

Welcome

Monday 26 – Wednesday 28 November 2012
Novotel Lisbon

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**European
Social Marketing
Conference**

How do you know when it is “Social Marketing”?

A comparison of measurement tools

L. Suzanne Suggs, PhD
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Definition: Social Marketing

- One of many:

The systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioral goals, for a social good.

(French & Blair-Stevens, 2007)

How do we measure this?

- Benchmarks:
 - Andreassen, A. R. (2002). Marketing Social Marketing in the Social Change Marketplace. *Journal of Public Policy & Marketing*, 21(1), 3-13.
 - French, J., & Blair-Stevens, C. (2007). *Big pocket guide: Social Marketing*. London: UK National Social Marketing Center.

Andreasen's 6 benchmarks

1. **Behavior change:** Behavior change is the benchmark used to design and evaluate interventions
2. **Audience research:** Projects consistently use audience research to (a) understand target audiences at the outset of interventions, (b) routinely pretest intervention elements before they are implemented, and (c) monitor interventions as they are rolled out
3. **Segmentation:** There is careful segmentation of target audiences to ensure maximum efficiency and effectiveness in the use of scarce resources
4. **Exchange:** The central element of any influence strategy is creating attractive and motivational exchanges with target audiences
5. **Marketing mix:** The strategy attempts to use all four Ps of the traditional marketing mix.
6. **Competition:** Careful attention is paid to the competition faced by the desired behavior

(Andreasen 2002)

French & Blair-Stevens 8 benchmarks

1. **BEHAVIOUR.** Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals.
2. **CUSTOMER ORIENTATION.** Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources.
3. **SEGMENTATION.** Uses a developed segmentation approach (not just targeting). Avoiding blanket approaches.
4. **EXCHANGE.** Incorporates an 'exchange' analysis. Understanding what the person has to give to get the benefits proposed.
5. **METHODS MIX.** Identifies an appropriate 'mix of methods'.
6. **INSIGHT.** Based on developing a deeper 'insight' approach – focusing on what 'moves and motivates'.
7. **COMPETITION.** Incorporates a 'competition' analysis to understand what competes for the time and attention of the audience.
8. **THEORY.** Is behavioural theory-based and informed. Drawing from an integrated theory framework.

Differences?

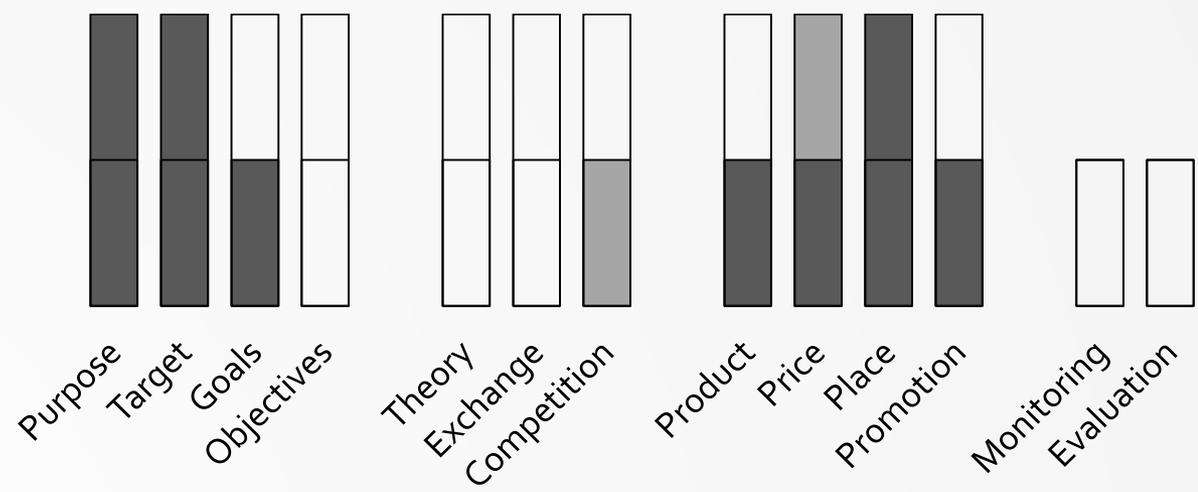
- Marketing mix vs Methods mix
 - The strategy attempts to use all four Ps of the traditional marketing mix
 - Identifies an appropriate ‘mix of methods’
- Behavior vs behavior change
 - **BEHAVIOR CHANGE:** Behavior change is the benchmark used to design and evaluate interventions
 - **BEHAVIOUR:** Has a clear focus on behaviour, based on a strong behavioural analysis, with specific behaviour goals

Differences?

- Audience research vs Consumer orientation
 - **AUDIENCE RESEARCH:** Projects consistently use audience research to (a) understand target audiences at the outset of interventions, (b) routinely pretest intervention elements before they are implemented, and (c) monitor interventions as they are rolled out
 - **CUSTOMER ORIENTATION.** Develops a robust understanding of the audience, based on good market and consumer research, combining data from different sources.
- Addition of:
 - Insight: Based on developing a deeper ‘insight’ approach – focusing on what ‘moves and motivates’.
 - Theory: Is behavioural theory-based and informed. Drawing from an integrated theory framework.

Why SMSI?

- Benchmarks =
- SMSI =



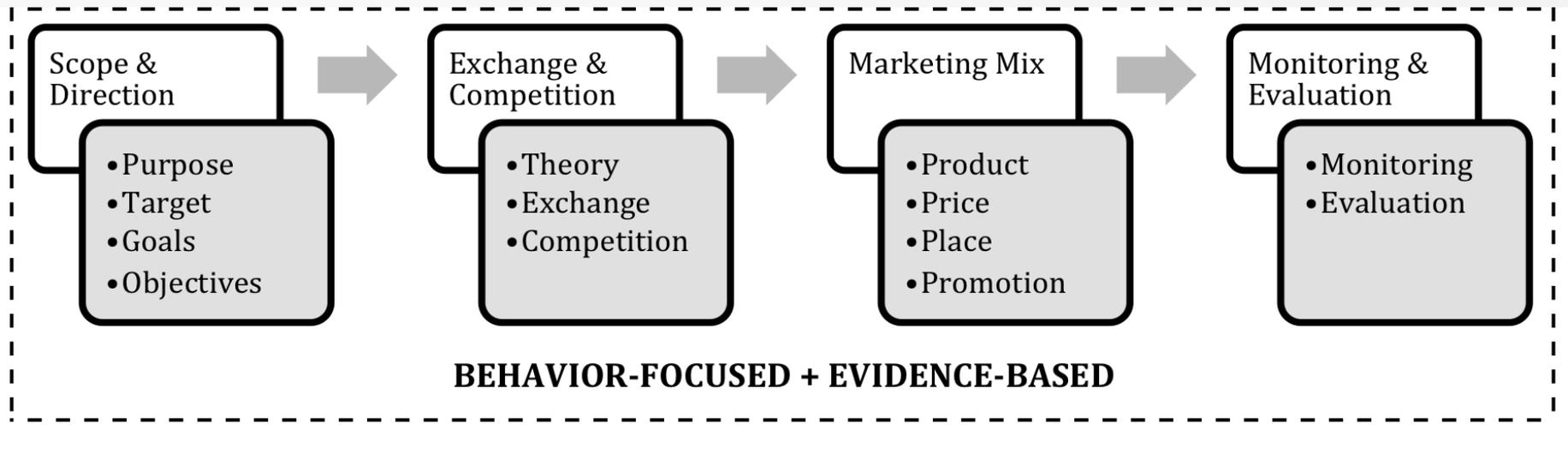
Why compare 6 and not 8?

- Complexity and measurability of the NSMC's criteria
- Difference in insight and customer orientation?

The SMSI

- Premise
 - Instead of: “Is it social marketing or not?”
 - The question is: “To what extent is it social marketing?”
- Design: Matrix
 - 2 dimensions
 - Process integrity
 - Process quality (behavior-focused and evidence-based)
 - 4 blocks
 - 13 process steps

SMSI Content overview



	Process Integrity (PI)	Process Quality (PQ)
Purpose	<ul style="list-style-type: none"> Was an intervention purpose defined? 	<ul style="list-style-type: none"> Was the intervention purpose linked to a specific problem?
Targeting	<ul style="list-style-type: none"> Was at least one target group defined? 	<ul style="list-style-type: none"> Was the choice of target groups based on evidence?
Goals	<ul style="list-style-type: none"> Were general goals defined? 	<ul style="list-style-type: none"> Were goals focused on behavior? Was the choice of goals based on evidence? Were goals defined for every target group separately?
Objectives	<ul style="list-style-type: none"> Were specific objectives defined? 	<ul style="list-style-type: none"> Was the choice of objectives based on evidence?
Theory	<ul style="list-style-type: none"> Was a theory used to understand how the target group(s) can be influenced? 	<ul style="list-style-type: none"> Was the choice of an appropriate theory based on evidence?
Exchange	<ul style="list-style-type: none"> Were costs for the target group(s) considered? Were benefits for the target group(s) considered? Was it tried to propose an exchange in which benefits would outweigh costs? 	<ul style="list-style-type: none"> Was the identification of costs for the target group(s) based on evidence? Was the identification of benefits for the target group(s) based on evidence?
Competition	<ul style="list-style-type: none"> Was competition considered? Were measures to counteract the competition considered? 	<ul style="list-style-type: none"> Was the identification of competition based on evidence? Was the choice of measures to counteract the competition based on evidence?
Product	<ul style="list-style-type: none"> Was a specific behavior promoted (actual product) Were the benefits of the 	<ul style="list-style-type: none"> Was the choice of the core product to promote based on evidence?

counteract the competition based on evidence?

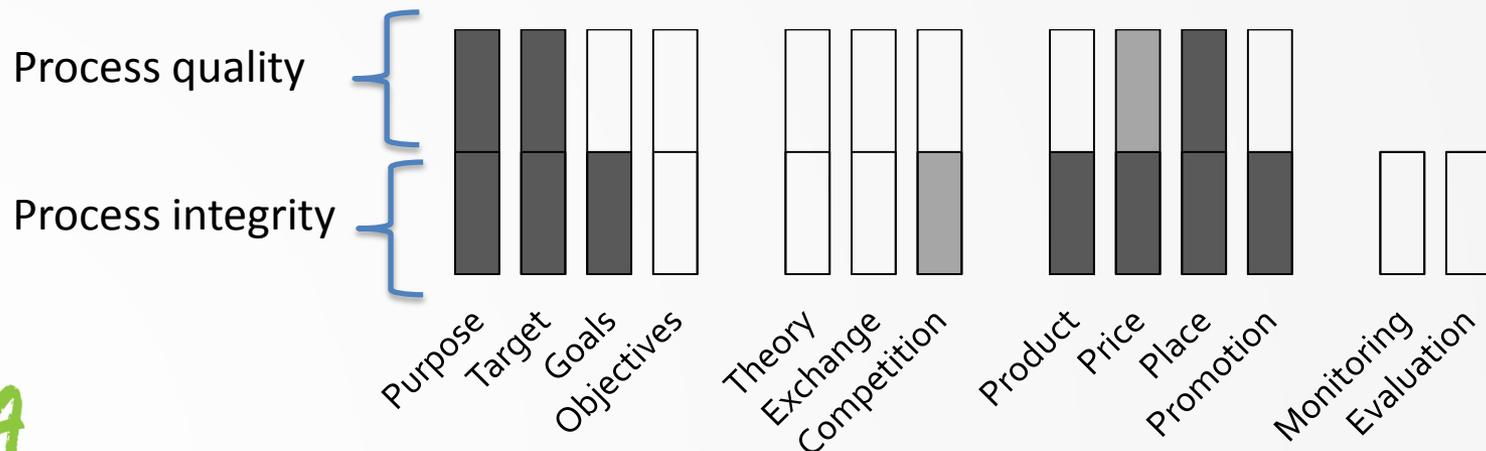
Product	<ul style="list-style-type: none">• Was a specific behavior promoted? (actual product)• Were the benefits of the recommended behavior promoted? (core product)	<ul style="list-style-type: none">• Was the choice of the core product to promote based on evidence?
Price	<ul style="list-style-type: none">• Were incentives and/or disincentives proposed?	<ul style="list-style-type: none">• Was the choice of incentives and/or disincentives based on evidence?
Place	<ul style="list-style-type: none">• Was the place explicitly defined before the implementation?	<ul style="list-style-type: none">• Was the choice of place(s) based on evidence?
Promotion	<ul style="list-style-type: none">• Was there at least one clearly stated message?• Was the message distributed through different channels?	<ul style="list-style-type: none">• Was the choice of message(s) based on evidence?• Was the choice of channels based on evidence?• Was the campaign material pretested with the target group?• Were (at least partially) targeted mixes used/ promoted?*
Monitoring**	<ul style="list-style-type: none">• Was the campaign monitored in terms of outcome?• Was adaptation of certain campaign elements considered?	
Evaluation**	<ul style="list-style-type: none">• Was the evaluation done in terms of behaviors? (outcome)• Was the evaluation done in terms of problem resolution? (impact)	

SMSI

- Assessment

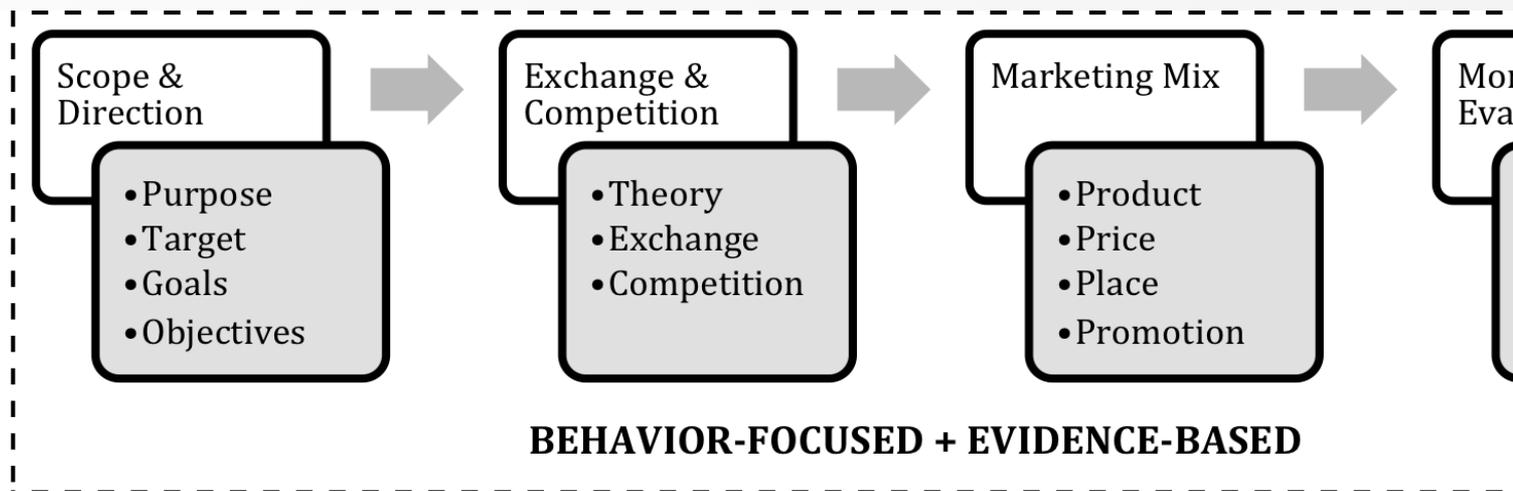
- Specific questions (arranged in items) concerning the procedure in intervention planning and evaluation.

