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Health Product Advisories Issued in Canada : An Assessment of Public Awareness, Attitudes and Use, and Their Impact on Physician Prescribing Practice and Patient Safety

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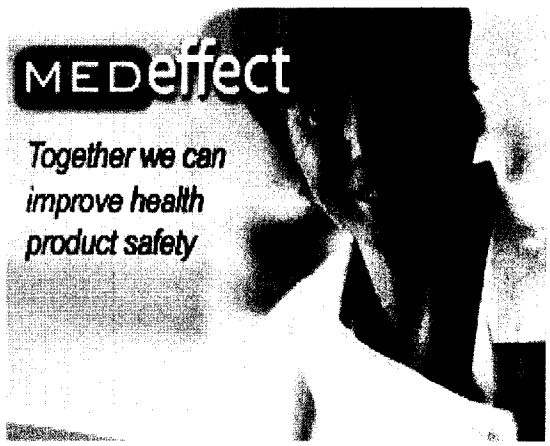
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Health Product Advisories Issued in Canada: An Assessment of Public Awareness, Attitudes and Use, and Their Impact on Physician Prescribing Practice and Patient Safety

Victoria Hogan-Gow



Thesis submitted to the Faculty of Graduate and Postdoctoral Studies

in partial fulfilment of the requirements for the PhD degree in Population Health

Faculty of Graduate and Postdoctoral Studies

University of Ottawa

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ABSTRACT

BACKGROUND

Concerns relating to the safety of therapeutic products have recently been at the forefront of policy making in the Health Products and Food Branch of Health Canada. The spotlight has been cast on drug safety and the risks posed by drugs on patient safety and human health by a series of events that highlight the seriousness of the problem and the need to improve the drug safety system in Canada. A systematic review published in 1999 concluded that serious adverse effects caused by drugs are occurring at an alarming rate and represent between the 4th and 6th leading cause of death in the U.S. This report attracted considerable media attention in North America and Europe, and served to heightened the public's awareness of the serious health risks posed by drugs and the implications of those risks for patient safety. About the same time, the deaths of two young Canadians associated with the consumption of high risk drugs resulted in two corner enquiries that lead to several jury recommendations calling for improvements to the drug safety system in Canada including specific recommendations for improvement to Health Canada's drug risk communication program.

These tragic events were followed by the publication of the findings of a study that observed a two-fold increased risk of heart attack and stroke among patients taking the popular painkiller, Vioxx. These findings resulted in more than 16,000 Vioxx-related law suits being filed against Merck, the drug manufacturer, in the U.S. alone and a flurry of expert advisory panel consultations and benefit-risk assessments undertaken by regulators world-wide. The Vioxx case culminated in the eventual decision on the part of Merck to voluntarily remove Vioxx from the market in Canada, Europe, and the U.S., and strengthened the call for improvements to the drug safety system in Canada and abroad in order to ensure that the public is appropriately safeguarded.

The research undertaken in this thesis was aimed at exploring the awareness and attitudes of both the Canadian public and health professionals regarding drug safety and their use of the various sources of drug risk information available in Canada. This information provides a deeper understanding of the strengths and weaknesses of the risk

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communication tools used by Health Canada, and serves as a starting point for improvements in the communication process. The results obtained in this research provide a baseline against which future improvements to the risk communication system can be compared, thereby allowing Health Canada to guide policy changes and program improvements based on empirical evidence.

A series of case studies were examined in order to assess the impact that dear health professional letters issued in Canada had on the prescribing practice of physicians. Several studies of this nature have been conducted in the U.S., with most concluding that dear doctor letters do not have a significant impact on physician prescribing practice. The present examination of the impact that dear health professional letters have on prescribing practice in Canada is the first of its kind, and was needed in order to confirm or refute the findings of similar studies conducted elsewhere.

This research is important from a population health perspective since any changes to Health Canada's risk communication policy that results in increased awareness, increased use, or increased confidence in the risk information provided by Health Canada will, in turn, result in more appropriate prescribing practice and improved patient safety. Given that the risks posed by drugs are known to be a significant cause of morbidity and mortality in developed countries and that Canadians consume a large number of drugs, it follows that interventions which successfully improve drug risk communication have the potential to improve individual patient safety as well as the overall health of Canadians.

PURPOSE

Recent research in the U.S. suggests that letters sent to health professionals and the general public containing new risk information about drugs may not be as effective at communicating the important risk information they contain as they are generally thought to be by those who prepare and disseminate them. The descriptive studies undertaken in this research were aimed at describing the awareness and attitudes about drug safety among both the public and health professionals, and their use of the various sources of drug risk information available in Canada in particular, those risk communication tools used by Health Canada to communicate information on drug risks.

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In addition, a series of case studies were examined in order to assess the impact that dear health professional letters had on the prescribing practice of Canadian physicians. Since no prior studies of this nature have been undertaken in Canada, it was considered important to evaluate the various aspects of drug risk communication practices in Canada in order to provide the evidence needed to support any future changes or improvements to Health Canada's drug risk communication program.

METHODS

In the first phase of the research, two surveys, one of health professionals and the other of the general public, were conducted to assess awareness, attitudes, opinions and use of Health Canada sources of drug risk information. Survey respondents were asked questions about: their use and experience with drugs; awareness and understanding of the risk posed by drugs; knowledge of the drug risk communications tools currently used by Health Canada; personal experience using these tools; relevance and appropriateness of topics and information provided; satisfaction with the tools with respect to relevance, content, format, and timeliness and recommendations for improvements. Respondents in both surveys were also asked about their confidence in Canada's drug safety system and who they believe to be responsible for drug safety in Canada.

In the second phase of the research, a series of twelve randomly selected dear health professional letters containing post-market drug safety information pertaining to serious health risks that had been issued in Canada within the past five years were evaluated using Canadian prescription data to assess their impact on the prescribing practices of physicians. In order to determine if media coverage during the same time period studied was associated with any changes in prescription trends observed over time, the print media environment was also assessed pre- and post-issuance of the new risk information contained in each of the letters (cases) studied.

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RESULTS

Health Professional Survey

The health professional survey showed that the majority of Canadian health professionals feel that the drugs sold on the Canadian market are safe (for prescription drugs, 83% said they are very or generally safe; for non-prescription drugs 74% said they are very or generally safe; and for natural health products, 55% said they are very or generally safe). More than eight in ten (87%) health professionals expressed confidence in Canada's drug safety system. Health professionals' familiarity with Health Canada sources of drug risk information varied considerably between sources. They were most familiar with dear health professional letters issued by drug manufacturers (54% said they were very or somewhat familiar with this source of information on potential health risks of drugs) and with the Canadian adverse reaction newsletter (53% said they were very or somewhat familiar with this source). Respondents were less familiar with dear health professional letters issued by Health Canada (42% said they were very or somewhat familiar) and public advisories posted on Health Canada's website (38% said they were very or somewhat familiar). Very few health professionals were aware of the existence of regional adverse reaction centres as a source of drug risk information (only 19% said they were very or somewhat familiar with these centres) or Health Canada's electronic mailing list (only 11% said they were very or somewhat familiar). Pharmacists, and to a lesser extent physicians, were more familiar than other health professional groups with these sources of information, with the exception of the electronic mailing list, which was generally unknown to all health professional groups. Dear health professional letters and the Canadian adverse reaction newsletter were cited as the sources of drug risk information most familiar to and used by health professionals.

More than 80% of health professionals said they were very or somewhat satisfied with Health Canada sources of drug risk information familiar to them, and cited the reasons for their satisfaction as being because they provide relevant and credible information in a timely manner. The small group who said they were generally dissatisfied with Health Canada sources of drug risk information identified a variety of

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reasons for this, although no one reason stood out as being a major source of dissatisfaction. The reasons for dissatisfaction varied in priority among the different communications tools examined, and included: the information is current; the information is not relevant to their practice; they did not have time to read it; the source is not brief enough; the information provided is too selective; too much information is provided; the information is not accessible enough; or they lacked confidence/trust in Health Canada and drug manufacturers who provide the information. Of interest was the fact that health professionals did not cite format, content, or clarity of the messaging as a primary reasons for their dissatisfaction with any of the communications tools.

With respect to responsibility for drug safety, more than half (53%) of health professionals placed the responsibility for ensuring drug safety with the federal government, ahead of health care professionals themselves (21%) and drug companies (16%). An interesting finding in this survey was that less than one in ten (8%) health professionals indicated that they thought that all three groups (federal government, health professionals, and drug companies) shared in the responsibility for drug safety.

General Public Survey

Most Canadians (91%) reported having taken at least one of the three major types of drugs listed in the survey (prescription drugs, non-prescription drugs, and natural health products) in the past six months, and almost three in ten (28%) had taken all three over the past six months. Non-prescription drugs (66%) were the most common type of health product used by the public, followed closely by prescription drugs (59%) and natural health products (58%). In most cases, consumers were taking more than one of each health product type at a given time. While consumers were by and large confident in the safety of drugs generally and in what they themselves take, they also placed considerable importance on safety-related information. More than eight in ten Canadians said it is very important to get relevant information about potential serious adverse drug reactions, and over seven in ten placed this degree of priority on information about possible interactions or minor side effects. The importance of drug safety information was roughly equivalent across all three types of marketed health products, but was slightly lower for non-prescription drugs. Consumers said they rely most heavily on pharmacists

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to provide them with drug safety information, while doctors are an important secondary source of drug safety information. However, when asked who they would contact about a serious adverse drug reaction, consumers said their doctor (67%) rather than their pharmacist (13%), Health Canada (13%), or the company who manufactured the drug (3%). Canadians that reported using Health Canada's website to access public advisories containing post-market drug safety information were very positive about this source, and said they had made good use of the information they learned. Nine in ten consumers said they were very (31%) or generally (60%) satisfied with the information contained in public advisories because this information source provides answers to their questions and is easy to understand. Close to half (45%) of those who said they used the Health Canada website also said they took some action based on the information obtained, mostly in terms of consulting their pharmacist or doctor to discuss changing their use of the drug with respect to its intended purposes.

When asked about who they believe is responsible for drug safety in Canada, the public was less certain. The public was most likely to place this responsibility with the federal government (39%) followed by health care professionals(25%) and drug companies (21%). Only a small percentage of Canadians (9%) felt that all three groups are equally responsible for drug safety, while the remainder offered other options (3%) or could not provide a response (3%).

Case Studies of Dear Health Professional Letters

The majority of dear health professional letters that did not involve notification of the products withdrawal from the market (8/9 or 89% using the ITSACORR reference analysis method and 6/9 or 67% using the independent t-test) showed no appreciable impact on the prescribing practice of Canadian physicians. This finding confirms the findings of U.S. studies, which indicated that the majority of dear health professional letters fail to result in a significant change in prescribing practice. In the case of the ITSACORR interrupted time series analysis only the Paxil (antidepressant) dear health professional letters issued to pediatricians in Canada was associated with a significant downward shift in prescribing practice in the 18 month period post-issuance of the letter.

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When the interrupted time series analysis was re-run using an independent t-test to test the change in prescribing trend, 3 of the 9 dear health professional letter cases showed a significant change in prescribing practice.

The results obtained in the evaluation of print media coverage associated with the issuance of the dear health professional letters studied showed that the majority of drugs receiving the greatest media attention (with the exception of Remicade and Tamoxifen) were also associated with the greatest overall reduction in prescribing practice over the time periods studied. This finding is consistent with other reports that extensive media coverage of drug risks are associated with a greater impact on prescribing practice.

CONCLUSION

The results of these studies provide considerable insight into the overall effectiveness of Health Canada's drug risk communication program and the aspects of that program that should be targeted in order to further improve patient safety in Canada. Even though dear health professional letters and public advisories were relatively well known to health professionals and the public, not all groups were familiar with these tools and reported using numerous other sources of drug safety information, including the drug manufacturer and the media, which may not always provide an objective and balanced viewpoint on this issue. Strengths and weaknesses were identified by their respective target groups for all risk communication tools and dissemination methods studied. The fact that no one tool or dissemination route emerged as the 'best' method suggests that a multi-faceted communication strategy using well designed tools and multiple dissemination routes is more likely to have a greater impact on prescribing practice and patient safety than strategies that only target select groups with a single dissemination route.

The majority of health professionals and consumers indicated that they were satisfied with the current Health Canada sources of risk information and dissemination methods in use; however, the fact that the public identified the need to make better use of the media points to an area that Health Canada should further explore in order to improve the dissemination of important new risk information. In addition, the heavy reliance by the public on pharmacists, rather than physicians and nurses, for drug risk

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information, points to the need for Health Canada to ensure that pharmacists (in addition to physicians, as is the current convention) are also targeted when disseminating post-market drug safety information, in order to ensure that they have the same timely access to this information as physicians. The finding that most dear health professional letters issued in Canada fail to result in a significant change in prescribing practice points to the need to further examine the reasons cited by health professionals for dissatisfaction with this source of risk information in order to design interventions that improve the uptake of the information contained within.

The findings of these studies indicate that a greater awareness and understanding of the seriousness of the potential health risks posed by drugs, the credible sources of new risk information that currently exist, and the importance of reporting adverse reactions is needed in order to improve prescribing practice and patient safety. Educational programs tailored to health professionals and consumers that provide information on where to access drug risk information, the importance of reporting adverse drug reactions, the reasons for reporting and how to report, and the incentives that encourage more widespread and frequent use of drug safety information (on the part of both health professionals and consumers) would all be likely to have a positive impact on patient safety in Canada.

In summary, Canadians would benefit from an investment in Health Canada's risk communication program that make it more multi-faceted and allow it to seek out new and novel approaches to communicating drug risk information, including designing new risk communication tools that target pharmacists, making better use of the media to disseminate risk information and by developing education and awareness programs designed to maximize optimal drug prescribing and patient safety. That said, it bears re-emphasizing that the challenge of achieving an appropriate balance between the benefits and risks of therapeutic products requires more than just an effective risk communication program. It requires that regulators, health professionals, drug manufacturers, patient groups, and consumers themselves share in the responsibility for drug safety and do their part to prevent serious adverse drug reactions from causing unnecessary and preventable injury. Thus, the reality of the situation dictates that any effort on the part of Health Canada to improve its drug risk communication program is unlikely to be

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successful if health professionals and patients do not make it their responsibility to read and act on the drug risk information provided.

This study has provided a wealth of information that can be used to prioritize and design new policy initiatives that are likely to result in improvements in the effectiveness of drug risk communication in Canada. However, beyond improvements to Health Canada's drug risk communication program, improving drug safety awareness and a paradigm shift in the way we view and address drug safety in Canada are seen as the interventions that would be most likely to achieve the greatest impact on physician prescribing practice and patient safety - a shift from that of a predominant attitude that 'someone else is responsible for drug safety' to that of a shared responsibility where each party understands and plays their respective role to minimize risk and prevent injury from the drugs we consume.

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...This thesis is dedicated to my husband Ken - for without his belief in me and his support in this endeavor, I would neither have started this journey, nor arrived at its end...

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method to determine a relative measure of media activity surrounding the issuance of dear health professional letters in Canada and for her assistance in conducting the searches of the Canadian Newsstand and Canadian Business and Current Affairs databases for articles published on each of the cases studies examined.

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List of Commonly Used Abbreviations

AE	Adverse Events
AR	Adverse Reactions
ADRs	Adverse Drug Reactions
CARN	Canadian Adverse Reaction Newsletter
CATI	Computer-Assisted-Telephone-Interviewing
CI	Confidence Interval
CPS	Compendium of Pharmaceutical Specialties
CSS	Canadian Survey Sampler
DDL	Dear Doctor Letter (issued in the U.S.)
DHPL	Dear Health Professional Letter (issued in Canada)
HPCs	Health Professional Communications
HPFB	Health Products and Food Branch
ITSACORR	Interrupted Time Series Analysis (Correlation) Software
MHPD	Marketed Health Products Directorate
NOC	Notice of Compliance
PA	Public Advisory
RCT	Randomized Controlled Trial
RFP	Request for Proposals
SAS	Statistical Analysis Software

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Definitions

It should be noted that many of the definitions provided below are contextually derived in accordance with their use in a post-market setting and others have no widely accepted definition in the published literature. The majority of definitions provided below are therefore definitions in the context of the use of the term in this thesis and are do not necessarily correspond to the definition as it applies in other fields of use.

Adverse event - any untoward medical occurrence that may present during treatment with a medicinal product but which does not necessarily have a causal relationship with this treatment. Synonym: adverse drug reaction (when the reaction is associated with a drug), adverse reaction.

ADR monitoring - post-market activity which includes the collection of adverse drug reaction reports (surveillance), signal detection and signal assessment. Terms that are frequently used interchangeably (but are not necessarily synonyms) with post-market surveillance include; pharmacovigilance and post-market surveillance.

Adverse drug reaction[1] - a noxious and unintended response to a drug, which occurs at doses normally used or tested for the diagnosis, treatment or prevention of a disease or the modification of an organic function. An adverse drug reaction, contrary to an adverse event, is characterized by the suspicion of a causal relationship between the drug and the occurrence, i.e. judged as being at least possibly related to treatment by the reporter. Synonym:, adverse reaction is used interchangeably in the thesis with this term.

Benefit-risk profile of a health product - the benefit-risk profile of a health product is the balance between the (therapeutic) benefits of the products and the risk it posses. In order for a drug to be licensed for sale in Canada, a drug must have a positive benefit-risk profile (i.e. have greater therapeutic benefit than risk to human health). If, after

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1 Food and Drugs Act and Regulations .(PART C Drugs - C.01.001 (1)). [online] Available from URL: http://laws.justice.gc.ca/en/showtdm/cr/C.R.C.-c.870 Accessed on May 3, 2007.

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gaining real-world experience with a drug, it is felt that the benefit-risk profile has shifted and it is felt that the risk outweights the benefits then Health Canada will take whatever regulatory action is deemed appropriate to manage the risk, including remove a health product from the market.

Clinical trials - Clinical trials are studies (usually randomized controlled trials) conducted to establish the safety and efficacy of a drug prior to licensing. There are four phases of clinical trials defined - each designed to establish either the safety or the efficacy of the product.

Consumer - The use of the term consumer can be misleading. A person may or may not be an actual consumer of healthcare or medicines at a given time, but all members of the general public are potential consumers. For the latter group the term *general public* is used instead of consumer. The term *patient* is used when referring to actual consumers of medical or healthcare.

Continuing education - enhancement or expansion of an individual's knowledge or skills by further schooling, usually after formal education has ended.

Dear doctor letters (DDLs) - U.S. term used to describe letters sent to physicians in the U.S. by either drug manufacturers or the FDA, to advise them of post-market drug safety information pertaining to a specific drug or health product.

Dear health professional letters (DHPLs) - Canadian term used to describe letters sent to physicians in Canada by either drug manufacturers or Health Canada, to advise them of new risk information pertaining to a specific drug or health product.

Descriptive Study - a study concerned with and designed specifically to describe the existing distribution of variables or characteristics of a population without regard to causal

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or other a-priori hypotheses. This type of study is often employed to generate potential hypotheses which may then be tested using other types of study designs.

Drug - product intended to be administered to humans for treating or preventing disease, with the view to making a medical diagnosis or to restore, correct or modify physiological functions. A non-prescription drug, or an over-the-counter (OTC) medicine is one available to the public without a prescription. A non prescription drug is a concept that covers drugs generally available, as well as those that are available only from pharmacies. When referring to pharmaceutical and biological drugs, the term drug is synonymous with *health product.*

Drug safety system - the sum of all activities conducted by Health Canada', the Public Health Agency of Canada, Drug Manufactures and other stakeholders to monitor, evaluate, improve, and ensure drug safety in Canada.

Effective - achieving the desired result

Efficient - producing a result with the minimum wasted effort

Frequency of endorsement - the relative proportion of respondents who selected each of the possible responses (according to the measurement scale used) to a given question to a survey question. This type of analysis provides information on whether most respondents in the same direction or have divergent opinion/views on the same issue.

General public - refers collectively to people as members of the community

Harm - damage qualified by measures of frequency of occurrence, severity or duration

Healthcare - maintenance, restoration or improvement of health by health professional

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Health products - products intended to be administered to humans for treating or preventing disease, with the view to making a medical diagnosis or to restore, correct or modify physiological functions. Includes pharmaceutical and biological drug products, natural health products and medical devices. When referring to pharmaceutical and biological drugs, the term health product is synonymous with *drug.* Synonyms include Therapeutic products.

Health (care) professional - person who is trained and licensed to provide healthcare to humans. Includes: doctor, nurse, dentist, pharmacist and naturopaths.

Incidence - number of new cases of an outcome or adverse event which develop over a defined time period in a defined population at risk. Incidence is a frequency measurement of outcome development over time. (as compare to PREVALENCE). A cumulative incidence is a proportion (new cases divided by total population), often expressed as a percentage, and with the time period specified. The incidence is also commonly calculated as a rate (i.e. new cases divided by total person-time of observation).

Indication - the symptoms that suggest (indicate) that a remedy or treatment is advisable or necessary. *Example:* the indications for drug X are depressive illness and social phobia. This is also expressed as: drug X is indicated in depressive illness and social phobia.

Knowledge translation - the bridge between evidence-based research and the use of that research by those responsible for health care policy and decision making. The World Health Organization describes knowledge translation as a mechanism to close the gap between what is known about something and what is done about it. The processes from knowledge generation to action are complex, and influenced by multiple factors including stakeholder involvement, local context, perceived relevance, and the knowledge

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itself. Knowledge needs to be contextualized to be meaningful and meaningful to be transferred.

Marketed health product - any health product intended to be administered to humans for treating or preventing disease, with the view to making a medical diagnosis or to restore, correct or modify physiological functions which has been licensed for sale in Canada and is sold on the Canadian Market. Synonymous with the terms;: drug, pharmaceutical, biological, medical device, natural health product, medicinal product Also see Health Product definition.

Media - principle means of communicating to the general public which includes: newspapers, radio, television. magazines, journals and the Internet as well as journalists, editors etc. working for organizations engaged in communicating information to the general public.

New risk information - important information concerning risks posed by drugs that has come to light after the drug has been marketed through the use of the drug in the real-world (i.e. heterogeneous populations) and has not yet been published in commonly used drug information sources (e.g. the product monograph, the Canadian Compendium of Specialties or the American Hospital Formulary System). Synonym: post=market drug safety information.

Notice of Compliance - this is "licence" or :marketing authorization" issued by Health Canada to a drug manufacturer to sell a drug in Canada. It is only issued after establishing during the drug review process, that the therapeutic benefits of a drug outweigh its risks. The Notice of Compliance (or NOC) can be revoked by Health Canada at any point after the drug has been licensed for sale, if it is felt that the benefit-risk profile has shifted and the risks are thought to outweigh the benefits of the drug. Synonyms: NOC, license, marketing authorization.

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Patient - person awaiting or under medical care or treatment by a health professional. The definition excludes individuals who are self-medicating but includes people who are not ill or injured, e.g. individuals who are prescribed drugs such as oral contraceptives, the indications for which are not a disease or prevention of a disease. A 'patient' is therefore used to describe all individuals who are in contact with health professionals.

Pharmacovigilance - program or process which includes the following activities: collecting adverse drug reaction reports (surveillance), signal detection, signal assessment, risk communication and prevention of adverse reactions to medicinal products in humans. Synonyms include Post-market Surveillance, ADR monitoring.

Post-market - the period in the life cycle of a health product that starts once a notice of compliance has been issued for a particular drug and the manufacturer is permitted to market and sell the drug in Canada and continues until the product is removed voluntarily from the market either by the manufacturer or through regulatory action by Health Canada. Synonym: Post-approval.

Post-market drug safety information - important information concerning risks posed by drugs that has come to light after the drug has been marketed through the use of the drug in the real-world (i.e. heterogeneous populations) and has not yet been published in commonly used drug information sources (e.g. the product monograph, the Canadian Compendium of Specialties or the American Hospital Formulary System). Synonym: new risk information,

Post-market surveillance (there is no widely accepted definition for this term in the published literature therefore a definition of the term in the context of its use in this thesis is provided) - the pro-active collection and evaluation of information on the safety of marketed health products (including drugs and other marketed health products), after they have been licenced by Health Canada for sale on the market and are being used in a real-world setting. Terms that are frequently used interchangeably with this term

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(but are not synonyms) include; pharmacovigilance and adverse drug reaction (ADR) monitoring.

Prescribe - to indicate a medicinal product to be administered, usually done by writing a prescription.

Prescriber - health professional licensed by law to prescribe a drug. A prescriber may have a limited license, for instance allowing prescription of certain categories of medicinal products. For example, narcotics.

Prescribing practice - the practice followed by health professionals when prescribing a drug or health product to a patient. Good prescribing practices involves the use of a drug that is indicated for the condition being treated and presumed safe and effective for the patient however, a prescribing practice may involve the "off-label" (i.e. not for a licensed indication) use of a drug where it is felt by the prescribing physician that the product is both safe and effective.

Prescription - direction or order for dispensing and administering drugs, issued by a person licenced to prescribe medicines.

Product monograph - official label of a health product which contains important information about the health product (drug) pertaining to its approved indications, contraindications and known adverse effects. Synonyms: product label or product monograph.

Randomized controlled trial or RCT - a scientific study design most commonly used in testing drugs or medical treatments. In this type of study, the treatment is allocated to subjects at random in order to ensure that the different treatment groups are as similar as possible and can therefore be considered statistically equivalent. The RCT is considered a rigorous study design which provides the most reliable form of scientific

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evidence because the randomization process followed eliminates all forms of cognitive bias

Real-world experience - safety and effectiveness of a drug (health product) seen after the drug has been used in a "non-controlled" setting (such as is the case in randomized controlled trials), in heterogeneous populations (including vulnerable populations such as children, pregnant women and the elderly) and in a wide variety of clinical settings and treatment conditions.

Risk - probability of developing an outcome. Contrary to harm, the concept of risk does not involve severity of an outcome.

Risk communication (definition 1) - the National Research Council (1989) defined risk communication as: an integrative process of exchange of information and opinions among individuals, groups, and institutions; often involves multiple messages about the nature of the risk or expressing concerns, opinions, or reactions to risk messages or to the legal and institutional arrangements for risk management." Risk communication is a process, not a one-time activity. Risk communication often requires the interpretation of scientific information for the target audience.

Risk communication (definition 2) - Covello et al. (1986) defined risk communication as: the purposeful exchange of information about health or environmental risks between risk assessors and managers and interested parties (e.g., the general public, news media, and interest groups).

Serious adverse drug reaction[2] a noxious and unintended response to a drug that occurs at any dose and that requires in-patient hospitalization or prolongation of existing

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2 Food and Drugs Act and Regulations .(PART C Drugs - C.01.001 (1)). [online] Available from URL: http://laws.justice.gc.ca/en/showtdm/cr/C.R.C.-c.870 Accessed on May 3, 2007.

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hospitalization, causes congenital malformation, results in persistent or significant disability or incapacity, is life-threatening or results in death.

Signal - an untested hypothesis about the potential causal relationship between an adverse reaction and a drug or health products. Signals are generated from post-market surveillance data collected in the form of adverse drug reactions and evaluated by conducting a benefit-risk assessment of a drug or health product to determine if the benefit-risk balance remains favorable.

Surveillance - continuous analysis, interpretation and feedback of systematically collected data, generally using methods distinguished by their practicality . Uniformity and rapidity rather than by accuracy or completeness.[3] By observing trends in time, place and persons, changes can be observed or anticipated and appropriate action, including investigation or control measures can be taken. Sources of data may relate directly to disease or to factors influencing disease.[4]

Stakeholder(s) - individual, or group of individuals, with a legitimate interest and responsibility in a human endeavor, e.g., pharmacovigilance, patient safety.

Therapeutic products - products intended to be administered to humans for treating or preventing disease, with the view to making a medical diagnosis or to restore, correct or modify physiological functions. Includes pharmaceutical and biological drug products, natural health products and medical devices. When referring to pharmaceutical and biological drugs, the term therapeutic product is synonymous with *drug.* Other synonyms include; health products and therapeutic health products.

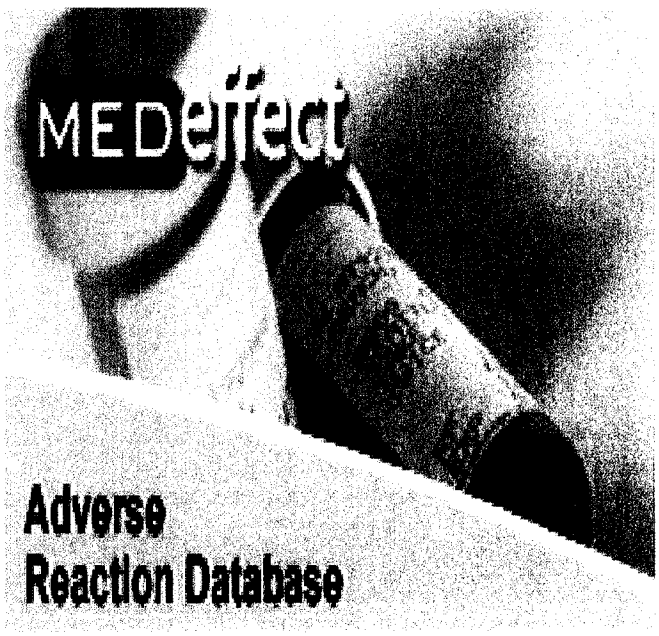
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[3] Eylenbosch WJ, Noah ND, Eds, Surveillance in health and disease. Oxford, England, Oxford University Press. 1988.

[4] Last J. Dictionary of Epidemiology. Third Ed. Oxford University Press 1995 (pg 183)..

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Chapter One



Introduction

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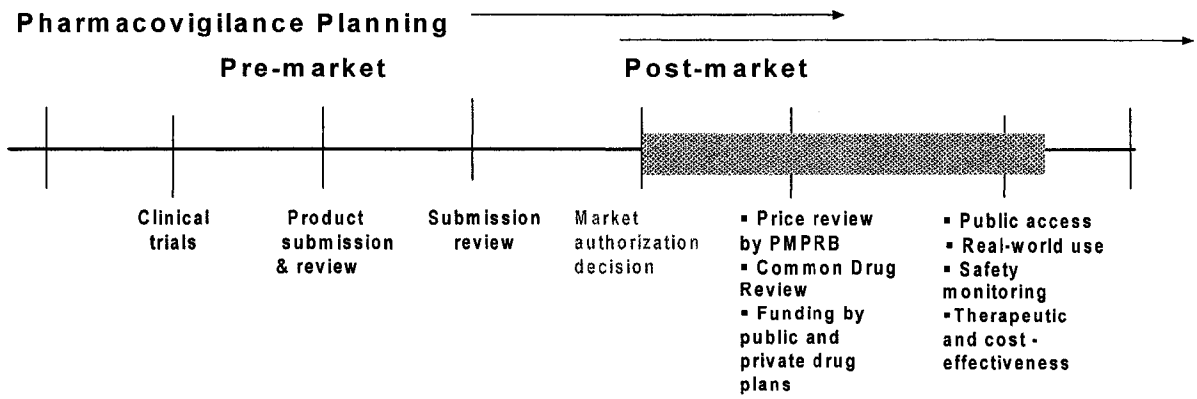
Chapter One - Introduction

1.1 Introduction

Health Canada's Regulatory Role in Drug Safety and Patient Safety

Health Canada regulates drugs through its legislative authority under *The Canadian Food and Drug Act and its Regulations*.[1] A drug is considered to have a 'lifecycle' which starts at its early development stage and continues until a drug is removed from the market (see Figure 1). When a drug reaches the pre-market review stage, reviewers in Health Canada must evaluate clinical trial and other sources of data on the product's safety and efficacy and establish its benefit-risk profile. Only those drugs which are determined to have a positive benefit-risk profile (with their therapeutic benefits outweighing the risks) are issued a market authorization and are permitted to be sold in Canada. Once on the market, Health Canada's post-market pharmacovigilance program is responsible for monitoring the adverse effects of drugs, for identifying new risks associated with licenced drugs, and for communicating these newly identified risks to health professionals and the general public throughout the entire market period of the drug.

Figure 1.0 Drug Product Lifecycle



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Canada has had a post-market pharmacovigilance program in place since the mid sixties.[2] Presently, the drug surveillance system in Canada is voluntarily, although the former Health Minister (Ujjal Dosanjh) advocated that the reporting of all serious adverse drug reactions (ADRs) should be made mandatory.[3] In the current system, health professionals and consumers report both serious and unexpected ADRs to the pharmacovigilance program in Health Canada and the information is entered into a computerized data base. These reports are monitored on a continuous basis to generate *signals* which are potential associations between a drug and a serious adverse reaction.[4],[5] (see the list of definitions for an explanation of these and other relevant terms). Scientific evaluators assess these signals to ensure that the benefits provided by a drug continue to outweigh the potential risks. If a newly identified risk is felt to be causally related to a drug, then the end result of the benefit-risk evaluations is some form of regulatory action aimed at mitigating the risk. This could result in several different regulatory actions being taken depending on the risk; however, new risks are communicated to health professionals and the public as soon as they are identified and determined to have at least a 'probable' causal relationship with the drug.

Health professionals and the general public are kept informed about newly identified risks associated with drugs through the issuance of health professional communications (HPCs) and public communications (PCs). [6] One of the key post-market activities of the MHPD is to ensure that health professionals and the public are informed about new risk information that comes to light after a drug has received its marketing authorization.[7] HPCs include dear health professional letters (DHPLs) and notices to hospitals, while communication with the general public is done using public advisories (PAs) and warnings. Collectively, these risk communication tools are critical sources of post-market drug risk information which is communicated to the Canadian public to ensure that physicians prescribe appropriate medications and consumers have the information needed to make informed choices. DHPLs and PAs are the central risk communication tools used by Health Canada to communicate drug risk

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information to health professionals and the public, respectively. Both are usually developed and issued by the manufacturer of a drug, in collaboration with Health Canada. Whenever possible, Health Canada works with manufacturers to develop the information contained in HPCs and PCs; however, when a specific risk is associated with multiple products and manufacturers, Health Canada will issue the necessary information independently of the industry.

The Challenge of Measuring Patient Safety as the Desired Outcome of a Pharmacovigilance Program

While drug safety is the primary goal of a pre-market drug review program, *patient safety* is the penultimate goal of a pharmacovigilance (post-market drug safety) program. All federal government programs must be evaluated periodically to ensure that they focus on citizens, embrace a clear set of public service values, are results oriented and deliver value to Canadians. [8] It is difficult, however, to measure the direct benefits of a pharmacovigilance program, since it is impossible to measure serious adverse reactions or deaths due drugs that were avoided as a direct result of the activities of a pharmacovigilance program. Indirect measures such as awareness, attitudes (for example, confidence in the safety of drugs and satisfaction with the activities of the program) and participation in and use of specific aspects of a program must be employed in order to evaluate pharmacovigilance program performance. A high level of patient safety can only be achieved if the stakeholders (including health professionals, the general public, and the pharmaceutical industry), are knowledgeable about the risk posed by drugs, participate actively in the program by playing their respective role in drug and patient safety, and have confidence that the system is capable of minimizing the risks posed by health products. Despite the challenges involved in measuring outcomes of such a program, it is important that ongoing efforts are made to evaluate the effectiveness of Canada's pharmacovigilance program, since even minor weaknesses or deficiencies in such a program are likely to have a huge negative impact on patient safety and the health of Canadians.

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Prescription Drugs as a Key Cost Driver of the Canadian Health Care System

Pharmaceuticals are an important aspect of health care, and represent one of the key cost drivers in the health system today. The Canadian Institute of Health Information (CIHI) reports that pharmaceuticals are the fastest growing area of expenditure in the health care system, with the cost of prescription drugs increasing by 344 percent in Canada between 1985 and 2005.[9] In 1985, drug expenditures in Canada accounted for only 9.5% of the total health care budget; however, over the past 20 years this figure that has increased to greater than 20%. Total expenditures on pharmaceutical and biological drugs increased from $14.7 billion in 2000 to $21.8 billion in 2005. Drugs continue to consume an increasing share of Canada's health care dollar, accounting for the second largest category of health expenditures next to hospital services, and are now considered a major driver of the Canadian health care budget.[10]

In this same 2005 report on drug expenditures in Canada, CIHI estimates that some 300 million prescriptions are written each year in Canada, representing approximately 10 prescriptions for every Canadian. Forty-three percent of the cost of prescriptions is paid for by federal, provincial, and territorial drug plans. Over the past several years, the cost of medications paid for by these plans has been increasing at a annual rate of 15% to 17%. Increases in both the number of prescriptions dispensed and the unit cost of medications has risen dramatically. For example, 25% more prescriptions per person are being dispensed now in comparison with six years ago, and the average prescription cost has increased by more than 20% in that same time period. An aging population, the accessibility of drugs through drug plan funding and the ever increasing cost of new drugs entering the marketplace account for part of these soaring coast; however, inappropriate prescribing and usage patterns have also been identified as factors that significantly contribute to the occurrence of adverse reactions and the rising cost of drugs.[11]

Therapeutic Products and Their Associated Risks

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Human therapeutic products (also referred to as human heath products) range from pharmaceutical and biological drugs to natural health products and medical devices. There are over 24,000 (human) pharmaceutical and biological drug products on the Canadian market [12] and some 40,000 medical devices [13]. Canadians expect and trust that the health products available in Canada have passed Health Canada's rigorous safety and efficacy standards and will help to deliver desired health outcomes with minimal risk to health.

In addition to the benefits that therapeutic products provide, all therapeutic health products, including drugs, carry potential risks which are can be serious and life-threatening.[14] . For this reason, drug regulators continue to monitor the safety, effectiveness, and quality of health products once they are introduced into the marketplace. The Marketed Health Products Directorate (MHPD) of Health Canada conducts ongoing surveillance of the adverse effects of health products and evaluates adverse drug reaction reports received from manufacturers, health professionals, and consumers. These evaluations may include a comprehensive re-assessment of the benefit-risk profile of a health product. When a safety concern is identified, appropriate regulatory action is taken to mitigate the risk. Regulatory action can take the form of risk communication (distributing post-market drug safety information to health professionals and the general public), requiring manufacturers to make changes to their products' monograph to highlight the newly discovered risk, or, in those cases where it has been concluded that the risk of the product outweights its benefits or that the risk cannot be appropriately managed, removal of the product from the market.

Evidence that Adverse Effects of Drugs Pose a Serious Risk to Human Health

The fact that serious ADRs associated with marketed health products are occurring at an alarming rate was first convincingly reported by Lazarou and Pomeranz following a systematic review on the incidence of ADRs in hospitalized patients.[15] The authors used U.S. statistics on the rate of ADRs reported in hospitalized patients to estimate that approximately 100,000 hospitalized patients die annually in the U.S. as

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a result of such adverse effects. It was concluded that serious adverse reactions caused by drugs account for somewhere between the 4th and 6th leading cause of death in the U.S. after heart disease, cancer, and stroke. This provocative study generated media attention in close to 300 newspapers across North America, and considerable television and radio coverage in both Canada and the U.S.

Subsequent to this U.S. study, an article in the Ottawa Citizen extrapolated this finding to Canada (based on a population that is approximately 10 times smaller than that of the U.S.) and reported that ADRs may result in as many as 10,000 deaths per year in Canada.[16] A separate follow-up article in Canadian Medical Association Journal reported the death rate due to adverse effects of drugs to be lower in Canada than the U.S., with an estimate of 104 to 162 ADRs per 10,000 hospitalizations. (The extrapolated figure was based on 1.3 million hospital discharges per year in Canada.[17]) Yet another report estimated the incidence of in-hospital mortality associated with ADRs in Canada to be about 0.05%.[18] Lexchin et al.[19] reported that 15% of patients admitted to Canadian hospitals experience adverse reactions, and that up to 1.5% of these patients experience adverse reactions that result in death. Still others have reported that drug-drug and drug-food interactions are responsible for up to 2.8% of all hospital admissions in Canada.[20]

In another U.S. study of drug related deaths conducted in a department of internal medicine, Ebberson et al. [21] reported the incidence of fatal ADRs at 9.5 per 1,000 hospitalized patients. The authors concluded that this represents a major problem in U.S. hospitals, especially in elderly patients with multiple diseases and taking multiple drugs therapies. Similar findings in elderly patients on multiple drug therapies have been reported by other investigators.[22] Yet another study conducted in the U.S. by Hohl et al [23] showed that 11.5 % of all emergency department visits by senior citizens were due to an ADR; this figure increased to 16.9% when the senior was taking six or more drugs. The authors concluded that many of these drug interactions can be prevented by health system changes which incorporate best practices in

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appropriate prescribing and dispensing - a solution which depends to a large extent on timely communication of risk information pertaining to prescription medicines.

A recent study of adverse events in Canadian hospitals [24] reported the overall incidence rate or adverse events to be 7.5% of hospitalized patients which, in the context of 2.5 million hospital admissions annually, equates to about 185,000 Canadians who experience an adverse event each year. The report further concludes that Canadians who suffer the adverse events are significantly older than those who do not, and that close to 70,000 (almost 40%) of these adverse events are potentially preventable. A similar Canadian study published in the same year reported the incidence of adverse events to be 12.7%, and estimated that only one-third of the events were preventable.[25]

Another milestone study (unpublished) concerning drug safety involved a randomized controlled trial that reported on the increased risk (more than double) of heart attack and stroke in study subjects taking the popular painkiller, rofecoxib (Vioxx). Although the manufacturer, Merck, steadfastly denied that Vioxx increased the risk of myocardial infarction, this study was eventually halted, and the company commissioned two new epidemiologic studies to look at the association between this newly discovered risk and the drug. When the increased risk was confirmed, Merck dismissed the findings and assailed the methods they had been accepted at the time the studies were designed.[26] A second study also confirmed the association between Vioxx and increased risk of heart attack and stroke, but the results were not made public until after the drug had been withdrawn from the market in Canada and other countries. The identification of this newly identified risk subsequently resulted in more than 16,000 Vioxx-related law suits filed against Merck in the U.S. alone [27] the concomitant flurry of expert advisory panel consultations and benefit-risk assessments undertaken by regulators world-wide served to heightened awareness and renew concern about drug safety. On September 30, 2004, the saga culminated with an announcement by Merck

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of their intention to voluntarily withdraw Vioxx from the market after 5 years of use in more than 20 million patients.[28]

Despite the fact that ADRs have been considered to be a leading cause of morbidity and mortality in most developed countries for some time now,[29] estimates of the rate of serious ADRs in Canadians, and of the ADR reporting rate in Canada, have been derived mainly by extrapolating U.S. data (usually by dividing U.S. rate estimates by 10 to approximate the difference in population size). Although there have been studies of the rate of serious ADRs seen in hospitalized patients in Canada, to date no Canadian studies have provided conclusive estimates of either the rate of serious ADRs and resulting deaths due to ADRs, or the rate of under-reporting of ADRs in Canada.[30]

The Call for More Effective Drug Risk Communication in Canada

The importance of drug risk information dissemination was first identified and highlighted in the Erice Declaration on Communicating Drug Safety Information.[31] This Declaration, developed at an international conference on developing effective communications in pharmacovigilance held in Erice, Sicily on September 24-27, 1997, sets out an agenda which calls for more research in the area, as well as more effective drug safety risk communication efforts. Despite the considerable effort expended on this topic over the past 9 years, there is still no agreement on the 'best' way to communicate new drug safety information to health professionals and the public at large.

The death of six year old Ashley Atkins in February 2001, after being administered the sedative propofol, resulted in a coroner's inquest which lead to jury recommendations on how to improve the drug safety system (see definition) in Canada, both with respect to the reporting of serious ADRs and to the communication of drug risks to the medical community and the public.[32] In March of that same year, another

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coroner's inquest was held to examine the circumstances surrounding the death of a 15 year old Oakville Ontario girl taking the drug cisapride.[33],[34],[35],[36] The jury recommendations from the Ontario coroner's inquest into the death of Vanessa Young called for a number of improvements to the post-market pharmacovigilance program in Canada, particularly in the area of communicating important drug safety information to health professionals and the general public.[37] This same inquest jury also recommended that Health Canada implement legislation that would make it mandatory for health professional to report serious ADRs to Health Canada [38]; which, in turn, provided the impetus for (the then) Minister Ujjal Dosanjh to commit publicly to implement mandatory ADR reporting in Canada - a program that is widely opposed by the medical community. The media attention given to the propofol and cisapride stories demonstrated to Canadians that drugs can cause serious injury, and resulted in a call for improvements to Canada's drug safety system by the Canadian Medical Association,[39] the media (medical post), [40] and the House of Commons Standing Committee on Health,[41] a Canadian Parliamentary Committee tasked in June 2003 with examining drug safety and the system of safeguards in place in Canada. In their report entitled: *Opening The Medicine Cabinet: First Report on Health Aspects of Prescription Drugs,* the Committee made a number of recommendations for improving the drug safety system, including a recommendation to make the marketing authorization for dugs sold in Canada 'probationary', until such time as their safety profile is well established. They also recommended that the post-market pharmacovigilance program be enhanced through increased resources to allow more diligent monitoring and a more timely response to drug safety issues. The Committee also endorsed the jury recommendations of the Atkinson and Young inquests, calling for Health Canada to work with its provincial and territorial counterparts to implement a mandatory ADR reporting system for health professionals, and to increase the resources dedicated to drug risk communication.

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In addition to the scrutiny detailed above, Health Canada's drug regulatory program has been the subject of numerous internal and external reviews in recent years, aimed at identifying the weaknesses in the program and making recommendations for improvements. Reports which have reviewed Health Canada's post-market pharmacovigilance program have been produced by Gagnon,[42] the Health Canada Science Advisory Board,[43] Krever,[44] the HIV/AIDS External Working Group,[45] and the Auditor General.[46] Although the recommendations contained in each of the reports differed in their focus, all have identified concerns regarding the serious risks posed by drugs, and the need to evaluate and improve the manner in which these risks are identified, managed, and communicated to health care professionals and the public at large.

Given my personal perspective - that all effort and resources expended to identify new drug risks are wasted if the new risk information is not communicated to those who need it in a timely and effective manner - and the numerous calls for improvement in the area of drug risk communication, I was drawn to investigate the impact that DHPLs and PAs issued in Canada have on prescribing practice and patient safety.

1.2 Literature Review

At present, there are very few studies in the literature that inform on the effectiveness of the risk communication tools used by regulators to communicate drug risk information to health professionals and the public. Of the studies published on the topic of drug risk communication, there are only a handful that investigate the effectiveness of dear doctor letters issued in the U.S.; to date, no studies have been undertaken to examine the effectiveness of DHPLs and their impact on prescribing practices in Canada. Published literature on the topic of communicating health risks to the public[47], [48],[49] and education programs directed at changing the physician practice and prescribing practice [50],[51],[52], [53] can be found; however, there have been no formal

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studies done in Canada that have investigated the public's (including health professionals and the general public) awareness, attitudes, use and confidence in the drug risk information made available to them by Health Canada.

Of the limited number of existing studies in the specific area of drug risk communication tools used by regulators, most involve case studies of the effectiveness of dear doctor letters issued in the U.S in recent years. The literature in this area generally favors the conclusion that dear doctor letters are not particularly effective in changing prescribing behavior among physicians.[54,55,56,57,58,59,60,61] Yet, regulators around the world continue to use these letters as the principle means of communicating new risk information to prescribers and the medical community at large. Dr. Stephen Goldman (formally with the U.S. FDA and now an independent risk communication consultant in the U.S.) writes that current methods of drug risk communication used by regulators are aimed at increasing awareness of health product related risks and at changing behaviors but more often than not they fall short of their goal.[62] With respect to their effectiveness, Goldman comments that these tools can be helpful and should therefore not be abandoned, but their degree of effectiveness is highly variable and often not demonstrable to any great extent: "...not in all circumstance, not every time and not always to the ideal extent."

A commentary written by Paul Seligman of the FDA in 2003 highlighted the fact that fundamental questions about dear doctor letters remain unanswered, including questions on how new information about drugs should be conveyed, and whether problems with the format and messaging might help explain their lack of impact.[63] The findings from one study on this topic suggest that the wording and style may influence the effectiveness of DHPLs [64]; however, this study examined only three dear doctor letters referring to a single drug, and was not able to conclude that wording and style were major factors in the uptake of information contained in the letters. This same question was recently examined more extensively in a study by Mazor et al.[65], who evaluated the content, clarity, organization, and formatting of 32 dear doctor letters

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issued in the U.S. to determine what influence these factors have on physicians' response to such letters. Drugs with warning label changes made in the U.S. during 2000 and 2001 were identified, and their corresponding dear doctor letters obtained and then coded for content, organization, and formatting. Ten physicians were then asked to rate the letters on presentation, criticality of the information contained in the letter, and the likelihood of changing prescribing practice as a result of the letter. Areas of deficiency were identified, and the relationships between key characteristics of the letters and physicians' ratings examined, along with the reliability of physicians' ratings. This letters varied considerably in terms of the placement of key information, use of formatting, and length of the text. Physicians' ratings concluded that 25% of the letters were deficient in clarity, 28% in readability, 36% in the ratio of relevant information to supporting information, 36% in key information easily discernable, and 28% in overall effectiveness of communication. Letters with formatting highlighting key information were preferred. Length and placement of key information in letters were not correlated with physicians' ratings. The study concluded that many dear doctor letters do not communicate labeling changes clearly and effectively, and that special formatting and explicit wording should be used to emphasize new safety information. Although several studies suggest that direct mailings alone do not result in significant changes in prescribing practice, [66],[67],[68],[69],[70] the reasons for this phenomenon have not been widely explored. Two separate U.S. studies conducted specifically to evaluate the impact of dear doctor letters informing on new risks associated with the drug cisapride recorded conflicting conclusions in terms of their degree of effectiveness in changing prescribing practice.[71],[72] The first concluded that the two cisapride dear doctor letters issued in the U.S. were not effective in changing physician prescribing practice, while the second study, conducted by the FDA using a different source of prescription data, concluded that the dear doctor letters were effective in reducing the amount of contraindicated co-prescribing associated with cisapride. Such contradictory results are perplexing and demand further investigation. In a third study, Guo et al.[73] examined

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the effectiveness of the same two cisapride dear doctor letters issued by the FDA by analyzing yet another data set from a managed heath care claims database between 1994 and 1998. These authors found the percentage of cisapride prescriptions that coincided with a contraindicated drug fell only slightly after the issuance of the first dear doctor letter and product label changes, then leveled off and remained approximately steady over the six month period after subsequent to the issuance of the second dear doctor letter. In the 2 year period following the issuance of the second dear doctor letter, the number of cisapride prescriptions issued with contraindicated drugs rose steadily to the pre-intervention level.

Another study examined the impact of four dear doctor letters issued in the U.S. and product label changes on the monitoring of serum enzymes for liver toxicity among patients prescribed the anti-diabetic drug, troglitazone,[74] This study found that the increase in liver enzyme monitoring behavior (from 15% - 45%) seen immediately post intervention (the first dear doctor letter was issued in October 1997) was short lived and was not sustained during the six month study period following the risk communication intervention. In a more recent study conducted by Wilkinson et al., [75] the authors undertook a retrospective analysis of Idaho Medicade claims data between January 1994 and July 2000 to evaluate the impact of safety alerts on the volume of cisapride and troglitazone usage. These authors concluded that, in the case of cisapride, overall and new prescription volume increased after the first dear doctor letter was issued by the FDA in February 1995. After the second alert was issued in September 1995, growth in new cisapride prescriptions ended, but total prescriptions continued to grow. After the third cisapride alert in June 1998, growth in total use ended and the number of new prescriptions declined. The final two alerts issued for cisapride in the U.S. (in June 1999 and January 2000) resulted in significant declines in both the overall number of prescriptions and new prescriptions. In the case of troglitazone, two alerts were issued by the FDA in October and December 1997. After issuance of these first two alerts, the overall usage of troglitazone increased, whereas the number of new

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prescriptions written decreased slightly. Total prescriptions continued to rise after the third alert was sent in July 1998; however, a slight reduction in new prescriptions was seen. After the fourth alert in June 1999, a significant drop was seen in both overall usage and new prescriptions. The authors concluded that numerous safety alerts were needed before usage declined for both these drugs, and that the decline in overall usage was slower than the decline in new prescriptions, possibly signaling the need for physicians to re-assess their patients before re-filling prescriptions after the issuance of pot-market drug safety information.

Yet another recent study by Shatin et al.[76] evaluated the effectiveness of a dear doctor letter sent by manufacturers to health professionals advising them of new safety information on co-prescribing of tramadol and antidepressants. The authors conducted a retrospective cohort analysis of prescriptions claims data from twelve United Health Group health plans in the U.S. between April 1, 1995 and December 31, 1996. After analyzing the prescription claim data from 9,218 plan members prescribed tramadol during that period, they concluded that the dear doctor letter did not effect the rate of co-prescribing of tramadol with anti-depressants.

Despite the relatively large body of published literature that suggests that current drug risk communication practices are not particularly effective in changing prescribing behavior among physicians, little work has been done to develop and evaluate new tools or methods of communication in this area. In the absence of improved risk communication and knowledge transfer techniques, dear doctor letters and DHPLs remain in use in the U.S. and Canada as the primary means of disseminating new drug safety information to health professionals. Fundamental questions about the value, effectiveness, and cost-effectiveness of these drug risk communication tools remain unanswered, highlighting the need to conduct further research on their impact that will provide insight into how best to target improvements in drug risk communication practices. Research is needed not only to help us better understand the format and messaging contained within these letters, but also to guide the development and testing

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of new tools and means of disseminating the information to both health professionals and patients that have a greater impact on changing prescribing practice and patient safety.

1.3 Summary of the Issue and Statement of the Problem

Given the significant threat to patient safety posed by drugs, an evaluation of the different aspects of drug risk communication in Canada and how drug advisories issued in Canada impact on prescribing practices and patient safety is important for the following reasons:

- the average number of drugs being prescribed to older Canadians is increasing, and will likely continue to increase as the average age of the Canadian population continues to grow;
- the number and severity of adverse drug reactions has been identified as a serious individual and population health problem in Canada;
- it is known that serious adverse drug reactions are highly under reported in Canada;
- past tragic deaths associated with inappropriate prescribing have provided evidence that Health Canada's drug risk communication tools have not been consistently effective in changing prescribing practice;
- an understanding of the different aspects of drug risk communication in Canada and the impact that Health Professional Communications and Public Advisories have on prescribing practices and patient safety will inform on any changes or improvements to drug risk communication that are needed; and
- optimal and appropriate prescribing will improve patient safety and, in turn, address the overall goal of improved health for all Canadians.

1.4 Research Approach and Questions

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Research Approach

The descriptive studies undertaken in this thesis were aimed at describing the awareness and attitudes of both health professionals and the Canadian public about drug safety and their use of the various sources of drug risk information available in Canada. Of particular interest were the tools used by Health Canada to communicate information on drug risks. In addition, a series of case studies were examined in order to assess the impact that dear health professional letters had on the prescribing practice of Canadian physicians. Since no prior studies of this nature have ever been undertaken in Canada, it was considered important to evaluate the various aspects of drug risk communication practices in Canada in order to generate the evidence needed to support future changes or improvement initiatives.

Research Questions

Question 1: What impacts do Health Professional Communications Issued in Canada have on prescribing practices and patient safety?

The impact of HPCs issued in Canada was investigated by conducting a survey of Canadian health professionals to obtain their attitudes, thoughts, and perceptions with respect to; 1) their awareness of the various sources of drug risk information, 2) the effectiveness of the current HPCs used to disseminate new safety information about drugs, and 3) their use of new drug safety information issued by Health Canada. In addition, this question was addressed by evaluating the impact that selected randomly selected DHPLs had on prescription trends in order to determine to what extent they are effective at changing prescribing practice.

Question 2: What impact do Drug Advisories issued in Canada have on the Canadian public and patient safety?

The impact of drug advisories issued by Health Canada was investigated by conducting a survey of the general public to obtain their attitude, opinions, thoughts and

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perceptions with respect to; drug safety, confidence in the drug safety system in Canada, roles and responsibilities in drug safety, and sources and use of new drug safety information.

1.5 Objectives of Each Phase of the Research

Phase I: In order to study the impact that drug advisories disseminated to health professionals in Canada have on prescribing practice and patient safety, in the first phase of the study, a survey of Canadian health professionals (medical doctors, naturopaths, dentists, pharmacists, and nurses) was undertaken. The results were analyzed to determine:

- the sources of drug safety information most often accessed by health professionals;
- the familiarity of health professionals with sources of new drug safety information issued by Health Canada;
- the perceived effectiveness of new drug safety information issued by Health Canada in terms of content, format, quality, and timeliness of information contained in risk communication tools; and
- the opinions of Canadian health professionals on how to improve the overall effectiveness of Health Canada's drug risk communication program.

Phase II: In order to study the impact that drug advisories issued by Health Canada to the general public have on patient safety, a survey of the Canadian general public was undertaken in the second phase of this research. The results were analyzed to determine:

- usage patterns of prescription drugs, non-prescription drugs and natural health products;

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- the sources of drug safety information most often accessed by members of the general public; and
- the effectiveness of current methods used by Health Canada to communicate drug risk information to the public

Phase III: The objective of the final phase of this research was to evaluate the impact that selected DHPLs issued in Canada within the past 6 years had on prescribing practice by evaluating prescription trends before and after the issuance of the DHPL. This was done using Canadian prescription data from the CompuScript audit compiled by **I**ntercontinental **M**edical **S**tatistics Health Inc. (IMS Health). The 18 month time periods pre- and post-issuance of the DHPL were also examined in this phase of the research to determine if the volume of print media published in Canada during the same time period studied could be correlated with any observed changes in prescription trends.

1.6 Contribution of the Research to the Field of Population Health

The increasing number of drugs being consumed by Canadians each year (currently an estimated 300 million prescriptions annually),[77] the rising number of older Canadians, the fact that the elderly account for over half the total drug consumption in developed countries,[78] and tangible tragedies exemplified by the drug related deaths described above, underscore the significant negative impact therapeutic health products can have on the health of Canadians if their risks are not properly managed.

These factors highlight the need for Health Canada to focus attention on strengthening its post-market drug safety program in general, but with particular emphasis on improving the effectiveness of its drug risk communication program.

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In addition, the high dollar cost of direct distribution of HPCs, which can be as much as $80-100,000 if all physicians in Canada are targeted, and the potential high health costs of treating patients who are prescribed inappropriate medicines, further underlines the need to assess the impact that current drug risk communication practices in Canada have on prescribing practice and patient safety.

Although it is known to the public that drugs can cause serious injury and death, they are not generally seen by consumers as a serious threat to their health.[79],[80],[81] Upstream interventions that improve the effectiveness of drug risk communication have the potential to improve optimal prescribing practices, prevent serious ADRs, and improve patient safety. As a result, further research directed at understanding the impact current drug risk communication tools have on prescribing practice and patient safety will help inform thinking on how best to target improvement efforts. Such research is important, since the results will help physicians and patients make informed choices about the drugs they prescribe and consume. This, in turn, will help ensure that Canadians are protected to the maximum extent possible from adverse health effects from drugs, and result in both improved health outcomes for individuals and better health for Canadians in general.

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Chapter Two



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Health Professional Survey

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Chapter Two - Health Professional Survey

2.1 Background and General Approach to Survey

A survey of Canadian health professionals was conducted to explore attitudes and perceptions of health professionals regarding health product safety, their confidence in the current drug safety system in Canada, knowledge of and use of Health Canada sources of drug risk communication tools, attitudes regarding their satisfaction and dissatisfaction with Health Canada sources of drug risk information, and suggestions for improvement to the communication tools in current use in Canada. This descriptive study was undertaken with without any specific prior hypotheses in order to obtain information that could be used to inform on policy decisions directed at improving Health Canada's drug risk communication program. The primary areas of inquiry addressed in the health professionals survey are:

a) attitudes an opinions respecting the safety of prescription drugs, non-prescription drugs and natural health products;

b) confidence in Canada's post-market drug safety system (including drug surveillance, assessment of drug risks, and communication of drug risks) to protect patients from the risks posed by drugs;

c) attitudes regarding who is most responsible for drug safety;

d) familiarity with and use of Health Canada's current drug risk communications tools (and how they became aware of the source);

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e) satisfaction with drug risk communication tools (relevance of topics, content, format, and timeliness);

f) reasons for dissatisfaction with drug risk communication tools;

g) identification of drug safety information needs which are not current being met; and

h) how health professionals prefer to receive new information on drug risks.

To conduct the health professional survey, Health Canada partnered with the five national associations representing each health professional group including: the Canadian Medical Association, the Canadian Dental Association, the Canadian Pharmacy Association, the Canadian Nurses Association, and the Canadian Association of Naturopaths. The health professional associations were invited to provide input to the survey questionnaire in return for their support for conducting the survey. Partnering with these professional associations proved advantageous in the following respects: I) it enhanced the credibility of the survey among potential respondents; ii) it made the survey of nurses possible through the use of a phone lists provided by the Canadian Nurses Association; iii) it made the questions asked in the survey more relevant to health professionals as a whole; and, iv) the collaboration helped to further strengthen the relationship between Health Canada and the health professional associations.

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2.2 Methods

Provision of a Monetary Incentive to Participate in the Health Professional Survey

Physicians (doctors and dentists) and nurses who agreed to participate in this survey were offered a modest sum of money ($25.00) in recognition of their time spent responding to the survey questions. It is common practice to offer some kind of incentive to physicians and nurses (for example, a lottery or monetary incentive), in order to encourage them to participate in surveys, primarily because they are constantly being bombarded with requests to participate in surveys, and are often too busy to participate without some kind of incentive being offered.[82,83,84,85,86,87,88,89,90,91] This practice is also reported to increase the rate of participation of health professionals in telephone surveys.[92,93] Although incentives may help minimize low response rate bias, this practice, in theory, has the potential to create another kind of bias known as respondent bias, which can occur if those who are offered and accept the incentive are somehow different from those who are not offered the incentive or chose not to participate in the survey. The decision as to whether or not to offer an incentive then becomes a trade-off between the bias that knowingly results due to low survey response rate and that which could occur if respondents accept an incentive to participate.

In this survey, the decision to use a modest monetary incentive to encourage participation of physicians and nurses was based on the following considerations:

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a recommendation by the survey research firm (Decima) who conducted the survey (based on their past experience conducting surveys of health professionals), the desire to maximize the survey response rate, and the belief that doctors and nurses can be trusted to exercise honesty and good judgment when responding to survey questions whether or not they will receive compensation to do so. This last reason was of particular importance, given that we trust doctors and nurses to take care of our health without feeling they might be biased in their judgement or actions just because they receive a large monetary incentive in the form of a salary for doing so.

Selection of Survey Data Collection Method

The health professional survey was conducted by means of a personal interview conducted over the telephone. The limitations of telephone surveys have to do with obtaining adequately representative samples of the general population and the potential for low response rates when persons or households are approached "cold" by telephone.[94] In addition, data quality is felt by some to be a potential concern compared to the quality of data obtained in face-to-face interview. There is also the potential for sampling bias in this type of survey, since only people who have a telephone (usually people of higher socio-economic status) are included from the sample.[13]

Given that all survey data collection methods have their own characteristic strengths and weaknesses, [95] it was felt that the above noted limitations would have

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a minimal impact on this survey, since most health professionals would likely have telephones, and would be expected to provide the same responses by telephone as they would in a face-to-face interview. Thus, the limitations of telephone interviews in comparison with other survey data collection methods were felt to be outweighed by the strengths offered by this data collection method. Telephone interviewing was selected as the data collection method of choice primarily because it enables data to be collected from geographically scattered samples more quickly and economically than by field interviewing or mail out surveys. It also minimizes clustering of respondents, which can result in undesirable statistical design effects.[96] The desire to complete the survey within a reasonably short period of time was perhaps the major rationale for selecting telephone interview. Other advantages that factored into the decision to use telephone interviewing in this survey included the fact that interviewing from a central telephone station lends itself to careful supervision and quality control of both the sampling frame and data collected; it would also be possible to schedule interviews with health professionals at their convenience, facilitating both respondent participation and adherence to the sampling plan.

