



Keys to a **SUCCESSFUL**
Alcohol and Pregnancy
Communication Campaign



**BEST START: ONTARIO'S MATERNAL, NEWBORN AND
EARLY CHILD DEVELOPMENT RESOURCE CENTRE**

2003

PURPOSE:

An increasing number of Ontario service providers and interest groups are engaging the media to increase awareness about the serious consequences of alcohol use in pregnancy. This resource will assist in the development of successful local communication campaigns about alcohol and pregnancy.

There are many resources that describe communication campaigns. Numerous resources have been developed about issues and strategies related to alcohol and pregnancy. This resource is unique in that it combines the two aspects, providing a range of insights that will help service providers and interest groups think about issues that are specific to communication campaigns on the topic of alcohol use and pregnancy. It includes facts, tips, ideas and examples that will help you avoid common pitfalls and will assist you in planning and delivering an effective, sensitive communication campaign on alcohol and pregnancy.

Note: The following information is also important when considering a campaign on alcohol and pregnancy, however it is not included in this resource:

- Detailed information on the steps to planning a communication campaign
- Background information on alcohol use and pregnancy

Additional resources on these topic areas are listed in the final sections of this guide (see page 13).



TABLE OF CONTENTS

A. INTRODUCTION	1
ALCOHOL AND PREGNANCY	1
COMMUNICATION CAMPAIGNS	1
B. WHO USES ALCOHOL DURING PREGNANCY?	2
LEVELS OF ALCOHOL USE	2
WHY DO PREGNANT WOMEN DRINK ALCOHOL?	2
WHO IS MOST AT RISK?	2
AWARENESS OF THE RISKS	2
C. WHERE DO YOU START?	3
WHAT WORKS	3
BUILDING PARTNERSHIPS	3
GUIDING VALUES	4
UNDERSTANDING YOUR AUDIENCE	4
USE WHAT YOU'VE GOT	5
CAMPAIGN OBJECTIVES	5
RHYTHM OF THE CALENDAR YEAR	6
DEFINING THE MESSAGE	6
LINKING TO PRACTICAL SUPPORTS	8
CHOOSING IMAGES	8
TESTING IT OUT	8
THINGS YOU MAY WANT TO AVOID	9
D. DID IT WORK?	9
START WITH THE END IN MIND	9
KEYS TO SUCCESS	9
E. EXAMPLES OF COMMUNICATION CAMPAIGNS	10
FASWORLD: FAS DAY	10
PACE - THE HAMILTON PROJECT	10
RURAL RESPONSE FOR HEALTHY CHILDREN	11
THE ALBERTA PARTNERSHIP ON FAS	12
F. WHERE TO NEXT	13
CELEBRATE!	13
LEARN MORE!	13
KEEP THE MOMENTUM	13
RESOURCES AND SERVICES	13
REFERENCES	15



A. INTRODUCTION

ALCOHOL AND PREGNANCY

The issue of alcohol use during pregnancy is complex and the consequences are serious. Alcohol use during pregnancy affects the growth and development of fetal bones, internal organs, and particularly the brain. The effects on the brain last a lifetime. Children with prenatal alcohol exposure commonly have many problems such as difficulty learning, concentrating, remembering and solving problems. They often lack coordination, have poor judgment, show impulsive behaviour, and have speech and hearing impairments (Streissguth et al, 1996). As affected children grow into adolescence and adulthood, many develop mental health problems such as depression, are unable to live independently, have problems with employment, difficulty with school, trouble with the law, show inappropriate sexual behavior and/or abuse drugs or alcohol (Streissguth, 1997). While we are learning more about how to support and care for individuals who have been exposed prenatally to alcohol, primary prevention is an important area of work.

Individuals affected by prenatal exposure to alcohol vary widely in skills and abilities, depending on the timing and amount of maternal alcohol use, and various other factors. Because of this variability in consequences, there are many terms that describe the disabilities resulting from prenatal alcohol exposure. This resource will use the following term:

Fetal Alcohol Spectrum Disorder (FASD), an umbrella term describing the full range of harm caused by alcohol use during pregnancy

The costs to families, health care, education and social services related to alcohol use in pregnancy are enormous, estimated at over a million dollars per individual with FASD (Health Canada, 2001).

COMMUNICATION CAMPAIGNS

Communication campaigns are goal-oriented attempts to positively influence a well defined audience through an organized set of activities that take place in a specific time period (THCU, 1999). Communication campaigns may include diverse activities such as mass media campaigns, events, displays, health care provider information, classes, mailings, hotlines etc.

