotion social marketing campaigns, while Chapter 8 provides an overview of the current strategic directions for the Health Promotion Directorate's social marketing campaigns.

Program Promotion Division
Health Promotion Directorate
Health Programs and Services Branch

Également disponible en français sous le titre "Une entreprise fructueuse II"

TABLE OF CONTENTS

I	IMPACT INDICATORS AND HIGHLIGHTS	1
II	PSYCHOGRAPHIC YOUTH GROUPS	8
III	CANADA'S DRUG STRATEGY: "REALLY ME/DROGUES, PAS BESOIN!" (1987-92)	24
IV	NATIONAL STRATEGY TO REDUCE TOBACCO USE "BREAK FREE/FUMER, C'EST FINI!" (1985-92)	40
V	VITALITY/VITALITÉ (1990-92)	48
VI	DEGRASSI TALKS (1992)	52
VII	LESSONS LEARNED	63
VIII	STRATEGIC DIRECTIONS	69

APPENDICES

A	STAGES IN THE SOCIAL MARKETING PROCESS	73
B	"REALLY ME/DROGUES, PAS BESOIN!" Campaign Activities	76
C	"BREAK FREE/FUMER, C'EST FINI!" Campaign Activities	83

LIST OF FIGURES

Figure 3-1	Advertising Recall: Really Me - Youth	26
Figure 3-2	Advertising Recall: Drogues, Pas Besoin! Youth	27
Figure 3-3	“Most People My Age Don’t Drink”	29
Figure 3-4	“Doing Drugs Is Cool”	30
Figure 3-5	Frequency of Drinking Alcohol	31
Figure 3-6	Cocaine/coke Trial	32
Figure 3-7	Marijuana/hashish Trial	33
Figure 3-8	Alcohol and Driving Experience	34
Figure 3-9	Trends in Alcohol Use among English and French Youth	35
Figure 3-10	Percentage of Youth who Drink Alcohol at Least Once a Month	36
Figure 3-11	Trends in Marijuana Use among English and French Youth	37
Figure 3-12	Trends in Marijuana Use Among Primary and Secondary Target Groups	38
Figure 3-13	Trends In Driving After Having At Least One Drink in the Past Two Months	39
Figure 4-1	Advertising Recall: Break Free - Youth	42
Figure 4-2	Advertising Recall: Fumer, c’est fini! - Youth	43
Figure 4-3	Smoking Behaviour	45
Figure 4-4	Trends in Tobacco Use Among English and French Youth	46

I – IMPACT INDICATORS AND HIGHLIGHTS

Background

The Department of Health currently implements two health promotion social marketing campaigns which are components of comprehensive national strategies. “Really Me/Drogues, pas besoin!” 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.) “Break Free/Fumer, c’est fini!” is part of the National Strategy to Reduce Tobacco Use in Canada.

The campaigns are some of the longest-running social marketing campaigns in Canada (e.g., “Break Free/Fumer, c’est fini!” was launched in 1985-86; “Really Me/Drogues, pas besoin!” was launched in 1987-88). They were developed after extensive research (qualitative and quantitative), situation analysis and intersectoral consultation. They are implemented in cooperation with provincial and territorial health departments and addiction agencies, professional and voluntary non-government organizations, and private sector companies across Canada.

For each campaign, separate communications activities are devised for Canada’s English and French markets. Both campaigns include public education and communications activities and complement the Health Promotion Directorate’s other key activities, which include policy development, research and knowledge development, funding, and partnerships.

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.

The campaigns are based upon social marketing principles and strategies. 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 requires a specific kind of marketing – social marketing - which attempts to change the perceptions, attitudes, opinions and behaviours that underlie an individual’s health or lifestyle habits. Social marketing employs a strategic mix of traditional marketing tactics including: event marketing/corporate sponsorship; special promotions; information, communications and skills development resources; advertising; direct marketing; and public/media relations.

In the health promotion field, social marketing is used to provide Canadians with timely information and resources relevant to their health and well-being, to advocate change on specific health issues, and to help create a social consensus conducive to health promotion, disease prevention and positive lifestyles.

Assessing Impact

It is difficult to determine precisely to what extent a change in attitudes and behaviours can be attributed to a social marketing campaign; credit must also be given to the many other factors that influence people's attitudes and behaviours. For example, a number of provincial, municipal and national health organizations have undertaken social marketing campaigns on the same issues that are addressed by Health Canada's campaigns.

The challenge lies in determining what degree of impact can be attributed specifically to Health Canada's social marketing campaigns. By considering tracking study results related to the impact indicators noted below, reasonable conclusions can be drawn about the impacts of these campaigns.

This report assesses Canada's health promotion social marketing campaigns on the basis of data obtained in ongoing tracking studies conducted for each campaign from 1987-1992 by Gallup Canada Inc. and Creative Research Ltd.

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., towards the use of alcohol and other drugs, or towards smoking or impaired driving);
- 3) **Current use**;
- 4) **Trends**;
- 5) **Behaviourial intentions** (e.g., intent to smoke in future); and
- 6) **Interpersonal communications** (e.g., talking with others about issues related to alcohol and other drug abuse).

The tracking studies discussed in this report focused on primary impact data (i.e., awareness, attitudes, current use, trends) and on obtaining psychographic information that could be used to develop more segmented and targeted social marketing campaigns. The studies did not include questions on secondary impact

data - i.e., behavioural intentions and interpersonal communications. Readers interested in the campaigns' impact on youth behavioural intentions and interpersonal communications may wish to consult the 1991 version of this report, which discussed these impacts in some detail.

In 1992, as in previous surveys, sampling selection was taken from a population of households. Stratified probability techniques were used to ensure representativeness and accuracy. The sample was drawn from 26 sample areas comprising towns and cities with populations of 30,000 or greater. For information on alcohol, tobacco and other drugs, the research centred on 1,251 youth (974 from English Canada, 377 from French Canada) aged 11 to 17 years, and their parents. An additional 596 interviews were conducted among youth aged 16 to 24 (428 from English Canada and 168 from French Canada).

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 through self-completion to ensure privacy and confidentiality.

In addition to summarizing tracking survey findings, *Making A Difference II* presents summary information on the collective impact of the campaigns using two additional criteria: 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.

IMPACT OF SOCIAL MARKETING CAMPAIGNS (1987-1992)

A. Impact on Target Groups

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

In particular, the Department's social marketing campaigns appear to have contributed to the following declines:

- a drop of over 100,00 in the number of youth aged 11-17 who are daily smokers (from 466,000 in 1987 to 366,000 in 1992);
- a drop of over 200,000 in the number of youth who are current monthly drinkers (from 598,000 in 1989 to 392,000 in 1992);
- a decline of about 160,000 in the number of drinking and driving youth aged 16-24 (from 515,000 in 1989 to 325,000 in 1992);

B. Development of Partnerships

From the inception of the campaigns, the Health Promotion Directorate (HPD) has promoted campaign objectives in collaboration with a wide variety of government and non-government partners. Key partners to date include:

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, the Directorate has developed more than 75 private sector partnerships to date (see next page).

Health Canada's partners work with the Department in a number of ways. Some partners collaborate on the creative development and distribution of educational resources (e.g., the Canadian Association of Chiefs of Police and the Alliance for a Drug Free Canada — "Spiderman" drug awareness comics; and Playing with Time Inc. — the *Degrassi Talks* television series). Others (e.g., Federated Co-op, Safeway) generate funding for community alcohol and drug prevention and treatment programs throughout Canada. Other companies promote the campaign by featuring campaign logos on their products. Through these and other means, partnerships directly contribute to the impact and effectiveness of the campaigns. They have the potential to significantly increase campaign visibility and impact.

PRIVATE SECTOR PARTNERS

A&P
Air Canada Touram
Antares
Apple Computer
Ault Foods
Bauer
Boy Scouts of Canada
Campbell Soup Company Ltd.
Canada Post
Canadian Business Forms
Distribution Association
Canadian Egg Marketing Agency
Canadian Pacific Hotels
Canadian Tire Ltd.
Canadian Toy Manufacturers
CBC/Radio Canada
CBS Records
CIBA Geigy
Cineplex-Odeon
Club Aventure
Coca-Cola Canada
Concerned Childrens Advertisers
CTV
Dairy Bureau
Federated Co-op
FCB/Ronalds Reynolds Ltd.
Fleischmann/Thomas J. Lipton Inc.
Gailluron
General Mills Canada, Inc.
General Motors of Canada
Globe and Mail
Global Television Network
Hershey Canada Inc.
Hilroy Ltd.
IBM Canada
Imperial Oil
Kawai
Kellogg Canada
Kraft General Foods Inc.
La Presse
Maple Leaf Meats
Marvel Comics
McCain Foods Limited
McDonald's Restaurants of Canada Ltd.
Mediacom
Montreal Expos
Mouvement Desjardins
MuchMusic Ltd.
Musique Plus
NEC Canada Ltd./Turbo-Graphx
Nestlé Enterprises Limited
Outdoor Advertising Association
Pepsi-Cola Canada
Petro-Canada
Peugeot
Playing With Time Inc. (Degrassi)
Procter and Gamble Ltd.
Provigo
Quaker Oats Company
Radio Bureau of Canada
Radio-Canada
Reader's Digest/Sélection
Réseau Quatre Saisons
Safeway
Schneiders
Shoppers' Drug Mart/Pharmaprix
Slushie
Sobey's
Tam Brands
Tecnic et Lauzon
Tele-Direct Yellow Pages Ltd.
Thomas J. Lipton Inc.
Tilden
Today's Parent
Tonka Canada Ltd.
Toronto Blue Jays
Toshiba of Canada
Trans-Ad
United Co-op
YTV Canada Inc.
Wall Sound
Wellington Insurance
Woolco
Wrigley's
Zurich Insurance Canada

The collective value of partnership contributions to date is summarized below.

Annual Campaign Allocations, 1987-92:

“Really Me/Drogues, pas besoin!”: \$4.5M (approx.)

“Vitality/Vitalité”: \$0.5M (approx.)

“Break Free/Fumer, c’est fini!”: \$1.3M (approx.)

**Total Funding Allocated
to Developing Private Sector Support (1987-92): \$ 2.0 Million**

Total Value of Private Sector Support Received (1987-92): \$40.0 Million

C. Influence of the Campaigns as Models

The Department’s health promotion social marketing campaigns are increasingly being used as a basis for the development and implementation of other campaigns and programs. The influence of the campaigns as models is evidenced in two ways: 1) campaign logos and materials are frequently used as a unifying element to integrate partnership activities throughout Canada at a national level; in addition, 2) the campaigns are increasingly recognized, nationally and internationally, as effective models that can be adapted and used in a variety of contexts.

Use of the Campaigns by National Partners

- All provinces and territories collaborated on the development of two of the national health promotion social marketing campaigns described in this report. (Canada’s Drug Strategy and National Strategy to Reduce Tobacco).
- All provinces and territories have distributed Health Canada’s campaign materials.
- Federal/provincial/territorial collaborations have allowed provincial and territorial addiction agencies to print the campaign logos on their booklets, thus integrating them into a unified “national” effort. In addition, all provinces and territories were encouraged to use the campaign logos and promotional materials - e.g., during National Drug Awareness Week and National Non-Smoking Week.
- Many provinces and territories have asked to use the campaign materials (e.g., radio and television commercials) in their own public awareness campaigns.

Recognition (Use of the Campaigns as Models)

- Requests for promotional materials have been received from many international sources. Some countries (e.g., Sweden, U.S.A.) have adapted campaign print and video resources.
- Health Canada has won 25 awards from a variety of professional organizations for its social marketing campaigns. (The National Capital Chapter of the American Marketing Association awarded its “Marketer of the Year” award for 1991 to Health Canada for its social marketing campaigns.)
- After departmental officials held discussions with several U.S. organizations (e.g., The Partnership for a Drug-Free America), several of these groups elected to use a more positive approach rather than the “scare tactics” they had previously used in public messages.
- Health Canada’s campaigns have been used as case studies in universities and text books; The “Really Me/Drogues, pas besoin!” and “Break Free/Fumer, c’est fini!” campaigns, for instance, are examined as case studies in the most widely used university textbook on social marketing.¹
- Case studies based on HPD campaigns will be included in the forthcoming revised editions of two marketing textbooks:

Basic Marketing: A Managerial Approach by E. Jerome McCarthy, Stanley J. Shapiro and William D. Perreault, Richard D. Irwin, Inc. (6th Cdn. ed. 1993); and 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 social marketing presentations at more than 75 national and international conferences (e.g., Edmonton; Tokyo; Oslo; Perth, Australia; Vienna; Berlin; Chicago; Washington; New York; Caraca, London, Glasgow, Havana, etc.).
- 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).

II – PSYCHOGRAPHIC YOUTH GROUPS: ZEROING IN ON THE MARKET

Two of the Health Canada social marketing campaigns described in this study — “Really Me/Drogues, pas besoin!” and “Break Free/Fumer, c’est fini!” — are aimed at young Canadians. While young Canadians share many perspectives, and while they may all be influenced by similar peer pressures, they do not make up a homogeneous group. An ad with a particular message may appeal to some teens, but have no persuasive effect on another group of teens with different values, perspectives and interests.

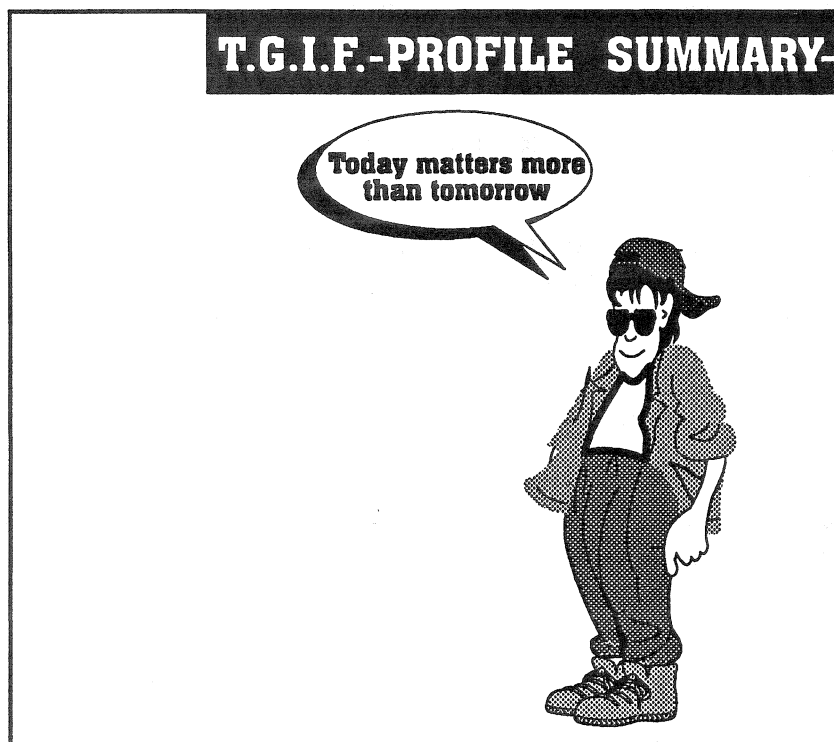
Recognizing that standard demographic analysis does not take into account the diversity of lifestyles and attitudes among Canada’s youth, statistical researchers have used a unique categorization system called “psychographics” to analyze young people’s behaviours. This impact report includes the application of psychographic analysis to tracking 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 youth typology presented herein was developed from a 30-item questionnaire on social activities and interests administered nationally to 1,609 urban young people between the ages of 11 and 17. Respondents were asked about their values and attitudes in several areas, including self-image, expectations of success, sex roles, inter-generational comparisons and leisure preferences. The seven psychographic segments of the youth population identified through this study were then used to examine self-reported patterns of substance use behaviour in a tracking study undertaken for the Directorate by Creative Research in March 1992. The tracking study centred on youth aged 11-17 years of age for questions relating to alcohol, tobacco and other drugs. The study obtained information on drinking and driving from youth 16-24 years of age. The method consists of determining which particular psychographic segments report behaviours at or above the average norm for the sample as a whole.