Selection of the Company to Conduct the Survey

The survey of health professionals was commissioned and funded by Health Canada in order to evaluate the awareness, attitudes, and use of the current drug

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risk communication tools used by Health Canada, and to serve as a benchmark against which to develop new policy initiatives directed at improving the communication of drug risks. A request for proposals (RFP) was developed in cooperation with Communications Canada to retain the services of a professional survey company to conduct the survey. Ten different survey companies responded to the RFP. A six member selection committee consisting of two Communications Canada representatives, one Health Canada Corporate Communications representative, one Public Opinion Research Division representative, and two MHPD representatives was convened to review the bids. The selection committee selected Decima Research Inc. (Decima) to conduct this survey.

Design of the Health Professional Survey Questionnaire

In order to ensure a broad range of input to the questionnaire, a HPFB working group, chaired by myself, was convened to develop the questionnaire for this survey. The members of the working group consisted of one member from each of the pre-market product specific Directorates in the HPFB (Biologic and Genetic Therapies Directorate, Therapeutic Products Directorate, and the Natural Health Products Directorate) and four members from the MHPD.

Representatives from the Corporate Marketing and Communications Directorate, the Public Opinion Research Division in the Policy and Consultation Branch, and the Office of Risk Management in the Assistant Deputy Ministers Office

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also participated in this working group. The working group met over a period of 5 months to finalize the survey questionnaire. Input was also provided by the health professional associations that partnered with Health Canada in this survey. The final version of the questionnaire was provided to both the Health Canada Research Ethics Board (see Appendix A - Health Canada Research Ethics Board Approval) and the University of Ottawa Research Ethics Board (see Appendix B - University of Ottawa Research Ethics Board Approval) for their approval to conduct the study.

Pre-Test of Survey Questionnaire

The health professional survey questionnaire was designed to require an average of 25 minutes to complete. Before being finalized, the English and French versions of the questionnaire were pilot tested on a total of 8 respondents from each health profession (including 4 English speaking respondents selected at random from the sample lists and 4 French speaking respondents chosen from the Quebec region). The pilot test was intended to assess the average length of time required to complete the survey, the readability and the flow of the questions, the comprehension of the respondents, and the willingness of respondents to provide answers to the questions posed.

Interviews were centrally monitored by the a trained team of quality control specialists within the survey company to ensure consistency of the questions asked and the quality and length of interviews conducted. The pre-test results indicated

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that the readability and flow of questions resulted in good comprehension, with no refusals to answer any questions; however, the average duration of the interview (32.5 minutes) was longer than the 25 minute target interview time. The interview time was therefore reduced by asking questions about the respondents satisfaction and dissatisfaction with a particular Health Canada source of drug safety information only on those sources that the respondents said they had used in the past year, rather than on all of the sources that the respondent said they were familiar with.

For closed-ended questions, the data from the survey database was coded according to a pre-determined coding scheme (see Appendix C - Health Professionals survey questionnaire for coding schemes used in each question). For open-ended responses, a list of responses was generated from the database and re-coded according to categories of like response. The accuracy of the re-coding undertaken was verified by a random check of 2% of respondents interviewed. Respondents that did not complete the survey or were missing responses to questions were excluded from the data set. No data was imputed in the survey.

Health Care Professional Survey Sample Design

A truly representative probability sample of Canadian health professionals was not achieved in this survey. This is due to the fact that surveys of health professionals are always more costly and difficult to conduct than those directed at

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the general public due to challenges of access and reluctance on the part of health professionals to participate due to time constraints.[97] Decima advised that large sample sizes for each of the health professional groups (greater than 150 individuals) were not considered necessary in order to evaluate differences between groups given the relatively small population sizes within each group and the high degree of homogeneity in characteristics that exists within each group as compared to that of the general public.[98] The objectives of the study, the budget allocated to conduct the health professional survey and (as noted above), and the margins of error at the 95% confidence level were all considered in deciding on a total sample size of 600 health professionals for this survey.

The survey design called for telephone interviews with 150 physicians, 50 dentists, 150 pharmacists, 150 nurses, and 100 naturopaths. The sample lists used to contact physicians, dentists, pharmacists, and naturopaths was purchased by Decima from commercial databases based on published lists containing name, location of practice, type of practice, and telephone number. In the case of nurses, no published lists were available; as a consequence, the Canadian Nurses Association agreed to provided a contact list with a total of 174 names and phone numbers of practicing nurses across Canada. All efforts were made to maximize the nurse sample by respecting scheduled call backs, leaving messages, and using multiple call backs to follow up with respondents who were not available at the time

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of the initial call. This resulted in a total of100 (out of a planned 150) completed interviews with nurses.

Health professionals not currently active in a health care practice setting were considered ineligible to participate in this survey. To minimize non-response bias, up to four call backs (as many as six for nurses) were made to each potentially eligible health professional during the interview period before classifying them as "not available".

The margin of error for each health profession was calculated using the formula $[\{p(1-p)/n\}^{1/2} X (N-n/-1)] X 1.96$, where p refers to the proportion that respond in one direction or another (setting p = 0.5 gives the maximum margin of error), N refers to the size of population of health professionals in each sub-group, and n denotes the sample size.

Sample weighting was not applied to the health professional groups since it was considered inappropriate to weight the health professions according to their true proportions due to the low number of naturopaths (a total of 4,754 in Canada) within the total health professional population. Doing so would have resulted in less than one percent of this group represented among the total sample of health professionals. The planned sampling frame and margins of error for each health profession are shown in Table 2.1.

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Table 2.1 Sample Size and Margin of Error by Health Profession

Health Profession (pop. size)	Sample Size	Margin of Error [6]
Physicians (89,357)[1]	150	+/- 8.0%
Nurses (231,415)[2]	150	+/- 8.0%
Pharmacists (25,803)[3]	150	+/- 8.0%
Dentists (17,391)[4]	50	+/- 7.9%
Naturopaths (4,754)[5]	100	+/- 9.7%
Total (333,966)	**600**	**+/- 4.0%**

[1] All practicing physicians, Source: Canadian Medical Association
[2] All practicing nurses, Source: Canadian Nurses Association
[3] All licenced pharmacists, Source: Canadian Pharmacy Association
[4] All practicing dentists, Source: Canadian Dental Association
[5] All practicing naturopaths, Source: Canadian Association of Naturopathic Doctors
[6] Maximum 95% confidence limits as percentage of response.

In order to ensure as representative a sample of Canadian health professionals as possible, telephone numbers from each list of health professionals were selected at random based on regional quotas (identified by area code), which were set in proportion to the regional representation of the health professional type. Generalist and specialist quotas were set within the physician, dentists and pharmacists sub-types, balanced across regions in proportion to the number of health professionals of that type in each geographic region. The samples for each health profession were stratified as follows: (1) among physicians, 80% general practitioners or family medicine specialists and 20% other specialists; (2) among dentists, 80% general and 20% specialists; (3) among pharmacists, 80% from community retail settings and 20% in hospital pharmacy settings; (4) among nurses, the sample was drawn in proportion to their location of practice in Canada from occupational categories identified by the Canadian Nurses Association, as most

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likely to deal with medications and ADR (hepatalogy, operating, community health, orthopaedic, occupational health, respiratory, gerontology, cardiovascular, pediatrics, oncology, AIDS, critical care); and (5) among naturopaths,100% general practitioners sampled in proportion to their location of practice in Canada.

Survey Administration

All interviews with health professionals were pre-scheduled and conducted by Decima through its field division. During the interview period Decima dedicated an average of 25 computer-assisted-telephone-interviewing (CATI) stations located in their Ottawa, Toronto and Montreal offices in order to maintain the project schedule, and to accommodate scheduled call-backs to health professionals. The survey samples were generated randomly from purchased or supplied lists, allocated in small segments and exhausted before a new sample was generated. All contact dispositions were recorded and tracked in the sample database. Decima's CATI system allowed for continuous tracking of pre-set geographical or demographical (i.e., health professional type) sampling sub-quotas defined in order to enforce the pre-defined sampling plan.

This survey was conducted in English or French, depending on the mother tongue of the respondent, by telephone from Decima facilities in Ottawa, Toronto, and Montreal. All interviewing was conducted by fully trained and supervised interviewers; a minimum of 2% of interviews were monitored to ensure quality,

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accuracy, and consistency in the administration of the survey. All participating health professionals were informed of their rights under the Privacy and Access to Information Acts, with those rights respected throughout both the interview process and the analysis of the data. Specifically, respondents were informed of the purpose of the research, of the identities of the study sponsor (Health Canada), the study contact person (my name and business telephone number were provided), and the survey research supplier (Decima). Respondents were also informed that their participation in the study was voluntary, that they were free to skip any question they preferred not to answer, and that the information they provided would remain confidential and would be reported in aggregate form only and would neither be reported individually nor attributed to them personally.

Survey Data Analysis

Groups selected for comparison in the health professional survey included the five different health professions, the practice setting, the number of prescriptions written per week, the number of years in practice, and the region of practice. Comparisons between groups were made using the z- test to compare proportions, the t-test to compare the difference between two independent means, and the chi-square test to test the independence of two variables being compared. For each of the test statistics used, cells that had a frequency of 0% were excluded

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from analysis. Incomplete surveys were excluded from the database and no data was imputed

I) Z-test for Comparison of Proportions (Percentages)

The z-test was used to tests the significance of individual percentage responses for selected categories of respondents against a fixed percentage response. The assumptions underlying the use of the z- test in this analysis include;: the sample was selected at random; the population distribution was assumed to be normal if there were more than 30 cases for any one variable; and that the survey data were interval or ratio level variables. (The assumption of normality is not critical, since the z-test is highly robust against non-normality.) The null hypothesis H_0 was that the percentage response was equal to the specified value, versus the alternative hypothesis H_1 that the percentage was different from the specified value. The p-value chosen for this test statistic was 0.05, and results were interpreted as significant when p was less than or equal to 0.05.

ii) T-test for Comparison of Means

The t-test was used to compare means calculated for each comparison group. Only valid response were used to calculate the mean scores (i.e., choices such as *depends* or *don't know* where excluded from the calculation of the mean).

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The assumptions made for the use of the t- test in this analysis are: the sample of health professionals was selected at random; the population distribution was assumed to be normal if there were more than 30 cases for any one variable; the survey data were interval or ratio level variables; and the variances within the two comparison groups are equal. The null hypothesis H_0 was that the means for the two groups being compared were equal, versus the alternative hypothesis H_1 that the means were unequal. The p-value chosen for this test statistic was 0.05, and results were interpreted as significant when p was less than or equal to 0.05. The confidence level chosen for this test statistic was 95%.

iii) Chi-square Test to Test the Independence of Two Categorical Variables

The chi-square test was used to test the independence of two categorical variables being compared. After computing the significance level (p-value) for this test statistic, confidence level was calculated using the formula: (1 - p-value) X 100. A footnote appears at the bottom of each table in Annex I where this test is used if any of the cells had a count of less than 1 or if more than 20% of cells had counts of less than 5.

The assumptions for the use of the chi-square test are: the sample of health professionals was selected at random; the population distribution was assumed to be normal if cell frequencies were 5 or greater; and the data are nominal or ordinal level variables. The null hypothesis H_0 was that there is no association between the

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factors compared, with the alternative hypothesis H_1 being that there is an association in the population studies between the two factors. The p-value chosen for this test statistic was 0.05, and results were interpreted as significant when p was less than or equal to 0.05. The confidence level chosen for this test statistic was 95%.

2.3 Results

The results of questions 1 through 31 in the health professional survey are presented and discussed in this chapter (see Appendix C - Health Professional Survey Questionnaire). The survey questions pertaining to ADR reporting, mandatory ADR reporting and informed consent (questions 32 to 53 in the health professional survey) were additional questions of interest to the Marketed Health Products Directorate in Health Canada, and were therefore included in the survey. However, since these questions did not relate directly to the research objectives of my thesis, the results of these questions are not presented or discussed here.

The results of the health professional survey are presented in four sections as follows.

I) Results of the Survey Sample Disposition and Demographics

This section presents the results of the survey sample disposition and demographics.

ii) Detailed Statistical Analysis of the Health Professional Survey

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This section presents the detailed statistical analysis of questions 1 through 31 of the health professional survey (see Annex I to this chapter). The results in Annex I are presented sequentially by survey question in tables and include chi-square statistics (significance at the p=.05 level, 2-sided test), t-test for means, and z-test for percentages. The tables in this annex denote statistically significant results by a capital letter indicating the comparison group. The notation used assumes that the reverse comparison is also statistically significant; however, for purposes of brevity, the sign of the reverse comparison is not explicitly shown.

iii) Presentation and Discussion of the Key Survey Results

This section presents and discusses key attitudes and perceptions of health professionals that are considered important from the standpoint of informing on drug safety, drug risk communication policy, and the strengths and weaknesses and use of Health Canada sources of drug risk information.

iv) Summary of the Key Findings of the Health Professional Survey

This section consists of a table summarizing the key findings of the health professional survey.

2.3.1 Results of Survey Sample Disposition and Demographics

Final Sample Disposition

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The margins of error for the five health professional groups and overall sample of health professionals are given in Table 2.2, The precision of a survey of this type can be gauged by the margin of error associated with the survey responses. The total sample size was chosen to achieve accurate results for the entire sample, with the recognition that accuracy will decrease as the sample is divided into smaller and smaller subgroups. The calculation of the margin of error for this survey was based on the accuracy of an estimate of the proportion of respondents who answer "yes" to a question such as, "Do you have faith in the system of safeguards that exists for drug safety in Canada?", with accuracy expressed in terms of the width of the confidence interval around the percentage of subjects who answer "yes". The length of the confidence interval depends on both the sample size and the true percentage of respondents who responded "yes" in the entire population of health professionals. Using this proportion, the confidence interval will be widest when the true percentage is 50%, and will decrease as the true percentage becomes larger or smaller than 50%.[99] Thus, a 'worst case' margin of error is assumed when assuming a proportion of 50%-50%. Here, a proportion of 50%, a sample size of n = 600, and a finite population correction factor (1-n/N) was used to calculate the maximum margin of error for each health profession. Thus, the margin of error for the total survey population ± 4.2%, implying a 95% confidence interval of 45.8 to 54.2% for a proportion of 50%.

The precision of a survey of this type can be gauged by the margin of error associated with the survey responses. Determination of the margin of error is most

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important at the design stage, providing an indication of how accurate a sample of a given size will be. The total sample size is typically chosen to achieve accurate results for the entire sample, with the recognition that accuracy will decrease as the sample is divided into smaller and smaller subgroups.

For this survey, the margin of error was +/- 8.0% for both physicians and pharmacists (both of which had a samples size of n = 150); +/- 9.8% for nurses (n = 100), +/- 10.0 % for naturopaths (n = 96); and to +/- 13.2% for dentists (n = 55).

Table 2.2 Number of Respondents and Margin of Error by Health Profession

Health Profession	No. of Respondents	% of Sample	Margin of Error[1]
Physicians	150	27.2	± 8.0%
Dentists	55	10	± 13.2%
Pharmacists	150	27.2	± 8.0%
Nurses	100	18.1	± 9.8%
Naturopaths	96	17.4	± 10.0%
Total	551	100	± 4.2%

[1] Percentage based on 95% confidence level

The final disposition of all survey contacts is presented in Table 2.3. A total of 8,210 telephone numbers were called for this study, from which 706 health professionals were qualified as eligible to completed the survey. Of these 706 eligible respondents, 155 started, but did not finish the survey; 551 completed the survey in its entirety for an overall survey response rate of 25.7%. The average length of interviews was 25 minutes.

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Table 2.3 Response Rate for Health Professional Survey

A. Total Number Attempted	8,210
1. Not in Service	543
2. Fax/Modem line reached	97
3. Invalid/Wrong Number	508
B. Total Eligible Numbers	7,062
4. Busy	192
5. Answering Machine	1,345
6. No Answer	776
9. Selected/Eligible Respondent Not Available	1,867
7. Language Barrier	11
8. Illness, Incapable	128
C. Total Asked	2,743
10. Company Refusal	1,318
11. Respondent Refusal	697
12. Respondent Break Off After Starting	22
D. Co-operative Contacts	706
13. Started but did not complete interview	155
14. Completed Interview	551
Refusal Rate = (10+11+12)/C	74.3 %
Completion Rate =(14/C)	20.1%
Response Rate = (13+14)/C	**25.74%**

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The 2,743 health professionals asked if they would complete the survey resulted in 706 'cooperative contacts' (i.e. said yes to responding to the survey questions). Out of this group of cooperative contacts, 155 respondents started the survey but ended before responding to all questions. No data was collected on '*reasons for ending the survey early*' and it could not be determined whether the reasons for stopping and the stop point in each case coincided with a specific reason and a specific question or whether the reasons for stopping and stop points were different for each respondent that did not complete the survey.

In most cases, scheduled appointments were made with health professionals to conduct the survey interviews therefore, it is not known for certain the reasons why respondents did not complete the survey nor whether the stop point corresponded with any particular question(s) in the survey or any particular point in the survey (i.e. late rather than early in the survey).

Possible reasons for stopping include, health professionals have important work to attend to and are generally very busy so their stopping could have corresponded to an unexpected urgent issue arising or that they found the survey was taking too long and they needed to get to other more important work. The possibility also exists that some health professionals felt 'pressured' to say yes to responding to the survey since they were told that it was supported by several national health professional associations, but decided they could not invest the time needed in the end to respond to all questions. Finally, the

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possibility exists that certain health professionals that started the survey did not feel that the line of questioning was not relevant to their practice and so decided not to invest the time.

Sample Characteristics

The characteristics of the final sample of health professionals are presented below in Table 2.4. Sample characteristics are presented by health profession, in terms of the distribution across region and other demographic and professional characteristics including gender, language of interview, years of practice, practice setting, and licence to prescribe (naturopaths only).

Table 2.4 Percentage of Respondents in Each Health Profession by Region, Gender, Language, Years of Practice, Practice Setting, and Licence to Prescribe

Sample Characteristic	All	Physicians	Dentists	Pharmacists	Nurses	Naturo-paths
Region						
Atlantic	12	14	-	15	14	9
Quebec	12	18	2	16	1	14
Ontario	46	40	67	48	38	50
Prairies	17	24	6	11	22	8
British Columbia	13	4	15	9	25	19
Total	100	100	100	100	100	100

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Gender						
Male	58	84	100	61	100	100
Female	42	16		39		
Total	100	100	100	100	100	100
Language						
English	90	7822	8812	86	92	85
French	10			14	8	15
Total	100	100	100	100	100	100
No. Years of Practice						
Less than 10	23	24	32	27	15	49
10 - 19	26	29	36	29	29	29
20 - 29	28	33	21	33	30	14
30 or more	21	14	11	11	26	5
Refused to say	2	-	-	-	-	3
Total	100	100	100	100	100	100
Practice Setting						
Hospital/Clinic	32	44	9	-	98	10
Private	-	27	7	-	-	3
Practice/Retail	64	22	84	99	-	82
Other	4	7	-	1	2	5
Total	100	100	100	100	100	100
Nurse Type						
Nurse	-	-	-	-	100	-
Nurse - Practitioner	-	-	-	-		-
Total					100	

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Licenced to Prescribe						
Yes	-	100	100	-	-	100
No	-	-	-	-	-	(NHPs only)
						100

- denotes Not Applicable

2.3.2 Detailed Statistical Analysis of the Health Professional Survey

The results of the detailed statistical analysis of the health professional survey can be found in Annex I to this chapter. The analysis results in this Annex are presented for questions 1 through 31 of the health professional survey questionnaire. In Annex I, statistical significance is indicated by a capital letter which denotes the comparison group to which the result is significantly different. For the sake of brevity in displaying results, the significance of the reverse comparisons are not noted; however, significance is implied in all cases.

2.3.3 Presentation and Discussion of the Key Survey Results

Perceived Safety of Health Products (Q.1)

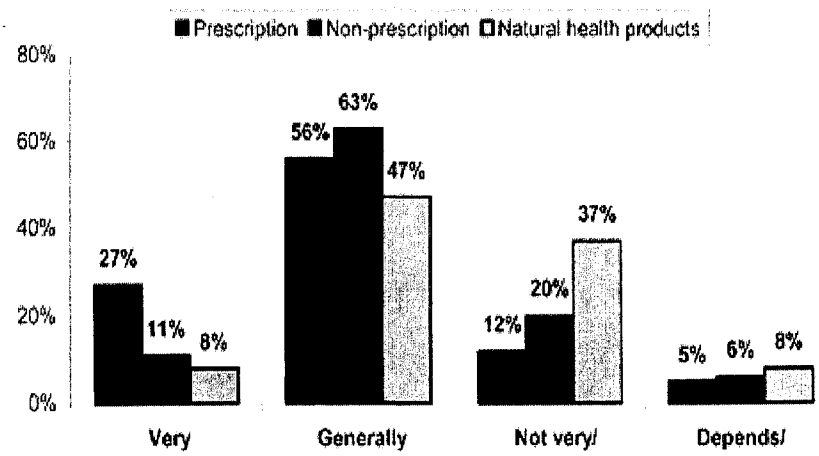
This first question in the health professional survey, Q.1, concerning perception of safety of different types of health products was asked in order to provide a context for health professionals' opinions of the safety of drugs sold in Canada ans their confidence in the drug safety system currently in place in Canada. When asked to rate the safety of each of the three different types of health products covered in the survey (prescription

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drugs, non-prescription drugs and natural health products), most health professionals said they consider prescription and non-prescription drugs to be generally safe, but are less confident in the safety of natural health products (Figure 2.1).

Overall, prescription drugs were perceived to be the safest, with more than eight in ten health professionals indicating they were very (27%) or generally (56%) safe. Three in four (74%) health professionals gave a similar assessment to non-prescription drugs, although fewer said they are very safe (11%). By comparison, 47% of health professionals considered natural health products to be generally safe, while more than one in three (37%) said they are not very or not at all safe (Figure 2.1).

Figure 2.1 Perceived Safety of Health Products Among Health Professionals

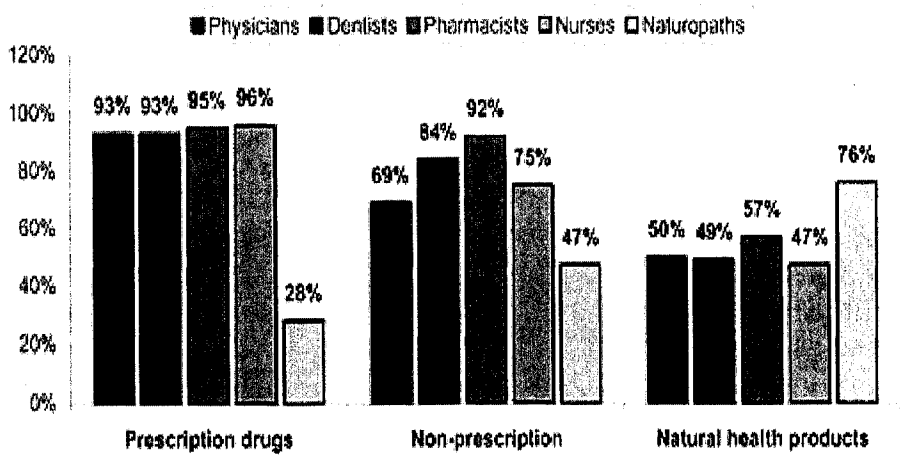


Among the various health professions, the perceived safety of different health products varied (Figure 2.2). Doctors, nurses, pharmacists and dentists were generally confident in the safety of prescription drugs, expressing that they were very or generally

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safe (percentages ranging from 93 - 96%); they were also relatively confident in the safety of non-prescription drugs (percentages ranging from 69%-92%), but less so in natural health products (percentages ranging from 47%-57%). However, naturopaths stood out from the other health professions as holding the opposite viewpoint. Only 28% of naturopaths said that prescription drugs were very or generally safe, although 76% said they considered natural health products to be very or generally safe. There were also differing opinions among other health professional groups on the safety of non-prescription drugs, with the confidence expressed by pharmacists (92%) with the least confidence among naturopaths (47%) (Figure 2.2).

Figure 2.2 Perceived Safety (Very or Generally Safe) of Health Products by Health Profession

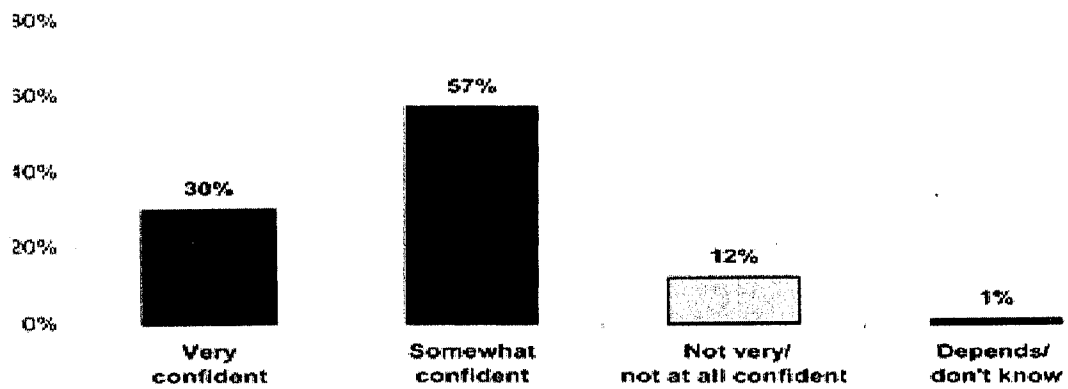


Confidence in Canada's Drug Safety System (Q.2)

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As shown in Figure 2.3, health professionals were generally confident in the current drug safety system in Canada, as well as in the contributions made to the system by various stakeholders. Consistent with their confidence in the safety of marketed health products, health professionals also give a vote of confidence to the systems and safeguards currently in place in Canada to ensure the safety of these drugs. More than eight in ten say they are very (30%) or somewhat (57%) confident in the drug safety system, while fewer than one in six (12%) express a lack of confidence in the system (Figure 2.3).

Figure 2.3 Confidence in Drug Safety Systems and Safeguards Among Health Professionals



As with their perceptions of the safety of health products, all health professions except naturopaths had confidence in the drug safety system in Canada (see Annex I, Q.2). Naturopaths differed considerably from the other health professions in their confidence in the drug safety system. Only half (48%) of naturopaths say they are confident (very or somewhat confident) in the current system, compared to significantly

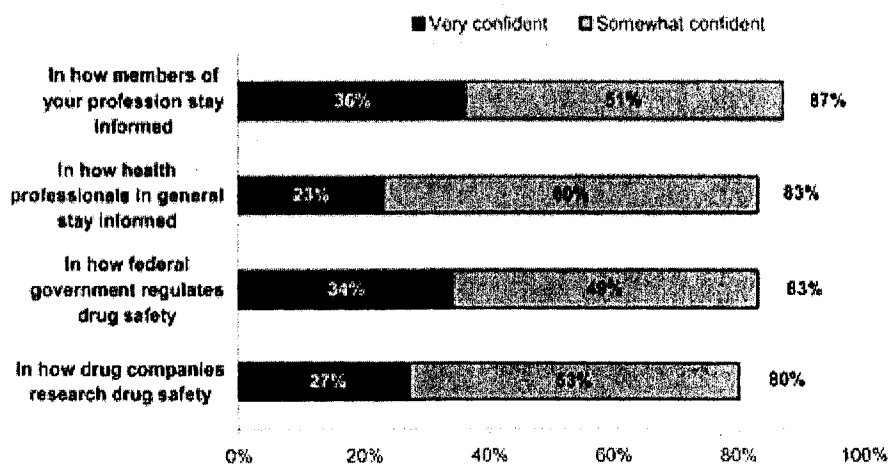
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higher levels of confidence expressed by physicians, dentists, pharmacists and nurses, for whom confidence levels ranged between 94 and 96%).

Confidence in the Roles Played by Others in the Drug Safety System (Q.3)

The survey also asked health professionals about their confidence in the roles different groups play in the drug safety system. Overall, health professionals were generally confident (87% very or somewhat confident) in how members of their own profession and how health professionals in general stay informed about the safety of drugs they prescribe (83%), in how the federal government regulates and monitors drug safety (83%), and in how drug companies research the safety and effectiveness of the drugs they manufacture (80%). (Figure 2.4)

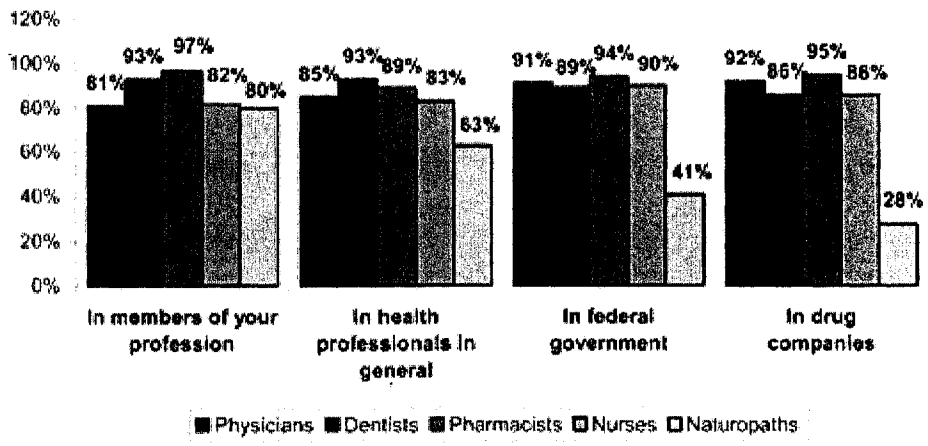
Figure 2.4 Confidence in Drug Safety Systems and Safeguards Among Health Professionals



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All health professions appeared to be confident in the process by which members of their own profession stay informed about drug safety, with the highest confidence being expressed by pharmacists (97%) (Figure 2.5). Most groups were also confident in how other health professionals stay informed (ranging from 83 to 93% confidence), yet less than two-thirds (63%) of naturopaths gave other health professionals a vote of confidence in this area. Naturopaths were also much less likely to say they had confidence in the federal government (41%) and in drug companies (28%) (Figure 2.5).

Figure 2.5 Confidence (Very or Somewhat Confident) in Stakeholders in Drug Safety by Health Profession



Responsibility for Drug Safety in Canada (Q.4)

As seen in Figure 2.6, when health professionals were asked who they held most responsible for ensuring the safety of drugs available in Canada today, more than half

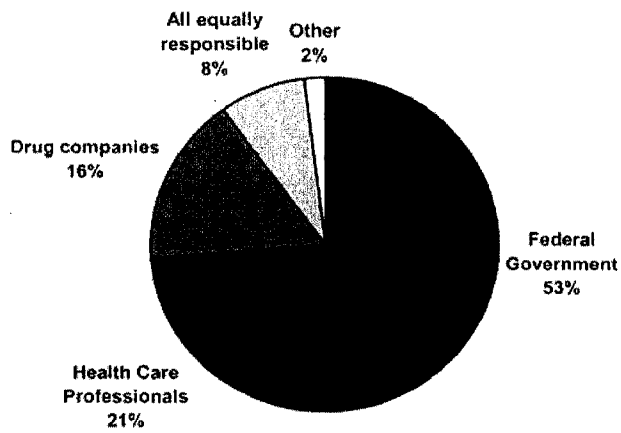
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(53%) of health professionals place responsibility with the federal government, while smaller groups choose either health care professionals themselves (21%) or drug companies (16%). A few respondents (8%) volunteered (unprompted) that all three were equally responsible, or offered other options (2%). Although this question was included to explore attitudes on responsibilities for drug safety, it is noted that the wording of the question was leading (it asked who is *most* responsible for drug safety in Canada, and not the extent to which each group listed has a responsibility for drug safety). In addition, the question did not offer respondents the option of a 'shared responsibility among all groups', thus making it difficult to draw conclusions regarding the extent to which health professionals feel that the various groups (themselves, drug industry, patients) have a play a role in drug safety. It was, however, noteworthy that some respondents volunteered that all groups were equally responsible, even though it was not offered as an option within the question.

Nurses (45%) and naturopaths (40%) (see Annex I, Q.4) were less likely to say they hold the federal government responsible, and instead were more likely to point to the role of health care professionals (29% for both groups). Notwithstanding these minor differences in opinion between the different health professions, of primary interest was the fact that most health professionals chose the federal government as being the most responsible for drug safety over themselves (Figure 2.6).

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Figure 2.6 Perceived Responsibility for Drug Safety in Canada

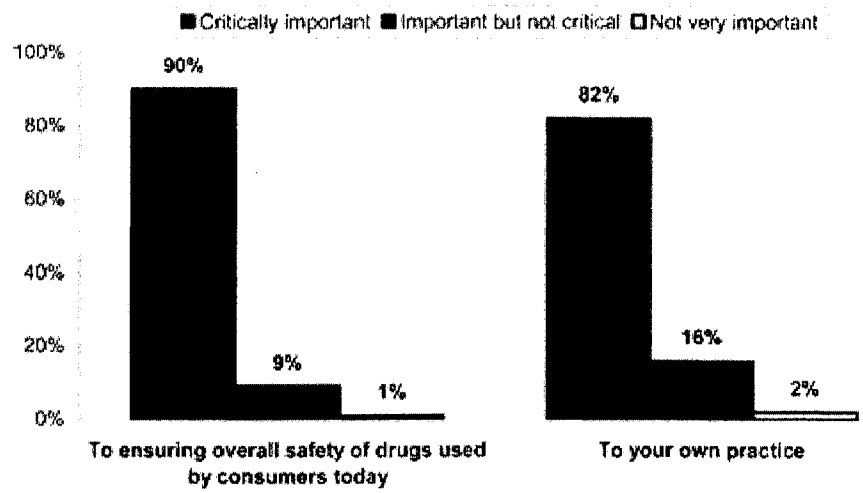


Importance of Post-Market Surveillance (Q.5)

Figure 2.7 shows that post-market surveillance was considered of critical importance to health professionals, both to ensuring overall drug safety in Canada as well as to their own practices. As one element in the drug safety system, health professionals placed a high degree of importance on post-market surveillance of health products. Nine in ten (90%) said it is critically important to ensuring the overall safety of drugs used by consumers, consistently across all health professions. More than eight in ten (82%) also considered post-market surveillance of critical importance to their own practice (Figure 2.7).

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Figure 2.7 Perceived Importance of Post-Market Surveillance Among Health Professionals



Nurses (92%) were more likely to say post-market surveillance is essential to their practice than were dentists (78%), pharmacists (80%), and naturopaths (71%); 85% of physicians indicated they felt post-market surveillance was essential to their practice (see Annex I, Q.5).

Sources of Drug Safety Information Used by Health Professionals (Q.6)

As discussed earlier, much of the safety information about ADRs only becomes available after a health product has been on the market for some time. There are a variety of sources available to provide health professionals with this type of post-market drug risk information (defined as drug safety information not yet published in product monographs).

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This section examined health professionals' familiarity with, use of, and satisfaction with sources of post-market drug safety information.

In evaluating the effectiveness of the methods used to communicate post-market drug safety information, it was considered important to first understand what sources of drug safety information health professionals' routinely use. Health professionals said they mostly used the Compendium of Pharmaceutical Specialties (CPS) available on the internet (73% of all health professionals), followed by the CPS in hard copy (69%), and medical journals and publications (39%) when seeking general safety information about the drugs and other health products they administer (Table 2.5).

Other common sources of drug safety information included: drug manufacturers (25%), pharmacists/pharmacy (23%), online sources available on the Internet (23%), and professional associations or colleagues (22%). It should be pointed out that Health Canada does not play a role in providing general drug safety information (rather, their role is to provide post-market drug safety information); this is reflected in the lower level of mentions (15%) for Health Canada (Table 2.5).

Table 2.5 Sources of Drug Safety Information Used by Health Professionals

Sources	%
Internet - CPS	13
Hard copy CPS	69
Product monographs (i.e package insert)	8
Medical journal/publications	39

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Drug manufacturers	25
Pharmacists/pharmacy	23
Online sources/websites/internet	23
Associations/colleagues	22
Net - Health Canada	15
DHPLs (from Health Canada)	4
Health Canada website	3
Health Canada/government publications	2
Public Advisories/Warnings	2
Health Canada electronic mailing/e-mail alerts	2
Canadian Adverse Reaction Newsletter (CARN)	2
Drug Information Centres	6
Conferences/lectures/workshops	4
Media	2
Other mentions	18
Don't know	1

The CPS was cited as the most popular source of drug safety information among all health professions, but particularly so among dentists (89%) and nurses (83%) (see Annex I, Q.6). Nurses were also more likely than other groups to consult pharmacists (49%) about safety information, while naturopaths reported the use of medical journals (54%). Across the various health professions, Health Canada sources of post-market drug

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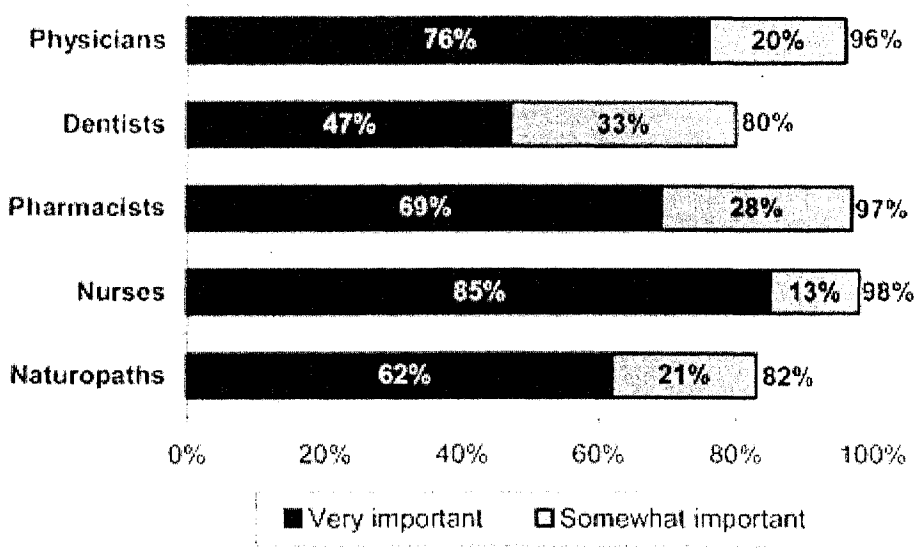
safety information were most likely to be used by physicians (25%) and pharmacists (17%). Of note is the fact that not many health professionals (only 8%) reported using drug product monographs issued by the drug manufacturer to access drug risk information.

Role of Post-Market Drug Safety Information (Q.7, Q.8)

Post-market drug safety information is important to patient safety and is gathered through post-market surveillance when a drug is used under 'real-world' conditions. Health professionals were asked about the importance of this new safety information to their own practice, and the frequency with which they seek it out. Post-market drug safety information was seen as important to health professionals (Figure 2.9), with more than eight in ten in each profession indicating it is very or somewhat important to their practice. Of the health professions surveyed, however, nurses placed the highest importance on this information (85% indicated this information was very important), followed by physicians (76%), pharmacists (69%) and naturopaths (62%). By comparison, fewer than half of dentists (47%) said this information plays a very important role in their practice. This is not surprising since very few dentists prescribe drugs other than pain killers and antibiotics - most of which are relatively safe compared to drugs that treat life threatening diseases such as cancer and cardiovascular disease (Figure 2.9).

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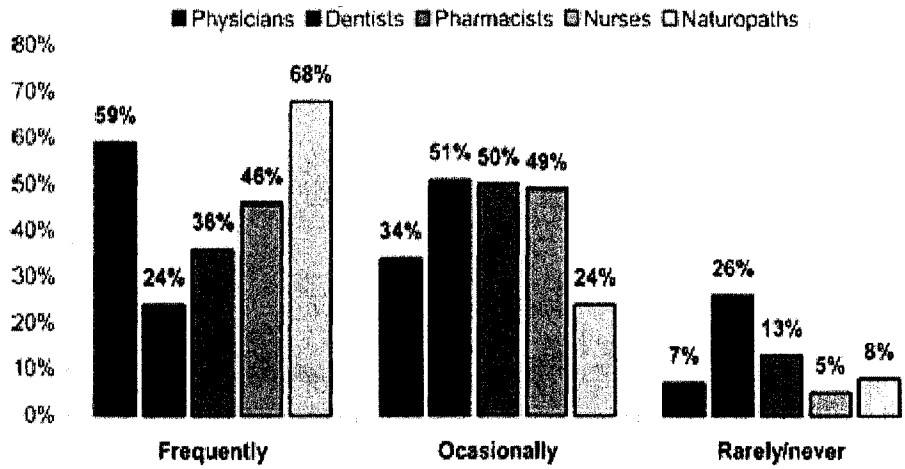
Figure 2.9 Perceived Importance (Very or Somewhat Important) of Post-market Drug Safety Information to Own Practice by Health Profession



Those who were less confident in the current drug safety system in Canada were less likely to say that post-market drug safety information plays an important role in their practice (Figure 2.10). The frequency with which health professionals seek out new safety information (post-market) also varied by health profession (Q.7). Naturopaths and physicians were the most regular users, with the majority indicating that they frequently look for such information (68% and 59%, respectively). Pharmacists (50%) and nurses (49%) said they were more likely to seek out post-market (new) drug safety information occasionally. Dentists also reported being only occasional users (51%), although there was also a modest-sized group of health professionals (26%) who indicated that they rarely or never use such information (*Q.8*) (Figure 2.10).

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Figure 2.10 Frequency of Seeking Out Post-market Drug Safety Information by Health Profession



Not surprisingly, health professionals who said that post-market drug safety information is very important to their practice were also those most likely to frequently search out such information (54%), versus those who said such information is of lesser importance (37%) (see Annex I, Q. 8). In addition, the frequency of seeking out this information increased among those health professionals who's confidence, both in the safety of the different types of health products (prescription drugs, non-prescription drugs, and natural health products) and in Canada's drug safety system, declined (see Annex I, Q. 8).

Sources of Post-market Drug Safety Information (Q.9, Q.10)

Health professionals said they relied on a variety of different sources of post-market drug safety information; however, a common source cited was Health Canada (Table 2.6).

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The CPS was viewed as a primary source of *post-market* drug safety information despite the fact that the CPS is often out of date once a drug has been on the market for some time and new risks have been identified. Other commonly used sources reported were medical journals and publications (34%), drug manufacturers (33%), Health Canada sources (26%), the internet (23%), and, to a lesser degree, pharmacists and pharmacies(19%) and professional associations/colleagues (19%). Of note is the fact that a few health professionals mentioned (without prompting) several Health Canada sources of post-market drug safety information, including the Health Canada website, general publications, public advisories and warnings and DHPLs issued by Health Canada. Of note is the finding that only 1% of health professionals said that they use continuing medical education (a requirement of the College of Physicians and Surgeons for ongoing licensing) to learn about new drug risks (*Q.9*) (Table 2.6).

Table 2.6 Sources of Post-market Drug Safety Information Used by Health Professionals

Source	Source referred to most often[1] (%)
CPS	69
Product monographs	2
Medical journal/publications	30
Drug manufacturers	23
Net Health Canada	26
Health Canada website	9

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Health Canada/government publications	6
DHPLs (from Health Canada)	5
Public Advisories/Warnings	2
Health Canada electronic mailing/e-mail alerts	2
Canadian Adverse Reaction Newsletter	2
Internet (online sources)	23
Pharmacists/pharmacy	19
Associations/colleagues	19
Media	5
Conferences/Workshops	5
Drug Information Centres	5
Continuing medical education	1
Other mentions	16

Pharmacists (32%) and physicians (25%) were most likely to turn to Health Canada for post-market drug safety information (see Annex I, Q.9). Physicians also tended to refer to medical journals (42%) and the CPS (22%), while pharmacists were more likely than other health professions to consult drug manufacturers (53%). Nurses (49%) and dentists (29%) were more likely to refer to pharmacists for new safety information pertaining to drugs, while dentists were least likely of all the health professions to seek out sources of post-market drug safety information.

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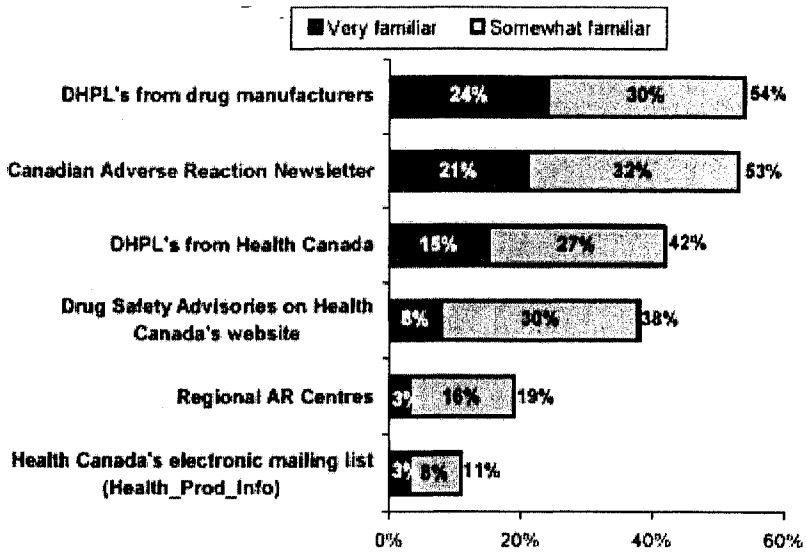
In this same section (see Annex I, Q.10), health professionals were asked about 'other sources' of post-market drug safety information with which they were familiar (other than those sources they identified as the source they referred to most often). In response to this question, health professionals answered that they were aware of online or Internet resources (20%), information available through drug manufacturers (18%), Health Canada sources (17%), medical journals/publications (5%), and pharmacists (10%). Of note in their response to this question is that 40% of health professionals said they were not familiar with sources other than those that they referred to most often (see Annex I, Q.10).

Familiarity of Health Professionals with Post-market Drug Safety Information Sources (Q.11,Q.12)

When prompted about their familiarity with the various sources of post-market drug safety information, health professionals indicated they were most familiar with DHPLs issued by drug manufacturers (54% very or somewhat) familiar), followed by the CARN (53% very or somewhat familiar), DHPLs issued by Health Canada (42%), and drug safety advisories posted on Health Canada's website (38%). In contrast, few health professionals the Regional ADR Centres (19% very or somewhat familiar) and Health Canada's electronic mailing list (11%) (Figure 2.11).

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Figure 2.11 Familiarity (Very or Somewhat Familiar) of Health Professionals With Post-market Drug Safety Information Sources



With respect to the familiarity of individual health professionals groups with sources of post-market drug safety information, pharmacists stood out from the other health professions as being more familiar with most of the sources of new safety information than other health professions (Table 2.7). The only exceptions were DHPLs issued by drug manufacturers where physicians were more familiar with this source than pharmacists (81% versus 57%), DHPLs issued by Health Canada where physicians were more familiar with this source than pharmacists (65% versus 58%), and Health Canada's electronic mailing list where physicians, nurses and naturopaths were more familiar with this source than pharmacists (12, 13, 16%, respectively, versus 10%). Most health professionals were familiar to some extent with each of the sources, with the exception of the Regional ADR Centres and the electronic mailing list, which were mostly unknown to all of the health

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professions surveyed. Physicians were more likely than other health professions to be aware of DHPLs (both from Health Canada and from drug manufacturers) and the CARN (which has been published quarterly in the Canadian Medical Association Journal since 1994). Drug safety advisories issued by Health Canada were more likely to be familiar to pharmacists (41%), nurses (47%), and naturopaths (56%), than to physicians (25%) and dentists (15%) (Table 2.7).

Table 2.7 Familiarity (Very or Somewhat Familiar) of Health Professionals with Post-market Drug Safety Information Sources

Source	Physicians (%)	Dentists (%)	Pharmacists (%)	Nurses (%)	Naturopaths (%)
DHPLs from drug manufacturers	81	42	67	33	20
Canadian Adverse Reaction Newsletter	65	13	88	32	25
DHPLs from Health Canada	65	24	58	24	16
Drug Safety Advisories and Warnings on Health Canada's website	25	15	41	47	56
Regional AR Centres	18	11	34	8	14
Health Canada's electronic mailing list (Health_Prod_ Info)	12	4	10	13	16

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The value placed on post-market drug safety information and the frequency with which health professionals seek it out was reflected in their familiarity with the various sources of this information. Familiarity was higher for all sources among health professionals, who said post-market drug safety information is very important to their practice, and among those who look for post-market drug safety information more regularly (see Annex I, Q.5, Q.8). In addition, the more familiar health professionals were with these resources available from Health Canada, the more confidence they expressed in how the federal government regulates and monitors drug safety in Canada.

Table 2.8 shows the various ways health professionals said they became aware of the different sources of post-market drug safety information. For each source of post-market drug safety information with which health professionals indicated they were familiar, respondents were then asked how they became aware of this source. There were a wide variety of different ways in which health professionals said they heard or learned about each of the sources. In the case of DHPLs (both from drug manufacturers and from Health Canada) and the CARN, most health professionals said they first learned about then when they received them by direct mail. Some respondents reported that DHPLs may be brought to their attention by drug manufacturers (ranging from 2 to 21% of health professionals); however, other health professionals reported that they were most likely to have heard about drug safety advisories issued by Health Canada, from online sources (ranged from 2 to 20%), or from Health Canada directly (ranged from 3 to 27% of health professionals) (*Q.12*).

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Other common ways in which health professionals said they became aware of these resources were through hospitals or places of work (ranged from 9 to19% of health professionals), associations and colleagues (4 to 21%), pharmacists (3 to 7%), and medical journals (3 to 8%). Of note with this question is that the most common ways that health professionals (especially physicians) become aware of new safety information are through either direct mailings of DHPLs by drug manufactures (48% of health professionals) or through their issuance by Health Canada (43%). It is also noteworthy that the hospital workplace (ranged from 9 to19% of health professionals) and colleagues (14 to 21%) were also frequent sources of knowledge about post-market drug safety information sources. This finding leads one to believe that the more drug risk information is shared with health professional groups and health care institutions, the more likely it is to be known to those who prescribe (Table 2.8).

Table 2.8 How Health Professionals Became Aware of Sources of Post-market Drug Safety Information by Source [1]

Source [1]	DHPLs [2] from drug manufacturers (n^3=362) (%)	CARN [4] (*n=369*) (%)	DHPLs issued by Health Canada (*n=337*) (%)	Drug Safety Advisories (*n=272*) (%)	Regional AR Centres (*n=206*) (%)	Electronic mailing list (*n=118*) (%)
Mailings/email/fax sent to me	48	36	43	8	14	17
Drug manufacturers	21	3	2	2	2	-

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Through hospital/workplace	16	19	17	10	12	9
Associations/colleagues	14	17	16	21	18	20
Pharmacists	4	7	4	3	5	3
Medical journals/publications	4	7	4	6	3	8
Online sources/Internet	3	3	2	20	2	13
Notified by Health Canada	3	11	14	27	6	14
Media	1	2	1	3	2	2
Word of mouth	1	1	-	2	4	2
Medical school	1	2	1	2	4	-
CPS	-	1	-	-	3	-
Other	5	8	5	5	14	9

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Don't know	6	9	10	10	23	17

[1] Among those who were very, somewhat or not very familiar with that source
[2] DHPLs = Dear Health Professional Letters
[3] *n* denotes the number of health professionals who indicated they were familiar with the information source
[4] CARN = Canadian Adverse Reaction Newsletter
- denotes a value of zero meaning no mentions for this source

Physicians, dentists and pharmacists were generally more likely than nurses and naturopaths to say they learned about these sources of post-market drug safety information because these various information sources are sent to them (see Annex I, Q12). Nurses were more likely to indicate they find out about these resources at work, or through their professional colleagues. Colleagues were reported as a more likely source of drug safety information by naturopaths.

Use, Satisfaction and Dissatisfaction with Post-market Drug Safety Information Sources (Q.13, Q.14, Q.15, Q.16)

This section asked a series of questions pertaining to how the information contained in the various sources of post-market drug safety information is used and about reasons for satisfaction and dissatisfaction with the sources. Overall, post-market drug safety information sources tend to be used occasionally rather than frequently, and read selectively rather than thoroughly. However, most health professionals also said they keep these sources for future reference. Health professionals who indicated some level of familiarity with a post-market drug safety information source were asked if they had used that source of post-market drug safety information in the past year. Figure 2.12 shows for each source of post-market drug safety information, those health professionals who have

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used a given information source in the past 12 months, those who have not used it in that same time period, and those who were not familiar with the source.

The most commonly used source of post-market safety information is DHPLs received directly from drug manufacturers (48% used in the past 12 months, 19% not used in the past 12 months, and 33% not familiar with this source). Health professionals were also likely to have used the Canadian Adverse Reaction Newsletter (39% used in the past 12 months, 29% not used in the past 12 months, and 32% not familiar with this source) and DHPLs issued by Health Canada (41% used in the past 12 months, 21% not used in the past 12 months, and 37% not familiar with this source) in the past year. Only one-quarter (24%) of health professionals reported using Drug Safety Advisories issued by Health Canada within the past 12 months, while fewer than one in ten used the Regional AR Centres (6%) or Health Canada's electronic mailing list (5%) as sources of post-market drug safety information (*Q.13*). These results confirm previous findings that DHPLs and the CARN are relatively well known and used by health professionals, while drug safety advisories (which are targeted at the public), Regional ADR Centres and Health Canada's electronic mailing list are comparatively less well known or used less often by health professionals (Figure 2.12).

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Figure 2.12 Past Year Usage of Post-market Drug Safety Information Sources Among Health Professionals

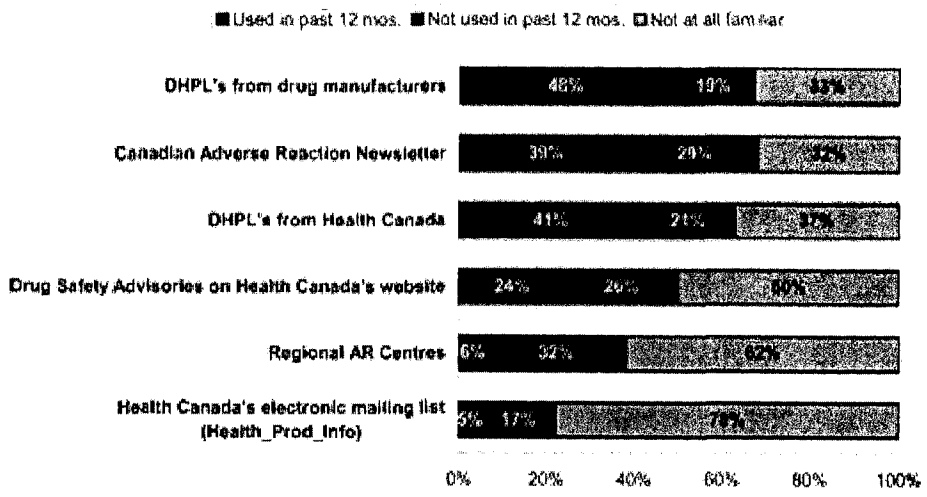


Table 2.9 shows that physicians and pharmacists were the most likely of the health professions to have used the DHPLs (both those which originate from Health Canada and from drug manufacturers) and the CARN in the past year. Drug safety advisories (found on Health Canada's website) were reported to be more commonly used by nurses and naturopaths (Table 2.9).

Table 2.9 Past Year Usage of Post-market Drug Safety Information Source by Health Profession

Source	Physicians (%)	Dentists (%)	Pharmacists (%)	Nurses (%)	Naturopaths (%)
DHPLs from drug manufacturers	72	35	63	31	14
Canadian Adverse Reaction Newsletter	55	-	73	17	7
DHPLs from Health Canada	66	16	53	22	15

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Drug Safety Advisories and Warnings on Health Canada's website	12	25	24	32	43
Regional AR Centres	11	4	6	6	1
Health Canada's electronic mailing list (Health_Prod_Info)	7	-	6	5	

- denotes a value of zero meaning no mentions for this source

For each of the sources of Health Canada sources of post-market safety information used in the past 12 months, health professionals were asked how often they used the sources over the year, how thoroughly they read the material provided, and what they typically do with the information once they have reviewed it. The majority (54%) of health professionals said they used these sources of new safety information on an occasional basis over the past year (Annex I, Q.14). Less than one in six (13%) said they use them more frequently, and one in three (32%) said they use them only rarely (Table 2.10). The frequency of use of DHPLs issued by drug manufacturers (17% said they use it frequently) was slightly higher than for the other sources (ranging from 9 to 13%).

With respect to the amount of attention given to the new safety information sources, half (51%) of health professionals indicated they read the sources selectively overall. The remainder was divided between those who said they read the sources more thoroughly (26%) and those who said they only glance at them quickly (22%). Of the various sources,

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DHPLs issued by drug manufacturers (33%) and by Health Canada (29%) were found to be the sources read the most thoroughly (*Q.15*) (Table 2.10).

Table 2.10 Attentiveness to Sources of Post-market Drug Safety Information Among Health Professionals [1]

Attentiveness when reading source	All Sources[2] (*n=392*)[3] (%)	DHPLs from drug manufacturers (*n=125*) (%)	CARN Newsletter (*n=97*) (%)	DHPLs from Health Canada (*n=84*) (%)	Drug Safety Advisories (*n=65*) (%)
Read it thoroughly	26	33	18	29	23
Read it selectively	51	49	59	45	52
Glance through it quickly	22	15	24	26	23
Don't read it	1	2	-	-	-

[1] Among those who said they used the source in the past 12 months
[2] The total includes Health Canada's electronic mailing list (n=9) and Regional RA Centres (n=12. Sample sizes were too small to report these results individually and results should therefore be interpreted with caution.
[3] n denotes the number of health professionals who indicated how attentive they were to reading the information source
- denotes a value of zero meaning no mentions for this source

Table 2.11 shows that the different health professions generally reported using the different information sources with a similar frequency and attentiveness. (Note that patterns by health profession for each source individually could not be reliably examined due to small

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sample sizes.) Most health professionals that said they reviewed the new safety information source said they keep it for future reference, in paper (60%) or electronic form (7%) (Table 2.11). Smaller groups of individuals said they circulate the information to other health professionals (18%), notify their patients of risks (16%), discuss the information with a pharmacist (14%), or discard the information without reading it (18%). Only 6% of health professionals who said they reviewed sources of post-market drug safety information said they remembered it; the same small percentage said that they changed their prescribing practice because of it (Q.16). (Note that because these were volunteered responses, they could not be interpreted as an overall measure of the proportion of health professionals who notify their patients of health risks.)

In comparison to other sources, health professionals were more likely to keep the Canadian Adverse Reaction Newsletter (71%) and to discard DHPLs (23% for both those from drug manufacturers and from Health Canada). Noteworthy was the fact that Drug Safety Advisories posted on Health Canada's website were found to be the most common source of drug safety information to be kept in electronic form (19%) (Table 2.11).

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Table 2.11 Use of Post-market Drug Safety Information by Health Professionals

Use [1] of Information Source	All Sources [2] (*n=392*)[3] (%)	DHPLs from drug manufacturers (n=125) (%)	CARN Newsletter (*n=97*) (%)	DHPLs from Health Canada (*n=84*) (%)	Drug Safety Advisories (*n=65*) (%)
Keep for future reference in paper form	60	64	71	61	39
Keep for future reference in electronic form	7	5	3	4	19
Discard it	18	23	14	23	-
Circulate it to other health professionals	7	16	12	19	20
Notify patients of risk	16	14	12	17	20
Discuss with pharmacist	14	13	17	11	14
Remember it	6	6	4	8	8
Change prescribing practice/Implement it in my practice	6	8	1	3	10
Other	10	9	9	5	14

[1] Among those who have used the source in the past 12 months
[2] The total includes Health Canada's electronic mailing list (n=9) and Regional AR Centres (n=12), although sample sizes were too small to report these results individually and results should therefore be interpreted with caution.
[3] n denotes the number of health professionals who indicated they used the information source

Pharmacists were more likely than other health professions to say that they kept DHPLs and Advisories for future reference in paper form (76%) (Annex I, Q.16). In

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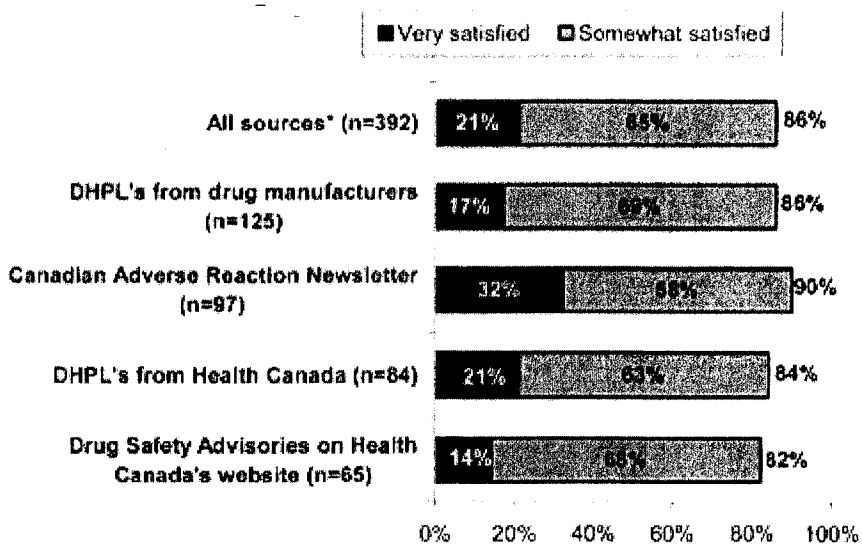
comparison, nurses were least likely to keep hard copies (36%) and instead passed them on to other health professionals (44%). Naturopaths were the most likely of all health professions to say they notified their patients of risks (32%), while physicians were more likely to say they discard the information (36%). (Responses by health profession for each information source identified could not be reliably examined due to small sample size.)

Satisfaction with Post-market Drug Safety Information Sources (Q.17, Q.18, Q.19, Q.20)

Health professionals said they were generally satisfied with the post-market drug safety information sources they reported using, primarily because they provide relevant and current information (Figure 2.13). Overall, health professionals said they were positive about the post-market drug safety information sources they have used in the past year. Across all sources, more than eight in ten said they were very (21%) or somewhat (65%) satisfied with the information about drug safety they received or had access to. Satisfaction was highest for the Canadian Adverse Reaction Newsletter (32% reported being very satisfied) compared to the other sources (*Q.17*) (Table 2.13).

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Figure 2.13 Satisfaction with Post-market Drug Safety Information Sources Among Health Professionals [1]



[1] Among those who have used the source in the past 12 mos.
* The All Sources total includes Health Canada's electronic mailing list (n=9) and Regional AR Centres (n=12), Sample sizes were too small to report these results individually and results should therefore be interpreted with caution.

Satisfaction across all six sources or post-market drug safety information was highest among pharmacists (95% very or somewhat satisfied), and lowest among naturopaths (64%), compared to nurses (89%), physicians (86%), and dentists (76%) (Annex I, Q.17). (Satisfaction by health profession for each source individually could not be reliably examined due to small sample sizes.)

Those who said they were satisfied with these sources of post-market drug safety information in general were also most likely to say this is because of the information contained in the source. Health professionals said they found these sources to be relevant (51%) and current (37%), to provide the information they need (27%), and to provide information critical to patient safety (5%). Some respondents reported that they had

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confidence in Health Canada as the source of the information (11%), and others said that the information in the Health Canada sources was both easy to use (10%) and concise (6%). The reasons for satisfaction with the different information sources was quite consistent when compared across the different information sources (Table 2.12) (*Q.18*).