With careful planning, a communication campaign has the potential to influence many things, including:

- Increase awareness
- Influence attitudes
- Show how to make change
- Indicate where to get services
- Clarify, remind, reinforce and encourage people who already know the facts

(National Cancer Institute, 2002)

The general public lacks knowledge about alcohol use and pregnancy (Environics, 2000). This resource provides background information for individuals and groups who want to use a campaign to provide the public with information about the consequences of drinking alcohol during pregnancy. Communication campaigns can be one part of a larger community strategy addressing the prevention of permanent disabilities caused by consuming alcohol during pregnancy. Additional strategies could address skill development, and supportive environments that include relevant healthy public policies.

FASD is preventable.

B. WHO USES ALCOHOL DURING PREGNANCY?

LEVELS OF ALCOHOL USE

About 50% of Canadian women are regular drinkers. Alcohol is consumed in 17 to 25% of all Canadian pregnancies (Robert and Nanson, 2000). The greatest risks to the fetus are associated with high levels of alcohol use, especially heavy drinking and binge drinking. However, lower levels of alcohol use have also been associated with problems, including miscarriage, low birth weight, sudden infant death syndrome, developmental and behavioural problems. A safe level of alcohol use in pregnancy has not been determined.

WHY DO PREGNANT WOMEN DRINK ALCOHOL?

There are many factors:

- Women may be unaware that they are pregnant
- Alcohol use may be the social norm
- Women may know other women who drank during pregnancy and who have children who appear outwardly to be healthy
- Alcohol use is common when celebrating festive seasons or special events
- Women may not know how much harm alcohol can cause
- Women may use alcohol to cope with difficult life situations such as poverty, violence, isolation, despair or depression
- Women may be struggling with addiction

WHO IS MOST AT RISK?

There are 2 groups of concern in Canada:

- Women who are over 30 and have “successful careers” are most likely to report that they consumed alcohol during their last pregnancy (Health Canada, 2002).
- Women who use other substances, have low self esteem, who are young, poor, unemployed or depressed are at high risk as they may need substantial care and support in order to address their alcohol use (Center for Disease Control and Prevention, 1998; May and Gossage, 2001).

Keep in mind that some strategies are more effective with certain groups. Lower risk groups are more likely to respond to a communication campaign. Some individuals require a broader range of interventions that address the root causes of alcohol use, in order to change their behaviour.

AWARENESS OF THE RISKS

Health Canada completed a national survey to determine awareness of the risks of alcohol use in pregnancy (Environics, 2000). The survey results indicate that:

- Although there is a high level of knowledge that alcohol use during pregnancy is harmful to the unborn child, critical information is still lacking

Many women receive incorrect information about alcohol and pregnancy (AWARE, 2002), including the consequences of alcohol use, safe times to drink during pregnancy and safe amounts or types of alcohol.

There is a need to increase awareness in specific areas including the following messages:

- Alcohol use in pregnancy can cause birth defects and brain damage
- It is safest not to drink any alcohol during pregnancy
- It is best to stop drinking before conception
- There is no safe time to drink during pregnancy

(Environics, 2000)



C. WHERE DO YOU START?

WHAT WORKS?

When planning your campaign, it is helpful to consider that communication campaigns about alcohol and pregnancy are more effective:

- With careful planning
- By involving community partners
- With lower risk women
- As part of a multi-component initiative
- If the campaign engages members of the community

(Robert and Nanson, 2000)

It is important to understand the basic steps of planning a communication campaign. The Health Communication Unit defined a useful 12 Step process for health communication campaigns to help ensure that individuals and service providers have the critical skills and tools to carefully plan campaigns. This information can be found at www.thcu.ca. The steps are:

- STEP 1:** Project Management
- STEP 2:** Revisit Your Health Promotion Strategy
- STEP 3:** Audience Analysis
- STEP 4:** Develop an Inventory of Communication Resources
- STEP 5:** Set Communication Objectives
- STEP 6:** Select Channels and Vehicles
- STEP 7:** Combine and Sequence Communication Activities
- STEP 8:** Develop the Message
- STEP 9:** Develop Project Identity
- STEP 10:** Develop Communication Materials
- STEP 11:** Implementation
- STEP 12:** Complete Campaign Evaluation

This resource provides additional practical information about respectful approaches to communication campaigns on alcohol use in pregnancy. There is no “one size fits all” approach or “absolute rules” for communication campaigns on alcohol and pregnancy. Effective campaigns consider a specific message and the characteristics of a specific audience. What works for one message/audience will not necessarily be effective with a different message/audience. Information in this section will provide important considerations and “food for thought” in planning a campaign.

BUILDING PARTNERSHIPS

It can be helpful to work together with partners in your community who are addressing similar issues. Find out if there are any groups or organizations that are already working on the topics of alcohol and/or promoting healthy pregnancies in your community. Have you thought about involving public health, service providers who work with parents and families, teachers, parents, caregivers, individuals with FASD, addiction workers, health care providers? Consider who has expertise and interest in working with the media, in design or communications. Working together can develop a wider base of support in your community, share limited financial and human resources, provide connections to the audience of interest, enhance credibility and avoid duplication.