The following pages provide a brief description of each of the seven psychographic youth segments and a summary of associated behaviours and attitudes.

TGIF (Thank Goodness It's Friday): Young people in this self-indulgent, fun-loving group prefer living for today to thinking about building a career or discussing major social issues. For this somewhat older and predominantly male group, popular venues are rock concerts and nightclubs. TGIFs in both English and French report smoking, drinking, drinking and driving, and taking drugs other than alcohol more often than the sample average. This group accounts for 10 per cent of the population under study.



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

A: 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. Not quite a redneck but 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 T.G.I.F. lifestyle. This includes cigarettes, drugs and alcohol.

B: DEMOGRAPHICS

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

Quiet Conformers: Followers, not leaders, these young people are indecisive, unassertive and lacking in confidence. They can be easily swayed by the opinions of others. Quiet Conformers in English Canada are relatively drug-free; however, in French Canada, this group reports drinking and the use of cocaine and “uppers” at a rate higher than the sample’s statistical average. They form 17 per cent of the population under study.



**QUIET CONFORMERS
- PROFILE SUMMARY -**

A: ATTITUDES

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

B: DEMOGRAPHICS

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

Concerned Moralists: Life is somewhat threatening for Concerned Moralists. They tend to be introspective, and uncomfortable with themselves and society. Many young people in this group feel that the values of their parents were preferable to the ones young people hold today. In English Canada, members of this group report drinking, drinking and driving, and taking a variety of drugs, including cocaine, crack, uppers and inhalants. In French Canada, Concerned Moralists report smoking and drinking and driving, but not drug use. They form 10 per cent of the population under study.



**CONCERNED MORALISTS
- PROFILE SUMMARY -**

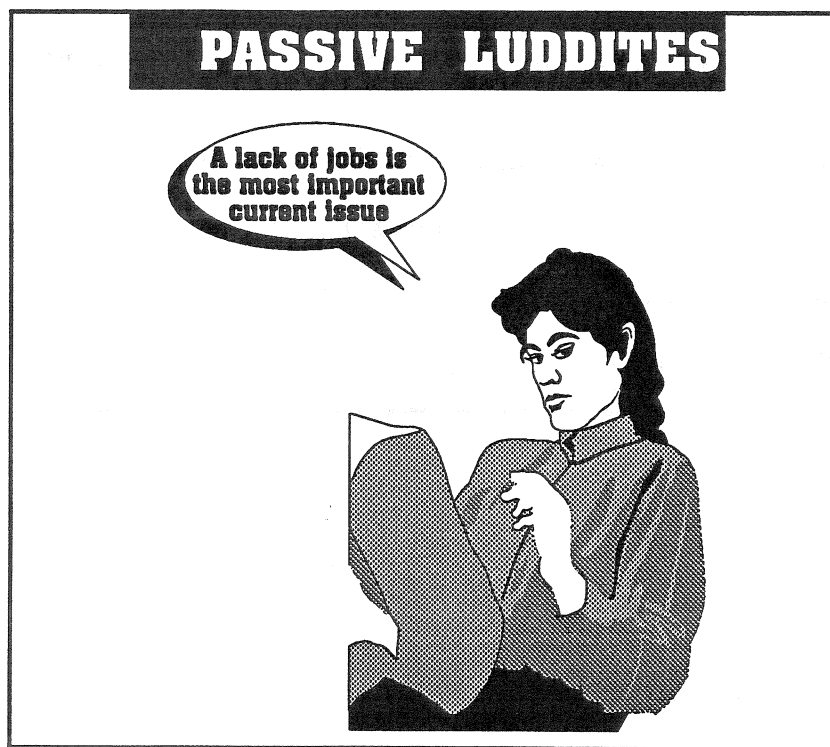
A: ATTITUDES

- 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; quite brand-conscious and looks to advertising for information.

B: DEMOGRAPHICS

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

Passive Luddites: Accounting for 9 per cent of the population under study, this is a self-assured, fiscally responsible group with a down-to-earth, common-sense attitude towards life. Transitional Adults in both English and French Canada are more likely than average to report smoking and drinking, but not drinking and driving. Members of this group in English Canada are more likely to use marijuana; in French Canada, they report higher-than-average use of a wider range of drugs, including cocaine, uppers and inhalants.



**PASSIVE LUDDITES
- PROFILE SUMMARY -**

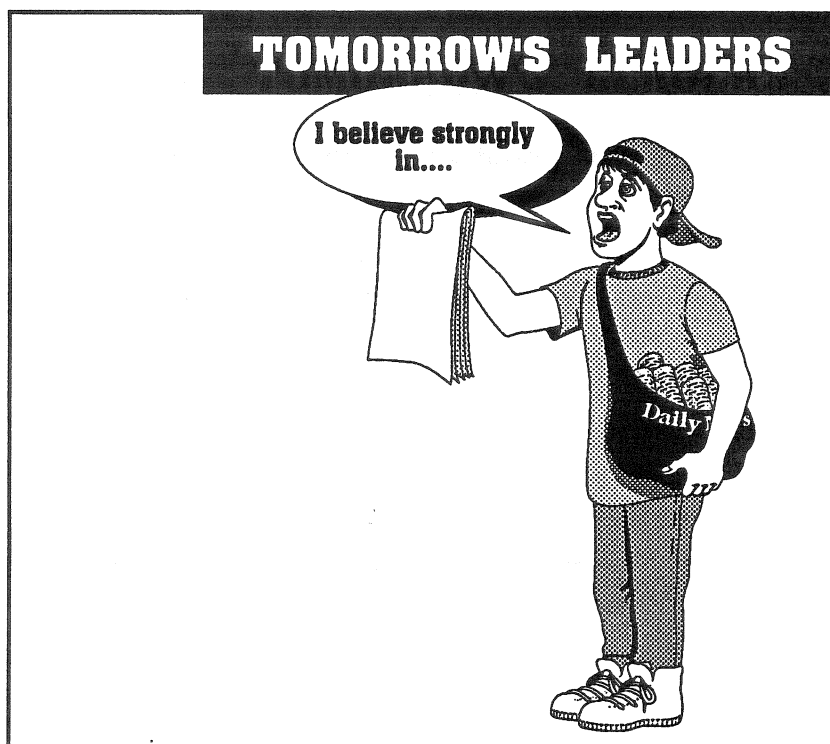
A: ATTITUDES

- 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.

B: DEMOGRAPHICS

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

Tomorrow's Leaders: Members of this group (24 per cent of the studied population) frequently participate in sports activities. Tomorrow's Leaders in French Canada are more likely to report living drug-free, while in English Canada, members of this group are more likely to report drinking and driving, and using crack than others their age.



**TOMORROW'S LEADERS
- PROFILE SUMMARY -**

A: ATTITUDES

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

B: DEMOGRAPHICS

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

Small Town Traditionalists: Extremely conservative and subscribing strongly to the work ethic, members of this group also tend to be religious and patriotic, and are involved in community work more often than those in other groups. Small Town Traditionalists in English Canada report a less than average incidence of drug use. However, in French Canada, Small Town Traditionalists are more likely than the average to report drinking and driving, and the use of cocaine, crack, uppers and inhalants. Eleven per cent of the studied population falls into this group.



**SMALL TOWN TRADITIONALISTS
- PROFILE SUMMARY -**

A: 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.

B: DEMOGRAPHICS

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

Big City Independents: Self-interested and success-oriented, Big City Independents are also independent and entrepreneurial. 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. They account for 14 per cent of studied youth.



**BIG CITY INDEPENDENTS
- PROFILE SUMMARY -**

A: ATTITUDES

- Independent of spirit; not easily influenced.
- Self-focused.
- Out-going 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 belief in national pride.
- Relatively free of sexual discrimination and supporter of human rights.
- New products, brands, fashion hold little interest; personal appearance not important.

B: DEMOGRAPHICS

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

Using this psychographic typology, the tracking study findings provide useful distinction between segments of Canada's youth population. By focusing attention on the segments of the youth population most likely to use alcohol and other drugs, or who report drinking and driving, and by presenting messages in forms these specific groups will more easily accept, social marketing campaigns can more directly target specific sub-groups of young Canadians.

III – “REALLY ME/DROGUES, PAS BESOIN!”

Background

The “Really Me/Drogues, pas besoin!” campaign is the public awareness and information component of Canada’s Drug Strategy.²

The federal government launched Phase II of Canada’s Drug Strategy in late 1992. The Drug Strategy calls 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 alcohol and other drug abuse.

Target Groups

Primary Target Group:

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

Secondary Target Groups:

- Youth - 14 to 17 years
- Parents of youths in these age groups (1987-1991)

² See chapter 8 for an update on the department’s current use of campaign identifiers.

Campaign Objectives

Youth campaign:

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

Parents campaign:

- to promote communication between parents and their children
- to help parents realize that they are role models for their children (particularly with respect to alcohol and other drug use/abuse).

Campaign Activities

The "Really Me/Drogues, pas besoin!" campaign uses a variety of social marketing approaches to reach target audiences. Television advertisements have been aired in selected months since 1987, with the latest two being 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.

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, partners such as the Toronto Blue Jays and YTV are also actively supporting the "Really Me/Drogues, pas besoin!" campaign.

A descriptive list of campaign activities from 1987 to 1992 can be found in Appendix A.

Measuring Impact

This chapter summarizes the key findings of a 1992 national tracking survey conducted by Creative Research Inc. The figures and tables on the following pages are based upon data obtained in this tracking study.

CURRENT IMPACTS: 1990-92

1. English Youth Campaign:

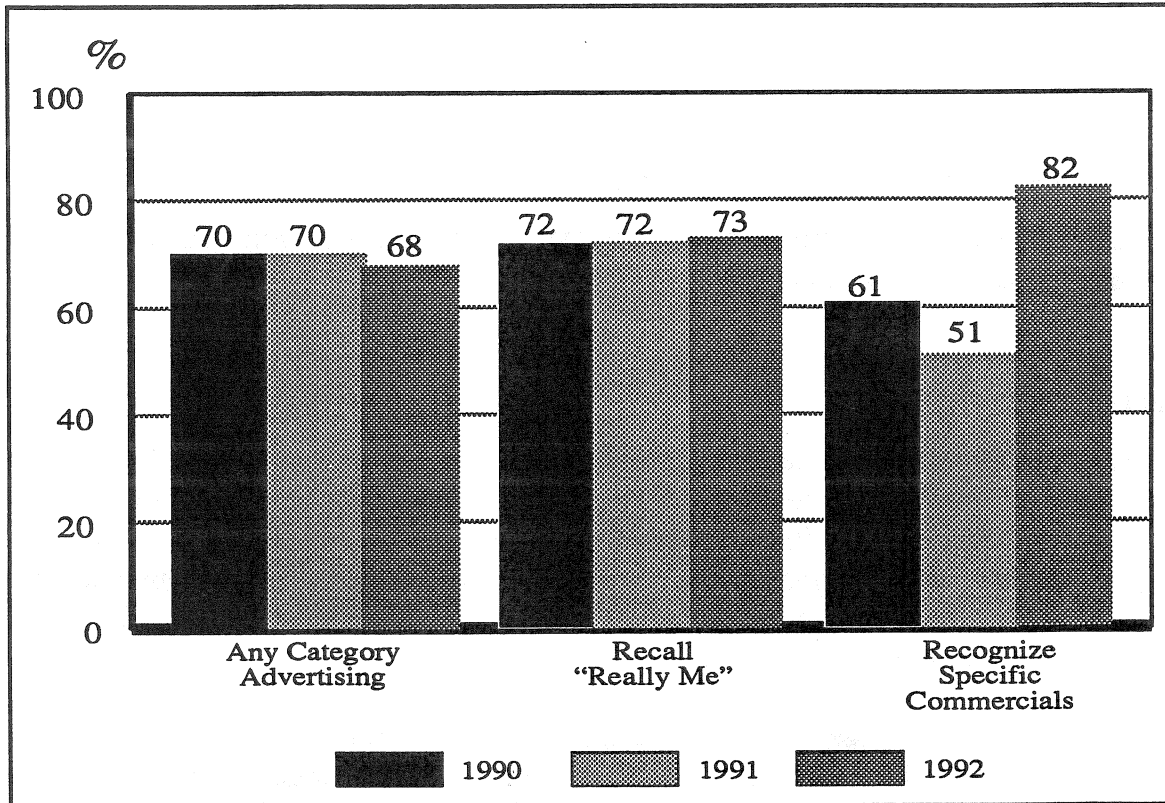


FIGURE 3-1: ADVERTISING RECALL: REALLY ME - YOUTH

As Figure 3-1 indicates, seven out of ten English youth are aware of some form of advertising about alcohol and other drugs. Since the "Really Me" slogan has a similarly high level of recall, the close correlations reported suggest that the Directorate's campaign is a significant factor in overall national youth awareness on this issue.