Table 2.12 Reasons for Satisfaction with Post-market drug safety information Source [1]

Reasons [1] for Satisfaction with Information Source	All Sources [2] (*n=164*) [3] (%)	DHPLs from drug manufacturers (*n=163*) (%)	CARN Newsletter (*n=175*) (%)	DHPLs from Health Canada (*n=157*) (%)	Drug Safety Advisories (*n=133*) (%)
Good source of information/relevant	51	51	49	55	49
Current information/timely/up to date	37	35	40	35	26
Able to get information/answers I wanted	27	27	30	24	28
Confidence in/trust Health Canada	11	10	14	10	11
Easy to use	10	8	12	9	13
Concise	6	5	9	7	2

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Provide information critical to patient safety	5	3	8	6	-
Like the method of sending the information	2	4	-	3	4
It provides suggestions/options	2	5	1	-	-
The information may be biased	2	5	-	1	-
The information can be late and problem is known	2	1	5	-	-
Other mentions	6	7	6	3	9
Don't know	3	2	1	4	8

[1] Among those who were satisfied with the source they have used in the past 12 months
[2] The total includes Health Canada's electronic mailing list (n=8) and Regional AR Centres (n=11). Sample sizes were too small in most cases to report these results individually and results should therefore be interpreted with caution.
[3] n denotes the number of health professionals who offered reasons for satisfaction with the information source.
- denotes a value of zero meaning no mentions for this source.

Nurses were more likely to say that these six sources of post-market drug safety information are easy to use (22%), while physicians (41%) and pharmacists (42%) were most likely to comment on the timeliness of the information (Annex I, Q.18). (Note that reasons for satisfaction by health profession for each source could not be reliably examined due to small sample sizes.)

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Health professionals who indicated dissatisfaction with sources of post-market safety information named several reasons, although none stand out as predominant. Table 2.13 shows the reasons for dissatisfaction that were identified, including the lack of confidence in Health Canada as the source of the information (20%), and that the information is not current (16%). Other reasons for dissatisfaction include a lack of comprehensiveness (12%) and that the source is not well-known among health professionals generally (12%). (Note that these results could not be reliably examined individually by source or by health profession due to small sample sizes). (Table 2.13).

Table 2.13 Reasons for Dissatisfaction with Sources of Post-market Drug Safety Information Among Health Professionals [1]

Reasons for Dissatisfaction with Information Source[1]	All Sources[2] (n=142)[3] (%)
Do not have confidence/lack trust in Health Canada	20
Information not current	16
It is not comprehensive enough	12
Health professionals need to be made more aware of it	12
It is too product oriented	10
The drugs/side effects are selectively given	10
Hard to find what I want	10
Could not find information/answers to questions	8

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Not a good source of information	8
Don't trust the manufacturers	8
It is not brief enough	6
The information is not relevant to me	6
Site not easy to use	4
Other mention	8
Don't know	4

[1] Among those who were dissatisfied with the source they have used in the past 12 months
[2] The total includes all six sources asked about. Sample sizes were too small in most cases to report these results individually and results should therefore be interpreted with caution.
[3] n denotes the number of health professionals who indicated they were dissatisfied with the information source.

Health professionals said they were satisfied with most aspects of the various post-market drug safety information sources, with the highest approval being given to how current or up-to-date they are (Table 2.14). Health professionals were also asked more specifically about their satisfaction with five aspects of the post-market drug safety information sources, including timeliness, clarity, level of detail, usability over time, and relevance. In general, there was a high level of satisfaction with all of these aspects of the information sources.

While there were no dramatic differences between the various aspects of satisfaction with sources of drug safety information, health professionals were most likely to express satisfaction with the timeliness of the information (38%), and least likely to be satisfied with the relevance of the information to their needs (21%). Among the various sources, the CARN received the most positive ratings for all five aspects of satisfaction, while Drug Safety Advisories posted on Health Canada's website receive the lowest ratings across the

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board. DHPLs issued by Health Canada were rated highly by health professionals for how current the information they contain is (45%), their clarity (30%), the level of detail provided (31%), usability of the information over time (29%), and relevance (24%), while those issued by drug manufacturers received slightly lower satisfaction ratings overall (38%, 30%,28%, 26%,and 17% respectively). This may be due to the fact that drug manufacturers often obscure important safety information contained in such letters by including information about the benefits of the drug to counter the risk information. (Table 2.14).

Table 2.14 Reasons Among Health Professionals for Satisfaction (Very Satisfied) with Specific Aspects of Post-market Drug Safety Information Sources [1]

Very satisfied with...	All sources[2] (*n=149*)[3] (%)	DHPLs from drug manufacturers (*n=139*) (%)	CARN Newsletter (*n=181*) (%)	DHPLs from Health Canada (*n=165*) (%)	Drug Safety Advisories (*n=90*) (%)
How current or up-to-date the information is	38	38	44	45	19
How clearly the information is presented	33	30	42	30	23
The level of detail provided	30	28	36	31	20
How useable the information is over time	27	26	31	29	17

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How relevant the information is	21	17	28	24	17

[1] Among those who have used the source in the past 12 months
[2] The total includes Health Canada's electronic mailing list (n=9) and Regional AR Centres (n=12). Sample sizes were too small in the majority of cases to report these results individually and results should therefore be interpreted with caution.
[3] n denotes the number of health professionals who indicated they were very satisfied with the information source

More than nine in ten professionals said they were very or generally satisfied with almost all of the aspects of most of the Health Canada sources of post-market drug safety information referred to (Annex I, Q.19). Physicians and pharmacists were more likely to rate the six sources of post-market drug safety information more highly on all five aspects than other health professional groups. For example, they were most likely to say they were very satisfied with the relevance of the information provided (25% among physicians, and 30% among pharmacists). (Note that satisfaction with each aspect for each individual source could not be reliably examined by health profession due to small sample sizes.) Satisfaction was also higher among health professionals who reported that they thoroughly read the sources (35% very satisfied) than among those who said they only briefly glance through them (9%).

Health professionals who expressed dissatisfaction with any aspects of these post-market drug safety information sources were then asked the reasons for their dissatisfaction. (Note that due to small sample sizes, the findings for each individual source were combined into one overall response for all the health professions.)

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Those who were dissatisfied with the relevance of the post-market drug safety information provided in these sources (n=34) indicated this was because the information is not relevant to their needs (27%), it does not have enough information about certain types of products (15%) or about products they prescribe (9%), there is not enough information generally, (12%) or they don't trust the source of information (12%) (Annex I, Q.20).

Health professionals who reported being disappointed in the usability of the information over time (n=26) pointed to a lack of relevance to their practice (27%), difficulty in storing and re-accessing the information (19%), a bias in the information (15%), or a preference for receiving the information in another format (12%) as the reason for this feeling (Annex I, Q.20) The small group concerned about the level of detail (n=25) said this is because the information is too vague (44%), it is not relevant to them (24%), or they do not trust the source of information (12%). A few also mentioned that occasionally too much information is provided (12%).

Those concerned about the lack of timeliness (n=23) said the information is late getting to them or is out of date when it does reach them (61%), is incomplete (17%), or is inaccurate or biased (9%) (Annex I, Q.20). Finally, the few individuals who were dissatisfied with the clarity of the information (n=14) felt there is not enough detail (6 mentions), the information is too verbose or not concise enough (3 mentions) or that the layout hard to read (3 mentions) (Annex I, Q.20).

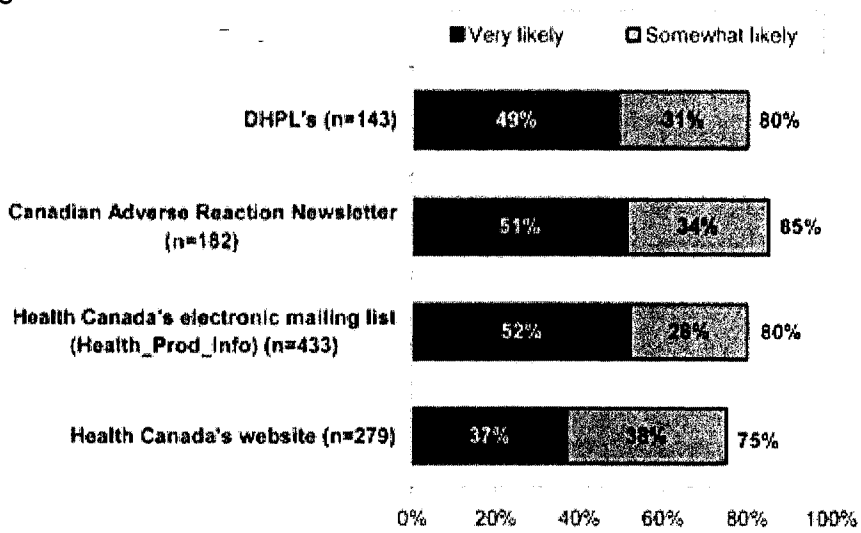
Likelihood of Future Use of Post-market Drug Safety Information Sources (Q 21 - Q.28)

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Given the high number of health professionals that were unfamiliar with some of the Health Canada post-market drug safety information sources available to them, the survey explored how interested they might be in using these resources once they became familiar with them. Health professionals who said they were not at all familiar with a post-market drug safety information source were read a brief description of that source, and then asked how likely they would be to use that source to stay informed about new risk information about drugs and other health products. There was considerable interest in all Health Canada post-market drug safety information sources (DHPLs, CARN, electronic mailing list, and Health Canada's website), once health professionals were made aware of them. Following a brief description of each source, approximately eight in ten health professionals said they were very or somewhat likely to use the CARN (85%), DHPLs (80%), and Health Canada's electronic mailing list (80%), while three in four (75%) said they would use Health Canada's website (Figure 2.14).

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Figure 2.14 Likelihood of Future Use of Post-market Drug Safety Information Sources Among Health Professionals [1]



[1] Among those who were not at all familiar with the source

Health professionals who said they were unlikely to use these sources were asked the reasons for their not being inclined to do so (Table 2.15). For each source, health professionals provided several reasons including the concern that the information was not relevant to their practice, that they had no time to read this information, and that they preferred other sources. With respect to the computer-based resources (Health Canada's electronic mailing list and website), a small number of health professionals indicated that they didn't use or have access to the Internet. (*Q.22,24,26,28*) (Table 2.15).

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Table 2.15 Reasons Why Health Professionals Were Unlikely to Use Post-market Drug Information Source [1]

Reason [1]	CARN Newsletter (*n*=27)[2] (*%)	DHPLs (*n*=29)* (%)	Health Canada's Electronic mailing list (Health_Prod_Info) (*n*=74) (%)	Health Canada Website (*n*=67) (%)
Information not relevant to practice	41	21	19	12
No time to read this type of information	15	24	18	25
Prefer other sources	19	14	18	27
Only useful if it includes products we use	11	3	-	-
Don't trust the information	7	7	-	-
No internet access/don't use internet	4	7	31	33
Computer illiterate	4	-	5	-
Don't know where to find it/how to sign up	-	7	-	8

[1] Among those who said they were not very or not at all likely to use the source
[2] n denotes the number of health professionals who indicated they were not very or not at all likely to use the source .
* Caution should be used in interpreting the data due to the small sample sizes in each cell

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Suggested Areas for Enhancement of Post-market Drug Safety Information (Q.29)

Most health professionals did not see a need for additional types of drug safety information, although a minority did identify areas of information that could be enhanced (Table 2.16). In this question, health professionals were asked to identify any types of post-market drug safety information that they need or would like to have, but that is not currently available to them through any of the current sources. Few health professionals were able to identify (without prompting) areas of information that felt could be enhanced. Suggestions included providing information on different types of drugs (7%), on drug interactions (6%), or on unexpected ADRs (3%). However, the majority of health professionals (73%) indicated that there is no information they need that they cannot find using the sources currently available to them (Q.29) (Table 2.16).

Table 2.16 Areas for Enhancement of Post-market Drug Safety Information Identified by Health Professionals

Area for Enhancement	Health Professionals (%)
Different types of drugs (e.g. natural health products, anti-depressants)	7
Drug interactions	6
Unexpected ADRs	3
Research/clinical studies	2
Effects on different groups (e.g. elderly, children)	2
Up-to-date/timely information	2
Unbiased drug safety information	1
Long-term use	1

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Other mentions	14
No areas for enhancement needed/identified	73

Naturopaths were most likely to request more information about drug interactions (17%), while pharmacists expressed the most interest in different types of drugs (11%). Within all health professions, however, there was no significant need identified for other types of information beyond what is currently available (Annex I, Q.29).

Preferred Method for Receiving Post-market Drug Safety Information (Q.30)

Table 2.17 shows the preferred methods of health professionals for receiving post-market drug safety information. Mail and e-mail were identified as the methods most favored by health professionals, although preferences varied considerably among health professions. In general, physicians (69%) and dentists (67%) tended to favor mail delivery, while nurses (77%) and naturopaths (67%) said they prefer e-mail, and pharmacists (60%) identified by fax as their most preferred method to receive this information. Internet and software updates were seen as less desirable methods for receiving this information; however, nurses expressed more interest in the Internet method (41%) and pharmacists were more likely than other health professions to prefer software updates (38%) (Table 2.17).

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Table 2.17 Health Professionals Preferred Methods of Receiving Post-market Drug Safety Information

Source	Total (%)	Physicians (%)	Dentists (%)	Parma-costs (%)	Nurses (%)	Naturo-paths (%)
By mail	56	69	67	45	44	57
Electronically by e-mail	53	41	42	44	77	67
By fax	36	41	31	60	10	23
On the Internet	29	21	26	28	41	33
Through software updates	25	18	16	38	27	21
Other	3	5	6	1	3	3

Health professionals' preferences for methods of communication appeared to correlate with Health Canada's usual dissemination routes. Post-market drug safety information is sent out to the health professional community by e-mail (list-serve), by fax (DHPLs), and via the internet by posting the DHPLs on the Health Canada website. The desire expressed by Health Professionals to receive this information " though software updates" is an interesting finding and a dissemination route that Health Canada does not currently employ.

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Best Source of Information about Drug Risks (Q.31)

Health Canada is seen as the foremost source of information on post-market (new) drug risk information, particularly by physicians. While Health Canada is one of several resources used by health professionals for post-market drug safety information, it is generally considered the principal source of new drug risk information (Table 2.18). Almost four in ten (39%) health professionals named Health Canada (without prompting) as the best source of ADR information, with mentions of the CARN (7%), the electronic mailing list (7%), the website (3%), Public Advisories (3%), and DHPLs (3%). In comparison, fewer individuals identified drug manufacturers (7%), professional associations and colleagues (5%), or pharmacists (4%) as key sources of information on ADRs (Table 2.18).

Table 2.18 Best Sources of Information About Drug Risks Identified by Health Professionals

Source	Health Professionals (%)
Net - Health Canada	39
Health Canada /government (general)	14
Canadian Adverse Reaction Newsletter	7
Health Canada electronic mailing list	7
Health Canada website	3
Public Advisories	3
DHPLs	3
Online sources/website/Internet	8

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E-mail (unspecified)	7
Drug manufacturer	7
Mail (unspecified)	5
Professional association/colleagues	5
Pharmacist/pharmacy	4
Fax (unspecified)	4
Medical journals/publications/scientific literature	3
CPS	3
Other mentions	9
Don't know	5

By profession, physicians were most likely to identify Health Canada as the best source of ADR information (46%), while naturopaths were least likely to (29%) (Annex I, Q.31). In comparison, naturopaths reported being most likely to turn to their professional association or colleagues (12%) or were unsure about the best source of post-market drug risk information (14%). Among Health Canada sources, both physicians (9%) and pharmacists (15%) said the CARN was the best source of post-market drug safety information, while physicians also identified DHPLs (7%) as the best source on this topic.

2.3.4 Summary of the Key Findings of the Health Professional Survey

The key findings of the health professional survey are summarized in Table 2.19.

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Table 2.19 Summary of the Key Findings of the Health Professional Survey

▸ Most Canadian health professionals were generally confident in the safety of all three health products studied but they were more confident in the safety of prescription and non-prescription drugs than in natural health products. Naturopaths stood out from the other health professions as holding the opposite view in that they were more likely to distrust the safety of prescription drugs and the trustworthiness of the federal government, and were more likely to trust the safety of natural health products
▸ Consistent with their confidence in the safety of marketed health products, health professionals were reasonably confident in the current drug safety system and safeguards in Canada, as well as the contribution made to the system by the various stakeholders.
▸ Overall, health professionals were confident in how members of their own profession and how health professionals in general stay informed about the risks posed by drugs they prescribe and were similarly confident in the role played by other stakeholder groups (i.e., federal government, drug companies)
▸ Just over half of health professions surveyed consider the federal government to be most responsible for drug safety in Canada (53%), ahead of themselves (21%) and drug companies (16%). Eight percent of health professionals volunteered (unprompted) that all three groups (health professionals, federal government, and drug companies) are all equally responsible for drug safety
▸ Health professionals were most likely to rely on the CPS or product monographs as their primary source of drug safety information (73%) followed by medical journals and publications (39%), drug manufacturers (25%), pharmacists (23%), internet (23%) and colleges and professional associations (22%). Few said that they routinely consult Health Canada sources of post-market drug safety information, even when they are looking for updated information (14%)
▸ Post-market drug safety information is regarded as playing an important role in health professionals' practices, although health professionals varied in how frequently they seek out such information with physicians and naturopaths being the most frequent users

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▸ About half of health professionals were familiar with DHPLs issued by drug companies and with the CARN. However, familiarity among health professionals with other sources of post-market drug safety information was considerably lower. Health professionals were most familiar with DHPLs issued by drug manufacturers (54%), followed by the CARN (53%), DHPLs issued by Health Canada(42%), Health Canada website (38%), Adverse Reaction Regional Centres (19%), and the Health Canada electronic list serve (11%)
▸ Physicians and pharmacists reported having the greatest overall familiarity with Health Canada sources of post-market drug safety information (especially DHPLs and the CARN), and were also the most likely of all health profession groups to have used these sources to obtain updated drug risk information
▸ None of the health professional groups were familiar with Health Canada's e-mail list serve
▸ In their use of post-market drug safety information, most health professionals said that they tended to use the various sources 'occasionally' rather than 'frequently' and read them 'selectively' (or by glancing through them quickly) rather than 'thoroughly'
▸ After reading a Health Canada source of new drug safety information, most health professionals said they kept it for future reference in hard copy (60%) while others said they discarded it (18%), circulated it to other health professionals (17%), notified their patients on the drug of the risk (16%) or discussed the information with a pharmacists (14%). Only 2% of health professionals said they adjusted their prescribing practice according to the risk information provided
▸ Most health professionals say they were generally satisfied with the Health Canada sources of new drug safety information and cite the reasons as being because they provide relevant and current information. Of those that said they were not satisfied with these sources of information, the primary reason cited was that they do not have confidence or trust in Health Canada (20%) or they find that the information is not sufficiently current (16%) or comprehensive (12%)
▸ Of those health professionals who were not familiar with the Health Canada sources of post-market drug safety information, more than 75% indicated an interest in becoming more familiar with them (all sources) and in using them in the future
▸ Reasons cited by health professionals that said they would not likely use these sources in the future included; information not relevant to practice (52%), don't have the time needed to read this type of information (19%), prefer other sources (15%), and don't trust the information (7%)

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▸ Few health professionals identified additional post-market drug safety information that they need, but cannot find using currently available sources. Of those health professionals that did indicate the need for additional types of post-market drug safety information, the following were identified: different types of health products (other than drugs) (7%), drug interactions (6%), unexpected ADRs (3%), noteworthy results of clinical trials/drug studies (2%), and effects in vulnerable populations such as children, pregnant women or the elderly (2%)
▸ No single dissemination method identified was preferred by health professionals for receiving post-market drug safety information; however, the majority said they preferred to receive this information by mail (56%), followed by e-mail (53%) and fax (36%). Other noteworthy preferences voiced included via the internet (29%) and through software updates (25%).

2.4 Discussion

Strengths and Limitations of the Study

The strengths and weaknesses of the health professional survey correspond to those of telephone surveys in general. [100],[101] The specific strengths and weaknesses of this survey are presented below.

The major strength of this study was the use of a cross-sectional survey design to explore attitudes and opinions of Canadian health professionals with respect to drug safety and the effectiveness of Health Canada's drug risk communication tools. The design minimizes potential sources of bias and the sampling frame provides for a randomly selected representative sample of participants. This type of study design is known to have high external validity, which permits the results to be generalized to the larger target population.[102] The health professional survey was conducted by telephone using telephone numbers generated and selected at random using Decima's CSS and based on a sampling

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frame which ensured that all regions of Canada were proportionally represented in the overall sample. The sampling frame and number randomization process were designed to minimize potential sources of respondent biases, as well as to ensure that a true representative sample of Canadian health professionals was included in the survey.

Telephone surveys are known to be less subject to interviewer biased in this regard than other types of surveys - especially if the interviewers are trained and supervised to ensure consistent interview administration, as was the case in this survey. The absence of face-to-face contact is seen as a strength in a telephone survey since respondents may be somewhat more inclined to provide their honest opinions or sensitive information to someone that they are not in direct contact with. Further, some people are reluctant to be approached by strangers, whether at their home or in a more public location, which is avoided by the more impersonal use of the telephone.

From a limitations standpoint, surveys like this one, conducted by telephone, are subject to potential respondent bias since, by their nature, access to the target groups is restricted to those that can be reached by telephone either at home or in an office setting. While most health professionals have telephone service in their home and office, certain health professional groups are not readily able to access the telephone during working hours (for example, when a physician is seeing a patient or when a nurse is on duty) and the individuals that ultimately respond may be somehow different than the target population. With the exception of nurses, health professional lists were purchased commercially and telephone numbers selected at random from these lists in accordance

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with the sampling frame. In the case of nurses, however, there is no list of names and contact information commercially available so nurses were selected (non-randomly) from the list of names provided by the Canadian Nurses Association. Although the list provided names of nurses living in each of the different regions across Canada, it is acknowledged that sampling bias may be an issue with the nurse sub-group; as such, the results should be viewed accordingly.

Another limitation of telephone surveys is non-respondent bias which, in its worst form, can render the results obtained non-generalizable to the target population. In order to minimize this type of bias in the health professional survey, up to four call backs were made to each eligible or potentially eligible health professional during the interview period before classifying them as "not available". Only one qualified respondent was interviewed per number called.

Yet another limitation of telephone surveys relates to the length of the survey and the questions and response options themselves. Telephone surveys must be kept relatively short (ideally less than 20 minutes), as longer interviews can result in respondent fatigue and refusal to participate or premature termination of the call. This same consideration must be given to the length and complexity of the questions to avoid respondents becoming tired or "turned-off" by having to answer questions that they cannot follow easily. In the case of the health professional survey, Health Canada enlisted the help of a professional survey company to help formulate the questions and to provide guidance on the overall length of the survey such that respondent fatigue could be

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minimized. The end result of these efforts netted an average interview time of 25 minutes and a total of 155 respondents (out of 706 cooperative contacts) who started the survey but terminated the interview before answering all the questions.

Another potential limitation related to the categories used for some of the survey questions which were potentially ambiguous (e.g. frequently, sometimes, rarely, never, or very satisfied, generally satisfied, not very/not at all satisfied, depends/don't know). In order to improve the consistency and validity of responses obtained to survey questions it might have been more prudent to use a number scale from 1 (i.e. responses that reflect the bottom end of the scale such as *never* or *not at all satisfied*) to 5 (i.e responses that reflect the top end of the scale such as *frequently* or *very satisfied*). The use of a numerical scale would have allowed the respondents to better understand how to respond to the question. This would potentially result in an improvement to both the internal and external validity of the study.

The limitations of the health professional survey noted in the preceding discussion prompt one to consider how a future survey of this type might be improved. In considering this question, I would consider all of the following in order to reduce the amount of potential bias in the responses, to increase the overall response rate of the survey and to improve the generalizability of the results obtained in the survey.

1) shorten the survey - I would try to target a survey time of 15-20 minutes max since the questions on a survey questionnaire almost always take longer than anticipated. I would consider this option for improvement since I believe that the length of both surveys

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conducted were too long and that is a likely reason for obtaining such low response rates (25.7% for the HP survey and 17.4% for the GP survey) in the two surveys and a possible explanation for the high rate of respondent break-off after starting the survey.

2) build in a means of assessing non-respondent bias -, I would build a way of assessing the attitudes and opinions of non-responders to the survey into the study design in order to ensure that those that respond to a survey are not somehow different from than those that do not. This is especially important in surveys that do not have high response rates such as was the case with my two surveys.

3) design an on-line survey rather than a telephone survey - I would likely go with a different survey design (either an on-line questionnaire or a mail-out questionnaire), particularly in the case of the health professionals since it is next to impossible to get people to spend an extended period of time on the phone during the day. This is likely due to the fact that people are busy but is also probably influenced by the fact that we are all "tela-solicited to death" these days and people just aren't interested in spending a ½ hour on the phone to answer questions. As a result - I might have had a higher response rate with an on-line questionnaire.

4) improve the clarity of the response scales used in certain questions in the survey - certain response scales used with in the two surveys were potentially ambiguous (e.g. frequently, sometimes, rarely, never, or very satisfied, generally satisfied, not very/not at all satisfied, depends/don't know). In order to improve the consistency and validity of responses obtained to survey questions I would use a number scale from 1 (i.e. responses

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that reflect the bottom end of the scale such as *never* or *not at all satisfied*) to 5 (i.e responses that reflect the top end of the scale such as *frequently* or *very satisfied*). The use of a numerical scale would allow respondents to understand how best to respond based on their attitude or opinion thus reducing the potential for ambiguity in their responses.

5) focus the survey on a smaller number of topics - I felt that the two surveys covered off too many different topics related to drug risk communication (i.e. types of drugs taken, experience with ADRs or reporting ADRs, use of HC drug risk communication tools, mandatory reporting and informed consent) which made the surveys too long and made it difficult for the respondents to give thoughtful answers to the questions as they switched from topic to topic.

6) ensure that all health professional sub-group samples were random samples and that the margin of error for each sub-group was in the 4.0% range - In the case of the health professional survey conducted, the sample of nurses was not a random sample and the small sample size for each health profession resulted in a high margin of error within each sub-group thus impacting the overall generalizability of the survey results to Canadian health professionals.

Finally, achieving acceptable survey response rates from health care providers is an ongoing challenge in all types of surveys directed at health professionals. Low response rates can notably bias the results obtained in the survey and render it non-generalizable to the target population. The use of incentives to increase survey response

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rate is a relatively common practice ,[103],[104] that has been reported to be an effective strategy when collecting survey data from health professionals. Paul and Walsh et al. recently demonstrated in a randomized controlled trial that a moderately sized monetary incentive offered to pharmacists who participated in a postal survey regarding pharmacotherapies and advice for smoking cessation was capable of achieving an appreciable increase in the overall response, thereby reducing the potential bias associated with a low response rate.[105] Further, the practice of offering incentives to health professionals (especially doctors) to participate in surveys or to listen to drug company representatives talk about their products has become a "standard of practice" in recent years, in large part due to the pharmaceutical industry practice of routinely offering incentives to health professionals to participate in surveys and focus groups as part of their drug-detailing strategies.[106]

Health Professionals' Attitudes and Awareness Concerning Drug Safety and Health Canada Sources of New Drug Safety Information

Although most Canadian health professionals are generally confident in the safety of all three health products studied, they are more confident in the safety of prescription and non-prescription drugs than in natural health products. A recurring theme in these analyses was the tendency for naturopaths to behave differently from the other health professions. They were more likely than all other health professional groups to distrust the safety of prescription drugs and the trustworthiness of the federal government, and were

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more likely to trust the safety of natural health products and least likely to have confidence in the role played by other health professional groups in drug safety.

Consistent with their general confidence in marketed health products, the majority of health professionals express confidence in the current system for safeguarding the safety of health products sold in Canada, having the greatest confidence in members of their own profession and, to a lesser extent, in that of other health professions. Once again, naturopaths stand out from other health professions as having less confidence than their counterparts in the current system of drug safety safeguards.

Of interest is the finding that health professionals are very confident in the manner in which members of their own profession stay informed about the risk posed by drugs, and generally confident in the other health professional and stakeholder groups in terms of the extent to which they stay informed about drug risks. This finding is in contrast to the growing body of evidence that the traditional methods for communicating new drug risk information to physicians in particular, and to health professionals in general, are inadequate, [107],[108] and to reports that drugs have been removed from the U.S. market by the FDA because drug manufactures and the FDA failed to convince prescribers to use the therapy appropriately. [109]

The results of this survey showed that most health professionals in Canada consult the CPS or drug product monographs, followed by medical or scientific journals, drug manufacturers, pharmacists, and the internet as their primary sources of drug safety information. This finding is somewhat concerning, since the majority of these sources

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either do not provide updated risk information on drugs (including the CPS and product monographs), or may not present "objective" information about the risk associated with a drug (such as drug manufacturers or the internet). Of even greater concern, however, is the finding that familiarity with the various Health Canada sources of new drug safety information among health professionals is generally quite low, with fewer than 14% of health professionals saying they routinely consult Health Canada sources of post-market drug safety information, even when they are looking for updated information.

Shared Responsibility for Drug Safety in Canada

Canadian health professionals do not all share the same view as to who is most responsible for drug safety in Canada. Although 53% of health professionals said that the federal government was most responsible, followed by themselves (21%) and drug companies (16%), it is evident from these results that the majority of health professionals recognize that no one group is responsible for drug safety in Canada, and that all groups have an important role to play in drug safety.

The finding that eight percent of health professionals volunteered (unprompted) that they felt that all three groups were equally responsible for drug safety in Canada (i.e., federal government, health professionals, and drug manufacturers), even though they were not offered this option in the response list, was of particular interest. Unfortunately, in retrospect, it is evident that the wording of this question was somewhat leading and, as

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such, did not allow the concept of "responsibility for drug safety in Canada" to be fully explored, nor for health professionals to fully express their attitudes and opinions on the matter of responsibility for drug safety in Canada.

Notwithstanding the awkward wording of this question, the fact that not all health professionals think that Health Canada is most responsible and that at least 8% think that all three groups are equally responsible, is a noteworthy finding. Unfortunately, the current paradigm in Canada with respect to drug safety favors the view that the federal government or someone else is responsible for drug safety, and few respondents offered the view that their own profession has a share in this responsibility. The media, and to some extent the Canadian Medical Association, appear to subscribe to this doctrine, as evidenced by their ongoing efforts to point out to Canadians, as often as opportunity permits, that Health Canada is doing a bad job of protecting the public against the risks posed by marketed health products.[110,111,112,113,114,115,116,117] This is, perhaps, a natural reaction to the problem. Most would agree that Health Canada could do a better job if they were given more resources. However, in the case of drugs sold in Canada, Health Canada, for its part, can only do a better job of generating signals, analyzing drug safety issues, and communicating post-market drug safety information to the heath community and the public. Therefore, further improvements to patient safety will only be realized if the responsibilities of all groups are taken seriously and individual groups seek out the information necessary to make informed decisions about their medicines. That is to say, physicians and health professionals must take the time to inform Health Canada about

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newly discovered risks associated with health products (specifically, to report ADRs), and to read and take note of the post-market drug safety information disseminated by the MHPD. In addition they must do a better job of sharing this information with their patients. In turn, their patients must do a better job of exercising their responsibility to inform themselves about the risks associated with the drugs they (or their loved ones) consume.

The case of Vanessa Young, who's death was deemed to be associated with the drug cisapride, illustrates the importance of all groups playing their respective role and sharing in the responsibility for drug safety. In this case, Health Canada had fulfilled its obligation to advise both physicians and the public about the risks associated with this drug. However, Vanessa Young's attending physician did not fulfill his obligation to advise his patient of the risks posed by this drug when initially prescribing the drug, nor did he contact his patient to re-evaluate the appropriateness of this treatment once he became aware of the new risk information disseminated by Health Canada. Neither Vanessa Young nor her family took it upon themselves to investigate the potential adverse reactions or contraindications for this drug and either assumed or expected that the prescribing physician was appropriately informed about the risks posed by cisapride. The end result was a tragic death that quite likely would have been prevented if the shared responsibility paradigm had prevailed.

Awareness and Satisfaction With Health Canada Sources of New Drug Safety Information and Dissemination Methods

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Of the health professions surveyed, physicians and pharmacists have the greatest familiarity, in general, with Health Canada sources of post-market drug safety information (especially the DHPL and the CARN). This is likely due to the fact that physicians are targeted to receive DHPLs (through direct mailing or fax) and that pharmacists, for the most part, are aware that these letters are posted on the Health Canada website. The CARN is published in the Canadian Medical Association Journal, which all general practitioners in Canada receive as members of the Canadian Medical Association. A summary of the articles published in the CARN is sent to the Canadian Pharmacists Journal for publication. The fact that health professionals are most familiar with DHPLs and the CARN supports the conclusion that 'awareness' of Health Canada published drug safety information can be improved within the medical community through more widespread use of professional journals and print media.

With respect to their use of post-market drug safety information, most health professionals said that they tended to use the various sources of Health Canada new drug safety information 'occasionally' rather than 'frequently', and read them 'selectively' rather than 'thoroughly'. In addition, the majority of physicians said that they filed the information away for future reference or discarded it; only 2% said that they used it to adjusted their prescribing practice when appropriate. Again, these findings are of concern since they suggest that most physicians do not regard the information provided by Health Canada as a valuable source of information to guide their prescribing practices and therefore do not routinely consult these sources. To address this situation, the MHPD in Health

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Canada needs to develop both a strategy to promote themselves as the foremost reliable and credible source of drug safety information in Canada and a plan to deliver on this claim.

Despite the fact that health professionals are not very familiar with Health Canada sources of drug safety information, it was encouraging to learn that most are interested in becoming more familiar with them and to using them in their practice in the future. This finding further underscores the need for Health Canada to raise the awareness of Canadian health professionals regarding the importance of drug safety as a population health issue. This result also highlights the need to make health professionals aware of when and where they should report ADRs and where and how to access credible sources of post-market drug safety information.

From a knowledge transfer perspective, no one dissemination route for receiving post-market drug safety information was uniformly preferred by health professionals, with the current methods (mail, e-mail and fax and internet) all cited as preferred methods. Of note was the suggestion that it would be useful to receive this information through software updates - a method that Health Canada and others are in the process of pilot testing using personal digital assistants,[118] but which is currently not a main-stream dissemination route used by MHPD. Although the media was not cited by health professionals as a preferred means of disseminating important risk information about health products, this dissemination route deserves further evaluation by drug safety

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regulators to determine the best overall strategy to incorporate the media into a multi-faceted risk communication program.

Recent published reports draw attention to the fact that the media can be both an effective means of disseminating drug risk information and of influencing prescribing practice.[119] This report recounts the change in prescribing practice seen with Diane-35, following a television documentary that was aired in Canada. Diane-35 was approved for use in Canada in 1998 as a second-line treatment for severe acne in people that do not respond to antibiotics. This same drug is approved for use as both an acne treatment and as a contraceptive in other countries (Europe, Latin America, and Australasia), but its use as a contraceptive has never been approved in Canada. Several studies that reported on the risk of venous thromboembolism (VTE) with the use of contraceptives were published in 1995 and 1996, and were later followed by a study published in 2001 concerning the considerable higher risk of VTE in women taking Diane-35 as compared to women taking other contraceptives.[120] In spite of these studies, advertisements (paid for by the drug manufacturer) were aired in Canada between 2000 and 2002, portraying young women with acne-free skin, and suggesting to viewers that they ask their doctor about Diane-35, which resulted in a significant increase in the use of this drug in Canada.

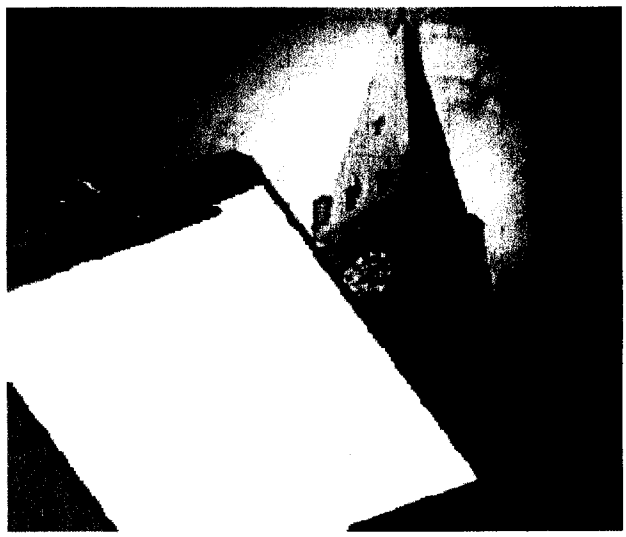
On January 14, 2003, the Canadian Broadcasting Corporation ran a television documentary on its *Disclosure* series about the marketing of Diane-35 and the risk of VTE in women who use it long term as a contraceptive. [121] Shortly afterwards there was a significant reduction in the number of prescriptions issued for Diane-35 in Canada. In

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contrast, neither the manufacturers DHPL nor the warning that was published in February 2003 in the Canadian Medical Association Journal [122] appeared to have a similar effect on the prescription rate for Diane-35 in Canada. These findings are indicative of the power of the media (in this case television), when used productively, to reach the public and to influence treatment decisions.

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Chapter Three



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General Public Survey

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Chapter Three - General Public Survey

3.1 Background and General Approach to Survey

This survey of the Canadian general public was conducted to obtain information, opinions, and perceptions on key issues pertaining to the effectiveness of Public Advisories (drug advisories targeted at the general public) issued in Canada. The primary areas of inquiry addressed in the general public survey are:

a) attitudes and opinions respecting the safety of prescription drugs, non-prescription drugs and natural health products;

b) confidence in Canada's post-market drug safety system (including drug surveillance, assessment of drug risks and communication of drug risks) to protect patients from the risks posed by drugs;

c) attitudes regarding who is most responsible for drug safety;

d) awareness of drug safety communication tools and dissemination methods targeted at the public (Public Advisories, toll-free reporting lines, electronic mailing list, Health Canada web site postings);

e) use of, and experience with post-market drug risk communications tools;

f) satisfaction with communication tools directed at the public (content, format, timeliness of the information); and

g) suggestions for improving dissemination of post-market drug safety Information.

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The following items were investigated as factors that might shed light on the impact that Health Canada's drug risk communication tools have on patient safety in Canada:

- current use of medications (including prescription drugs, non-prescription drugs and natural health products); and
- relevant demographic characteristics (including age, gender, education, household income, mother tongue, and province/territory).

3.2 Methods

Selection of Survey Data Collection Method

Like the health professional survey, the general public survey was conducted by telephone. The strengths and limitations of telephone interview and the primary reasons for choosing this data collection method have previously been discussed in the methods section of Chapter 2. With the exception of the interview scheduling, the same advantages of telephone survey applied to this survey as with the health professional survey. In particular, the desire to complete the survey within a reasonably short period of time was deemed a major rationale for using telephone interview as the means of data acquisition. As with the health professional survey, it was felt that the limitations of telephone interview over other survey data collection methods were outweighed by the strengths offered by this data collection method, particularly given that it enables data to

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be collected from geographically scattered samples more quickly and economically than by field interviewing or mail out surveys.

Selection of the Company to Conduct the Survey Interviews

The general public survey was commissioned and funded by Health Canada in order to evaluate the impact that current drug risk communication practices in Canada have on the general public in order to inform on the improvement process and to serve as a benchmark against which to evaluate future improvements. As with the health professional survey, a RFP was developed in cooperation with Communications Canada to retain the services of a professional survey company to conduct the survey; the selection committee chose Decima Research Inc to conduct this survey from the ten separate proposals received.

Design of the General Public Survey Questionnaire

The questionnaire for this survey was designed over a 5 month period by the same HPFB working group that provided input to the development of the health professional questionnaire (see the methods section of Chapter 2 for a more detailed description of questionnaire development). The final version of the general public questionnaire was provided to the Health Canada Research Ethics Board for their approval prior to commencing the survey (see Appendix A, Health Canada Ethics Board Approval).

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Pre-Testing of the General Public Survey Questionnaire

The general public survey questionnaire was designed to require an average of 20 minutes to complete. Before being finalized, the English and French versions of the questionnaire were pilot tested on a total of 20 English and 20 French speaking respondents to ensure that they did not exceed the desired average completion time of 20 minutes per interview. The pilot test was also undertaken to assess the readability and flow of the questions, the comprehension of the respondents with respect to the questions, and their willingness to provide answers to the questions posed. Interviews were centrally monitored by a trained team of quality control specialists within the survey research company to ensure consistency of the questions asked by the interviewers, and the quality and length of interviews conducted. For closed-ended questions, the data from the survey database was coded according to a pre-determined coding scheme (see the survey questionnaire in Appendix D the for coding schemes used in each question). For open-ended questions, a list of all responses was generated from the database and coded according to categories of like response; the coded data were then verified for accuracy by a random check of 2% of respondents interviewed. Respondents that did not complete the survey or were missing responses to questions were excluded from the data set. No data was imputed in the survey.

General Public Survey Sample Design

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The objective of this survey was to interview a representative sample of Canadian residents, 18 years of age and older, on the subject of drug safety and the awareness and effectiveness of Health Canada's risk communication tools targeted at the public. The study protocol called for complete interviews with a representative sample of adult Canadians from households selected randomly across the country. The sample was stratified by region in rough proportion to the population in each region to ensure adequate sub-samples for meaningful regional analysis.

The margin of error for each geographical region was calculated using the formula $[\ p(1-p)/n\ ]^{1/2} \times 1.96$, where p refers to the proportion that respond in one direction or another, and 'n' refers to the sample size. The precision of a survey of this type can be gauged by the margin of error associated with the survey responses. Determination of the margin of error is most important at the design stage, providing an indication of how accurate a sample of a given size will be. The total sample size is typically chosen to achieve acceptable accuracy for the entire sample, with the recognition that accuracy will decrease as the sample is divided into smaller and smaller subgroups, as is the case in this survey where the margins of error for each region/province are larger than that of the overall sample. For this survey, a proportion p of 50% (yielding the maximum margin of error) and a sample size of n = 1500 was used to calculate the maximum margin of error for each region/province and the total survey population.

The margin of error for the total sample was calculated to be +/- 2.5%, implying a 95% confidence interval of 47.6% to 52.5%. Put in the context of accuracy, a sample

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of 1,500 drawn from the Canadian population would be expected to provide accurate results for the Canadian population to within +/- 2.5 percent in 95 out of 100 samples. The planned sampling frame and margins of error for each geographical region/province are shown in Table 3.1.

Table 3.1 Sample Size and Margin of Error for the General Public Survey by Region [1]

Region/Province (% of population)	Unweighted Sample	Margin of Error[1]
Atlantic Canada (8%)	200	+/- 6.9%
Quebec (24%)	325	+/- 5.4%
Ontario (38%)	475	+/- 4.5%
Prairies (17%)	250	+/- 6.2%
BC/Territories (13%)	250	+/- 6.2%
CANADA (100%)	**1,500**	**+/- 2.5%**

[1] 95% confidence level.

Sample Generation

To generate the survey sample, Decima created a sampling frame using their Canada Survey Sampler (CSS). The CSS is a proprietary sample selection engine specifically designed to generate a random sample of telephone numbers to be dialed according to the sampling frame defined. The CSS maintains a comprehensive list, by area code, of all directory listed telephone exchanges across Canada, and is updated on a regular basis.

Once a household was contacted, only one individual over 18 years of age was randomly selected to be interviewed using the "most recent birthday" method.

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Specifically, in households with more than one eligible respondent, the person with the most recent birthday in the household was selected as the individual to be interviewed. Throughout the survey, Decima tracked questionnaire completions by age and gender, and made adjustments as needed to ensure approximately proportionate representation by gender and age group in the population.

Survey Administration

This survey was conducted in English and French by telephone using computer-assisted-telephone-interviewing (CATI) technology, from Decima facilities in Ottawa, Toronto and Montreal, in the spring of 2003. Within those households selected, respondents 18 years of age or older were screened for random selection using the "last birthday" method, as described previously. Households where a member trained as a doctor, dentist, pharmacist, or nurse, or were employed with a pharmaceutical company, were ineligible for participation in this study. Up to eight call backs were made to each eligible or potentially eligible household during the interview period before classifying the household as "not available". In order to minimize non-response bias, only one qualified respondent was interviewed per household.

All interviews were conducted by fully trained and supervised interviewers, and a minimum of 10 percent of all completed interviews were independently monitored and validated in real time. All qualified respondents were informed of their rights under the Privacy and Access to Information Act, and these rights were respected throughout the

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interview process. Respondents were specifically informed of the purpose of the research, and of the identities of both the sponsoring department and the research supplier. Respondents were also informed that their participation in the study was voluntary, that they were free to skip any question they preferred not to answer, and that the information they provided would remain confidential and would neither be reported individually nor attributed to them personally.

Survey Data Analysis

Groups selected for comparison in the general public survey included: gender (male/female), age (18-34, 35-54, 55+ years), education (< high school graduation, high school graduation, some college/university, college/university graduate), average household income (< $25K, $25-40K, $41-60K, > $60K) and mother tongue (English, French, other). As with the health professional survey, comparisons between groups were made using the z- test to compare proportions, the t-test to compare the difference between two independent means, and the chi-square test to test the independence of two variables being compared. For each of the test statistics used, cells that had a frequency of 0% were excluded from analysis. Incomplete surveys were excluded from the database and no data was imputed

Other than using different comparison groups to compare the results in the general public survey, the survey data was analyzed in the same manner as that of the health professional survey. For sake of brevity, the details of the analysis are not repeated here.

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For a detailed description of the statistical analysis performed (test statistics used, assumptions, hypotheses, confidence level and p-value chosen for each test statistic), please refer to either the methods section of Chapter 2 (see Survey Data Analysis section in Chapter 2) or the introduction section of Annex II (Statistical Analysis of the General Public Survey).

3.3 Results

The results of questions 1 through 19 in the general public survey are presented and discussed in this chapter (see Appendix D - General Public Survey Questionnaire). The survey questions pertaining to ADR reporting, mandatory ADR reporting, and informed consent (questions 20 to 32 in the general public survey questionnaire) were additional questions of interest to the Marketed Health Products Directorate in Health Canada, and were therefore included in the survey questionnaire. However, these questions did not relate directly to the research questions and study objectives of this research and, as such, the results of these questions have not been presented or discussed in this report.

The results of the general public survey are presented in four sections as follows.

I) Results of the Survey Sample Disposition and Demographics

This section presents the results of the survey sample disposition and demographics.

ii) Detailed Statistical Analysis of the General Public Survey

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This section presents the detailed statistical analysis of questions 1 through 19 of the general public survey (see Annex II to this Chapter). The results in Annex II are presented sequentially by survey question in tabular form and include chi-square statistics (significance at the p=.05 level, 2-sided test), t-tests for means, and z-tests for percentages. The tables in this annex denote statistically significant results by a capital letter indicating the comparison group. The notation used assumes that the reverse comparison is also statistically significant; however, for purposes of brevity in notation, this has not been explicitly shown.

iii) Presentation and Discussion of the Key Survey Results

This section presents and discusses key attitudes and perceptions of the general public that are considered important from the standpoint of informing on drug safety and drug risk communication policy, as well as the strengths and weaknesses and use of Health Canada sources of drug risk information targeted at the general public.

iv) Summary of the Key Findings of the Health Professional Survey

This section consists of a table summarizing the key findings of the general public survey from a drug risk communication policy perspective.

3.3.1 Results of Survey Sample Disposition and Demographics

Sample Disposition

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A total of 12,348 telephone numbers were called for this study, from which 1,500 households were qualified as eligible (adults, 18 years of age and older) and completed the survey. The final disposition of all contacts are given in Table 3.2. The overall response rate for this survey was 17.4%.

Table 3.2 Final Sample Disposition of the General Public Survey

A. Total Number of Calls Attempted	12348
1. Not in Service	1386
2. Fax/Modem	233
3. Business/Residential	463
B. Total Eligible Numbers	10266
4. Busy	312
5. Answering Machine	1321
6. No Answer	1713
C. Selected/Eligible Respondent Not Available	865
7. Language	322
8. Illness, Incapable	35
D. Total Asked	5695
10. Household Refusal	1273
11. Respondent Refusal	2590
12. Qualified Respondent Break Off	50
E. Co-operative Contacts	1782
13. Stopped before finishing interview	282
14. Completed Interview	1500
Refusal Rate = (10+11+12)/D	68.71 %

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Average length of Interview	17 minutes
Survey Response Rate = E/B	**17.4 %**

Of the 12,348 households that were called in this survey, a total of 5,695 people were asked if they would complete the survey. Of the 1,782 'cooperative contacts' (i.e. said yes to responding to the survey questions), 282 respondents ended the survey before responding to all questions. No data was collected on '*reasons for ending the survey early*' and it could not be determined whether the reasons for stopping and the stop point in each case coincided with a specific reason and a specific question or whether the reasons for stopping and stop points were different for each respondent that did not complete the survey.

Possible reasons, although speculative in this case include: the survey was taking longer than initially anticipated and the person had to get off the phone, after starting - the person did not understand the subject matter of the survey and decided not to continue, one or more questions were found to be confusing or difficult to answer or the person felt 'pressured' to say yes to responding to the survey to start with and decided not to respond after starting it.

Sample Distribution

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Per the sample frame designed for this survey, a total of 1,500 respondents drawn from fro the Canadian population with regional representation as presented in Table 3.3 were interviewed.

Table 3.3 Final Sample Distribution and Margin of Error by Region for the General Public Survey

Sample Distribution by Region

Region/Province	Unweighted Sample	Margin of Error [1]
Atlantic Canada	200	±6.9%
Quebec	326	±5.4%
Ontario	475	±4.5%
Prairies	250	±6.2%
British Columbia/ Territories	249	±6.2%
CANADA	**1500**	**±2.5%**

[1] Percentage based on 95% confidence level.

As stated in the methods section, the sample of 1500 provided an overall margin of error for the survey results of +/- 2.5 percent. The results obtained for the Canadian population can therefore expected to be accurate to within +/- 2.5 percent,19 times out of 20.

Sample Characteristics

The demographic characteristics of the final survey sample and their comparison with the Canadian population are presented below in Table 3.4. The results displayed in

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this table were weighted using 2004 weighting factors published by Statistics Canada. The results for the Canadian population (displayed in third column of the table) correspond to the 2004 census results published by Statistics Canada.

Table 3.4 Demographic Characteristics of Respondents in the General Public Survey

Demographics	Sample[1] (%)	Population[2] (%)
Region/Province		
Atlantic	8	8
Quebec	24	24
Ontario	38	38
Prairies	17	17
British Columbia/Territories	13	13
Education Level		
Grade school/some high school	13	23
Completed high school	29	24
Some college/university	30	31
College/University graduate	27	23
Average Household Income ($000)		
< $25	15	16
$25-40	20	27
$41-60	19	25
$61-80	13	21
> $80	15	11
Don't know/refused	18	-

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Gender		
Male	49 (n=734)	49
Female	51 (n=766)	51
Age (years)		
18-34	23	29
35-54	46	41
55+	31	29
Language		
English	62	59
French	25	23
Other	13	18

[1] Weighted data (by region/province) using weighting factors published by Statistic Canada (2004)
[2] 2004 census, Statistics Canada

Gender, language (French and English), region, education level and average household income level were represented in the final survey sample in approximate proportion to their proportions in the Canadian population. The results indicated that the majority of respondents in this survey were English speaking, aged 35-54 years of age, high school or college/university educated, and earning an average household income of $25-59,000.

3.3.2 Detailed Statistical Analysis of the General Public Survey

The results of the detailed statistical analysis of the general public survey can be found in Annex II to this chapter. The analysis results for questions 1 through 19 of the

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general public survey are presented in this Annex in the order that the questions were asked in the survey. It should be noted that statistical significance is indicated in the results tables in the Annex with a capital letter, which denotes the comparison group to which the result is significantly different. For the sake of brevity in displaying results, the significance of the reverse comparisons are not noted; however, significance between both comparison groups is implied in all cases (also see Introduction section in Annex II).

3.3.3 Presentation and Discussion of the Key Survey Results

This section presents the key results of the general public survey with respect to consumers' attitudes and perceptions of the safety of marketed health products in Canada today, their confidence in the systems and safeguards in place to ensure drug safety, who they hold responsible for ensuring the safety of marketed health products in Canada, and their familiarity with and use of post-market drug safety information issued by Health Canada. In this section, the notation (Q1, Q2, ...) is used to denote the survey question to which the results pertain.

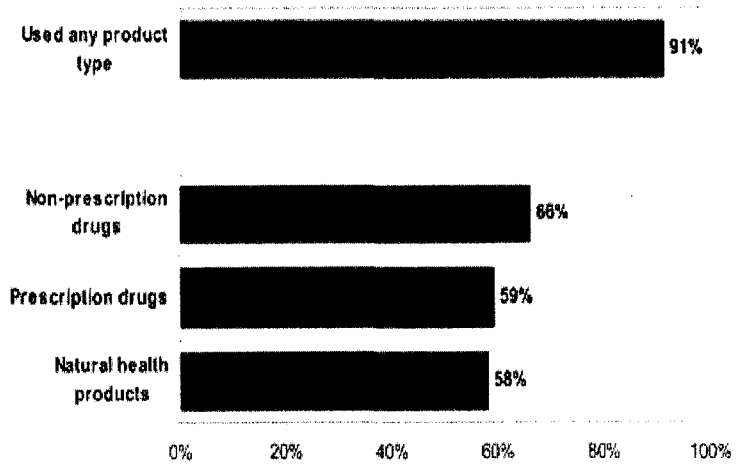
Use of Marketed Health Products (Q1a,b,c, Q2a,b,c)

In order to provide a context for consumers' understanding of and attitudes towards health product safety and drug risk communication, it was felt it would be helpful to understand their current use of health products available on the Canadian market. In the

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six months prior to this survey, nine in ten consumers (91%) said they had used at least one of the three most common types of marketed health products (prescription, non-prescription, and natural health products) (Figure 3.1). The results confirm that the majority of the general public has considerable experience with the different types of health products available. In the past six months, almost all consumers (91%) reported having used at least one of the three general types of health products. Non-prescription drugs (66%) were the most commonly used, followed closely by prescription drugs (59%) and natural health products (58%) (Figure 3.1).

Figure 3.1 Incidence of Drug Product Use in the Past Six Months by the General Public



The high combined incidence of use was evident in every region and demographic group, but was most prevalent among women (95%, versus 88% of men) and consumers 55 years and older (95%, versus 90% of younger individuals) (see Annex II, Q1). The

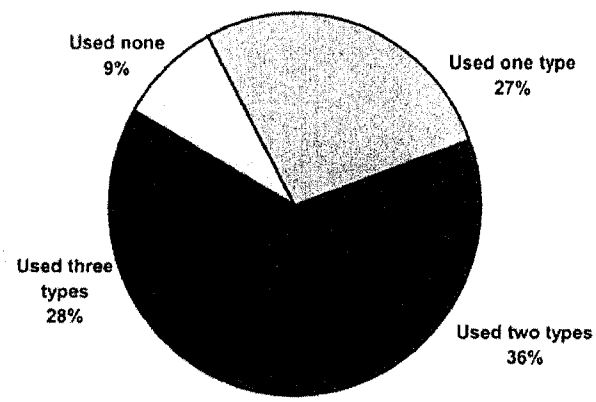
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pattern of use varied across the different health product types according to socioeconomic status (as indicated by education level and average household income level). The use of non-prescription drugs and natural health products was more common among consumers with higher education or higher incomes, while prescription drug use was highest among those with the lowest levels of education and income. Age was also a factor, with individuals 55 years of age and older being more likely than younger consumers to have used prescription drugs and natural health products, and less likely to have used non-prescription medications in the past six months (see Annex II, Q1).

There was considerable overlap in use across the three general types of health products. Almost two thirds of consumers said they had used two (36%) or all three (28%) types of health products in the past six months (Figure 3.2). One in four (27%) said they had used only one type of health product, while only one in ten (9%) said they had not used any health products in the past six months.

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Figure 3.2 Number of Drug Product Types Taken by Members of the General Public in the Past Six Months



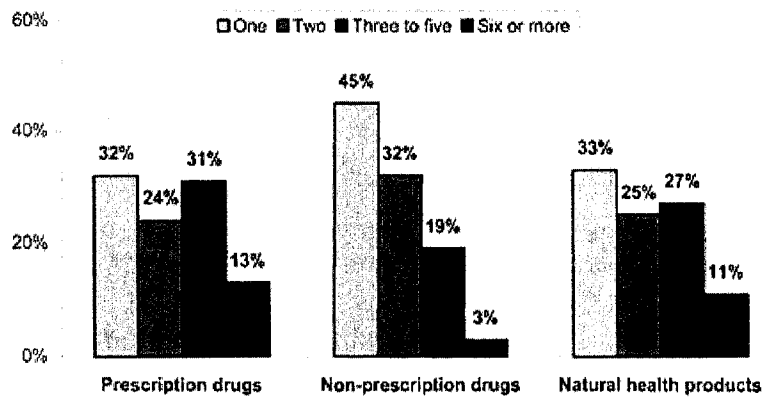
The use of both prescription and non-prescription medications were consistent across all regions of the country, although the use was somewhat higher among women and consumers with higher socioeconomic status (see Annex II, Q1). In contrast, natural health products were most commonly used in British Columbia and the three territories (72%), and were least commonly used in Quebec (42%) (see Annex II, Q1).

Consumers of each of the different types of health products were also asked about how many different prescription, non-prescription, or natural health products they had taken in the past six months (Q2) in order to establish a crude measure of overall exposure to, or experience with, each health product type. Canadians who said they consumed prescription drugs and natural health products tended to take a greater number of different kinds of these products, than consumers of non-prescription drugs (Figure 3.3). Over the previous six month period, prescription drug users said they took an average of 2.7 different prescription drugs, whereas natural health product users took an

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average of 2.6 natural health products, and non-prescription drug users took an average of 1.9 non-prescription drugs. Approximately two-thirds of prescription drug users (68%) and natural health product users (63%) took two or more different kinds of these products, compared to only one half (54%) of non-prescription drug users.

Figure 3.3 Number of Different Drug Products Taken by Members of the General Public in the Past Six Months



The results showed, as expected, that the number of prescription drugs taken increases with age, and with lower socioeconomic status (see Annex II, Q2). For instance, use of six or more different types of prescription drugs in the past six months increased from 6% of consumers 18 to 34 years of age, to 11% among those 35 to 54 years of age, to 18% among those 55 years and older. The disparity was even more pronounced by average household income, with six or more drugs reported used by 25% of those with household income under $25,000, compared with only 9% among those earning higher average household incomes (Annex II, Q2). Age and socioeconomic

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status did not appear to be as much of a factor in the number of other types of marketed health products consumed by the Canadian public (see Annex II, Q2). Consumers 18 to 34 years were among the most active users of non-prescription drugs (average 2.3), but less likely than older Canadians to take natural health products. Of note is the fact that the average number of natural health products taken in the past six months declined from west (3.1 in B.C.) to east (2.0 in Quebec) and the Atlantic region (2.1). This trend is likely explained by the high number of naturopaths that practice in B.C. and the western region of Canada as compared to Ontario and the eastern regions. Gender did not appear to be a factor in the reported variety or number of health products taken by Canadians (see Annex II, Q2).

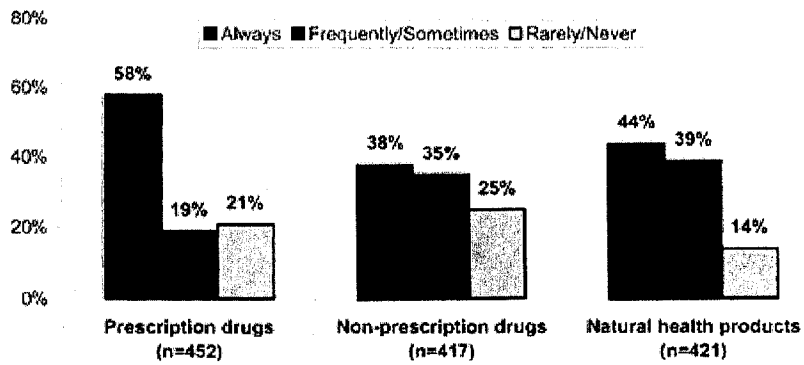
Familiarity and Use of General Health Product Safety Information (Q3a,b,c)

In evaluating the effectiveness of the methods used to communicate drug safety information, it was considered important to understand consumers' current use of such information. As such, consumers were asked for each of the three types of health products used in the past six months, and how often they seek out information when using that product type for the first time. Most consumers said they generally look for information about drugs when they, or their family members, are taking a drug for the first time, and this was most likely to be the case when first taking a prescription drug (Annex II Q3a).

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For each of the three types of health products studied, less than one in four (between 14% and 25%) respondents said they rarely or never look for safety information about a drug when taking it for the first time (Figure 3.4). Almost six in ten (58%) prescription drug users said they always look for information the first time they are taking a prescription drug. In comparison, safety information about non-prescription drugs (38%) and natural health products (44%) was less often sought by users of these product types. (Figure 3.4).

Figure 3.4 Frequency of Seeking Out Information about Health Products Among Members of the General Public [1]



[1] Base: Among users of each health product type

For all three health product types, information was more likely to be sought out by women than by men, and by consumers 35 years and older than by younger consumers (see Annex II, Q3a,b,c). From a regional standpoint, for non-prescription drugs, residents of the Atlantic provinces (20% said always) were less likely than those in other regions of Canada (between 37% and 41%) to look for such information when taking a drug for the

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first time. As well, more than one in four (27%) consumers with the lowest household incomes said they never look for such information on non-prescription drugs, compared to only eight percent of those with incomes over $25,000 (see Annex II, Q3c).

Types of Health Product Information Sought Out by Members of the General Public (Q4a,b,c)

In this section, the general public was asked to identify the types of health product information typically sought out for each category of health product. In general. consumers said that they typically look most often for information on the possible serious side effects of drugs (range for all health product types was 73.4% to 80.8%), followed by information on interactions with other health products or food (range of 15.5% to 21.38%) (see Annex II, Q4a,b,c). Specifically, consumers of prescription drugs said they most often look for information about the adverse effects associated with prescription drugs they are taking for the first time (83%). A similar number of consumers of non-prescription drugs (71%) and natural health products (75%) said they most often seek out information about the adverse effects of drugs (Table 3.5). Of note is the fact that information about effectiveness (prescription drugs, 13%; non-prescription drugs, 20%; natural health products, 39%) was seen as much less important to consumers than information about possible adverse effects (side effects) or drug interactions. Not surprisingly, consumers of natural health products had the biggest overall concern about drug effectiveness of all three product types.

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Other noteworthy types of drug information sought to a lesser extent included: directions for use (prescription 9%, non-prescription 8%, natural health products 4%); information about dosage levels (prescription 8%, non-prescription 17%, natural health products 7%); product ingredients (prescription 6%, non-prescription 7%, natural health products 13%); and types of symptoms a product is used for (prescription 5%, non-prescription 10%, natural health products 10%) (Table 3.5).

Table 3.5 Types of Health Product Information Sought by the General Public [1]

Types of Information	Prescription drugs [2] *(n=386)* (%)	Non-prescription drugs [2] *(n=357)* (%)	Natural health products [2] *(n=386)* (%)
(Net) - Drug safety	99	93	96
Safety/adverse effects	83	71	75
Possible interactions with other drugs/food	16	19	21
Allergic reactions	3	4	2
Effectiveness	13	20	39
Directions for usage	9	8	4
Dosage level	8	17	7
Product ingredients	6	7	13
Symptoms it is used for	5	10	10
Information about manufacturer	1	1	4
Price	1	2	4
Other information	8	5	15

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Don't know	8	5	7

[1] More than one reason was coded if offered.
[2] Among users of each health product type.

The type of information about health products that consumers said they look for about health product is generally consistent across the country and among members of different demographic groups. The few notable exceptions include the finding that women are more likely than men to look for product safety information on prescription and non-prescription drugs, while men are more likely to look for information on the effectiveness of non-prescription drugs (see Annex II, Q4a,b,c). In addition, information on the possible adverse effects of both non-prescription drugs and natural health products appears to be less sought after by consumers 55 years of age and older than by other age groups within the population (see Annex II, Q4a,b,c).

Sources of Drug Safety Information used by the General Public (Q5a,b,c)

Consumers were asked where they would most likely to go to get the information needed on each of the three different types of health products studied. The majority of respondents said they are most likely to approach a pharmacist for information on each of the three types of health products, with doctors and the internet serving as important secondary sources of drug safety information (see Annex II, Q5a,b,c).