- Output: Profile



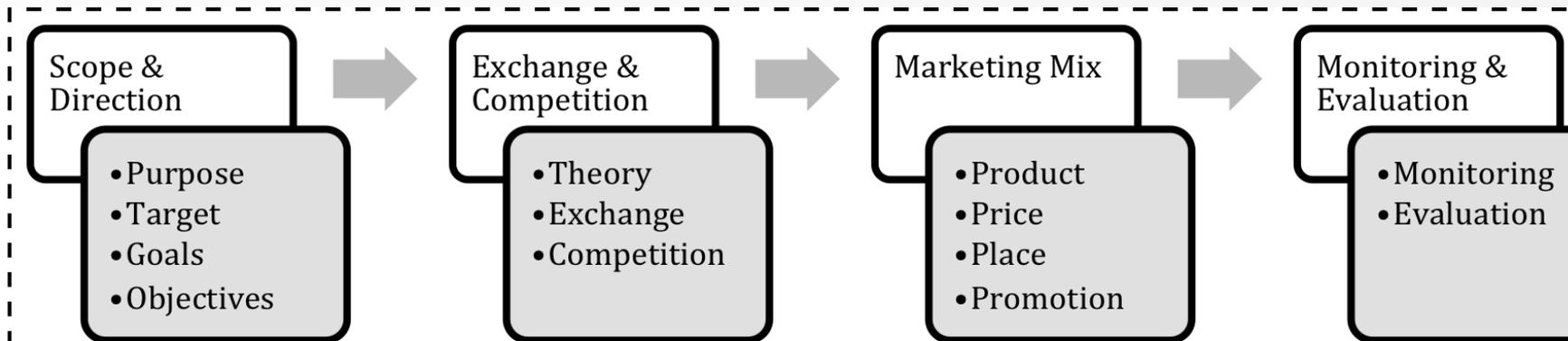
SMSI

- **Scope and direction** – an intervention should be focused on specific target group, the choice of the group should be based on research evidences, the goals of intervention should be established and defined in terms of target audience behavior as well as specific objectives that represent sub-steps of an intervention.



SMSI

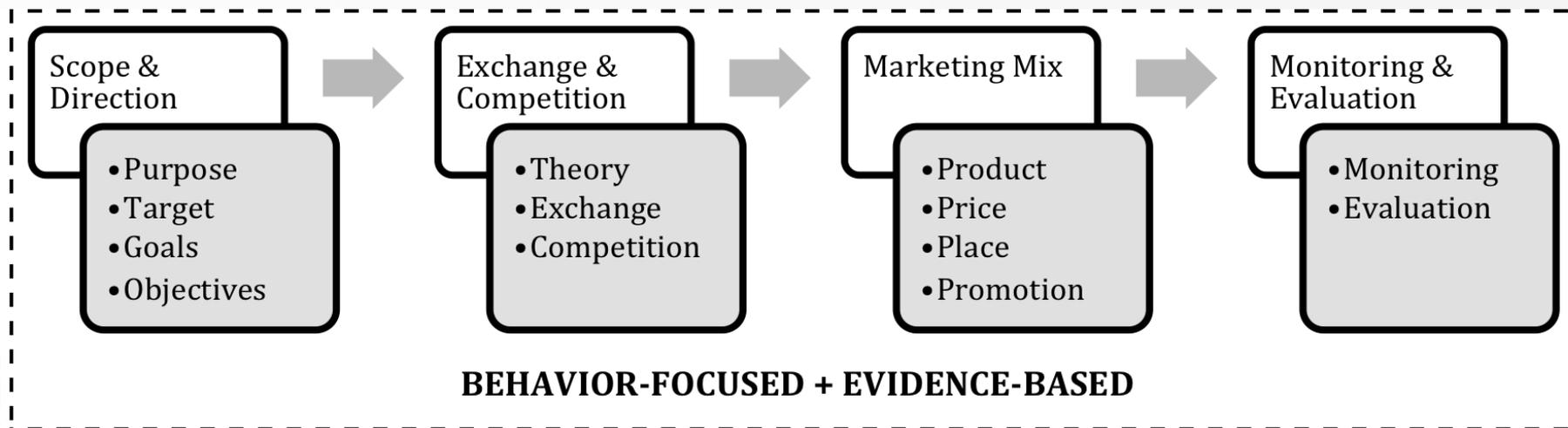
- **Exchange and competition** – an exchange strategy must be defined based on audience research (in order the strategy to be effective, the benefits for the target group must outweigh the costs).
- Some factors may compete with the chosen strategy, therefore they must be defined and the measures to counteract these factors must be designed. These factors and the measures should be based on audience research.



BEHAVIOR-FOCUSED + EVIDENCE-BASED

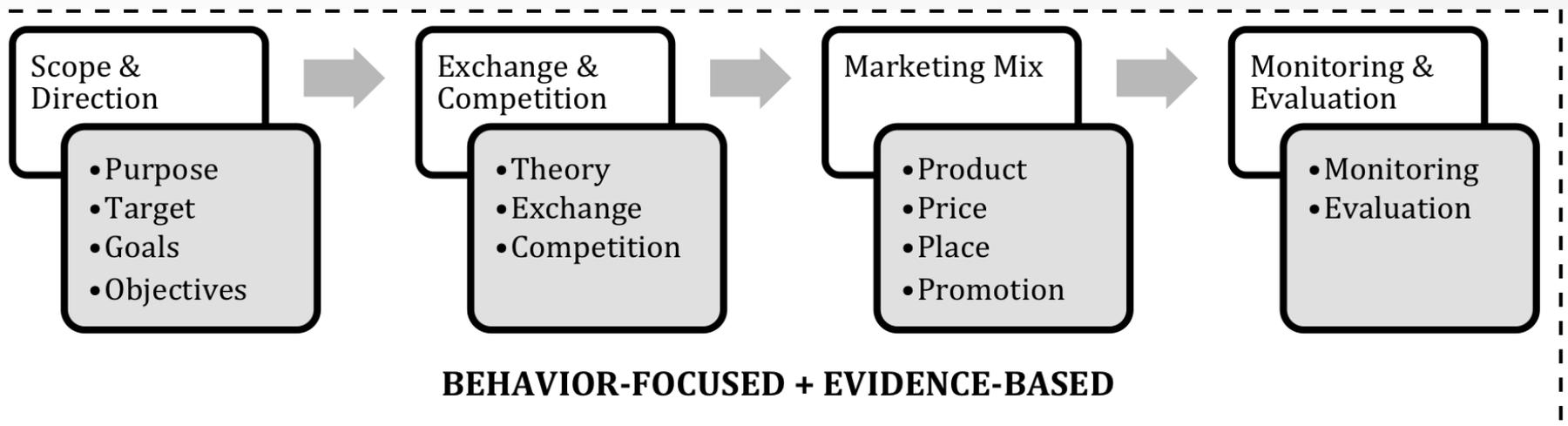
SMSI

- **Marketing mix** – the intervention should include the promotion strategy of behavior and its benefits (products), a pricing and a place strategy.
- The choice of these elements should be based on audience research and measures should be targeted.
- Promotional materials must be pretested with the target audience in order to estimate their efficiency.



SMSI

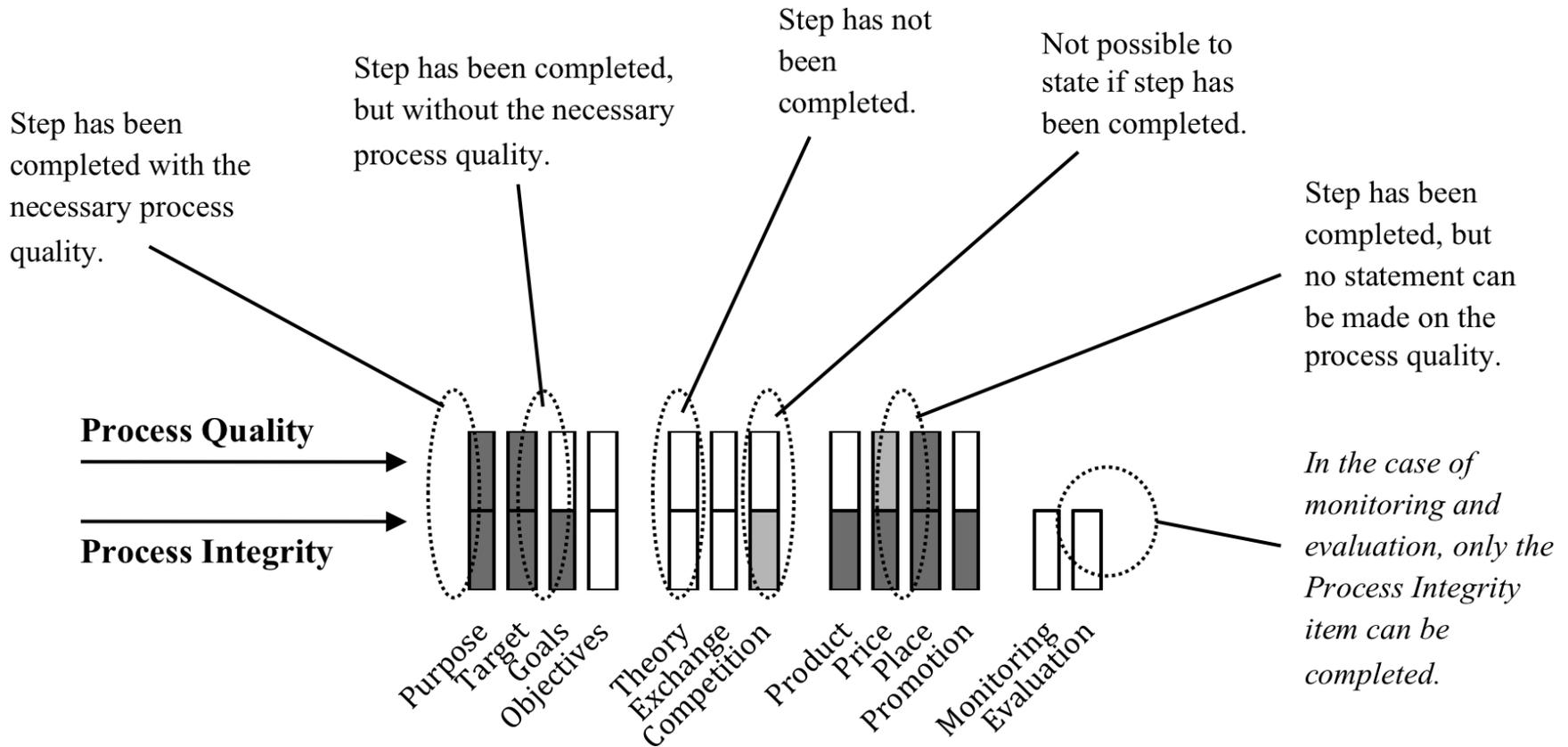
- **Monitoring and evaluation** – the intervention should be monitored during its implementation in order to evaluate its efficiency and make some adaptations if they are necessary.
- When the campaign is finished, its outcome and impact should be evaluated.



SMSI

- All the items in blocks are represented by bars divided in two parts. The lower part displays the process integrity, the upper part – the process quality.
- Items are assessed using the standard set of questions. The item is regarded as completed only when all its questions are answered with “yes”.
- Process quality items may be completed only if the respective process integrity items are completed too.
- All completed items are indicated by dark half-bars, not completed ones – by empty half-bars. If there is a lack of data and some questions are answered with n/a, these items are assessed twice: by answering “no” and “yes” respectively. Such items are represented by a “worst case” and a “best case” and are displayed with grey half-bars. The number of dark-shaded items indicates to what extent the reviewed intervention corresponds to social marketing

How to read a SMSI Profile



Methods

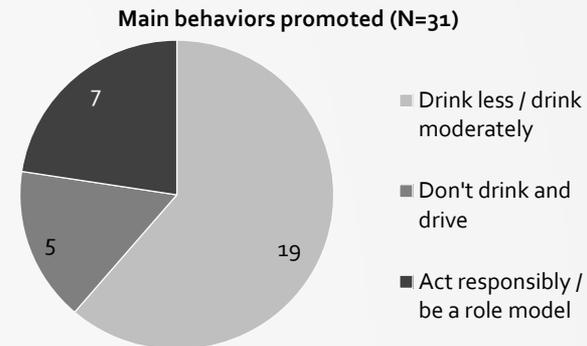
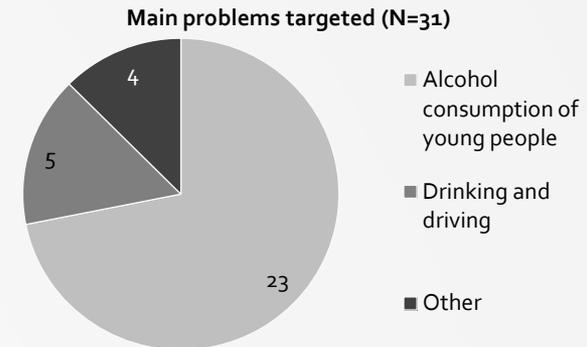
- Search for campaigns:
 - Mostly online and through literature review. Consultation of experts to complete findings.
- Data retrieval:
 - Survey (online and paper) administered to campaign planners; no additional participant selection procedure

Results: Sample

- 31 campaigns with completed questionnaire
 - 18 implemented in Germany
 - 6 in Austria
 - 4 in Switzerland
 - 3 in more than one of the countries
- 16 other campaigns were not reviewed because campaign planners could not participate in the survey.