CURRENT IMPACTS: 1990-92

2. French Youth Campaign

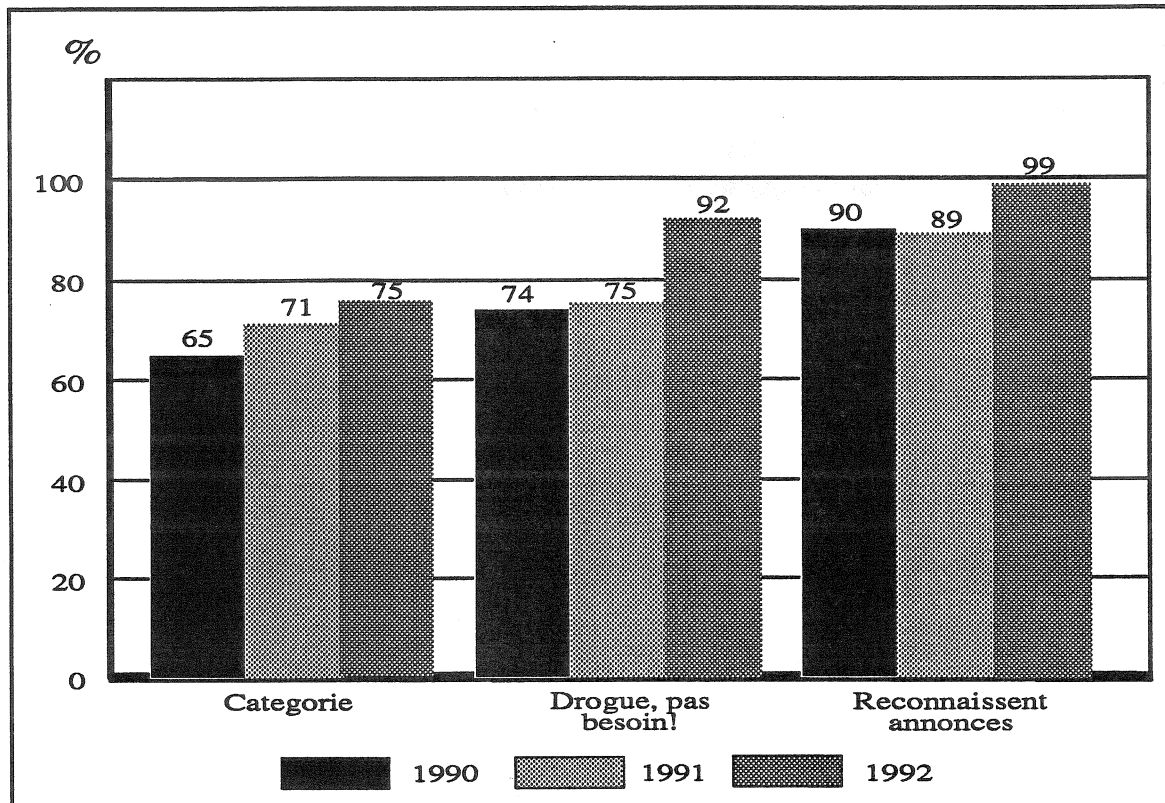


FIGURE 3-2: ADVERTISING RECALL: DROGUES, PAS BESOIN! - YOUTH

Recall of any advertising on alcohol or other drug use among Francophone teens continues to increase. As Figure 3-2 indicates, recognition of the Directorate's advertising records higher awareness levels than any other type of advertising on the same issues. The 99% awareness rating received for the "Juste pour rire" ad suggests a virtually comprehensive market coverage.

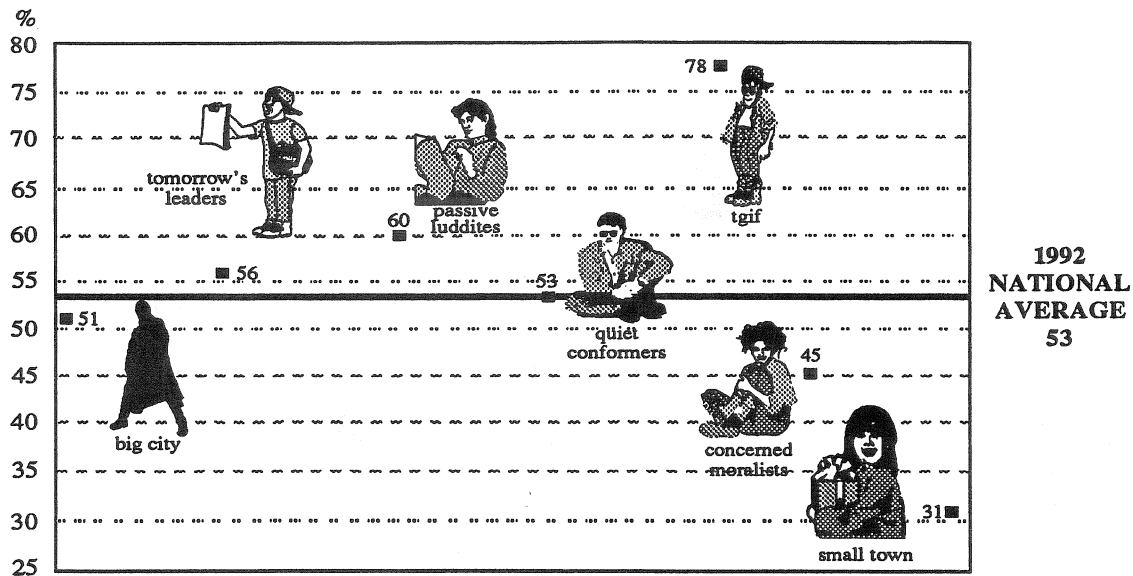
PSYCHOGRAPHIC FINDINGS (FOR ENGLISH AND FRENCH TARGET GROUPS)

While over all, about seven out of ten English and nine out of ten (92%) French Canadian youth recalled the campaign message, considerable differences occur among psychographic groups within the overall target audience. For example, half (49%) of TGIFs reported thinking about not using alcohol and other drugs as a result of seeing the campaigns, compared to almost three quarters (72%) of Tomorrow's Leaders. Clearly, the message of the campaign is more difficult to deliver to TGIFs. Options for more effectively targeting this hard-to-reach group are being developed.

FIGURE 3-3 “MOST PEOPLE MY AGE DRINK”

Just over half (53%) of both English and French youth aged 11-17 reported that “most people my age drink alcoholic beverages.” Small Town Traditionalists are least likely to agree with the statement (31%), while TGIFs are most likely to agree (78%).

Most People My Age Drink Alcohol
Percent of Those in Agreement (11 – 17)

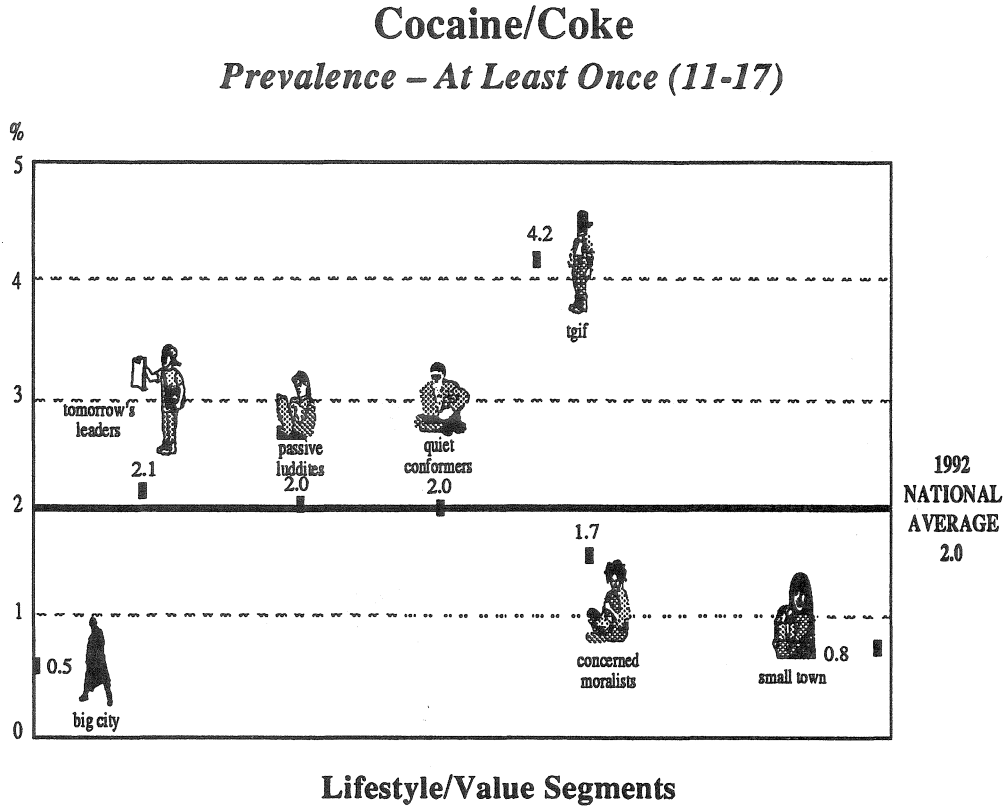


N = 1351 Lifestyle/Value Segments

53% report agreement with the proposition that most people my age drink alcoholic drinks such as beer, wine or liquor, compared with 65% in 1989.

FIGURE 3-6 COCAINE/COKE TRIAL

TGIFs were most likely to report hard drug trial (4%), while Small Town Traditionalists and Big City Independents were least likely to do so (less than 1% each).

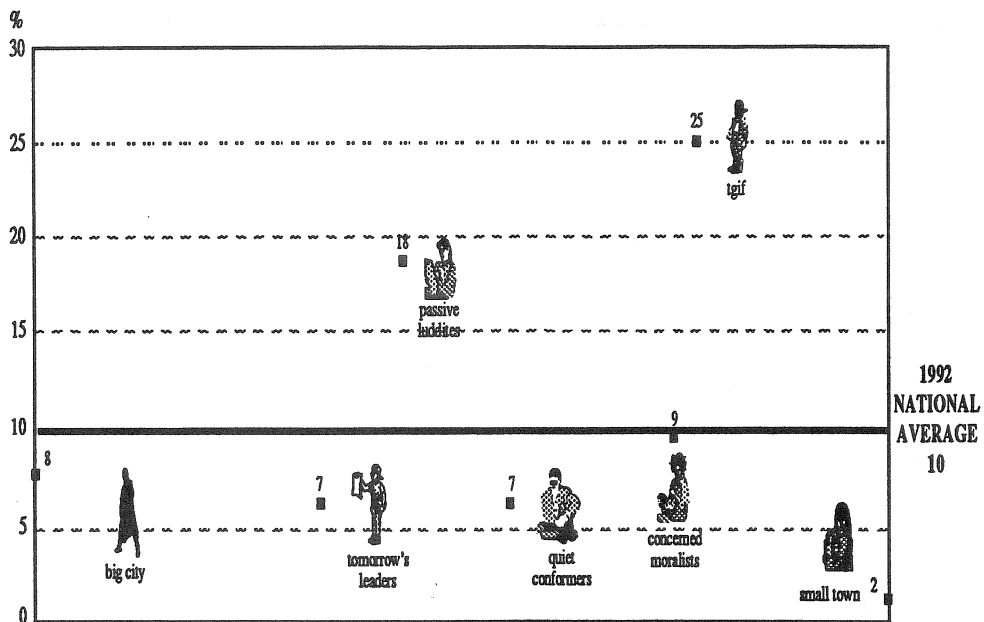


2% = An estimated 52,000 youth who have tried cocaine, down from 4% (103,000) in 1987

FIGURE 3-7 MARIJUANA/HASHISH TRIAL

At 25%, marijuana trial was much higher among TGIFs than all other groups, though Passive Luddites also recorded above average trial rates (18%).

Marijuana/Hashish
Prevalence – At Least Once Within the Last Year (11 – 17)



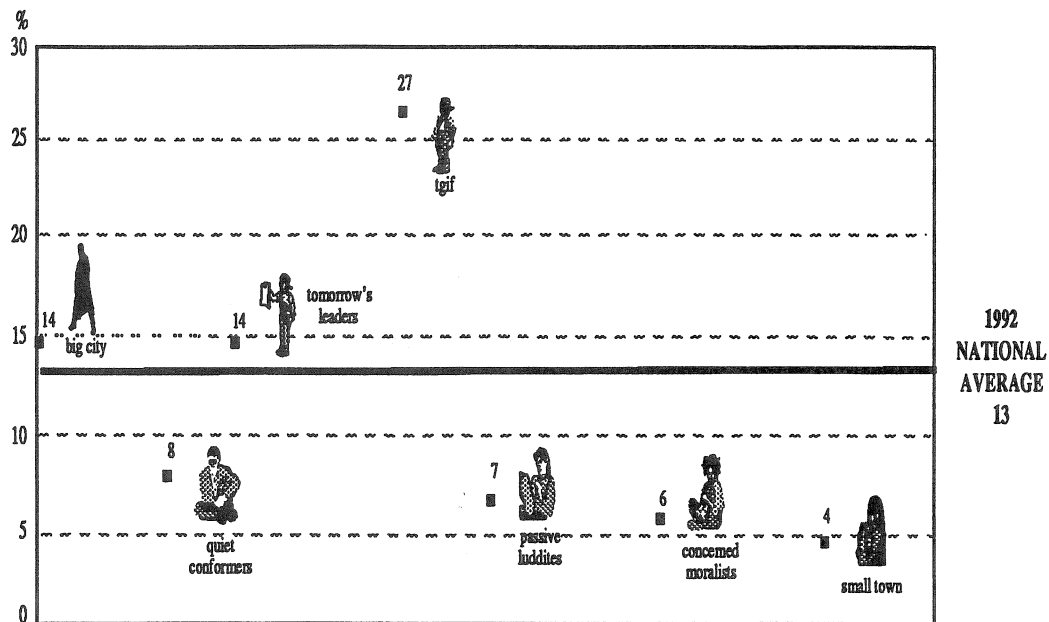
N = 1351 Lifestyle/Value Segments

10% = An estimated 260,000 youth who have tried marijuana within the last year, down from 16% (415,000) in 1987.

FIGURE 3-8 ALCOHOL AND DRIVING EXPERIENCE

A slightly higher percentage of Canadian youth aged 16 to 24 reported driving in the previous two months after having at least one drink than in 1991 (13% vs. 11%). However, this is still lower than the 18% reported in 1989. Psychographically, the highest frequency was found among TGIFs (27%); the lowest among Small Town Traditionalists (4%).