Visiting a pharmacist to seek out information about health products was cited as the dominant practice among consumers for all three types of health products; however,

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the public said they were more likely to seek health product information from pharmacists in the case of prescription drugs (84%) and non-prescription drugs (77%) than for natural health products (51%). The second line source of health product information cited for prescription drugs (49%) was physicians; however, the internet was cited as the second most often chosen source of health product information by both non-prescription drug users (26%) and natural health products users (44%) (Table 3.5).

Medical doctors were singled out as most likely to be consulted about prescription drugs (49%) and, to a lesser extent, non-prescription drugs (24%) and natural health products (26%). Of interest is the fact that, medical reference books and product labeling were generally not seen as important sources of drug safety information, with reliance on product labeling being limited primarily to non-prescription drugs (15%). Consumers also said they tend to rely on a wider range of sources in searching out information on natural health products and in addition to pharmacists, doctors, and the web; other popular sources included the media (23%), friends and family members (15%), and health food stores (22%). Of note is the fact that consumers did not say the seek out naturopaths to any great extent (2%) when looking for information about natural health products. Nor did they report (surprisingly) the use of printed handouts from pharmacists as a source of health product information, with only 4% of consumers saying they consult this source when looking for information about natural health products (Table 3.6).

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Table 3.6 Sources of Drug Safety Information Used by the General Public [1]

Source of Information	Prescription drugs *(n=356)* (%)	Non-prescription drugs (n=339) (%)	Natural health products (n=214) (%)
Pharmacist/pharmacy	84	77	51
Doctor/physician/dentist	49	24	26
Website/Internet	24	26	44
Medical reference/books	6	2	5
TV/Print media	2	5	23
Friends/family member	2	6	15
Product labeling	2	15	9
Health food store	-	1	22
Printed handouts from pharmacists	-	-	4
Drug manufacturers	-	1	2
Naturopath	-	1	2
Other sources	3	5	10
Don't know	-	2	1

[1] Among users of each health product type
- indicates no responses for this information source

The sources of information sought by Canadians are fairly similar across the country and among demographic groups, with a few exceptions (see Annex II, Q5a,b,c). For information on all three product types, Anglophones said they were more likely to use the internet than Francophones (possibly because more information on the internet is available

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in English than in French) In the case of prescription and non-prescription drugs, the results indicate that women are more likely than men to turn to a pharmacist as a source of health product information. As well, university graduates are twice as likely to use the product labeling for information on non-prescription drugs (22%) than are those with lower education levels (10%) (see Annex II, Q5a,b,c).

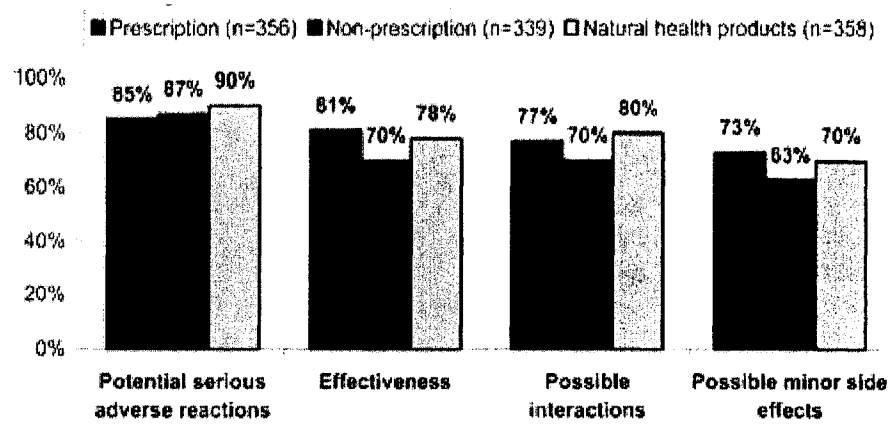
Importance of Health Product Information to the General Public (Q6a,b,c,d)

In this section, attitudes about the importance of four specific types of health product information were sought for each of the three different health product types. Information of interest included: possible serious adverse reactions; effectiveness; possible interactions with other drugs, health products, or foods; and potential minor side effects. All four types of health product information were considered to be very important by at least seven in ten users of these products (Figure 3.5).

Of the four types of health product information asked about in the survey, information about potential serious adverse reactions was viewed as being the most important to consumers, with more than eight in ten users of each product type (ranging from 85% to 90%) rating it as very important to them. The other three types of information were considered only slightly less important, with "possible minor side effects" being the information least apt to be viewed as very important by members of the public for all health product types (Figure 3.5).

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Figure 3.5 Percentage of the General Public Who View Specific Types of Health Product Information as Very Important [1]



[1] Base: Among users of each health product type

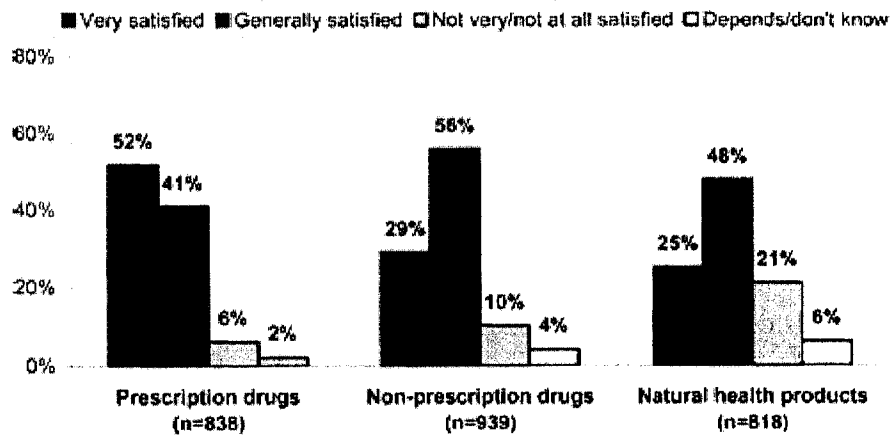
The importance of potentially serious adverse reaction (ADR) information was viewed as very important in all regions of Canada and across all demographic groups. Across product types, women and consumers aged 35 years of age and older are more likely to consider effectiveness and possible drug-food or drug-drug interactions as very important pieces of information. In the case of prescription drugs, serious side effects are of greater concern among those with the lowest household incomes. Effectiveness and possible interactions are judged more important by residents living in predominately English speaking regions, in comparison with those living in Quebec (see Annex II, Q6a,b,c,d).

Satisfaction of the General Public with Available Sources of Health Product Safety Information (Q7a,b,c)

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This section of the general public survey enquired about the public's level of satisfaction with currently available sources of health product safety information. The majority of consumers said they view drug safety information as important and that they are very or generally satisfied with the safety information that is currently available to them. Across all three health product types, there was a good level of satisfaction with the safety information that individuals said they generally seek/need (between 73% to 93% said they are either very or generally satisfied). Satisfaction was found to be notably higher for prescription drug safety information (52% very satisfied), compared to that available for non-prescription drugs (29%) and natural health products (25%) (Figure 3.6).

Figure 3.6 Satisfaction of the General Public with Available Sources of Health Product Safety Information [1]



[1] Base: Among users of each health product type

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Satisfaction levels in this area varied considerably across the country. Residents of Quebec, and to a lesser degree those living in the Atlantic provinces, expressed greater satisfaction with the safety information available for all three types of health products (see Annex II, Q7a,b,c). In general, levels of satisfaction with drug safety information for each of the three product types also increases with age. Women are more likely than men to say they are very satisfied with the safety information available on prescription and non-prescription drugs. However, satisfaction with safety information for non-prescription drugs and natural health products is lower among those with higher levels of education.

The results for this question indicate that the more frequently health product users seek out information about products they are taking for the first time, the more satisfied they are with the drug safety information available for those products. For example, prescription drug users who said they always look for information about first-time products were more likely to say they are very satisfied (59%) with drug safety information than are those who said they rarely or never look for any information (46%) about such health products (see Annex II, Q7a,b,c).

Dissatisfaction of the General Public with Available Sources of Health Product Safety Information (Q8a,b,c)

The general public was also asked about their level of dissatisfaction with available sources of health product safety information. The small number of individuals who indicated that they were dissatisfied with the drug safety information for each type of health product were also asked the reasons for their dissatisfaction. A variety of reasons were

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cited for dissatisfaction among members of the general public (see Table 3.7). The top three reasons were: there is not enough information in general available (prescription drugs, 36%; non-prescription drugs, 28%; natural health products, 38%); not enough information on the side effects of health products is available (prescription drugs, 31%; non-prescription drugs, 22%; natural health products, 22%); and the information available is incomplete (prescription drugs, 28%; non-prescription drugs, 36%; natural health products, 34%) (Table 3.7).

Other noteworthy concerns relating to the general public's dissatisfaction with available health product safety information included: the information available is often incomplete; it is hard to find relevant information about health product safety; it is sometimes difficult to get answers to questions about health product safety from health professionals; the safety of certain drugs on the market, the information is often difficult to understand; lack of efficacy of certain drugs on the market; and product labeling is unclear.

Table 3.7 Reasons for Dissatisfaction Among the General Public with Available Sources of Health Product Safety Information

Reason for Dissatisfaction	Prescription drugs *(n=57)* (%)	Non-prescription drugs *(n=101)* (%)	Natural health products *(n=183)* (%)
Not enough information (general)	36	28	38
Not enough information or	28	36	34

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information is incomplete			
Hard to find relevant information	15	14	17
Sometimes difficult to get answers to questions / information from professional	13	7	10
Concerned about safety of certain drugs on the market	10	12	20
Information difficult to understand / unclear	7	7	5
Lack of efficacy of certain drugs on the market	5	5	3
Product labeling unclear	2	9	9
Other reasons	10	10	8
Don't know/No answer	9	9	4

[1] Among those dissatisfied with safety information for each health product type.

Reasons for dissatisfaction with available sources of health product safety information were relatively constant both across the country and among the different demographic groups (see Annex II, Q8,a,b,c).

Frequency With Which Sources of Post-market Drug Safety Information are Sought Out by the General Public (Q9a,b,c)

Since much of the information about ADRs only becomes available after the product has been on the market for some time, consumers who want to stay informed about a given product must look for post-market safety information even after they have been

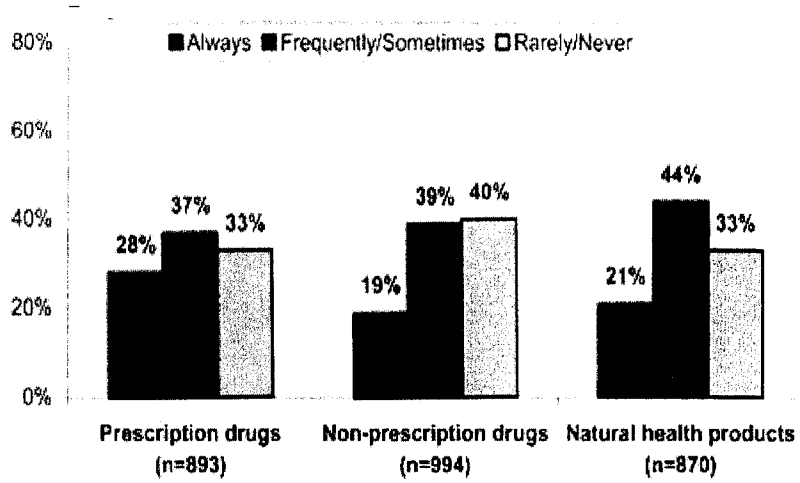
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taking a drug for some time. The public's perception and use of new risk information concerning marketed health products was therefore an important focus of the general public survey. As such, in this section, consumers were asked about how often they seek out new safety information about a health product after they are already on the drug/health product.

Despite the priority that Canadians said they place on health product safety information when taking a health product for the first time, most consumers said that they do not make it a regular practice to seek out new safety information about the health products they consume once they are taking them. Fewer than three in ten (28%) reported always looking for such new safety information for their prescription drugs, while no more than one in five said they do so for the natural health products (21%) or non-prescription drugs (19%) they consume. The remainder were split between those who claimed to look for new safety information frequently or sometimes, and those who do so only rarely or never (Figure 3.7).

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Figure 3.7 Frequency with which New (Post-market) Safety Information is Sought by the General Public [1]



[1] Base: Among users of each health product type.

Of interest is the fact that consumers ranked information on the potential for serious adverse reactions as the most important source of information about a drug which they routinely look for (Q6a); however, the results for this question indicate that most Canadians only seek out adverse reaction information about health product either frequently/sometimes or rarely/never. This apparent paradox is an interesting finding of this study and may have roots in the responses to Q19, which examines the public's attitudes about how is most responsible for drug safety in Canada. Another paradoxical finding relates to the fact that even though the public said they have a high level of satisfaction with respect to the available sources of post-market drug safety information, this did not appear to influence the frequency with which the public said they seek out new drug risk information.

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The findings in this section indicate that women are more likely than men to say they seek out new safety information about the drugs they consume (see Annex II, Q9a,b,c). Also, as one might expect, the frequency of seeking out new risk information about drugs increases with age, when people are also more likely to be taking multiple drugs and/or health products. Finally, those individuals who said they frequently/sometimes seek out general information about a health product they are taking for the first time are also more likely to seek out new risk information about the health products they have been taking for some time. For example, one in four (27%) non-prescription drug users who said they always look for information about a first time drug also said they *always* look for new safety information about current drugs compared to only one in six (15%) who said they sometimes/frequently seek out information about a first time product. A consistent pattern that emerged from the data indicates that those consumers most likely to seek out new safety information about each of the three types of health products are those who said they are only generally satisfied or dissatisfied with the general sources of health product information available, while those who said they are very satisfied with general sources of health product information were also less likely to seek out sources of new (post-market) drug safety information (see Annex II, *Q9a,b,c)*.

Sources of Post-market Drug Safety Information Used by the General Public (Q10)

Consumers said they are most likely to turn to pharmacists for new safety information about a health product they are already taking, although many also said they

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consult their doctor or the internet. Very few Canadians said they rely on Health Canada issued PAs as a resource when seeking out new safety information about a health product they are taking. When asked about the sources of new safety information they consult, consumers said they generally rely on the same sources of drug safety information they use when taking a product for the first time (Table 3.8). Again, pharmacists (54%) were named as the main resources individuals turn to for new safety information about drugs they are already taking, followed by the internet (32%) and their doctor (29%). (Note that for general sources of drug information, the public said they first consult pharmacists followed by their doctor and then the internet.) Less common sources of new safety information cited by the general public include: TV and print media (13%); medical reference books (11%); product labeling (7%); friends and family members (6%); the Health Canada website (3%); Drug manufacturers websites (3%); natural/health food stores (2%); Health Canada or other government offices (1%); and public Advisories issued by Health Canada (1%). Very few individuals identified (without prompting) any of the post-market drug safety information sources provided directly or indirectly through Health Canada, including Health Canada's website (3%), the department itself or another government office (1%), or Public Advisories/Warnings (1%). However, when asked if they were aware of these sources of post-market drug safety information (see results for Q11 below), a higher percentage of consumers said that they were aware of them. Regardless, the fact that very few Canadians cited Health Canada sources of new safety information as being a source they often use without prompting is a finding of concern which is likely

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explained by the fact that most consumers do not know that Health Canada neither routinely provides this sort of information to the public nor indicates where they should go to access it (Table 3.8).

Table 3.8 Percentage of the General Public Who Use the Different Sources of Post-market Drug Safety Information [1]

Source of Post-market Drug Safety Information	%
Pharmacist/pharmacy	54
Website/Internet	32
Doctor/physician	29
TV/Print media	13
Medical reference/books	11
Packaging/label/patient information	7
Friends/family members	6
Health Canada website	3
Drug manufacturer/website/print materials	3
Natural/Health food store	2
Other health care provider	2
Health Canada/other government office	1
Public Advisories/Warnings	1
Other mentions	3
Don't know	3

[1] Among those who look for *new* safety information at least rarely (n=1,171).

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By type of health product used, prescription drug users said they are more likely to seek out new safety information from a doctor (35%) than are non-prescription drug (26%) and natural health product users (28%). Other sources of new safety information were relatively constant among the three different types of health product.

Across the country, residents of Quebec and Atlantic Canada said they are more likely to consult a pharmacist or a doctor for new safety information. Atlantic Canadians are most likely to consult TV or print media or medical reference books. As with information sought when first taking a health product, those living in Quebec (and Francophones in general) are least likely to use the internet to find information about newly discovered risks associated with health products (see Annex II, Q10).

Other findings of interest include the fact that a pharmacist is more likely to be consulted as the main source for post-market safety information by women (59%), consumers 55 years of age or older (61%), and those with incomes under $60,000 (58%). In contrast, the internet is more commonly used by men (36%), consumers under 55 years of age (39%), and those with higher incomes (42% among those with incomes over $60,000) and with more education (44% among those with a post-secondary degree) (see Annex II, Q10).

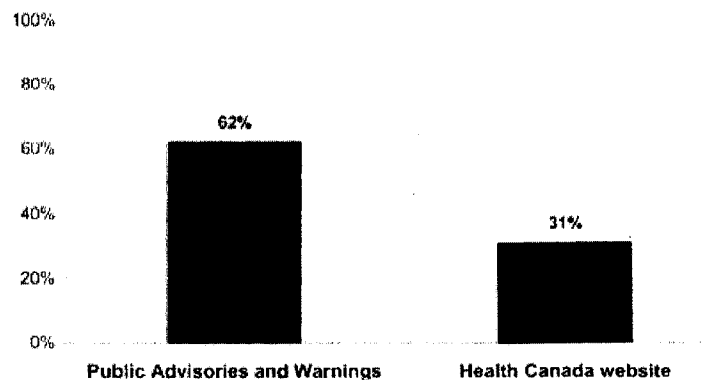
Awareness and Use of Health Canada Sources of Post-market Drug Safety Information (Q11a,b)

Despite not being a top-of-mind resource for consumers about post-market drug safety information, consumers indicated that Health Canada sources are fairly well

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recognized. Unprompted, only 1% of consumers said they turned to Health Canada PAs as a source of post-market drug safety information; however, when asked directly about these sources, six in ten (62%) consumers said they were aware of Health Canada PAs and half as many said they had heard of Health Canada's website (31%) as a source of post-market drug safety information (Figure 3.8). There is limited overlap in awareness of these two sources: only one in four (23%) Canadians said they have heard of both PAs and the Health Canada website, while 31% said they are aware of neither source.

Figure 3.8 General Public's Awareness of Health Canada Sources of Post-market Drug Safety Information



Across the country, awareness of both PAs (49%) and the Health Canada website (20%) is lower in Quebec than elsewhere, while most widespread among consumers with higher socioeconomic status (see Annex II, Q.11a,b). Women (66%) are more likely than men (58%) to have heard of PAs, but less likely than men to have heard of the website. Not surprisingly, consumers 55 years of age and older are less likely to be aware of the

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website (23%), compared to younger consumers (34%). However, no significant age or demographic differences were observed regarding awareness of PAs (see Annex II, Q11a,b).

The frequency with which consumers said they search out information is reflected in their awareness of PAs (but not the Health Canada website). Awareness of PAs as a source of post-market drug safety information is higher among prescription drug users who said they always look for information the first time they are taking a drug (69%) and when regularly taking a drug (66%). Awareness is also higher among users of non-prescription drugs (72%) and natural health products (72%) who always look for new safety information about a drug they are currently taking. However, awareness is not related to the perceived safety of the different types of marketed health products. That is, consumers who perceived marketed health products to be unsafe are no more likely to be aware of the existence of PA's or of the Health Canada website ((see Annex II, Q11a,b).

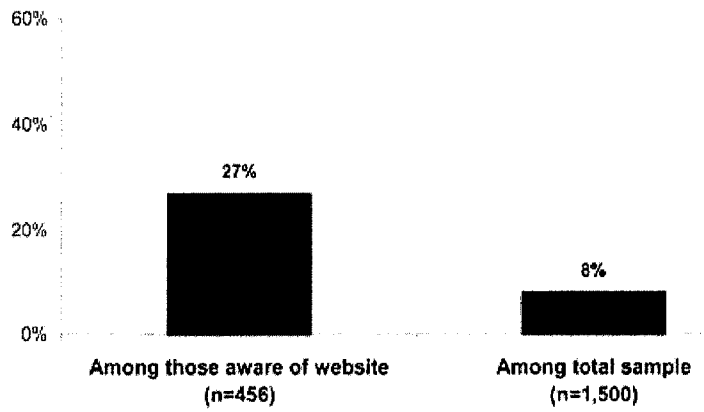
Experience and Satisfaction of the General Public with Health Canada's Website (Q12, Q13, Q14a,b)

Consumers who said they had used Health Canada's website to access post-market drug safety information in the past six months also said they were generally satisfied with this source. Close to half said they acted on what they learned, either by consulting with a health professional or making some other change in their behavior. Among those who said they are aware of the Health Canada website (31% of the total consumer population), just over one in four (27%) reported having used this website to look for post-market drug

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safety information in the previous six months (8% of the total consumer population) (Figure 3.9).

Figure 3.9 Percentage of the General Public that Used Health Canada Website to Access Post-market Drug Safety Information in the Past Six Months

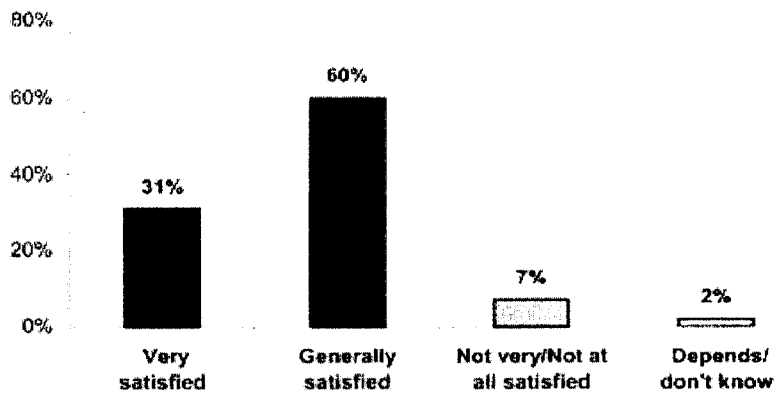


Consistent with the findings for awareness of the Health Canada website, usage of this source increases with socioeconomic status, and decreases with age (see Annex II, Q12) In this section, consumers were also probed about their satisfaction with the website, and what they had done with the information they found on the site. (Note that the small sample size for this group of n=125 limited the depth of analysis that could be performed.) Although relatively few consumers said they have accessed Health Canada's website for post-market drug safety information, those that had done so over the past six months were quite positive about this source. Almost all website visitors said they are very (31%) or generally satisfied (60%) with Health Canada's website as a source of information about

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drug safety, compared with only seven percent who were not very or not at all satisfied (Figure 3.10).

Figure 3.10 Satisfaction Among the General Public with Post-market Drug Safety Information Posted on Health Canada Website



[1] Among those who have used the Health Canada website as source of drug safety information (n=125).

Those who said they are satisfied with the Health Canada website as a source of new safety information were also most likely to say this was because of the information it contained. Visitors to the website said they found it to provide the information they needed (34%), to be current (30%), and to be easy to use (15%). A few consumers indicated that they the reason they were satisfied with the information provided was because they have confidence in Health Canada as the source of the information (11%). A handful of consumers even complimented the website on its format and navigability (Table 3.9).

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Table 3.9 Reason for Satisfaction with Health Canada's Website[1]

Reason for Satisfaction with Drug Safety Information Provided	%
Able to get the information/answers I wanted	34
Current source of information	30
Easy to use	15
Confidence in source/Trust Health Canada	11
Current information	5
Well done	3
Easy to understand	2
Other reasons	23
Don't know	10

[1] Among those very or generally satisfied with Health Canada website (n=113).

The few consumers who said they had visited the Health Canada website in the past six months but were dissatisfied with it said this is because they found the information hard to find (5 mentions) or not available (4 mentions), that the website was not a good source of information (1 mention), or that the site was not easy to use (4 mentions) (see Annex II, Q14b)

Action Taken by Consumers Based on Information Obtained from Health Canada's Website (Q15)

Beyond their overall satisfaction with the Health Canada website as a source of post-market drug safety information, the general public was asked if they did anything

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differently based on the information they found on the website. Close to half (45%) of the website visitors said they did, in fact, act on the information provided. In most cases, the information provided prompted them to consult another information source, such as a physician (22%), pharmacist (4%), or other sources of detailed information (6%). Others used this information to make their own decision about the health products in question, such as ceasing to take the drug (5%), changing to a different drug (5%), or changing the dosage of their current drug (3%). More than four in ten (43%) visitors to the Health Canada website said they did not do anything differently as a result of what they found on the website, while the remaining one in ten said they did not find any new information or could not find the information that answered their question(s) (Table 3.10). Of interest is the finding that most consumers said they would consult a physician (before their pharmacists as they do when seeking out general drug information) when acting on the post-market drug safety information they found on the Health Canada website. This may be explained by the fact that when the public think they need to act on drug safety information, a physician can adjust a dosage or provide a new treatment, while a pharmacist can only answer questions about a health product and recommend that the person consult their doctor. (Table 3.10).

Table 3.10 Action Taken by the General Public Based on Drug Safety Information Obtained from Health Canada Website [1]

Action Taken	%
Consulted physician	22
Sought out more detailed information (other	6

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sources)	
Stopped using drug	5
Switched drug/started on new drug	5
Consulted pharmacist	4
Changed frequency of using drug/dosage	3
Other mentions	9
Did not get any new information	6
Did not do anything differently	43
Don't know	6

[1] Among those who have used website as source of information for drug safety information (n=125).

Suggestions on How Health Canada Can Improve the Dissemination of Post-market Drug Safety Information to the General Public (Q16)

In this section, respondents were asked in what way, if any, they thought Health Canada could do more to provide Canadians with new safety information about drugs and other health products. Four in ten (41%) were unable to provide any suggestions about improvements that could be made. Those who did offer suggestions were most likely to recommend that Health Canada make better use of TV, radio, and print media to better advertise and disseminate important safety information (27%). Other noteworthy suggestions included using pharmacy or point-of-sale locations to disseminate this type of information (8%), providing more information on the internet or websites (7%), or regulating improvements to drug packaging and labeling (4%) (Table 3.11).

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Table 3.11 Suggestions for Improving Dissemination of Post-market Drug Safety Information to Consumers

Suggestions Offered by Respondents	%
More Use of TV/radio/print media/advertising	27
Pharmacy/point-of-sale	8
Internet/website	7
Regulate improved packaging/labeling	4
Doing good job/satisfied with information provided	3
Make people more aware/provide more info (general)	3
Keep doctors/pharmacists informed	3
Improve/update/expand website	2
More regulatory oversight	2
Make it accessible to those without internet	1
People should inform themselves/don't blame others	1
Other suggestions	17
Nothing/don't know	41

Perceptions of Drug Safety and Confidence in the Safety of Health Products (Q17a,b,c, Q18)

Given that most consumers said they regularly used marketed health products, it was of interest to know how they feel about the safety of these products. Survey participants were asked to rate the safety of each of the three different types of health

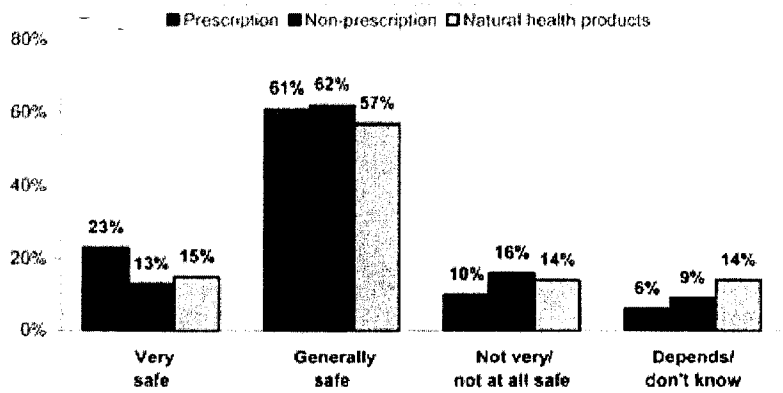
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products, as well as their confidence in the system of safeguards in place to ensure the safety of prescription drugs in particular and health products in general.

Of note is the fact that most consumers offered an opinion on the safety of these health products, with relatively few declining to respond. Of those that did not offer an opinion, this was more apt to be the case for natural health products (14%), than for non-prescription (9%) or prescription (6%) drugs. Only a small minority said that the all health products are very safe; however, the majority of Canadians said they consider them to be generally safe (Figure 3.11). Consumers reported being generally confident in the safety of all three types of health products, but particularly in the case of prescription drugs, with more than eight in ten saying they were very (23%) or generally safe (61%). By comparison, only three in four consumers gave this same assessment (very or generally safe) to non-prescription drugs (75%) and natural health products (72%). This constituted an interesting finding given the fact that prescription drugs are generally higher-risk products than non-prescription drugs, which is why they can only be obtained with a prescription. One possible explanation for this finding is that the public thinks that since prescription drugs are regulated, they must therefore be safer than health products that can be purchased without a prescription (Figure 3.11).

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Figure 3.11 Perceived Safety of Marketed Health Products by the Canadian Public



Perceptions of the safety of all three types of health products are fairly consistent across the population. Where differences are evident, it is primarily due to a higher level of uncertainty than to a perceived lack of safety. For example, consumers 55 years of age and older are less likely than younger individuals to rate all three types of products as very or generally safe, and are more likely to say they are unsure or not be able to answer (depends/don't know). These findings are similar for natural health products and non-prescription drugs, but in the case of these two types of drugs, the results indicate that residents of Quebec and individuals without a high school diploma are also more likely to be uncertain about their safety (see Annex II, Q17b,c).

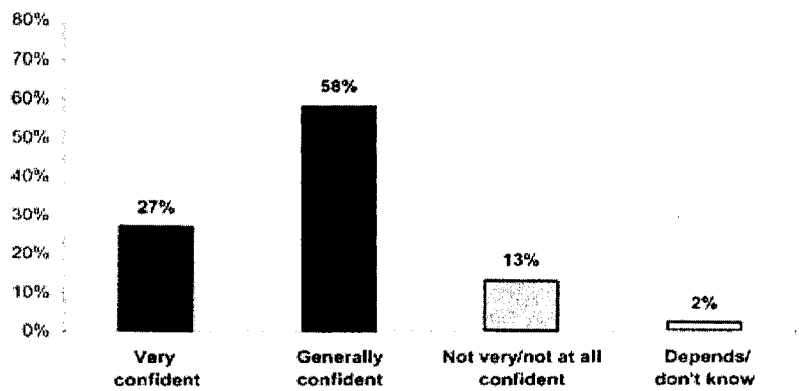
Use of a particular type of health product does not appear to be a factor in consumers' perceptions of its safety; for example, prescription drug users are no more or less likely to consider this type of product to be safe. However, the perceived safety of all three types increases along with the variety of products used: those who have

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taken all three types in the past six months said they are most likely to rate them as safe, compared with those who have taken only one type (see Annex II, Q17a,b,c).

Consistent with public perceptions of health product safety, consumers revealed a solid level of confidence in the system of safeguards currently in place in Canada to ensure the safety of health products available for sale in Canada today. More than eight in ten consumers said they are very (27%) or generally confident (58%) in the current system of safeguards, while fewer than one in six expressed a lack of confidence (13%) or were unable to voice an opinion (2%) (Figure 3.12).

Figure 3.12 Confidence of General Public in Prescription Drug Safety [1]



[1] The distribution of consumer confidence in non-prescription drugs and natural health products was similar to that of prescription drugs (see Annex II, Q18).

This general vote of confidence in the drug safety system is evident across the country, and in all demographic and socioeconomic sub-groups. Only Allophones (Canadians whose mother tongue is neither English nor French) are reportedly less confident (79% very or generally confident) in comparison with Anglophones (86%) and

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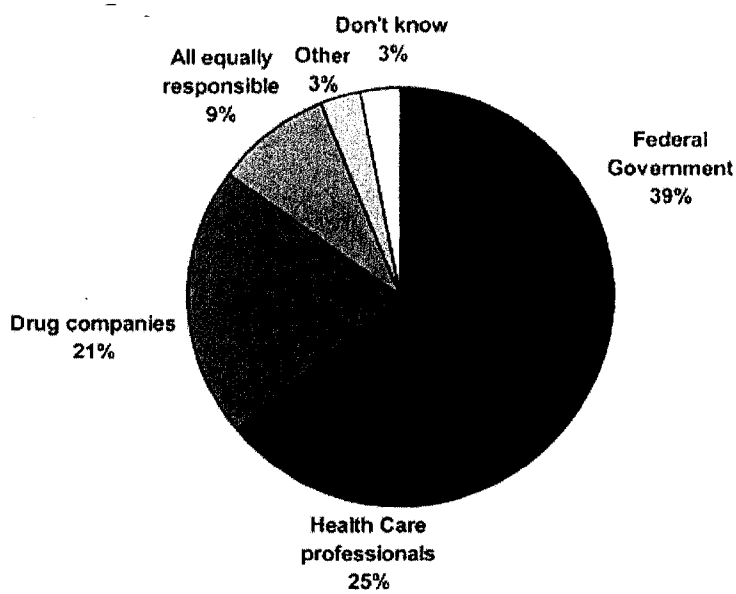
Francophones (87%). Prescription drug users are no more or less likely than others to indicate such confidence, although the confidence vote is marginally lower among users of non-prescription drugs. As with the general perceptions of drug safety, confidence in the system of safeguards for prescription drugs tends to increase as the number of types of health products being consumed increases (see Annex II, Q18).

Responsibility for Drug Safety in Canada (Q19)

The survey asked consumers who they hold most responsible for ensuring the safety of drugs available in Canada today. When presented with three choices, the public was most likely to place this responsibility with the federal government (39%), followed by health professionals (25%) and drug companies (21%). Of interest was the fact that although respondents were asked who is most responsible, almost one in ten (9%) volunteered that all three are equally responsible for drug safety, while the remainder offered other options (3%) or could not provide a response (3%) (Figure 3.13).

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Figure 3.13 Perception Among the General Public of Who is Most Responsible to Ensure Drug Safety



The majority of consumers indicated that the federal government is primarily responsible for the safety of drugs in Canada; this is evident across the country, but most notably among men, Canadians with higher socioeconomic status, Anglophones, and users of all three types of health products. Consumers with lower socioeconomic status are the ones most likely to consider health professionals as the most responsible for drug safety, as are those who have not taken any health products within the last six months. Women and consumers with lower socioeconomic status were more likely to cite drug companies as being the most responsible for drug safety in Canada (see Annex II, Q19).

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3.3.4 Summary of Key Findings of the General Public Survey

The key findings of the general public survey are summarized in Table 3.12

Table 3.12 Summary of Key Findings of the General Public Survey

▸ Respondents in the general public survey were evenly distributed across gender, education level, and income, with the two largest income groups being $25,000-39,000 (20.3%) and the $40,000-59,000 (18.8%).
▸ Most survey respondents were English speaking in the range of 18-44 years old (46.4%) with a high school education or less (42.5%).
▸ .Females reported using drug products (all three types) more frequently than their male counterparts, while older Canadians (65 years and older) were the group most likely to use prescription drugs (82.1%).
▸ The majority of Canadians believe that the drugs sold on the Canadian market (all drug types) are generally safe (84.2% for prescription drugs, 74.9% for non-prescription drugs, and 72.0% for natural health products). There were no significant differences seen across gender, geographical region, education level, or average household income level.
▸ Canadians feel that prescription drugs are the safest of all three types of health products studied, with 61% saying they are generally safe and 23% saying they are very safe.
▸ The majority of Canadians said they seek out safety information about prescription drugs they are taking for the first time (65.4% report sometimes, frequently, or always *vs.* 34.6% who report rarely, never, or depends).
▸ Approximately half of Canadians said they seek out safety information about non-prescription drugs (57.3% report sometimes, frequently, or always *vs.* 42.6% who report rarely, never, or depends).
▸ The majority of Canadians said they seek out safety information about natural health products when taking them for the first time (65.5% report sometimes, frequently, or always *vs.* 34.4% who report rarely, never, or depends).

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▸ Most Canadians reported being satisfied with the drug safety information they have available to them for all product types (prescription drugs, 91.8% satisfied; non-prescription drugs, 84.9% satisfied; and natural health products, 72% satisfied). No differences were observed between demographic factors including gender, age, income, or geographical region. However, respondents with a high school education or less were more likely to be satisfied with the drug safety information available on natural health products than those with a higher education level
▸ Consumers that are not satisfied with the drug safety information they have available to them cited the following reasons for this: the information is incomplete, there is not enough information available, they have experienced difficulty getting answers to their questions, or they have concerns about the safety of certain health products on the market.
▸ Canadians said they are most interested in information about potential serious side effects (19.5%) caused by drugs. However, even though they consider ADR information to be very important, they do not seek out this information on a frequent basis. Other drug information considered important included information about effectiveness (3.2%) and possible interactions with other drugs or food (4.1%).
▸ Canadians said they are most likely to consult a pharmacists (54%) to obtain general drug safety information, followed by the internet/website (32%), their doctor (29%), and broadcast and print media (13%).
▸ Few consumers said that they make it a regular practice to seek out new safety information about health products once they are already taking them (only 28% report always looking for such new safety information for their prescription drugs *vs.* 21% for non-prescription drugs and 19% for natural health products).
▸ Few Canadians said they are aware of the existence of PAs issued by Health Canada (1%) or the Health Canada website (3%). Among Canadians who said that health products are not very safe, they are no more likely to be aware of these sources of post-market drug safety information directed at the public than those who perceive health products to be very or generally safe. Of those who report having used the Health Canada website in the recent past, a small number reported that they found information hard to find.

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▸ Forty-one percent of Canadians were unable to make suggestions on what more Health Canada could do to improve the dissemination of post-market drug safety information to the public.
▸ Of those Canadians that did make suggestions for improvements for Health Canada's drug communication program, the majority felt that Health Canada should make greater use of the media and advertising (including radio, TV and print media)to inform the public about important drug safety information (27%). To a lesser extent they felt that Health Canada could make better use of pharmacy point-of-sale locations (8%) and use of the internet (7%).
▸ There is no clear consensus among Canadians as to who is the most responsible for drug safety in Canada. However, the majority of Canadians volunteered that the federal government is most responsible (39.5%), followed by health professionals (25.3%) and drug companies (20.9%). Of interest was the fact that 9% of Canadians volunteered, without being prompted, that all three groups have a shared responsibility. Women were more likely than men to name drug companies as being responsible (63.7% *vs.* 36.3%) and to say that all are equally responsible (67.4% *vs.* 32.6%). Those who have a university or college education are more likely to name the federal government as being the most responsible for drug safety.

3.4 Discussion

Strengths and Limitations of the Study Design

The strengths and weaknesses of the general public survey correspond to those of telephone surveys in general. [123],[124] The specific strengths and weaknesses of the study designed discussed in Chapter 2 (see Strengths and Limitations of the Study Design discussed in Chapter 2 - Health professional Survey).

Consumer Attitudes and Awareness Concerning Drug Safety and Health Canada Sources of Post-market Drug Safety Information

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While Canadians feel that the drugs sold on the Canadian market are generally safe, there are definite differences between their attitudes towards the safety of prescription drugs versus natural health products and non-prescription drugs. The majority of Canadian's felt that prescription drugs are the safest of all three types of drugs studied; this is an interesting finding given that prescription drugs are generally higher risk products than non-prescription and natural health products, which is why they can only dispensed with a prescription. This finding may be explained by the fact that consumers are more aware of the fact that the federal government regulates prescription drugs, less aware of the regulatory oversight of non-prescription drugs and natural health products, and associate regulated products with safer products.

Approximately half of Canadians claimed that they seek out drug safety information when taking a drug for the first time; however, relatively few say the look for post-market drug safety information once they have been taking a drug. In addition, few Canadians could identify sources of post-market drug safety information that currently exist in Canada and most consumers consult the same sources of information (notably pharmacists and the internet), regardless of whether they are looking for general safety information or new safety information about the risk posed by a given health product.

These results highlight several important findings. First, they indicate that the general public is largely unaware that the risk profile of a drug can change over time, and that it is therefore important to continue to keep themselves updated on the safety of the drugs they consume. It also is indicative of the fact that most Canadians, even if they were inclined to look for post-market drug safety information, do not know where to go

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to find it. Finally, the fact that pharmacists are the preferred source of drug safety information for most Canadians, regardless of whether they are seeking general information about drugs or up-dated risk information, points to the need for Health Canada to make greater use of pharmacists in the dissemination of post-market drug safety information to Canadians.

The finding that pharmacists are more often consulted by Canadians than physicians regarding the safe use of drugs is not surprising considering the fact that doctors, in the context of the Canadian health care system, [125], [126], [127] are becoming harder and harder to get access; their schedules are so busy that they rarely have (or take) the time to discuss the potential risks posed by a drug they have just prescribed with their patients.[128] When they do, the discussion is usually dominated by the physician, and time is rarely taken to discuss the potential side effects of current or newly prescribed medications.[129] As a result, Canadians are turning to pharmacists, the internet, and media sources to obtain the information they are looking for concerning health products, and depending less on the physician that prescribes the drug.

The results of this survey indicate that in the current health care system, pharmacists are playing a bigger role in drug safety than they have in the past; yet, this reality is not presently reflected in Health Canad's drug risk communication program. Currently, pharmacists are not targeted by Health Canada in the dissemination of post-market drug safety information, since DHPLs are sent by fax or direct mailing to physicians, while PAs are posted on the Health Canada website and released to the Canadian News Wire in hopes the information will get picked up by the media and

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disseminated to the general public. In order to improve the dissemination of post-market drug safety information to the public, Health Canada should also target pharmacists to receive both DHPLs and PA's (for all types of health products). This will ensure that the important safety information contained in these documents can be made available to consumers at the time a drug is dispensed or purchased.

Of those Canadians who offered their opinion on how Health Canada could improve its drug risk communication program, the majority said that Health Canada should make better use of the media (including TV, radio and print media) to inform the public about important drug safety information. This suggestion is worthy of consideration since it is evident that the Canadian public do not (for the most part), know where to go to look for new information about the risks posed by health products.

The current practice of releasing PAs to the Canada News Wire is a less than optimal use of the media for the following reasons. The Canada News Wire is a commercial service for distributing news releases and is not, as many think, a news service like Canadian Press or Reuters. Further, newspapers do not take news releases (or advisories) distributed by Canada News Wire and publish them. Rather, they consider them as they would consider any other news release, and decide whether or not they wish to run a story based on the information they find and the potential 'newsworthiness' of the story. The fact that Health Canada sends all PAs to the Canada News Wire does not at all guarantee that the information will be picked up and run in a print article in a Canadian newspaper. PAs posted on the Canada News Wire compete with other newsworthy information and the decision by a media outlet to 'pick up the

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story' on a given drug advisory is a decision that is influenced not just by how 'newsworthy' the story is, but by how slow a news day it is, what other stories or events are taking place at the same time, how compelling the human element (in terms of tragedy or struggle) of the story is, and, finally, if it is a good "fit" for the person looking for a story to write an article/story on. Thus, most Health Canada PAs posted to the Canada News Wire never get picked up by the media, and the information contained in these documents remain accessible to the public only on the Health Canada website.

The next step is to take this suggestion by the general public. Health Canada could consider submitting PAs and articles concerning drug safety to other media outlets, such as the Canadian Press, where journalists and Canadian Press editors write articles and stories on newsworthy topics which are then distributed by Canadian Press to news and print media outlets. Articles written and disseminated by the Canadian Press are much more likely to get picked up by media outlets, since the Canadian Press is regarded as a highly trusted source of news and the stories are provided 'ready to use' to Canadian media outlets. Another print media source that would be worth investigating to get information about drug safety out to the general public are lifestyle magazines/journals such as McLeans, Chatelaine, Woman's Day or Readers Digest. These publications are seen and read by many Canadians, and it is likely that their publishers would be receptive to the idea of publishing general articles about drug safety provided by Health Canada. In addition to lifestyle journals, the Health Canada Media Relations Office could contact key journalists directly by phone or e-mail to let them know that a drug risk communication has been issued, or that Health Canada has a news

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article that they would like them to consider for publication in their newspaper or journal. As a final suggestion for making better use of the media, Health Canada should give consideration to developing a drug safety consumer awareness campaign (along similar lines to that of a social marketing campaign, but less intensive and expensive), aimed at harnessing the power of both TV and radio to get the message out that all drugs have risks, and that consumers need to do their part to know where to go to get information on drug risks and what to do to avoid the potential harm that drugs can cause.

Shared Responsibility for Drug Safety in Canada

There is no clear consensus among Canadians as to who is most responsible for drug safety in Canada; however, the majority view Health Canada as the most responsible, followed by health professionals and drug companies. Of particular interest is the finding that eight percent of Canadians volunteered that they felt that all three groups were equally responsible (the federal government, health professionals, and drug manufacturers), even though they were not offered this option in the response list. In retrospect, it is evident that the wording of this question was leading and, as such, did not allow for an appropriate exploration of the concept of 'responsibility for drug safety in Canada', nor for Canadians to fully express their attitudes and opinions on the matter of responsibility for drug safety in Canada. Notwithstanding the poor wording of this question however, the approximately three-way split in terms of which group is seen by Canadians as the most responsible for drug safety, and the finding that eight percent of

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Canadians volunteered (unprompted) that they feel that all groups share in the responsibility for drug safety, is perhaps one of the most profound findings of this survey.

This illustrates that Canadians are not readily able to agree on who is the most responsible, and highlights the reality that no matter how much the public perceives one group over another as being more responsible for drug safety, no one group can 'effectively' improve patient safety with respect to the drugs Canadians consume without the contributions of all other groups. That is to say, drug manufacturers can do their part to ensure that Health Canada is made aware of the adverse reactions produced by their products in a timely fashion, and Health Canada can do its part to conduct pharmacosurveillance, generate and evaluate signals of adverse drug reactions, conduct benefit-risk assessments of drugs, and communicate drug risk information in a timely fashion to health professionals and the general public, and still not have a significant impact on patient safety if health professionals and patients do not play their part and share in the responsibility for drug safety.

Unfortunately, the current paradigm in Canada with respect to drug safety seems to favor the view that "someone else is responsible" and that if 'they' were to do a better job, then drugs would not be such a significant patient safety issue. The media subscribe to this doctrine and appear to need to point out to Canadians, as often as opportunity permits, that Health Canada is doing a poor job of protecting the public against the risks posed by health products.[130],[131],[132],[133] This is, perhaps, a natural reaction to the problem; however, it ignores the fact that other important 'players' in the matrix often fall short of

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fulfilling their obligations as well, and that serious harm can occur when one or more of the players do not do their part.

The same example provided in Chapter two, regarding the death of Vanessa Young, illustrates the importance of the public's participation in a shared responsibility for drug safety. It was unfortunate that Vanessa Young's physician did not act to inform her of the risk posed by cisapride once the DHPL was issued; however, neither Vanessa herself or her family exercised their responsibility to inform themselves about the potential risks posed by the drug presumably, because they either assumed or expected that the prescribing physician was appropriately informed and up-to-date on the risks associated with this drug. The end result was a tragic death that quite likely would have been avoided if the shared responsibility paradigm had prevailed. [134]

Consumer Education

Most Canadians report being generally or very satisfied with the drug safety information they have available to them. However, this survey found that few Canadians are aware of the existence of PA's or the Health Canada website and that among those Canadians who perceive drugs to be less safe, they are no more likely to be aware, or have used, these Health Canada sources of post-market drug safety information. This could be interpreted to mean that few Canadians identify Health Canada as the foremost credible authority on drug safety in Canada, and therefore do not think to consult their website or to look for sources of Health Canada drug safety information when they are concerned about the potential adverse effects of a drug.

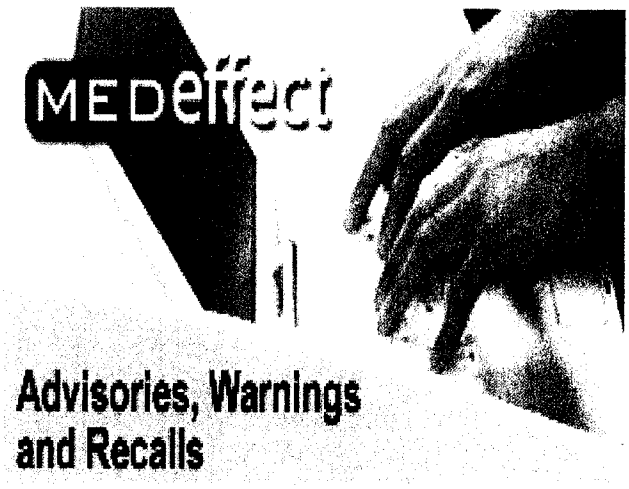
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Canadians say they most often look for information about the potential serious risks posed by health products, the effectiveness of a drug in treating a disease or condition, and information about potential interactions with either other drugs or food. Of those who say they are not satisfied with the drug safety information they have available to them, they cite the reasons as being because the information is incomplete, there is not enough information, or they have experienced difficulties getting answers to their specific questions. These findings clearly indicate that there is a need for Health Canada to identify itself (or another credible source that Health Canada works with), as the leading authority for drug safety information in Canada, and to make available to Canadians the types of information about drugs that they most often are looking for.

These findings, along with that of the public's belief that other groups (including the federal government, drug manufacturers, and health professionals) are more responsible for drug safety in Canada than themselves, further indicate that patient safety in Canada would potentially be greatly improved if Health Canada were to develop and implement a consumer education program aimed at increasing the public's awareness and knowledge about the risks posed by drugs. Such an education program would likely contribute to the goal of improving patient safety if it were to also include information on the role of individual consumers with respect to drug safety, and what they need to do in order to fulfil their role in the 'shared responsibility' for drug safety and patient safety in Canada.

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Chapter Four



Case Studies of Health Professional Communications

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Chapter Four - Case Studies of Health Professional Communications

4.1 Introduction

Health Canada approves drugs for sale in Canada only after drug manufacturers have submitted evidence that their products are safe, effective, and of high quality. However, all drugs have associated risks that may or may not result in serious adverse reactions after they have been licensed for sale. During the drug review process, reviewers must evaluate the risks posed by a drug as well as its claimed therapeutic benefits to ensure that, in addition to being an effective therapeutic product, the benefits continue to outweigh the risks. Although Health Canada's pre-market drug review process is rigorous and comprehensive, it has been reported in the United States that an estimated 51% of approved drugs have serious adverse reactions that are not detected before marketing approval is given.[135] All drugs are associated with potential risks to health (albeit with varying degrees of seriousness), which may become manifest as adverse reactions. These ADRs are reported to Health Canada by health professionals (including doctors, pharmacists, and nurses) and consumers, and are monitored on a continuous basis to ensure that the benefits a drug provides continues to outweigh the risks it poses.

The fact that serious adverse reactions associated with marketed health products are occurring at an alarming rate was reported in a systematic review published in the *Journal of the American Medical Association*.[136] The authors used US statistics on the rate of ADRs reported in hospitalized patients to estimate that approximately 100,000 hospitalized patients die annually in the US as a result of such adverse effects. The

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authors of this paper concluded that serious adverse reactions caused by drugs represent between the 4th and 6th leading cause of death in the U.S., after heart disease, cancer, and stroke. This provocative study has been largely responsible for the increased attention to drug safety and effectiveness over the past several years in developed countries.

One of the most important activities (if not the most important) in any post-market drug safety program is risk communication. Regardless of the efficiency and effectiveness of pharmacovigilance activities (i.e., signal detection) and benefit-risk assessment activities carried out by drug regulators, the overall effectiveness of such programs will fall short of their goal of improving patient safety if the risk information disseminated to health professionals and the public is not read, understood, and acted-upon. To date, relatively few studies evaluating the impact that Health Professional Communications (HPCs) have on prescribing practice have been reported in the literature (see the literature review in Chapter One), and none of these studies have evaluated the effectiveness of DHPLs issued in Canada.

Importance of Establishing the Effectiveness of Health Professional Communications Issued in Canada

Several compelling reasons exist for undertaking an evaluation of the impact that DHPLs issued in Canada have on the prescribing practices of Canadian physicians. Past tragic events that resulted in Coroner Jury recommendations to improve Health Canada's drug risk communication program and subsequent recommendations made by a

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parliamentary committee (the Standing Committee of Health) are a large part of the driving force behind the studies undertaken in this thesis. In addition, it is important that Health Canada be able to rationalize the high dollar cost of direct distribution of DHPLs, which can be as high as $80,000-160,000 per letter, depending on the length of the letter, the number of health professional groups targeted to receive the letter, and the dissemination route, as being worth the investment. Further, As discussed in Chapter 1, Health Canada (indeed, all federal government departments) must undertake to evaluate the programs they deliver to ensure that they are perceived by the people of Canada who fund these programs through their tax dollars as "value-added". [137] Finally, and most importantly, the potential high health costs to patients who are prescribed inappropriate medicines as a result of ineffective communication of drug associated risks further underscores the need to evaluate the effectiveness of current practices.

4.2 Methods

Health Professional Communications Issued by Health Canada and Industry

All DHPLs issued by Health Canada and/or Health Canada and industry jointly in the past 8 years (i.e., since the start of posting on the Health Canada website) can be found in English and French at the following websites:

http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_e.html

http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/prof/index_f.html

These DHPLs represent the source of drug risk issues from which a sample were selected for careful examination in this thesis.

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Criteria Used to Select Dear Health Professional Letters for Prescription Trend Evaluation

DHPLs contain risk information of different types, including: a serious risk associate with a single drug or multiple drugs of the same class; drug-drug or drug-food interactions; risks to vulnerable populations; risks reported in published studies; notification of changes made to the product monograph of a specific drug or class of drugs; and notification of product recalls or withdrawals.

Not all types of risk information disseminated in DHPLs would be expected to result in a significant change in prescribing practice (as measured by a change in prescription volume over time). Selection criteria were therefore developed *de nouveau* prior to selecting the DHPL case studies to be included in this thesis. This was done to (1) ensure that only those DHPLs that would be expected to result in a change in prescription trend (which could be detected using monthly Canadian prescription data at the national level) were selected for inclusion in the analysis, and (2) to minimize selection bias by selecting the DHPL case studies at random from all DHPLs issued in Canada the last 5 years that met all selection criteria.

DHPL Case Selection Criteria

The following criteria were applied PRIOR to selecting the universe of DHPL cases for prescription trend evaluation (with the rationale for applying provided in brackets after each criterion).

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- The DHPL must have been issued in Canada within the last 5 years (to ensure that the DHPL cases studied were reasonably current).
- The risk information contained in the DHPL must, in theory, be expected to result in a measurable change in the number of prescriptions issued in Canada (to ensure that changes in prescribing practice would be detected using monthly Canadian prescription data as a surrogate measure of prescribing practice).
- The drug named in the DHPL must be a brand name drug for which there are no generic brands available on the Canadian market (to ensure that the IMS prescription data obtained contains all prescriptions for a given drug written in Canada in any given month).
- The drug must have been approved for sale on the Canadian market at least 2 years prior to the DHPL being issued (to allow for 18 monthly time points pre-issuance of the DHPL).
- The drug safety issue dealt with in the DHPL must be serious and likely to effect a reasonably large number of Canadians using the drug (to ensure that the risk issue is serious enough to cause physicians to change their prescribing practice).
- Prescription sales of the drug should not be known to fluctuate on a seasonal basis (to avoid selecting drugs that are associated with seasonal patterns of use).

A total of 57 DHPLs that met the above criteria were obtained and categorized into three categories.

- **Category 1 - Serious Risk Associated with a Single Drug**

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- **Category 2 - Contraindicated in a Specific Sub-Population**
- **Category 3 - Market Withdrawal of a Drug (Control Cases)**

DHPLs in Category three were included in order to assess the sensitivity of the Intercontinental Medical Statistics (IMS) CompuScript data (described below) to detect a change in prescription trends after a notice of compliance (i.e., marketing authorization) of a drug has been withdrawn and it is no longer permitted to be sold in Canada.

DHPL Case Selection for Prescription Trend Evaluation by Interrupted Time Series Analysis

In order to avoid selection bias, the 12 DHPL cases summarized below were selected at random from all possible DHPLs within each of the three major categories described above.

Table 4.1 Dear Health Professional Letters (Cases) Selected for Prescription Trend Evaluation by Interrupted Time Series Analysis

Category 1 - Serious Risk Associated with a Single Drug[1]			
Drug Name Trade Name / (generic name)	**Date Drug Advisory Issued**	**Risk Issue**	**Time Series** (18 months pre and post issuance of DHPL)

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REMICADE® (infliximab)	Oct 2001	Increased incidence of hospitalization and mortality in patients with congestive heart failure	Apr 2000 - Apr 2003
PERMAX® (pergolide mesylate)	Apr 2003	Cardoac valvulopathy	Oct 2001 - Oct 2004
DIANE-35® (cyproterone acetate)	Dec 2002	Venous thromboembolism	Jun 2001 - Jun 2004
ZOLOFT® (sertraline hydrochloride)	Feb 2003	QT interval prolongation, Torsade de Points	Aug 2001 - Aug 2004
TAMOXIFEN® (tamoxifen citrate)	Dec 2002	Increased incidence of uterine malignancies, pulmonary emblolisms and stroke	Jun 2001 - Jun 2004
ZYBAN® (buproprion)	Jul 2001	Serum sickness, seizures, convulsions, liver failure, psychotic episodes, heart attack, death	Jan 2000 - Jan 2003
ARAVA® (leflinomide)	May 2002	Increased risk of liver failure with fatal outcomes	Nov 2000 - Nov 2003
Category 2 - Contraindicated in Specific Sub-Population[2]			
Drug Name Trade Name / (generic name)	**Date Drug Advisory Issued**	**Risk Issue**	**Time Series** (18 months pre and post issuance of DHPL)

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EFFEXOR® (venlafaxine HCl) Tablets and EFFEXOR XR™ (venlafaxine HCl) Capsules	Sep 2003	Contraindicated in children and adolescents (patients under 18 years of age)	Mar 2002 - Mar 2005
PAXIL® (paroxetine hydrochloride)	Jul 2003	Increased risk of suicide related events in children under 18 years of age	Jan 2002 - Jan 2005
Category 3 - Market Withdrawal of a Drug (Positive Controls)			
Drug Name Trade Name / (generic name)	**Date Drug Advisory Issued**	**Risk Issue**	**Time Series** (18 months pre and variable time points post issuance of DHPL)
VIOXX® (rofecoxib)	Oct 2004	Company (Merk) initiated market withdrawal due to increased risk of cadiovascular events	Mar 2003 - Mar 2005
NEFAZODONE® (nefazodone Hydrochloride)	Oct 2003	Health Canada initiated market withdrawal due to severe liver toxicity	May 2002 - May 2005
BAYCOL® (crevistatin)	Aug 2001	Health Canada initiated market withdrawal due to increased risk of rhabdomyolysis (esp when taken with gemfibrozol)	Feb 2000 - Feb 2003

[1]. Prescription trends are examined in the 18 month period before and after issuance of each DHPL.
[2]. For category 2 drugs, prescription volume by physician typed (i.e., for pediatricians only) was examined

IMS Health and the Canadian CompuScript Audit

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Chapter Four - Case Studies of Health Professional Communications

Intercontinental Medical Statistics (IMS) was founded in 1954 in the U.S., with expansion into Canada beginning in 1960. IMS provides drug utilization data for stakeholders such as pharmaceutical manufacturers, governments, regulatory agencies, researchers, and educators. IMS employs approximately 6,000 people in over 100 countries worldwide. In Canada, IMS employs approximately 300 people in Montreal, Toronto, and Edmonton.

Products, known as 'ethical products', are monitored in IMS drug utilization audits. These products include those requiring a prescription and over-the-counter products that do not require a prescription and are only available in pharmacies. All other products that do not require a prescription and are available in non-pharmacy outlets are not included in IMS audits due to the lack of market coverage.

CompuScript Data Audit

The Canadian CompuScript data audit measures the rate at which drugs move out of Canadian retail drug stores via prescriptions (measured in terms of the number of prescriptions dispensed) by extrapolation of a sample of prescriptions dispensed at selected pharmacies in Canada. Included in this audit are new, refill, and total dispensed prescriptions. It is important to note that CompuScript captures what was dispensed, and not what was prescribed or consumed by the patient. The universe of drug stores that provide prescription data to IMS is represented by a total of 7,206 Canadian drugstores as of December 2005. Among the retail chain pharmacies, there are 2,362 large stores and 3,149 small stores; with retail independent pharmacies, there are 246 large stores

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and 1,449 small stores. Therapeutic product information is presented according to therapeutic class. For each product, the following data elements are collected: drug manufacturer, dosage form, strength, new vs. refill scripts, quantity dispensed, transaction location, transaction date, and authorized repeats.

The CompuScript sample is drawn from an IMS prescription database panel, which comprises over 4,400 pharmacies, or nearly two-thirds of all retail pharmacies in Canada. Over 2,100 stores are used in the CompuScript panel, each stratified by province, type (chain or independent), and size (large or small). Records are collected monthly from each of these pharmacies, via diskette from stores with independent computer systems, or via an external software supplier for stores that are part of a data network system. Sample data collected from this panel are projected to the universe of stores in each province, and provincial totals are added together to provide a national estimate of Canadian prescription drug sales. Drug stores used in the sample are monitored through quality assurance processes prior to being included in the monthly sample; however, the sample of stores are generally consistent from month to month. New stores are slowly moved into the sample to avoid "shocking" the data.

Prescription records are collected monthly from data suppliers which are either independent or chain pharmacy stores selected according to the sample plan. Over 10 million prescriptions are captured monthly. The sequence of steps involved in data collection are as follows: a prescription is written in clinical practice, the product is dispensed at a chain/independent pharmacy, and the prescription information is keyed

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into a terminal and transferred first to an IMS computer store and then to the CompuScript application.

Data collection elements include: the product name, manufacturer name, product form/strength, drug identification number (DIN), prescription type (either a new prescription or a refill), prescription size, patient acquisition price, location of pharmacy, and physician type or specialty that prescribed the drug. No confidential patient information is collected. A new prescription is defined as the issuance of a drug with a new prescription number; a refill prescription is the issuance of a drug with a prescription number already recorded. Total prescriptions are the sum of new and refill prescriptions.

Prescription Projection Methodology

The projection methodology is based on the ratio of the number of number of universe stores to the number of sample stores (the projection ratio). The provincial store panel is divided into the following cells: large/small chains and large/small independents. The raw prescriptions are then multiplied by the projection factor to derive the projected data and regional totals are combined to create the national total. While IMS claims that CompuScript data has been found to be very reliable, precision tables are not available and precision for a product can only be analyzed by means of a special request to the company.

Evaluation of Prescription Trend Interrupted Time Series Analysis

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To evaluate whether the issuance of randomly selected DHPLs issued in Canada influences physician prescribing practice (as measured by the impact on prescription trend observed), IMS Health prescription data was collected over an 18 month period, pre- and post-issuance of a DHPL, plotted over time, and then assessed both visually and by interrupted time series analysis (ITSA) to determine the direction and magnitude of the change in prescription volume pre and post issuance of the DHPL.

Interrupted Time Series Analysis of Prescription Drug Data

ITSA were conducted using two different ITSA models. The first analysis was done using ITSACORR software version 1.0. This software program performs statistical analyses of interrupted time series, reports whether there is a change in intercept or slope (with the exact probability for the F and t-tests for changes in the shape of the time series after the 'interruption'), and graphs the data with estimated best fit trend lines.

The original description of the ITSA model [138] describes a two-stage analysis strategy. First, a preliminary F test is computed to test the omnibus null hypothesis is H_0: $m_1 = m_2$ and $b_1 = b_2$, where m_1 and m_2 are the slopes before and after interruption, respectively, and b_1 and b_2 are the corresponding intercepts. Hence, the omnibus hypothesis is that both the slopes (m_1 and m_2) and the intercepts (b_1 and b_2) are identical for the two phases of the study; rejection of this hypothesis is interpreted to mean that there is an intervention effect in the form of either a slope change or an intercept change (or both). The ITSA omnibus test involves a conventional model comparison approach. The full model includes intercept and slope parameters for each phase of the two-phase

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design, as well as one or more autoregressive parameters if autocorrelated errors are present. The restricted model includes a single intercept and slope, plus the same number of autoregressive parameters as are contained in the full model. The ITSACORR software also provides t-tests to compare either the slopes or the intercepts before and after interruption of the time series.