GUIDING VALUES

Groups who are working on the issue of alcohol use during pregnancy often discuss and adopt guiding values. Guiding values help in defining or choosing approaches that are sensitive to the many intricate issues related to women who struggle with alcohol use and individuals who cope with the challenges of FASD. It is important to think about how difficult it can be to stop drinking, to care for a child who has FASD, or to cope with the challenges of FASD.

COMMON GUIDING VALUES INCLUDE:

RESPECT

- For the rights and capacities of women to make choices about their health
- For the abilities of individuals with FASD
- For the knowledge of caregivers and parents of children with FASD

UNDERSTANDING

- By keeping informed about the issues and current research
- By staying open to new information

COMPASSION

- Being sensitive to the needs of individuals with FASD
- Being sensitive to the situations of women who use alcohol

HOPE

- By recognizing that stopping or cutting back alcohol use at any time in the pregnancy will help the baby
- By recognizing that no matter how serious the FASD disabilities are, supportive intervention is effective
- By recognizing that we can make a difference

(BC FAS Resource Society, 1998)

Your guiding values should be reflected in the materials you use in your communication campaign. Guiding values can assist you when you are considering appropriate approaches, messages and images.

UNDERSTANDING YOUR AUDIENCE

Carefully consider the primary audience you want to reach. The campaign images, messages, components and methods must be carefully selected for a specific audience in order to be effective. In your community, which is the largest group of pregnant women who consume alcohol? Which groups are most amenable to a communication campaign? Find out the interests, needs, concerns, priorities and vocabulary of the group you want to reach. Is your campaign for:

- Women of child-bearing age?
- Women who are planning a pregnancy?
- Pregnant women with careers?
- Pregnant women living in poverty?
- Pregnant teens?

Community members, health care providers, service providers and family members may be a secondary audience of your campaign. They may provide important information or supports to pregnant women.



Here are some questions to consider when you are thinking about your primary audience:

- Are they pregnant or planning a pregnancy?
- Are they at risk of an unplanned pregnancy?
- What is the age range?
- What are some of the typical occupations or pastimes?
- What is the income range? What is most common income level?
- What is the range of formal education? What is most common level of education?
- Are they single or do they have a partner?
- Do they already have children?
- What are some of the cultural characteristics?
- What do they know about alcohol and pregnancy?
- Where do they get their health information?
- What do they listen to, watch and read?
- What is their level of alcohol use?
- Why are they using alcohol?
- How ready are they to change their alcohol use?
- What is important to them?
- What are some of their personal characteristics?
- What organizations or networks do they belong to?

(THCU, 1999)

USE WHAT YOU'VE GOT...

In order better understand your audience and to choose the best components for your communication campaign (i.e. brochures or newspaper articles or displays), it is important to think about the issues specific to your community, the resources that are available in your community and the opportunities to reach your intended audience.

What is special about your community? Create a community profile - rural, urban, reserve, access to transportation, available services, incidence of alcohol use, etc. What are contributing factors - misinformation, social norms, inadequate housing, poverty, family violence? Your local library, public health unit, hospital or addictions services may be able to help or may already have this data collected.

Is there a popular radio station, newspaper, magazine, television channel or community event? Find out where your audience of interest gets its information (e.g. extreme sports magazines and parent's magazines each attract a different readership). Know peak target times (e.g. during the winter months families may listen to the local radio station in the early morning for the possibility of bus cancellations, even if they do not like the music).

Are there local events that you can "piggy-back" on, to reduce costs and increase impact? Are there baby fairs, pregnancy fairs, Drug Awareness Week events etc.?

CAMPAIGN OBJECTIVES

To help ensure that you have a clear idea of what you want to accomplish with your communication campaign, it is important to spend time identifying your campaign objectives.

Objectives should be **SMART**, or:

- Specific
- Measurable
- Attainable
- Realistic
- Time-limited

(THCU, 1999)

The objectives should describe the specific changes you want to see in your audience of interest. The objectives you choose will depend on your intended audience and the information you want to provide, or the change you want to see. Here are a few sample objectives for communication campaigns on alcohol and pregnancy:

- To increase high school students' awareness of the risks of drinking alcohol during pregnancy.
- To increase awareness in women of child-bearing age that there is no safe amount of alcohol during pregnancy.
- To increase awareness in women of child-bearing age that it is safest to stop drinking alcohol before getting pregnant.
- To increase knowledge of services related to alcohol use and pregnancy in women who are pregnant or planning a pregnancy.
- To increase the number of health care and other service providers who share information about alcohol and pregnancy with their patients/clients.