Results: Current practice

- Campaign content
 - Mostly focus on children, adolescents and young adults.
 - Main appeals: Drink reasonably; Act responsibly; Don't drink and drive.
 - Responsibility and social reputation play an important role (the latter was promoted as “benefit” in 74% of campaigns).



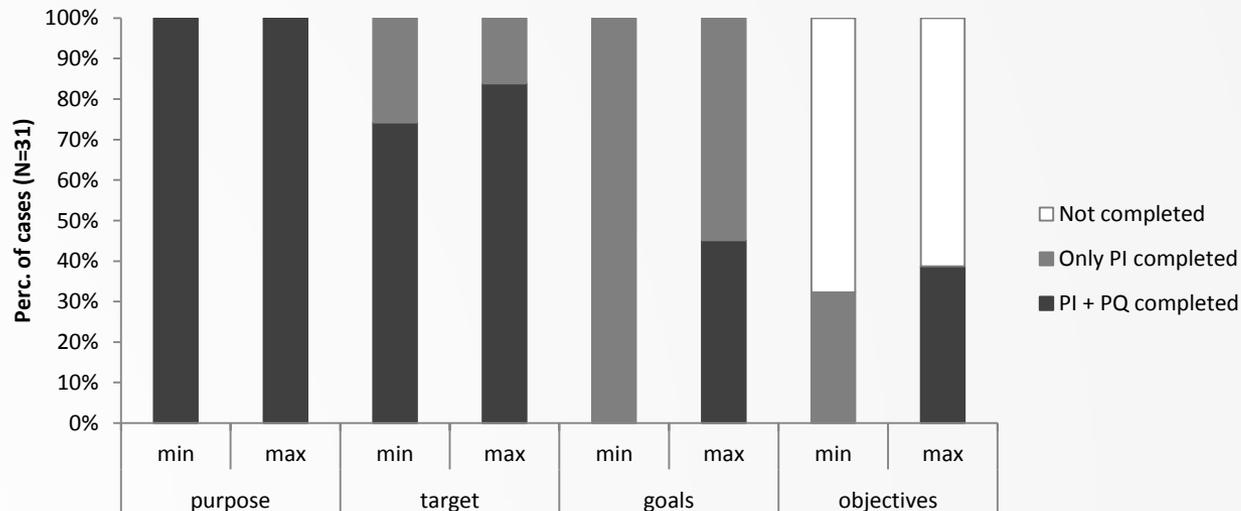
- 26% of interventions meet ≥ 4 criteria
- 1 campaign meets all six criteria

Number of benchmark criteria met (total sample)

Nbr. of criteria met	Freq. (cum.)	Perc. (cum.)
6	1	3.2
5 or more	4	12.9
4 or more	8	25.8
3 or more	14	45.2
2 or more	18	58.1
1 or more	28	90.3
None	3	-

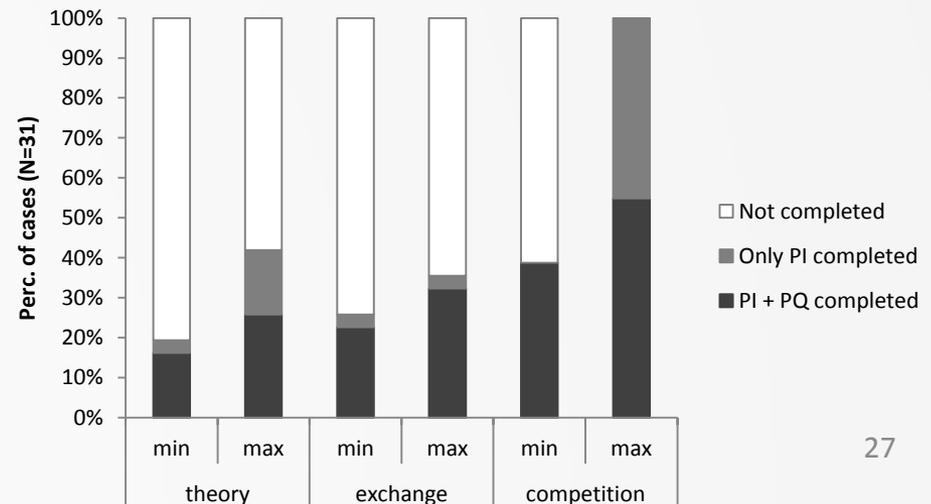
Block 1: Scope and direction

- The definition of objectives seems to be a “weak” point of the reviewed campaigns
- In more than 60% of the cases, neither the process integrity nor the process quality item for objectives is completed



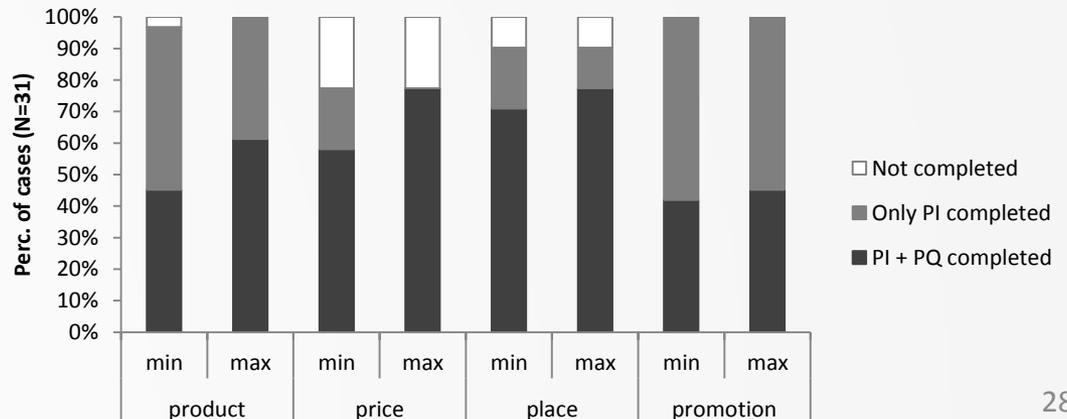
Block 2: Exchange and competition

- Theory is used in 20% to 40% (min/max) of campaigns, and an exchange is explicitly defined in 26% to 35% of the cases.
- Competition, the difference between minimum and maximum values is due to the fact that data were only available for process quality.



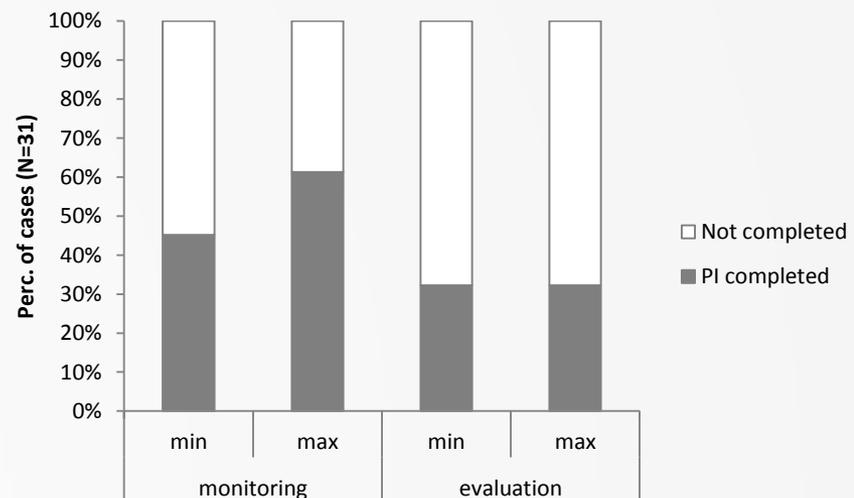
Block 3: Marketing mix

- Show most similarities with social marketing.
 - In the majority of cases (min: 68%, max: 71%), all four P's are completed, yet not always with the necessary process quality reported. Especially in the case of product and promotion, the process quality item is often not completed.



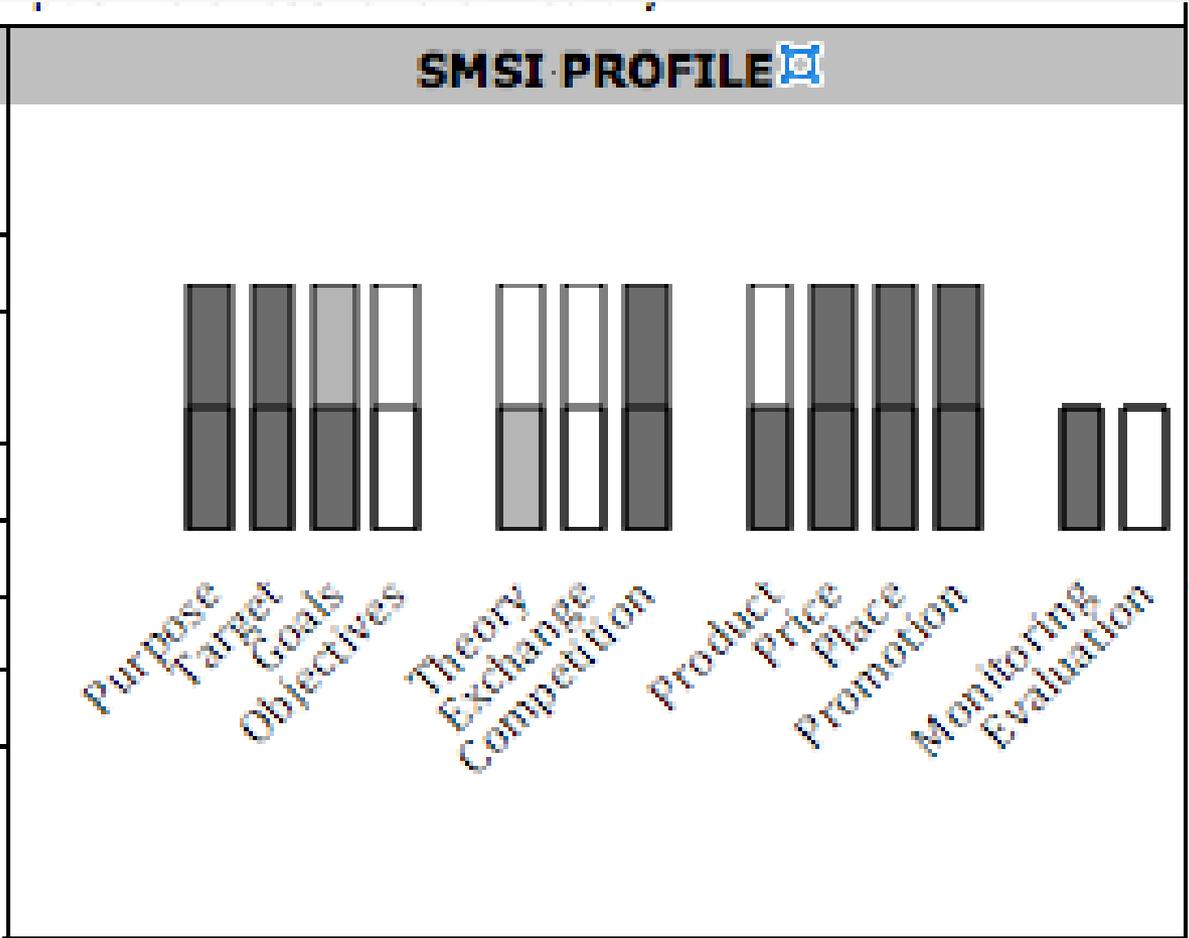
Block 4: Monitoring and Evaluation

- Because in the fourth block, process quality items do not exist, the interpretation of results is rather simple.
- Monitoring and especially evaluation are infrequently conducted (45% (min) to 61% (max) for monitoring, and 32% for evaluation).
- Evaluation: often done only in terms of output and awareness, but not in terms of outcome and impact

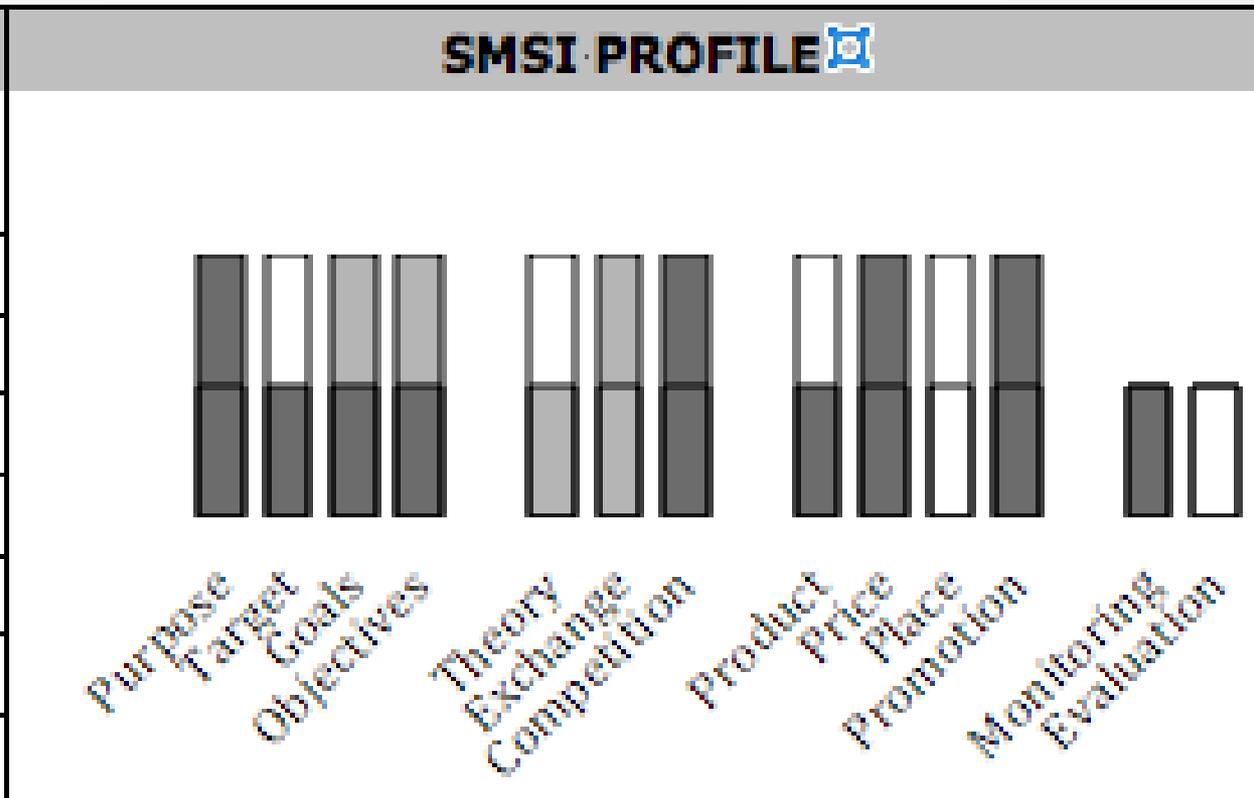


Items completed: Freq. (Perc.), N=31						
	"worst case"			"best case"		
	None	Only PI	PI + PQ	None	Only PI	PI + PQ
Purpose	0 -	0 -	31 (100)	0 -	0 -	31 (100)
Target	0 -	8 (25.8)	23 (74.2)	0 -	5 (16.1)	26 (83.9)
Goals	0 (0)	31 (100)	0 (0)	0 (0)	17 (55)	14 (45)
Objectives	21 (67.7)	10 (32.3)	0 -	19 (61.3)	0 -	12 (38.7)
Theory	25 (80.6)	1 (3.2)	5 (16.1)	18 (58.1)	5 (16.1)	8 (25.8)
Exchange	23 (74.2)	1 (3.2)	7 (22.6)	20 (64.5)	1 (3.2)	10 (32.3)
Competition	19 (61.3)	0 -	12 (38.7)	0 -	14 (45.2)	17 (54.8)
Product	1 (3.2)	16 (51.6)	14 (45.2)	0 -	12 (38.7)	19 (61.3)
Price	7 (22.6)	6 (19.4)	18 (58.1)	7 (22.6)	0 -	24 (77.4)
Place	3 (9.7)	6 (19.4)	22 (71.0)	3 (9.7)	4 (12.9)	24 (77.4)
Promotion	0 -	18 (58.1)	13 (41.9)	0 -	17 (54.8)	14 (45.2)
Monitoring	17 (54.8)	14 (45.2)	- -	12 (38.7)	19 (61.3)	- -
Evaluation	21 (67.7)	10 (32.3)	- -	21 (67.7)	10 (32.3)	- -