A second ITSA was performed to establish the validity of the results obtained in the ITSACORR analysis and to establish the robustness of the results. A simpler method, proposed by Ramsay et al.[139] for analyzing interrupted time series data is to simply fit separate regression lines to the pre-intervention and post-intervention series and then to test whether the lines differ. This analysis was performed using SAS version 8.0 by augmenting a linear regression of the response on 'TIME' with a dummy variable 'INTERVENTION' which is equal to zero before the intervention and one after the intervention. Including this variable is equivalent to allowing the intercept to change after the intervention. Also including an interaction term between 'TIME' and 'INTERVENTION' is equivalent to allowing the slope to change after the intervention. Thus, the model selected for analysis took the following form:

$$Y=\alpha_0+\beta_0 TIME+\alpha_1 INTERVENTION+\beta_1 TIME\times INTERVENTION+\varepsilon.$$

With this model, testing for a change in intercept is equivalent to testing α_1 for statistical significance. Similarly, testing for a change in slope is equivalent to testing β_1 for statistical significance.

Print Media Coverage Surrounding the Issuance of Dear Health Professional Letters

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Chapter Four - Case Studies of Health Professional Communications

Print media coverage is considered one of the major factor that can influence the overall effectiveness of interventions aimed at changing prescribing practices. Consequently, a comparative measure of print media coverage associated with each of the DHPLs studied was made by searching the following two databases.

1) CBCA: Canadian Business and Current Affairs Reference (CBCA FT Reference 1993 -present) http://proquest.umi.com/login

The Canadian Business and Current Affairs Reference database provides full-text access to over 180 general interest periodicals, indexing of over 750 periodicals and 9 daily news sources - all Canadian. The current titles list and full-text can be consulted at: http://www.micromedia.on.ca/titles/Reference.PDF.

2) Canadian NewsDisc (1994 -present) http://proquest.umi.com/login.

The Canadian NewsDisc database provides full-text access to the Ottawa Citizen, the National Post, the Montreal Gazette, the Financial Post, as well as 10 more major Canadian newspapers. In addition, this database includes the full-text transcripts from CBC and CTV broadcasts such as Market Place, The Health Show, and Canada AM. Newspapers and transcripts are added to Canadian NewsDisc 30 days after their original publication/broadcast date. A list of newspapers and broadcasts currently included in Canadian NewsDisc can be found at: http://www.micromedia.on.ca/titles/newsd_list.PDF

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Table 4.2 Key Word Search Strategy used for each DHPL Case Study

Drug	Period Searched	Key Words Used in Search
REMICADE ® (infliximab)	Apr 2000 -Apr 2003	Remicade or infliximab or avakine
PERMAX ® (pergolide mesylate)	Oct 2001 - Oct 2004	Permax or pergolide
DIANE-35 ® (cyproterone)	Jun 2000 - Oct 2004	Diane-35 or cyproterone or diane 35
ZOLOFT ® (sertraline hydrochloride)	Aug 2001 - Aug 2004	Zoloft or sertraline, sertraline or hydrocloride, or sertraline HCL
TAMOXIFEN ® (nolvadex)	Jun 2001 - Jun 2004	Tamoxifen or nolvadex or tamoxifene
ZYBAN ® (buproprion)	Jan 2000 - Jan 2003	Zyban or buprioprion or wellbutrin
ARAVA ® (leflunomide)	Nov 2000 - Nov 2003	Arava or leflunomide
EFFEXOR ® (venlafaxine HCl)	Mar 2002 - Mar 2005	Effexor or venlafaxine or venlafaxine hydrochloride or venlafaxine HCL
PAXIL ® (paroxetine hydrochloride)	Jan 2002 - Jan 2005	Paxil or paroxetine or paroxetine hydrochloride or paroxetine HCL or seroxat
VIOXX ® (rofecoxib)	Mar 2003 - Mar 2005	Vioxx or rofecoxib or coexx
NEFAZODONE ® (serzone)	May 2002 - May 2005	Nefazodone or serzone
BAYCOL ® (crevistatin)	Feb 2000 -Feb 2005	Baycol or crivistatin or rivastatin or lipobay

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4.3 Results

The results of the interrupted time series analysis and analysis of print media coverage surrounding the issuance of the DHPLs studied are presented in two parts as follows:

▸ 4.3.1 Prescribing Practice and Interrupted Time Series Analysis

This section includes:

I) prescription trend and time series analysis of DHPL case studies (see Figures 4.1 to 4.12,

ii) Table 4.3, Summary of Interrupted Time Series Analysis Results for 12 Selected DHPLs (ITSACORR Analysis of Variance and corresponding t-tests), and

iii) Table 4.4 Summary of Interrupted Time Series Analysis Results for 12 Selected DHPLs (SAS Analysis of Variance and corresponding t-tests).

▸ 4.3.2 Print Media Coverage

This section includes:

I) print media coverage of risk issue published during the time series study period (see Table 4.5, Print Media Coverage of Drug Risk Issues During Time Series Study Period).

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4.3.1 Prescribing Practice and Interrupted Time Series Analysis

Prescribing practice and interrupted time series analysis for each of 12 drugs selected as cases studies prior to and following the issuance of the DHPL are examined below.

Remicade

Remicade is a drug approved in Canada to treat acute rheumatoid arthritis and Crohn's disease. Due to concerns about Increased incidence of hospitalization and mortality in patients with congestive heart failure, a DHPL was issued in October, 2001 advising of the risk of increased incidence of hospitalization and mortality. The number of prescriptions issued each month during the period April, 2000 to March, 2003 are shown in Figure 4.1. There were no prescriptions written for Remicade until May, 2001, during which with 15 prescriptions were filled. This number increased steadily to 336 prescriptions in October, 2001, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Remicade was prescribed continued to increase steadily, reaching a total of 1,643 prescriptions in March, 2003. In this case, the interrupted time series analysis did not provide any results, as there were insufficient data points in the first 13 months of the time series to fit the time series model.

The DHPL for Remicade was issued in October 2001 (i.e., very early in the post-market period for this drug) due to the large number of ADRs reported immediately after the drug was launched in Canada. Of interest is the fact that despite the serious nature

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of the warnings included in the DHPL, once launched, the prescription volume increased both steadily and substantially in the subsequent 18 months of the study period.

Permax

Permax is a drug approved in Canada for the treatment of Parkinson's Disease. Due to concerns about the increased risk of cardiovascular events, a DHPL was issued in April, 2003 advising of the risk of cardiac valvulopathy. The number of prescriptions issued each month during the period October, 2001 to September, 2004 are shown in Figure 4.2. At the beginning of this period, 2,643 prescriptions for Permax were filled. This number rose to 2,735 in April, 2003, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Permax was prescribed remained at about this level over the subsequent 18 months, falling only slightly to a total of 2,483 prescriptions in September, 2004.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (October, 2001 - April, 2003) and following (May, 2003 - September 2004) the issuance of the DHPL (Table 4.3 p =0.258 and Table 4.4 p=0.120) In this case, the issuance of a DHPL advising of the increased risk of cardiac valvulopathy associated with the use of Permax did not significantly alter physician prescribing practice in Canada.

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Diane-35

Diane-35 is a drug approved in Canada for the treatment of acute acne that has not responded to oral antibiotics. It is also frequently prescribed off-label as an oral contraceptive. Due to concerns about the risk of venous thromboembolism associated with this drug, a DHPL was issued in December, 2002 advising of the risk of venous thromboembolism.

The number of prescriptions issued each month during the period June, 2001 to May, 2004 are shown in Figure 4.3. At the beginning of the study period, there were 54,699 prescriptions for Diane-35. This number increased slowly but steadily to 73,349 in December, 2002 when the DHPL was issued, then leveled off and started to drop slightly to its starting level, with 57,282 prescriptions in May, 2004.

The modest downward trend post-issuance of the DHPL may have been influenced by the media coverage at the time. As indicated in Table 4.4, the number of articles appearing in the Canadian print media in the period following the issuance of the DHPL was almost triple the number in the period prior to the DHPL being released. Diane-35 was also the focus of a CBC television documentary that aired in Canada on January 14, 2003.[140]

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (June, 2001 - December, 2002) and following (January, 2003 - May, 2004) the issuance of the DHPL (Table 4.3 p =0.380 and Table 4.4 p=0.072) In this case, the issuance of a DHPL advising of the risk of venous thromboembolism

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associated with the use of Diane-35 did not significantly alter physician prescribing practice in Canada.

Zoloft

Zoloft is a drug approved in Canada for the treatment of acute depression in adults. Due to concerns about QT interval prolongation and Torsade de Points, a DHPL was issued in February, 2003. The number of prescriptions filled each month during the period August, 2001 to July, 2004 are shown in Figure 4.4. At the beginning of this period, there were 44,905 prescriptions written for Zoloft. This number decreased steadily to 27,287 in February, 2003, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Zoloft was prescribed continued to decrease until July, 2004, when there were 13,236 prescriptions filled.

Over the time period studied, interrupted time series analysis using the ITSACORR analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (August, 2001 - February, 2003) and following (March, 2003 - July 2004) the issuance of the DHPL (Table 4.3 $p=0.062$). However, when the analysis of variance was run using SAS and the pre and post lines tested for a change in slope and intercept using the independent t-test, the results showed that there was a significant change in prescribing practice after the issuance of the DHPL.(Table 4.4. $p = <0.001$). In this case, the issuance of a DHPL advising of the increased risk of QT interval prolongation and Torsade de Points associated with the use of Zoloft resulted in a marginal, but not statistically significant decrease in prescriptions in the case of the

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ITSACORR results and a highly significant result in the case of the SAS TSA results. In addition, it appeared that the medical community may have been aware of this potential risk prior to the issuance of the DHPL, as evidenced by the steadily decreasing prescription trend in the 18 months prior to the issuance of the DHPL in Canada.

Tamoxifen

Tamoxifen is approved in Canada for the treatment of breast cancer associated with estrogen receptor positive tumors. Due to concerns about the risk of developing uterine malignancies, pulmonary emblolisms, and stroke, a DHPL was issued in December, 2002. The number of prescriptions issued each month during the period June, 2001 to May, 2004 are shown in Figure 4.5. At the beginning of this period, there were 25,242 prescriptions for Tamoxifen. This number rose steadily to 26,573 in December, 2002, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Tamoxifen was prescribed continued to remain relatively steady in the range of 24,000 - 27,000 prescriptions.

Over the time period studied, interrupted time series analysis using the ITSACORR analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (June, 2001 - December, 2002) and following (January, 2003 - May, 2004) the issuance of the DHPL (Table 4.3 $p = 0.065$). However, when the analysis of variance was run using SAS and the pre and post lines tested for a change in slope and intercept using the independent t-test, the results showed that there was a significant change in prescribing practice after the issuance of the DHPL.(Table 4.4. $p = <0.048$).

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In this case, the issuance of a DHPL advising of increased incidence of pulmonary embolism and stroke associated with the use of Tamoxifen resulted in a marginal, but not statistically significant decrease in prescriptions in the case of the ITSACORR results and a highly significant result in the case of the SAS ITSA results.

Zyban

Zyban is a drug approved in Canada for smoking cessation requiring behavioral modification. Due to concerns about the increased risk of serum sickness, seizures, convulsions, liver failure, psychotic episodes, and heart attack associated with this drug, a DHPL was issued in July, 2001 advising of the risk of liver failure and heart attack, with possibly fatal outcomes. The number of prescriptions issued each month during the period January, 2000 to December, 2002 are shown in Figure 4.6. At the beginning of this period, there were 78,411 prescriptions written for Zyban. This number decreased steadily to 35,647 in July, 2001, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Zyban was prescribed continued to decrease slowly, with a total of 22,626 prescriptions in December, 2002.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (January, 2000 - July, 2001) and following (August, 2001 - December 2002) the issuance of the DHPL (Table 4.3 $p = 0.859$, Table 4.4 $p=0.067$). In this case, the issuance of a DHPL advising of the serious risks associated with the use

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of Zyban did not significantly alter physician prescribing practice in Canada over the period studied.

Arava

Arava is a drug approved in Canada for the treatment of adults with active rheumatoid arthritis. Due to concerns about increased risk of liver toxicity associated with this drug, a DHPL was issued in May, 2002 advising of the risk of liver failure, with possibly fatal outcomes. The number of prescriptions filled each month during the period November, 2000 to October, 2003 are shown in Figure 4.7. At the beginning of this period, there were 1,184 prescriptions for Arava. This number increased steadily to 2,858 in May, 2002, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Arava was prescribed continued to increase, reach a total of 4,100 prescriptions in October, 2003.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (November, 2000 - May, 2002) and following (June, 2002 - October 2003) the issuance of the DHPL (Table 4.3 p = 0.867, Table 4.4 p= 0.087). In this case, the issuance of a DHPL advising physicians of the potential risk of serious liver damage associated with the use of Arava did not significantly alter physician prescribing practice in Canada.

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Effexor

Effexor is a drug approved in Canada for the treatment of depression in adults. Its use is contraindicated in children. Due to concerns about its off-label use in children and adolescents, a DHPL was issued in September, 2003 advising pediatricians that the drug is contraindicated in patients under 18 years of age. The number of prescriptions issued each month during the period March, 2002 to February, 2005 are shown in Figure 4.8. At the beginning of this period, there were 371 prescriptions for Effexor. This number increased steadily to 764 in September, 2003, when the DHPL was issued. Following the issuance of the DHPL on September 10, 2003, the rate at which Effexor was prescribed reached a plateau in the neighborhood of about 626 prescriptions between February, 2004 and February, 2005.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed no evidence of a change in the trend in prescribing prior to (March, 2002 - September, 2003) and following (October, 2003 - February, 2005) the issuance of the DHPL (Table 4.3 $p = 0.623$, Table 4.4 $p=0.062$). In this case, the issuance of a DHPL advising pediatricians that the use of Effexor in children and adolescents is contraindicated did not significantly alter pediatrician prescribing practice in Canada over the period studied.

Paxil

Paxil is a drug approved in Canada for the treatment of depression in adults. It is not approved for used in children. Due to concerns about suicide related events in

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children under 18 year of age, a DHPL was issued in July, 2003 advising pediatricians of this risk. The number of prescriptions issued each month during the period January, 2002 to December, 2004 are shown in Figure 4.9. At the beginning of this period, there were 1,312 prescriptions written for Paxil. This number fell slightly to 1,241 in July, 2003, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Paxil was prescribed decreased rapidly, with only 100 prescriptions filled in December, 2004.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed a significant change in the trend in prescribing prior to (January, 2002 - June, 2003) and following (July, 2003 - December, 2004) the issuance of the DHPL (Table 4.3 $p = 0.01$, Table 4.4 $p=<0.001$). In this case, the issuance of a DHPL advising pediatricians of an increased risk of suicide in children associated with the use of Paxil appreciably altered pediatrician prescribing practice in Canada.

Vioxx

Vioxx is a drug which, before being removed from the market, was approved for the treatment of arthritis and acute pain. Due to concerns about the increased risk of cardiovascular events, including the risk of heart attack, a DHPL was issued in October, 2004 advising of the increased risk of cardiovascular events. The number of prescriptions issued each month during the period March, 2003 to March, 2005 are shown Figure 4.10. At the beginning of this period, there were 274,003 prescriptions

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written for Vioxx. Prescribing practice for Vioxx remained stable until October, 2004, when the DHPL advising that Vioxx was being withdrawn from the market was issued. Vioxx was withdrawn from the Canadian market in November 2004, resulting, as expected, in a rapid cessation of the use of this drug.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed significant evidence of a change in the trend in prescribing prior to (March, 2003 - October, 2004) and following (November, 2004 - March, 2005) the issuance of the DHPL (Table 4.3 $p = 0.024$, Table 4.4 $p=<0.001$). The issuance of the DHPL in November 2004 advising of the market withdrawal of Vioxx resulted, not surprisingly, in a highly significant change in physician prescribing practice in Canada in both the ITSA models run.

Nefazodone

Nefazodone is an antidepressant which, before being removed from the market, was approved in Canada for the treatment of depression in adults. Due to concerns about the risk of severe liver toxicity with possible fatal outcomes, a DHPL was issued in October, 2003 advising of the intent to withdraw the drug from the market. The number of prescriptions each month during the period from May, 2002 to April, 2005 are shown in Figure 4.11. At the beginning of this period, there were 30,915 prescriptions written for Nefazodone. This number decreased steadily to 19,565 in October, 2003. The DHPL advising physicians of the discontinuation of sales of Nefazodone in Canada was issued in October 2003. This was followed by a dramatic drop in prescription volume

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over a 3 week period corresponding to the transition period agreed to by Health Canada to allow patients adequate time to be safely switched to another therapy.

Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed highly significant evidence of a change in the trend in prescribing prior to (May, 2002 - October, 2003) and following (November, 2003 - April, 2005) the issuance of the DHPL (Table 4.3 $p = <0.001$, Table 4.4 $p=<0.001$). In this case, the issuance of the DHPL in October 2003 advising of the market withdrawal of Nefazodone resulted, not surprisingly, in a highly significant change in physician prescribing practice in Canada using both ITSA models run.

Baycol

Baycol is drug of the well known statin class which, before being removed from the market, was approved in Canada for the treatment of high cholesterol in adults. Due to concerns about the increased risk of rhabdomyolysis, a DHPL was issued in August, 2001 advising of the increased risk of rhabdomyolysis (especially when taken with gemfibrozol). The number of prescriptions issued each month during the period from February, 2000 to January, 2003 are shown in Figure 4.12. At the beginning of this period, there were 34,287 prescriptions written for Baycol. This number increased steadily to 93,007 in August, 2001, when the DHPL was issued. Following the issuance of the DHPL, the rate at which Baycol was prescribed dropped markedly, with no prescriptions written beyond December, 2002.

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Over the time period studied, interrupted time series analysis using both the ITSACORR and SAS analysis of variance models revealed a highly significant evidence of a change in the trend in prescribing prior to (February, 2000 - August, 2001) and following (September, 2001 - January, 2003) the issuance of the DHPL (Table 4.3 p = <0.001, Table 4.4 p=<0.001). In this case, the issuance of the DHPL in August 2001 advising of the market withdrawal of Baycol resulted, not surprisingly, in a highly significant change in physician prescribing practice in Canada in both ITSA models run.

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Figure 4.1 Monthly Prescription Volumes for Remicade for the Period April, 2000 to April, 2003

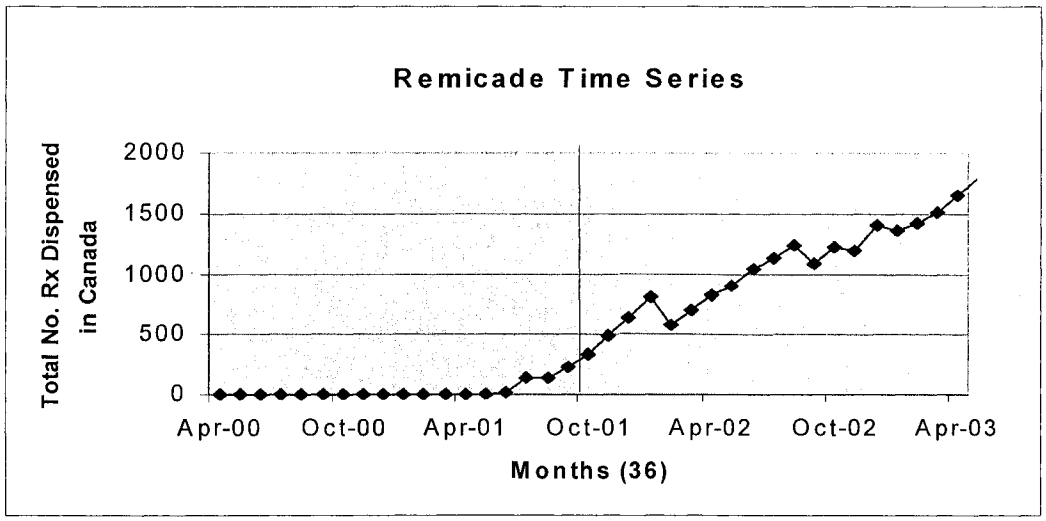
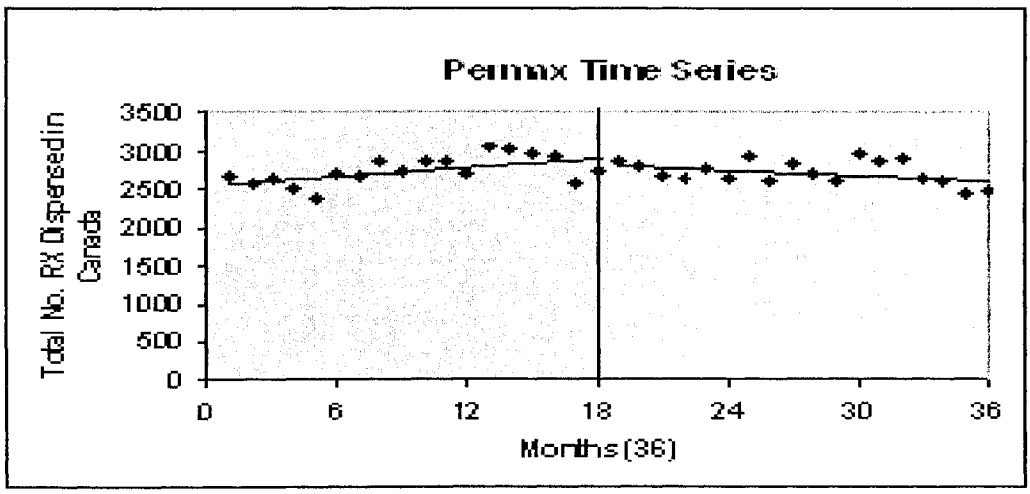


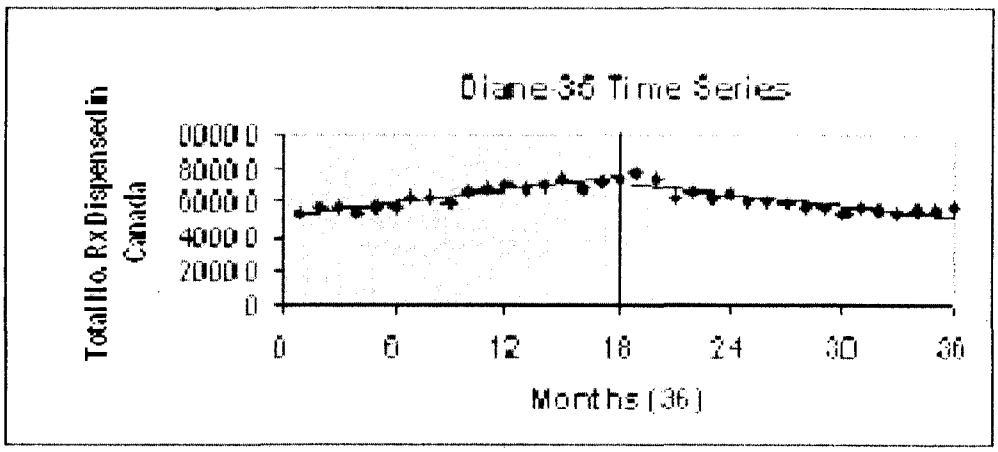
Figure 4.2 Monthly Prescription Volumes for Permax for the Period October, 2001 to October, 2004 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

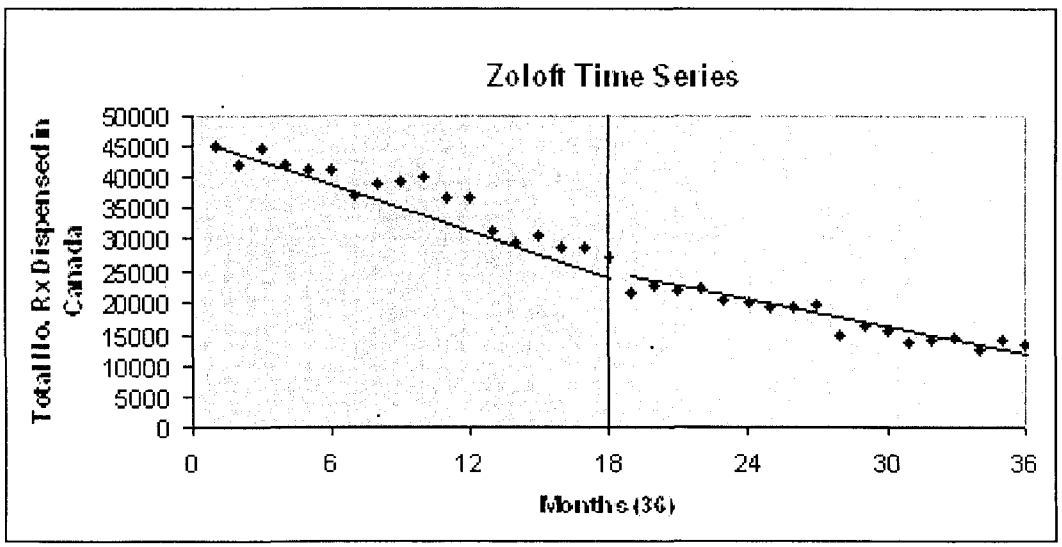
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Figure 4.3 Monthly Prescription Volumes for Diane -35 for the Period June. 2001 to June, 2004 [1]



[1] Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

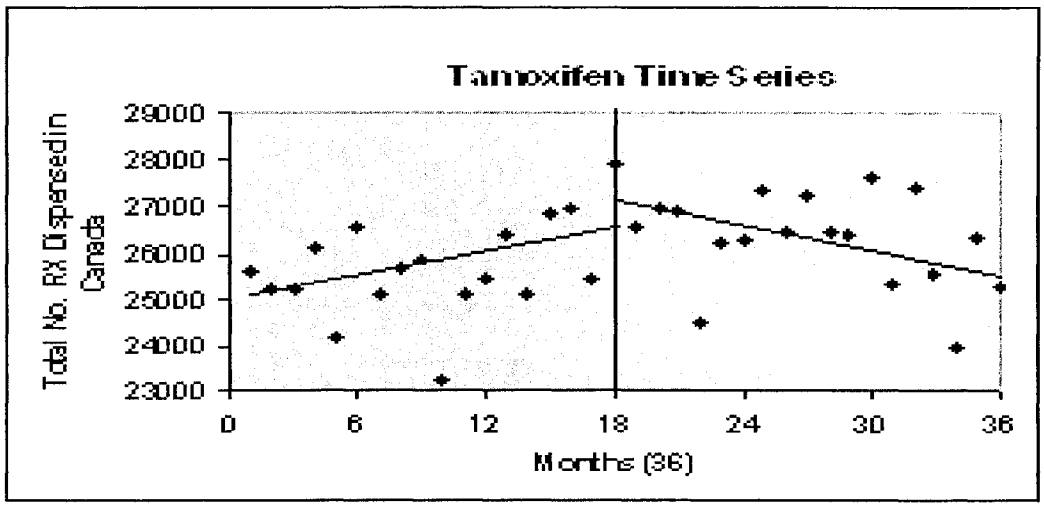
Figure 4.4 Monthly Prescription Volumes for Zoloft for the Period August, 2001 to August, 2004 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

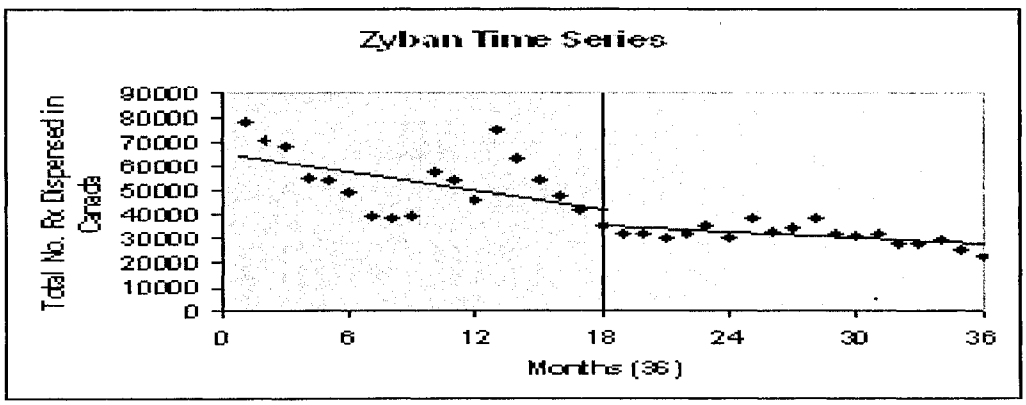
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Figure 4.5 Monthly Prescription Volumes for Tamoxifen for the Period June, 2001 to June, 2004 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

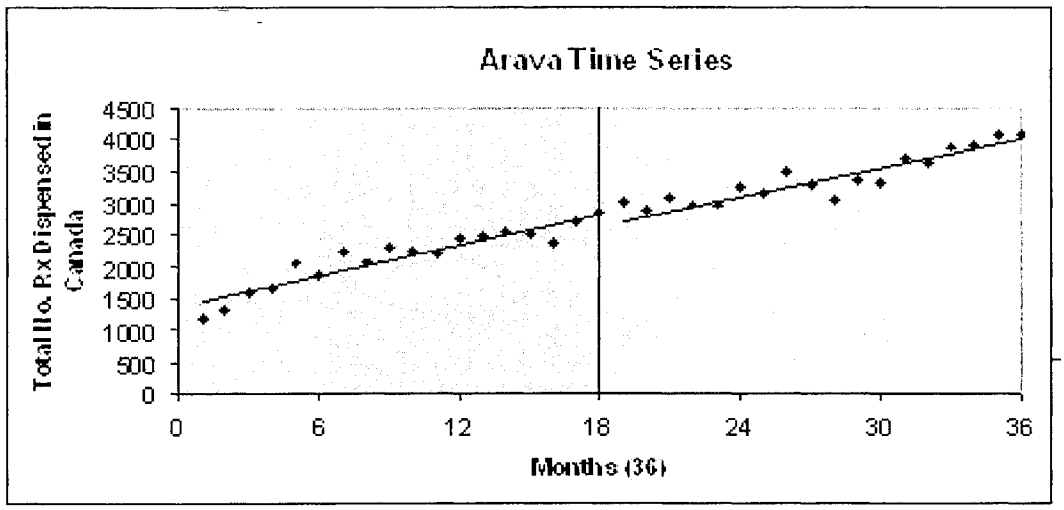
Figure 4.6 Monthly Prescription Volumes for Zyban for the Period January, 2000 to January, 2003 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

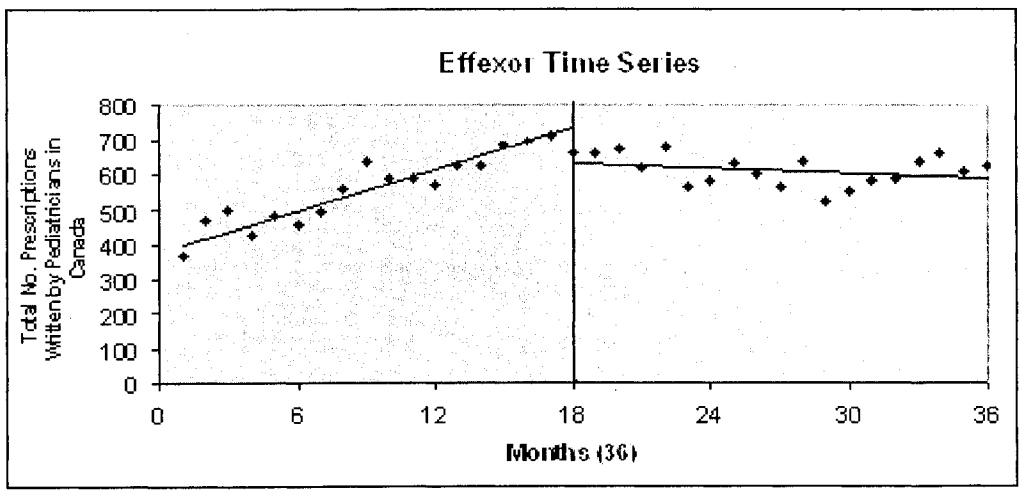
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Figure 4.7 Monthly Prescription Volumes for Arava for the Period November, 2000 to November, 2003 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

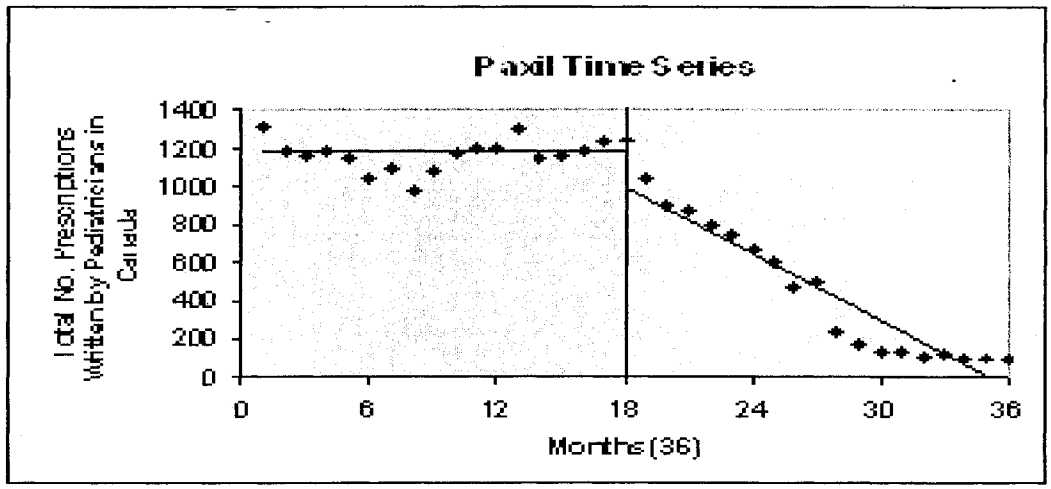
Figure 4.8 Monthly Prescription Volumes for Effexor for the Period March, 2002 to March, 2005 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

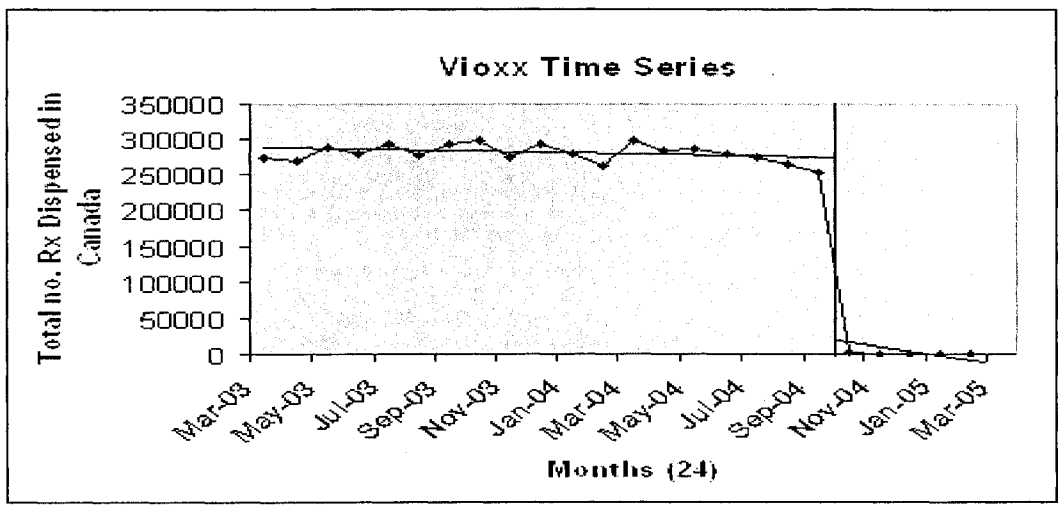
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Figure 4.9 Monthly Prescription Volumes for Paxil for the Period January, 2002 to January, 2005 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

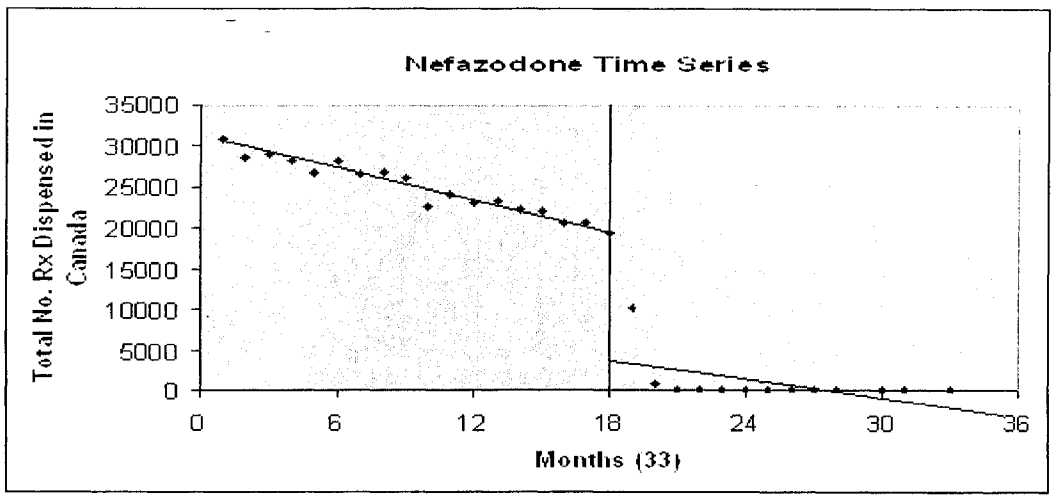
Figure 4.10 Monthly Prescription Volumes for Vioxx for the Period March, 2003 to March, 2005 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

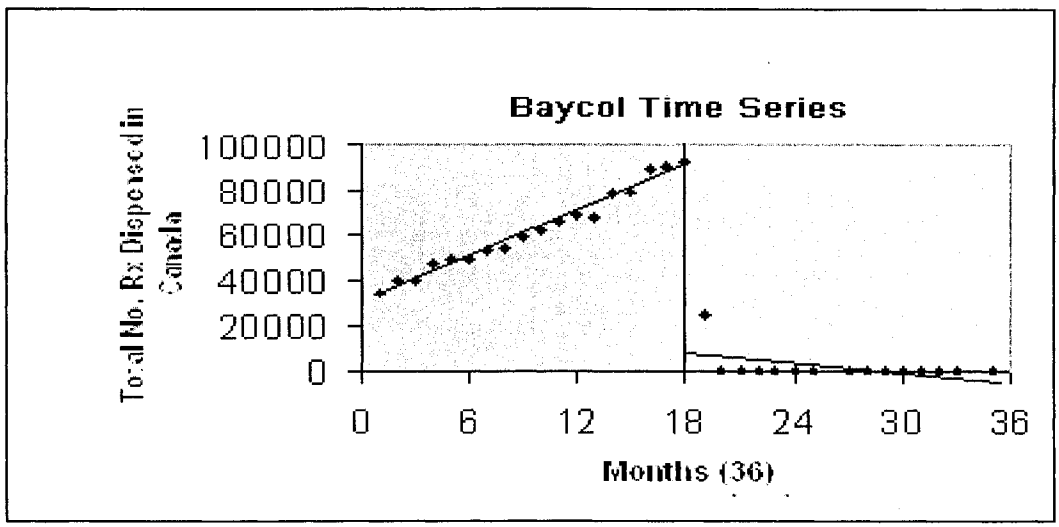
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Figure 4.11 Monthly Prescription Volumes for Nefazodone for the Period May, 2002 to May, 2005 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

Figure 4.12 Monthly Prescription Volumes for Baycol for the Period February, 2000 to February, 2003 [1]



Fitted trend lines prior to and following the issuance of a DHPL (at the time marked by the vertical line) are based on interrupted time series analysis.

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Table 4.3 Summary of Interrupted Time Series Analysis Results for Selected DHPLs (using ITSACORR Analysis of Variance and t-test)

DHPL	Date DHPL Issued	F-test[1]		Slope				Intercept			
		$F(df_1,df_2)$	p-value[2]	Phase I	Phase II	t(df)	p-value[2]	Phase I	Phase II	t(df)	p-value[2]
Remicade	October 2001	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Permax	April 2003	1.42 (2,31)	0.258	19	-14	-1.65(31)	0.109	2552	2847	1.24 (31)	0.224
Diane-35	December 2002	1.00 (2,31)	0.380	831	1396	0.14(31)	0.889	62036	9719	-1.01 (31)	0.319
Zoloft	February 2003	3.04 (2,31)	0.062	-1100	-492	1.94(31)	0.062	46268	21707	-7.13 (31)	<0.001
Tamoxifen	December 2002	2.99 (2,31)	0.065	101	-65	-2.42(31)	0.022	24842	26822	2.74 (31)	0.010
Zyban	July, 2001,	0.15 (2,31)	0.859	-502	-586	-0.06(31)	0.954	52938	36573	-1.09 (31)	0.285
Arava	May, 2002	0.14 (2,31)	0.867	73	71	0.19(31)	0.851	1560	2733	7.36 (31)	<0.001
Effexor	September, 2003	0.48 (2,31)	0.623	3.47	0.94	-0.13(31)	0.900	726	601	-0.65 (31)	0.520
Paxil	July, 2003	6.30 (2,31)	**0.005**	101	82	-0.19(31)	0.853	-1739	-3129	-1.71 (31)	0.097
Vioxx	October, 2004	4.23 (2,31)	**0.024**	-5347	32990	1.46(31)	0.156	373990	-732209	-2.74 (31)	**0.014**
Nefazodone	October, 2003	8.34 (2,31)	**<0.001**	-420	5867	2.45(31)	**0.02**	23758	-187215	-3.39 (31)	**0.002**
Baycol	August, 2001	9.37 (2,31)	**<0.001**	4355	28340	1.81(31)	**0.080**	8505	-878344	-3.23 (31)	**<0.001**

[1] F-statistic and corresponding p-value for differences in prescribing practice before and after issuance of DHPL based on interrupted time series analysis.
[2] p values highlighted in bold denote significant results at the p=0.05 level.

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Table 4.4 Summary of Interrupted Time Series Analysis Results for Selected DHPLs (using SAS Analysis of Variance and t-test)

DHPL	Date DHPL Issued	F-test[1]		Slope		Intercept	
		$F(df_1,df_2)$	p-value[2]	t(df)	p-value[2]	t(df)	p-value[2]
Remicade	October 2001	NA	NA	NA	NA	NA	NA
Permax	April 2003	3.62	0.12	-3.11	0.109	2.18	0.0668
Diane-35	December 2002	52.62	0.072	11.98	0.089	9.3	0.087
Zoloft	February 2003	575.04	**<0.001**	4.05	**0**	-5.51	**<0.001**
Tamoxifen	December 2002	2.89	**0.048**	-2.51	**0.023**	2.35	**0.025**
Zyban	July, 2001,	22.26	0.067	1.24	0.2228	-1.83	0.0769
Arava	May, 2002	232.87	0.087	-1.22	0.2299	0.6	0.5499
Effexor	September, 2003	33.33	0.062	-7.3	0.076	4.72	0.768
Paxil	July, 2003	267.02	**<0.001**	-10.83	**<.0001**	7.71	**< 0.001**
Vioxx	October, 2004	133.37	**<0.001**	-1.6	**0.019**	-2.68	**0.0114**
Nefazodone	October, 2003	651.48	**<0.001**	3.82	**0**	-10.77	**<0.001**
Baycol	August, 2001	679.47	**<0.001**	-13.6	**<.0001**	-2.79	**0.009**

[1]F-statistic and corresponding p-value for differences in prescribing practice before and after issuance of DHPL based on interrupted time series analysis.
[2] p values highlighted in bold denote significant results at the p=0.05 level.

Comparison of Interrupted Time Series Results Using ITSACORR and SAS Models

In the case of the ITSACORR interrupted time series analysis only the Paxil (antidepressant) dear health professional letters issued to pediatricians in Canada was associated with a significant downward shift in prescribing practice in the 18 month period post-issuance of the letter. When the interrupted time series analysis was re-run using an independent t-test to test the change in prescribing trend, 3 of the 9 dear health professional letter cases showed a significant change in prescribing practice.

The boarder line significant result seen with Zoloft and Tamoxifen using the ITSACORR method of analysis became significant results using the SAS ITSA model run These variable results indicate that different ITSA models can yield different results depending on what the model is designed to test, its degree of robustness and whether or not it considers and compensates for autocorrelation. The results obtained in these ITSA must therefore be interpreted with caution, especially given that neither the ITSA methods used nor the statistical or clinical significance of their results have been rigorously established.

4.3.2 Print Media Coverage

Print media coverage of drug risk issues related to the 12 drugs selected as case studies is summarized in Table 4.5. In 8 cases (Remicade, Diane-35, Zoloft, Effexor, Paxil, Vioxx, Nefozadone, and Baycol), print media coverage was notable greater pre-

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DHPL than post-DHPL. In 3 cases (Permax, Arava, and Zyban), there was little difference in media coverage pre- and post-issuance of the DHPL. In the final case (Tamoxifen), print media coverage notably decreased following issuance of the DHPL.

In most cases, the number of articles appearing in the Canadian print media in the month the DHPL was not markedly different than the average monthly number of articles throughout the study period. Exceptions were Vioxx, Nefazadone, and Baycol, where media coverage was accentuated in the month the DHPL was issued.

Table 4.5 Print Media Coverage of Drug Risk Issues During Time Series Study Period

Health Product	PRE-DHPL	POST-DHPL	Month DHPL Issued (Average no. per month)	No. of Articles Published During Time Series Study Period
REMICADE ® (infliximab)	52	109	9 (4.7)	170
PERMAX ® (pergolide mesylate)	1	2	1 (0.1)	4
DIANE-35 ® (cyproterone)	12	34	0 (1.3)	46
ZOLOFT ® (sertraline hydrochloride)	118	191	2 (8.6)	311
TAMOXIFEN ® (nolvadex)	139	83	7 (6.4)	229
ZYBAN ® (buproprion)	99	99	1 (5.5)	199
ARAVA ® (leflunomide)	11	13	0 (0.7)	24

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EFFEXOR ® (venlafaxine HCl)	37	159	13 (5.8)	209
PAXIL ® (paroxetine hydrochloride)	133	316	12 (12.8)	461
VIOXX ® (rofecoxib)	77	372	181 (17.5)	630
NEFAZODONE ® (serzone)	18	38	14 (1.9)	70
BAYCOL ® (crevistatin)	21	142	63 (6.3)	226

4.4 Discussion

Strengths and Limitations of the Studies Conducted

Strengths

A major strength of the IMS CompuScript prescription audit is that it is capable of detecting shifts in prescription trends following issuance of a DHPL, as was the case with Vioxx, Nefazodone, and Baycol. This is both an important strength of this study and an important finding in general, since the ability to accurately characterize prescription trends in Canada has never been demonstrated before. This data set thus has the potential to be a valuable tool in the post-market assessment of drug risks.

Given the sensitivity of this data set to detect a shift in prescription trends in Canada, the CompuScript audit could also be used (I) to monitor prescription trends in Canada to ensure that drug manufacturers are making a serious effort to remove withdrawn products from the marketplace, and (ii) to provide estimates of individual drug

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or drug class utilization in Canada. This latter application is another important strength of the IMS prescription data, since it is necessary for Health Canada to be able to accurately estimate population exposure to a drug in order to be able to quantify the potential risk it poses to the Canadian public. The CompuScript audit can also be used to: (I) determine product utilization in Canada by region or drug manufacturer, (ii) make price comparisons between different dosage forms or therapeutic product types, (iii) compare new vs refill scripts,(iv) determine the quantity of drug dispensed and number of authorized repeats, (v) describe the use of therapeutic products by physician specialty type (for example, prescriptions issued by pediatricians), and (vi) evaluate product market share.

Limitations

The IMS CompuScript audit is limited to prescription drugs and to non-prescription products prescribed by a physician and dispensed by a pharmacist. As such, most non-prescription and over-the-counter medications are not captured in the IMS database. Consequently, the estimated number of prescriptions dispensed in Canada can only be used as a proxy measure for total medication usage, and to evaluate prescribing trends for prescription drugs that are dispensed by a pharmacists. For example, since blood products, many analgesics and sedatives, and chemotherapeutic and biotechnology products are used exclusively in a hospital setting, the CompuScript database cannot provide useful information on prescribing practice with such products. Finally, the

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prescription data provided by this audit are an extrapolation of a sample of prescriptions dispensed at selected pharmacies in Canada; as such, their validity is determined by the extent to which the sample data are representative of the 'true universe' of prescriptions dispensed in Canada. IMS does not make precision tables available for the monthly prescriptions estimates provided, and it is known that complete data is not always obtained from each of the participating retail outlets. This highlights the need to exercise caution in interpreting projected monthly Canadian prescription volumes.

Interrupted time series analysis of the prescription data collected over time was undertaken to test if the DHPLs issued (the 'interruption') had a significant effect on prescription trends. The ITSA methodology upon which the ITSACORR software is based has been criticized by Huitema (2004)[141] as having four serious flaws. It is argued that (1) the ITSA model does not actually correspond to the logical foundation for the interrupted time series design; (2) under some conditions the intercept change effect size is likely to be largely arbitrary; (3) ambiguities in the mathematical definition of the fitting algorithm mean that different implementations of the same methodology may lead to different effect estimates; and (4) the effect size may depend on the order of the autocorrelation. Although ITSACORR is based on ITSA it is not an implementation of ITSA and, hence, it is not clear that all (or, indeed, any) of these criticisms affect ITSACORR.

Another important limitation involved the assumptions underlying the use of this statistical method, which were not met in all cases. Specifically, it has been reported in

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the literature that in order for the results of an interrupted time series analysis to be considered valid, the intervention (in this case, the issuance of a DHPL) must be independent of other changes that occur over the same time period that could influence the outcome measure (in this case, prescription volume).[142] In the present application, it is possible that the changes in prescribing trends observed after the issuance of a DHPL could have occurred as a result of factors other than the issuance of the DHPL *per se* (such as media coverage or withdrawal of a drug from the market). The DHPLs issued for Vioxx, Nefazodone, and Baycol provide concrete examples of this weakness, since one is tempted to conclude with these drugs, the shift observed in prescribing practice was due to the DHPL itself; in actual fact, however, the shift in prescription trends observed were due to the withdrawal of the drugs from the market, and not because physicians voluntarily stopped prescribing the drug as a result of their associated risks. Significant interrupted time series results should therefore be interpreted with caution, taking into consideration factors other than the issuance of a DHPL that could influence changes in prescribing practice.

Yet another important limitation of the statistical method used to conduct the time series analysis is that the omnibus F-test employed by the ITSACORR software may have underestimated the overall degree of statistical significance compared to a corresponding individual t-test of the slope and intercept since the ITSACORR model accounts for the effects of autocorrelation and adjusts the significance level observed when autocorrelation

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is detected. Thus, the independent t-test is a less robust test statistic than the F-test and might therefore be expect to result in statistically significant results in one or more of the boarder line significant cases seen with the F-test.

Notwithstanding the limitations of the ITSA noted above, it important to point out that the clinical significance of any change observed in prescribing practice is likely to be more important than the degree of statistical significance observed. This is true since the ITSA cases studied may have been underpowered to detect clinically significance differences due to the short series studied (only 36 time points), the number of prescriptions written for the drugs studied may not have been large enough to detect clinically significant differences in prescribing practice or it the proxy measure used for *prescribing practice* (prescriptions filled at a sample of retail pharmacy outlets in Canada) may not have been a good estimate of the true change in prescribing practice. It should also be noted that since not all patients on a particular drug would necessarily possess the risk factors associated with the risks highlighted in the DHPLs, it is possible that even small shifts in prescribing practice would be of medical importance. The significance of the results obtained in the ITSA must therefore be interpreted with caution given that the clinical significance of changes in prescribing practice using IMS CompuScript data and ITSA has not yet been established using this study method.

The search conducted of print media coverage was, at best, a crude tool for assessing the impact of other factors (in ths case media coverage of a drug risk) that

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influence prescribing practice. The searches performed on the two databases relied on pre-defined key words which included only the brand and generic names of the drug, and would therefore not identify articles that did not have the drug name mentioned in the title. In addition, the two databases searched did not cover all possible print media sources in Canada, nor did they cover print media in the U.S. or television or radio news broadcasts. Although this method for assessing media coverage as a factor influencing prescribing practices is subject to limitations, the results of the searches were included here both to illustrate how other factors can influence prescribing practices. Nonetheless, the indicator of media coverage used here is of some value, as there appeared to be some degree of association between the shift observed in prescribing practice and the number of print media articles published on a drug.

Finally, with respect to the print media associated with DHPLs issued, it should be pointed out that the DHPLs studied may have also triggered media coverage and hence the issuance of a DHPL and enhanced media coverage could be considered part of the same intervention. Under such an assumption it would be possible to study in the same time series model, both the issuance of a DHPL and the corresponding media coverage (both print and other types) over the same time period and then separate the effects of the intervention from media coverage statistically An analysis if this sort would be a worthwhile undertaking in a future study to determine if such a statistical model could also

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then be used to determine if other similar time related factors have any influence on the shift in prescribing practice observed with DHPLs.

Factors Influencing Prescribing Practice

While it is certainly possible that the issuance of a DHPL could be the most likely cause of an observed change in prescription trend, a number of other factors which, would also be expected to have a significant influence on prescribing practice (and hence prescription trends) have been described in the literature.[143],[144] These include: the clarity of the messaging contained in the DHPL; the timeliness of the risk information contained in the DHPL; the issuance of similar HPCs by other regulators in proximity to Health Canada; the extent of media coverage given to the drug risk (both in Canada and other countries); the influence of drug company representatives and their academic detailing; the extent to which the risk has been studied and the results published in the medical literature; the individual experience of prescribing physicians in using the drug, the perception of the medical community concerning the severity of the risk; the availability of other effective treatment modalities with lower associated risks; and the withdrawal of a therapeutic product from the market.

Among the many potential influencing factors reported in the literature, Armstrong et al. report that a physician's personal experience with a drug is one of the most influences on prescribing practice.[145] Pipalla et al. report the least successful interventions studied were newsletters (similar to DHPLs and the CARN) mailed to

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physicians, while the most successful intervention involved restricting prescribing practice through formularies where prescribing policy guidelines were imposed.[146] Different authors cite different interventions as being more likely than others to influence prescribing practice. However, most agree that shifts in prescribing practice are likely to involve multiple factors or triggers to behavioral change, thus making if difficult to study the effectiveness of a single intervention in changing prescribing behavior.

Impact of Health Professional Communications and Print Media Coverage on Prescribing Practice

The majority of DHPLs examined in this study (excluding the case controls Vioxx, Nefazodone, and Baycol), did not appear to have an appreciable impact on prescribing practice in Canada. This finding is disappointing, but not unexpected, since there are many reports in the literature that conclude that HPCs such as DHPLs and DDLs (see literature review in Chapter 1) often fail to have a favorable or demonstrable impact on prescribing practice.[147],[148]

The only DHPL that appeared to have a significant impact on prescribing practice was the Paxil DHPL, that was targeted at pediatricians notifying them of the increased risk of suicide related events in children and adolescents taking Paxil. Paxil is a well known anti-depressant of the SSRI (selective serotonin re-uptake inhibitor) type, which is

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indicated for the symptomatic relief of depressive illness, panic disorder, and social anxiety disorder in adults. It is not approved in Canada for use in children.

Indeed, the results of this study call into question whether traditional drug risk communication methods used by regulators around the world, are adequate, and whether they lead to desired changes in relevant behaviors among physicians. These results also prompt the question: how effective must a drug risk communication tool be to be considered effective enough? The concept of "effectiveness" of risk communication tools is important since, more often than not, it is difficult to define the intended result of drug risk communication beyond the basic objective of reducing risk to some extent. There is no definitive answer to this question; however, the logical answer is that risk communications must be capable of reducing risk to an 'acceptable level' in order to be considered "effective enough." Of course, defining an acceptable level of risk is not straight forward; even when it can be clearly defined it is even more difficult to measure.[149, 150]

Finally, it should be noted that not all risks (especially risks associated with therapeutic products) can be successfully mitigated just by simply ensuring that physicians know about them. Thus, even when risk communications tools such as DHPLs, CARN articles or PAs have been appropriately disseminated, read by their intended audience, and acted upon, the risk may still be unacceptable, and further regulatory action will be necessary. Health Canada has issued product-specific risk communications in the past

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that have achieved considerable success in terms of changing prescribing practice; yet, in the end, the risk communication efforts were not seen as effective enough from a risk mitigating perspective and market withdrawal of the product in question followed.

The results obtained in the evaluation of print media coverage associated with the issuance of the DHPLs studied showed that the majority of the drugs receiving the greatest media attention (with the exception of Remicade, Tamoxifen, Effexor and Zyban) were also associated with the greatest overall reduction in prescribing practice over the time periods studied. Despite the relatively high level of print media coverage associated with Remicade (170 articles over the 36 month period studied), the prescription trend with this drug continued to increase significantly after the issuance of the DHPL advising of the serious risks associated with the drug, possibly due to the fact the Remicade was, at the time, and still is considered by the medical community to be a breakthrough therapy for the treatment of severe rheumatoid arthritis, Crohn's disease, and ulcerative colitis. Most Canadian physicians consider the associated risks (malignancies/lymphomas, increased incidence of hospitalization and mortality, and increased risk of secondary infections) to be acceptable when compared to its treatment benefits. In the case of Tamoxifen, which was also associated with relatively high print media coverage, the DHPL did not have a significant effect on prescribing practice. Again, this was likely due to the fact that this drug is also considered a breakthrough therapy for the treatment of breast cancer, which makes its associated risks (increased incidence of uterine malignancies, pulmonary

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emblolisms and stroke) more tolerable when viewed in light of its treatment benefits. These findings are consistent with those of other investigators, who report that extensive media coverage of drug risks is associated with a greater impact on prescribing practice.[151],[152],[153]

It should be pointed out that DHPLs issued may have also triggered media coverage, and hence the issuance of a DHPL and enhanced media coverage can be considered part of the same intervention. As such, it would be possible to study in the same time series model, both the issuance of a DHPL and the corresponding media coverage (both print and other types) over the same time period and then separate the effects of the intervention from media coverage statistical. This would be a worthwhile undertaking in a future study since such a statistical model could also then be used to determine if other factors, such as content and clarity of message have an influence on the shift in prescribing practice observed with any given DHPL.

Implications for Future Improvements to Health Canada's Drug Risk Communication Program

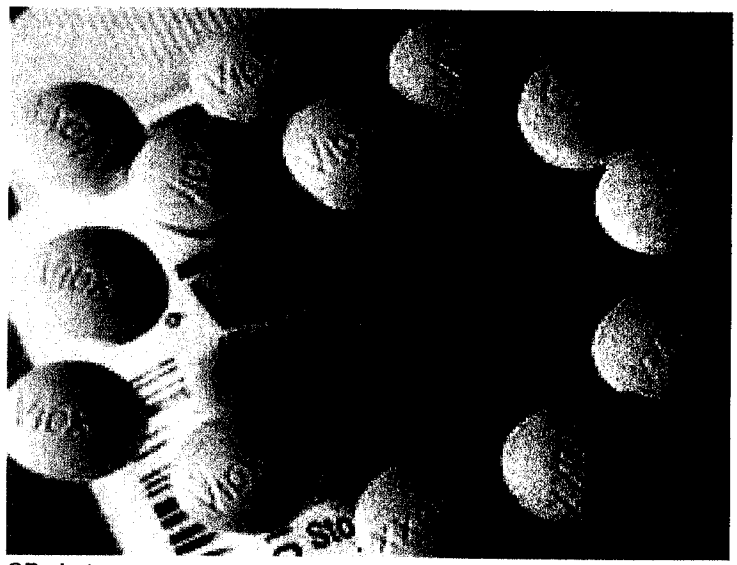
The results of this study indicate that DHPLs issued in Canada are sometimes, but not always, effective in changing prescribing practice, and that media coverage may have a positive impact on changing prescribing practice. In recognition of the fact that DHPLs have, at best, only a limited impact on prescribing practice, increasing emphasis in the

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recent literature is being placed on the need to use multiple risk communication tools and methods to get the message "out" and re-enforce it repeatedly, since behavior is generally seen as too resistant to change to be altered by any one risk communication tool or method. The most successful risk communication strategies are seen as multifaceted, incorporating evidence-based information and education, consistent messaging, and the use of several different risk communication instruments.[154],[155],[156] With this in mind, Health Canada's current drug risk communication program would seem to be 'on-track' with respect to the use of multiple risk communication tools; however, there are additional strategies (discussed in the previous chapters) that could be employed in order to make further improvements to the program. These include: targeting pharmacists, along with physicians, when disseminating post-market drug safety information, raising drug safety awareness in Canada among both health professionals and consumers; providing ongoing health professional and consumer drug safety education programs; making more extensive use of the media (both print and broadcast media) to communicate drug safety information to both the medical community and the public; and promoting a shared responsibility for drug safety in Canada with each 'player' having a defined role.

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Chapter Five



CP photo

Conclusion

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Chapter Five - Conclusion

5.1 Overall Conclusion

Among the many important new results reported in this thesis, the most significant finding was the fact that DHPLs issued in Canada are neither particularly effective nor consistent in the impact they have on prescribing practices in Canada. This conclusion is consistent with the findings of other investigators who have examined this issue outside of Canada, and may at least partially explain why the majority of Canadians rely most heavily on their pharmacist rather than their physician to provide them with drug safety information. Pharmacists play and important role in patient safety in Canada; however, since they do not prescribe medications to patients, they are not been targeted to receive DHPLs within the same time frame as physicians. The present results indicate that Health Canada should be targeting DHPLs to pharmacists to enable them to take a more proactive role in patient safety through timely dissemination of drug risk information at the same as time they dispense their medications to consumers.

Both health professionals and the public view Health Canada as being more responsible for drug safety in Canada than other groups, including health professionals and drug manufacturers; this view of Health Canada's responsibility for drug safety also holds in comparison with a shared responsibility among other groups. This finding suggests that Canadians as a whole do not see themselves as having a shared role in ensuring their own safety or that of others and, as such, represents another major area in need of improvement. Interventions that promote a more active role in drug safety

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among physicians must be taken to ensure that they follow optimal prescribing guidelines for drugs and that patients themselves make it their responsibility to make informed choices about the drugs they consume.

The results of this research provide considerable insight into the specific areas that Health Canada needs to address in order to improve its drug risk communication program. However, the results also suggest that more than just the risk communication program itself is in need of improvement. In order to make the program more effective, both health professionals and consumers need to take an more active interest in informing themselves about the risks posed by drugs, and in taking timely and appropriate action to prevent unnecessary harm. Thus, initiatives targeted at building a broader awareness and understanding of the problem among health professionals are needed, including: education on the many different sources of Health Canada drug safety information that are available; education on the reasons for reporting and how to report ADRs; incentives that encourage more widespread and frequent use of drug safety information; and promoting a shared responsibility for drug safety.

The results of these studies are of importance to patient safety in Canada as they indicate that there are areas in Health Canada's drug risk communication program as well as in the health care system where improvements would be likely to substantially reduce the number of serious ADRs that occur in Canada and improve patient safety. The publication of these results would therefore seem both important and necessary. Certain findings of this research should be relatively straight forward to publish (e.g. the results

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of the HP and GP surveys, the proposed knowledge translation framework), however, publication of the results of the ITSA studies could be problematic given the potential 'political ramifications' of publishing negative results on the impact that DHPLs issued in Canada have on prescribing practice. Notwithstanding this challenge, the findings of this work have the potential to improve the health and safety of Canadians and as such, an effort should be made to shared the results with the public in as transparent a manner as possible.