RHYTHM OF THE CALENDAR YEAR - TAKE A PULSE

Know your community, the peak times for alcohol use and local stats on drinking. Begin looking around your community. When are other peak celebration events - summer parties, community festivals or sporting events? Where are these activities held - arenas and community centres, recreational parks, or back yard barbeques? Does the intended audience participate in these events? Where is most alcohol served or sold? Depending on your audience of interest, you may want to consider the peak times for an unplanned pregnancy (i.e. prom or grad night). Location and timing can have an impact on the most suitable messages and images for your campaign. Some options to consider are a pre-Christmas campaign, a campaign on Mothers Day or International FAS Day (September 9).

DEFINING THE MESSAGE

There are many possible campaign messages about alcohol and pregnancy. Messages should be accurate and clear, without sensationalizing the issue or creating undue fear. It will also be important to recognize issues of language and literacy. Consider the group you have decided to reach, what they know and how ready they are to change behaviour. This chart will help you choose the type of appeal that best suits your audience.

Audience characteristics:	Suitable approaches:
<ul style="list-style-type: none">• Thinking about stopping drinking• Planning a pregnancy	<ul style="list-style-type: none">• Educational or rational approach
<ul style="list-style-type: none">• Has not thought about changing behaviour• Does not know about the risks	<ul style="list-style-type: none">• Emotional appeal or an appeal that attracts attention

What do you want to say in your message? It must have the right tone and appeal for the audience you want to reach.



Choose messages that will speak to the audience you have identified and will reach your objectives.

Use these 3 “what” questions to assist in selecting messages:

Question:	Campaign messages:	Examples:
What?	<ul style="list-style-type: none"> • Include the important information 	<ul style="list-style-type: none"> • “It is safest not to drink alcohol if you are pregnant”
So What?	<ul style="list-style-type: none"> • Present relevant reasons for change 	<ul style="list-style-type: none"> • “Alcohol can harm your unborn baby”
Now What?	<ul style="list-style-type: none"> • Define an easy action 	<ul style="list-style-type: none"> • “Call Motherisk for more information”

There are many possible campaign messages about alcohol and pregnancy. Messages should be accurate and clear, without sensationalizing the issue or creating undue fear. Some existing communication campaign messages have generated a lot of discussion among people working on this topic. For example:

Controversial Message:	Concerns about message:	Instead, you may want to say:
<i>FASD is 100% preventable</i>	Some people feel that FASD is not 100% preventable (for example a woman who uses birth control reliably, but gets pregnant)	<i>FASD is preventable</i>
<i>One drink may start to cause harm</i>	While there is no known safe level of alcohol during pregnancy, some people feel this type of message creates undue alarm in women who drank a small amount of alcohol before they knew they were pregnant	<i>The safest choice is not to drink any alcohol during your pregnancy</i>
<i>Drinking less alcohol can help your baby</i>	Some people feel that a harm reduction message can confuse the main campaign message of “ no alcohol is the safest choice”	<i>Help is available if you need it.</i>

Ultimately, however, you will need to think about which messages fit with your audience of interest and the way you want to work.

Often individuals are more comfortable with positive approaches to the issue of alcohol use in pregnancy.

The following are positive slogans from various communication campaigns:

- *Thank you Mommy for not drinking*
- *Together we can prevent Fetal Alcohol Syndrome*
- *I’m healthy, thank you*
- *Caring together*

Be aware of and complement your partners in the community who may be delivering the same message, in a different way, to a different group of listeners. Also be aware of any conflicting messages in the community. It is important to work together and to put forward consistent messages about alcohol use in pregnancy.

LINKING TO PRACTICAL SUPPORTS

While many women are able to stop drinking on their own, it is important for communication campaigns to link women with practical supports (the “Now What?” part of the campaign message). Women may:

- Need assistance in addressing their alcohol use
- Want information about the level of risk to their baby due to past alcohol use
- Require supports in order to address underlying issues related to alcohol use such as poverty and violence

CHOOSING YOUR IMAGES

Which would you choose?



Does your choice reflect the guiding values of respect, understanding, compassion, and hope? How would the audience of interest feel when they looked at the image?

Many people prefer more positive images such as:

- Happy pregnant women
- Happy couples
- Healthy babies (the most eye-catching image in advertising)
- Images that show community support for pregnant women
- Images showing that many people are responsible for this issue
- Images of butterflies (often used in resources related to FASD)

TESTING IT OUT

It is important to test draft or sample resources, considering both organizational beliefs and input from the audience of interest.

Consider:

- How would a pregnant woman feel when she looks at your resource? Would she stop and look at the resource, or would she feel angry, shamed and offended?
- How would a family affected by FASD feel when they look at your resource? Would they feel like there was no hope or that the resource was not respectful of individuals with disabilities?

It is critical to test the resources with the audience of interest to ensure that the images and messages are appropriate and will be effective. Gather a group or talk to individuals who are willing to help review your draft ideas and provide you with honest feedback. Reviewers should be part of your intended audience or should know them well. Go to a woman’s circle, prenatal class, parenting group or youth group. Revise your messages as needed based on this feedback.