Alcohol and Driving Experience Reported Driving After Drinking – At Least Once in Past 12 Months (16-24)



N = 596 Lifestyle/Value Segments

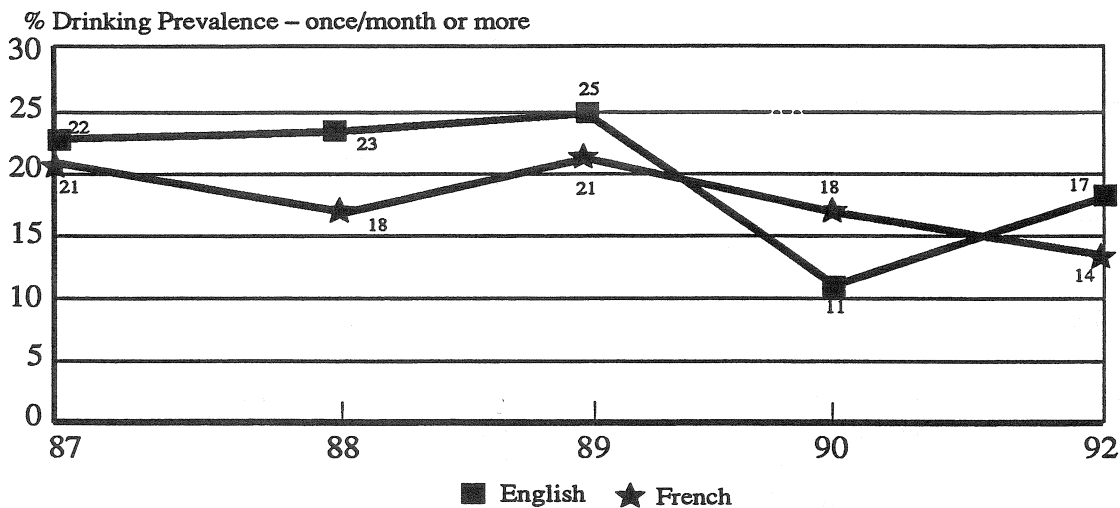
13% = An estimated 352,000 drinking and driving youth, down from 18% (515,000) in 1989.

TRENDS IN USE

FIGURE 3-9: TRENDS IN ALCOHOL USE AMONG ENGLISH AND FRENCH YOUTH

The tracking studies done by Gallup and Creative Research show a significant overall decline in regular drinking rates (once a month or more) among Canadian youth aged 11 to 17 from 23% in 1989 to 15% in 1992. For Anglophones youth aged 11 to 17, the rate fell from 21% in 1989 to 14% in 1992. The decline has been similar among Francophone youth from 25% in 1989 to 17% in 1992.

Alcohol Use ages 11-17, 1987-1992



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

Psychographic studies of the 1992 data found that alcohol use was double the average among the TGIF (Thank Goodness It's Friday) market segment: 28% of English TGIFs compared to 14% of English youth overall; and 33% among French TGIFs, compared to 17% of French youth overall. Other recent findings indicate that 18% of teens now drink at least once a week, compared to 23% in 1984.³

3 Teen Trends, A Nation in Motion, Reg Bibby and Don Posterski, 1992.

TRENDS IN USE

FIGURE 3-10: PERCENTAGE OF YOUTH WHO DRINK ALCOHOL AT LEAST ONCE A MONTH (1987-1992)

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

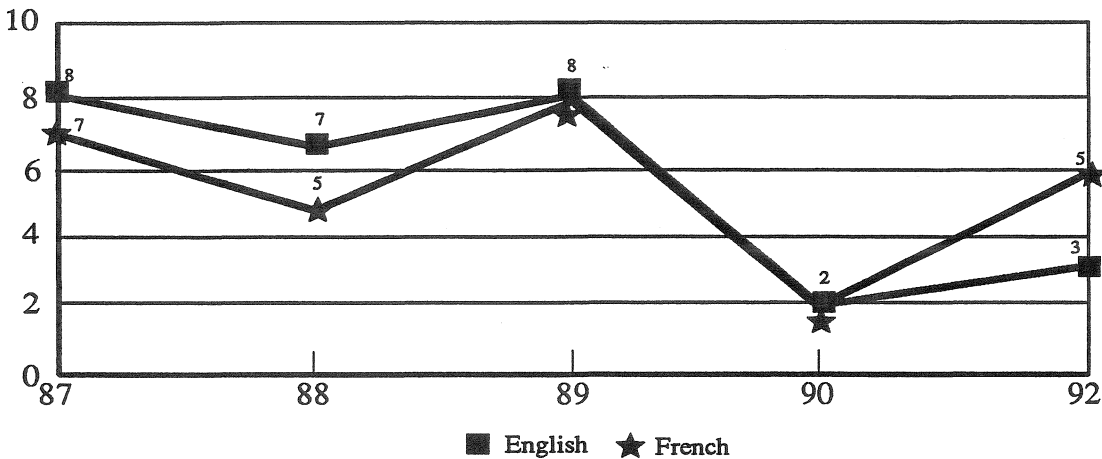
When the data are analyzed by target group, the downward trend in alcohol use is particularly evident for the secondary target group (ages 14 to 17). The rates remain very low in the primary target group (ages 11 to 13). Proportions of Anglophone youth in the secondary group who drink alcohol at least once a month continued to fall consistently to new lows of 21% in 1992. Francophone youth drinkers in the secondary group also fell from 39% in 1989 to 27% in 1992, after having achieved a sharp drop to 19% in 1990.

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 onwards were less likely to take up drinking than were their predecessors.

TRENDS IN USE

FIGURE 3-11 TRENDS IN MARIJUANA USE AMONG ENGLISH AND FRENCH YOUTH (1987-1992)

Marijuana Use (in last month)



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

Between 1987 and 1992, tracking study results indicated a significant decline in the proportion of Canadian youth aged 11-17 who reported cannabis use in the month before they were surveyed. While the data show minimal use among the primary target group 11-13, and stable rate among English youth aged 14-17 (3% versus 4% between 1990-1992) there was evidence of a resurgence of monthly marijuana users among the French secondary target group.

TRENDS IN USE

FIGURE 3-12: TRENDS IN MARIJUANA USE AMONG PRIMARY AND SECONDARY TARGET GROUPS (1988-1992)

<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

Explaining recent declines in marijuana use

Recently two alternative explanations have been suggested regarding declines in marijuana and hard drug use. The first is that young people generally have become “more conservative”, and less “trouble-prone” (to others). However, the data suggest that trends such as increasing absenteeism from school (a measure of truancy) and increased going out for fun and recreation were not associated with increased marijuana use (Bachman).

The second explanation is that there have been relatively specific changes in view about drugs and the risks associated with their use. This study’s data suggest that reduction in the perceived coolness of drugs correlate trend-wise with falling marijuana use. Also, the U.S. study data show that perceived risk also has direct negative effect on marijuana consumption.⁴

In either case the data offer more support for the proposition that specific increases in negative attitudes about marijuana are more important than any underlying “conservative shift” among youth to explain recent reductions in marijuana and hard drug use.

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 is drawn from an annual national sample of high school seniors.

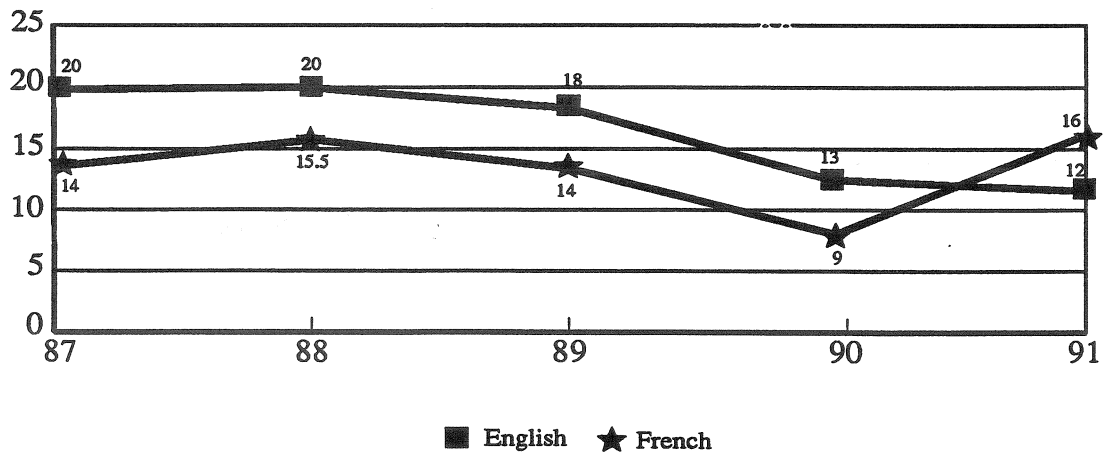
TRENDS IN IMPAIRED DRIVING

Youth Trends: 1987-92

Findings from the Gallup and Creative Research tracking studies show a decline in drinking and driving among young Canadians. In 1988, 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 1992, the rate had fallen to 13%, after having reached as low as 11% in 1990.

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



IV - BREAK FREE/FUMER, C'EST FINI!

Background

In May 1985, Canada's federal, provincial and territorial governments agreed to work together with national health organizations to reduce tobacco use, 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, which was launched in 1985-86, is a key element of this collaborative effort to reduce tobacco use in Canada.

Target Groups

Primary Target Group:

Youth - 12 to 14 years, particularly TGIFs (Thank Goodness It's Friday psychographic group)

Secondary Target Group:

Youth - 15 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 the abnormal activity;
- To make it easier for young people to resist pressures to smoke.

"Break Free" is the English slogan for the national anti-smoking social marketing campaign. The original French slogan, "Pour une generation de non-fumeurs", was replaced in 1988 by "Fumer, c'est fini!"

Campaign Activities

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

The Directorate has developed private-sector partnerships with several private firms, including Toshiba of Canada and Peugeot.

The English and French components of the campaign were designed and implemented separately. Their impacts are therefore described separately in this report.

A descriptive list of campaign activities from 1987 to 1992 can be found in Appendix C.

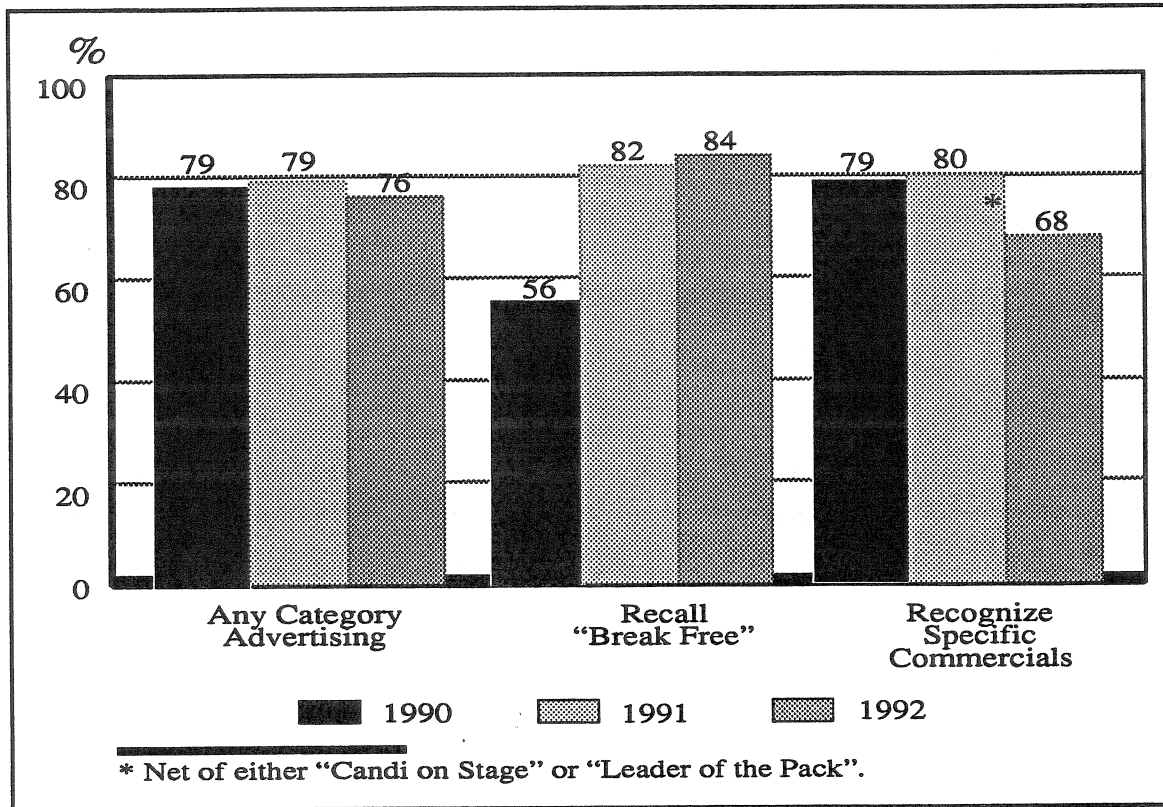
Measuring Impact

This chapter summarizes the key findings of a 1992 national tracking survey conducted by Creative Research Inc. The figures and tables on the following pages are based upon data obtained in this tracking study.

CURRENT IMPACTS: 1990-92

1. English Youth Campaign

FIGURE 4-1: ADVERTISING RECALL - BREAK FREE - YOUTH



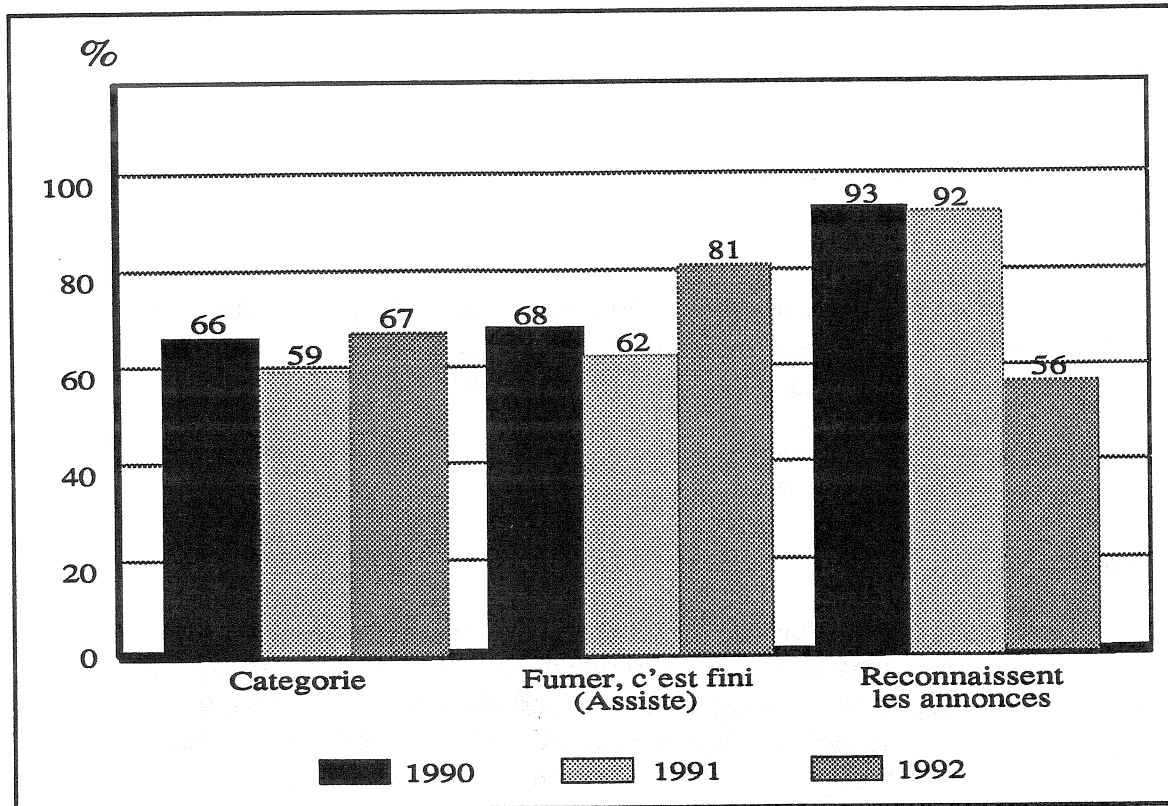
As Figure 4-1 indicates, more youth recalled the "Break Free" slogan (84%) in 1992 than advertising against smoking in general (68%).