5.2 A Proposed Conceptual Framework for Knowledge Translation of Post-market Drug Risk Information

Many different models with diverse perspectives have been proposed in the literature to facilitate the transfer of research knowledge into practice.[157,158,159,160,161] Some models are more applicable than others to the issue of drug risk communication however, none stand out as being directly applicable in this context. One knowledge translation (KT) model that describe the perspective of the targeted consumer (practitioner, team, policy maker, patient, or population) would seem relevant to the context of drug risk communication [162] in that it attempts to chart ones progress from awareness, agreement, adoption, to adherence with evidence based practice. Another model that focuses on the perspective of the effector arm (the healthcare or educational system) and describes interventions as working; (1) to predispose to change by increasing knowledge or skills (2) to enable the change by promoting conducive conditions in the practice and elsewhere

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and (3) to reinforce the change, once it is made, also has applicable constructs. [163] The majority of models focus on continuing medical education and continuing professional development [164] however, it remains to be established whether or not these KT strategies are effective in changing prescribing practice.

Like the passive dissemination of new clinical guidelines, the passive dissemination of newly discovered drug risk information is unlikely to lead to changes in clinical practice (in this case, prescribing practice. Foy et al. [165] report that specific attributes about the information being transferred and the use of audit and feedback as a strategy for promoting the uptake of recommendations made in clinical guidelines can result in improved uptake of new information. This type of approach is likely to be more effective in promoting the uptake of new drug risk information than strict continuing medical education or professional development strategies, especially if the message attributes considered and audit and feedback process followed have been carefully selected in consideration of those aspects deemed important to the users and beneficiaries of the information. Another KT model that stands out as potentially applicable to the uptake of drug risk communication information is described by Logan and Graham.[166] Their Ottawa model of research use is a KT framework designed for use by policymakers seeking to increase the integration of new knowledge acquired through research into clinical practice. The model steps adopts a holistic approach to KT and steps through the factors that are thought to most influence the incorporation of new evidence into desirable outcomes that relate to the patient, practitioner and the economics of health care. The entire framework

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is underpinned by an ongoing process of assessment, monitoring and evaluation which should be applied to all strategies used to transfer new knowledge into practice. While some aspects of this model can be applied directly to the uptake of newly identified drug risk information (specifically, the transfer and adoption strategies discussed), like many other KT models, it has its limitations in this context.

Despite the recent explosion of KT frameworks defined in the literature, it is recognized that there is no 'magic bullet' for changing professional practice (including prescribing practice) and that the effectiveness of any given KT framework or strategy is sensitive to both context and psycho-social factors that are both complex and undefined.[167] Indeed, Graham et al. have observed that despite the considerable resources put to heath sciences research, the transfer of new knowledge from such research is largely a slow and haphazard process. [168] With respect to the work done in this thesis, a recent widespread interest in patient safety has identified the need to improve the manner in which newly identified drug risk information is transferred into the mainstream of medical practice.[169] In the context of patient safety, and the objectives of this research, a KT that guides this translation of new knowledge would be a useful tool to inform on the design and implementation of new risk communication tools and programs.

Given the obvious challenge of getting new information into the health practice main stream and the high cost associated with implementing risk communication strategies that fail to achieve their objectives, this area would benefit from a KT framework

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derived from the specific aspects of drug risk communication identified as important by both health professionals and consumers.

The research done in this thesis was aimed at assessing the impact drug risk communication tools used in Canada have on prescribing practice and patient safety and the findings of this research have enabled me to propose a new knowledge translation (KT) framework that can be used to inform future research in this area, and to design new policies and interventions aimed at addressing the effectiveness of drug risk communication tools. As previously stated, the elements of the proposed KT framework were developed from the results of the health professional and general public surveys and are presented in Figure 5.1. The constructs in the framework were drawn from the attitudes and opinions expressed by health professionals and consumers regarding their reasons for satisfaction or dissatisfaction with the various sources of drug risk information in Canada. It should be noted that no one construct in the framework was expressed as being most important, and that no priority or order of importance is intended. Rather, all constructs relate to relevant KT strategies or needs that should be considered in the design and evaluation of new drug risk communication tools and dissemination strategies.

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Figure 5.1 A Proposed Conceptual Framework for Knowledge Translation of Post-market Drug Risk Information

Knowledge Attributes	KNOWLEDGE TRANSLATION NEEDS HIGH-----EFFECTIVENESS OF COMMUNICATION----- LOW
Temporality of information	Just in time ---------- Too late
Context	Relevant ---------- Not relevant
Clarity of message	Clear and concise ---------- Not clear or concise
Credibility of source	Credible---------- Not credible
Evidence-based	Based on strong evidence ---------- Anecdotal
Importance of information	Important ---------- Not important
Action oriented	Action to be taken described ---No action information provided
Accessibility	Very accessible---------- Inaccessible
Currency of information	Current ---------- Out of date
Length of message	Just right ---------- Too long or short
Selectivity of information	Selective ---------- Too general
Perception of risk issue	High risk ---------- Low risk

The constructs in the above framework were drawn from the attitudes and opinions expressed by health professionals and consumers regarding their reasons for dissatisfaction with the various sources of drug risk information sources issued by Health Canada. It should be noted that no one construct in the framework is considered the most important, and that no priority in order of importance is intended. Rather, all constructs relate to relevant knowledge translation needs that should be considered in the design and evaluation of new drug risk communication improvement strategies.

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Health professionals found the temporality of new risk information (just in time versus too late) to be a source of dissatisfaction with Health Canada sources of drug risk information, and requires improvement. This is true since new drug risk information is not useful to health professionals or the general public if it is not provided in a timely manner - that is, when it is important or is needed in order to be able to make a decision or take appropriate action based on the information provided. The relevancy of drug risk information (relevant versus not relevant to needs) was also a source of concern among health professionals, and should be further considered from the standpoint that the target audience will not bother to read or heed the information they receive if they do not consider it relevant to their needs.

Clarity of the messaging (clear versus not clear) was not specifically expressed as a point of dissatisfaction *per se* by respondents in the two surveys; however, the literature indicates that clarity of messaging is important since prescribers will not change their prescribing practice if it is not clear to them what it is they are supposed to do to minimize drug risks. addition, consumers are less likely to consult their pharmacists or physician if they are not made aware that they should seek their advice about the drugs they consume both before they are prescribed and when they experience an ADR.

Credibility of the information source (credible versus not credible) and the perception as to whether it is evidence-based (based on strong evidence versus anecdotal) are linked, but different attributes of a good knowledge translation program. In the two surveys reported upon here, health professionals and the general public were

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asked to provide their opinion of Health Canada as a credible source of drug risk information, and cited credibility of the source as a major reason for seeking out drug risk information on the Health Canad website or using DHPLs issued by Health Canada. It was evident from the responses to these questions that health professionals and consumers are not likely to use a particular source of risk information if they do not believe it to be credible. It follows that they would be even less likely to act on the information once made aware of it if the source is not perceived to be credible, and if the information is not derived from objective evidence.

The perceived importance of the risk information (important versus not important) and the inclusion of information on what action should be taken (action to be taken described versus no action information provided) was cited by health professionals as additional points of dissatisfaction with Health Canad sources of drug risk information, and must therefore be considered in an effective knowledge translation framework. If the information provided in a particular risk communication instrument is not considered important by the target audience, or the steps to be taken to minimize the risk are not clearly articulated, then uptake will almost certainly be negatively impacted. As well, the accessibility of the information (for example, availability at the point of care by health professionals and when a prescription is dispensed for consumers) was expressed as being of key importance to the overall uptake of the information contained in HPCs and PAs. Likewise, health professionals considered the currency of the information contained

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in these risk communication instruments (current versus not current) a dissatisfying aspect of certain sources of drug risk information.

Finally, the length of the message (too long versus not long enough), the selectivity of the information (selective versus not selective enough), and the perception of the risk issue presented in the communication tool (high risk versus low risk) were all cited as attributes of the message that are likely to influence the uptake of the risk information contained within drug risk communication instruments. Identification of the attributes of good drug risk communication tools, as done in Figure 5.1, is a necessary first step in the design of an effective knowledge translation program in this area.

5.3 Opportunities for Future Research

The majority of studies done to date and all of the key studies examining the effectiveness of DHPLs have been done in the United States. These studies have concentrated on assessing either the impact that DHPLs have on prescribing practice or on their content, clarity, and format as a means of explaining their lack of effectiveness. The studies published to date which address content, formatting, and messaging of HPCs (i.e., Dear Doctor Letters), have all concluded that these aspects of HPCs are a major factor in their uptake. However, this concern was not expressed in the survey of Canadian health professionals' attitudes towards Health Canada sources of drug risk information. Rather, the main reason cited by health professionals in Canada for not using a specific Health Canada source of drug risk information were: the information was

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not considered relevant to their practice; the information was not timely; they had no time to read this information; they preferred other sources; they did not feel the information was credible; or found it difficult to access and store. Given these findings, a more definitive study, guided by the conceptual framework for knowledge translation suggested above, is needed to shed light on whether the content, organization, formatting, and messaging of DHPLs and PAs are the most important factors in their uptake, or whether they are less critical relative to other factors included in the framework.

To further investigate this aspect of DHPLs in the Canadian context, a randomized intervention trial designed to compare the change in prescribing practice seen with DHPLs which have been developed with an optimal format, structure, and content to those that are written without consideration of these elements would provide valuable information about the contribution that clarity of messaging makes to their uptake. Such a study could also be designed to shed light on the question of how much influence other extraneous factors, such as those cited by health professionals in this descriptive study, have on uptake of the information contained within HPCs.

The field of drug risk communication would also benefit from a more comprehensive and systematic examination of the reasons why many health professionals and consumers do not actively seek out risk information about the drugs they consume, or why they don't always act on this information even when they are aware of it. Additional research in this area would be useful since even a perfect risk communication instrument would still have a limited impact on prescribing practice and patient safety if

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health professionals and the public they do not take the time to access this information or act on the information once they become aware of it. Such a study could explore the reasons why health professionals who prescribe drugs in Canada do not take the time in their day to read the risk information provided to them (as a result of time constraints, not being concerned about the drugs they are prescribing, the lack of an incentive to do so, or other reasons) and why consumers do not seek out such information when prescribed a drug for the first time (due to time constraints, fear, lack of understanding of the importance of doing so, failure to assume some degree of personal responsibility for drug safety, or other reasons). Such a study could be designed to identify the range of factors that affect this phenomenon, with the goal of identifying what types of interventions would be most likely to encourage both heath professionals and the public to take a more active role to ensure the safety of the drugs they prescribe or consume.

Likewise, studies on the effectiveness of new drug risk communication tools and interventions that complement DHPLs and PAs would be worthwhile. For example, studies that evaluate the effectiveness of specific interventions such as: public education and awareness building; placing drug safety on the curriculum of medical, dental, nursing pharmacy and naturopath training programs in Canada; and making ongoing training on drug safety and effectiveness issues mandatory for health professional licence renewal, would help shed light on whether improved awareness an education about the risks posed by drugs would be likely to impact positively on prescribing practice and patient safety.

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Similarly, studies that examine (both nationally and internationally) how the media environment and coverage of "the story" surrounding a serious drug safety issue in close proximity to the issuance of DHPLs and PAs would be informative. Such studies would confirm or refute the hypothesis that prescribing practice is associated with the extent to which the message is disseminated to both the general public and to including physicians. It would also address the fact that when patients and physicians alike are well informed about a drug safety issue, this opens up a dialogue between the patient and physician which would not otherwise be undertaken before writing or renewing a prescription. It would also be of interest to understand the impact that multiple risk communication strategies and repeated dissemination of new drug safety information (such as with mass media campaigns) have on steering physicians in the desired direction with respect to prescribing practice and on influencing patients to seek out the information they need to make informed decisions about the drugs they consume.

Finally, from a psycho-social perspective, studies that test individual or multiple constructs of the framework presented in Figure 5.1. would be likely to be informative in terms of better understanding the factors that influence behavioral change associated with changing prescribing practice. A deeper understanding in this regard would help guide the development of new initiatives directed at making improvements to drug risk communication programs in Canada.

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Appendix A:

Letter of Study Approval

from

Health Canada REB

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Health Canada / Santé Canada
Research Ethics Board / Comité d'éthique pour la recherche

Sir Frederick G. Banting Building
Address Locator 2202C
Ottawa, Ontario
K1A 0K9

JUN 2 5 2003

Ms. Vicky Hogan
Associate Director General
Marketed Biologicals and Biotechnology Products Division
Marketed Health Products Directorate
Health Products and Food Branch
Ground, Room D-169, Finance Building
Tunney's Pasture
Ottawa, Ontario
K1A 1B9

Dear Ms. Hogan:

Protocol Number: **REB-2002-0022**
Principal Investigator: **Vicky Hogan**
Protocol Title: **"Health Canada Post-Market Drug Safety Information Survey - Amendment"**

This letter will inform you of the results of Health Canada's Research Ethics Board review of your application which took place on June 12, 2003.

The Board recommends that the Project proceed in accordance with the protocols submitted in the application.

Please be informed that, following the receipt of the Board's approval, Health Canada Principal Investigators must;

- seek re-approval of the Research Ethics Board for any amendment or modification of the approved research protocol or consent form, and
- report immediately to the REB Secretariat, any adverse or unexpected events resulting from the research on human subjects.

Principal investigators are also required to file an annual report with the Board and notify the Board upon completion or termination of the research.

..../2

Canada

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Attached please find the applicable forms for meeting these ongoing obligations and once completed, these should be forwarded to the:

Research Ethics Board Secretariat
Health Canada
Sir Frederick G. Banting Building
Room 290-36
Address Locator 2202C
Ottawa, Ontario
K1A 0K9

If you require further information, you may contact Ms. Yvette Parent , Health Canada's Senior REB Officer at (613) 941-5199. Please cite the file number (REB-2002-0022) on all correspondence pertaining to your application.

Yours sincerely,

for Bernard M. Dickens, LLB, LL.M.,
Ph.D., LL.D.
Chairman
Research Ethics Board

cc. Dr. Kevin Keough
Chief Scientist
Health Canada
Sir Frederick G. Banting Building
Room 290-04
Ottawa, Ontario
K1A 0K2

Attachments:
Annex 1 - Amendment Request
Annex 3 - Adverse Event Report
Annex 3 - Annual Progress Report
Annex 4 - Completion-Termination

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Appendix B:

Letter of Study Approval

from

University of Ottawa REB

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Université d'Ottawa · University of Ottawa

Service de subventions de recherche et déontologie Research Grants and Ethics Services

January 18, 2005

Dr. Daniel Krewski
McLaughlin Centre for
Population Health Risk Assessment
Institute of Population Health
1 Stewart Street (Room 318B)
Ottawa, ON K1N 6N5

Ms. Victoria Hogan-Gow
3196 Barlow Cres.
Ottawa, ON K0A 1T0

Title of the project: **Health Professional Communications and Public Advisories Issued in Canada: An Assessment of Their Impact on Physician Prescribing Practice and Patient Safety (file H 01-05-05)**

Dear Researchers,

Dr. Daniel Lagarec, Chair of the Health Sciences and Science REB, has recently examined your application regarding the abovementioned study and has concluded that your study is exempt from REB review given the fact that it involves secondary analysis of anonymous, publicly available data.

Therefore, you do not need to obtain ethical clearance from the University of Ottawa REB for this study.

Please do not hesitate to contact me if you should have any other queries.

Sincerely,

Rita D'Alessandro
Protocol Officer for Ethics in Research
For Dr. Daniel Lagarec,
Chair of the Health Sciences and Science REB

COPY

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Ottawa (Ontario) K1N 6N5 Canada Ottawa, Ontario K1N 6N5 Canada

(613) 562-5841 • Téléc./Fax (613) 562-5338
http://www.uottawa.ca/services/research/rgc/index.html

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Appendix C:

Health Professional Survey

Questionnaire

(English and French)

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Health Canada

Post-Market Drug Safety Information Survey - *Health Professionals (Master)*

FINAL Questionnaire

Name:
Phone:
City/Community:
Province:
Professional Type: 1 Physician 2 Dentist 3 Pharmacist 4 Nurse 5 Naturopath
Type of Practice: [codes to be provided where available]

Introduction

Good morning/afternoon/evening, may I speak with [NAME].

My name is _____ and I am calling from Decima Research, a national public opinion research company. Today we are conducting a survey on behalf of Health Canada . . .

[PHARMACISTS] in collaboration with the **Canadian Pharmacists Association.**
[NURSES] in collaboration with the **Canadian Nurses Association.**

The purpose of this survey is to evaluate current methods for communicating post-market safety information about drugs. Topics covered will include different sources of drug safety information, reporting of adverse drug reactions and informed consent with respect to such reports. Health Canada wants get feedback from [professional type] such as yourself from across the country, to guide improvements in the way this type of information is provided to health professionals and the public.

[PHYSICIANS/DENTISTS/PHARMACISTS/NATUROPATHS] You were one of 150 [professional type] selected at random from a published list to be included in this survey.

The survey will take about 20 minutes, and all of your answers will remain strictly confidential. Your participation in this survey is voluntary, and you are free to skip any question you prefer not to answer. Please be assured that your responses are confidential and will not be reported individually nor attributed to you personally. May I interview you now?

[IF ASKED]: Decima is a professional research company hired by Health Canada to conduct this survey

[IF ASKED]: The [professional association] believes this is an important issue, and is collaborating with Health Canada on this survey. The contact individual at this association is:

[IF ASKED ABOUT ENDORSEMENT BY THE CANADIAN MEDICAL ASSOCIATION OR CMA] The CMA has not formally endorsed this survey, but is aware of it and fully supports the intent of this research.

[PHARMACISTS] Janet Cooper, Senior Director Professional Affairs at 613-523-7877 ext. 255
[NURSES] Ms. Joni Boyd at 613-237-2159, extension 335

[IF ASKED FOR HEALTH CANADA CONTACT]: You may contact Vicky Hogan-Gow at the Marketed Health Products Directorate at Health Canada. Her phone number is 613-957-8552.
IF UNAVAILABLE, RESCHEDULE FOR A MORE CONVENIENT TIME

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Before we begin, are you currently active in a clinical practice?
[FOR PHARMACISTS, INCLUDE COMMUNITY PHARMACY/RETAIL AS WELL AS HOSPITAL SETTING]

- Yes CONTINUE
- No THANK AND TERMINATE: This survey is being directed to health professionals who are in an active practice. Thank you very much for your time.

Section A. Perceptions About Drug Safety

I would like to start out by asking you some general questions about drug safety. . .

1. Thinking about specific types of health products available in Canada today, would you consider [PRODUCT TYPE] to be very safe, generally safe, not very safe, or not at all safe? [17]

   a. Prescription drugs

   b. Non-prescription drugs

   c. Natural health products, such as vitamins, minerals and herbal remedies

   - Very safe
   - Generally safe
   - Not very safe
   - Not at all safe

   VOLUNTEERED
   - Depends
   - Don't know/No answer

2. How much confidence do you have in the systems and safeguards currently in place to ensure the safety of drugs available in Canada today? Are you: [18]
   (IF ASKED: QUESTION IS FOR ALL PRODUCT CATEGORIES GENERALLY)

   - Very confident
   - Somewhat confident
   - Not very confident
   - Not at all confident

   VOLUNTEERED
   - Depends
   - Don't know/No answer

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3. And how much confidence do you have in:
READ IN SEQUENCE

a. How drug companies research the safety and effectiveness of the drugs they manufacture

b. How the federal government regulates and monitors drug safety

c. How members of your profession stay informed about the safety of drugs they administer

d. How health professionals in general stay informed about the safety of the drugs they administer

- Very confident
- Somewhat confident
- Not very confident
- Not at all confident
VOLUNTEERED
- Depends
- Don't know/No answer

4. Who do hold most responsible for ensuring the safety of drugs in Canada today? Would it be: [19]
READ AND ROTATE - CODE ONE ONLY

- Drug companies
- The federal government
- Health care professionals
VOLUNTEERED
- All are equally responsible
- Other (SPECIFY _____)
- Don' t know/No answer

5. I'd now like to ask you about the importance of post-market surveillance of health products. By "post-market" I mean the monitoring of drug safety and potential risks, such as adverse drug reactions, to health products after they are approved for use in Canada.

Do you believe that such post-market monitoring of drug safety is critically important, important but not critical, or not very important to:
READ IN SEQUENCE

a. Ensuring the overall safety of drugs used by consumers in Canada today

b. Your own practice

- Critically important
- Important but not critical
- Not very important
VOLUNTEERED
- Depends
- Don't know/No answer

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B. Use and Awareness of New Safety Information About Drugs

Now I'd like to ask you about drug safety information . . .

6. Where do you routinely go for safety information about the drugs and other health products you administer? [5]
DO NOT READ - CODE ALL THAT APPLY

- CPS (Compendium of Pharmaceuticals and Specialties) (PROBE FOR SPECIFIC FORMAT)
- Textbook version
- CD-ROM version
- On-line drug table
- Compendium of Self Care Products (CSCP)
- Medical journals/publications/scientific literature
- Product monographs
- Drug manufacturers
- Canadian Adverse Reaction Newsletter (Health Canada Newsletter)
- Dear Health Care Professional Letters - from Health Canada
- Dear Health Care Professional Letters - from drug companies
- Health Canada electronic mailing/e-mail alerts (Health_Prod_Info)
- Public Advisories/Warnings
- Health Canada (PROBE FOR SPECIFICS)
- Health Canada website
- eProcates (website)
- Colleagues
- Professional association(s)
- Pharmacists
- Other (SPECIFY _____)
- Don't know/No answer

I would now like to ask you about new or updated information on drug safety - this would be information that is not yet published in monographs. For the sake of brevity, I'll refer to this as "new" safety information about drugs.

7. How important a role does this type of new safety information on drugs play in your own practice? Is it:

- Very important
- Somewhat important
- Not very important
- Not at all important

VOLUNTEERED
- Depends
- Don't know/No answer

8. How often do you seek out or look for new information about the safety of drugs and other health products? Do you do so:

- Frequently
- Occasionally
- Rarely, or
- Never SKIP TO Q.11

VOLUNTEERED
- Don't know/No answer SKIP TO Q.11

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9. Where do you most often look for this kind of new safety information? [10]
DO NOT READ - CODE ALL THAT APPLY;

- Canadian Adverse Reaction Newsletter (Health Canada Newsletter)
- Dear Health Care Professional Letters - from Health Canada
- Dear Health Care Professional Letters - from Drug companies
- Dear Health Care Professional Letters - non-specific (PROBE FOR SOURCE)
- Mailings from Health Canada (PROBE IF NEWSLETTERS OR LETTERS)
- Health Canada electronic mailing/e-mail alerts (Health_Prod_Info)
- Public Advisories/Warnings
- Adverse Drug Reaction Regional Centres
- U.S. FDA Medwatch alerts
- Health Canada (PROBE FOR SPECIFICS)
- Health Canada website
- Drug company website
- Medline
- Conferences
- Colleagues
- Professional association(s)
- Medical journals/publications
- Compendium of Pharmaceuticals and Specialties (CPS)
- Compendium of Self Care Products (CSCP)
- Media
- Other (SPECIFY _____)
- Don't know/No answer

10. What other sources of new safety information about drugs are you familiar with?
DO NOT READ - CODE ALL THAT APPLY PROBE: Anywhere else?

- Canadian Adverse Reaction Newsletter (Health Canada Newsletter)
- Dear Health Care Professional Letters - from Health Canada
- Dear Health Care Professional Letters - from Drug companies
- Dear Health Care Professional Letters - non-specific (PROBE FOR SOURCE)
- Mailings from Health Canada (PROBE IF NEWSLETTERS OR LETTERS)
- Health Canada electronic mailing/e-mail alerts (Health_Prod_Info)
- Public Advisories/Warnings
- Adverse Drug Reaction Regional Centres
- U.S. FDA Medwatch alerts
- Health Canada (PROBE FOR SPECIFICS)
- Colleagues
- Professional association(s)
- Medical journals/publications
- Compendium of Pharmaceuticals and Specialties (CPS)
- Compendium of Self Care Products (CSCP)
- Media
- Other (SPECIFY _____)
- Don't know/No answer

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11. Please tell me how familiar you are with each of the following sources of new safety information about drugs that are provided by Health Canada? Are you very familiar, somewhat familiar, not very familiar or not at all familiar with:
READ IN SEQUENCE

    a. The Canadian Adverse Reaction Newsletter

    b. Dear Health Care Professional letters issued by drug manufacturers

    c Dear Health Care Professional letters issued by Health Canada

    d. Health Canada's electronic mailing list (called Health_Prod_Info)

    e. Drug Safety Advisories and Warnings posted on Health Canada's website

    f. The Adverse Reaction Regional Centres

    - Very familiar
    - Somewhat familiar
    - Not very familiar
    - Not at all familiar
    VOLUNTEERED
    - Don't know/No answer

IF NOT AT ALL FAMILIAR TO ALL SIX SOURCES, SKIP TO Q.21

12. [ASK FOR EACH IF VERY/SOMEWHAT/NOTVERY FAMILIAR] And how did you become aware of this source of new safety information?
DO NOT READ - CODE MORE THAN ONE IF VOLUNTEERED

    - Professional colleagues
    - Professional association
    - Health Canada website
    - Contacted/notified by Health Canada
    - Through provincial government
    - Through municipal government
    - Through hospital/place of work
    - Pharmacists
    - Other (SPECIFY _____)
    - Don't know/No answer

13. Which of these sources of new safety information on drugs have you used in the past 12 months?
READ IN SEQUENCE – DO NOT ASK IF "NOT AT ALL FAMILIAR" IN Q.11)

    a. The Canadian Adverse Reaction Newsletter

    b. Dear Health Care Professional letters issued by drug manufacturers

    c Dear Health Care Professional letters issued by Health Canada

    d. Health Canada's electronic mailing list (called Health_Prod_Info)

    e. Drug Safety Advisories and Warnings posted on Health Canada's website

    f. The Adverse Reaction Regional Centres

    - Yes
    - No
    - Don' t know/No answer

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[ASK THE Q.14-20 FOR ONE SOURCE USED IN Q.13 – RANDOMIZE SELECTION]

14. I would like to ask you a few questions about your use of [SOURCE]. Over the past year have you used this source for new information on drug safety:

- Frequently
- Occasionally, or
- Rarely

VOLUNTEERED

- Have not used SKIP TO Q.21
- Don't know/No answer SKIP TO Q.21

15. How thoroughly do you read the material provided through the [SOURCE]? In general do you:

- Read it thoroughly
- Read it selectively
- Glance through it quickly, or
- Not really read it

VOLUNTEERED

- Don't know/No answer

16. What do you typically do with this information once you have reviewed it?
READ ONLY IF NECESSARY - CODE MORE THAN ONE IF VOLUNTEERED – DO NOT PROBE

- Keep it for future reference - in electronic form
- Keep it for future reference - in paper form
- Discard it
- Notify patients of risks
- Discuss with pharmacist
- Circulate to other health professionals
- Other (SPECIFY _____)

VOLUNTEERED

- Don't know/No answer

17. How satisfied are you overall with the [SOURCE] as a source of information about drug safety? Are you:

- Very satisfied
- Generally satisfied
- Not very satisfied
- Not at all satisfied

VOLUNTEERED

- Depends
- Don't know/No answer SKIP TO Q.19

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18. In what way are you [satisfied/dissatisfied]?
DO NOT READ - CODE ALL THAT APPLY

Why Satisfied
- Good source of information/Relevant
- Able to get the information/answers I wanted
- Current information/Timely/Up to date
- Easy to use
- Confidence in source/Trust Health Canada
- Provides information critical to patient safety
- Other (SPECIFY _____)
- Don't know/No answer

Why Dissatisfied
- Not a good source of information (PROBE FOR SPECIFICS)
- Could not find information/answers to questions
- Information not current
- Site not easy to use
- Hard to find what I want
- Do not trust medical information on the Internet
- Do not have confidence in source/Lack trust in Health Canada
- Other (SPECIFY _____)
- Don' t know/No answer

19. How would you rate your satisfaction with each of the following aspects of [SOURCE], as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with [SOURCE] in terms of:
READ IN SEQUENCE

a. How relevant the information is for your needs

b. The level of detail provided to address your needs

c. How clearly the information is presented

d. How current or up-to-date the information is

e. How usable the information is over time

- Very satisfied
- Generally satisfied
- Not very satisfied
- Not at all satisfied
VOLUNTEERED
- Depends
- Don't know/No answer

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20. (ASK IF NOT VERY/NOT AT ALL SATISFIED IN Q.19a-e) In what way are you dissatisfied with the information in this respect?

a. How relevant the information is for your needs
SPECIFY

_____

_____

- Don't know/No answer

b. The level of detail provided to address your needs
SPECIFY

_____

_____

- Don't know/No answer

c How clearly the information is presented
SPECIFY

_____

_____

- Don't know/No answer

d. How current or up-to-date the information is
SPECIFY

_____

_____

- Don't know/No answer

e. How usable the information is over time.
SPECIFY

_____

_____

- Don't know/No answer

[ASK FOR EACH SOURCE NOT AT ALL FAMILIAR WITH IN Q.11]

I'd like to describe briefly those sources you are not aware of . . .

21. **The Canadian Adverse Reaction Newsletter** is a quarterly publication by Health Canada which is available in both paper form and on their website. Each issue provides current updates on adverse reactions reported in Canada and related safety issues on both new and older drugs, as well as case presentations, summary of advisories and other related topics.

How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be:

- Very likely	SKIP TO Q.23
- Somewhat likely	SKIPT O Q.23
- Not very likely	
- Not at all likely	
VOLUNTEERED	
- Depends	
- Don't know/No answer	SKIP TO Q.23

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22. (IF NOT VERY/NOT AT ALL LIKELY/DEPENDS) Why would you be unlikely to use this newsletter? DO NOT READ - CODE ALL THAT APPLY

- Information not relevant to practice
- New safety information not a priority
- No time to read this type of information
- Prefer other sources
- Not detailed enough
- Other (SPECIFY _____)
- Don' t know/No answer

23. **"Dear Health Care Professional" letters** are published by Health Canada or by industry are posted on Health Canada's website on an as-needed basis [PHARMACISTS ONLY: and sometimes mailed or faxed directly to pharmacists, pharmacies or hospitals]. These letters are published to alert health professionals, consumers and others about new safety information, such as adverse drug reactions.

How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be:

- Very likely SKIP TO Q.25
- Somewhat likely SKIPT O Q.25
- Not very likely
- Not at all likely

VOLUNTEERED

- Depends
- Don't know/No answer SKIP TO Q.25

24. (IF NOT VERY/NOT AT ALL LIKELY/DEPENDS) Why would you be unlikely to use this type of letter? DO NOT READ - CODE ALL THAT APPLY

- Information not relevant to practice
- New safety information not a priority
- No time to read this type of information
- Prefer other sources
- Not detailed enough
- Don't receive letters
- Don't know how to get on list
- Other (SPECIFY _____)
- Don' t know/No answer

25. **Health Canada's electronic mailing list**, under the name "Health_Prod_Info" is the most recent source of new safety information provided through Health Canada. This is a free electronic mailing service through which subscribers receive immediate notice of new drug safety information issued through other sources, including Dear Health Care Professional Letters, Public Advisories and the Canadian Adverse Reaction Newsletter.

How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be:

- Very likely SKIP TO Q.27
- Somewhat likely SKIPT O Q.27
- Not very likely
- Not at all likely

VOLUNTEERED

- Depends
- Don't know/No answer SKIP TO Q.27

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26. (IF NOT VERY/NOT AT ALL LIKELY/DEPENDS) Why would you be unlikely to use this mailing list?
DO NOT READ - CODE ALL THAT APPLY

- Information not relevant to practice
- New safety information not a priority
- No time to read this type of information
- Prefer other sources
- Not detailed enough
- Don't know how to sign up
- No Internet access
- Other (SPECIFY _____)
- Don' t know/No answer

27. **Health Canada's website** provides access to Public Advisories and Warnings, in addition to Dear Health Care Professional Letters issued by Health Canada and by industry, related to safety issues about drugs and other health products marketed in Canada.

How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be:

- Very likely	SKIP TO Q.29
- Somewhat likely	SKIPT O Q.29
- Not very likely	
- Not at all likely	
VOLUNTEERED	
- Depends	
- Don't know/No answer	SKIP TO Q.29

28. (IF NOT VERY/NOT AT ALL LIKELY/DEPENDS) Why would you be unlikely to use this website to get updates on product advisories and warnings?
DO NOT READ - CODE ALL THAT APPLY

- Information not relevant to practice
- New safety information not a priority
- No time to read this type of information
- Prefer other sources
- Not detailed enough
- Don't know how to sign up
- No Internet access
- Do not look for such information
- Other (SPECIFY _____)
- Don' t know/No answer

ASK ALL RESPONDENTS

29. Returning to the broader level, are there specific types of information on drug safety that you need or would like to have, that is not currently available through any of these sources? [16]
SPECIFY

_____

_____

- None
- Don't know/No answer

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30. In general, how would you prefer to get new safety information on drug safety? Would it be:
READ ALL CATEGORIES AT ONCE - IN SEQUENCE

- By mail
- By fax
- By e-mail
- On the Internet
- Through software updates on your computer or handheld device
VOLUNTEERED
- Other (SPECIFY _____)
- No preference
- Depends
- Don't know/No answer

31. What would you consider to be the best source for getting new information about **"adverse drug reactions"** that is, reactions that are serious and unexpected?
DO NOT READ - CODE ONE ONLY

- Canadian Adverse Reaction Newsletter (Health Canada Newsletter)
- Dear Health Care Professional Letters
- Health Canada electronic mailing/e-mail alerts (Health_Prod_Info)
- Public Health Advisories/Health Canada
- Health Canada (PROBE FOR SPECIFICS)
- Colleagues
- Professional association(s)
- Medical journals/publications
- Other (SPECIFY _____)
- Don't know/No answer

D. Adverse Drug Reactions

I'd now like to ask you more specifically about "adverse drug reactions." For purposes of this survey adverse drug reactions are defined as "a noxious and unintended response to a drug that is considered serious by the health professional or consumer".

32. How serious a problem do you believe adverse drug reactions are in Canada today? Is this a problem that is:

- Very serious
- Somewhat serious
- Not very serious, or
- Not at all serious
VOLUNTEERED
- Don't know/No answer

33. Do you think that over the past five years, adverse drug reactions in Canada have become more of a problem, become less of a problem, or has not changed?

- Become more of a problem
- Become less of a problem
- Has not changed
VOLUNTEERED
- Depends
- Don' t know/No answer

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E. ADR Reporting

As you may know, there is a system in place for reporting adverse drug reactions to Health Canada. The purpose of this system is to collect information so that Health Canada can identify new problems or risks associated with certain drugs and other types of health products, that might require regulatory action.

34. Are you familiar with how to report an adverse drug reaction?

- Yes
- No SKIP TO Q.39
- Don' t know/No answer SKIP TO Q.39

35. What mechanism do you normally use to report ADRs?
DO NOT READ - CODE ALL THAT APPLY

- Complete and fax form to Health Canada
- Complete and mail form to Health Canada
- Call Health Canada toll-free number (telephone or fax)
- Contact drug company by phone
- Report directly to Adverse Drug Reaction Regional Centre in province
- Obtain form and procedure from professional association (e.g. Can. Pharm. Assoc.)
- Other (SPECIFY _____)
- Do not report
- Don't know/No answer

36. Do you know where to get the form for reporting ADRs?

- Yes
- No
- Don' t know/No answer

37. How many adverse drug reactions, if any, have you yourself reported in the past 12 months?
DO NOT ACCEPT RANGE – ACCEPT ESTIMATE

- ___ Number of ADRs reported
- Don't know/No answer SKIP TO Q.39

38. (IF Q.37> 0) Which of the following methods have you used to report an adverse drug reaction?
READ IN SEQUENCE

a. Completing and mailing or faxing the one page form to Health Canada

b. Contacting Health Canada through the toll-free number

c. Contacting a drug manufacturer

d. Contacting an Adverse Reaction Regional Centre in your province or region

- Yes
- No
- Don't know/No answer

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ALL RESPONDENTS

39. In what type of situations, if any, would you not report an adverse drug reaction experienced by one of your patients?
DO NOT READ - CODE ALL THAT APPLY

- Uncertain that the reaction was caused by a drug
- ADR was too minor/trivial to report
- ADR was already well known/not unexpected
- Lack of time to do reporting
- No financial compensation for time spent reporting
- Reporting procedure too bureaucratic/time consuming
- Concern about legal implications
- Did not know how to report ADRs
- Did not know of need to report ADRs
- See no value in reporting ADR/has no effect
- Other (SPECIFY _____)
- None/Would report in all situations
- Don't know/No answer

F. Evaluation of ADR Reporting Mechanisms

[ASK IF USED FAX FORM OR TOLL-FREE REPORTING IN Q.38 a/b - OTHERS SKIP TO Q.44]

I would now like to ask you about your experiences with methods for reporting ADRs . . .

40 [IF USED FAX-IN FORM] How satisfied were you with using the fax-in form to report adverse drug reactions to Health Canada? Were you:

- Very satisfied — SKIP TO Q.42
- Generally satisfied — SKIP TO Q.42
- Not very satisfied
- Not at all satisfied

VOLUNTEERED

- Depends
- Don't know/No answer — SKIP TO Q.42

41. In what way were you not more satisfied with this method for reporting ADRs?
DO NOT READ - CODE ALL THAT APPLY

- Too much information to include
- Form is not easy to use
- Not enough space to include all relevant information
- Instructions are not clear
- Should have an electronic form option
- Other (SPECIFY _____)
- Don't know/No answer

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42. [IF USED TOLL-FREE LINE] How satisfied were you with using the toll-free phone line to report adverse drug reactions to Health Canada? Were you:

- Very satisfied — SKIP TO Q.44
- Generally satisfied — SKIP TO Q.44
- Not very satisfied
- Not at all satisfied

VOLUNTEERED
- Depends
- Don't know/No answer — SKIP TO Q.44

43. In what way were you not more satisfied with this method for reporting ADRs?
DO NOT READ - CODE ALL THAT APPLY

- Too much information to include
- Not easy to use
- Not enough space to include all relevant information
- Instructions are not clear
- Should have an electronic form option
- Hard to get through/put on hold
- Other (SPECIFY _____)
- Don't know/No answer

ALL RESPONDENTS

44. In what way, if any, do you think the method for reporting ADRs could be improved, in terms of making it easier or faster or more accurate?
DO NOT READ - CODE ALL THAT APPLY

- Provide option for electronic submission
- Provide financial incentive/compensation for reporting time
- Change the form (PROBE FOR SPECIFICS)
- Require less information
- Provide clearer instructions
- Other (SPECIFY _____)
- None/OK as is
- Don't know/No answer

G. Mandatory Reporting

45. Reporting of adverse drug reactions by health professions is a voluntary process, and not all events are reported. From what you know or have heard, approximately what percentage of ADRs in Canada would you estimate are actually reported?
PROVIDE RANGES IF NECESSARY

- Less than 10%
- 10 to 19%
- 20 to 29%
- 30 to 49%
- 50 to 75%
- Greater than 75%

VOLUNTEERED
- Don't know/No answer

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46. Do you think under-reporting of ADRs is a problem that is very serious, somewhat serious, not very serious or not at all serious in Canada today?

- Very serious
- Somewhat serious
- Not very serious, or
- Not at all serious

VOLUNTEERED

- Don't know/No answer

47. What do you believe can or should be done to ensure more complete reporting of adverse drug reactions?
DO NOT READ - CODE ALL THAT APPLY

- Make it easier to submit reports
- Provide financial compensation for submitting reports
- Education/Increase awareness of reporting system
- Provide electronic options for submitting reports
- Make reporting mandatory
- Provide 1-800 number
- Make public more aware of reporting
- Make health professionals more aware of reporting
- Ensure confidentiality of reports
- Separate Health Canada reporting from drug companies
- Other (SPECIFY _____)
- Don' t know/No answer

48. What about instituting a mandatory reporting requirement, so that all health professionals would be required by law to report any serious or unexpected adverse drug reactions brought to their attention by patients? Would you strongly support, generally support, generally oppose or strongly oppose this type of mandatory reporting? [27]

- Strongly support
- Generally support
- Generally oppose
- Strongly oppose

VOLUNTEERED

- Neither support/oppose — SKIP TO Q.50
- Depends
- Don' t know/No answer — SKIP TO Q.50

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49. Why would you [support/oppose] this type of requirement? [28]
DO NOT READ - CODE ALL THAT APPLY

Why Support
- Important to provide information to Health Canada
- Necessary to protect public health/Patient safety
- Will result in safer drugs
- Only way the system will work
- Professionals will only do it if required to
- Will improve public confidence in drug safety/system
- Increasing number of incidents/mistakes
- Provides more information on risks to health professionals
- Other (SPECIFY _____)
- Don' t know/No answer

Why Oppose/Depends
- Difficult to determine cause and effect
- Not necessary
- Will not address under-reporting
- Should not be legislated/Regulated
- Too much of a burden to do reporting
- Duplication of efforts if all health professionals have to report
- Need to fix reporting system first
- Not enforceable
- Unwilling unless compensated for time spent
- Voluntary measures will work better
- Patient privacy concerns
- Other (SPECIFY _____)
- Don't know/No answer

50. What implications, if any, would mandatory reporting have on your own practice?
DO NOT READ - CODE ALL THAT APPLY

- Increase costs of business
- Increase administrative time (doing reports)
- Would report more often
- Would do myself rather than delegate
- None
- Other (SPECIFY _____)
- Don't know/No answer

H. ADR Reporting and Informed Consent

I would now like to ask you about reporting of adverse drug reactions, whether required or not . . .

51. In order to properly report an adverse drug reaction, the following patient information may be included in the report: The patient's age, gender, height, weight, the drug taken, the type of adverse reaction, and any relevant medical conditions or problems.

Do you think the fact that this information would be included in such a report would deter some patients from reporting an adverse drug reaction to their physician or pharmacist? [29]

- Yes
- No
- Depends
- Don' t know/No answer

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52. Do you believe that a patient's permission should be required before a health professional reports this patient's adverse drug reaction to Health Canada? [30]

- Yes
- No
- Depends
- Don't know/No answer

53. What implications, if any, do you think this type of requirement for patient permission would likely have on the way in which health professionals report ADRs?
DO NOT READ - CODE ALL THAT APPLY

- Reduce likelihood of reporting/Fewer reports will be made
- Make it more difficult to make reports
- Be a problem if reporting is mandatory
- Increase the timeline required to make reports
- Reporting will become more time consuming
- Other (SPECIFY _____)
- None
- Don't know/No answer

I. Respondent Characteristics

To finish up, I'd like to ask you a few questions about you and your practice for statistical purposes only. Please be assured that your answers will remain completely confidential.

54. [PHYSICIANS/DENTISTS/NATUROPATHS] And which of the following describes the setting in which you primarily practice?
READ - IF MORE THAN ONE VOLUNTEERED, ASK FOR PRIMARY

- Hospital
- Clinic
- Private practice
- Community Health Centre (CLSC in Quebec)
VOLUNTEERED
- Other (SPECIFY _____)
- Don't know/Refused

55. [NURSES ONLY] And which of the following describes the setting in which you primarily practice?
READ - IF MORE THAN ONE VOLUNTEERED, ASK FOR PRIMARY

- Hospital
- Clinic
- Private practice or Physicians office
- Long term care or nursing home
- Home care
- Community Health Centre (CLSC in Quebec)
VOLUNTEERED
- Other (SPECIFY _____)
- Don't know/Refused

56. [PHARMACISTS ONLY] Do you currently practice in a community pharmacy or in a hospital setting?
READ - IF MORE THAN ONE VOLUNTEERED, ASK FOR PRIMARY

- Community pharmacy
- Hospital
VOLUNTEERED
- Other (SPECIFY _____)
- Don't know/Refused

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57. [PHYSICIANS/DENTISTS ONLY] May I confirm your area of professional practice?
READ AREA FROM DATABASE OF MEDICAL SPECIALTIES - CORRECT IF NECESSARY

_____
- No Answer/Refuse

58. [NURSES ONLY] Can you tell me your primary area of nursing practice?
DO NOT READ - CODE ONE ONLY - IF MORE THAN ONE MENTIONED, ASK FOR PRIMARY

- AIDS care
- Cardiovascular
- Community health/Public health
- Critical care
- Gerontology
- Hepatology
- Hemophilia care
- Mental health
- National emergency
- Nephrology
- Occupational health
- Obstetrics/Neonatal
- Oncology/Cancer
- Operating room
- Orthopaedic
- Pedriatics
- Respiratory
- Other (SPECIFY _____)
- Don't know/No answer

59. [NURSES ONLY] And would you be a:

- Nurse
- Nurse practitioner
VOLUNTEERED
- No answer/Refused

60. [NATUROPATHS ONLY] Are you licensed to prescribe medications?

- Yes
- No
- Don' t know/No answer

61. [ALL PHYSICIANS AND DENTISTS, PLUS NATUROPATHS WHO SAY YES TO Q.60] And approximately how many prescriptions would you prescribe in a typical week?
READ IF NECESSARY

- Up to 50
- 51 to 100
- 101 to 200
- Over 200
VOLUNTEERED
- Don't Know/No answer

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62. [PHARMACISTS IN COMMUNITY PHARMACY SETTINGS ONLY - Q.56] And approximately how many prescriptions would you fill in a typical week?
READ IF NECESSARY

- Up to 100
- 101 to 300
- 301 to 500
- Over 500
VOLUNTEERED
- Don't Know/No answer

63. [ALL PROFESSIONS] How many years have you been in practice?

- ____ Years
- Don't know/REFUSE

This completes the survey

On behalf of Health Canada [PHARMACISTS: and the Canadian Pharmacists Association], thank you very much for your cooperation.

RECORD:

64. Gender

- Male
- Female

65. Language of interview

- English
- French

-- END --

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Santé Canada

Sondage d'information sur l'innocuité des médicaments après leur mise en marché – *Professionnels de la santé*

Questionnaire FINAL

Nom :
Téléphone :
Ville/communauté :
Province :
Type de professionnel : 1 Médecins 2 Dentistes 3 Pharmaciens 4 Infirmières 5 Naturopathes
Type de pratique : [les codes seront fournis lorsqu'ils seront disponibles]

Introduction

Bonjour/bonsoir. Puis-je parler à [NOM].

Mon nom est _____ et je vous appelle du Centre de recherche Décima, une entreprise d'envergure nationale qui se spécialise dans les études sur l'opinion publique. Aujourd'hui, nous effectuons un sondage pour le compte de Santé Canada...

[PHARMACIENS] en collaboration avec l'**Association des pharmaciens du Canada**.
[INFIRMIÈRES] en collaboration avec l'**Association des infirmières et infirmiers du Canada**.

L'objectif de cette étude est d'évaluer les méthodes actuelles qui sont utilisées pour communiquer les informations sur l'innocuité des médicaments après leur mise en marché. Parmi les sujets abordés, il y aura les différentes sources d'informations sur l'innocuité des médications, la communication des effets indésirables dus aux médicaments et le consentement éclairé des patients à l'égard de la communication de ce type d'information. Santé Canada désire recueillir l'opinion de/d' [type de professionnel] situés d'un bout à l'autre du pays afin d'améliorer les façons dont ce type d'information est fourni aux professionnels de la santé et au public.

[MÉDECINS/DENTISTES/PHARMACIENS/NATUROPATHES] Vous êtes l'un des 150 [type de professionnel] qui a été sélectionné au hasard à partir d'une liste publiée à inclure dans ce sondage.

Répondre au sondage prendra environ 20 minutes de votre temps et toutes vos réponses demeureront strictement confidentielles. Votre participation à ce sondage n'est pas obligatoire, et vous pouvez passer par-dessus n'importe quelle question si vous préférez ne pas y répondre. Veuillez être assuré que vos réponses demeureront confidentielles. De plus, les résultats ne seront jamais présentés individuellement et, en aucun cas, ils ne permettront de vous identifier personnellement. Puis-je vous interviewer maintenant?

[SI ON LE DEMANDE] : Décima est une firme de recherche professionnelle qui a été mandatée par Santé Canada pour mener ce sondage.

[SI ON LE DEMANDE] : L'[association professionnelle] croit qu'il s'agit d'un enjeu important, et c'est la raison pour laquelle celle-ci collabore avec Santé Canada pour l'exécution de ce sondage. Le nom de contact au sein de l'association est :

[SI ON POSE DES QUESTIONS QUANT À L'ENDOSSEMENT DE CE SONDAGE PAR L'ASSOCIATION MÉDICALE CANADIENNE OU L'AMC] L'AMC n'a pas formellement endossé ce sondage, mais elle est au courant que celui-ci a lieu et supporte entièrement l'intention de cette recherche.

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[PHARMACIENS] Janet Cooper, Directrice principale des Affaires professionnelles, au (613) 523-7877 poste 255
[INFIRMIÈRES] Madame Joni Boyd au (613) 237-2159, poste 335

[SI ON DEMANDE POUR UN NOM DE CONTACT AU SEIN DE SANTÉ CANADA] : Vous pouvez contacter Vicky Hogan-Gow, à la Direction des produits de santé commercialisés de Santé Canada. Son numéro de téléphone est le (613) 957-8552.

SI NON DISPONIBLE, PLANIFIEZ LE RAPPEL AU MOMENT QUI CONVIENDRAIT LE MIEUX AU RÉPONDANT

Avant que nous commencions, j'aimerais savoir si vous êtes présentement actif dans une pratique clinique? [POUR LES PHARMACIENS, INCLUEZ LA PHARMACIE COMMUNAUTAIRE, LE COMMERCE DE DÉTAIL ET LES HÔPITAUX]

- Oui CONTINUEZ
- Non REMERCIEZ ET TERMINEZ : Ce sondage s'adresse directement aux professionnels de la santé qui sont présentement actifs dans une pratique clinique. Nous vous remercions du temps que vous nous avez accordé.

Section A. Perceptions quant à l'innocuité des médicaments

J'aimerais vous poser quelques questions générales à propos de l'innocuité des médicaments...

1. Veuillez penser à des types spécifiques de produits thérapeutiques qui sont présentement disponibles au Canada. Considéreriez-vous que [TYPE DE PRODUIT] sont très sécuritaires, assez sécuritaires, pas très sécuritaires ou pas du tout sécuritaires? [17]

   a. Les médicaments d'ordonnance

   b. Les médicaments en vente libre

   c. Les produits de santé naturels, comme les vitamines, les minéraux et les remèdes à base de plantes médicinales

   - Très sécuritaires
   - Assez sécuritaires
   - Pas très sécuritaires
   - Pas du tout sécuritaires

   DÉCLARE SPONTANÉMENT
   - Cela dépend
   - Ne sait pas/pas de réponse

2. Quel est votre niveau de confiance envers les systèmes et mesures de protection mis en place actuellement pour assurer la sécurité des médicaments qui sont présentement disponibles au Canada? Avez-vous : [18]
   (SI ON LE DEMANDE : LA QUESTION PORTE SUR TOUTES LES CATÉGORIES DE PRODUITS EN GÉNÉRAL)

   - Grandement confiance
   - Assez confiance
   - Pas très confiance
   - Pas du tout confiance

   DÉCLARE SPONTANÉMENT
   - Cela dépend
   - Ne sait pas/pas de réponse

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3. Et, quel est votre niveau de confiance envers :
LISEZ EN ORDRE

   a. La manière dont les entreprises pharmaceutiques assurent la sécurité et l'efficacité des médicaments qu'elles produisent

   b. La manière dont le gouvernement fédéral réglemente et contrôle l'innocuité des médicaments

   c. La manière dont les membres de votre profession sont informés à propos de l'innocuité des médicaments qu'ils donnent

   d. La manière dont les professionnels de la santé en général sont informés à propos de l'innocuité des médicaments qu'ils donnent

   - Grandement confiance
   - Assez confiance
   - Pas très confiance
   - Pas du tout confiance

   DÉCLARE SPONTANÉMENT
   - Cela dépend
   - Ne sait pas/pas de réponse

4. En ce moment, qui est, selon vous, le principal responsable d'assurer l'innocuité des médicaments au Canada? Est-ce : [19]
LISEZ ET ALTERNEZ – N'ENTREZ QU'UNE SEULE RÉPONSE

   - Les entreprises pharmaceutiques
   - Le gouvernement fédéral
   - Les professionnels de la santé

   DÉCLARE SPONTANÉMENT
   - Ils ont tous une part égale de responsabilité
   - Autre (PRÉCISEZ _____)
   - Ne sait pas/pas de réponse

5. J'aimerais maintenant vous poser quelques questions à propos de l'importance de la surveillance des produits thérapeutiques après leur mise en marché. En d'autres termes, cela veut dire de faire le suivi de l'innocuité des médicaments et des risques potentiels des produits thérapeutiques, comme les effets indésirables dus aux médicaments, après que leur utilisation ait été approuvée au Canada.

   Croyez-vous qu'une telle surveillance de l'innocuité des médicaments après leur mise en marché est essentielle, importante mais non essentielle, ou pas très importante pour :
   LISEZ EN ORDRE

   a. Assurer la sécurité globale des médicaments utilisés présentement par les consommateurs canadiens

   b. Votre propre pratique

   - Essentielle
   - Importante, mais non essentielle
   - Pas très importante

   DÉCLARE SPONTANÉMENT
   - Cela dépend
   - Ne sait pas/pas de réponse

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B. Utilisation et connaissance des nouvelles informations sur l'innocuité des médicaments

J'aimerais maintenant vous poser quelques questions à propos des informations sur l'innocuité des médicaments...

6. À quels endroits allez-vous habituellement pour chercher des informations sur l'innocuité des médicaments et des autres produits thérapeutiques que vous donnez? [5]
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- CPS (Compendium des produits et spécialités pharmaceutiques) (SONDEZ POUR OBTENIR LE FORMAT SPÉCIFIQUE)
  - Manuel
  - Version sur cédérom
  - Tableau de médicaments en ligne
- Compendium des produits de soins personnels (Compendium of Self Care Products (CSCP))
- Revues/publications médicales ou ouvrages scientifiques
- Monographies de produits
- Fabricants de médicaments
- Bulletin canadien des effets indésirables (Bulletin de Santé Canada)
- Avis destinés aux professionnels de la santé – de Santé Canada
- Avis destinés aux professionnels de la santé – des entreprises pharmaceutiques
- Liste d'envoi électronique/avertissements par courriel de Santé Canada (Info_Prod_Santé)
- Avis/avertissements publics
- Santé Canada (SONDEZ POUR OBTENIR UNE RÉPONSE PRÉCISE)
- Site Web de Santé Canada
- eProcates (site Web)
- Collègues
- Association(s) professionnelle(s)
- Pharmaciens
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

J'aimerais maintenant vous poser quelques questions sur les nouvelles informations à propos de l'innocuité des médicaments, donc sur les informations qui n'ont pas encore été publiées dans les monographies. Pour pouvoir gagner du temps, j'appellerai ce concept "nouvelles informations à propos de l'innocuité des médicaments".

7. Dans quelle mesure le rôle que joue ce type de nouvelles informations à propos de l'innocuité des médicaments est-il important pour votre propre pratique?
Est-ce :

- Très important
- Assez important
- Pas très important
- Pas du tout important

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse

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8. À quelle fréquence cherchez-vous à obtenir des nouvelles informations à propos de l'innocuité des médicaments et des autres produits thérapeutiques? Le faites-vous :

- Fréquemment
- Occasionnellement
- Rarement, ou
- Jamais PASSEZ À Q.11

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse PASSEZ À Q.11

9. Et, à quels endroits êtes-vous le plus susceptible d'aller chercher ces nouvelles informations à propos de l'innocuité des médicaments? [10]
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES;

- Bulletin canadien des effets indésirables (Bulletin de Santé Canada)
- Avis destinés aux professionnels de la santé – de Santé Canada
- Avis destinés aux professionnels de la santé – des entreprises pharmaceutiques
- Avis destinés aux professionnels de la santé – non précisé (SONDEZ POUR OBTENIR LA SOURCE)
- Envois de Santé Canada (SONDEZ POUR SAVOIR S'IL S'AGIT DE BULLETINS OU DE LETTRES)
- Liste d'envoi électronique/avertissements par courriel de Santé Canada (Info_Prod_Santé)
- Avis/avertissements publics
- Centres régionaux pour les effets indésirables dus aux médicaments
- Avertissements Medwatch de l'Administration des aliments et drogues (États-Unis)
- Santé Canada (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- Site Web de Santé Canada
- Site Web d'une entreprise pharmaceutique
- Medline
- Conférences
- Collègues
- Association(s) professionnelle(s)
- Publications/revues médicales
- Compendium des produits et spécialités pharmaceutiques (CPS)
- Compendium des produits de soins personnels (Compendium of Self Care Products (CSCP))
- Médias
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

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10. Quelles autres sources de nouvelles informations sur l'innocuité des médicaments vous sont familières?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES. SONDEZ : Y a-t-il d'autres sources?

- Bulletin canadien des effets indésirables (Bulletin de Santé Canada)
- Avis destinés aux professionnels de la santé – de Santé Canada
- Avis destinés aux professionnels de la santé – des entreprises pharmaceutiques
- Avis destinés aux professionnels de la santé – non précisé (SONDEZ POUR OBTENIR LA SOURCE)
- Envois de Santé Canada (SONDEZ POUR SAVOIR S'IL S'AGIT DE BULLETINS OU DE LETTRES)
- Liste d'envoi électronique/avertissements par courriel de Santé Canada (Info_Prod_Santé)
- Avis/avertissements publics
- Centres régionaux pour les effets indésirables dus aux médicaments
- Avertissements Medwatch de l'Administration des aliments et drogues (États-Unis)
- Santé Canada (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- Collègues
- Association(s) professionnelle(s)
- Publications/revues médicales
- Compendium des produits et spécialités pharmaceutiques (CPS)
- Compendium des produits de soins personnels (Compendium of Self Care Products (CSCP))
- Médias
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

11. Veuillez me dire dans quelle mesure chacune des sources suivantes de Santé Canada qui portent sur les nouvelles informations de l'innocuité des médicaments vous sont familières ou non? Diriez-vous que les éléments suivants vous sont très familiers, assez familiers, pas très familiers ou pas du tout familiers :
LISEZ EN ORDRE

a. Bulletin canadien des effets indésirables

b. Avis destinés aux professionnels de la santé des entreprises pharmaceutiques

c Avis destinés aux professionnels de la santé de Santé Canada

d. Liste d'envoi électronique de Santé Canada (Info_Prod_Santé)

e. Avis et avertissements publics sur l'innocuité des médicaments qui sont affichés sur le site Web de Santé Canada

f. Centres régionaux pour les effets indésirables dus aux médicaments

- Très familiers
- Assez familiers
- Pas très familiers
- Pas du tout familiers
DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

SI LES SIX SOURCES NE LUI SONT PAS DU TOUT FAMILIÈRES, PASSEZ À Q.21

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12. [DEMANDEZ POUR CHAQUE ÉLÉMENT QUI ÉTAIT TRÈS/ASSEZ/PAS TRÈS FAMILIER] Et, de quelle façon avez-vous entendu parler de cette source de nouvelles informations à propos de l'innocuité des médicaments?
NE LISEZ PAS – ENTREZ PLUS D'UNE RÉPONSE SI ELLE EST DÉCLARÉE SPONTANÉMENT

- Des collègues du domaine des soins de santé
- Des associations professionnelles
- Site Web de Santé Canada
- Santé Canada a contacté/averti le répondant
- Par le biais du gouvernement provincial
- Par le biais de l'administration municipale
- Par le biais de l'hôpital/du lieu de travail
- Des pharmaciens
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

13. Parmi les sources suivantes portant sur les nouvelles informations à propos de l'innocuité des médicaments, lesquelles avez-vous utilisées au cours des 12 derniers mois?
LISEZ EN ORDRE – NE DEMANDEZ PAS SI L'ÉLÉMENT NE LUI EST "PAS DU TOUT FAMILIER" À Q.11)

a. Bulletin canadien des effets indésirables

b. Avis destinés aux professionnels de la santé des entreprises pharmaceutiques

c Avis destinés aux professionnels de la santé de Santé Canada

d. Liste d'envoi électronique de Santé Canada (Info_Prod_Santé)

e. Avis et avertissements publics sur l'innocuité des médicaments qui sont affichés sur le site Web de Santé Canada

f. Centres régionaux pour les effets indésirables dus aux médicaments

- Oui
- Non
- Ne sait pas/pas de réponse

[DEMANDEZ Q.14-20 POUR L'UNE DES SOURCES UTILISÉES À Q.13 – PRÉSENTEZ LE CHOIX ALÉATOIREMENT]

14. J'aimerais vous poser quelques questions à propos de votre utilisation du/de la/des [SOURCE]. Au cours de la dernière année, à quelle fréquence avez-vous utilisé cette source de nouvelles informations sur l'innocuité des médicaments? Est-ce :

- Fréquemment
- Occasionnellement, ou
- Rarement

DÉCLARE SPONTANÉMENT

- Ne l'a pas utilisé — PASSEZ À Q.21
- Ne sait pas/pas de réponse — PASSEZ À Q.21

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15. Dans quelle mesure lisez-vous en profondeur le matériel qui vous est fourni par le biais des/du/de la [SOURCE]? En général, :

- Vous le lisez en profondeur
- Vous en lisez des parties
- Vous y jeter un bref coup d'oeil, ou
- Vous ne le lisez pas vraiment

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

16. En général, que faites-vous avec ces informations après que vous les ayez consultées?
LISEZ UNIQUEMENT AU BESOIN – ENTREZ PLUS D'UNE RÉPONSE SI DÉCLARÉE SPONTANÉMENT – NE SONDEZ PAS

- Vous les gardez pour vous y référer ultérieurement – en format électronique
- Vous les gardez pour vous y référer ultérieurement – en format papier
- Vous les jetez
- Vous informez vos patients à propos des risques
- Vous discutez avec un pharmacien
- Vous les faites circuler à d'autres professionnels de la santé
- Autre (PRÉCISEZ _____)

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

17. Dans l'ensemble, dans quelle mesure êtes-vous satisfait des/du/de la [SOURCE] en tant que source d'informations sur l'innocuité des médicaments? Êtes-vous :

- Très satisfait
- Assez satisfait
- Pas très satisfait
- Pas du tout satisfait

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse PASSEZ À Q.19

18. Et, pour quelles raisons êtes-vous [satisfait/insatisfait]?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

<u>Pourquoi le répondant est satisfait</u>
- Bonne source d'informations/pertinent
- Capable d'obtenir l'information/les réponses voulues
- Informations actuelles/à jour/opportunes
- Facile à utiliser
- Confiance en la source/fait confiance à Santé Canada
- Fournit de l'information importante pour la sécurité du patient
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

<u>Pourquoi le répondant est insatisfait</u>
- Pas une bonne source d'informations (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- Incapable de trouver l'information/les réponses voulues
- Informations ne sont pas actuelles
- Site difficile à utiliser
- Difficile de trouver ce que je veux
- Ne fait pas confiance aux informations médicales qui se trouvent sur Internet
- N'a pas confiance en la source/manque de confiance envers Santé Canada
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

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19. Comment qualifieriez-vous votre niveau de satisfaction à l'égard de chacun des aspects suivants des/du/de la [SOURCE], en tant que source sur les nouvelles informations à propos de l'innocuité des médicaments? Êtes-vous très satisfait, assez satisfait, pas très satisfait ou pas du tout satisfait des/du/de la [SOURCE] en ce qui a trait aux aspects suivants :

LISEZ EN ORDRE

a. La pertinence de l'information pour vos besoins

b. Le niveau de détails fourni pour répondre à vos besoins

c. La clarté de l'information présentée

d. Le fait que l'information soit à jour ou actuelle

e. La possibilité d'utiliser l'information au fil du temps

- Très satisfait
- Assez satisfait
- Pas très satisfait
- Pas du tout satisfait

DÉCLARE SPONTANÉMENT

- Cela dépend
- Ne sait pas/pas de réponse

20. (DEMANDEZ SI PAS TRÈS/PAS DU TOUT SATISFAIT À Q.19a-e) Pourquoi êtes-vous insatisfait de l'information par rapport à l'aspect suivant...?

a. La pertinence de l'information pour vos besoins
PRÉCISEZ

_____

_____

- Ne sait pas/pas de réponse

b. Le niveau de détails fourni pour répondre à vos besoins
PRÉCISEZ

_____

_____

- Ne sait pas/pas de réponse

c La clarté de l'information présentée
PRÉCISEZ

_____

_____

- Ne sait pas/pas de réponse

d. Le fait que l'information soit à jour ou actuelle
PRÉCISEZ

_____

_____

- Ne sait pas/pas de réponse

e. La possibilité d'utiliser l'information au fil du temps
PRÉCISEZ

_____

_____

- Ne sait pas/pas de réponse

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[DEMANDEZ POUR CHAQUE SOURCE AVEC LAQUELLE LE RÉPONDANT N'EST PAS DU TOUT FAMILIER À Q.11]

J'aimerais vous décrire brièvement les sources qui ne vous sont pas familières...