It is difficult to use a fear-based or shock approach in an alcohol and pregnancy campaign, while remaining respectful. Extra efforts are necessary to ensure that a fear-based or shock campaign is sensitive to women who are struggling with substance use and to families affected by FASD. For more information on these types of approaches, see <http://www.ptcc.on.ca/pubs/fa-web.pdf>.

Things you **may** want to avoid

- Messages that do not portray respect, compassion, understanding and hope, both for women who are drinking alcohol and for individuals with FASD
- Pictures of pregnant women drinking alcohol
- Shaming, blaming or ridiculing the victim
- Indicating it is only a problem of one ethnic group or a certain social class
- Too much text
- Fear-based or shock approaches
- Trying to say too many things to too many people
- Pictures of children with severe disabilities
- Pictures of an infant drinking alcohol or a fetus floating in alcohol
- Pictures of children in jail
- Messages that indicate it is only the woman's responsibility
- Pictures of pregnant women superimposed with a red circle with a slash through it
- Pictures of people without clothing (this may be offensive to some people)
- Pictures of parts of people such as hands, feet or eyes (research on ads shows that pictures of whole people or whole faces are more appealing)

D. DID IT WORK?

Start with the end in mind

Careful evaluation can provide you with information about lessons learned and about the impact of your campaign. Don't wait until the end of your campaign to consider evaluation. Plan for evaluation right from the start. Evaluation can be as simple as checking off activities accomplished in a work plan or as complex as scientific research. Evaluation may have to reflect the requirements of funders. Ten percent of the program budget is often allocated to evaluation. More information on evaluation strategies can be found at www.thcu.ca.

Keys to success

Double-check your plans to see if you have included as many keys to success as possible:

- Are you working with community partners?
- Do you have a good understanding of your audience?
- Have you defined your campaign objectives?
- Have you carefully selected the components of your campaign (i.e. posters, displays, newspaper articles)?
- Have you worked out timelines for your campaign?
- Do your proposed activities and resources meet your guiding values?
- Have you defined your key messages?
- Is your main message clear?
- Did you test your resources with the audience of interest?

E. EXAMPLES OF COMMUNICATION CAMPAIGNS

While there are many examples of provincial and local communication campaigns about alcohol and pregnancy, there is a consistent lack of solid evaluation information. This makes it difficult to identify “successful” campaigns. The following campaigns portray an interesting range of strategies and approaches.

FASWORLD - FAS DAY

Building awareness, one ripple at a time...

The co-founders of FASworld wondered “What if ... on the ninth minute of the ninth hour of the ninth day of the ninth month, we ask the world to remember that during the nine months of pregnancy, alcohol can be very dangerous to the baby. We also ask the world to remember the millions of people worldwide who will struggle lifelong with intellectual disabilities caused by prenatal alcohol exposure.” And that is how FAS Day got started!

FAS Day, September 9, now has international recognition. Countries such as Canada, the U.S., England, Scotland, Germany, South Africa, Australia, New Zealand, Sweden, Italy, Bermuda and Costa Rica all participate in FAS Day. It is a day dedicated to raising awareness about this important issue. FAS Day campaign ideas include:

- “FAS Knot” - a symbol of hope
- Media coverage
- Sharing information through the internet and friend to friend
- Images of butterflies



For more ideas for FAS Day, see www.fasworld.com.

PACE: PREVENTION, AWARENESS, CHOICES AND EDUCATION

The Hamilton Project on Fetal Alcohol Spectrum Disorder

PACE includes 20 agencies and individuals from across the City of Hamilton. It has a long-term goal of reducing crime and youth delinquency by implementing a community-based strategy for the prevention of FASD. PACE completed a general communication campaign about alcohol use and pregnancy in 2002. The most critical audience for this campaign was women in their childbearing years. Three focus groups provided a better understanding of the interests and concerns of this audience.

Print materials were created for the campaign. The message was simple - alcohol consumption during pregnancy can cause permanent damage to the baby. A telephone line was included for anyone with questions about alcohol and pregnancy. Print ads were displayed in restaurants, bars and pharmacies. Bus ads were also used.





PACE found that it was helpful to:

- Work with a broad range of individuals and agencies
- Have clearly defined objectives, audience, tasks and budget
- Have a campaign coordinator
- Use local resources as much as possible
- Ask for ‘freebies’ – airtime, ad space etc.
- Ask for donated time
- Do some research - is there another event happening at the same time?
- Make sure that front line staff are prepared to handle information requests

For more information see www.hamilton.ca/PHCS/PACE/default.asp.