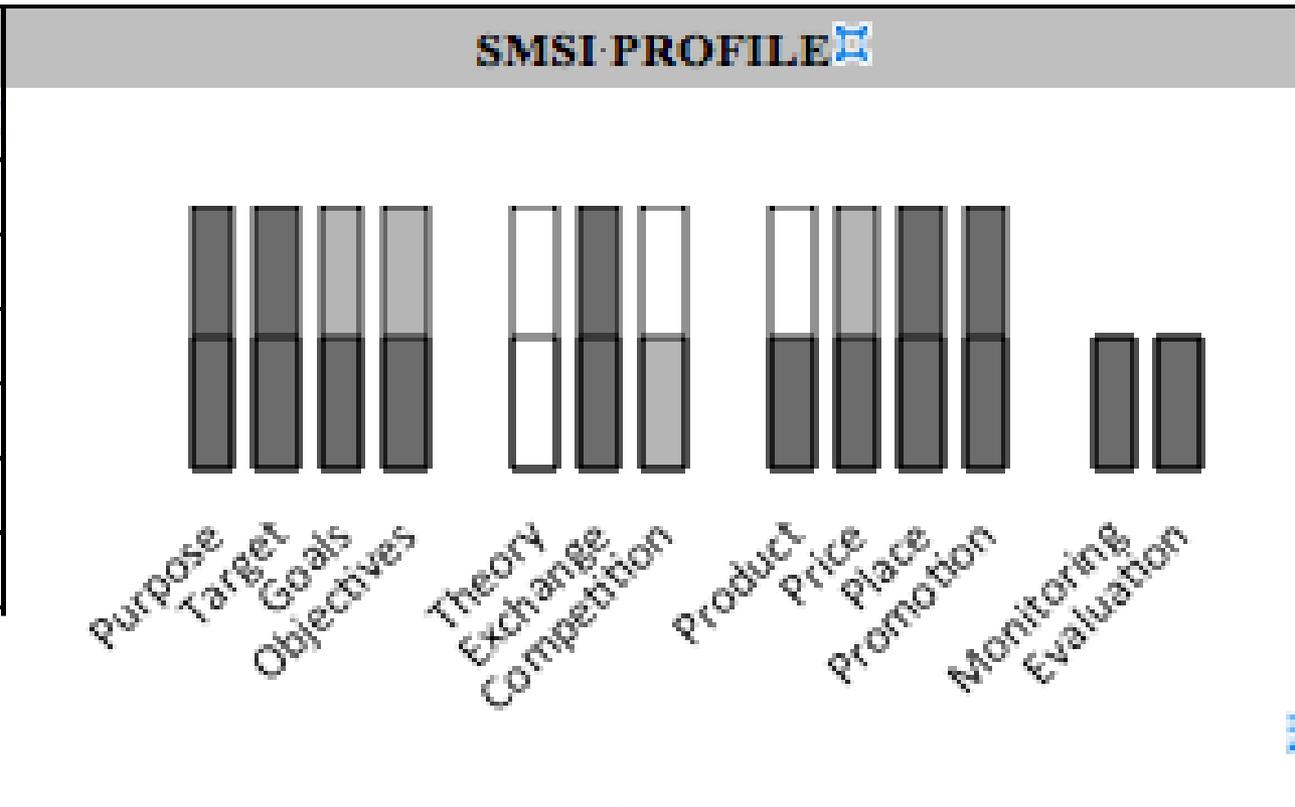
BENCHMARKS	
Description	Status
Behavioral Focus	no
Audience Research	yes
Segmentation	yes
Exchange	no
Marketing Mix	yes
Competition	no



BENCHMARKS	
Description	Status
Behavioral Focus	yes
Audience Research	yes
Segmentation	no
Exchange	n/a
Marketing Mix	no
Competition	yes

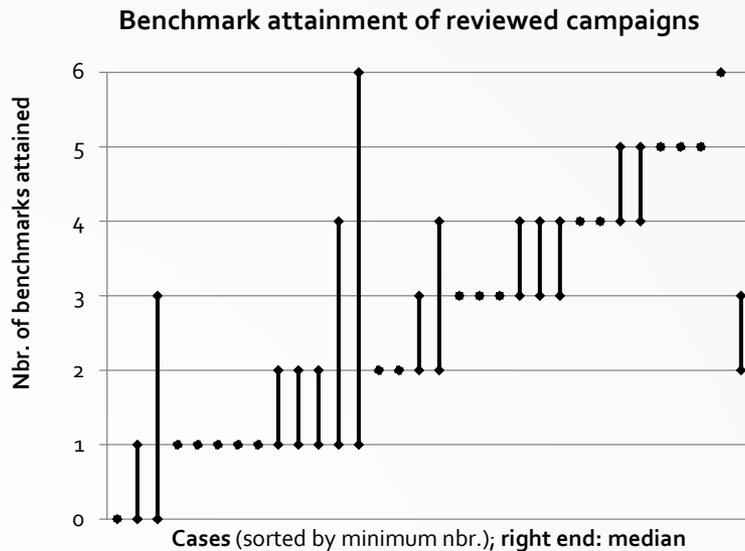


BENCHMARKS	
Description	Status
Behavioral Focus	yes
Audience Research	yes
Segmentation	yes
Exchange	yes
Marketing Mix	no
Competition	yes



Results: Social Marketing

- The benchmarks shows yes/no
- SMSI shows planners where they are weak and strong



Results: Social Marketing

- Most important differences between social marketing and the reviewed campaigns:
 - Benchmarks:
 - Segmentation
 - Exchange
 - SMSI:
 - Use of theory
 - Exchange

Discussion

- Valuable information about social marketing (literature and practices) in the German language area.
- SMSI as a useful tool in social marketing “similarity” assessment.
- Much more testing and refinement are needed

Limitations

- Like the benchmarks, can still be interpreted in different ways by different researchers.
 - need detailed measurement criteria for every question

Thank you!

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ESMA

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SOCIAL MARKETING
ASSOCIATION



CATÓLICA PORTO

CIÊNCIAS DA SAÚDE

Understanding the burdens of illicit drugs at school

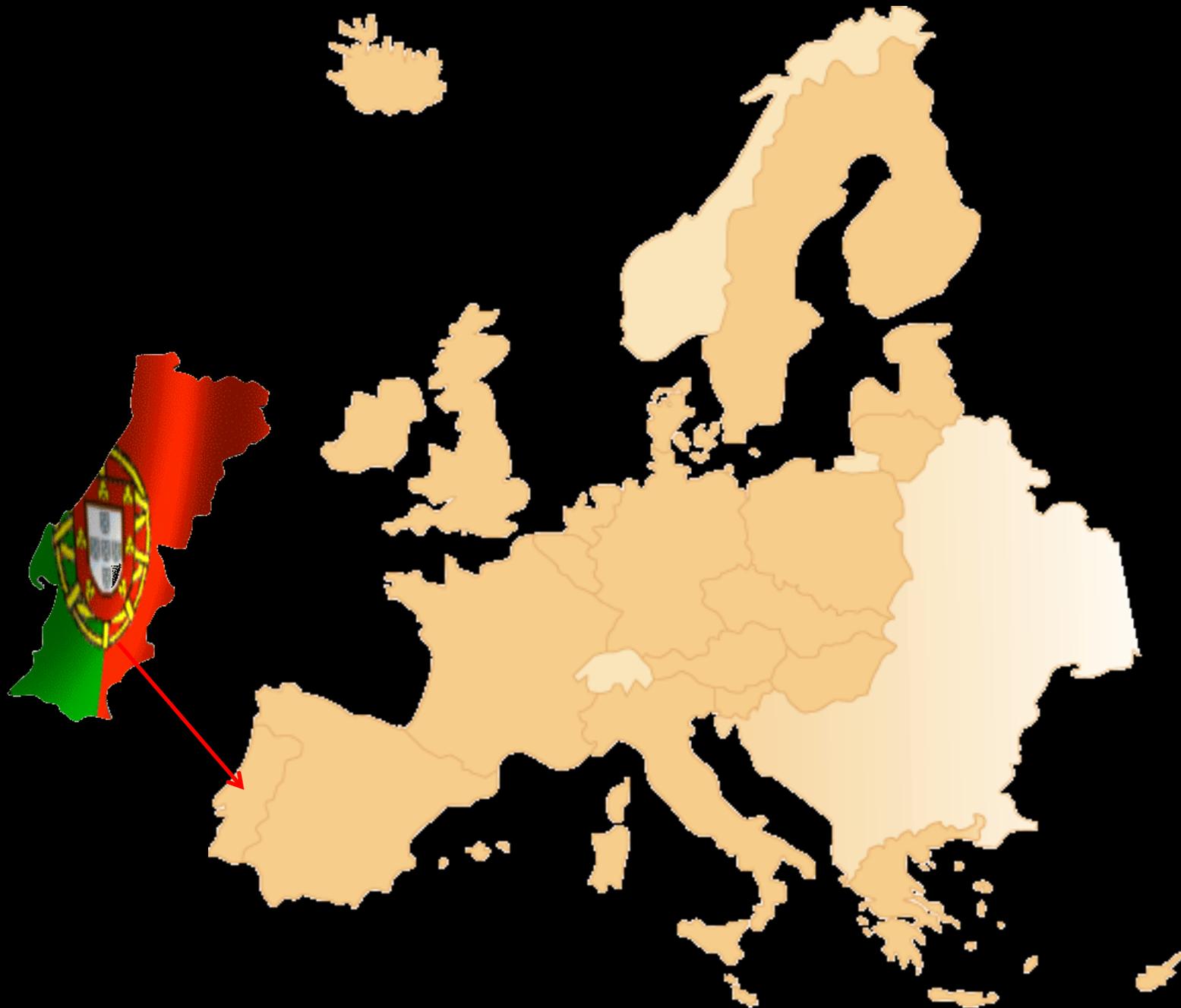
Paulo Alves

RN, MSc, PhD Student

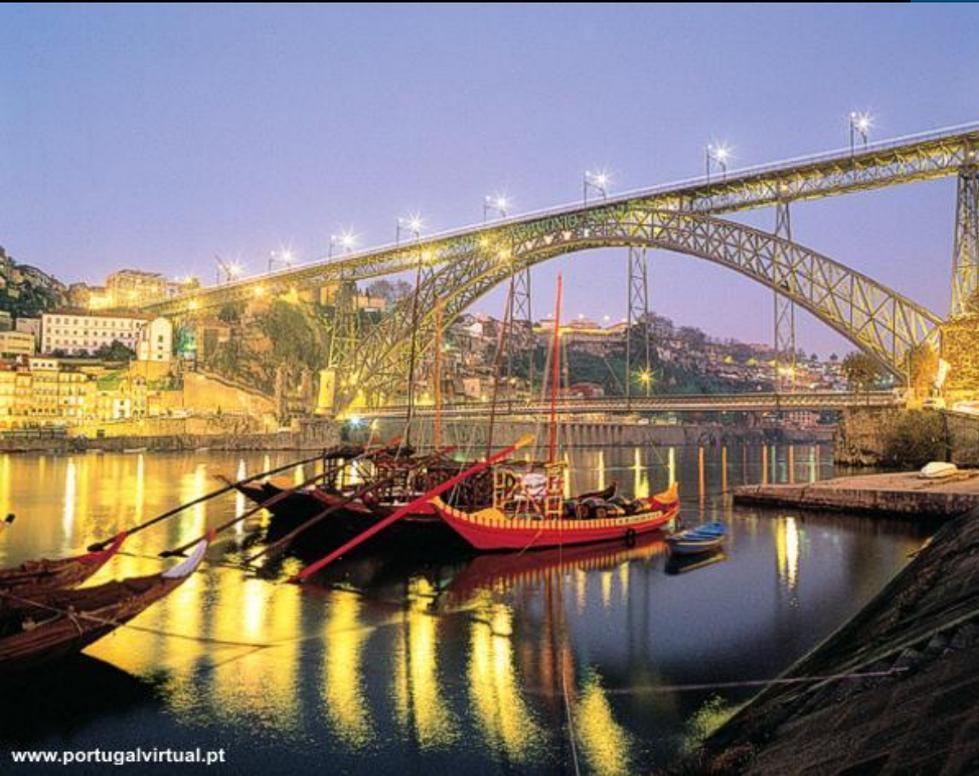
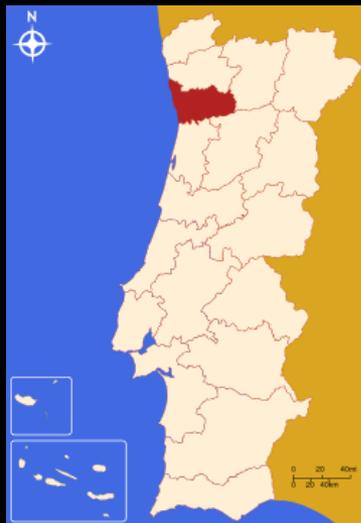
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OPORTO



Nurses at School



More health project

Portugal: School Health



- **Public Schools**



- **Private Schools**

Health Center

School Health Teams

(Nurse, doctor, nutrition)

**24 hours per week/ 2500
students**

School Nurse

Health Corner



In Portugal, the school health throughout its history has been subject to several reforms in an attempt to suit the needs of the school and emerging health concerns.