In 1992, the advertising budget for "Break Free" was substantially reduced. The subsequent decrease in media purchases is reflected in the reduced awareness levels of specific "Break Free" commercials that year.

CURRENT IMPACTS: 1990-92

2. French Youth Campaign

FIGURE 4-2: ADVERTISING RECALL - FUMER, C'EST FINI! - YOUTH



About seven in ten (67%) Francophone youth 12 to 17 years of age are familiar with some form of advertising against smoking. The “Fumer, c’est fini!” slogan receives a higher level of awareness at 81%, up significantly over 1991.

In 1992, the advertising budget for “Break Free” was substantially reduced. The subsequent decrease in media purchases is reflected in the reduced awareness levels of specific “Break Free” commercials that year.

PSYCHOGRAPHIC FINDINGS – ENGLISH AND FRENCH COMBINED

Awareness

Awareness of the government's anti-tobacco campaign increased among both French- and English-speaking youth. Some 81% of French youth recalled the campaign in 1992, compared to 62% in 1991. Among English Canadian youth, awareness climbed marginally from 82% to 84%.

TGIFs were less likely to report thinking about not using tobacco after seeing a Health Canada message than were Concerned Moralists (48% vs. 68%).

Attitudes

Small Town Traditionalists reported the lowest rates of peer group smoking (14%), compared to a national average among youth of 29%. TGIFs were most likely to report that "most people I hang around with smoke" at 66%.

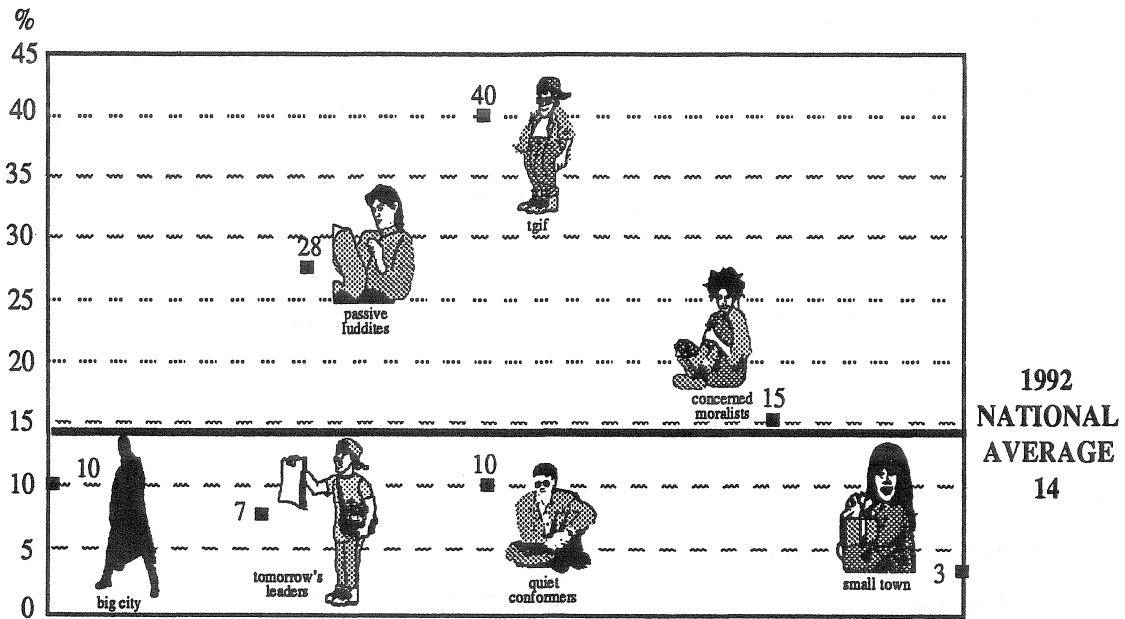
Do young Canadians feel smoking makes them look cool? Some 21% of TGIFs held such a belief, compared to 10% of Tomorrow's Leaders.

Behaviour

Among psychographic groups, the higher the agreement with the statement that "most of the people they 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 was highest, therefore, among TGIFs at 40%. This group was followed by Passive Luddites (28%). The lowest rates were among Tomorrow's Leaders (7%) and Small Town Traditionalist (3%).

FIGURE 4-3 SMOKING BEHAVIOUR

Smoking Incidence – Daily, At Least On Occasion



N = 1351 Lifestyle/Value Segments

14% = An estimated 360,000 current smokers, down from 18% (466,000) in 1987.

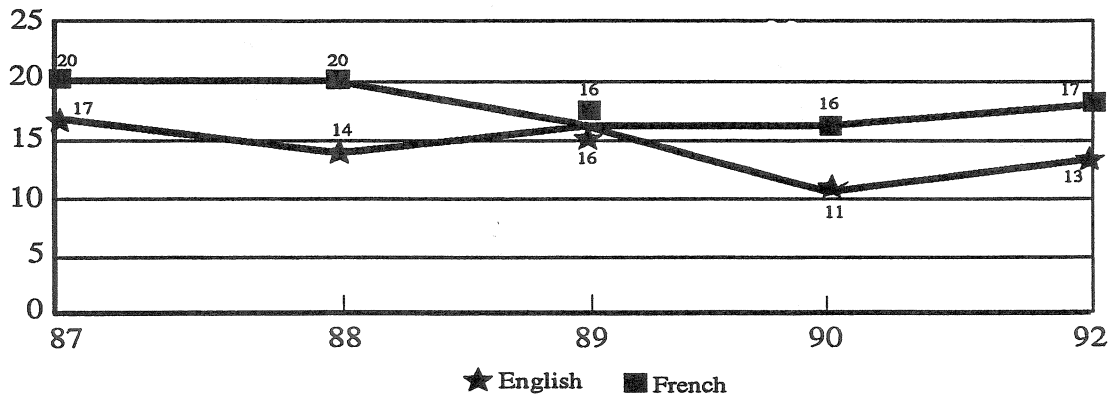
TRENDS IN TOBACCO USE

Youth Trends in Tobacco Use: 1987-1992

According to results from Gallup's 1987 tracking study, the proportion of youth 12 to 17 years old who said they smoked daily was 18%. The 1992 survey results from Creative Research, which measure the new campaign's targeting of 11-17-year-old youths, show that the proportion reporting smoking at least occasionally (which includes daily smokers) was 14%. Removing the population of 11-year-olds, the adjusted proportion for the 12 to 17 age group in 1990 would be 16%.

FIGURE 4-4: TRENDS IN TOBACCO USE AMONG ENGLISH AND FRENCH YOUTH

Smoking Incidence (daily, at least on occasion)



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

This percentage change of daily smokers, from 18% to 14% between 1987 and 1992, represents an estimated decline from over 466,000 young Canadian smokers in 1987 to 368,000 in 1992, or approximately 106,000 less daily smokers among the campaign's target population.

TRENDS IN TOBACCO USE

By Target Group

Findings from the Gallup and Creative Research Group tracking studies indicate that in 1992, 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), 25% of French-speaking youth and 20% of English-speaking youth reported occasional or daily smoking in 1990, down from levels of 28% for the French and 23% for the English in 1987.

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 1985. The main reason for recent reductions in tobacco sales seems to be 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 a significant decline in the proportions of young tobacco smokers has already occurred, which coincides with the Directorate's initial objectives for the "Break Free/Fumer, c'est fini!" campaign. Surveys in 1993 will confirm whether the slight increases in smoking rates in 1992 are an anomaly or cause for concern.

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 very positive life choices: enjoyable, healthy eating; enjoyable, physical activity; and positive self and body image. It is felt that the adoption of this approach will lead to well-being, an enhanced quality-of-life, and the maintenance of a healthy weight.

The integration of the three components and the emphasis on enjoyment are the hallmarks of this new approach called, appropriately enough, *Vitality*. 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 environment has on a person's choices and decisions.

The development of the *Vitality* program stemmed from the work surrounding "Promoting Healthy Weights" coordinated by Health Services and Promotion 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* since 1991, working on the development and delivery of public awareness and information activities.

The 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. This entails both personal and societal acceptance of a range of health body weights, of variations in body size and of the importance of healthy body composition.

Why the *Vitality* Program?

Vitality is about personal choice – taking charge of how you eat, how you can stay active daily and how you can feel good about yourself. Research shows that Canadians 25–44 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* Target

Vitality 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, 25–44 years-of-age with 9–13 years of education. This group is a critical public to reach since research has shown that they 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 unit. Finally, they are not being successfully reached by existing public awareness and prevention programs. Eventually, additional population groups will be targeted, including children and older adults.

The *Vitality* program goals are:

1. Enabling Canadians to adopt an integrated approach to living centred on enjoyable, healthy eating; enjoyable, physical activity; and a positive self and body image; and
2. Creating a positive environment that supports adoption of *Vitality*.

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

1. *Vitality* is based on changing behaviour through raising awareness, and encouraging people to experience then adopt *Vitality*.
2. *Vitality* is built on existing networks of professional and voluntary groups.
3. *Vitality* is market-centred: tailored to the needs and interests of segments of the population rather than developed according to the requirements of traditional delivery systems.
4. *Vitality* encourages consumer involvement: people representing target groups are involved in the developmental process.
5. *Vitality* embodies a positive, contemporary approach, encouraging people to take control of their lives.

Getting There from Here: Strategic Directions

Introducing Canadians to *Vitality* 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:

1. Promoting awareness through the media and influential spokespersons in the government, volunteer and private sectors;
2. Encouraging the development of opportunities for people to experience *Vitality* first-hand;
3. Encouraging professionals and educators to adopt the *Vitality* program and concept;
4. Enlisting the support of major influencers in our society (e.g., food, fashion and entertainment industries); and
5. Encouraging research to support implementation of *Vitality*.

Public Awareness and Information Component

A media kit describing the initiative, a Professionals and Educators kit, television and radio PSAs, a video prepared by ParticipACTION, print ads bus shelter advertising, *Vitality* brochures and a 1991 calendar were key components of the initial communications effort.

In 1992, a five page supplement, distributed through "HOMEmaker's/Madame au foyer" magazine, communicated the *Vitality* message to the target group. In addition, Fleischmann's (Lever Brothers, Monarch Foods) supported the production and

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

Other private sector partners include Kellogg Canada, J.M. Schneider and regional grocery chains including: Sobeys, Provigo and A&P/Dominion/Valuemart/Miracle Foodmart and Safeway.

Evaluation:

Vitality is in many ways unique. It encompasses 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 does not use paid advertising to develop and sustain public interest. It would thus be quite difficult to evaluate *Vitality* in the same way that other social marketing campaigns are evaluated.

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 was gathered by mall intercepts and telephone interviews in three markets. The following results should be considered directional in nature:
 - More than half (62% of sample) believe the *Vitality* idea is important and meaningful to them.
 - The PSA's generated some awareness for the creative (aided recall was 62% for TV and 23% for radio). However, awareness of the "*Vitality*" identifier itself was relatively low (11%), suggesting a need for better "branding" of the campaign in the future.
 - 70% of respondents felt that it is important for the federal government to send the *Vitality* message to Canadians.
- In addition, ParticipACTION's media monitoring for the 12 months ending July 1992 estimated that *Vitality* had then received the equivalent of over \$4.3 million in PSA exposure.

VI – DEGRASSI TALKS

Introduction

The history of *Degrassi Talks* dates to 1987, with early discussions between Health Canada (HC), *Playing with Time* and the Canadian Broadcasting Corporation (CBC). Requests for program ideas were solicited in the winter of 1991, with filming of the series taking place during the summer of 1991. The series aired on six consecutive Mondays, beginning February 24, 1992, and ending March 30 on CBC television at 8:30PM. Each thirty minute episode focused on a particular subject area: Sex, Alcohol, Abuse, Depression, Drugs and Sexuality. The episodes opened with comments from the Minister. HC's commitment to the project included program development, content review, subject expertise, communications strategy development, financial support and significant involvement from a number of players at many levels in the Department.

This evaluation is intended to give a brief overview of the impact of the *Degrassi Talks* project. It discusses the promotional elements and impact of the series. In keeping with the theme of the series, 'Now it's your turn to talk', this evaluation where possible presents quotations from the viewers of the series and HC's partners. Numerical data is also presented to provide objectivity.

Promotional Activities

The activities to promote the series included: pre-promotion, school posters, a promotional tour, the February 12th event and direct mail.

Pre-promotion

Degrassi Talks received extensive promotion. Health Canada, Tampax and Canadian Yellow Pages Service were identified with all on-air, print and radio promotion.

On-Air

The on-air promotion began during the Olympics. As a result, they were highly visible to an unusually large viewership.

Print

Degrassi Talks was supported by a national print campaign. This included ads in weekly TV Guides in more than 17 cities, as well as in *Flare* and *Canadian Living*.

Radio

"There were many radio spots in Central Ontario promoting *Degrassi Talks*."

Andrea Currie, Corporate Sponsorship Coordinator
Canadian Broadcasting Corporation

School posters

A letter to principals and *Degrassi Talks* promotional posters and were distributed to over 2,500 junior and senior high schools in Canada to promote the series.

Promotional tour

The main purpose of the tour was to promote the *Degrassi Talks* series. Members of the *Degrassi Talks* crew visited six locations in Canada for mall visits: Halifax, Montreal, Regina, Calgary, Vancouver and St. John's. (CBC was often present; HC representatives were on-site for two of the locations.) Each tour was held during the weekend prior to the program's telecast. The three day visits were structured similarly. They included a screening of the upcoming episode for youth experts, teens and others. Print, radio and television interviews, phone-ins and supper hour news interviews were held. A three hour session at a Marlborough Property mall was held for the actors to sign posters, books, and discuss issues important to teens. Also, where available, some community events in evenings were scheduled. A total of 5,200 people attended the *Degrassi Talks* visits in the six different locations, with an average of 867 per visit. Table 6-1 illustrates the totals for each location.

Table 6-1

Date						
Location	Halifax	Montreal	Regina	Calgary	Vancouver	St. John's
Attendance	600	1,800	200	250	350	2,000

February 12th event

On February 12, 1992, the Minister of Health Canada participated in the first publicity “launch” of *Degrassi Talks*. A group of Ottawa high school students were invited to the National Library to participate in a group discussion about issues raised in the *Degrassi Talks* programs. The stars of the series and the producers joined the Minister to discuss the students’ reactions following their viewing of the first episode of *Degrassi Talks*. The event was attended by radio and print media and helped to kick off the various publicity activities for the Degrassi Talks project.