RURAL RESPONSE FOR HEALTHY CHILDREN

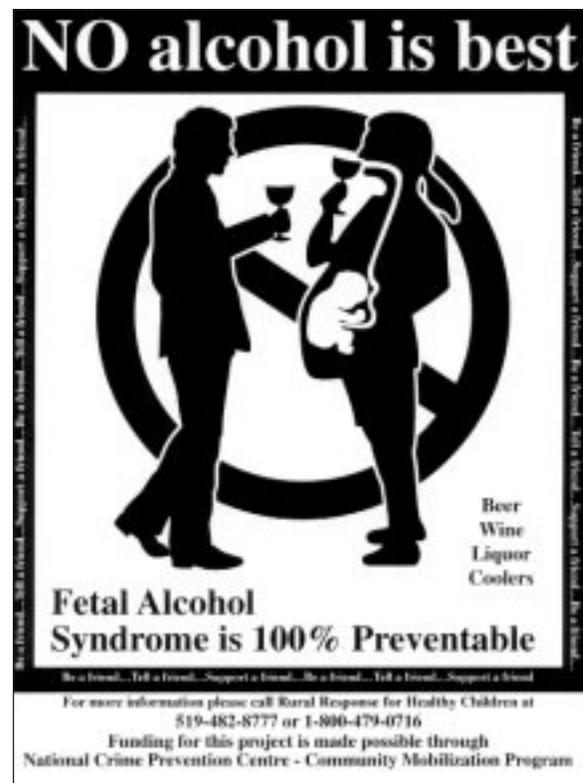
Be a Friend ... Tell a Friend ... Support a Friend ...

So how do you launch a communication campaign about the risks of drinking during pregnancy in an isolated rural area? Rural Response for Healthy Children, a Community Action Program for Children located in one of Ontario's rural southern communities, took on this challenge in 2001. Feedback indicated that the message had to be clear and strong, “Just say what you need to say and get on with it!” The message needed to be provided to women, their partners and the community at large.

Communication campaign components included:

- **Logo** - It was important for the campaign logo to be visual, concrete, and inclusive.
- **Unifying message** - “Be a Friend ... Tell a Friend ... Support a Friend ... ”
- **Recipe books** - Ontario Students Against Impaired Driving created a non-alcoholic recipe book that contained information about alcohol and pregnancy
- **Lesson plans** - Two teachers wrote grade 8 and 9 lesson plans on FASD
- **Radio ads** - Radio ads were designed for local radio stations. Prime time slots were 6:30 am when people listen to local winter road conditions and bus cancellations and 1:30 pm for obituary announcements and the “Swap Shop”

For more information see www.rrhc.on.ca/.



THE ALBERTA PARTNERSHIP ON FAS

Together Let's Find a Solution

The Alberta Partnership on FAS (Alberta Children's Services, the Alberta Drug and Alcohol Abuse Commission and other partners) has two goals: to prevent FASD and to enhance community capacity for the care and support of those already affected by FASD. In 2000, the provincial plan for prevention of FASD included a communication campaign for pregnant women.

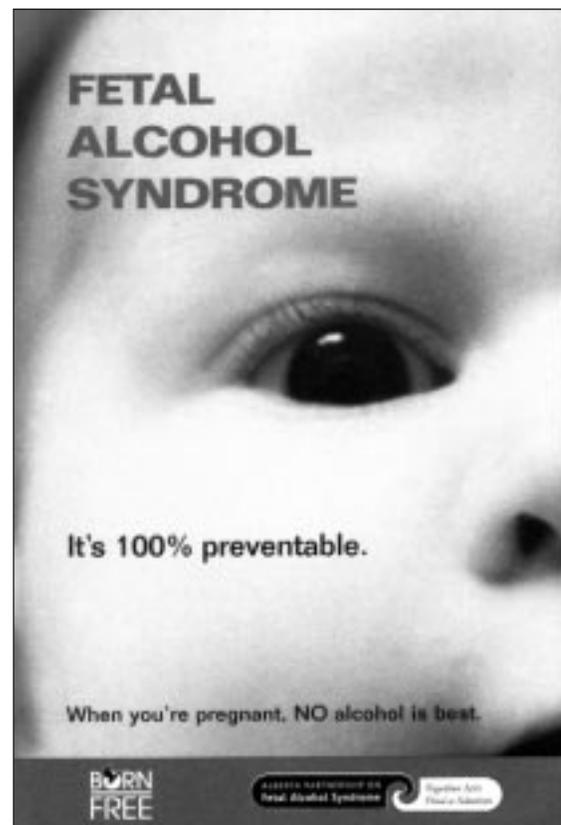
Alberta used the following avenues for high profile exposure:

- **TV** - 30 second television spot
- **Radio** - Public Service Announcements for radio stations
- **Posters** - designed and distributed to support the television messages
- **Community Kits** - included sample print ads, newspaper articles, brochure, fridge magnet, magazine ad and ideas to raise awareness
- **Free non-alcoholic drinks at Boston Pizza** - Along side this broad communication campaign, partnerships were built with restaurants to promote free non-alcoholic drinks for pregnant customers. Materials were created, carrying the message "Born Free - When you are pregnant, NO alcohol is best"
- **Alberta Liquor Store Association** - In-store displays of non-alcoholic drinks were used to increase consumer awareness about protecting the unborn child

Alberta has been a model for collaboration at all levels of community and government.