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"My finger's stopped bleeding. I must
have run out of blood."

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Adolescence is a transitional stage between childhood and adulthood, which is characterized by rapid physical, psychological, emotional, sexual, cognitive, behavioural and social changes (Assis et al., 2003)

Drug use is a social problem and a public health concern all over the world and Portugal is no exception (Negreiros, 2000).

Experimentation of illicit drugs tend to co-exist with other problems, such as tobacco and alcohol (Andersson, 2007)



Community School EB 2/3 of Perafita

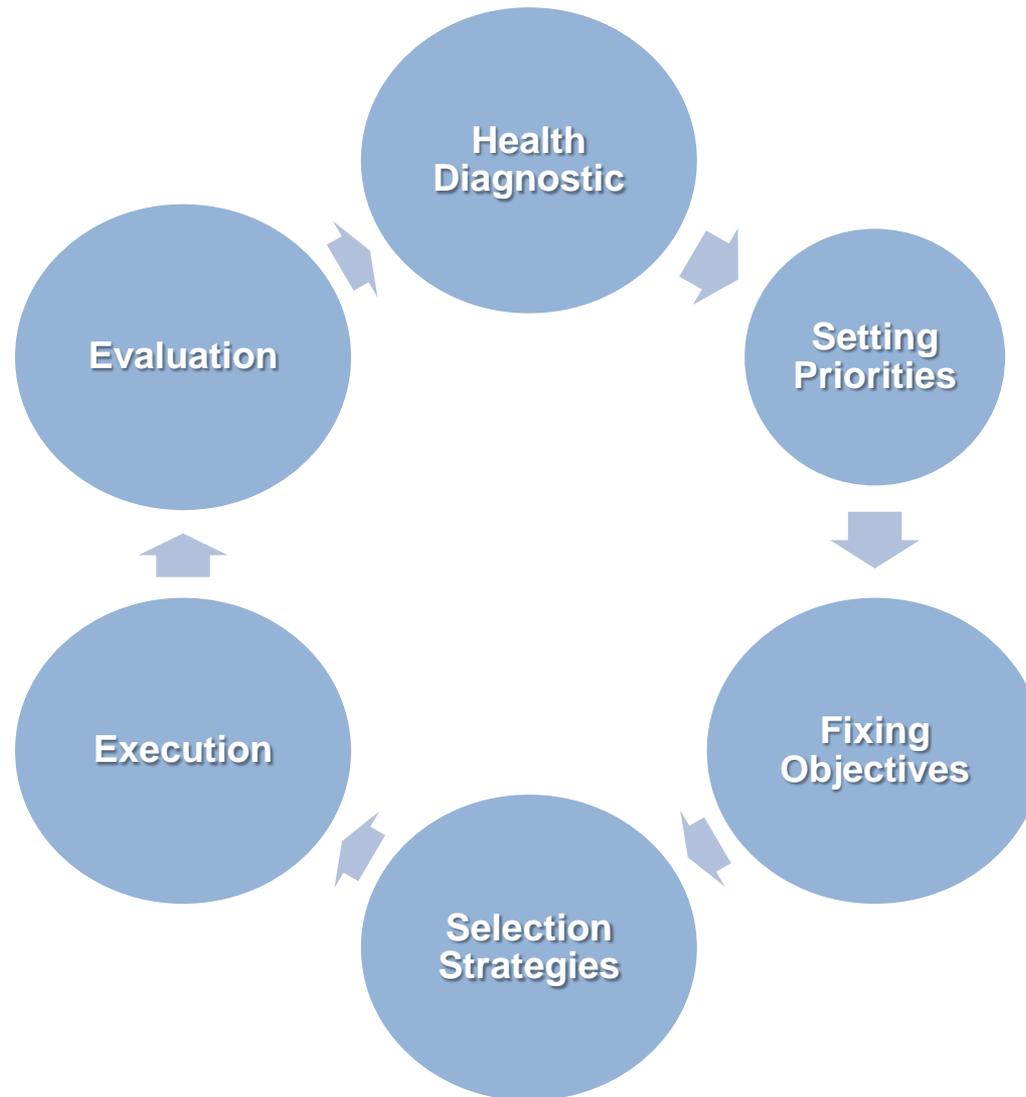
- **599 students
from 5th to 9th Grade**
- **106 Teachers**
- **32 operacional
assistants**



School occupies a prominent place in the lives of adolescents in Europe, since that's where they spend about two-thirds of their time (Kuntsche & Jordan, 2006).

Social Marketing

Health Planning



Social Marketing

Health Belief Model (HBM)

This is a conceptual formulation designed to help understand why individuals engage in a wide variety of health related actions.

It has been criticized as being too simplistic and formulaic

Perceived susceptibility

Perceived severity

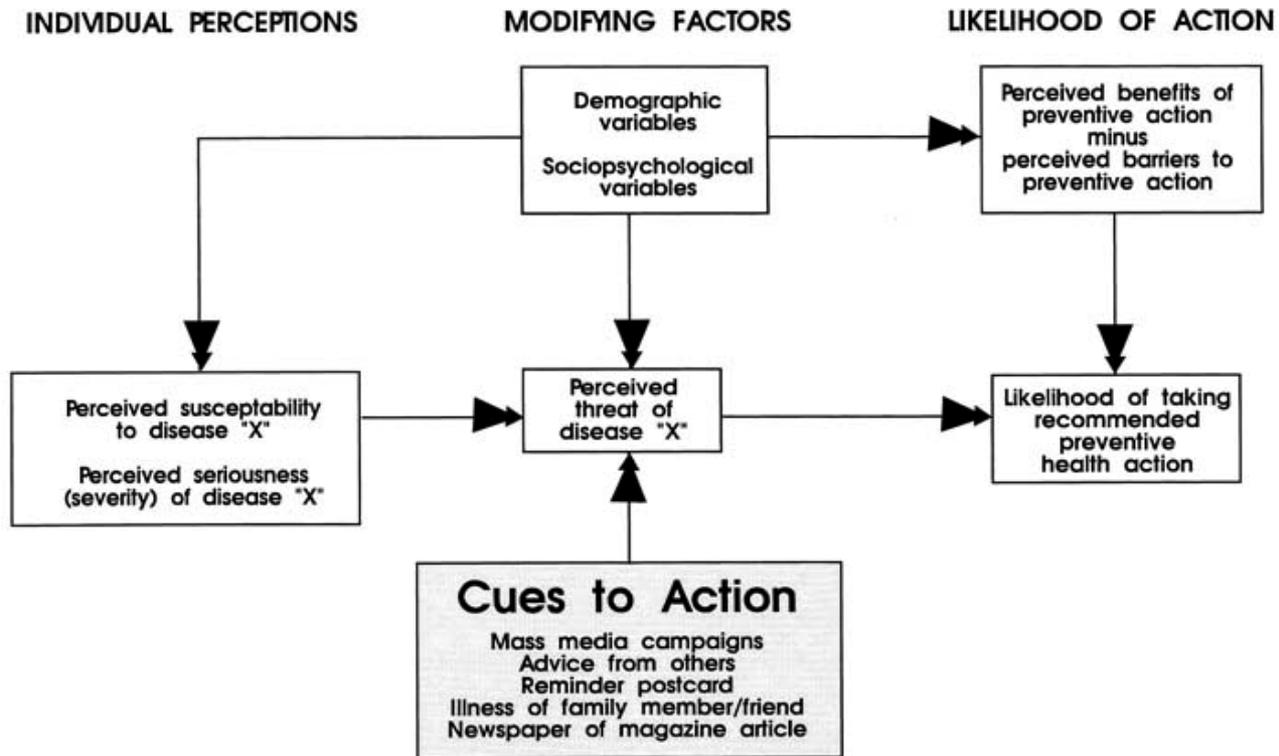
Perceived benefits

Perceived barriers

It is widely distributed for more than 25 years, and is being used as an object of improving health in various countries

(Stead et al., 2007; McDermott, 2000)

Social Marketing



R Ashford & A S Blinkhorn, *British Dental Journal* **186**, 436 - 441 (1999)

Social Marketing

Health Belief Model (HBM)

Core Assumptions and Statements

The HBM is based on the understanding that a person will take a health-related action (i.e., stop using drugs, alcohol and tobacco) if that person:

1. feels that a negative health condition (i.e., addiction) can be avoided,
2. has a positive expectation that by taking a recommended action, he/she will avoid a negative health condition, and
3. believes that he/she can successfully take a recommended health action



From theory...



to practice

Health Diagnosis

Substance Use

Alcohol, Tobacco and Drugs

Population

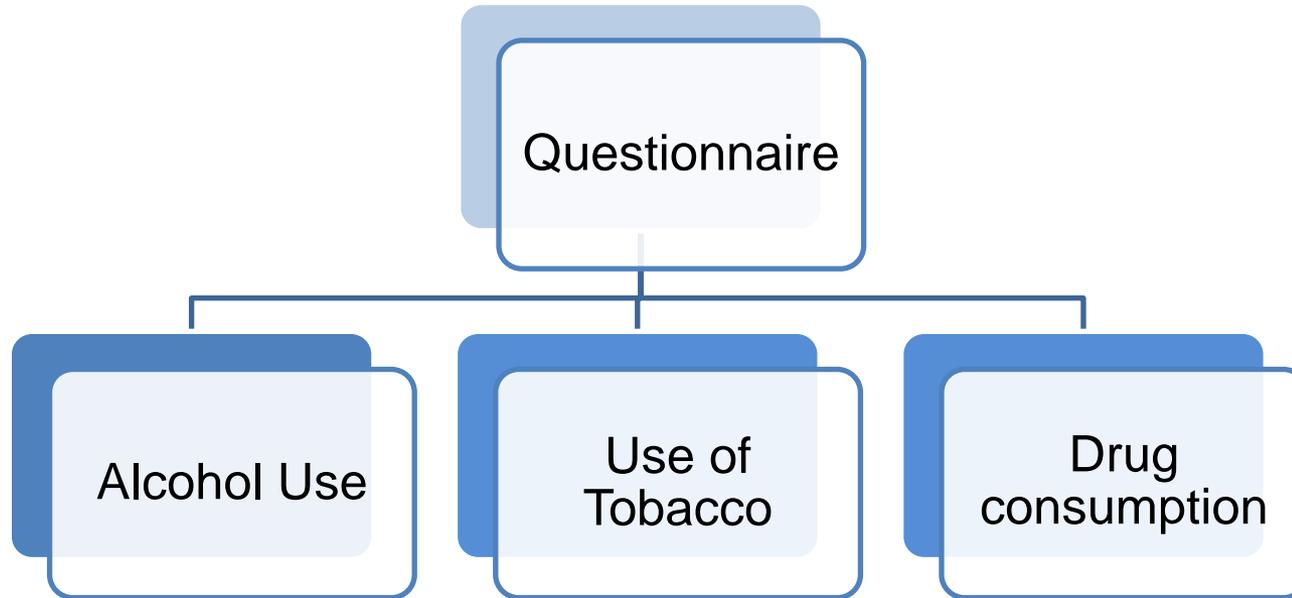
All students from 5th to 8th grade



Sample

376 students School EB 2/3 de Perafita.

Data Collection Instrument



- Involvement Scale for Adolescents with Alcohol
- GYTS Validation by Portuguese Saboga Nunes
- Fagerström test soon for Nicotine Dependence
- Behavior and Health in schoolchildren - WHO / HBSC