Direct mail

A letter announcing the upcoming *Degrassi Talks* series was mailed by the Health Promotion Directorate to 3784 key influencers in the health promotion field in Canada.

Impact of Degrassi Talks

The impact of the series is considered in terms of viewing audience, media coverage, correspondence/telephone calls, Kids Help Phone, partnerships and additional products/versions of *Degrassi Talks*.

Viewing Audience

The Nielsen’s rating provide an indication of the number of viewers of a televised program at a particular time. The series averaged almost one million viewers (2 + age group) for each episode. Figure 6-1 provides the detailed information for the 12 to 65 age groups. The drop-off in viewers in episodes four and five is attributed to the trailing of promotional activities and the school break.

Degrassi Talks performed well, establishing itself as a Top 10 Teen program. The series captured a strong adult audience with indices of 95–100% for adults 18+, women 25–54 and men 25–54. The teen audience was 73% that of *Degrassi High*. In comparison to the most popular teen program, *The Fresh Prince of Bel Air*, *Degrassi Talks* attracted 63% as many teen viewers. Table 6–2 details *Degrassi Talks* audience breakout and provides *Degrassi High* and *Fresh Prince of Bel Air* numbers for comparison.

Table 6–2

Episode		Audience (000)						
Date	Subject	Total M/F 12–54	12–17	Adult 18+	Female 18–24	Female 25–54	Male 18–24	Male 25–54
24 Feb	Sex	1,085	211	874	113	270	64	237
2 Mar	Drugs	945	180	765	53	291	68	221
9 Mar	Alcohol	941	242	699	48	269	60	171
16 Mar	Tobacco	678	107	571	41	182	44	163
23 Mar	Depres- sion	718	162	556	N/A	162	N/A	146
30 Mar	Sexuality	722	188	534	N/A	142	N/A	168
Average		849	182	667	64	230	68	184
Comparative Data: Average Number of Canadian Teen Viewers (nnn = nnn,000)								
Degrassi High (Avg)			251	704	64	230	68	176
Index: Degrassi Talks versus Degrassi High			73	95	100	95	87	105
Fresh Prince of Bel Air (Avg)			287	959	90	331	69	271

In terms of total viewing audiences, *Degrassi Talks*, premiered strongly with an average one million viewers. This compares to 1.7 million for *Cosby*, 1.64 for *Road to Avonlea*, 1.5 for *Fresh Prince of Bel Air* and 1.4 million for *Hockey Night in Canada*. These comparisons are outlined in Table 6-3.

Table 6-3

Name of Show	Total viewing audience (000,000s)
America's Funniest Home Videos	2.6
America's Funniest People	2.1
Cosby	1.7
Road to Avonlea	1.64
Fresh Prince of Bel Air	1.5
Hockey Night in Canada	1.4
The National	1.2
Street Legal	1.1
Degrassi Talks	1.0
E.N.G.	.93
Counterstrike	.84

Media coverage

Print

In an informal inventory of articles collected by HC, a total of 78 articles were identified in a variety of Canadian media. 78 % of publications were in newspapers, 15% television guides and 7% in magazines. All regions of the country were represented. A listing of the publications in which *Degrassi Talks* was a news item or the topic of the article is provided in Table 6-4.

Table 6-4

Publications That Profiled "Degrassi Talks"		
Beach Metro News	Health Promotion	St. John's Herald
Brantford Exposition	Intracom	St. John's Telegram
Calgary Herald	Kitchener Waterloo Record	The Examiner
Calgary High School Rage	Lethbridge Herald	The Weekender
Calgary Sun	Macleans	Toronto Sun
Cape Breton Post	Montreal Gazette	Toronto Star
Charlottetown Guardian	MTS Echo	TV Times
Chatham Daily News	Nelson, BC	TV Week
CP Wire Story	Newfoundland Weekend	Vancouver Sun
Edmonton Journal	Oshawa Times	Vancouver Province
Financial Post	Ottawa Citizen	Victoria Monday Magazine
Globe and Mail	Ottawa Sun	West Island Chronicle
Grand Centre/Cold Lake Sun	Paris This Week	Winnipeg Free Press
Gulf Islands Driftwood	Regina Leaderpost	Winnipeg Sun
Halifax Chronicle Herald	Saskatoon Star Phoenix	Yukon News
Halifax Mail Star	Star Week	

In 62% of the pieces, *Degrassi Talks* was presented as a news item; the remaining 38% included a review of the series. All reviews were favourable. Some excerpts from the review articles are highlighted below:

"(A student noted in a preview) 'It was very frank. There was no BS; it covered everything from sexually transmitted diseases to AIDS and it was as balanced as I'd like."

Ottawa Citizen, 13 Feb 92

"It's a smart, sometimes shocking and extremely useful series. And it's not just for teens. Everyone can learn from it."

Winnipeg Free Press 23 Feb 92

“A video snapshot of Canadian youth in the summer of 1991, *Degrassi Talks* is realistic, informative, curious, and useful to audiences of all ages.”

Toronto Star 24 Feb 92

Electronic Media

In the electronic media, coverage was obtained on both television and radio. Five television stations aired a total of ten spots. The radio spots were more common: thirteen spots were identified. In most cases, coverage corresponded to the prescreenings of the *Degrassi Talks* episodes in a particular region or to the broadcast dates of the series. The stations on which coverage was provided are outlined in Table 6-5.

Table 6-5

Television	Radio	
CBC Midday	Calgary 106 Radio	CITR Radio-Radio (UBC)
CBC Video Hits	CBC Early Edition-Radio-Vancouver	C100-Radio-Halifax
CBC Newsworld-Vancouver	CBC Morningside	CKDV-Radio-Halifax
CBC 1st Edition-Halifax	CBC Radio-Breakaway-Quebec City	Sun Radio-Halifax
CBC Morning Show-St. John's	CBC Radio, Regina	VOCM Radio-St. John's
	CBC Radio, Winnipeg	Z95-Radio-Vancouver

Correspondence/telephone calls

Twenty-seven letters/telephone calls were received by the Health Promotion Directorate from all regions in Canada. 52% of the inquiries were from community health/social service professionals requesting further information, 30% were from special interest groups with an interest in using *Degrassi Talks* to convey information on a particular health-related issue (eg. chronic illness: Diabetes Association); the final 18% of comments/requests were from interested viewers.

“I am a school counsellor in a junior high school. I have been listening to adolescents talk individually and in groups for twenty years. All the *Degrassi's* are excellent in that they open up issues important to adolescents, to the general public. I would appreciate it if you would send me any supplementary information materials that you have developed for the *Degrassi Talks* series.”

School Counsellor, Winnipeg, Manitoba

Negative feedback was received in the following letter:

“...I truly think this program (the episode on sexuality) should be done again, with a more serious approach being taken to this great problem in our society, as was done on the second program on drinking. Emphasis should be put on traditional values of abstinence before marriage and a commitment of one person for life. Only then can we bring children into the world who have half a chance of having a secure, happy family life. They deserve nothing less than that.”

Tangier, Nova Scotia

In addition, the Department received approximately thirty form letters from a single group in Saskatchewan protesting it's involvement in *Degrassi Talks*. A reaction of this nature was anticipated by Departmental officials, since the series involved frank explorations of sensitive issues.

Kid's Help Phone

In keeping with the objective of prevention and follow-through services, each episode ended with one of the actors stating “if you have a problem about...or if you have other problems, there is someone to call” and the Kids Help Phone name and 1-800-668-6868. Each night, more than 150 callers explicitly identified the show as their reason for calling the counselling and referral service.

“It is clear to Kids Help Phone that *Degrassi Talks* encourages some parents to watch with their children and provided an open, honest and informative forum for young people to have their questions answered and their feelings validated. And for many other children and teens, Kids Help Phone is available to listen, answer questions, quell fears, and even help kids find a way to engage their parents in some discussions.”

Report from Kids Help Phone March 92

Partnerships

The *Degrassi Talks* series was made possible through the partnerships developed both internally and externally. HC was responsible for initiating partnership agreements with other sponsors in advance of the contract with the CBC. The Department received high recognition in on-air promotions, billboards, during shows and with the promotional activities.

Internal

Within HC, the *Degrassi Talks* project set an important precedent in demonstrating collaboration among the different divisions within Health Services and Promotion Branch and Social Services Branch. The team developed an integrated approach to programming which has potential to be utilized in other areas of health promotion.

External

Partners included Playing with Time, CBC and Telefilm Canada, Tampax, Yellow Pages, Marlborough Properties, Mint Publishers, McNabb Connolly Distributors and Kids Help Phone.

“We’re extremely excited to be associated with HC on this exciting series. Through our combined efforts, contacts and strategies, we anticipate an effective and enlightening tour with these young stars. These half-hour programs are real eye-openers, for young people and parents alike.”

Gary Protain, CBC Network Community Relations Manager

“The partnership between *Degrassi Talks* and Kids Help Phone was an extremely important one: as one young man from Ontario stated ‘I didn’t think there were other sexually transmitted diseases besides AIDS – I’m sure glad I watched that show and I’m sure glad you (Kid’s Help Phone) were there to answer my questions after it.’”

Report from Kids Help Phone

Additional products and versions of Degrassi Talks

Print

Books providing additional information on each of the subject areas were advertised at the end of each program and were developed by Mint/Boardwalk Publishers and distributed through McNabb and Connolly.

“These books pull no punches. They tell it the way it is... These books, published with the help of Health Canada, belong everywhere that teenagers can pick them up and read them in privacy or with the help of group counselling. Schools, libraries, drop-in centres, doctor’s offices should not be without them.”

Joan Weller
The Ottawa Citizen
25 April 92

Electronic

Playing With Time Inc. is in negotiations with Direct Cinema who would like to acquire the American non-theatrical right to the **Degrassi Talks** series. Mitch Block at Direct Cinema already represents Degrassi Junior High and Degrassi High and is very excited by both the *Degrassi Talks* series and the books.

“The version for the Canadian non-theatre market (schools and libraries) has been completed and delivered to our Canadian distributor, McNabb and Connolly. McNabb and Connolly have been receiving numerous calls from school boards across Canada interested in purchasing the series...

We are currently completing the international version for our international distributor (Paragon International).”

Sari Friedland, Playing With Time Inc.

Paragon Production—the agent for international broadcasting rights – have indicated that the following countries have decided to purchase the *Degrassi Talks* series: Sweden, France, Australia, Israel, with a strong interest being shown by the United Kingdom.

“Playing With Time is actively looking for a television home in the United States for *Degrassi Talks*. Playing With Time’s mandate is to have *Degrassi Talks* seen by as many viewers as possible and will continue working towards that end.”

Sari Friedland, Playing With Time Inc.

Summary

The impact of the promotion and series *Degrassi Talks* is outlined in Table 6-6.

Table 6-6

Promotion <ul style="list-style-type: none">• 200 kits distributed to press• 5200 people visited the promotional tour at 6 malls
The series <ul style="list-style-type: none">• 5,928,000 viewers of <i>Degrassi Talks</i> over six episodes, averaging 988,000 per episode• extensive media coverage: 76 articles in Canadian press; 10 TV spots, 13 radio spots• 900 callers reached counsellors at the Kids Help Phone, an additional 2,700 calls were not answered due to the limited number of phone lines• posters distributed to over 2500 junior and senior high schools in Canada• 17 letters and 10 phone calls from viewers: health/social service professionals/fans• additional products are being developed and distributed• four countries have purchased the <i>Degrassi Talks</i> series; a fifth country has expressed interest

These figures provide an indication of the positive responses throughout Canada to *Degrassi Talks*. However, they should not be considered as the sole indicators of the series' impact.

Because *Degrassi Talks* is a prevention-oriented series designed to change attitudes and behaviours by stimulating discussion and debate, it is almost impossible to assess its overall impact. For instance, teachers throughout Canada taped the shows when they were broadcast and are using them as a basis for class discussions. It is difficult to quantify impacts such as this, other than to provide young Canadians with timely and relevant health information and motivate them to take preventative action on specific issues.

The CBC, Playing With Time Inc. and HC believe that the programs met their objectives. At an evaluation/wrap-up meeting in April, there was strong consensus among partners and sponsors that the series was a success on a number of fronts. Key partners are interested in developing a sequel, which would build upon the popularity and the success of *Degrassi Talks*.

To conclude,

“Everyone at the CBC was thrilled with the success of the series. Playing With Time Inc. feels that the series has accomplished what it set out to do – to talk to teens about tough issues that they face on a day-to-day basis.”

Sari Friedland, Playing With Time Inc.

VII – LESSONS LEARNED

A. 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, community groups, etc.

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 by Health Canada for the following purposes:

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

Key Attributes

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

1. Partnerships

Health promotion social marketing campaigns are developed and implemented in cooperation 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 ensures that the potential partner meets the eligibility criteria outlined in the Guidelines for Working with the Private Sector - e.g., potential partners must be willing to make a long-term commitment to the program. Partners should also demonstrate support for the program goals within their own organizational culture (e.g., by implementing an internal Employee Awareness Program, distributing resources such as the "Drug Dialogue" video to employees, or initiating fund-raising activities, etc.).

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/Drogues, pas besoin!" cassette, the "Quit for Life" smoking cessation kit, etc.

These resources have proven to be both popular and effective. They are meeting real needs within the campaign target groups and within the Canadian public. Resources are used in the home, the school and in the workplace. 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 each of the Directorate's social marketing approaches has been the development of targeted delivery (or distribution) and promotion systems.

The "Spider Man" project, for instance, was developed in partnership with the Canadian Association of Chiefs of Police (CACP), the Alliance for a Drug Free Canada and Marvel Comics. More than 5 million copies (English and French combined) of the comics were distributed. The distribution and promotion strategy developed for this project was targeted, comprehensive and low-cost. Distribution - which was accomplished without cost for the Department or the consumer - was supported by extensive private sector promotion. More than 1.5 million copies were distributed to schools throughout Canada by the CACP's "Kids and Cops" program; the other 3.5 million were distributed through major supermarket chains (e.g., Sobeys, Safeway, Provigo, etc.); by major department stores (e.g. Eaton's, the Bay), by other leading retailers, by Canada Post, and by point-of-sale distribution by companies such as Kellogg's and Kraft Foods.

Each new project, and each new partnership, presents unique distribution and promotion options that need to be explored. Even a relatively minor project (e.g., the printing of a new poster) creates possibilities. For instance, in 1992 the Directorate entered into 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 highlighted, in a humorous fashion, the vital role that parents and other adult influencers can play in helping to curb child and youth experimentation with tobacco. The Canadian Medical Association used the poster illustration on its journal cover, with an accompanying supportive editorial.