For more information see:

<http://corp.aadac.com/whoware/pressreleases/pdf/NewsJune-00.pdf>.





F. WHERE TO NEXT?

CELEBRATE!

Don't forget to celebrate your successes and to thank the partners who worked with you.

LEAN MORE!

The topic of FASD is fairly new and we are continually learning more about the issues involved and about effective strategies. It is also a very sensitive and complex topic. Keep looking for new research, ideas, insights and approaches. Consider how this new information applies to your community and your work.

KEEP THE MOMENTUM

Take a look at what you want to change next. Does a different audience need information? Is there new information to share? Are there other strategies that could be used? Continue to connect with, listen to, and learn from other groups who are doing similar work.

Don't let a lack of funding be a barrier. Groups often do excellent work with little or no funds. Many people are concerned about alcohol use and pregnancy. They may be able to donate time, make in-kind contributions, or fund specific parts of your communication campaign.

You CAN make a difference!

RESOURCES AND SERVICES:

Organization	Resources and Services
<p>British Columbia, Government of Ministry of Children and Families http://www.mcf.gov.bc.ca/child_protection/fas/fas_index.htm</p>	<ul style="list-style-type: none"> • Community Action Guide: Working Together for the Prevention of Fetal Alcohol Syndrome
<p>Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre c/o OPC 180 Dundas Street West, Suite 1900 Toronto, ON, M5G 1Z8 Phone: 1-416-408-2249 or 1-800-397-9567 Fax: 1-416-408-2122 Email: beststart@beststart.org www.beststart.org</p>	<ul style="list-style-type: none"> • Alcohol and Pregnancy Display • FAS Infant Model • Alcohol and Pregnancy Poster • Consultation in your community • Assistance by phone, fax or email
<p>Centre for Addiction and Mental Health 33 Russell Street Toronto, ON, M5S 2S1 Phone: 1-416-535-8501 x6988 Email: library@camh.net www.camh.net</p>	<ul style="list-style-type: none"> • Reference Library on Alcohol & Pregnancy

Organization	Resources and Services
<p>FAS/FAE Information Service Canadian Centre on Substance Abuse 75 Albert Street, Suite 300 Ottawa, ON, K1P 5E7 Phone: 1-613-235-4048 x223 or 1-800-559-4514 Fax: 1-613-235-8101 Email: fas@ccsa.ca www.ccsa.ca/fasgen.htm</p>	<ul style="list-style-type: none"> • Reference Library on FAS/FAE • Lists of prevention resources • National Database of FAS and Substance Use During Pregnancy Resources • FAS Toolkit
<p>FASworld 1509 Danforth Avenue Toronto, ON M4J 5C3 Tel: 1-416-465-7766 Fax: 1-416-465-8890 Email: fasworldcanada@rogers.com www.fasworld.com</p>	<ul style="list-style-type: none"> • Ideas for FAS Day
<p>Health Canada Publications Ottawa, ON, K1A 0K9 Phone: 1-613-954-5995 Fax: 1-613-941-5366 www.healthcanada.ca/fas</p>	<ul style="list-style-type: none"> • Pregnant? No Alcohol Poster • Pregnant? No Alcohol Pamphlet • Best Practices • Awareness of the Effects of Alcohol Use During Pregnancy and FAS • It Takes A Community
<p>Motherisk, The Hospital for Sick Children 555 University Ave Toronto, ON, M5G 1X8 Phone: 1-877-327-4636 Fax: 1-416-813-7562 www.motherisk.org</p>	<ul style="list-style-type: none"> • Alcohol and Substance Use in Pregnancy Help Line (1-877-327-4636) • Alcohol and Substance Use Helpline Poster • Alcohol and Substance Use Helpline Pamphlet • Pregnancy Wallet Card
<p>Program Training and Consultation Centre c/o City of Ottawa Public Health and Long-Term Care Branch 495 Richmond Road Ottawa, ON K2A 4A4 Phone: 1-800-363-7822 Fax: 1-613-724-4116 http://www.ptcc.on.ca/pubs/fa-web.pdf</p>	<ul style="list-style-type: none"> • Understanding and Using Fear Appeals For Tobacco Control
<p>The Health Communication Unit at The Centre for Health Promotion 100 College Street - Room 213 The Banting Institute, University of Toronto Toronto, Ontario M5G 1L5 Phone: 1-416-978-0522 Fax: 1-416-971-2443 Email: hc.unit@utoronto.ca www.thcu.ca</p>	<ul style="list-style-type: none"> • Overview of Health Communication • Evaluating Health Promotion Programs • Introduction to Health Promotion Planning



REFERENCES

AWARE and Breaking the Cycle (2002). The SMART Guide. Kingston, Aware.