Validated by Ethics Commission

Health Diagnosis

28 Needs Identified

Application of Linear
Measurement Scale

11 Priority Needs

Tobacco

32.7% reported currently
maintain consumption

42.6% reported
consuming alcohol in the
presence of parents

39.7% with friends

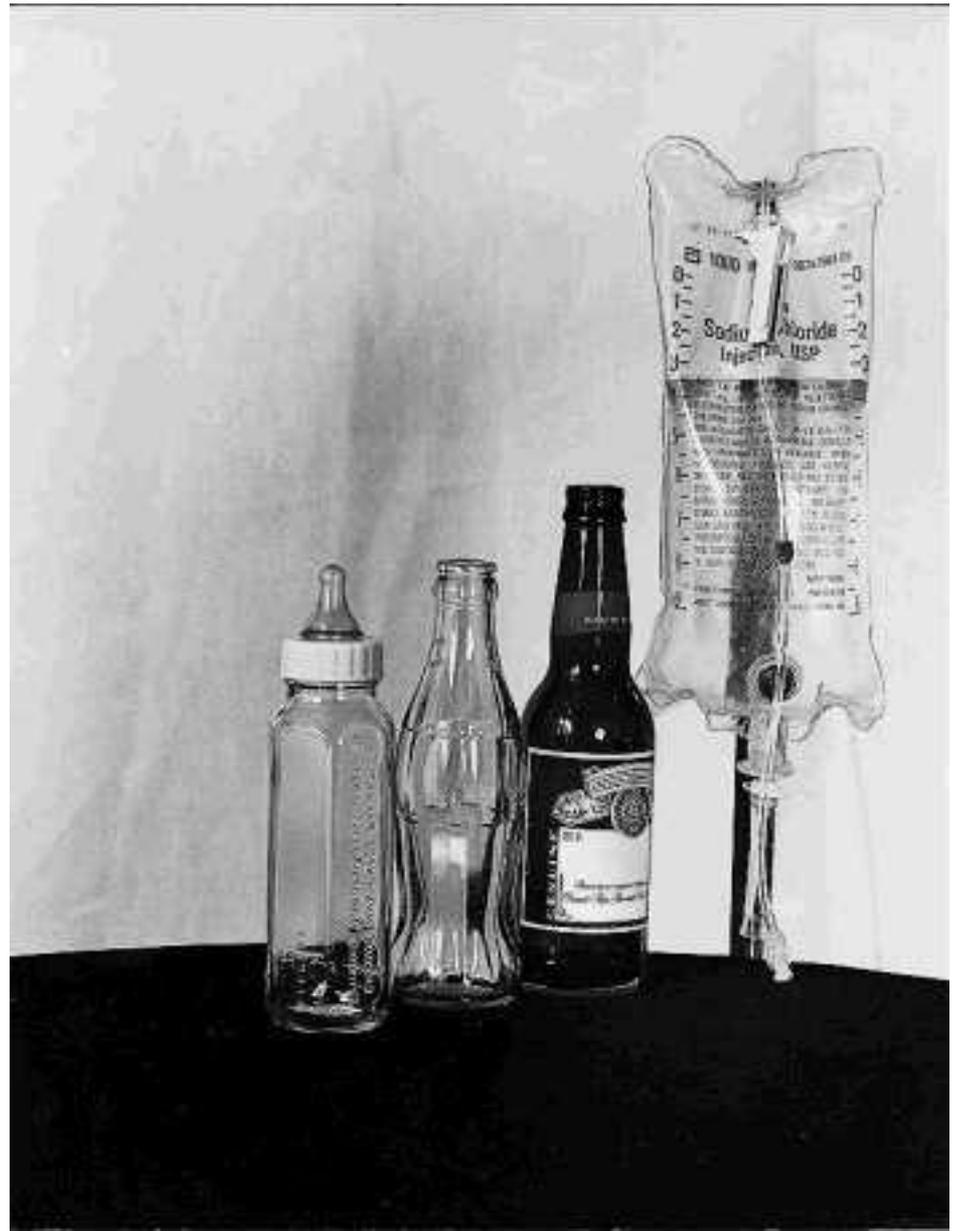


Alcohol

32.7% reported currently maintain consumption

42.6% reported consuming alcohol in the presence of parents

39.7% with friends



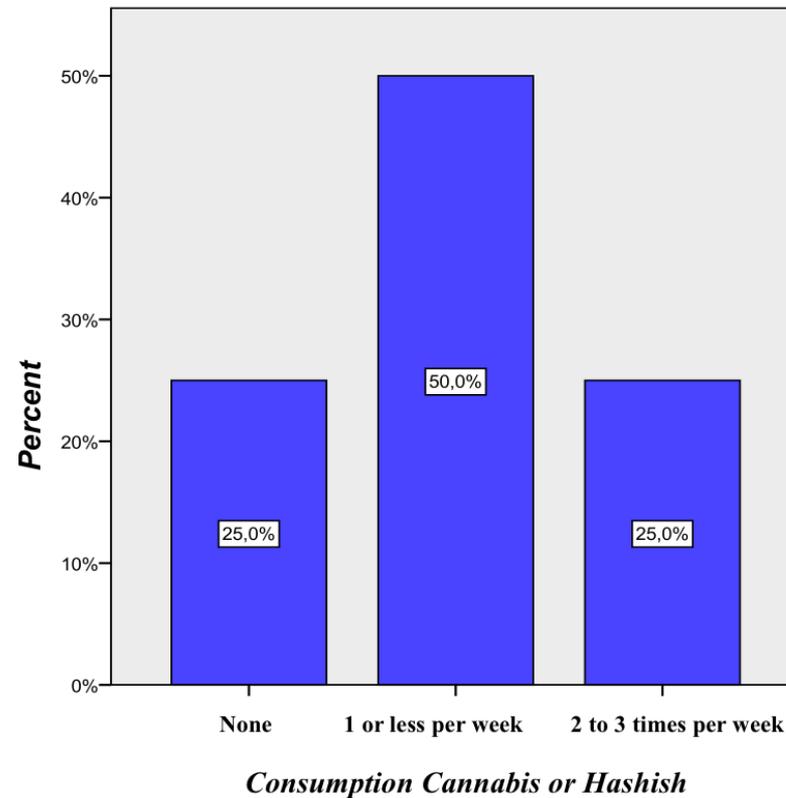
Drugs

5.3% reported using drugs at least once

students who have experienced
drugs, 40% still consume.



The age of initiation / experimentation occurs most often between 12 and 13 years.



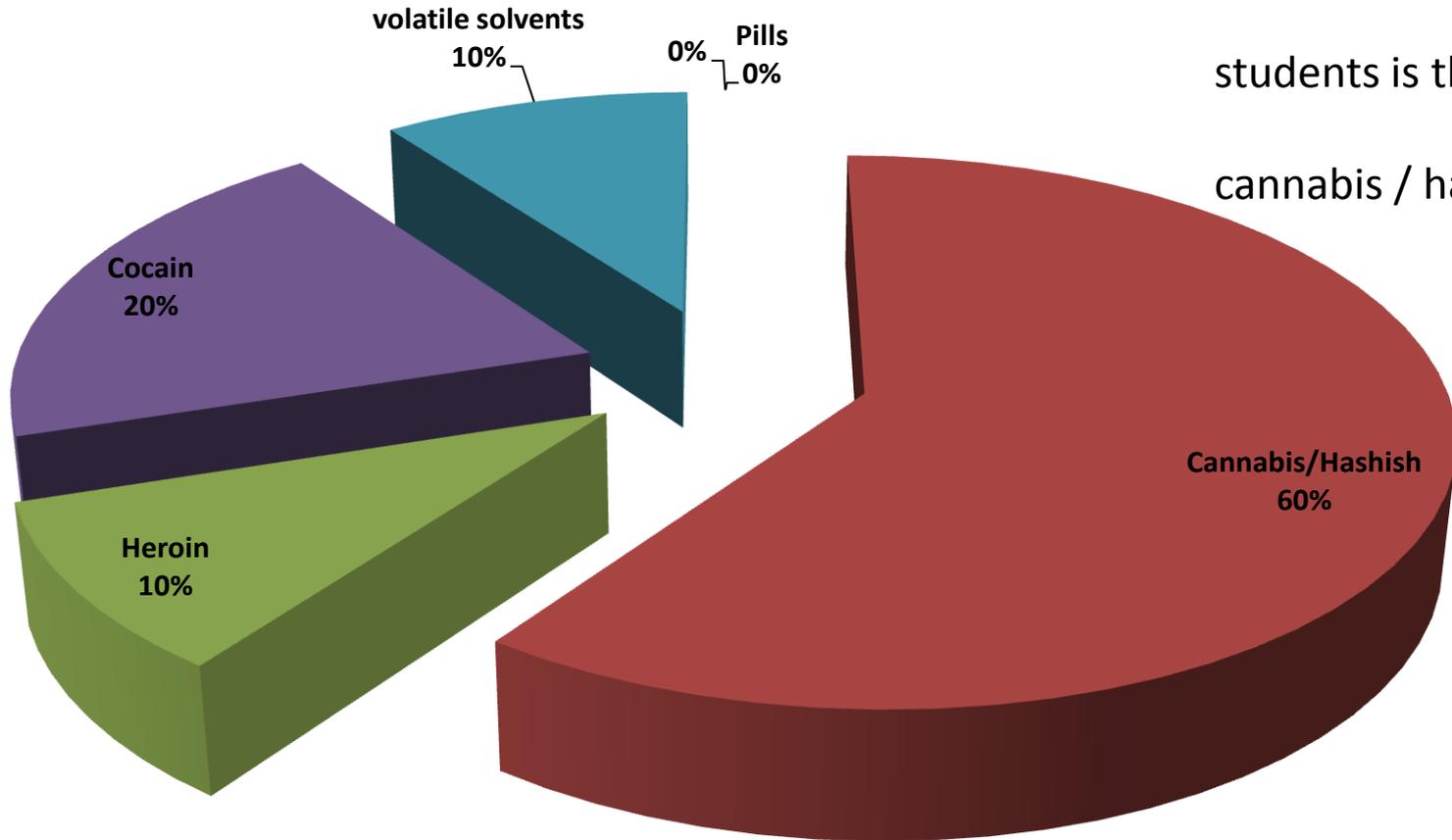
2.1% reported that uses drugs today

Sensations



85% states that they feel "happy"
15 % refers to feel "sad"

Percentage Distribution of Drug Use



The drug most commonly used by students is the cannabis / hashish



- 24.2% said they used tobacco at least once

7.4% continue to use tobacco regularly



- 36.2% reported experimented alcohol
 - 32.7% reported currently maintain consumption
- 42.6% reported consuming alcohol in the presence of parents



- 5.3% reported the use of drugs at least once

This project aims to be an attempt to promote community participation in reducing drug use in schools.