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. Partnerships 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; "Really me/Drogues, pas besoin!" T-shirt design contests, for instance, have generated funding through sales of the winning T-shirt 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.

B. LESSONS LEARNED

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

- **To have real impact, social marketing campaigns should develop partnerships with 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 of some kind 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.

To date, some 75 private sector companies have contributed over \$40 million 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 developing partnerships, the investment has proven worthwhile. Now, private sector companies are increasingly approaching the Directorate because they want to be visibly involved with progressive social causes, and because they realize that partnerships have benefits for 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.

- **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 can 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) can not be expected to have a substantial or lasting impact on attitudes and behaviours. 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 and health promotion strategies 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 and distributed 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.

Although campaign resources are designed primarily for use by families, they are frequently used in many other contexts. Community groups, school systems, non-government organizations and private sector companies throughout Canada have integrated the Department's information and communications resources into local awareness and prevention activities and programming. The Toronto-Dominion Bank, for example, has purchased an initial 1,000 copies of the "Drug Dialogue" video for use in its employee training, education and prevention seminars.

- **It is important to be proactive.**

The Directorate's development of private sector partnerships is an example of the benefits to be gained by being proactive. Another example is the Directorate's policy of negotiating bonuses (an additional 100% of media time and placement, provided without charge) whenever it makes a media purchase. These types of action can significantly increase the impact of a social marketing campaign.

- **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 coordinate a number of key activities, including policy development, targeted research, education and training, community support, demonstration projects and funding of field projects, social marketing, consultation and coordination, legislative action, taxation, etc. The collective impact of these activities can facilitate and support individual and social change (e.g., the National Strategy to Reduce Tobacco Use has changed Canadians' attitudes and behaviours towards tobacco use in a period of only five or six years).

VIII – 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 that 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 costs.

The Directorate has developed a number of innovative options to traditional paid advertising. These options 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 - i.e., 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. Though it has some potential drawbacks (e.g., lack of editorial control), the benefits of this approach outweigh the drawbacks. For example, in 1992 the Association of Concerned Children's Advertisers, with Health Canada as a co-sponsor, developed a series of 26 drug

awareness vignettes targeted at youth. Broadcasters across Canada donated over \$10 million worth of free media time to air the ads. Additional vignettes have subsequently been developed. The vignettes receive extensive air time at no cost to the CCA's member companies.

Another option is "third party" or "arms-length" advertising. This alternative was selected for the "Vitality" campaign; the Department contributed seed money to ParticipACTION, who 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 that normally accrue from developing and placing ads. It was also able to take advantage of ParticipACTION's well-established distribution network and partnerships. A July 1992 evaluation of the Vitality PSAs established that the estimated value of media placements to that date was \$4.3 million.

- **Innovation (Using Whatever Method Works)**

Social marketing professionals will need to be increasingly innovative and creative in the 1990s to attract and retain the interest of target groups in a highly competitive environment. New methods of packaging, presenting and distributing information will need to be identified, tested and explored.

The Directorate can build here upon its tradition of innovation in achieving results. Experience has demonstrated that flexibility and a willingness to investigate new technologies can produce substantive results. It will also be important to consider "environmentally friendly" (i.e., less paper-intensive) methods of communication. Examples of this type of communication include the distribution of research findings in diskette form or via electronic bulletin boards rather than in printed reports. Distribution via diskette was one of the methods used to market the Technical Report on Canada's Health Promotion Survey. Substantial savings were achieved by printing only a limited number of reports and using modern technologies to complement more traditional means of distributing survey data to the Canadian health research community.

- **Defining Target Groups with Greater Precision**

This decade poses a number of challenges for social marketers, regardless of whether they work in the private or public sectors. The increasing proliferation of information sources, the constant barrage of data, and the emergence of new communications technologies will create an increasingly complex and cluttered public environment. To be effective, social marketing programs will need to be targeted with great precision to specific, well-defined target groups.

VIII – 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 that 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 costs.

The Directorate has developed a number of innovative options to traditional paid advertising. These options 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 - i.e., 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. Though it has some potential drawbacks (e.g., lack of editorial control), the benefits of this approach outweigh the drawbacks. For example, in 1992 the Association of Concerned Children's Advertisers, with Health Canada as a co-sponsor, developed a series of 26 drug

awareness vignettes targeted at youth. Broadcasters across Canada donated over \$10 million worth of free media time to air the ads. Additional vignettes have subsequently been developed. The vignettes receive extensive air time at no cost to the CCA's member companies.

Another option is "third party" or "arms-length" advertising. This alternative was selected for the "Vitality" campaign; the Department contributed seed money to ParticipACTION, who 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 that normally accrue from developing and placing ads. It was also able to take advantage of ParticipACTION's well-established distribution network and partnerships. A July 1992 evaluation of the Vitality PSAs established that the estimated value of media placements to that date was \$4.3 million.

- **Innovation (Using Whatever Method Works)**

Social marketing professionals will need to be increasingly innovative and creative in the 1990s to attract and retain the interest of target groups in a highly competitive environment. New methods of packaging, presenting and distributing information will need to be identified, tested and explored.

The Directorate can build here upon its tradition of innovation in achieving results. Experience has demonstrated that flexibility and a willingness to investigate new technologies can produce substantive results. It will also be important to consider "environmentally friendly" (i.e., less paper-intensive) methods of communication. Examples of this type of communication include the distribution of research findings in diskette form or via electronic bulletin boards rather than in printed reports. Distribution via diskette was one of the methods used to market the Technical Report on Canada's Health Promotion Survey. Substantial savings were achieved by printing only a limited number of reports and using modern technologies to complement more traditional means of distributing survey data to the Canadian health research community.

- **Defining Target Groups with Greater Precision**

This decade poses a number of challenges for social marketers, regardless of whether they work in the private or public sectors. The increasing proliferation of information sources, the constant barrage of data, and the emergence of new communications technologies will create an increasingly complex and cluttered public environment. To be effective, social marketing programs will need to be targeted with great precision to 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 social marketing initiatives will be targeted at specific psychographic groups (in particular, TGIFers) and at 11-13 year-old youth at risk of entering the TGIF group.

- **Integration of Issues**

In the cost-conscious 1990s, it will become increasingly 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 (if any) 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 group participants had a strong tendency to see all substance abuse issues as being 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 Directorate has applied these findings by linking a number of program elements that were previously separate. In 1993, for instance, the Directorate integrated the social marketing approaches for its alcohol, drug and tobacco messaging so that they were thematically, visually and otherwise consistent. Campaign logos ("Really Me" and "Play It Smart") were replaced by the Healthy Canada identifier after consumer research showed strong consumer support for a single, unifying identifier. (The sole exception was the "Break Free" identifier, which was retained due to its longer history of partnership use and adoption.)

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

Based on the success of "Degrassi Talks", the Directorate is developing other options for integrating issues and messages. These include co-sponsorship of a 30-minute television documentary series entitled "Alive!" The 13-episode series, which examines a wide range of health issues, began airing on the CBC in October 1993.

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.

Integration of 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 – STAGES IN THE SOCIAL MARKETING PROCESS

Social Marketing Principles

Changing behaviour sometimes requires a specific kind of marketing – social marketing – which attempts to change the perceptions, attitudes and opinions that underlie an individual’s health or lifestyle habits. In the health promotion field, social marketing attempts to change social attitudes towards activities that are harmful to health.

The term “social marketing” was first used by Philip Kotler and Gerald Zaltman in 1971.¹ They realized that an approach that focused entirely on alerting the public to the dangers of certain health-related behaviours was often inadequate in fostering changes in attitudes, opinions and behaviours. 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. To effect attitude or behaviour changes, a strategic implementation of social marketing elements is required.

Process

There are seven distinct steps in a Social Marketing program: Situation Analysis; Setting Objectives; Allocating Resources; Managing Program Elements; Liaison with Partners; Measuring Effectiveness; and Follow-up.²

1. Situation Analysis

A social marketing program begins with an analysis of the situation: identifying key issues, target groups and appropriate methods of reaching these groups; examining all factors that may affect public attitudes or behaviours on a specific issue, such as smoking; carrying out quantitative and qualitative research to gain a thorough understanding of the target group. Careful definition of the target group is an essential element of situation analysis. For example, the situation analysis conducted during the development of the “Really Me/Drogues, pas besoin!” campaign on alcohol and other drugs revealed that illicit drug use most often begins at about age

1 Philip Kotler and Zaltman, Gerald. “Social Marketing: An Approach to Planned Social Change”, *Journal of Marketing*, Vol. 35 (July 1971), pp. 3-12.

2 As identified in “Social Marketing: New Weapon in an Old Struggle” by Jim Mintz, *Health Promotion Magazine*, Vol. 27, No. 3, Winter 1988/89, pp. 6-12.

14. Because the federal government wanted to prevent illicit drug use, a primary target group of 11- to 13-year-olds was chosen. A secondary target group of 14- to 17-year-olds was selected to ensure that prevention initiatives might be of benefit to all Canadian youth. Parents of young people in these age groups were also included as a secondary target because research revealed the importance of positive parent-child communication in preventing alcohol and other drug abuse.

2. Setting Objectives

Social marketing objectives can be defined in various ways, depending on the intended effect. For instance, objectives may describe what portion of the target group expected to be reached over a given period of time. Objectives may also describe how many times a target group is expected to be reached. In cases where a benchmark study exists, objectives may also include a “percentage change” anticipated in specific attitudes or behaviours.

Choosing specific and quantifiable objectives makes it much easier to evaluate the effectiveness of a social marketing program. In every instance, however, objectives should be realistic as well as measurable.

3. Allocating Resources

The third step in developing a social marketing program is to decide what financial and human resources are needed to achieve the defined objectives. The size and scope of the endeavour will usually determine what resources are required. Is the campaign promoting an idea that large numbers of people are already disposed towards? What barriers must the campaign overcome? How many people are in the target group, how will they be reached and what will this cost? These factors must all be considered.

4. Managing Program Elements

After financial and human resource requirements have been determined, those managing a social marketing program must decide how to most efficiently and effectively reach the target group. A broad range of social marketing strategies can be employed.

Promoting themes and messages through mass media may not be the most efficient way to reach a target group. In some instances, it may be more effective to communicate through local groups at the community level. Other alternatives include developing self-help guides or other targeted publications, and organizing special promotions and activities with the private sector or other partners to motivate a target group to take action.

The key to this step in the social marketing process is to carefully manage and coordinate all program elements, to ensure that activities are well-timed, that they match the objectives, and that the message to the target group is consistent.

5. Liaison with Partners

Partnerships are essential to any social marketing endeavour. The public and private sectors, non-government organizations, professional groups and community organizations are all potential partners. Each has unique strengths that can be invaluable.

Partnerships have benefits for all concerned: private sector corporations, for instance, are often looking for an appropriate project to demonstrate good corporate citizenship or community support. To date, Health Canada has worked with more than 75 private sector companies. By developing and distributing resources, raising funds, and focusing attention on viable solutions to current issues, these partnerships have been of direct benefit to Canadian individuals, families and communities.

6. Measuring Effectiveness

This involves evaluating the impact of the program and each of its components. The process should be continuous.

One instrument often used to monitor the degree of success of the program is the tracking study. These studies measure awareness, attitudes, behaviours and intentions of the target group at the beginning of a campaign, near the end, and after the campaign has concluded. In this way, changes can be noted on an ongoing basis. This continuous process provides valuable information on whether or not a campaign is effectively reaching its target audience and enables those managing the campaign to “fine tune” various components as required, thus increasing the overall effectiveness.

7. Follow-up

Follow-up is essential to effectively plan future campaigns. This requires a thorough review of each of the stages of the social marketing program, to measure the efficiency of the process as well as the final results. Lessons learned in this stage are often invaluable when implementing other campaigns.

APPENDIX B – CANADA’S DRUG STRATEGY

“REALLY ME/DROGUES, PAS BESOIN!” CAMPAIGN ACTIVITIES

1987-88

The first “**National Forum on Alcohol and Other Drug Abuse**” was held in Winnipeg in October 1987. More than 175 community volunteers, addictions specialists and other health, social service and law enforcement professionals acquired relevant new information and skills.

A total of one million copies of the “**Really Me/Drogues, on s’en parle**” booklets were produced. They were promoted through a Family Allowance Cheque insert distribute to over four million households, as well as through print and television ads, promotions, etc. More than four million booklets (English and French) have been distributed to date.

The Health Promotion Directorate coordinated the Department’s participation in the November 1987 **Drug Awareness Week**. Support included media interviews, newspaper advertising, mall posters and information handouts as well as Family Allowance cheque inserts promoting the event.

Hilroy, the largest producer of school supplies in Canada, became the first of many private sector companies to participate in Canada’s Drug Strategy. The company’s participation was announced at a press conference in August, 1988. Over 1.2 million copies of the popular “**Note Tote**” binder were produced featuring the “**Really Me**” and “**Drogues, pas besoin!**” logos. Hilroy also imprinted the campaign’s message on a wide variety of their school products.

1988-89

The second “**National Forum on Alcohol and Other Drug Abuse**” was held in Halifax in May 1989. Youth leaders developed an action plan on alcohol and other drug use and established a coast-to-coast network of regional youth organizations concerned about alcohol and other drug abuse.

The “**National Drug Test**”, a 60-minute television special produced by CTV in conjunction with the Department, was broadcast on January 29, 1989. An estimated 2.4 million viewers watched the show, which earned the highest rating of the night and the fourth highest rating for the week. A record number of viewers watched the show from beginning to end. Two repeat broadcasts in 1989 brought the show’s total audience to almost four million viewers.

“**Question de drogues**,” the 60-minute French version of the “**National Drug Test**” aired on the Radio-Canada network for the first of three showings in February, 1989. The first show was watched by 850,000 viewers. Two subsequent broadcasts brought the show’s total audience to 1,250,000 people.

The Health Promotion Directorate again coordinated the Department’s involvement in **National Drug Awareness Week**. A special condensed version of the “**Really Me**” booklet was inserted in the November issue of Readers Digest. “**Really Me**” booklets were made available at over 1,000 supermarkets across Canada.

Safeway, Western Canada’s largest food distributor, promoted the “**Really Me**” message to customers and employees through in-store and out-of-store advertising. “**Really Me**” information materials were distributed at more than 400 stores. Safeway invested more than \$100,000 in activities to support the campaign. It also initiated a fund-raising initiative which raised more than \$40,000 in its first year of operation. Funds were used to enable community groups to prevent and treat drug abuse.

Hilroy continued its partnership in Canada’s Drug Strategy. The company sponsored “**Really Me**” contests in retail stores and continued to imprint the “**Really Me/Drogues, pas besoin!**” logos on a wide variety of school products, including more than 1.2 million copies of its popular “**Note Tote**” binder.