21. **Le Bulletin canadien des effets indésirables** est une publication trimestrielle de Santé Canada qui est disponible en format papier et sur leur site Web. Chaque publication fournit les plus récentes mises à jour sur les effets indésirables dus aux médicaments qui ont été rapportés aux Canada. Chaque publication contient également des informations sur les enjeux liés à l'innocuité des nouveaux et des plus anciens médicaments, de même que des présentations de cas, un résumé des suggestions proposées et d'autres sujets du même ordre.

    Dans quelle mesure serait-il probable que vous utilisiez cette source d'informations pour obtenir les nouvelles informations sur l'innocuité des médicaments et des autres produits thérapeutiques? Diriez-vous que cela serait :

    - Très probable PASSEZ À Q.23
    - Assez probable PASSEZ À Q.23
    - Pas très probable
    - Pas du tout probable

    DÉCLARE SPONTANÉMENT
    - Cela dépend
    - Ne sait pas/pas de réponse PASSEZ À Q.23

22. (SI PAS TRÈS PROBABLE/PAS DU TOUT PROBABLE/CELA DÉPEND) Pourquoi serait-il improbable que vous utilisiez ce bulletin?
    NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

    - Informations non pertinentes pour la pratique
    - Nouvelles informations sur l'innocuité ne sont pas une priorité
    - Pas le temps de lire ce type d'informations
    - Préfère d'autres sources
    - Pas assez détaillé
    - Autre (PRÉCISEZ _____)
    - Ne sait pas/pas de réponse

23. **Les avis destinés aux professionnels de la santé** sont publiés par Santé Canada ou par l'industrie et sont affichés sur le site Web de Santé Canada, soit uniquement au besoin. [PHARMACIENS SEULEMENT : Il arrive parfois que ceux-ci soient envoyés directement par la poste ou par télécopieur aux pharmaciens, aux pharmacies ou aux hôpitaux.] Ces avis sont publiés pour fournir de nouvelles informations aux professionnels de la santé, aux consommateurs et aux autres personnes à propos de l'innocuité des produits, comme les effets indésirables dus aux médicaments.

Dans quelle mesure serait-il probable que vous utilisiez cette source d'informations pour obtenir les nouvelles informations sur l'innocuité des médicaments et des autres produits thérapeutiques? Diriez-vous que cela serait :

- Très probable PASSEZ À Q.25
- Assez probable PASSEZ À Q.25
- Pas très probable
- Pas du tout probable

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse PASSEZ À Q.25

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24. (SI PAS TRÈS PROBABLE/PAS DU TOUT PROBABLE/CELA DÉPEND) Pourquoi serait-il improbable que vous utilisiez ce type de lettre?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Informations non pertinentes pour la pratique
- Nouvelles informations sur l'innocuité ne sont pas une priorité
- Pas le temps de lire ce type d'informations
- Préfère d'autres sources
- Pas assez détaillé
- Ne reçoit pas les lettres
- Ne sait pas comment être sur la liste
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

25. **La liste d'envoi électronique de Santé Canada**, aussi connue sous le nom de "Info_Prod_Santé", est la plus récente source d'informations sur l'innocuité des produits de Santé Canada. Il s'agit d'un service gratuit d'envoi électronique par le biais duquel les abonnés reçoivent immédiatement des avis sur l'innocuité des médicaments qui sont émis par d'autres sources, dont les avis destinés aux professionnels de la santé, les avis publics et le Bulletin canadien des effets indésirables.

Dans quelle mesure serait-il probable que vous utilisiez cette source d'informations pour obtenir les nouvelles informations sur l'innocuité des médicaments et des autres produits thérapeutiques? Diriez-vous que cela serait :

- Très probable — PASSEZ À Q.27
- Assez probable — PASSEZ À Q.27
- Pas très probable
- Pas du tout probable

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse — PASSEZ À Q.27

26. (SI PAS TRÈS PROBABLE/PAS DU TOUT PROBABLE/CELA DÉPEND) Pourquoi serait-il improbable que vous utilisiez cette liste d'envoi?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Informations non pertinentes pour la pratique
- Nouvelles informations sur l'innocuité ne sont pas une priorité
- Pas le temps de lire ce type d'informations
- Préfère d'autres sources
- Pas assez détaillée
- Ne sait pas comment s'abonner
- Pas d'accès à Internet
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

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aux professionnels qui sont publiés par Santé Canada et par l'industrie, de même qu'aux informations liées aux enjeux de l'innocuité des médicaments et des autres produits thérapeutiques qui sont mis en marché au Canada.

Dans quelle mesure serait-il probable que vous utilisiez cette source d'informations pour obtenir les nouvelles informations sur l'innocuité des médicaments et des autres produits thérapeutiques? Diriez-vous que cela serait :

- Très probable — PASSEZ À Q.29
- Assez probable — PASSEZ À Q.29
- Pas très probable
- Pas du tout probable

DÉCLARE SPONTANÉMENT

- Cela dépend
- Ne sait pas/pas de réponse — PASSEZ À Q.29

28. (SI PAS TRÈS PROBABLE/PAS DU TOUT PROBABLE/CELA DÉPEND) Pourquoi serait-il improbable que vous utilisiez ce site Web pour obtenir les plus récentes informations à propos des avis et des avertissements sur les produits?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Informations non pertinentes pour la pratique
- Nouvelles informations sur l'innocuité ne sont pas une priorité
- Pas le temps de lire ce type d'informations
- Préfère d'autres sources
- Pas assez détaillé
- Ne sait pas comment s'abonner
- Pas d'accès à Internet
- Ne cherche pas à obtenir ce type d'informations
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

DEMANDEZ À TOUS LES RÉPONDANTS

29. En général, y a-t-il des types d'informations spécifiques à propos de l'innocuité des médicaments que vous aimeriez avoir ou dont vous auriez besoin, et qui ne sont présentement pas disponible par le biais de l'une de ces sources? [16]
PRÉCISEZ

_____

_____

- Aucun
- Ne sait pas/pas de réponse

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30. De manière générale, comment préféreriez-vous obtenir de nouvelles informations à propos de l'innocuité des médicaments? Serait-ce :
LISEZ TOUTES LES CATÉGORIES D'UN SEUL TRAIT – EN ORDRE

- Par la poste
- Par télécopieur
- Par courriel
- Sur Internet
- Par le biais de mises à jour informatiques sur votre ordinateur ou votre appareil portatif

DÉCLARE SPONTANÉMENT
- Autre (PRÉCISEZ _____)
- Aucune préférence
- Cela dépend
- Ne sait pas/pas de réponse

31. Selon vous, quelle est la meilleure source pour obtenir de nouvelles informations sur les "**effets indésirables dus aux médicaments**", qui sont des réactions sérieuses et inattendues?
NE LISEZ PAS LA LISTE – N'ENTREZ QU'UNE SEULE RÉPONSE

- Bulletin canadien des effets indésirables (Bulletin de Santé Canada)
- Avis destinés aux professionnels de la santé
- Liste d'envoi électronique/avertissements par courriel de Santé Canada (Info_Prod_Santé)
- Avis publics sur la santé/avis émis par Santé Canada
- Santé Canada (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- Collègues
- Associations professionnelles
- Revues/publications médicales
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

D. Effets indésirables dus aux médicaments

Je vais maintenant vous poser des questions qui portent plus précisément sur les "effets indésirables dus aux médicaments". Dans le cadre de ce sondage, les effets indésirables dus aux médicaments sont définis comme : "une réaction nocive et inattendue à un médicament qui peut être considérée comme sérieuse par un professionnel de la santé ou un consommateur."

32. Selon vous, dans quelle mesure les effets indésirables dus aux médicaments représentent-ils un problème sérieux au Canada en ce moment? Est-ce un problème qui est :

- Très sérieux
- Assez sérieux
- Pas très sérieux, ou
- Pas du tout sérieux

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

33. Au cours des cinq dernières années, croyez-vous qu'au Canada, les effets indésirables dus aux médicaments sont devenus un plus grand problème, un moins grand problème, ou que cela n'a pas changé?

- Plus grand problème
- Moins grand problème
- N'a pas changé

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse

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E. Notification des effets indésirables dus aux médicaments

Comme vous le savez peut-être déjà, il y a un système d'établit qui permet de communiquer les effets indésirables dus aux médicaments à Santé Canada. L'objectif de ce système est de recueillir de l'information pour que Santé Canada puisse identifier les nouveaux problèmes ou les nouveaux risques associés à certains médicaments et autres types de produits thérapeutiques qui pourraient avoir besoin de mesures de réglementation.

34. La manière de communiquer un effet indésirable dû à un médicament vous est-elle familière?

- Oui
- Non PASSEZ À Q.39
- Ne sait pas/pas de réponse PASSEZ À Q.39

35. Quel moyen utilisez-vous normalement pour rapporter des effets indésirables dus aux médicaments?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Vous remplissez un formulaire et l'envoyez à Santé Canada par télécopieur
- Vous remplissez un formulaire et l'envoyez à Santé Canada par la poste
- Vous appelez Santé Canada par le biais du numéro sans frais (téléphone ou télécopieur)
- Vous appelez l'entreprise pharmaceutique
- Vous communiquez directement avec un Centre régional pour les effets indésirables dus aux médicaments de la province
- Vous obtenez le formulaire et la procédure auprès d'une association professionnelle (ex. : Association des pharmaciens du Canada)
- Autre (PRÉCISEZ _____)
- Vous ne les déclarez pas
- Ne sait pas/pas de réponse

36. Savez-vous à quel endroit vous pouvez obtenir le formulaire pour déclarer les effets indésirables dus aux médicaments?

- Oui
- Non
- Ne sait pas/pas de réponse

37. Au cours des 12 derniers mois, combien de fois avez-vous déclaré des effets indésirables dus aux médicaments?
N'ACCEPTEZ PAS D'INTERVALLES DE VALEURS – UNE APPROXIMATION EST ACCEPTABLE

- ___ Nombre d'effets indésirables dus aux médicaments qui ont été déclarés
- Ne sait pas/pas de réponse PASSEZ À Q.39

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38. (SI Q.37> 0) Lesquelles des méthodes avez-vous utilisées pour déclarer des effets indésirables dus à des médicaments?
LISEZ EN ORDRE

a. Compléter un formulaire d'une page et l'envoyer par la poste ou par télécopieur à Santé Canada

b. Contacter Santé Canada par le biais du numéro sans frais

c. Contacter un fabriquant de médicaments

d. Contacter un Centre régional pour les effets indésirables dus aux médicaments qui est situé dans votre province ou votre région

- Oui
- Non
- Ne sait pas/pas de réponse

TOUS LES RÉPONDANTS

39. Dans quels types de situations vous ne déclareriez pas les effets indésirables dus aux médicaments qu'aurait éprouvé l'un de vos patients?

NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Incertain que la réaction est due au médicament
- L'effet indésirable n'est pas assez sérieux/est trop insignifiant pour être déclaré
- L'effet indésirable était déjà bien connu/n'était pas inattendu
- Manque de temps pour déclarer l'effet indésirable
- Aucune compensation financière pour le temps pris pour déclarer l'effet indésirable
- La procédure de notification est trop bureaucratique/prend trop de temps
- Préoccupation à l'égard des implications juridiques
- Ne savait pas comment déclarer les effets indésirables dus aux médicaments
- Ne savait pas qu'il était nécessaire de déclarer les effets indésirables dus aux médicaments
- Ne voit aucun avantage à déclarer les effets indésirables dus aux médicaments/cela n'a aucun effet
- Autre (PRÉCISEZ _____)
- Aucune/ferait une notification dans toutes les situations
- Ne sait pas/pas de réponse

F. Évaluation des mécanismes de notification des effets indésirables dus aux médicaments

[DEMANDEZ SI LE RÉPONDANT A ENVOYÉ LE FORMULAIRE PAR TÉLÉCOPIEUR OU S'IL A APPELÉ AU NUMÉRO SANS FRAIS À Q.38 a/b – SINON, PASSEZ À Q.44]

J'aimerais maintenant vous poser quelques questions à propos de l'expérience que vous avez eue avec les méthodes de notification des effets indésirables dus aux médicaments…

40 [SI LE RÉPONDANT A ENVOYÉ LE FORMULAIRE PAR TÉLÉCOPIEUR] Dans quelle mesure êtes-vous satisfait du processus d'envoi du formulaire par télécopieur pour déclarer des effets indésirables dus aux médicaments à Santé Canada? Êtes-vous :

- Très satisfait — PASSEZ À Q.42
- Assez satisfait — PASSEZ À Q.42
- Pas très satisfait
- Pas du tout satisfait

DÉCLARE SPONTANÉMENT

- Cela dépend
- Ne sait pas/pas de réponse — PASSEZ À Q.42

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41. Pour quelles raisons n'êtes-vous pas davantage satisfait de cette méthode pour déclarer les effets indésirables dus aux médicaments?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Trop d'informations à inclure
- Le formulaire n'est pas facile à utiliser
- Pas assez d'espace pour inclure toutes les informations pertinentes
- Les directives n'étaient pas claires
- Le format électronique du formulaire devrait être disponible
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

42. [SI LE RÉPONDANT A UTILISÉ LE NUMÉRO SANS FRAIS] Dans quelle mesure êtes-vous satisfait de l'utilisation de la ligne téléphonique sans frais pour déclarer des effets indésirables dus aux médicaments à Santé Canada? Êtes-vous :

- Très satisfait PASSEZ À Q.44
- Assez satisfait PASSEZ À Q.44
- Pas très satisfait
- Pas du tout satisfait

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/pas de réponse PASSEZ À Q.44

43. Pour quelles raisons n'êtes-vous pas davantage satisfait de cette méthode pour déclarer les effets indésirables dus aux médicaments?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Trop d'informations à inclure
- Pas facile à utiliser
- Pas assez d'espace pour inclure toutes les informations pertinentes
- Les directives n'étaient pas claires
- Le format électronique du formulaire devrait être disponible
- Difficile d'obtenir la ligne/mise en attente
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

TOUS LES RÉPONDANTS

44 Selon vous, de quelles façons la méthode de notification des effets indésirables dus aux médicaments pourrait-elle être améliorée de manière à la rendre plus facile à utiliser, plus rapide ou plus précise?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Offrir l'option de soumettre électroniquement les renseignements
- Offrir des primes financières/des compensations pour le temps passé à la notification
- Changer le formulaire (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- Exiger moins d'informations
- Fournir des directives qui sont plus claires
- Autre (PRÉCISEZ _____)
- Aucune/OK comme c'est en ce moment
- Ne sait pas/pas de réponse

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G. Notification obligatoire

45. Les professionnels de la santé ne sont pas obligés de déclarer les effets indésirables dus aux médicaments, et ce ne sont pas tous les événements qui sont déclarés. D'après ce que vous savez ou ce que vous avez entendu, environ quel pourcentage des effets indésirables dus aux médicaments sont réellement déclarés au Canada?
FOURNISSEZ LES INTERVALLES DE VALEURS AU BESOIN

- Moins de 10 %
- De 10 à 19 %
- De 20 à 29 %
- De 30 à 49 %
- De 50 à 75 %
- Plus de 75 %

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

46. Au Canada, croyez-vous que le manque de notification des effets indésirables dus aux médicaments est un problème très sérieux, assez sérieux, pas très sérieux ou pas du tout sérieux en ce moment?

- Très sérieux
- Assez sérieux
- Pas très sérieux, ou
- Pas du tout sérieux

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

47. Selon vous, qu'est-ce qui pourrait ou devrait être fait pour s'assurer qu'il y ait davantage de notifications des effets indésirables dus aux médicaments?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Faciliter la soumission de notifications
- Offrir une compensation financière pour la soumission de notifications
- Éduquer/sensibiliser les gens à l'égard du système de notifications
- Offrir des options électroniques pour la soumission de notifications
- Rendre la notification obligatoire
- Fournir un numéro 1-800
- Sensibiliser davantage le public à l'égard de la notification
- Sensibiliser davantage les professionnels de la santé à l'égard de la notification
- Assurer la confidentialité des notifications
- Séparer les notifications de Santé Canada de celles des entreprises pharmaceutiques
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

48. Et si tous les professionnels de la santé avaient l'obligation, selon la loi, de déclarer tous les effets indésirables aux médicaments qui sont sérieux ou inattendus et qui leur auraient été signalés par leurs patients? Seriez-vous fortement en faveur, généralement en faveur, généralement opposé ou fortement opposé à ce type de notification obligatoire? [27]

- Fortement en faveur
- Généralement en faveur
- Généralement opposé
- Fortement opposé

DÉCLARE SPONTANÉMENT
- Ni en faveur, ni opposé — PASSEZ À Q.50
- Cela dépend
- Ne sait pas/pas de réponse — PASSEZ À Q.50

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49. Pourquoi seriez-vous [en faveur de/opposé à] ce type d'exigence? [28]
NE LISEZ PAS LA LISTE – ENTREZ TOUTES LES RÉPONSES APPLICABLES

Raisons pour lesquelles ils sont en faveur
- Il est important de fournir l'information à Santé Canada
- Il est nécessaire de protéger la santé publique/la sécurité du patient
- Les médicaments seront plus sécuritaires
- C'est la seule façon que le système fonctionnera
- Les professionnels ne le feront que s'ils en ont l'obligation
- Cela améliorera la confiance du public à l'égard de la sécurité des médicaments/du système
- À cause du nombre croissant d'incidents/d'erreurs
- Cela permet de fournir plus d'informations sur les risques aux professionnels de la santé
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

Raisons pour lesquelles ils sont opposés/ils disent que cela dépend
- Il est difficile de déterminer le lien de cause à effet
- Cela n'est pas nécessaire
- Cela ne règlera pas le problème du manque de notification
- Cela ne devrait pas être régi par la loi/être réglementé
- C'est un trop gros fardeau de déclarer les effets indésirables
- Duplication des efforts si tous les professionnels de la santé doivent déclarer les effets indésirables
- On doit d'abord régler le système de notification
- Cela n'est pas réalisable
- Ne veut pas le faire à moins d'être compensé pour le temps passé à déclarer ces effets
- Mesures volontaires fonctionneront mieux
- Préoccupations à l'égard de la confidentialité du patient
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

50. Quelles implications la notification obligatoire aurait-elle sur votre propre pratique?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Augmentation des coûts des soins de santé
- Augmentation du temps alloué à des tâches administratives (faire les notifications)
- Ferait plus de notifications
- Ferait la notification lui-même au lieu de demander à quelqu'un d'autre de le faire
- Rien
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

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J'aimerais maintenant vous poser quelques questions à propos de la notification des effets indésirables dus aux médicaments, qu'elle soit obligatoire ou non…

51. Afin de pouvoir déclarer adéquatement un effet indésirable dû à un médicament, les informations suivantes à propos du patient pourraient être incluses dans la notification : l'âge du patient, son sexe, sa taille, son poids, le médicament pris, le type d'effet indésirable éprouvé et tout autre problème ou condition médical pertinent.

    Selon vous, est-ce que le fait d'inclure ces informations dans une telle notification découragerait certains patients de déclarer à leur médecin ou à leur pharmacien les effets indésirables dus aux médicaments qu'ils ont éprouvés? [29]

    - Oui
    - Non
    - Cela dépend
    - Ne sait pas/pas de réponse

54. 52.Avant qu'un professionnel puisse déclarer un effet indésirable à Santé Canada, croyez-vous qu'il devrait être obligatoire d'obtenir la permission du patient? [30]

    - Oui
    - Non
    - Cela dépend
    - Ne sait pas/pas de réponse

53. Selon vous, quelles seraient les implications de cette obtention obligatoire de la permission du patient sur la façon dont les professionnels de la santé déclareraient les effets indésirables dus aux médicaments?
    NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

    - Réduit la probabilité que le professionnel fasse des notifications/moins de notifications seront faites
    - Cela rend les notifications plus difficiles
    - Cela serait un problème si la notification était obligatoire
    - Augmentation des délais imposés pour faire les notifications
    - Faire les notifications prendra plus de temps
    - Autre (PRÉCISEZ _____)
    - Aucune
    - Ne sait pas/pas de réponse

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I. Caractéristiques du répondant

Pour terminer, j'aimerais vous poser quelques questions sur vous et votre pratique qui serviront à des fins de statistiques uniquement. Veuillez être assuré que toutes vos réponses demeureront entièrement confidentielles.

54. [MÉDECINS/DENTISTES/NATUROPATHES] Laquelle des catégories suivantes décrit le mieux l'endroit où vous exercez principalement vos fonctions?
LISEZ – SI PLUS D'UNE RÉPONSE EST MENTIONNÉE SPONTANÉMENT, DEMANDEZ L'ENDROIT PRINCIPAL

- Un hôpital
- Une clinique
- Un cabinet privé
- Un centre de santé communautaire (CLSC au Québec)

DÉCLARE SPONTANÉMENT
- Autre (PRÉCISEZ _____)
- Ne sait pas/refuse

55. [INFIRMIÈRES UNIQUEMENT] Laquelle des catégories suivantes décrit le mieux l'endroit où vous exercez principalement vos fonctions?
LISEZ – SI PLUS D'UNE RÉPONSE EST MENTIONNÉE SPONTANÉMENT, DEMANDEZ L'ENDROIT PRINCIPAL

- Un hôpital
- Une clinique
- Un cabinet privé ou un bureau de médecins
- Un centre de soins longue durée ou une maison de soins infirmiers
- Aux domiciles des patients
- Un centre de santé communautaire (CLSC au Québec)

DÉCLARE SPONTANÉMENT
- Autre (PRÉCISEZ _____)
- Ne sait pas/refuse

56. [PHARMACIENS UNIQUEMENT] En ce moment, exercez-vous vos fonctions dans une pharmacie communautaire ou dans un hôpital?
LISEZ - SI PLUS D'UNE RÉPONSE EST MENTIONNÉE SPONTANÉMENT, DEMANDEZ L'ENDROIT PRINCIPAL

- Une pharmacie communautaire
- Un hôpital

DÉCLARE SPONTANÉMENT
- Autre (PRÉCISEZ _____)
- Ne sait pas/refuse

57. [MÉDECINS/DENTISTES UNIQUEMENT] Puis-je confirmer le secteur d'activités dans lequel vous travaillez?
LISEZ LE DOMAINE À PARTIR DE LA BASE DE DONNÉES DES SPÉCIALITÉS MÉDICALES – CORRIGEZ AU BESOIN

_____ _____

- Pas de réponse/refuse

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58. [INFIRMIÈRES UNIQUEMENT] Pouvez-vous me dire dans secteur d'activités vous travaillez principalement?
NE LISEZ PAS – N'ENTREZ QU'UNE SEULE RÉPONSE – SI PLUS D'UNE RÉPONSE EST MENTIONNÉE SPONTANÉMENT, DEMANDEZ LE DOMAINE PRINCIPAL

- Traitements pour le SIDA
- Soins cardiovasculaires
- Santé communautaire/santé publique
- Soins intensifs
- Gérontologie
- Hépatologie
- Soins en hémophilie
- Santé mentale
- Urgence nationale
- Néphrologie
- Santé au travail
- Soins obstétricaux/néonataux
- Oncologie/cancer
- Salle d'opération
- Orthopédie
- Pédiatrie
- Soins respiratoires
- Autre (PRÉCISEZ _____)
- Ne sait pas/pas de réponse

59. [INFIRMIÈRES UNIQUEMENT] Et, êtes-vous :

- Une infirmière
- Une infirmière praticienne
DÉCLARE SPONTANÉMENT
- Pas de réponse/refuse

60. [NATUROPATHES UNIQUEMENT] Êtes-vous autorisé à prescrire des médicaments?

- Oui
- Non
- Ne sait pas/pas de réponse

61. [TOUS LES MÉDECINS ET DENTISTES, PLUS LES NATUROPATHES QUI ONT RÉPONDU OUI À Q.60] Et, environ combien de prescriptions faites-vous au cours d'une semaine normale?
LISEZ AU BESOIN

- Jusqu'à 50
- De 51 à 100
- De 101 à 200
- Plus de 200
DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

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62. [PHARMACIENS TRAVAILLANT DANS UNE PHARMACIE COMMUNAUTAIRE UNIQUEMENT - Q.56] Et, environ combien de prescriptions recevez-vous au cours d'une semaine normale? LISEZ AU BESOIN

- 100 et moins
- De 101 à 300
- De 301 à 500
- Plus de 500

DÉCLARE SPONTANÉMENT
- Ne sait pas/pas de réponse

63. [TOUTES LES PROFESSIONS] Depuis combien d'années pratiquez-vous?

- ____ années
- Ne sait pas/refuse

Ceci met fin au sondage.

De la part de Santé Canada [PHARMACIENS : et de l'Association des pharmaciens du Canada], nous vous remercions de votre collaboration.

[MÉDECINS ET INFIRMIÈRES] Pouvez-vous me confirmer votre nom et me donner votre adresse pour que nous puissions vous envoyer votre prime?

CONFIRMEZ LE NOM :

ADRESSE :

ENREGISTREZ :

64. Sexe

- Homme
- Femme

65. Langue de l'entrevue

- Anglais
- Français

-- FIN --

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Appendix D:

General Public Survey

Questionnaire

(English and French)

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Health Canada

Post-Market Drug Safety Information Survey - *General Public*

FINAL Questionnaire

Introduction

Good morning/afternoon/evening. My name is _____ and I am calling from Decima Research, on behalf of Health Canada. Today we are conducting a survey with individuals across the country about their use and experience with medications and other health products. The purpose of this survey is to help Health Canada better understand what kind of information people want about these types of products.

We choose telephone numbers at random and then select one person from each household at random to be interviewed. To do this, we would like to speak to the person in your household, 18 years and older, who has had the most recent birthday. Would this be you?

Your participation in this survey is voluntary, and you are free to skip any question you prefer not to answer. Please be assured that your responses are confidential and will not be reported individually nor attributed to you personally. May I interview you now?

[IF ASKED: Decima is a professional research company hired by Health Canada to conduct this survey]
[IF ASKED: The survey will take about 15 minutes to complete]

Is anyone in your household trained as a doctor, dentist, pharmacist or nurse, or employed with a pharmaceutical company?

- Yes	THANK AND TERMINATE CALL
- No	CONTINUE
- Don't know/No answer	CONTINUE

Section A: Use of Marketed Health Products

I'd like to begin by asking about your use of different types of health products . . .

1. Many people take various medicines and remedies. Which of the following have you taken in the past six months?:
   READ IN SEQUENCE

   a. Prescription drugs

   b. Natural health products, such as vitamins, minerals or herbal remedies

   c. Non-prescription drugs; that is, medicine that is available without a doctor's prescription

   - Yes
   - No
   - Don't know/No answer

IF NO TO ALL THREE, SKIP TO Q.11

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2. And about how many different types of [PRODUCT] have you taken in the past six months?
READ IN SEQUENCE IF YES IN Q.1- ACCEPT ESTIMATE BUT NOT RANGES

   a. Prescription drugs

   b. Natural health products

   c. Non-prescription drugs

   -____ Number of different types
   - Don't know/No answer

B. Information Sources About Marketed Health Products

Now I'd like to ask you about the kinds of information that may be important to you when you take different types of health products . . .

SELECT ONLY ONE PRODUCT TYPE – IF MORE THAN ONE MENTIONED IN Q.1a-c, RANDOMLY SELECT ONE ONLY

3. Thinking about when you take a [PRODUCT TYPE] for the first time, how often do you seek out information about this type of product? Do you do so always, frequently, sometimes, rarely, or never?

   - Always
   - Frequently
   - Sometimes
   - Rarely
   - Never SKIP TO Q.7

   VOLUNTEERED
   - Don't know/No answer SKIP TO Q.7

4. And what kind of information about a new [PRODUCT TYPE]do you typically look for?
DO NOT READ - CODE ALL THAT APPLY

   - Active ingredients
   - Effectiveness
   - Directions for usage
   - Dosage level
   - Symptoms it is used for
   - Possible side effects
   - Possible serious effects/risks/hazards of use
   - Warnings about usage with other medications
   - Possible interactions with alcohol
   - Warnings about combining with activities (driving)
   - Allergy reactions
   - Other (SPECIFY _____)
   - Don't know/No answer SKIP TO Q.9

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5. And where would you be most likely to go to get the information you needed about a new [PRODUCT TYPE]?
DO NOT READ - CODE ALL THAT APPLY

- Doctor/physician/dentist
- Pharmacist/Druggist/Chemist/Pharmacy
- Nurse
- Other health care provider (SPECIFY _____)
- Friends/family member
- Website/Internet
- Government office
- Health organizations (e.g. Cancer Society)
- Printed handouts provided by pharmacists
- Drug manufacturers
- Other (SPECIFY _____)
- Don't know/No answer

6. How important is it to you to get each of the following kinds of information when first taking a new [PRODUCT TYPE]? Is [INFORMATION TYPE] very important, generally important, not very important or not at all important to you?
READ IN SEQUENCE

a. Effectiveness

b. Possible minor side effects

c. Potential serious adverse reactions

d. Possible interactions with other drugs, health products or foods

- Very important
- Generally important
- Not very important
- Not at all important

VOLUNTEERED
- Depends
- Don't know/No answer

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C. Drug Safety Information

Now I'd like to ask you about information about the safety of these different types of health products. By safety I mean information about possible side effects, and interactions with other medications, foods or substances such as alcohol.

7. Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with the safety information you generally need for:
READ IN SEQUENCE – ASK ONLY THOSE PRODUCT TYPES USED IN Q.1a-c

   a. Prescription drugs

   b. Natural health products, such as vitamins, mineral or herbal remedies

   c. Non-prescription drugs

   - Very satisfied
   - Generally satisfied
   - Not very satisfied
   - Not at all satisfied
   VOLUNTEERED
   - Do not need any information
   - Depends
   - Don't know/No answer

8. [ASK FOR EACH PRODUCT TYPE IF NOT VERY/NOT AT ALL SATISFIED/DEPENDS IN Q.7] In what way are you not more satisfied with the safety information for [PRODUCT TYPE]?
DO NOT READ - CODE ALL THAT APPLY

   - Not enough information (PROBE FOR SPECIFICS)
   - Hard to find relevant information
   - Difficult to get answers to my questions
   - Concerned about the safety of drugs on the market
   - Difficult to get information from doctor/pharmacist/health care provider
   - Information is difficult to understand
   - Information is incomplete
   - Other (SPECIFY _____)
   - Don't know/No answer

9. Once you are already taking a new drug or health product, how often, if at all, do you seek out **new** safety information out of interest or concern? Would you say you look for new safety information about [PRODUCT CATEGORY] always, frequently, sometimes, rarely or never?
READ IN SEQUENCE – ASK ONLY IF USE PRODUCT TYPE IN Q.1a-c

   a. Prescription drugs

   b. Natural health products

   c. Non-prescription drugs

   - Always
   - Frequently
   - Sometimes
   - Rarely, or
   - Never
   VOLUNTEERED
   - Depends
   - Don't know/No answer

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10. [IF AT LEAST RARELY FOR Q.9a,b or c; OTHERS SKIP TO Q.11] Where have you looked for this type of new information about drug safety; that is information you've sought out after you have began taking it?
DO NOT READ - CODE ALL THAT APPLY; PROBE: Anywhere else?

- Physician/doctor
- Pharmacist/Druggist/Chemist/Pharmacy
- Other health care provider
- Friends/family members
- Internet/Web (PROBE FOR SPECIFIC TYPE OF SITE)
- Health Canada (PROBE FOR SPECIFICS)
- **Health Canada website**
- **Canadian Health Network**
- Drug/manufacturer website
- Drug/manufacturer - toll free line
- Other government office
- Medical/reference books/publications
- Magazines/newspaper articles
- **Public Advisories/Warnings**
- Health product information electronic mailing list
- Patient support groups (e.g. cancer)
- CPS (Compendium of Pharmacy Specialties)
- Other (SPECIFY _____)
- Don' t know/No answer

11. Are you aware of any of the following sources of new safety information about drugs and other health products, provided through Health Canada?
READ IN SEQUENCE IF NOT MENTIONED IN Q.10

a. Public Advisories and Warnings issued through the media

b. Health Canada's website

- Yes
- No
- Don't know/No answer

12. (IF YES TO Q.11b OR MENTION HEALTH CANADA WEBSITE AT Q10) And in the past six months have you used Health Canada's website to get new safety information about drugs or other health products?

- Yes
- No
- Don't know/No answer

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D. Evaluation of Health Canada's Website for Drug Safety Information

[ASK IF USED HEALTH CANADA WEBSITE IN Q.12-
OTHERS GO TO Q.16]

13. I would now like to ask you about your use of Health Canada's website. How satisfied are you overall with this site as a source of information about drug safety? Are you:

- Very satisfied
- Generally satisfied
- Not very satisfied
- Not at all satisfied

VOLUNTEERED

- Depends — SKIP TO Q.15
- Don't know/No answer — SKIP TO Q.15

14. Why do you say that?
DO NOT READ - CODE ALL THAT APPLY

Why Satisfied
- Good source of information
- Able to get the information/answers I wanted
- Current information
- Easy to use
- Confidence in source/Trust Health Canada
- Other (SPECIFY _____)
- Don't know/No answer

Why Dissatisfied
- Not a good source of information (PROBE FOR SPECIFICS)
- Could not find information/answers to questions
- Information not current
- Site not easy to use
- Hard to find what I want
- Do not trust medical information on the Internet
- Do not have confidence in source/Lack trust in Health Canada
- Other (SPECIFY _____)
- Don' t know/No answer

15. In what way, if any, did information you obtained through this website lead you to do anything differently, such as changing the way you are using a particular drug, or consulting your physician?
DO NOT READ - CODE ALL THAT APPLY;

- Stopped using drug
- Changed frequency of using drug
- Changed dosage
- Switched drug
- Started new drug
- Consulted physician
- Consulted pharmacist
- Consulted other health professional
- Sought out more detailed information (other sources)
- Did not get any new information
- Other (SPECIFY _____)
- None
- Don' t know/No answer

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16. [ASK EVERYONE] In what way, if any, do you think Health Canada could do more to provide Canadians with new safety information about drugs and other health products?
SPECIFY

_____

_____

_____

- None
- Don't know/No answer

E. Perceptions About Drug Safety

I'd now like to ask you more generally about drug safety. . .

17. Thinking about specific types of health products, would you consider [PRODUCT TYPE] to be very safe, generally safe, not very safe, or not at all safe?
READ IN SEQUENCE

a. Prescription drugs

b. Natural health products, such as vitamins, minerals or herbal remedies

c. Non-prescription drugs

- Very safe
- Generally safe
- Not very safe
- Not at all safe

VOLUNTEERED
- Depends
- Don't know/No answer

18. How much confidence do you have in the systems and safeguards currently in place to ensure the safety of prescription drugs available for sale in Canada today? Are you:

- Very confident
- Generally confident
- Not very confident
- Not at all confident

VOLUNTEERED
- Depends
- Don't know/No answer

19. Who do you hold most responsible for ensuring the safety of drugs in Canada today?
READ AND ROTATE - CODE ONE ONLY

- Drug companies
- The federal government
- Health care professionals

VOLUNTEERED
- All are equally responsible
- Other (SPECIFY _____)
- Don' t know/No answer

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F. Adverse Drug Reactions (ADRs)

As you may know, sometimes a drug or other health product can have unintended effects – this is what's known as an "adverse drug reaction.". In most cases these are minor and often very predictable, such as getting drowsy. In some cases, however, drugs can have an effect that is serious or unexpected.

20. How often, if at all, do you personally think about the possibility of experiencing a serious or unexpected adverse reaction when you first take a new drug? Is it:

    - Always
    - Frequently
    - Occasionally
    - Rarely, or
    - Never
    VOLUNTEERED
    - Depends
    - Don' t know/No answer

21. Have you personally ever experienced an adverse drug reaction to a drug, medication or health product that was serious or unexpected?

    - Yes
    - No SKIP TO Q.25
    - Don't know/No answer SKIP TO Q.25

22. (IF YES TO Q.21) Was this adverse reaction you experienced the result of taking a:
    READ - IF MORE THAN ONE INCIDENT, ASK FOR MOST RECENT

    - Prescription drug
    - Natural health product, such as a mineral, vitamin or herbal remedy, or a
    - Non-prescription drug
    VOLUNTEERED
    - Interaction of two or more of the above
    - Other (SPECIFY _____)
    - Don't know/No answer

23. Were you aware of the possibility that this type of adverse reaction could result from taking this particular drug, prior to it taking place?

    - Yes
    - No
    - Don' t know/No answer

24. What specifically did you do when you experienced this adverse drug reaction?
    DO NOT READ - CODE ALL THAT APPLY

    - Contacted physician to get help
    - Contacted pharmacist to get help
    - Contacted other health professional to get help
    - Contacted drug company to get information
    - Went to hospital
    - Stopped taking drug
    - Reported reaction to physician
    - Reported reaction to pharmacist
    - Reported reaction to other health professional
    - Reported reaction to drug company
    - Reported event to Health Canada
    - Reported event to other government agency
    - Other (SPECIFY _____)
    - Don't know/No answer

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G. ADR Reporting

25. [ASK IF NO/DK/NA TO Q.21- OTHERS GO TO Q.26] What would you be most likely to do if you experienced a serious or unexpected adverse reaction to a drug you were taking?
DO NOT READ - CODE ALL THAT APPLY

- Contact physician to get help
- Contact pharmacist to get help
- Contact other health professional to get help
- Contact drug company to get information
- Go to hospital
- Contact poison control centre
- Contact provincial drug information centre
- Stop taking drug
- Report reaction to physician
- Report reaction to pharmacist
- Report reaction to other health professional
- Report reaction to drug company
- Report event to Health Canada
- Report event to other government agency
- Other (SPECIFY _____)
- Don't know/No answer

26. There is a system now in place for drug companies, health professionals and consumers to report adverse drug reactions. There are three ways for a consumer to report an adverse drug reaction:

- By contacting your doctor, pharmacist or nurse
- By contacting Health Canada using a toll-free reporting hotline, or
- By contacting the company that manufactured the product you reacted to.

Which of these three methods of reporting an adverse drug reaction would you be most comfortable using? READ IF NECESSARY

- Contacting your doctor, pharmacist or nurse [PROBE FOR SPECIFIC PROFESSIONAL]
  - Doctor
  - Pharmacist
  - Nurse
- Contacting Health Canada
- Contacting the drug company

VOLUNTEERED
- No preference
- Depends
- Don't know/No answer

27. Today in Canada it is estimated that the majority of adverse drug reactions are not reported. The system requires drug companies to report all serious adverse drug reactions brought to their attention, but health professionals and consumers provide such reports on a voluntary basis.

Now I'd like to ask you about health professionals, such as doctors, pharmacists and nurses. In your view, do you think that:
READ AND ROTATE

- Health professionals should be required by law to report all adverse drug reactions

or

- Health professionals should continue to report adverse drug reactions on a voluntary basis

VOLUNTEERED
- Depends — SKIP TO Q.29
- Don' t know/No answer — SKIP TO Q.29

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28. Can you tell me why you feel this would be the best approach for encouraging the reporting of adverse drug reactions?
DO NOT READ - CODE ALL THAT APPLY

Why should require by law
- Important to provide information to Health Canada
- Necessary to protect public health
- Will result in safer drugs
- Only way the system will work
- Professionals will only do it if required to
- Will improve public confidence in drug safety/system
- Other (SPECIFY _____)
- Don't know/No answer

Why should continue voluntary reporting
- No reason to legislate it
- Difficult to enforce
- Puts too much of a burden on professionals
- Will increase health care costs
- Voluntary measures will work better
- Patient privacy concerns/release of personal information
- Health professionals will report even if not required to
- Other (SPECIFY _____)
- Don't know/No answer

H. Informed Consent

29. In order to properly report an adverse drug reaction, the following patient information may be included in the report: The patient's age, gender, height, weight, the drug taken, the type of adverse reaction, and any relevant medical conditions or problems. The name of the patient is not included in this report.

Would the fact that this information would be included in such a report deter you from reporting an adverse drug reaction?

- Yes
- No
VOLUNTEERED
- Depends
- Don't know/No answer

30. Do you believe that a patient's permission should be required before a health professional can report an adverse drug reaction to Health Canada?

- Yes
- No
- Depends SKIP TO Q.32
- Don't know/No answer SKIP TO Q.33

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31. And can you tell me why you feel a patient's permission [should/should not] be required for such reports to be made?
DO NOT READ - CODE ALL THAT APPLY

Why Yes
- Protects patients right to privacy
- Other (SPECIFY _____)
- Don't know/No answer

Why No
- Public safety more important than patient privacy
- Information required is not personal
- Necessary to ensure reporting is done
- Other (SPECIFY _____)
- Don't know/No answer

32. (IF YES/DEPENDS IN Q.30) If requiring a patient's permission resulted in health professionals reporting fewer adverse drug reactions, would you still be in favour of such a requirement?

- Yes
- No
VOLUNTEERED
- Depends
- Don't know/No answer

I. Respondent Characteristics

To finish up, I'd like to ask you a few questions about you and your household for statistical purposes only. Please be assured that your answers will remain completely confidential.

33. In which of the following age categories can I place you?
READ

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 and over
VOLUNTEERED
- No Response/Refused

34. What is the highest level of education you have completed?
READ IF NECESSARY - CODE ONE ONLY

- Elementary school
- Some high school
- Completed high school
- Some community college/technical college/CEGEP
- Completed community college/technical college/CEGEP
- Some university
- Completed university
- Post-graduate degree
- No schooling
VOLUNTEERED
- No Response/Refused

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35. What is your mother tongue, that is, the language you first learned at home?
DO NOT READ - CODE ONE ONLY

- English
- French
- Other (SPECIFY _____)
- No response/Refused

36. To which ethnic or cultural group would you say that you belong?
DO NOT READ - CODE UP TO TWO RESPONSES

- Canadian
- French Canadian/Quebecois
- French
- English
- American
- Irish/Scottish/Welsh
- Chinese
- Eastern Europe (Czech/Slovak, Hungarian
- Finnish/Baltic
- German/Austrian
- Greek/Macedonian
- Hungarian
- Indian/Pakistani/Sikh/Bengali/Sri Lankan/Tamil/Bangladesh
- Italian
- Japanese/Korean/Other East Asian
- Jewish
- Aboriginal/First Nations/Indian/Inuit/Metis
- Black
- Dutch/Netherlands
- Polish
- Portuguese
- Russian/Ukrainian
- Scandinavian
- West Indian
- Oceanic (Australian, New Zealander)
- Other (SPECIFY _____)
- No Answer/Refuse

37. For statistical purposes only, we need information about your household income. Please tell me which of the following categories applies to your total household income for the year 2002?
READ - CODE ONE ONLY - ROUND UP IF RESPONSE IS ON DIVIDING LINE BETWEEN CATEGORIES

- Less than $25,000
- $25,000 to $40,000
- $40,000 to $60,000
- $60,000 to $80,000
- More than $80,000

VOLUNTEERED
- Don't Know/Refused

This completes the survey. In case my supervisor would like to verify that I conducted this interview, may I have your first name?

First Name: _____

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On behalf of Health Canada, thank you very much for your cooperation.

RECORD:

39 Gender

- Male
- Female

40. Language of interview

- English
- French

41. Province/Territory

- Alberta
- British Columbia
- Manitoba
- New Brunswick
- Newfoundland
- Nova Scotia
- Ontario
- Prince Edward Island
- Quebec
- Saskatchewan
- Nunavut
- Northwest Territories
- Yukon

-- END --

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Santé Canada

Sondage d'information sur la sécurité des médicaments après leur mise en marché – *Grand public*

Questionnaire Final

Introduction

Bonjour/Bonsoir. Mon nom est _____. Je travaille pour le Centre de recherche Décima et je vous appelle pour le compte de Santé Canada. Nous effectuons aujourd'hui un sondage auprès des Canadiens afin d'en connaître davantage sur leur utilisation et leur expérience avec les médicaments et les autres produits thérapeutiques. L'objectif de ce sondage est d'aider Santé Canada à mieux comprendre quelles sont les informations que les gens désirent avoir sur ces types de produits.

Nous choisissons les numéros de téléphone au hasard, puis nous sélectionnons aléatoirement une personne par foyer pour que celle-ci puisse répondre au sondage. Pour ce faire, nous aimerions parler à la personne de votre foyer, âgée de 18 ans et plus, qui a été la dernière à fêter son anniversaire de naissance. S'agit-il de vous?

Votre participation à ce sondage n'est pas obligatoire, et vous êtes libre de sauter n'importe quelle question si vous préférez ne pas y répondre. Vous pouvez être assuré que vos réponses demeureront confidentielles. De plus, les résultats ne seront jamais présentés individuellement et, en aucun cas, ils ne permettront de vous identifier personnellement. Puis-je vous interviewer maintenant?

[SI ON LE DEMANDE : Décima est une entreprise de recherches professionnelle qui a été mandatée par Santé Canada pour l'exécution de ce sondage.]
[SI ON LE DEMANDE : Répondre au sondage devrait prendre environ 15 minutes de votre temps.]

Y a-t-il quelqu'un de votre foyer qui a reçu une formation pour devenir médecin, dentiste, pharmacien ou infirmier ou qui travaille pour une entreprise pharmaceutique?

- Oui	REMERCIEZ ET TERMINEZ L'APPEL
- Non	CONTINUEZ
- Ne sait pas/Pas de réponse	CONTINUEZ

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Section A : Utilisation de produits de santé commercialisés

J'aimerais commencer par vous poser quelques questions sur la façon dont vous utilisez différents types de produits thérapeutiques . . .

1. Beaucoup de gens prennent différents médicaments et remèdes. Prenez-vous actuellement l'un ou l'autre des produits suivants au cours des six derniers mois?
   LISEZ EN ORDRE

   a. Des médicaments d'ordonnance

   b. Des produits de santé naturels, comme des vitamines, des minéraux ou des remèdes à base de plantes médicinales

   c. Des médicaments en vente libre; c'est-à-dire des médicaments qui sont vendus sans une ordonnance d'un médecin

   - Oui
   - Non
   - Ne sait pas/Pas de réponse

2. Et environ combien de types différents de [PRODUIT] avez-vous pris au cours des six derniers mois?
   LISEZ EN ORDRE SI OUI À Q.1 OU Q.2 – ACCEPTEZ UNE ESTIMATION, MAIS PAS UN INTERVALLE DE VALEURS

   a. Médicaments d'ordonnance

   b. Produits de santé naturels

   c. Médicaments en vente libre

   - ____ Nombre de types différents
   - Ne sait pas/Pas de réponse

B. Sources d'information à propos des produits de santé sur le marché

J'aimerais maintenant vous poser des questions sur les différents types d'informations qui peuvent être importants pour vous lorsque vous prenez différents types de produits thérapeutiques…

DEMANDEZ SI OUI À Q.1 OU Q.2; LES AUTRES, PASSEZ À Q.9

3. Veuillez penser au moment où vous prenez un [PRODUIT] pour la première fois. À quelle fréquence cherchez-vous à obtenir de l'information sur ce type de médicament? Le faites-vous toujours, souvent, parfois, rarement ou jamais?

   - Toujours
   - Souvent
   - Parfois
   - Rarement
   - Jamais — PASSEZ À Q.7

   DÉCLARE SPONTANÉMENT
   - Ne sait pas/Pas de réponse — PASSEZ À Q.7

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4. Et, habituellement, quels types d'informations recherchez-vous lorsque vous désirez obtenir de l'information sur un nouveau [PRODUIT]?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Ingrédients actifs
- Efficacité
- Directives d'utilisation
- Posologie
- Pour quels symptômes il est utilisé
- Effets secondaires possibles
- Effets graves/risques/dangers possibles causés par la consommation
- Avertissements concernant la consommation avec d'autres médicaments
- Interactions possibles avec l'alcool
- Avertissements sur la consommation tout en faisant certaines activités (conduire)
- Réactions allergiques
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse PASSEZ À Q.9

5. Et, à quels sources êtes-vous le plus susceptible d'aller chercher des informations lorsque vous désirez vous informer sur un nouveau [PRODUIT]?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Docteur/médecin/dentiste
- Pharmacien/droguiste/chimiste/pharmacie
- Infirmier
- Autre fournisseur de soins de santé (PRÉCISEZ _____)
- Amis/membre de la famille
- Site Web/Internet
- Bureau gouvernemental
- Organismes de la santé (ex. : Société pour la lutte contre le cancer)
- Documents imprimés fournis par les pharmaciens
- Fabricants de médicaments
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

6. Dans quelle mesure est-il important que vous obteniez chacun des types d'informations suivants lorsque vous prenez un nouveau [PRODUIT]? Est-ce que le fait de connaître [TYPE D'INFORMATION] est très important, assez important, pas très important ou pas du tout important pour vous?
LISEZ EN ORDRE

a. L'efficacité
b. Les effets secondaires mineurs possibles
c. Les effets indésirables graves potentiels
d. Les interactions possibles avec les autres médicaments, produits thérapeutiques ou aliments

- Très important
- Assez important
- Pas très important
- Pas du tout important

DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/Pas de réponse

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C. Informations sur la sécurité des médicaments

J'aimerais maintenant vous poser quelques questions au sujet des informations sur la sécurité de ces différents types de produits thérapeutiques. Par sécurité, je veux dire toute information portant sur les effets secondaires mineurs, les effets indésirables inattendus ainsi que les interactions possibles avec les autres médicaments, les aliments ou les substances comme l'alcool.

7. Êtes-vous très satisfait, assez satisfait, pas très satisfait, ou pas du tout satisfait des informations sur la sécurité que vous obtenez habituellement lorsque vous prenez :
LISEZ EN ORDRE

   a. Des médicaments d'ordonnance

   b. Des produits de santé naturels, comme les vitamines, les minéraux ou les remèdes à base d'herbes médicinales

   c. Des médicaments en vente libre

- Très satisfait	PASSEZ À Q.9
- Assez satisfait	PASSEZ À Q.9
- Pas très satisfait	
- Pas du tout satisfait	
DÉCLARE SPONTANÉMENT	
- N'a besoin d'aucune information	PASSEZ À Q.9
- Cela dépend	
- Ne sait pas/Pas de réponse	PASSEZ À Q.9

8. [DEMANDEZ SI PAS TRÈS/PAS DU TOUT SATISFAIT/CELA DÉPEND À Q.7] Pourquoi n'êtes-vous pas satisfait de l'information sur la sécurité concernant [TYPE DE PRODUIT]?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

   - Pas assez d'information (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
   - Difficile de trouver de l'information pertinente
   - Difficile d'obtenir des réponses à mes questions
   - Préoccupé par la sécurité des médicaments sur le marché
   - Difficile d'obtenir l'information de la part des médecins/pharmaciens/fournisseurs de soins de santé
   - L'information est difficile à comprendre
   - L'information est incomplète
   - Autre (PRÉCISEZ _____)
   - Ne sait pas/Pas de réponse

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9. Lorsque vous avez commencé à prendre un nouveau médicament ou un nouveau produit de santé, à quelle fréquence cherchez-vous à obtenir de **nouvelles** informations sur la sécurité, que ce soit parce que cela vous intéresse ou parce que vous êtes préoccupé? Diriez-vous que vous cherchez toujours, souvent, parfois, rarement ou jamais à obtenir de nouvelles informations sur la sécurité des [CATÉGORIE DE PRODUIT]?

   a. Médicaments d'ordonnance
   b. Produits de santé naturels
   c. Médicaments en vente libre

   - Toujours
   - Souvent
   - Parfois
   - Rarement, ou
   - Jamais

   DÉCLARE SPONTANÉMENT
   - Cela dépend
   - Ne sait pas/Pas de réponse

10. [SI AU MOINS RAREMENT À Q. 9a, b ou c; LES AUTRES, PASSEZ À Q.11] À quels sources avez-vous recherché ce type de nouvelle information sur la sécurité des médicaments, c'est-à-dire l'information que vous désiriez obtenir après avoir commencé à prendre un médicament?
    NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES; SONDEZ : À quel autre endroit?

    - Docteur/Médecin
    - Pharmacien/droguiste/chimiste/pharmacie
    - Autre fournisseur de soins de santé
    - Amis/membres de la famille
    - Internet/Web (SONDEZ POUR OBTENIR UN TYPE DE SITE PRÉCIS)
    - Santé Canada (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
    - Site Web de Santé Canada
    - Réseau canadien de la santé
    - Site Web du médicament/du fabricant
    - Médicament/fabricant – numéro sans frais
    - Autre bureau gouvernemental
    - Livre/publication médicale/de référence
    - Revues/Articles de journaux
    - Avis/Avertissements publics
    - Information sur les produits de santé envoyée par le biais d'une liste d'envoi électronique
    - Groupes de soutien pour les patients (ex. : cancer)
    - Compendium des produits et spécialités pharmaceutiques
    - Autre (PRÉCISEZ _____)
    - Ne sait pas/Pas de réponse

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11. Connaissez-vous l'une ou l'autre des sources suivantes qui sont fournies par Santé Canada et qui offrent de nouvelles informations sur la sécurité des médicaments et des autres produits thérapeutiques?
LISEZ EN ORDRE CEUX QUI N'ONT PAS ÉTÉ MENTIONNÉS À Q.10

a. Les avis et avertissements publics transmis par les médias

b. Le site Web de Santé Canada

- Oui
- Non
- Ne sait pas/Pas de réponse

SI NON AUX DEUX - PASSEZ À Q.16

12. Et, au cours des six derniers mois, avez-vous utilisé le site Web de Santé Canada pour obtenir de nouvelles informations en matière de sécurité des médicaments ou des produits thérapeutiques?
LISEZ SI MENTIONNÉ À Q.10 OU 11

- Oui
- Non
- Ne sait pas/Pas de réponse

SI NON AUX TROIS – PASSEZ À Q.16

D. Évaluation des outils qui permettent d'obtenir de nouvelles informations sur la sécurité des médicaments

[DEMANDEZ SI A UTILISÉ LE SITE WEB DE SANTÉ CANANDA OU LE RÉSEAU CANADIEN DE LA SANTÉ À Q.12]

13. J'aimerais maintenant vous poser quelques questions sur votre l'utilisation du site Web de Santé Canada. En général, dans quelle mesure êtes-vous satisfait de ce site Web comme source d'information sur la sécurité des médicaments? Êtes-vous :
SEE INSTRUCTIONS ON ENGLISH COPY

- Très satisfait
- Assez satisfait
- Pas très satisfait
- Pas du tout satisfait

DÉCLARE SPONTANÉMENT

- Cela dépend	PASSEZ À Q.15
- Ne sait pas/Pas de réponse	PASSEZ À Q.15

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14. Pourquoi dites-vous cela?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

Raisons pour lesquelles le répondant est satisfait
- Bonne source d'information
- Capable d'obtenir toutes les informations/les réponses que je voulais
- Information à jour
- Facile à utiliser
- Confiance en cette source/Fait confiance à Santé Canada
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

Raisons pour lesquelles le répondant est insatisfait
- Pas une bonne source d'information (SONDEZ POUR OBTENIR DES RÉPONSES PRÉCISES)
- N'a pas pu trouver les informations/les réponses aux questions
- L'information n'est pas à jour
- Le site n'est pas facile à utiliser
- Difficile de trouver ce que je veux
- Ne fait pas confiance à l'information médicale trouvée sur Internet
- Pas confiance en la source/Manque de confiance envers Santé Canada
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

15. De quelles façons l'information que vous avez obtenue par le biais de ce site Web vous a-t-elle amené à modifier un comportement, comme, par exemple, vous inciter à consulter un médecin ou changer la façon dont vous utilisez un médicament en particulier?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES; ACCEPTEZ LES RÉPONSES DE >1 VISITE AU SITE

- A arrêté de prendre le médicament
- A changé la fréquence à laquelle il prenait le médicament
- A changé la posologie
- A changé de médicament
- A commencé à prendre un nouveau médicament
- A consulté un médecin
- A consulté un pharmacien
- A consulté un autre professionnel de la santé
- A cherché plus d'information détaillée (autres sources)
- N'a pas obtenu d'information
- Autre (PRÉCISEZ _____)
- Aucune – n'a pas modifier un comportement
- Ne sait pas/Pas de réponse

16. [DEMANDEZ À TOUS] Selon vous, qu'est-ce que Santé Canada pourrait faire de plus pour fournir de nouvelles informations sur la sécurité des médicaments et des autres produits thérapeutiques aux Canadiens?
PRÉCISEZ

_____

_____

_____

- Rien
- Ne sait pas/Pas de réponse

E. Perceptions quant à la sécurité des médicaments

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J'aimerais maintenant vous poser quelques questions générales à propos de la sécurité des médicaments...

17. Veuillez maintenant penser à des types spécifiques de produits de santé. Considéreriez-vous que [CATÉGORIE] sont très sécuritaires, assez sécuritaires, pas très sécuritaires ou pas du tout sécuritaires?
LISEZ EN ORDRE

    a. Les médicaments d'ordonnance

    b. Les produits de santé naturels, comme les vitamines, les minéraux ou les remèdes à base de plantes médicinales

    c. Les médicaments en ventre libre

    - Très sécuritaires
    - Assez sécuritaires
    - Pas très sécuritai
    - Pas du tout sécuritaires
    DÉCLARE SPONTANÉMENT
    - Cela dépend
    - Ne sait pas/Pas de réponse

18. Quel est votre niveau de confiance envers les systèmes et mesures de protection en place pour assurer la sécurité des médicaments d'ordonnance qui sont présentement en vente au Canada? Êtes-vous :

    - Très confiant
    - Généralement confiant
    - Pas très confiant
    - Pas du tout confiant
    DÉCLARE SPONTANÉMENT
    - Cela dépend
    - Ne sait pas/Pas de réponse

19. En ce moment, qui est, selon vous, le principal responsable pour assurer la sécurité des médicaments au Canada?
LISEZ ET ALTERNEZ - N'ENTREZ QU'UNE SEULE RÉPONSE

    - Les entreprises pharmaceutiques
    - Le gouvernement fédéral
    - Les professionnels de la santé
    DÉCLARE SPONTANÉMENT
    - Ils ont tous une part égale de responsabilité
    - Autre (PRÉCISEZ _____)
    - Ne sait pas/Pas de réponse

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F. Effets indésirables associés aux médicaments

Comme vous le savez peut-être déjà, il arrive parfois qu'un médicament ou qu'un produit thérapeutique engendre des effets non voulus - c'est ce que l'on appelle un "effet indésirable dû à un médicament". Dans la plupart des cas, ces effets sont mineurs et souvent très prévisibles, comme la somnolence par exemple. Par contre, dans certains cas, les médicaments peuvent avoir un effet sérieux ou inattendu.

20. Lorsque vous prenez un médicament pour la première fois, à quelle fréquence pensez-vous à la possibilité qu'un effet indésirable grave ou inattendu se produise? Y pensez-vous :

- Toujours
- Souvent
- Parfois
- Rarement, ou
- Jamais
DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/Pas de réponse

21. **Avez-vous déjà <u>personnellement</u> éprouvé un effet indésirable associé à un médicament, une médication ou un produit de santé qui était grave ou inattendu?**

- Oui
- Non PASSEZ À Q.25
- Ne sait pas/Pas de réponse PASSEZ À Q.25

22. **(SI OUI À Q.21) Cet effet indésirable était-il associé à la prise :**
LISEZ – SI PLUS D'UN INCIDENT, DEMANDEZ DE RÉPONDRE À LA QUESTION D'APRÈS L'INCIDENT LE PLUS RÉCENT

- D'un médicament d'ordonnance
- D'un produit de santé naturel, comme une vitamine, un minéral ou un remède à base de plantes
- D'un médicament en vente libre
DÉCLARE SPONTANÉMENT
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

23. **<u>Avant</u> que l'effet ne se produise, saviez-vous qu'il était possible que la prise de ce médicament spécifique entraîne ce type d'effet indésirable?**

- Oui
- Non
- Ne sait pas/Pas de réponse

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24. De manière spécifique, qu'est-ce que vous avez fait lorsque vous avez éprouvé cet effet indésirable associé au médicament?
NE LISEZ PAS- ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Contacter le médecin pour obtenir de l'aide
- Contacter le pharmacien pour obtenir de l'aide
- Contacter un autre professionnel de la santé pour obtenir de l'aide
- Contacter l'entreprise pharmaceutique pour obtenir des informations
- Aller à l'hôpital
- Arrêter de prendre le médicament
- Déclarer l'effet au médecin
- Déclarer l'effet au pharmacien
- Déclarer l'effet à un autre professionnel de la santé
- Déclarer l'effet à l'entreprise pharmaceutique
- Déclarer l'événement à Santé Canada
- Déclarer l'événement à un autre ministère
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

G. Notification de l'effet indésirable

25. [DEMANDEZ SI NON/NSP/PDR À Q.21] Que seriez-vous le plus susceptible de faire si vous éprouviez un effet indésirable associé à un médicament que vous prenez?
NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

- Contacter le médecin pour obtenir de l'aide
- Contacter le pharmacien pour obtenir de l'aide
- Contacter un autre professionnel de la santé pour obtenir de l'aide
- Contacter l'entreprise pharmaceutique pour obtenir des informations
- Aller à l'hôpital
- Contacter un centre antipoisons
- Contacter un centre provincial d'informations sur les médicaments
- Arrêter de prendre le médicament
- Déclarer l'effet au médecin
- Déclarer l'effet au pharmacien
- Déclarer l'effet à un autre professionnel de la santé
- Déclarer l'effet à l'entreprise pharmaceutique
- Déclarer l'événement à Santé Canada
- Déclarer l'événement à un autre ministère
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

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26. Un système est en place pour que les entreprises pharmaceutiques, les professionnels de la santé et les consommateurs puissent déclarer les effets indésirables associés aux médicaments.

Le consommateur peut déclarer un effet indésirable associé à un médicament de trois façons différentes :

- En contactant un médecin, un pharmacien ou un infirmier
- En contactant Santé Canada à l'aide d'un service de notifications sans frais, ou
- En contactant le fabricant du produit qui a engendré un effet indésirable.

Laquelle des ces trois méthodes de notification d'un effet indésirable associé à un médicament seriez-vous le plus à l'aise d'utiliser?
LISEZ AU BESOIN

- En contactant un médecin
- En contactant un pharmacien
- En contactant un infirmier
- En contactant Santé Canada
- En contactant l'entreprise pharmaceutique

DÉCLARE SPONTANÉMENT

- Aucune préférence
- Cela dépend — PASSEZ À Q.27
- Ne sait pas/Pas de réponse — PASSEZ À Q.27

27. En ce moment, il semble qu'au Canada, la majorité des effets indésirables associés aux médicaments ne soient pas déclarés. Le système fait en sorte que les entreprises pharmaceutiques doivent déclarer tous les effets indésirables graves qui leur ont été signalés. Par contre, les professionnels de la santé et les consommateurs font ces notifications sur une base volontaire.

J'aimerais maintenant vous poser une question sur les professionnels de la santé, comme les médecins, les pharmaciens et les infirmiers...

Selon vous, croyez-vous que :
LISEZ ET ALTERNEZ

- Les professionnels devraient être obligés, selon la loi, de déclarer tous les effets indésirables associés aux médicaments

ou

- Les professionnels de la santé devraient continuer de déclarer les effets indésirables associés aux médicaments sur une base volontaire.