Factors identified

lack of information about the problem

easy access to drugs

difficulty of insertion in the family /friends

dissatisfaction with the quality of life

lack of leisure / resources

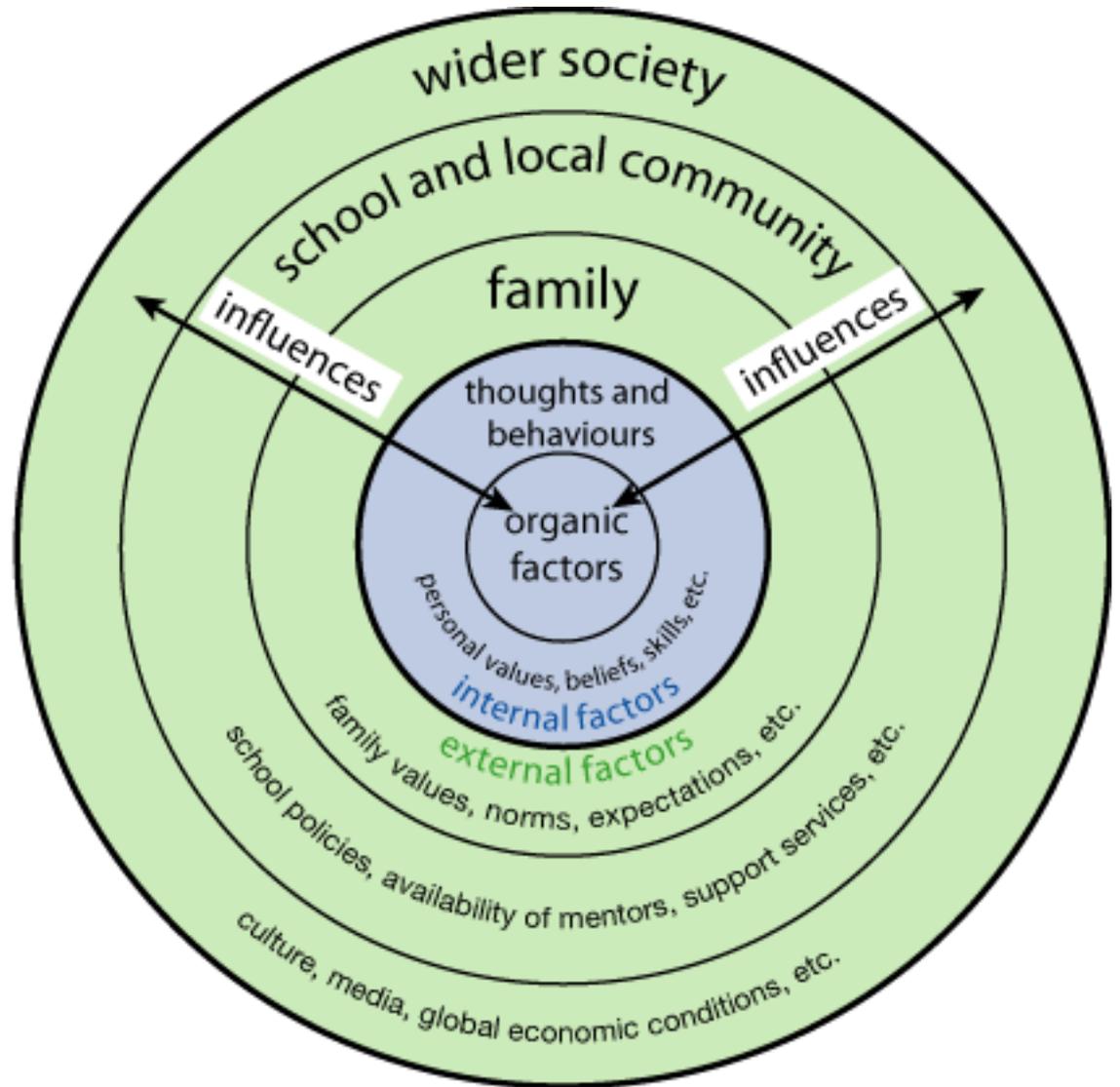
Community Intervention Project



Social Marketing

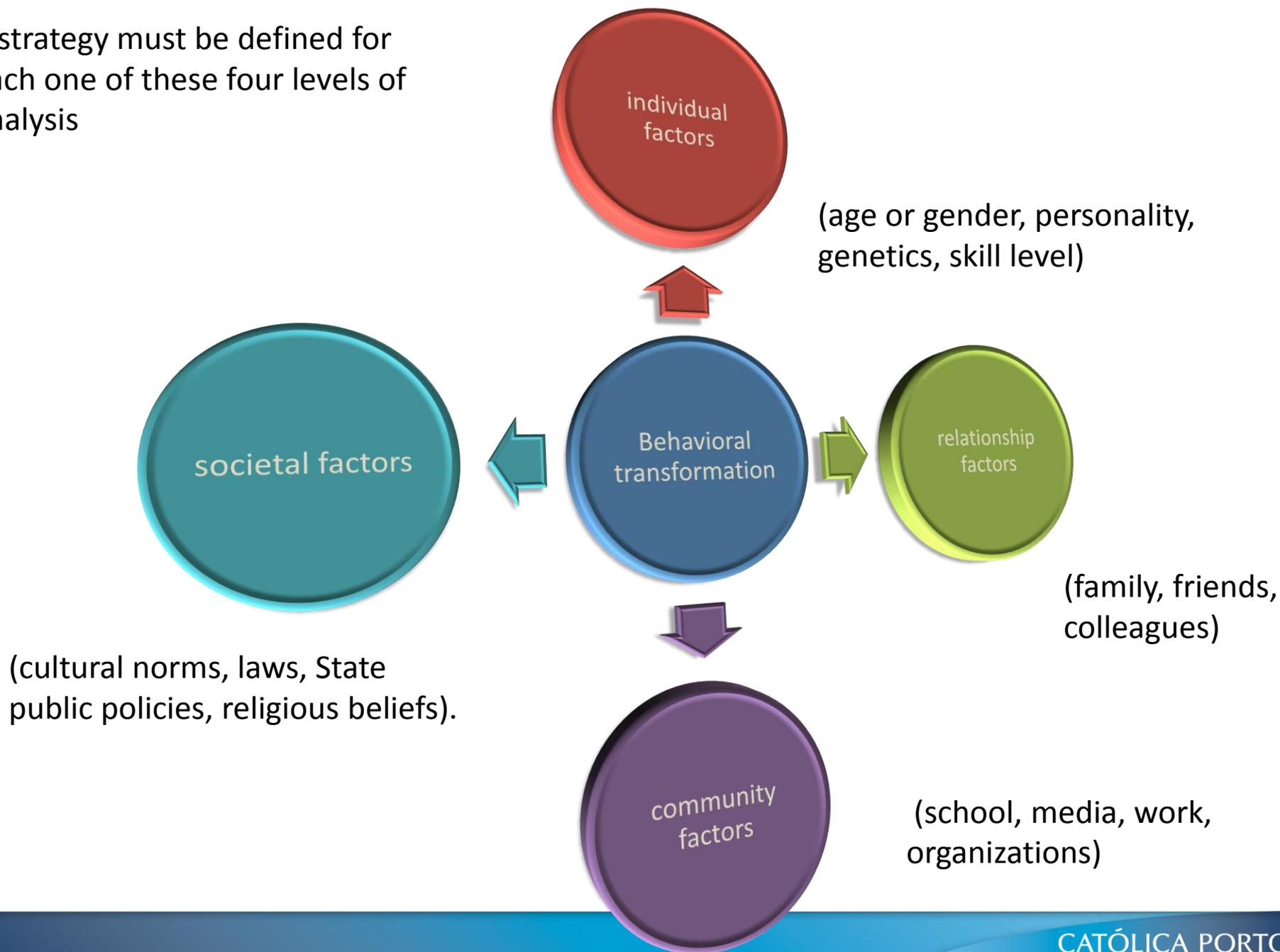
Ecological Model

personal and
environmental level

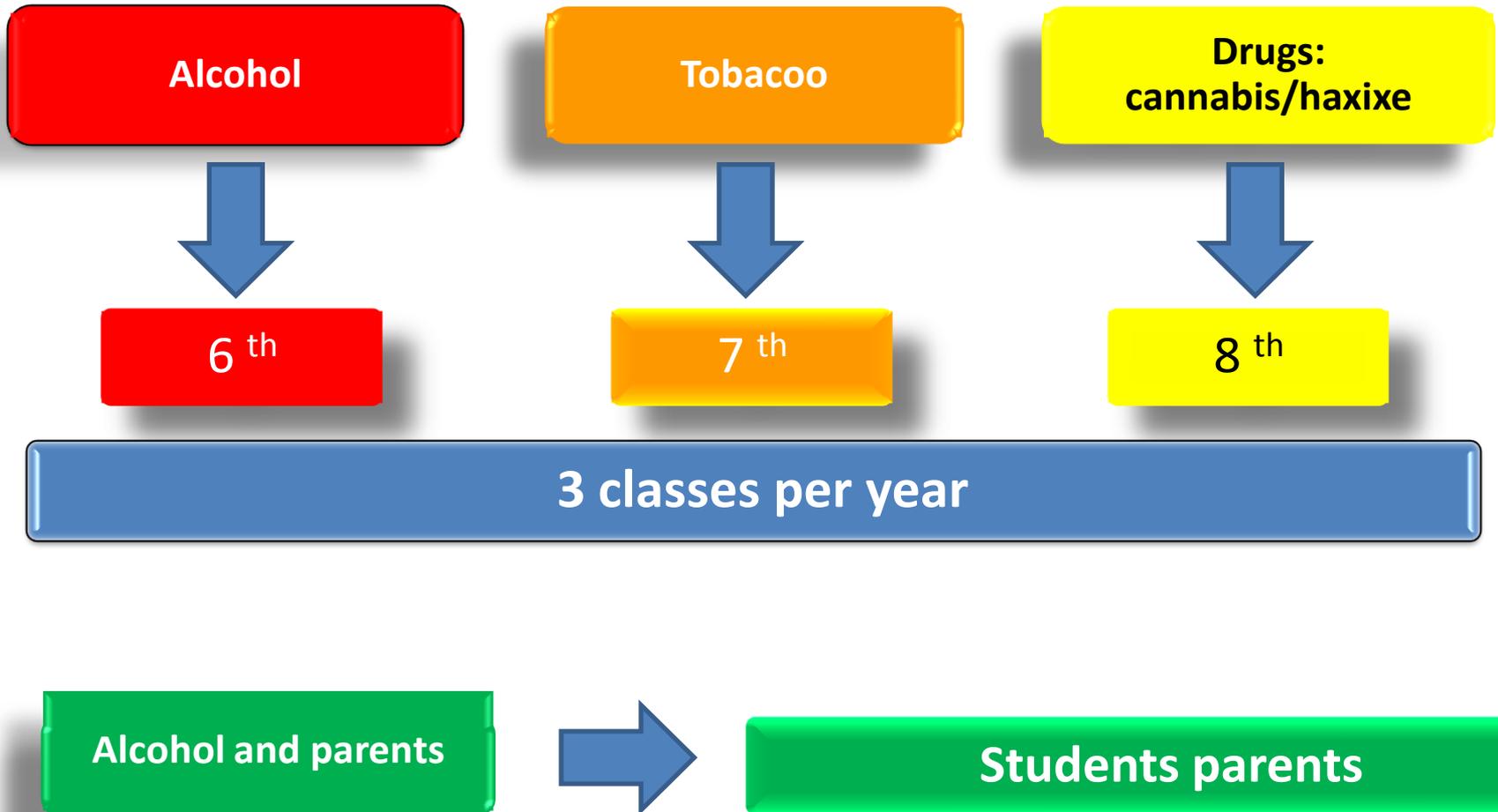




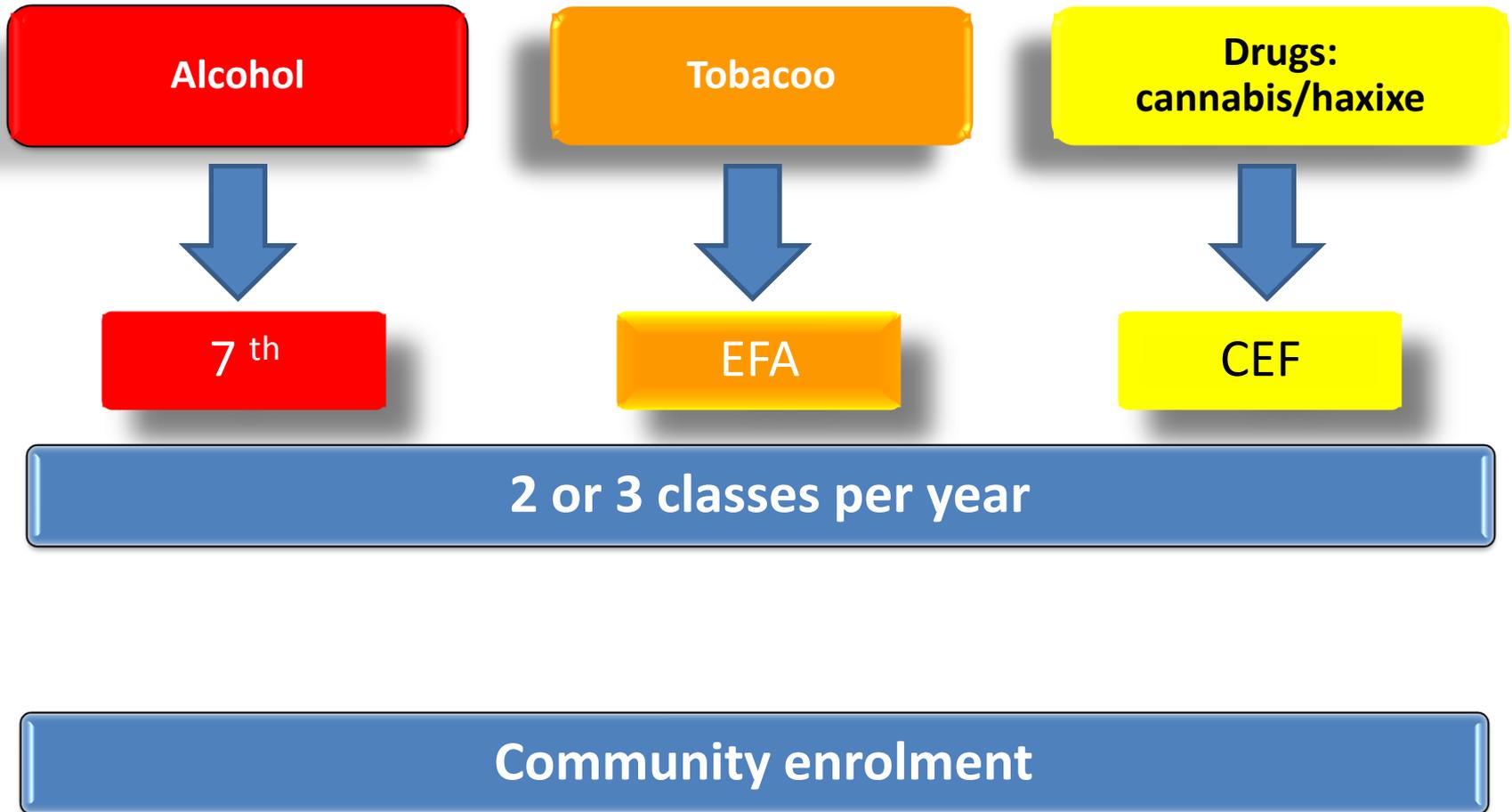
A strategy must be defined for each one of these four levels of analysis



YOUNG AND (IN) DEPENDENCIES



YOUNG AND (IN) DEPENDENCIES

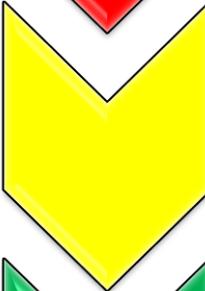


OBJECTIVES



- 
- **promote the knowledge of students about the dangers of drug use: cannabis / hashish**

- 
- **Inform about the harms of drug use, cannabis / hashish**

- 
- **Report risks of using drugs: cannabis / hashish**

- 
- **Disseminate community resources**

YOUNG AND (IN) DEPENDENCIES



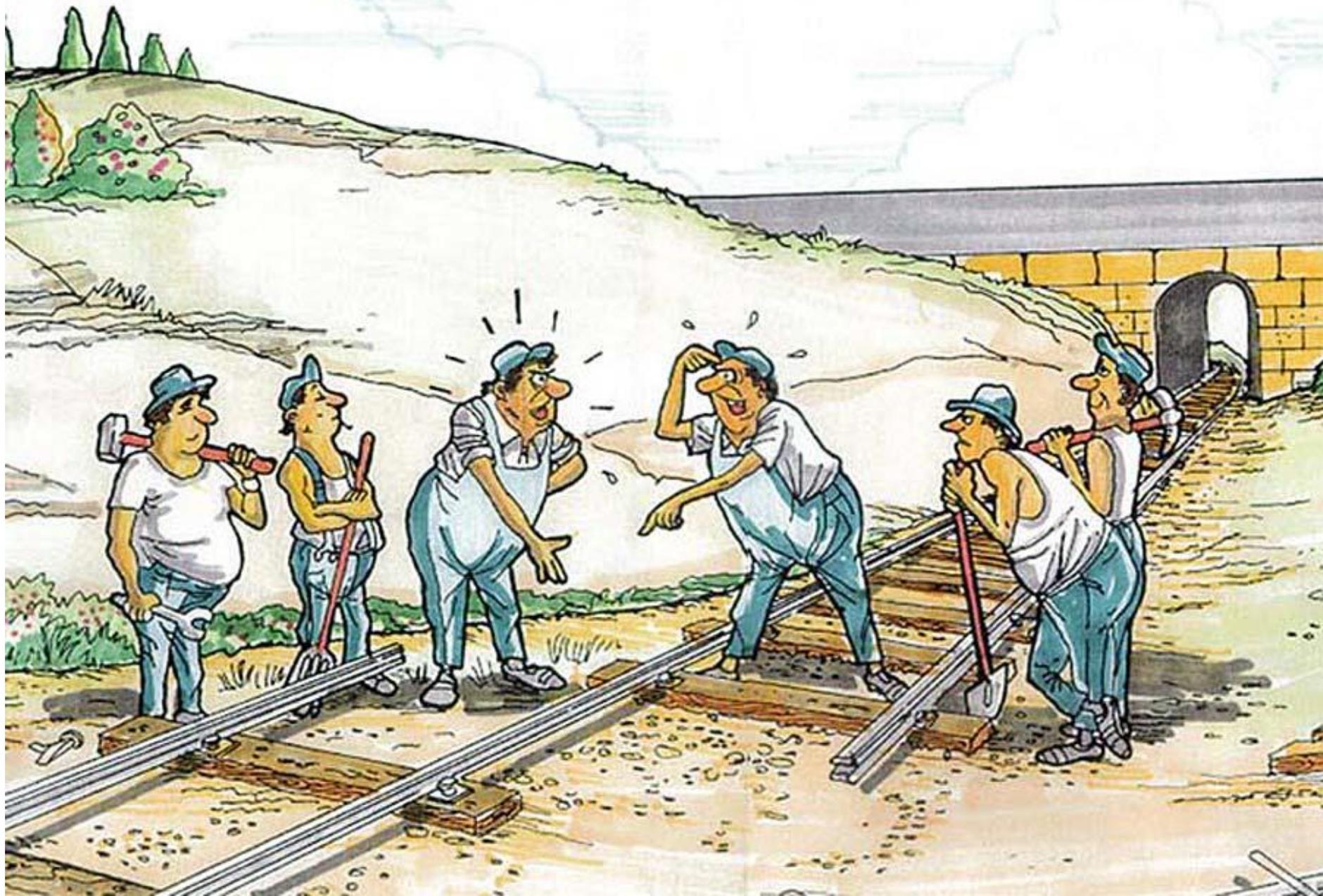
Operational objectives

- That at least 25% of the students acquire knowledge about the harm of drug use: Cannabis / hashish, by the end of November of the academic year;
- That at least 25% of the students acquire knowledge about the risks of drug use: Cannabis / hashish, on individual health, legal and educational attainment by the end of the academic year;
- That at least 25% of the students are aware of community resources by the end of November of the academic year;

TEAM WORK



Team Work





TEAMWORK

Large ambitious goals usually require that people work together.