1989-90

“**Straight Facts About Drugs and Drug Abuse/Les Drogues: Faits et Méfaits**” was originally produced in 1983-84 and revised in 1988-89. In 1989-90, 600,000 English and 300,000 French copies were distributed. To date, a total of over four million copies (English and French combined) have been distributed.

An all-request video hour on Much Music, “**R.S.V.P. Really Me**”, was sponsored by the “**In Search of Cool**” commercials. The Minister of National Health and Welfare made a special appearance on Much Music to discuss the “**Really Me**” campaign with rock hostess Erica Ehm.

“**YTV’s ’Really Me’**” series of short programs focused on the achievements of young people across Canada. The series averaged 52 plays per week, or 2,700 plays per year. “**Really Me**” also sponsored YTV’s **Youth Achievements Awards** show in November 1989. The Minister appeared in a special YTV vignette to discuss alcohol and other drug issues with young Toronto students.

The **Boy Scouts of Canada** became partners in Canada's Drug Strategy. The "Really Me" booklet was reprinted in the Scouts *The Leader* magazine (circulation: 42,000) with an accompanying editorial by Health and Welfare Canada.

The Health Promotion Directorate, in collaboration with the **Canadian Association of Chiefs of Police**, produced the "**Drug Dialogue**" and "**Dialogue sur les drogues**" videos to help parents effectively discuss alcohol and other drugs with their children. Over 40,000 videos were distributed through Provigo, Safeway, Sobey's, and A&P supermarkets during November and December 1989. Total sales of more than 150,000 copies are anticipated.

Hilroy continued its partnership in Canada's Drug Strategy. Hilroy products promoted the campaign and accounted for an estimated 13 million viewings of campaign messages by young Canadians.

1990-91

A November 1990 family allowance cheque insert promoted the availability of the "**Role Modelling: A Parent's Toughest Performance**" booklet as well as two "Ready or Not" educational booklets. By mid-February, 1991, the Department had received almost 500,000 requests for the three booklets, which provide parents with information and skills for using family discussions to prevent problems with alcohol or other drug abuse.

The "**Clip-Clap**" contest was organized by the Department in collaboration with the **Départements de santé communautaires** in Quebec. Students from over 200 high-schools were invited to develop a script demonstrating that it is "cool" not to use drugs. The three winners received trips to Universal Studios in Disneyworld compliments of **Air Canada Touram** and **Club Aventure**. The winning scripts were produced and shown on **Musique Plus**.

Copies of the "**Drug Dialogue/Dialogue sur les drogues**" videos were made available for rental free of charge at more than 4000 video outlets across Canada. In-store signage and posters promote the video.

"YTV's 'Really Me'" series of short programs continued to focus on the achievements of young people across Canada. The series again averaged 52 plays per week, or 2,700 plays per year, and was sponsored by the new "Magic Screen" series of commercials ("The Wall", "The Sky" and "Slumber Party".)

During 1990-91, Health and Welfare made it part of its policy to negotiate value-added, guaranteed campaign extensions known as "bonusing" when media ad and time space was booked. Bonusing for transit promotions alone accounted for an additional \$220,000 dollars worth of advertising in 56 markets across the country.

Tele-Direct Yellow Pages became a partner in Canada's Drug Strategy. The company provided \$3.5 million worth of free advertising space to promote the "Drug Dialogue" and "Dialogues sur les drogues" videos via a toll-free number. The videos were also promoted on poly bag packaging on more than seven million phone books in key cities.

Health and Welfare Canada, the **Canadian Association of Chiefs of Police** and the **Association of Concerned Children's Advertisers** co-sponsored a series of 26 drug awareness vignettes targeted at youth. Broadcasters across Canada donated over \$10 million worth of free media time to air the ads.

The Toronto-Dominion Bank purchased an initial 1,000 copies of the "Drug Dialogue" video to use in its educational and drug awareness programs.

CBS Records completed the "Really Me" anthem cassette, which features popular Canadian artists performing songs with anti-substance abuse messages. The cassettes were available in September 1990 at more than 750 **Federated Co-op and United Co-Op** gas stations in Western Canada and Ontario. Federated and United Co-ops have spent more than \$350,000 to promote the "Really Me" messages and resource materials. Negotiations began to distribute the cassette at outlets in other parts of the country. CBS anticipates total sales of more than 250,000 copies.

The Department collaborated with **NEC Canada** and **Turbo-Graphx** to promote the "Bonk's Adventures" video game, which encourages healthy lifestyles. **General Motors of Canada** provided vans for a "Turbo Tour" that promoted the game at over 50 special events in Ontario and Quebec throughout the summer. More than 20,000 "Really Me/Drogues, pas besoin!" buttons and booklets were distributed. The promotion continued at special events in the two provinces throughout 1990-91 (e.g., Winterlude).

Health and Welfare Canada, **Readers' Digest/Sélection** and the **Concerned Children's Advertisers** sponsored a contest that appeared in the September 1990 issue of **Readers' Digest/Sélection** magazine (combined circulation = 4.5 million). School-age children were invited to design anti-drug and alcohol print ads. **Readers' Digest/Sélection** donated advertising space to promote the contest and a cash award to each school that submitted a winning regional entry.

In association with the **Canadian Chiefs of Police**, the **Alliance for a Drug-Free Canada** and **Marvel Comics**, the Department launched a national drug awareness program featuring the popular "Spider-Man" comic book hero. The first of two drug prevention issues, "Skating on Thin Ice," was released in December 1990. Over 3 million copies (English and French combined) of the two Spider-Man theme issues were produced. About half of these were distributed through Canada's major supermarket chains and retailers. The other 1.5 million copies were distributed to schools and communities throughout Canada by local police and RCMP forces.

1991-92

Much Music's, "R.S.V.P. Really Me" and "StreetNoise" programs were sponsored by "Really Me" commercials. Air time was also purchased on the WWF network beginning in January 1992. On youth radio, two department radio commercials entitled "Rap" and "Really Metal" aired on youth radio stations across Canada.

The "Juste pour rire" television commercial continued to air throughout Quebec and on the Radio-Canada network in Toronto and Moncton. The "Clip-Clap" videos continue to air on Musique Plus.

A series of 90-second radio interviews entitled "Family Life/Capsules Info-Drogues" aired on Telemedia's national network. Numerous experts in substance abuse prevention provide parents of teens with valuable information. The program is presently being evaluated.

A partnership between Health and Welfare 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 of 1992. The series examined issues that Canadian youth had themselves identifies as important concerns: abuse (sexual, physical and emotional); depression; sex (including AIDS and STDs); 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 as well as a national tour were also coordinated in conjunction with the program. The French counterpart, "Ici Ados Canada", similarly addressed a range of issues.

The Department's partnership with Federated/United Co-ops continued with various promotional items such as "Really Me" hats being offered for sale. Proceeds from these sales were then donated to various charitable organizations working in the area of substance abuse prevention.

A promotion discouraging 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 Gretzky, appeared in three English and French radio commercials as well as on transit posters. Zurich Canada also produced a supporting brochure that was distributed to all its clients.

PLAY IT SMART/MOI, J'AI TOUTE MA TÊTE! CAMPAIGN ACTIVITIES

Note: This campaign ran from 1987 to 1991. In 1992, impaired driving prevention activities were integrated into the "Really Me/Moi, j'ai toute ma tête" campaign. These activities are described on the preceding pages. The following is a summary of "Play It Smart/Moi, j'ai toute ma tête!" initiatives from 1987-1991.

1987-88

An exhibit on the dangers of impaired driving was featured at the Salon de la jeunesse conference in Montreal. Tens of thousands of secondary school students from across Quebec viewed the exhibit.

1988-89

One million copies of the "12 Lousy Reasons.../12 mauvaises raisons..." and "A toi de decider/The Choice is Yours" brochures were distributed by the provinces and territories in 1988-89. To date, three million copies (English and French combined) have been printed in response to continuing public demand.

A 60-second "Play It Smart" ad film was shown in over 400 Cineplex-Odeon theatres across Canada during August 1988. Posters in the lobbies featured informative coupons.

The Tecnic et Lauzon driving school displayed the campaign logos on all their instructional materials. The company also included a description of the campaign in its training video and distributed "J'ai toute ma tete" materials to all their students in Quebec.

During the fall of 1988, Canadian Tire's automotive products division (Motomaster) printed the "Play It Smart/Moi, j'ai toute ma tête!" message on indoor posters, windshield wiper fluid containers, anti-freeze bottles, and on their Christmas flyers.

Campaign messages were featured at more than 400 participating Canadian Tire outlets.

The Canadian Business Forms Distribution Association printed the campaign logo, "Play It Smart/J'ai toute ma tete" on \$40 million worth of business forms.

In collaboration with the Quebec Ministry of Education and La Presse, the Directorate prepared a series of educational articles on health promotion issues, including impaired driving. The series was printed in La Presse and subsequently distributed to secondary schools throughout the province.

1989-90

A competition in "Croc," a humorous magazine in Quebec, invited young adults to come up with creative ways to convince friends who have been drinking not to drive.

1990-91

A collaboration with the "La Fabrique d'images" production house resulted in the production of three 15-second French vignettes, which appeared on Musique Plus throughout the year.

More than 140 drive-in theatres across Canada showed "Play It Smart/Moi, j'ai toute ma tete!" campaign commercials before feature movies throughout the summer. The weekly audience total was more than 700,000. Theatre owners subsequently indicated to the Department they had noticed a significant reduction in alcohol consumption at drive-in sites where the commercials were shown.

The **Outdoor Advertising Association** and **Trans-Ad** donated 100 percent bonusing - free media placement equal to the total outdoor advertising purchased by the Department.

A "Play It Smart/J'ai toute ma tete" display was featured at the popular **Salon des Merveilles** exhibit in Quebec.

In a unique promotional event, two buses in Montreal and Quebec were repainted with "Play It Smart/J'ai toute ma tete" logos (interior and exterior) and materials. The buses provided high visibility for the campaigns.

The **Canadian Association of Chiefs of Police** adopted the "Play It Smart/Moi, j'ai toute ma tête!" logos for use on all its future Driving While Impaired (DWI) initiatives and products. As a result of this agreement, close to 800 police forces across Canada are now using the campaign logos on all their DWI education and public information materials.

1991-92

Impaired driving public awareness activities were integrated into Canada's Drug Strategy.

APPENDIX C – NATIONAL STRATEGY TO REDUCE TOBACCO USE

“BREAK FREE/FUMER, C’EST FINI!” CAMPAIGN ACTIVITIES

1987-88

Two issues of a national “Break Free” newsletter were produced and distributed.

A documentary entitled “The Making of Break Free” provided a behind-the-scenes perspective on the production of the first “Break Free” commercial. The film was distributed to English-language television stations and schools across Canada.

1988-89

In collaboration with the **Canadian Council on Smoking and Health**, Health and Welfare Canada supported **National Non-Smoking Week** during January 1989 with “Break Free” radio public service announcements (PSAs), posters, special events and other public awareness activities.

Health and Welfare Canada reintroduced the **Break Free Pharmacy Project**. Originally launched in 1983, this collaboration with the **Canadian Pharmaceutical Association** supports pharmacies that refuse to sell tobacco products. The Association estimates that pharmacies are the point of purchase for one-quarter of all tobacco product sales in Canada.

The “**Break Free/Fumer, c’est fini!**” logo was adopted by all the provinces and territories and by the eight national health organizations that are partners in the National Strategy to Reduce Tobacco Use: **Canadian Cancer Society, Canadian Council on Smoking and Health, Canadian Lung Association, Canadian Medical Association, Canadian Nurses Association, Canadian Public Health Association, Heart and Stroke Foundation of Canada, and Physicians for a Smoke-Free Canada**).

1989-90

The **Charagraf** non-smoking contest was a joint promotion with **Musique Plus**, the 32 **Départements de santé communautaires (DSCs)** in Quebec, and the official private-sector sponsor, **Peugeot**. High-school students were encouraged to participate by completing riddles on smoking issues and creating posters illustrating the "Fumer, c'est fini!" theme. **Charagraf** proved to be one of the most successful promotional projects ever undertaken by the Department. Over 100,000 entries were submitted by students in more than 225 secondary schools throughout Quebec. The five winners received **Peugeot** bicycles and their posters were shown on the **Musique Plus** channel.

In collaboration with the **Canadian Council on Smoking and Health**, **Health and Welfare Canada** again supported **National Non-Smoking Week** during January 1990.

1990-91

Health and Welfare Canada supported **National Non-Smoking Week**, in collaboration with the **Canadian Council on Smoking and Health**, in January 1991 with "Break Free" radio public service announcements (PSAs), posters, special events and other public awareness activities.

A **YTV "Break Free" Lyric Writing Contest** was launched in late October by a public service announcement featuring the Minister and Candi. It encouraged young people to write a second verse to the "Break Free" song. The contest winner was flown to a Toronto rock concert and met Candi and YTV host Laurie Hibberd.

The Department co-sponsored the second **Charagraf** non-smoking contest. The co-sponsors – the 32 DSCs in Quebec, the **Musique Plus** television network and **Peugeot** – again helped organize the contest. **Peugeot** donated 36 mountain bikes as prizes. **Charagraf** expanded in 1991 to reach Francophones in New Brunswick and Eastern Ontario. Winning entries were displayed for eight weeks in a Montreal subway station.

The **Canadian Association of Broadcasters** and the Department sponsored a "**Break Free**" **Radio Bureau Contest**. Private English radio stations across Canada were encouraged to write a PSA on smoking that was tailored to their demographic audience. Over 400 stations responded. The two winners received lap-top computers donated by **Antares Electronics** and **Toshiba of Canada**. The PSAs began airing during **National Non-Smoking Week** in January, 1991. Contest winners were announced at the Association's "Crystal Awards" show in April 1991.

The **Globe and Mail** donated advertising space valued at \$20,000 to an ad inviting Canadian businesses to join **Health and Welfare Canada** and its partners in the fight to prevent smoking among young people.

1991-92

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 content was designed to be positive, supportive and realistic and did not minimize the difficulty of quitting. The program is available to teen smokers through a 1-800 number. Major partners include Health Canada, Ciba-Giegy and the Lung Association.

“Where There’s Smoke.../Il n’y a pas de fumée sans...” is a book for children aged 4-8 on smoking and second-hand smoke. It was developed with Annick Press, a major children’s publisher. While aimed at children, the book also targets parents and other adult influencers, using humour and a positive approach to the difficulties in quitting. In addition to being sold in Canadian book stores, English and French copies of the book were donated to all elementary school libraries across the country.

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

Social Marketing Programs for Canada's Drug Strategy and The National Strategy to Reduce Tobacco Use in Canada

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

(613) 954-8841

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

Vitality/Vitalité

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

(613) 954-8844

For additional copies of this report,
please FAX your request, with your
mailing address, to (613) 990-7097.

Également disponible en français.