British Columbia Fetal Alcohol Syndrome Resource Society. (1998). Community Action Guide.
http://www.mcf.gov.bc.ca/child_protection/fas/index.html.

Canadian Centre on Substance Use (2001). FAS Tool Kit
<http://www.ccsa.ca/fasgen.htm>.

Center for Disease Control and Prevention (1998). FAS Prevention Section.
http://www.ama-assn.org/special/womh/library/scan/vol_4/no_23/ebrahim.htm.

Council for Tobacco-Free Ontario et al (2000). Understanding and Using Fear Appeals for Tobacco Control.
<http://www.ptcc.on.ca/pubs/fa-web.pdf>.

Environics Research Group Limited 2000. Awareness of the Effects of Alcohol Use During Pregnancy and Fetal Alcohol Syndrome: Results of a National Survey. Final Report. Prepared for Health Canada.

Health Canada (1996). Joint Statement: Prevention of Fetal Alcohol Syndrome (FAS) and Alcohol Effects (FAE) in Canada. Ottawa: Health Canada.

Health Canada (2000). Canadian Perinatal Health Report 2000. Ottawa: Minister of Public Works and Government Services Canada.

Health Canada (2001). It Takes a Community. Ottawa: Minister of Public Works and Government Services Canada.

May PA, Gossage JP (2001). Estimating the Prevalence of Fetal Alcohol Syndrome: A Summary. Alcohol Research and Health. 25 (3): 159-167.

National Cancer Institute (2002). Making Health Communication Programs Work - A Planner's Guide.
<http://oc.nci.nih.gov/services/HCPW/HOME.HTM>.

Poole N, Bennett RJ (1998). Community Action Guide: Working Together for the Prevention of Fetal Alcohol Syndrome. Ministry of Children and Family Development, Government of British Columbia.

Robert G, Nanson J (2000). Best Practices: Fetal Alcohol Syndrome/Fetal Alcohol Effects and the Effects of Other Substance Use During Pregnancy. Ottawa: Health Canada, Prepared for Canada's Drug Strategy Division.

Streissguth AP et al (1996). Understanding the Occurrence of Secondary Disabilities in Clients with Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE). Seattle, WA: University of Washington School of Medicine, Department of Psychiatry and Behavioural Sciences, Fetal Alcohol and Drug Unit.

Streissguth AP (1997). The Challenge of Fetal Alcohol Syndrome: Overcoming Secondary Disabilities. University of Washington Press.

The Health Communication Unit (1999). Overview of Health Communication Campaigns.
http://www.thcu.ca/infoandresources/general_communication.htm#tp.

ACKNOWLEDGEMENTS

Best Start would like to thank the following individuals for their important contribution to the development of "Keys to a Successful Alcohol and Pregnancy Communication Campaign". A special thanks is due to Jane Hoy who researched and drafted the original text of the resource.

Pam Benson, FOCUS Resource Centre

Wendy Burgoyne, Best Start

Bonnie Buxton, FASworld

Marian Cook, Durham FAS Task Force

Danielle D'Agostino, Communication Consultant

Nancy Dubois, The Health Communication Unit, University of Toronto

Jane Fletcher, Rural Response for Healthy Children

Jane Hoy, FASD Mobilization

Betty Ann Horbul, Porcupine Health Unit

Mark Kastner, Alberta's Children's Services

Holly MacKay, FAS Team, PPHB, Health Canada

Lawrence Murphy, Hamilton Drug and Alcohol Awareness Committee

Paula Neves, Alcohol Policy Network

Karen Palmer, FAS/FAE Information Service, CCSA

Brian Philcox, FASworld

Susan Santiago, Motherisk

Shannen Sorgi, Hamilton Project on Fetal Alcohol Spectrum Disorder (PACE)

Pat Spadetto, Timiskaming Brighter Futures

This document has been prepared with funds provided by Ontario Early Years. Best Start: Ontario's Maternal, Newborn and Early Child Development Resource Centre is a key program of the Ontario Prevention Clearinghouse (OPC) and is funded by the Ontario Ministry of Health and Long-Term Care. The information herein reflects the views of the authors and is not officially endorsed by the government of Ontario.



**BEST START: ONTARIO'S MATERNAL, NEWBORN AND
EARLY CHILD DEVELOPMENT RESOURCE CENTRE**

c/o OPC

180 Dundas Street West, Suite 1900

Toronto, ON, M5G 1Z8

Phone: 1-416-408-2249 or 1-800-397-9567

Fax: 1-416-408-2122

Email: beststart@beststart.org

www.beststart.org