STRATEGIES SELECTION



establish partnerships

Project Disclosure

Conducting health education sessions

Wallpaper Contest Board

Disclosure of resources in the community

Elaboration of informative pamphlets and posters

Conducting a Health Fair with Lecture Series

Establishing Partnerships

School EB 2/3 de Perafita

Basic health unit Leça da Palmeira

Institute of drugs and addiction

Marketing Messages

Different presentations to students, parents and teachers

Presentations on the school TV

Rádio disclosure

School Website with quiz game

Church's in the community

Parish Council of Perafita

Advertisement in a regional TV

Posters and flyers

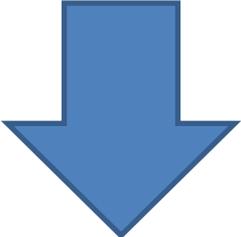
Invitations sent to parents

Banner with advertisement

Health Education Sessions



**20 Health
education sessions**



**290 Students
22 Parents**





Reflections with students

Misconceptions

No concern with the effects or risks

Easy access

Good sensation

Bad sensation in the end



it was suggested to teachers that addressed most of these issues, ideally in the earliest years of schooling

Analysis

Misconceptions

No concern with the effects or risks

Easy access

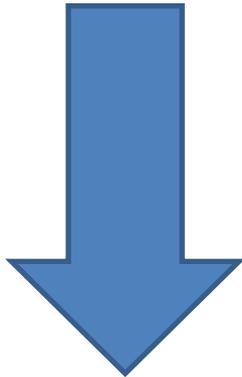
Good sensation

Bad sensation in the end

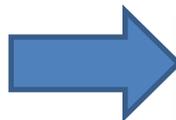
Wallpaper Contest Board



All students where
free to participate



144 Wallpapers



one prize per class



YOUNG AND (IN) DEPENDENCIES



Health Fair with Lecture Series

Target

Elements of community Perafita

Rastreios
Conferências
Medicina Alternativa
Animação Desportiva
Medicina Tradicional
Workshops

FEIRA da SAÚDE
17dez 2010

14 - 17th «Pedypaper Saudável» para alunos do 3º ciclo
15 - 17th Workshops para alunos inscritos
17 - 20th Rastreios abertos à comunidade
18 - 19th Conferências: «A influência do álcool, tabaco e haxixe nos jovens»

HEALTH FAIR



WORKSHOPS

- 20 workshops – 400 students



SCREENINGS

- Vital Signs / Diabetes
- Visual
- BMI
- Cardiology (CO, ECG, ...)
- VIH/SIDA



CONFERENCES

- Use of alcohol
- Use of Tobacco
- Use of drug





Process / Activity

Name	Indicator	Outcome
% students in the HES	$\frac{\text{Number students in the HES}}{\text{Total number of students}} \times 100$	98%
% parents in the HES	$\frac{\text{Number of parents in the HES}}{\text{Total number of invited parents}} \times 100$	45%
% students that participated in the wallpaper contest	$\frac{\text{Nº de students que participaram no concurso de papéis de tabuleiro}}{\text{Nº total de students}} \times 100$	23%



Process / Activity

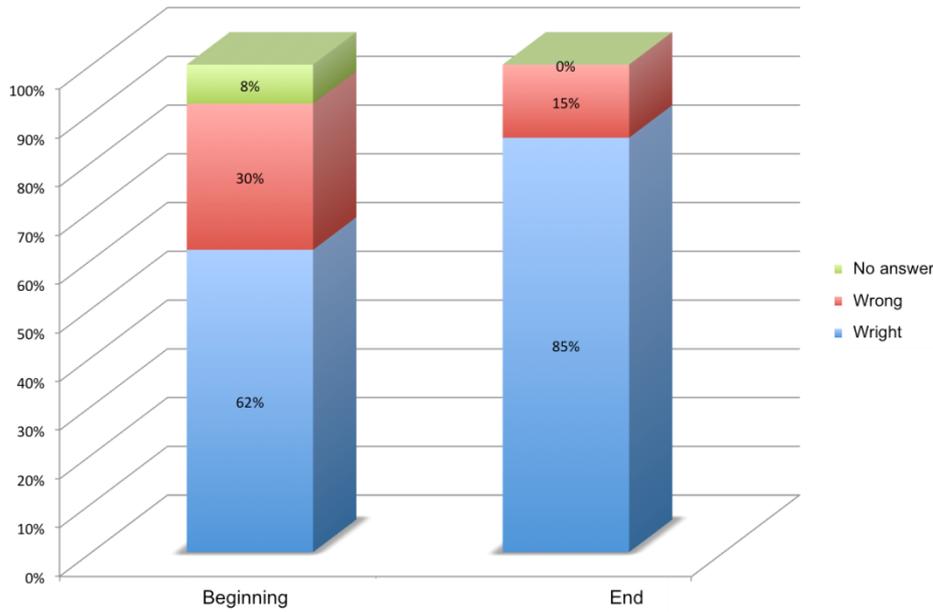
Name	indicator	Outcome
% students workshops	$\frac{\text{N}^\circ \text{ students in the workshops}}{\text{Total N}^\circ \text{ students}} \times 100$	87%
% people in the conferences	$\frac{\text{N}^\circ \text{ people in the conferences}}{\text{N}^\circ \text{ available seats}} \times 100$	65%



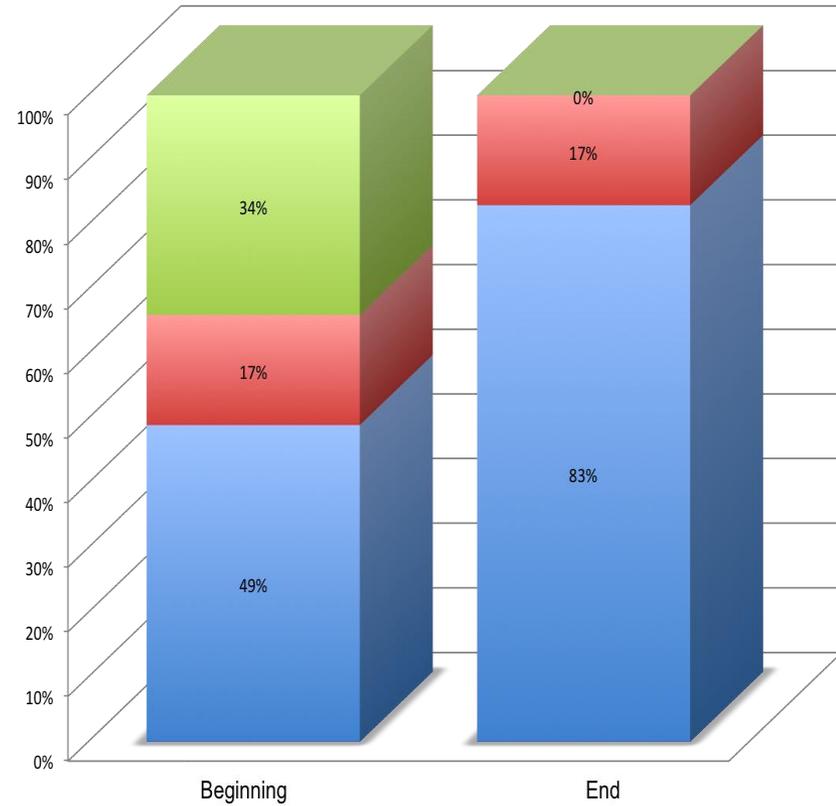
Impact Parents

indicator	indicator of impact	Goal	Outcome
% parents who have acquired knowledge about the dangers of alcohol, tobacco and drugs by young people	$\frac{\text{Nº parents who have acquired knowledge about the dangers of alcohol, tobacco and drugs by young people}}{\text{Total number of parents}} \times 100$	5%	98%
% parents who have acquired knowledge about the risks for health related to alcohol, tobacco and drugs by young people	$\frac{\text{Nº parents have acquired knowledge about the risks for health related to alcohol, tobacco and drugs by young people}}{\text{Total number of parents}} \times 100$	5%	98%
% parents who have acquired knowledge about community resources	$\frac{\text{Nº parents who have acquired knowledge about community resources}}{\text{Total number of parents}} \times 100$	5%	64%

Percentage Distribution of Responses to the Assessment Questionnaire



27% increased



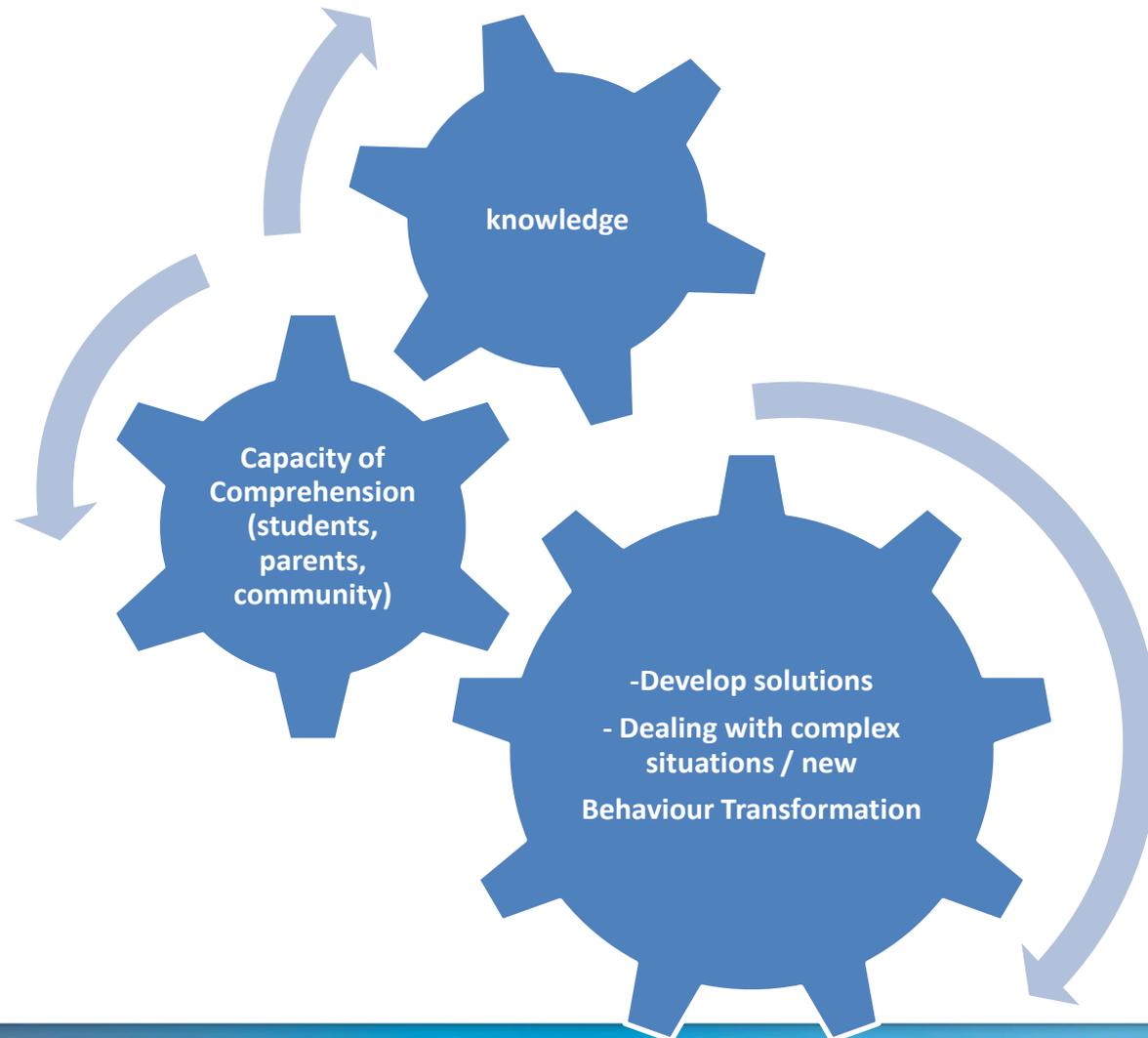
34% increased

increase in the number of correct responses between certain initial and final questionnaires

Impact

Indicator	indicator of impact	Goal	Outcome	Outcome 	Outcome 
% Of students who have acquired knowledge about the harms of drug use: cannabis / hashish	$\frac{\text{N}^\circ \text{ of students who have acquired knowledge about the harms of drug use: cannabis / hashish}}{\text{N}^\circ \text{ total de students}} \times 100$	25%	75%	93%	97%
% Of students who have acquired knowledge about the risks of drug use: cannabis / hashish	$\frac{\text{N}^\circ \text{ Of students who have acquired knowledge about the risks of drug use: cannabis / hashish}}{\text{Total N}^\circ \text{ students}} \times 100$	25%	91%	78%	95%
% Of students who have acquired knowledge about community resources	$\frac{\text{Number of students who have acquired knowledge about community resources}}{\text{total N}^\circ \text{ students}} \times 100$	25%	95%	80%	93%

COMMUNITARY EMPOWERMENT





That advertisement has got me thinking.

Before I played the game... never really occurred to me that drugs had so many risks

lack of knowledge and information may have influenced the decision-making in the start of the consumption of drugs

**Quantas vezes
as pessoas de branco
passarão a bola?**



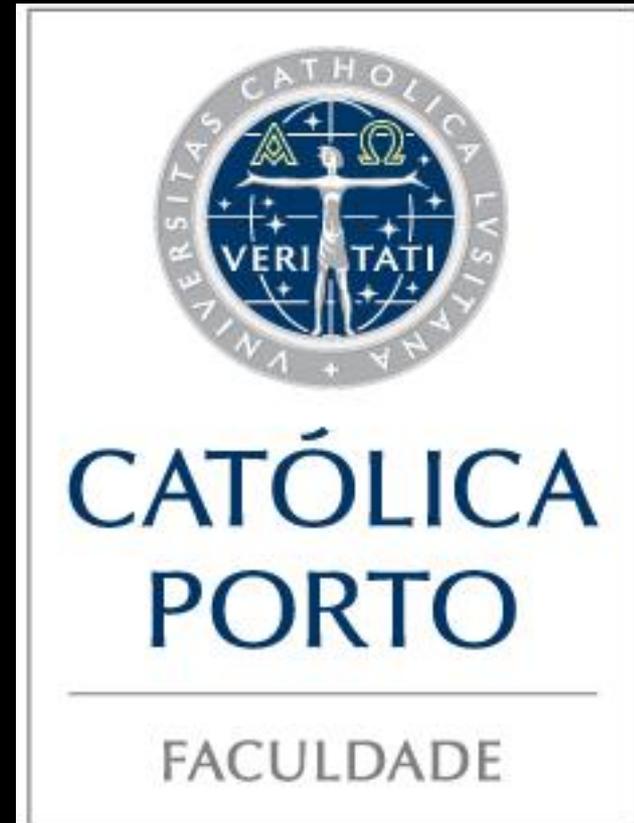
Mas Afinal Qual É...

Não Queimes a Vida!

www.ipsangue.org

OS JOVENS E AS (IN)DEPENDÊNCIAS

MUITO
OBRIGADO
THANK YOU



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