DÉCLARE SPONTANÉMENT

- Cela dépend — PASSEZ À Q.29
- Ne sait pas/Pas de réponse — PASSEZ À Q.29

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28. Pouvez-vous me dire les raisons pour lesquelles vous croyez que cela serait la meilleure façon d'encourager la déclaration des effets indésirables dus aux médicaments?
NE LISEZ PAS- ENTREZ TOUTES LES RÉPONSES APPLICABLES

Raisons pour lesquelles ils devraient être obligés, selon la loi
- Important de fournir cette information à Santé Canada
- Nécessaire de protéger la santé du public
- Cela fera en sorte que les médicaments seront plus sécuritaires
- Seule façon que le système fonctionnera
- Professionnels ne le feront que s'ils en ont l'obligation
- Améliorera la confiance du public à l'égard de la sécurité des médicaments/du système
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

Raisons pour lesquelles ils devraient continuer de le faire sur une base volontaire
- Aucune raison de légiférer à ce sujet
- Difficile à imposer
- Un trop gros fardeau pour les professionnels
- Augmentera les coûts des soins de santé
- Mesures volontaires fonctionneront mieux
- Préoccupations à l'égard de la confidentialité du patient/de la diffusion d'informations personnelles
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

H. Consentement éclairé

29. Afin de pouvoir déclarer adéquatement un effet indésirable associé à un médicament, les informations suivantes concernant le patient pourraient être incluses dans la notification : l'âge du patient, son sexe, sa taille, son poids, le médicament pris, le type d'effet indésirable éprouvé et tout autre problème ou condition médicale pertinente. Le nom du patient ne serait pas inclus dans cette notification.

Est-ce que le fait d'inclure ces informations dans une telle notification, vous découragerait de déclarer un effet indésirable associé à un médicament?

- Oui
- Non
- Cela dépend
- Ne sait pas/Pas de réponse

30. Avant qu'un professionnel puisse déclarer un effet indésirable à Santé Canada, croyez-vous qu'il devrait être obligatoire d'obtenir la permission du patient?

- Oui
- Non
- Cela dépend — PASSEZ À Q.32
- Ne sait pas/Pas de réponse — PASSEZ À Q.33

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31. Et, pouvez-vous me dire les raisons pour lesquelles vous croyez que la permission du patient [devrait être/ne devrait être pas] requise pour déclarer de tels effets?

NE LISEZ PAS – ENTREZ TOUTES LES RÉPONSES APPLICABLES

Raisons pour lesquelles le répondant croit que oui
- Protège le droit à la vie privée des patients
-
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

Raisons pour lesquelles le répondant croit que non
- La sécurité publique est plus importante que la vie privée du patient
- L'information exigée n'est pas de nature personnelle
- Il est nécessaire de s'assurer que la notification sera faite
-
- Autre (PRÉCISEZ _____)
- Ne sait pas/Pas de réponse

32. (SI OUI/CELA DÉPEND À Q.30) . Si demander la permission du patient faisait en sorte que les professionnels de la santé déclareraient moins souvent les effets indésirables dus aux médicaments, seriez-vous toujours en faveur du fait d'exiger la permission du patient?

- Oui
- Non
DÉCLARE SPONTANÉMENT
- Cela dépend
- Ne sait pas/Pas de réponse

I. Questions démographiques

Pour terminer, j'aimerais vous poser quelques questions sur vous et votre foyer qui serviront à des fins de statistiques uniquement. Veuillez être assuré que toutes vos réponses demeureront entièrement confidentielles.

33. Dans laquelle des catégories d'âge suivantes puis-je vous placer? [31.00]
LISEZ

- 18 à 24 ans
- 25 à 34 ans
- 35 à 44 ans
- 45 à 54 ans
- 55 à 64 ans
- 65 ans et plus
DÉCLARE SPONTANÉMENT
- Pas de réponse/refuse

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34. Quel est le plus haut niveau de scolarité que vous ayez complété?
LISEZ AU BESOIN - N'ENTREZ QU'UNE SEULE RÉPONSE

- École primaire
- Quelques années d'école secondaire
- Études secondaires terminées
- Quelques années de collège communautaire/de collège technique/de cégep
- Études de collège communautaire/de collège technique/de cégep terminées
- Quelques années d'études universitaires
- Études universitaires terminées
- Études supérieures (maîtrise, doctorat)
- Aucune scolarité

DÉCLARE SPONTANÉMENT
- Pas de réponse/Refuse

35. Quelle est votre langue maternelle, c'est-à-dire quelle est la première langue que vous avez apprise à la maison?
NE LISEZ PAS - N'ENTREZ QU'UNE SEULE RÉPONSE

- Anglais
- Français
- Autre (PRÉCISEZ _____)
- Pas de réponse/Refuse

36. À quel groupe ethnique ou culturel appartenez-vous?
NE LISEZ PAS – ENTREZ JUSQU'À DEUX RÉPONSES

- Canadien
- Canadien-français /Québécois
- Français
- Anglais
- Américain
- Irlandais/Écossais/Gallois
- Chinois
- Européen de l'Est (Tchèque/Slovaque, Hongrois
- Finlandais/Finnois/Balte
- Allemand/Autrichien
- Grec/Macédonien
- Hongrois
- Indien/Pakistanais/Sikh/Bengali/Sri Lankais/Tamoul/Bangladais
- Italien
- Japonais/Coréen/Asiatique oriental
- Juif
- Autochtone/Inuit/Indigène
- Afro-américain (Noir)
- Hollandais/Néerlandais
- Polonais
- Portugais
- Russe/Ukrainien
- Scandinave
- Indien oriental
- Océanique (Australien, Néo-Zélandais)
- Autre (PRÉCISEZ _____)

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-Pas de réponse/Refuse

37. À des fins statistiques uniquement, nous avons besoin d'informations à propos du revenu de votre foyer. Parmi les catégories suivantes, veuillez me dire quelle est celle qui correspond le mieux au revenu total annuel de votre foyer pour l'année 2002?
LISEZ - N'ENTREZ QU'UNE SEULE RÉPONSE – ARRONDISSEZ SI LA RÉPONSE SE TROUVE À LA LIMITE D'UNE CATÉGORIE

    - Moins de 25 000 $
    - De 25 000 à moins de 40 000 $
    - De 40 000 à moins de 60 000 $
    - De 60 000 à moins de 80 000 $
    - 80 000 $ et plus
    DÉCLARE SPONTANÉMENT
    - Ne sait pas/Refuse

38. Et, finalement, puis-je avoir les trois premiers caractères de votre code postal?
(NOUVEAU-BRUNSWICK UNIQUEMENT :) Et, finalement, puis-je avoir les six caractères de votre code postal?
ENTREZ

    ____ _____ _____

Ceci met fin au sondage. Dans le cas où mon superviseur voudrait vérifier si j'ai bel et bien effectué cette entrevue, puis-je avoir votre prénom?

Prénom : _____

De la part de Santé Canada, nous vous remercions grandement de votre collaboration.

ENTREZ :

39. Sexe

    - Homme
    - Femme

40. Langue de l'entrevue

    - Anglais
    - Français

41. Province/Territoire

    - Alberta
    - Colombie-Britannique
    - Manitoba
    - Nouveau-Brunswick
    - Terre-Neuve
    - Nouvelle-Écosse
    - Ontario
    - Île-du-Prince-Édouard
    - Québec
    - Saskatchewan
    - Nunavut
    - Territoires du Nord-Ouest
    - Yukon

-- FIN --

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Appendix E:

Dear Health Professional Letter

REMICADE

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Contact
BGTD

This document is also available in PDF format [remicade_hpc-cps_e.pdf]
Pages: 3, Size: 19 K, Date: 2001-10-23

Important Drug Warning On Remicade™

Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) posts safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although TPD and BGTD approve therapeutic products, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Schering Canada Inc. and Centocor.**
Contact the company for a copy of any references, attachments or enclosures.

SCHERING CANADA INC.

IMPORTANT DRUG SAFETY INFORMATION

October 23, 2001

Dear Healthcare Professional:

Schering Canada and Centocor, in consultation with Health Canada, would like to inform you of important new safety information for REMICADE™ (infliximab). Upon review of preliminary results of its ongoing phase 2 trial in 150 patients with moderate to severe (NYHA class III-IV) congestive heart failure (CHF), higher incidences of mortality and hospitalization for worsening heart failure were seen in patients treated with REMICADE, especially those treated with the higher dose of 10 mg/kg. Seven of 101 patients treated with REMICADE died compared to no deaths among the 49 patients on placebo. Please note that there are no Canadian patients participating in this CHF trial.

In this trial, stable but symptomatic patients with NYHA Class III-IV CHF

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Need Larger Text?

In this trial, stable but symptomatic patients with NYHA Class III-IV CHF were treated with 3 infusions of REMICADE 5 mg/kg, REMICADE 10 mg/kg, or placebo over 6 weeks. REMICADE is a biological therapeutic product indicated for the treatment of rheumatoid arthritis and Crohn's disease.

Schering Canada and Centocor are alerting physicians to these potential adverse effects of REMICADE in patients with CHF. At present, there are insufficient data to determine optimal patient management. However, based on these preliminary findings, and pending additional data, physicians should consider the following precautionary measures.

For patients with rheumatoid arthritis or Crohn's disease being considered for therapy with REMICADE:

Do not initiate therapy in patients with congestive heart failure.

Patients with CHF currently receiving chronic REMICADE treatment for rheumatoid arthritis or Crohn's disease should be reevaluated.

Treatment should be discontinued in patients whose CHF is worsening.

Treatment discontinuation should be considered in patients with stable concomitant CHF, especially in those who have not had a significant clinical response to REMICADE therapy. If a decision is made to continue treatment, cardiac status should be closely monitored.

Although experimental pre-clinical studies and prior small clinical trials had suggested that therapy targeted at TNF might be of benefit in patients with CHF, this and other recent trials have failed to demonstrate that agents that bind TNF can improve the clinical course in these patients.

Centocor will continue to acquire follow up data on patients in the phase 2 trial in order to better characterize the risk posed by REMICADE to patients with CHF and to provide more definitive conclusions and recommendations to healthcare professionals, in the form of a future update to the product monograph.

Schering Canada and Centocor are committed to ensuring that REMICADE is used safely and effectively and will continue to work closely with Health Canada and healthcare professionals to communicate new information and updates to the product monograph concerning the potential for risk associated with the use of REMICADE in patients with concomitant CHF.

Schering Canada and Centocor can assure you that it will provide you with the most current product information for REMICADE. You can assist us with monitoring the safety of REMICADE by reporting adverse events to Schering Canada at 1-800-463-5442. Alternatively, this information may be reported to Health Canada, Canadian Adverse Drug Reaction Monitoring Program.

Should you have any questions or require further information regarding the use of REMICADE, please contact Schering Canada's Medical Services at 1-800-463-5442 or fax to 1-800-369-3090 or e-mail at medical.services@spcorp.com

Sincerely,

original signed by

Patrice Larose, B.Pharm., Ph.D.
Associate Director, Regulatory Affairs, Drug Safety and Medical Services
Schering Canada Inc.

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[redacted]

Any suspected adverse reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Bureau of Licensed Product Assessment
Therapeutic Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The ADR Reporting Form can be found in The Canadian Compendium of Pharmaceuticals and Specialties, or on the TPD website, along with the ADR Guidelines.

Last Updated: 2001-10-23



Important Notices

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Appendix F:

Dear Health Professional Letter

PERMAX

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Contact
MHPD-DPSC

This document is also available in PDF format [lilly_permax_hpc-cps_e.pdf]
Pages: 3, Size: 23.6 K, Date: 2003-04-23

Important Safety Information Regarding PERMAX® (pergolide mesylate) and Cardiac Valvulopathy - Eli Lilly Canada Inc. and Draxis Health Inc. - Health Professional Advisory

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from Eli Lilly Canada Inc. and Draxis Health Inc. Contact the company for a copy of any references, attachments or enclosures.

DRAXIS

Lilly

April 14, 2003

IMPORTANT SAFETY INFORMATION REGARDING PERMAX® (pergolide mesylate) and CARDIAC VALVULOPATHY

Dear Health Care Professional,

This letter is being sent out following discussions with Health Canada regarding the use of PERMAX® (pergolide mesylate) for the treatment of Parkinson's Disease. PERMAX® (pergolide mesylate) is indicated in the treatment of the signs and symptoms of idiopathic Parkinson's disease. We would like to provide you with additional safety information that has become available through post-marketing experience in other countries.

During the post-marketing surveillance for PERMAX, a small number of individuals have been identified as developing cardiac valvulopathy involving one or more valves during PERMAX therapy.

Based on data from the worldwide Eli Lilly safety database and scientific

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publications the pathological assessment of valves that were surgically removed was consistent with the valvulopathy associated with carcinoid syndrome and with the use of other ergot alkaloid drugs. While a clear causal relationship between pergolide and valvulopathy seen in these patients can not be established, given the nature of the lesions and known similar effects of other ergots, the Warnings section of the Canadian Product Monograph for PERMAX will be modified to reflect these reports.

In the post-marketing reports, aortic, mitral and tricuspid valves were involved. In some cases, the symptoms or manifestations of valvulopathy improved with cessation of pergolide therapy. Valve replacement was required in two patients.

It is not known whether the fibrotic valvular changes are related to retroperitoneal, pleural, and pericardial fibrosis, which are very rare but well-known adverse events seen with PERMAX.

Since PERMAX was first launched in the US in 1989, a very limited number of cases have been reported. Of the estimated 500,000 people who have been treated with pergolide worldwide since 1989, valvulopathy has been reported in less than 1 in 20,000 patients (0.005%). No cases of cardiac valvulopathy have been reported in Canada since PERMAX was introduced in 1991 to this country. Reporting rates determined on the basis of spontaneously reported post-marketing adverse events are generally presumed to underestimate the risks associated with drug treatments.

The following revisions to the Warnings section of the Canadian Product Monograph for PERMAX (section related to valvulopathy underlined) have been proposed:

Serous Inflammation and Fibrosis - There have been rare reports of pleuritis, pleural effusion, pleural fibrosis, pericarditis, pericardial effusion, cardiac valvulopathy involving one or more valves, or retroperitoneal fibrosis in patients taking pergolide. In some cases, symptoms or manifestations of cardiac valvulopathy improved after discontinuation of pergolide. Pergolide should be used with caution in patients with a history of these conditions, particularly those patients who experienced the event while taking ergot derivatives. Patients with a history of such events should be carefully monitored clinically and with appropriate radiographic and laboratory studies while taking pergolide.

Proposed revisions to the Product Monograph to reflect this updated safety information in the Warnings, Adverse Reactions, and Patient Information sections are currently under review by Health Canada. The revised Product Monograph will be available following approval by Health Canada.

Draxis Health Inc. and Eli Lilly and Company will continue to monitor pharmacovigilance reports. The safety of patients and our products remains our first priority. Should it be determined that PERMAX is to be discontinued, abrupt discontinuation is not recommended as it might exacerbate Parkinsonism.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving PERMAX to Draxis Health Inc. at the following address:

Attn: Medical and Regulatory Affairs
Draxis Health Inc.
6870 Goreway Drive
Mississauga, Ontario, L4V 1P1
Telephone: (866) 460-9885 (toll free)

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Fax: (905) 677-9263

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed use of drugs.

If you have additional questions about PERMAX, please call Draxis Health Inc. Medical Information at 1-866-460-9885.

Sincerely,

original signed by

Bernard J. Chiasson, Ph.D.
Executive Director, Medical & Regulatory Affairs
Draxis Health Inc.

Loren D. Grossman, M.D., FRCPC, FACP
Vice President, Research & Development
Eli Lilly Canada Inc.

® PERMAX is a registered trademark of Eli Lilly and Company, and is licensed exclusively in Canada to Draxis Health Inc.

Any suspected adverse reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2 OTTAWA,
Ontario, K1A 1B9
Tel: (613) 957-0337 or
Fax: (613) 957-0335
Toll free for consumers and health professionals: Tel: 866 234-2345,
Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

Last Updated: 2003-05-01

Important Notices

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Appendix G:

Dear Health Professional Letter

DIANE-35

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About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
- Adverse Reaction Information
- Advisories, Warnings & Recalls
- Biologics, Radio-pharmaceuticals & Genetic Therapies
- Compliance & Enforcement
- Controlled Substances & Precursor Chemicals
- Drug Products
- International Activities
- MedEffect
- Medical Devices
- Medical Use of Marihuana
- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
- Special Access to Drugs & Health Products
- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Home > Drugs & Health Products > MedEffect > Advisories, Warnings & Recalls > For Health Professionals > 2002

Contact
MHPD_DPSC

This document is also available in PDF format [diane-35_hpc-cps_e.pdf]
Pages: 2, Size: 54K, Date: 2002-12-19

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is a letter issued by the **Marketed Health Products Directorate and the Therapeutic Products Directorate**

IMPORTANT SAFETY INFORMATION

Important safety concerns on the use of Diane-35

December 19, 2002

The Marketed Health Products and Therapeutic Products Directorates wish to draw your attention to an article published in the October 2002 issue of CURRENT PROBLEMS in Pharmacovigilance (Medicines Control Agency, United Kingdom) regarding **important safety concerns on the use of cyproterone acetate** (marketed as Diane-35 in Canada, and as Dianette in the United Kingdom). The October 2002 issue is available at:

http://medicines.mhra.gov.uk/ourwork/monitorsafequalmed/currentproblems/cpprevious.htm#2002

Cyproterone acetate (Dianette): Risk of venous thromboembolism

It should only be used to treat severe acne and hirsutism

Dianette is indicated for women with severe acne which has not responded to oral antibiotics, or for moderately severe hirsutism. It contains cyproterone acetate (2mg), an anti-androgenic progestogen, and ethinylestradiol (35:g) and it is administered for 21 days of each menstrual cycle. It therefore has a similar composition to that of a combined oral contraceptive (COC) and provides effective contraception.

However, Dianette is not authorised for the sole purpose of oral

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Need Larger Text?

However, Dianette is not authorised for the sole purpose of oral contraception and should be discontinued 3 to 4 menstrual cycles after the woman's androgen-related condition has completely resolved. The use of a COC carries an increased risk for venous thromboembolism (VTE), including deep vein thrombosis and pulmonary embolism, compared with no use.

Epidemiological studies have shown that the incidence of VTE in users of oral contraceptives with low oestrogen content (<50:g ethinylestradiol) is up to about 40 cases per 100,000 women-years. This compares with 5-10 cases per 100,000 women-years for non-users of COCs and 60 cases per 100,000
pregnancies.

There is some epidemiological evidence that the incidence of VTE in users of Dianette is higher than in users of low- dose oestrogen COCs[1-4]. A recent case-control study using the UK General Practice Research Database (GPRD) found a four-fold increase in the risk of VTE in 24,401 women taking oral contraceptives that contain cyproterone acetate/ethinylestradiol compared with 75,000 women taking second generation oral contraceptives that contain levonorgestrel/ethinylestradiol[1].

In the UK, Dianette usage has increased in recent years. Women with androgen-related conditions may have an inherently increased cardiovascular risk. Product information is being updated to reflect these new findings.

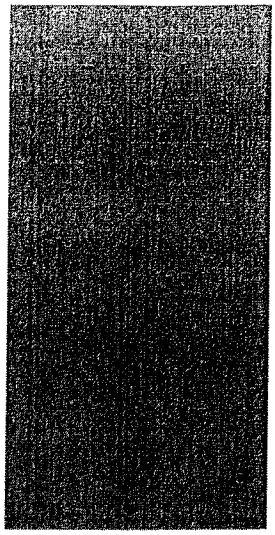
Prescribers are reminded that:

- Dianette is not indicated for use solely as an oral contraceptive.
- Dianette is a treatment for women with severe acne that has not responded to oral antibiotics, or for moderately severe hirsutism.
- Dianette should be withdrawn 3 to 4 cycles after the treated condition has completely resolved.
- The incidence of VTE in Dianette users is higher than that in women who use low-dose oestrogen COCs.
- Dianette is contraindicated in women with a personal or close family history of confirmed, idiopathic VTE and in those with a known current venous thrombotic or embolic disorders.
- Women who have severe acne or hirsutism may have an inherently increased cardiovascular risk.

References:

1. Vasilakis-Scaramozza C and Jick H. Lancet 2001;358: 1427-29.
2. WHO Study. Lancet 1995; 346: 1582-88.
3. Pini M et al. Rec Prog Med 1996; 87(7/8): 331-7.
4. Parkin L et al. Lancet 2000; 355: 2133-4.

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Any suspected adverse drug reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The ADR Reporting Form and the ADR Guidelines can be found on the TPD web site or in *The Canadian Compendium of Pharmaceuticals and Specialties*.

Last Updated: 2002-12-19

Important Notices

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Contact
MHPD-DPSC

This document is also available in PDF format [diane-35_2_hpc-cps_e.pdf]
Pages: 03, Size: 23.7K, Date: 2003-04-10

Important Safety Information about DIANE®-35 and the risk of venous thromboembolism - Berlex Canada Inc. - Health Professional Advisory

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from Berlex Canada Inc. Contact the company for a copy of any references, attachments or enclosures.

BERLEX

BERLEX CANADA INC

April 10,2003

IMPORTANT DRUG SAFETY INFORMATION ABOUT DIANE®-35 AND THE RISK OF VENOUS THROMBOEMBOLISM

- DIANE®-35, as with all estrogen/progestogen combinations, is contraindicated in women with thrombophlebitis, thromboembolic disorders, or a history of these conditions.
- DIANE®-35 users appear to have an elevated risk of venous thromboembolic events compared to users of combination oral contraceptives in some published studies.
- DIANE®-35 should not be prescribed for the purpose of contraception alone.
- During treatment with DIANE®-35, other oral contraceptives should not be used.

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Need Larger Text?

Dear Health Care Professional(s),

Berlex Canada Inc., following discussions with Health Canada, would like to inform you about recent published information on the risk of venous thromboembolism (VTE) with DIANE®-35 (cyproterone acetate and ethinyl estradiol). DIANE®-35, like all estrogen/progestogen combinations, is associated with an increased risk of VTE compared with no use.

DIANE®-35 is a therapeutic agent indicated for the treatment of women with severe acne, unresponsive to oral antibiotic and other available treatments, with associated symptoms of androgenization, including seborrhea and mild hirsutism. It should be discontinued 3 to 4 cycles after signs have completely resolved. DIANE®-35 has many properties in common with combination oral contraceptives and the same contraindications, warnings and precautions apply to DIANE®-35.

Based on an independent analysis, commissioned by Berlex, of recently published information1-7, cases of non-fatal VTE ranging in incidence from 1.2 to 9.9 events per 10,000 women-years have been observed in users of DIANE®-35. As context, the incidence of VTE in non-users of any oral contraceptive is estimated to be 0.5 to 1 event per 10,000 women-years, and increases to 4 events per 10,000 women-years in long-term users of low estrogen content (< 50 :g ethinyl estradiol) combination oral contraceptives8. These event rates are rare, but still justify caution in the use of DIANE®-35.

Since market introduction in 1998, Health Canada has received 11 reports of VTE (deep vein thrombosis, pulmonary embolism, and stroke) equivalent to a reporting rate of 0.33 events per 10,000 women-years. One of these cases involved a death. It should be noted that reporting rates determined on the basis of spontaneously reported post-marketing adverse events are generally presumed to underestimate the risks associated with drug treatments.

Women with androgen-related conditions (e.g., severe acne or hirsutism) may have an inherently increased cardiovascular risk. The excess risk of VTE is highest during the first year a woman ever uses a combination oral contraceptive.

Berlex Canada Inc. is committed to providing you with the most current product safety information on its products. We hope this information will be helpful to you in caring for your patients on DIANE®-35. The official DIANE®-35 Product Monograph is being updated to reflect this new information.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving DIANE®-35 directly to Berlex Canada Inc. at the following address:

Berlex Canada Inc.
334 Avro Avenue
Pointe-Claire, Quebec H9R 5W5
Tel: (800) 361-0240 or by
fax at (514) 631-4721

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

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If you have any questions regarding DIANE®-35, please contact Berlex Canada at 1-800-361-0240.

Yours sincerely,

original signed by

Dr. Jean-Louis Stril, M.D.
Manager, Disease Management and Drug Safety
Berlex Canada Inc.

[1] Lidegaard O. et al. Contraception 2002; 65:187-196.

[2] Pini M et al. Rec Prog Med 1996; 87:331-337.

[3] Farmer RDT et al. Br J Clin Pharmacol 2000; 49:580-590.

[4] Vasilakis-Scaramozza C and Jick H. The Lancet 2001; 358:1427-1429.

[5] Seaman HE et al. Human Reproduction 2003; 18:522-526.

[6] WHO 1995 Lancet 1995; 346:1582-1588.

[7] Farmer RDT. Hum Rep Upd 1999; 5:688-706.

[8] The European Agency for the Evaluation of Medicinal Products (EMEA). EMEA committee for proprietary medicinal products (CPMP) Public Assessment Report. Combined oral contraceptives and venous thromboembolism. 28 September 2001. http://www.emea.eu.int/pdfs/human/regaffair/0220101en.pdf

Any suspected adverse reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

Last Updated: 2003-05-01

Important Notices

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Appendix H

Dear Health Professional Letter

ZOLOFT

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Contact
MHPD_DPSC

This document is also available in PDF format
[zoloft_hpc-cps_e.pdf]
Pages: 2, Size: 26 K, Date: 2003-02-28

Important Safety Information regarding ZOLOFT (sertaline hydrochloride) Pfizer Canada Inc. - Health Professional Advisory

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from Pfizer Canada Inc. Contact the company for a copy of any references, attachments or enclosures.

Pfizer Canada Inc.
P.O. Box 800/C.P. 800
Pointe-Claire/Dorval (Québec)
H9R 4V2

February 28, 2003

IMPORTANT SAFETY INFORMATION REGARDING ZOLOFT* (sertraline hydrochloride)

Dear Health Care Professional(s),

Pfizer Canada Inc. in consultation with Health Canada, would like to inform you of clinically important safety information and upcoming changes to the Product Monograph for ZOLOFT* [sertraline hydrochloride] capsules.

The concomitant use of ZOLOFT (sertraline hydrochloride) and pimozide is contraindicated as ZOLOFT has been shown to increase plasma pimozide levels. Elevation of pimozide blood concentration may result in QT interval prolongation and severe arrhythmias including Torsade de Pointes.

Based upon the results of a study entitled, "Phase 1 Open Study Designed to Determine the Potential Interaction of Sertraline With Cisapride or Pimozide in Healthy Male and Female Subjects", the ZOLOFT Product

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Monograph will be revised to include the following new information:

In a controlled study of a single dose (2 mg) of pimozide, 200 mg sertraline (q.d.) co-administration to steady state was associated with a mean increase in pimozide AUC and Cmax of about 40%. Although these increases were not identified in the trial as being associated with clinically important effects on QT intervals, the trial design was not optimal for the investigation of pharmacodynamic effects in the clinical setting.

Since the highest recommended pimozide dose (12 mg) has not been evaluated in combination with sertraline, the effect on QT interval and PK parameters at doses higher than 2 mg at this time are not known. While the mechanism of this interaction is unknown, due to the narrow therapeutic index of pimozide and due to the interaction noted at a low dose of pimozide, concomitant administration of ZOLOFT (sertraline hydrochloride) and pimozide is contraindicated.

We trust this information is useful in providing guidance on the appropriate use of sertraline concomitantly with pimozide.

Pfizer Canada Inc is committed to providing you with the most current product safety information on its products and routinely assesses safety information and updates Product Monographs accordingly.

Reporting rates determined on the basis of spontaneously reported post-marketing adverse events are generally presumed to underestimate the risks associated with drug treatments.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving ZOLOFT (sertraline hydrochloride) to Pfizer Canada Inc. at the following address:

Pfizer Canada Inc.
Safety and Medical Information
P.O. Box 800
Pointe-Claire, Quebec
H9R-4V2
1-800-463-6001

Your professional commitment in this regard has an important role in protecting the well- being of your patients by contributing to early signal detection and informed drug use.

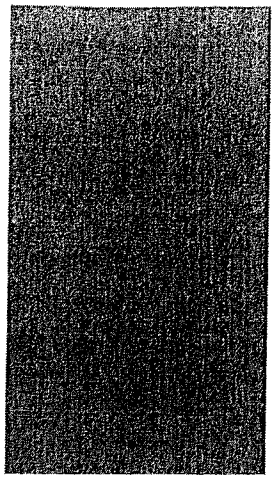
Sincerely,

original signed by

Bernard Prigent, M.D.
Vice President & Medical Director
Pfizer Canada Inc.

*Trade-mark Pfizer Inc
Pfizer Canada Inc., Licensee

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Any suspected adverse reactions can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

Last Updated: 2003-02-28

Important Notices

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Appendix I

Dear Health Professional Letter

TAMOXIFEN

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- Compliance & Enforcement
- Controlled Substances & Precursor Chemicals
- Drug Products
- International Activities
- MedEffect
- Medical Devices
- Medical Use of Marihuana
- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
- Special Access to Drugs & Health Products
- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Home > Drugs & Health Products > MedEffect > Advisories, Warnings & Recalls > For Health Professionals > 2002

Contact
BMORS Enquiries

This document is also available in PDF format [tamoxifen_nth-ah_e.pdf]
Pages: 02, Size: 13.3 K, Date: 2002-02-28

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

Important safety information regarding tamoxifen and incidence of uterine malignancies, stroke and pulmonary embolism

November 7, 2002

To: Hospital Chief of Medical Staff, Oncologists

Please forward to the relevant Departments (Medical Directors; Director, Department of Family Medicine; Director, Department of Pharmacy; Director, Department of Gynecology, Director, Department of Oncology) and involved professional staff and please post this NOTICE in your institution.

Health Canada would like to draw your attention to a recent publication identifying important safety information on the use of tamoxifen and the incidence of uterine malignancies, stroke and pulmonary embolism. This safety information is derived from NSABP P-1 study (National Surgical Adjuvant Breast and Bowel Project Breast Cancer Prevention) with women at high risk for breast cancer or having ductal carcinoma in situ (DCIS) receiving tamoxifen in the prevention setting. It is emphasized that the use of tamoxifen in the prevention setting is not an approved indication in Canada.

For the indications currently approved in Canada "treatment of breast cancer in estrogen receptor positive tumors" (Product Monograph Novaldex-D (tamoxifen citrate), AstraZeneca Canada Inc., date of revision May 2, 2002), the benefits of using tamoxifen have been judged to outweigh the potential risks. This information applies to all tamoxifen containing products, regardless of the manufacturer.

Higher incidences of uterine malignancies, stroke and pulmonary embolism were associated with tamoxifen treatment compared to that of placebo in the patient population of study NSABP P-1. Uterine malignancies were categorized into endometrial adenocarcinomas and uterine sarcomas, and

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Need Larger Text?

categorized like endometrial adenocarcinomas and uterine sarcomas, and the incidence rates per 1,000 women-years were 2.20 for tamoxifen versus 0.71 for placebo and 0.17 for tamoxifen versus 0.0 for placebo, respectively. For stroke, the incidence rate per 1,000 women-years was 1.43 for tamoxifen versus1.00 for placebo. For pulmonary embolism, the incidence rate per 1,000 women-years was 0.75 for tamoxifen versus 0.25 for placebo. The median length of follow-up of study NSABP P-1 has reached 6.9 years1

Reporting rates determined on the basis of spontaneously reported post-marketing adverse events are generally presumed to underestimate the risks associated with drug treatments.

The identification, characterization, and management of drug-related adverse events is dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving tamoxifen, to the appropriate manufacturer or to the Marketed Health Products Directorate at the following address:

Any suspected adverse drug reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or
Fax: (613) 957-0335
Toll free for consumers and health professionals: Tel: 866 234-2345,
Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The ADR Reporting Form and the ADR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialities.

Your professional commitment in this regard has an important role in protecting the well- being of your patients by contributing to early signal detection and informed drug use.

Health Canada asks that you share these recommendations with your staff or membership and encourage their implementation in the interest of patient safety.

Reference:

1 Fisher B, Costantino IP, Wickerham DL et al, Tamoxifen for prevention of breast cancer: a report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. J. Natl. Cancer Inst. 90 (1998), pp 1371.

Last Updated: 2002-02-28 Important Notices

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Appendix J

Dear Health Professional Letter

ZYBAN

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About Health Canada
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- Biologics, Radio-pharmaceuticals & Genetic Therapies
- Compliance & Enforcement
- Controlled Substances & Precursor Chemicals
- Drug Products
- International Activities
- MedEffect
- Medical Devices
- Medical Use of Marihuana
- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
- Special Access to Drugs & Health Products
- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Home > Drugs & Health Products > MedEffect > Advisories, Warnings & Recalls > For Health Professionals > 2001

Contact
MHPD_DPSC

This document is also available in PDF format [zyban_hpc-cps_e.pdf]
Pages: 5, Size: 18K Date: 2001-07-03

Important Drug Warning - ZYBAN® - GlaxoSmithKline

Therapeutic Products Directorate (TPD) and Biologic and Genetic Therapies Directorate (BGTD) posts safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although TPD and BGTD approve therapeutic products, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **GlaxoSmithKline.** Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION

GlaxoSmithKline
7333 Mississauga Road
North Mississauga, Ontario
Canada
L5N 6L4

Tel. 905 819 3000
Fax. 905 819 3099
www.gsk.com

July 3, 2001

Dear Health Professional(s),

This letter is being sent out following agreement with Health Canada. GlaxoSmithKline would like to inform you of important safety information regarding bupropion (ZYBAN® and WELLBUTRIN® SR). ZYBAN® is indicated for smoking cessation treatment in conjunction with behavioural modification. WELLBUTRIN® SR is indicated for the symptomatic relief of depressive illness. GlaxoSmithKline is also aware that, WELLBUTRIN® SR is being prescribed in some patients for the non-indicated use of smoking cessation treatment.

As of April 30, 2001, there have been an estimated 1,245,000 patients

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prescribed ZYBAN® since it became available in Canada in August 1998 and an estimated 699,000 patients prescribed WELLBUTRIN® SR since it was approved for market in May 1998. The Canadian Adverse Reaction Monitoring Programme (CADRMP) has received a total of 1127 reports of suspected adverse reactions associated with the use of bupropion, as of May 28, 2001. Where the report did not specify the brand name, it is listed as "bupropion". Of these reports, 682 (ZYBAN®: 573, WELLBUTRIN® SR: 88, bupropion: 21) were considered 'serious', and 19 (ZYBAN®: 12, WELLBUTRIN® SR: 5, bupropion: 2) had a fatal outcome, 172 (ZYBAN®: 120, WELLBUTRIN® SR: 46, bupropion: 6) involved seizures/convulsions, and 37 (ZYBAN®: 36, WELLBUTRIN® SR: 1) were reports of serum sickness/serum sickness-like reactions. Of the cases of fatal outcome, there was 1 case of liver failure (WELLBUTRIN® SR), 1 case of myocarditis (ZYBAN®) and 3 cases of suicide (2 ZYBAN®, 1 bupropion). Cause and effect relationships have not been established or speculated in the vast majority of reports submitted. Not all suspected reactions are reported to the CADRMP and consequently this information should not be used to estimate the incidence of adverse reactions.

Most of the information summarized below is currently in our approved Product Monographs for ZYBAN® and WELLBUTRIN® SR. However, to ensure physicians are prescribing bupropion optimally, please note the following important safety information:

To reduce the risk of seizures, bupropion is contraindicated in patients

- with a current seizure disorder
- with a current or prior diagnosis of bulimia or anorexia nervosa
- using another medication containing bupropion (e.g. ZYBAN, an anti-smoking aid; WELLBUTRIN SR, an antidepressant)
- undergoing abrupt withdrawal from alcohol or benzodiazepines or other sedatives
- with known hypersensitivity to bupropion

To reduce risks due to drug interactions, the concomitant use of bupropion is contraindicated in patients currently taking

- monoamine oxidase inhibitors (MAOIs)
- the antipsychotic thioridazine, since bupropion may inhibit thioridazine metabolism, thus causing an increase in thioridazine levels and a potential increased risk of thioridazine-related serious ventricular arrhythmias and sudden death

In all cases, at least 14 days should elapse between discontinuation of one drug and the start of the other.

Related to the risk of seizures

Bupropion is associated with a dose related risk of seizures. **Therefore, the recommended maximum dose of bupropion (300 mg/day) must not be exceeded, and no single dose should exceed 150 mg.**

The seizure rate associated with doses of sustained-release bupropion up to 300 mg/day is approximately 1 in 1000.

Patients should be warned to see a clinician immediately if a seizure occurs, and to stop taking bupropion. Treatment with bupropion should not be restarted.

There is also an increased risk of seizures occurring in the presence of factors which lower the seizure threshold. Bupropion should be used with extreme caution, when treating patients with such risk factors, which include:

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- history of head trauma or prior seizure
- central nervous system tumor
- concomitant medications known to lower seizure threshold, including but not limited to: antidepressants, antipsychotics, theophylline, systemic steroids, quinolone antibiotics, and antimalarials
- excessive use of alcohol
- diabetes treated with hypoglycemics or insulin
- use of over the counter stimulants or anorectics
- addiction to opiates, cocaine, or stimulants

The above list of risk factors, including medications, should not be considered exhaustive; for each patient, all potential predisposing factors must be carefully considered.

Related to risks for patients with hepatic impairment

Bupropion is not recommended for use in patients with severe hepatic impairment. Should clinical judgement deem use of bupropion necessary in these patients, the drug should be used with a reduced dose and extreme caution.

Related to risks of serious allergic reactions

Anaphylactoid/anaphylactic reactions characterized by symptoms such as pruritus, urticaria, angioedema, and dyspnea have been reported at a rate of one to three per thousand in clinical trials. In addition, there have been rare spontaneous postmarketing reports of erythema multiforme, Stevens Johnson syndrome, and anaphylactic shock associated with bupropion. A patient should stop taking bupropion and consult a doctor if experiencing allergic or anaphylactoid/anaphylactic reactions (e.g., skin rash, pruritis, hives, chest pain, edema, and shortness of breath) during treatment.

Arthralgia, myalgia and fever have also been reported in association with rash and other symptoms suggestive of delayed hypersensitivity. These symptoms may resemble serum sickness.

Bupropion should be discontinued immediately if any hypersensitivity reactions are experienced. Symptoms of hypersensitivity reactions should be treated in accordance with established medical practice.

Drug Interactions

As many patients who are prescribed bupropion may be using other medications, the attached table provides a summary of potential drug interactions with bupropion and their management.

GlaxoSmithKline routinely assesses safety information as it becomes available and updates Product Monographs accordingly. Changes will be made to the Product Monographs to reflect the above information. Revised prescribing information and patient information will be distributed to you once approved by Health Canada.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving bupropion (ZYBAN® and WELLBUTRIN® SR) directly to GlaxoSmithKline or to the Bureau of Licensed Product Assessment:

GlaxoSmithKline Inc.
7333 Mississauga Road N

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Mississauga, Ontario
L5N 6L4
Tel: 1-800-387-7374

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

Any questions from health care professionals may be directed to our Medical Information department via GlaxoSmithKline Customer Service at 1-800-387-7374.

Sincerely,

original signed by

Ravinder Kumar, Ph.D.
Vice-President, Regulatory Affairs & Pharmaceutical Development
GlaxoSmithKline Inc.

Any suspected adverse drug reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Bureau of Licensed Product Assessment
Therapeutic Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
cadrmp@hc-sc.gc.ca

The ADR Reporting Form can be found in The Canadian Compendium of Pharmaceuticals and Specialties, or on the TPD website, along with the ADR Guidelines.

IMPORTANT DRUG INTERACTIONS WITH BUPROPION*

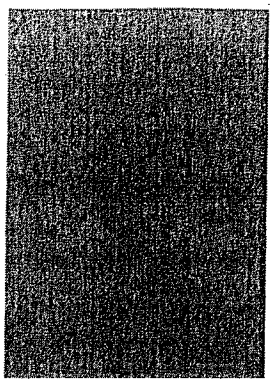
Drugs:	Level and effects of Interaction	Suggested Management
Thioridazine	**CONTRAINDICATION** Bupropion is a CYP2D6 inhibitor, and may increase plasma levels of thioridazine which may increase the risk of QT prolongation and ventricular arrhythmia	At least 14 days should elapse between discontinuation of thioridazine and bupropion initiation
Monoamine oxidase inhibitors	**CONTRAINDICATION** potentiation of monoamine levels	At least 14 days should elapse between discontinuation of MAOIs and initiation of treatment with bupropion.
Drugs that reduce seizure threshold: Antipsychotics Antidepressants Antimalarials Hypoglycemics /insulin for Diabetics Theophylline	**WARNING** Increased risk for seizure	Bupropion should be used with extreme caution

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Tramadol** Systemic steroids Lithium Quinolone antibiotics OTC stimulants/Anorectic agents		
Drugs metabolized by CYP2D6: Antidepressants (e.g. amitriptyline, desipramine, imipramine, nortriptyline, paroxetine, fluoxetine, fluvoxamine, sertraline, venlafaxine), antipsychotics (e.g. risperidone, haloperidol, perphenazine, also see thioridazine under Contraindications), beta-blockers (e.g. metoprolol), Type 1C antiarrhythmics (e.g. propafanone, flecainide)	**PRECAUTION** Bupropion may increase the plasma level of these drugs	Concomitant therapy with medicinal products predominantly metabolized by this isoenzyme with narrow therapeutic indices should be initiated at the lower end of the dose range of the concomitant medicinal product. If bupropion is added to the treatment regimen of a patient already receiving a medicinal product metabolized by CYP2D6, the need to decrease the dose of the original medicinal product should be considered, particularly for those concomitant medicinal products with a narrow therapeutic index.
Drugs that may affect CYP2B6: Orphenadrine Cyclophosphamide, Ifosfamide Nelfinavir, Ritonavir, Efavirenz	**PRECAUTION** Potential for increased plasma levels of bupropion and associated adverse effects	Monitor for increase in adverse events of bupropion
Drugs that are general inducers of the metabolism of bupropion: Carbamazepine Phenobarbital Phenytoin	**PRECAUTION** Potential for reduced plasma levels of bupropion	Monitor for changes in clinical activity of bupropion.
Levodopa	**PRECAUTION** Both bupropion and levodopa increase dopamine availability	Administration of bupropion in patients receiving levodopa should be undertaken with caution, using small initial doses and gradual dose increases. Monitor for increase in adverse events of bupropion.
Transdermal nicotine	**PRECAUTION** Potential to increase blood pressure	Monitoring of blood pressure is recommended in patients who receive the combination of bupropion and nicotine replacement.

It should be noted that drugs metabolized by CYP1A2 isoenzymes (i.e.

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theophylline, tacrine and clozapine) should be monitored upon smoking cessation. Tobacco may induce CYP1A2 isoenzymes; upon its withdrawal, the increased plasma levels of CYP1A2 substrates may result in greater adverse effects associated with smoking cessation following bupropion administration.

* This list is not an exhaustive list of all potential drug interactions with bupropion. It is meant to serve as a guide only. For each patient all potential drug interactions and predisposing factors must be carefully considered.

** Not marketed in Canada

Last Updated: 2001-07-03

Important Notices

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Appendix K

Dear Health Professional Letter

ARAVA

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Contact
BMORS Enquiries

This document is also available in PDF format [arava_hpc-cps_e.pdf]
Pages: 3, Size: 16K, Date: 2001-05-04

Important Safety Information Severe and Serious Hepatic Reactions ARAVA - Aventis Pharma Inc.

Therapeutic Products Directorate (TPD) and Biologic and Genetic Therapies Directorate (BGTD) posts safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although TPD and BGTD approve therapeutic products, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Aventis Pharma Inc., Canada.** Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION

Aventis Pharma Inc.

May 4, 2001

Dear Healthcare Professional(s):

The purpose of this communication is to inform you of important post-marketing safety information for leflunomide (ARAVA) which the European Medicines Evaluation Agency's (EMEA) scientific committee has released. In Canada, leflunomide is indicated for the treatment of adult patients with active rheumatoid arthritis. Leflunomide inhibits the enzyme dihydroorotate dehydrogenase (an enzyme involved in the *de novo* pyrimidine synthesis) and has anti-proliferative activity.

The European Medicines Evaluation Agency's scientific committee has recently been made aware of a total of 296 cases of hepatic reactions among patients exposed to leflunomide for an estimated 104,000 patient years (77,200 US, 17,200 European Union, 300 Canada, 9,600 rest of world). **By Regulatory definition, 129 of these events were considered as serious and included 2 cases of liver cirrhosis and 15 cases of liver failure, 9 with fatal outcome.** Hepatic reactions tended to occur within, but not limited to, the first 6 months of therapy. Although, confounding factors

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Need Larger Text?

were present in many cases (e.g. concomitant potentially hepatotoxic medications and/or disease states), a causal relationship to leflunomide cannot be excluded. These include concomitant use of hepatotoxic medications, history of liver diseases as well as the background prevalence of similar serious adverse events in this patient population. Of the serious reports, 101 patients (78%) were treated concomitantly with hepatotoxic medications. In patients with elevated liver function tests, 58% were also being treated with methotrexate and/or NSAIDs (including the selective Cox-2 inhibitor celecoxib). In 33 of the serious cases (27%), other risk factors were reported including a history of alcohol abuse, liver function disturbance, acute heart failure, severe pulmonary disease or pancreatic carcinoma. Some post-marketing safety data concerning the prescribing profile of leflunomide suggest that monitoring of liver function and washout procedures might not have been fully adhered to. All of the cases with fatal outcome had evidence that monitoring recommendations for dose reductions, discontinuation of therapy, or washout procedures had not been followed. Therefore, it is mandatory to reinforce labeling recommendations to ensure monitoring compliance.

Based on the above-mentioned consideration, the specific guidelines for monitoring liver enzyme levels contained in the current Product Monograph for ARAVA, were reinforced (recent changes are presented below in **bold**). We want to emphasize the need to institute the following monitoring procedures, as documented in the Product Monograph:

- Leflunomide is contraindicated in patients with pre-existing impairment of liver function.
- AST (SGOT) and ALT (SGPT) must be checked before initiation of treatment and at monthly or more frequent intervals during the first 6 months of treatment **and every 8 weeks thereafter**.

  For ALT (SGPT) elevations between 2 and 3 times the upper limit of normal, **the dose of leflunomide may be reduced from 20 mg to 10 mg/day and monitoring should be performed weekly. If ALT (SGPT) elevations of more than 2 times the upper limit of normal persist or if ALT increases to more than 3 times the upper limit of normal,** leflunomide must be discontinued and washout procedures initiated (see Monitoring Recommendations, Precaution section - Product Monograph).

- If a severe undesirable effect of leflunomide occurs, or if for any reason the active metabolite needs to be cleared rapidly from the body (persistent ALT elevations, hematologic toxicity, allergic reaction, pregnancy, switching to methotrexate), the following washout procedures should be initiated:

WASHOUT PROCEDURE

Cholestyramine, 8 grams, is administered 3 times a day for 11 days.

Alternatively, 50 grams of activated charcoal is administered 4 times a day for 11 days.

The duration of washout may be modified depending on clinical or laboratory variables. (See Precautions section - Product Monograph)

As reported by the European Agency for the Evaluation of Medicinal Products, concomitant administration of leflunomide with methotrexate and/or other hepatotoxic medications is associated with an increased risk of serious hepatic reactions. Combined use of leflunomide and methotrexate has not been approved by Health Canada and should not be prescribed

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unless it is in the professional judgement of the physician that the clinical benefits significantly outweigh the documented (serious) risks for hepatotoxicity. If use of the combination is contemplated, the physician must fully discuss the toxicities with the patient prior to the initiation of therapy. Monitoring of liver function tests must be fully adhered to.

As with all medications, the numbers of officially reported adverse reactions may represent only a small fraction of actual events, therefore caution should be exercised in estimating the incidence of such events.

Additionally, we draw your attention to the existing Canadian Product Monograph in regard to Contraindications, Warnings and Special Precautions for the Use, Interactions and Undesirable Effects of leflunomide. Please note that the current Product Monograph and Patient Package Insert for ARAVA will be available on the Aventis website: www.aventispharma.ca

Aventis Pharma Inc. is currently updating the ARAVA Product Monograph to reflect the most recent safety information. Healthcare Professionals should check for revisions on a regular basis.

You can also assist in monitoring the safety of ARAVA by reporting all adverse events to Aventis Pharma Pharmacovigilance by telephone at 1-800-265-7927 or by fax at 1-514-333-2956. You may also report adverse events to the Canadian Adverse Reaction Monitoring Program (CADRMP) Bureau of Licensed Product Assessment, Therapeutic Product Directorate, HEALTH CANADA (please see phone numbers and address below).

Sincerely, Aventis Pharma Inc.

original signed by

Franca Mancino, M.Sc.
Director, Regulatory Affairs and Pharmacovigilance

Questions regarding this message can be directed to the Bureau of Pharmaceutical Assessment, Therapeutic Products Directorate at : (613) 941-3171

Any suspected adverse drug reactions can also be reported to:

Canadian Adverse Reaction Monitoring Program (CADRMP)
Bureau of Licensed Product Assessment
Therapeutic Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
cadrmp@hc-sc.gc.ca

The ADR Reporting Form can be found in *The Canadian Compendium of Pharmaceutical and Specialties*, or on the TPD website, along with the ADR Guidelines.

Last Updated: 2001-05-04

Important Notices

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Appendix L

Dear Health Professional Letter

EFFEXOR

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Contact
BCANS Enquiries

This document is also available in PDF format [effexor_hpc-cps_e.pdf]
Pages: 02, Size: 20 K, Date: 2003-09-24

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Wyeth Pharmaceuticals.** Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION
regarding the use of Effexor® (venlafaxine HCl) Tablets and Effexor® XR (venlafaxine HCl) Capsules in children and adolescents

Wyeth

September 10, 2003

Dear Health Care Professional,

Following discussions with Health Canada, Wyeth wishes to inform you about important emerging safety information on the use of Effexor® (venlafaxine HCl) Tablets and Effexor® XR (venlafaxine HCl) Capsules in children and adolescents. A Dear Health Care Professional Letter was issued in the United States on August 22, 2003. The same information is being distributed in Canada. See attached copy[1].

We are now working with Health Canada to update the Canadian labeling.

In Canada, Effexor® Tablets and Effexor® XR Capsules have not been and are not recommended for use in patients under 18 years.

If you have any questions about this information, please contact Wyeth Medical Information at 1-800-461-8844.

Sincerely,

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Need Larger Text?

original signed by

Neil Maresky, M.B., B. Ch.
Vice President
Scientific Affairs

References:

1. Wyeth Pharmaceuticals, in the United States (US), voluntarily sent out a Dear Health Care Professional Letter on August 22, 2003 to inform Health Care Professionals about changes to the Effexor® Tablets and Effexor® XR Extended Release Capsules Prescribing Information. Attached is a copy of the US Letter for your information.

Wyeth Canada has voluntarily sent a copy of the US letter to Health Canada to inform them of the safety information conveyed to Health Care Professionals in the US and indicated that a labeling change in Canada would be forthcoming.

Any suspected adverse incident can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

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Appendix M

Dear Health Professional Letter

PAXIL

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Contact
BCANS Enquiries

This document is also available in PDF format [paxil_hpc-cps_e.pdf]
Pages: 03, Size: 19 K, Date: 2003-07-10

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **GlaxoSmithKline Inc.** Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT DRUG SAFETY INFORMATION
Until further information is available,
PAXIL® (paroxetine hydrochloride) should not be used in children and adolescents under 18 years of age



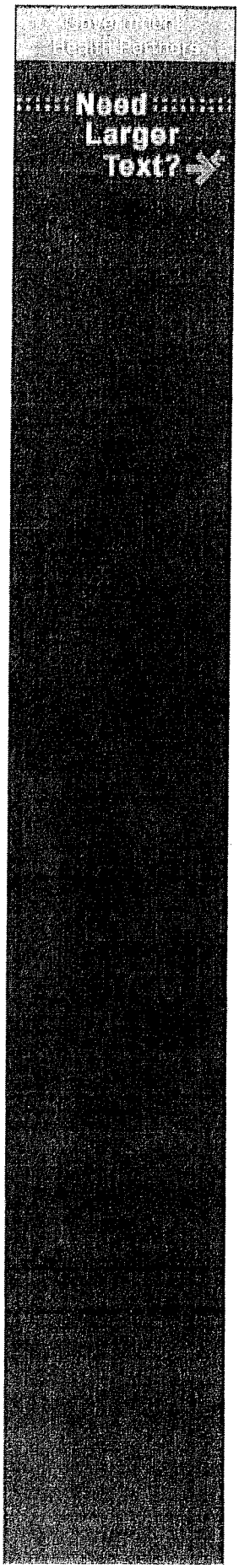
July 2003

Dear Health Care Professional:

GlaxoSmithKline Inc., following discussions with Health Canada, is alerting you to important emerging safety information regarding reports of possible suicide-related adverse events in pediatric patients treated with PAXIL®. The following information will be incorporated into the Product Monograph:

Until further information is available, PAXIL® (paroxetine hydrochloride) should not be used in children and adolescents under 18 years of age (ie. pediatric patients), due to a possible increased risk of suicide-related adverse events in this patient population.

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In pediatric patients with Major Depressive Disorder (MDD), PAXIL® is *contraindicated*, due to additional evidence of lack of efficacy.

There is new evidence from three pediatric placebo-controlled trials in MDD of an increased risk of suicidal thinking, suicide attempts or self-harm. The incidence of these events in the PAXIL® group as compared to the placebo group was: 5.3% (20/378) versus 2.8% (8/285), respectively. Some of these events occurred during the tapering-off period of the studies. The three trials also demonstrated that PAXIL® failed to show greater efficacy than placebo in MDD.

Placebo-controlled data from patients with Social Anxiety Disorder (Social Phobia, SAD) also may suggest an increased risk of possible suicide-related adverse events in patients treated with PAXIL®: 2.4% (4/165) versus 0% (0/157) with placebo. Suicide-related adverse events were also reported in the open label enrichment phase of a study in Obsessive Compulsive Disorder (OCD). In view of the well-established comorbidity between depression and other psychiatric disorders, further information is required before the safe use of PAXIL® can be established in SAD or OCD in pediatrics.

In the pediatric clinical trial programme, which included more than 1,000 patients treated with PAXIL®, there were no completed suicides.

Patients currently taking PAXIL® should *not* discontinue treatment abruptly, due to risk of discontinuation symptoms. A gradual reduction in dose under medical supervision is recommended.

Both the UK Department of Health and the FDA recently issued statements regarding the new evidence from placebo-controlled trials of a possible increased risk of suicidal thinking and suicide attempts in children and adolescents under the age of 18 being treated with the drug PAXIL® for depression.

Although PAXIL® is **not** indicated for use in patients under 18 years of age in Canada, Health Canada is aware of off-label use of this drug in the pediatric population.

After consulting with independent experts in child and adolescent psychiatry, and in conjunction with Health Canada, the following guidance is offered in treating patients under 18 years of age:

- PAXIL® should not be prescribed as new therapy for patients under 18 years of age.
- If your patient is being successfully treated with PAXIL®, then the completion of the planned treatment course should be considered as an option in the management of the illness.
- In all other cases, change of treatment should be considered. If the medical decision is made to stop treatment with PAXIL®, **it is very important that the drug not be discontinued abruptly due to risk of discontinuation symptoms.** A gradual reduction in the dose rather than abrupt cessation is recommended whenever possible. If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment dose titration should be managed on the basis of the patient's clinical response. Patients should be monitored

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when discontinuing treatment, regardless of the indication for which PAXIL® is being prescribed.

This new safety information regarding the use of PAXIL® in children and adolescents under the age of 18 years, does not affect the use of PAXIL® in adults at this time.

GlaxoSmithKline Inc. continues to work closely with Health Canada to monitor adverse event reporting and to ensure that up-to-date information regarding the use of PAXIL® is available.

The identification, characterization and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Health care professionals are asked to report any suspected adverse reactions in patients receiving PAXIL® (paroxetine hydrochloride) directly to GlaxoSmithKline Inc. or the Marketed Health Products Directorate.

GlaxoSmithKline Inc.
7333 Mississauga Road North
Mississauga, Ontario
L5N 6L4
Tel: 1-800-387-7374

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

Any questions from health care professionals may be directed to Medical Information via GlaxoSmithKline Customer service at 1-800-387-7374.

Sincerely,

original signed by

Anne Phillips, M.D., FRCPC
Vice-President, Research & Development and Chief Medical Officer
GlaxoSmithKline Inc.

Any suspected adverse reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

Last Updated: 2003-07-10 Important Notices

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Appendix N

Dear Health Professional Letter

VIOXX

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About Health Canada
Consumer Product Safety
Diseases & Conditions
Drugs & Health Products
- Adverse Reaction Information
- Advisories, Warnings & Recalls
- Biologics, Radio-pharmaceuticals & Genetic Therapies
- Compliance & Enforcement
- Controlled Substances & Precursor Chemicals
- Drug Products
- International Activities
- MedEffect
- Medical Devices
- Medical Use of Marihuana
- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
- Special Access to Drugs & Health Products
- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Home > Drugs & Health Products > MedEffect > Advisories, Warnings & Recalls > For Health Professionals > 2004

Contact
MHPD DPSC

This document is also available in PDF format [vioxx_2_ltp-lp_e.pdf]
Pages: 04, Size: 73 K, Date: 2004-10-07

The Health Products and Food Branch (HPFB) posts on the Health Canada web site safety alerts, public health advisories, press releases and other notices as a service to health professionals, consumers, and other interested parties. These advisories may be prepared with Directorates in the HPFB which includes pre-market and post-market areas as well as market authorization holders and other stakeholders. Although the HPFB grants market authorizations or licenses for therapeutic products, we do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Merck Frosst Canada Ltd.** Contact the company for a copy of any references, attachments or enclosures.

ATTENTION: PRODUCT WITHDRAWAL
VIOXX®

MERCK FROSST
Discovering today for a better tomorrow.

October 1, 2004

Subject: Merck Sharp & Dohme (MSD) Announces Voluntary Worldwide Withdrawal of VIOXX® (rofecoxib)

Dear Pharmacist,

MSD announced on September 30, 2004 a voluntary worldwide withdrawal of PrVIOXX® (rofecoxib), its arthritis and acute pain medication. The Company's decision, which is effective immediately, is based on new, three year data from a prospective, randomized, placebo-controlled clinical trial, the APPROVe [Adenomatous Polyp Prevention on VIOXX®] trial.

APPROVe was a multi-center, randomized, placebo-controlled, double-blind study to determine the effect of 156 weeks (3 years) of treatment with VIOXX® on the recurrence of neoplastic polyps of the large bowel in patients with a history of colorectal adenoma. The trial enrolled 2600 patients, and compared VIOXX® 25 mg to placebo. The trial began enrollment in 2000.

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Need Larger Text?

The trial, which is being stopped, was designed to evaluate the efficacy of VIOXX® 25 mg in preventing recurrence of colorectal polyps in patients with a history of colorectal adenomas. In this study, there was an increased relative risk for confirmed cardiovascular (CV) events, such as heart attack and stroke, beginning after 18 months of treatment in the patients taking VIOXX® compared to those taking placebo. The results for the first 18 months of the APPROVe study did not show any increased risk of confirmed CV events on VIOXX®, and in this respect are similar to the results of two placebo-controlled studies described in the current labeling for VIOXX®.

"We are taking this action because we believe it best serves the interests of patients," said Raymond Gilmartin, Chairman, President and Chief Executive Office of Merck & Co., Inc., Whitehouse Station, NJ, USA. "Although we believe it may have been possible to continue to market VIOXX® with labeling that would incorporate these new data, given the availability of alternative therapies, and the questions raised by these data, we concluded that a voluntary withdrawal is the responsible course to take."

VIOXX® was launched in Canada in 1999, and has been marketed in over 80 countries. In some countries, the product is marketed under the trademark CEOXX. Worldwide sales of VIOXX® in 2003 were $2.5 billion.

Results of the VIGOR (VIOXX® GI Outcomes Research) study, released in March 2000, demonstrated that the risk of gastrointestinal (GI) toxicity with VIOXX® was less than with naproxen, but indicated an increased risk of cardiovascular events versus naproxen. However, in other studies including our Phase III studies that were the basis of regulatory approval of the product, there was not an increased risk of CV events on VIOXX® compared with placebo or VIOXX® compared with other non-naproxen NSAIDs. Given MSD's commitment to providing additional data that advance scientific knowledge about all of our medicines, MSD began longterm randomized clinical trials to provide an even more comprehensive picture of the cardiovascular safety profile of VIOXX®.

"MSD has always believed that prospective, randomized, controlled clinical trials are the best way to evaluate the safety of medicines. APPROVe is precisely this type of study--and it has provided us with new data on the cardiovascular profile of VIOXX®," said Dr. Peter S. Kim, President, Merck Research Laboratories. "While the cause of these results is uncertain at this time, they suggest an increased risk of confirmed CV events beginning after eighteen months of continuous therapy. While we recognize that VIOXX® benefited many patients, we believe this action is appropriate."

MSD has informed the FDA and regulatory authorities in other countries of its decision. Merck Frosst has informed Health Canada of the worldwide withdrawal. The Company is also in the process of notifying health-care practitioners in countries where VIOXX® is marketed. Patients who are currently taking VIOXX® should contact their health-care providers to discuss discontinuing use of VIOXX® and possible alternative treatments. Please inform your customers of the VIOXX® withdrawal. All dispensing activities (new prescription or renewal) for this product must cease immediately.

Attached is a list of all VIOXX® formulations that were available in Canada (Attachment 1). All products in your possession must be returned collect via Purolator Courier (account no. 5636061) to the following address:

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Merck Frosst Canada Ltd.
16711 Transcanada Hwy
Kirkland, P.Q. H9H 3L1
Receiving 1A (att. Returned Goods)

Upon receipt of the merchandise, Merck Frosst Canada Ltd. will issue a credit note for all returned products.

In addition, consumers should be instructed to return their unused tablets or oral solution to their pharmacy. Consumers should not flush unused drugs down the toilet or sink to avoid contaminating ground or municipal water systems.

Patients and health-care professionals may obtain information from http://www.merckfrosst.com or they may call the Merck Frosst Customer Information Centre at 1-800-567-2594.

The results of clinical studies with one molecule in a given class are not necessarily applicable to others in the class. Therefore, the clinical significance of the APPROVe trial, if any, for the long term use of other drugs in this class, consisting of Cox-2 selective inhibitors and NSAIDs, is unknown.

The Canadian Adverse Drug Reaction Monitoring Program at Health Canada is responsible for the collection and assessment of adverse reactions that have been submitted by health-care professionals or consumers either directly or through market authorization holders. In Canada, Health Canada has had a system to gather information on adverse reaction reports since 1965. Information on all reported adverse reactions is maintained in a computerized database. This database is a major tool in the ongoing assessment of marketed therapeutic health products.

Please note that adverse reactions for therapeutic health products marketed in Canada (and foreign reports on the products), including spontaneous reports and Phase IV studies, should be submitted to the Canadian Adverse Drug Reaction Monitoring Program (CADRMP), Marketed Health Products Directorate (MHPD) of the Health Products and Food Branch (HPFB):

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Merck Frosst Canada Ltd.
P.O. Box 1005
Pointe Claire - Dorval
Québec H9R 4P8
Telephone: (514) 428-7920
http://www.merckfrosst.com

Any suspected adverse reaction can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0701C
OTTAWA, Ontario, K1A 0K9
Tel: (613) 957-0337 or Fax: (613) 957-0335
To report an Adverse Reaction, consumers and health professionals may call toll free:
Tel: 866 234-2345
Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

For other inquiries: please refer to contact information.

The AR Reporting Form and the AR Guidelines can be found on the Health Canada web site or in *The Canadian Compendium of Pharmaceuticals and Specialties.*

Or visit the CADRMP website:
http://www.hc-sc.gc.ca/dhp-mps/medeff/advers-react-neg/index_e.html

Sincerely,

original signed by
François Bertrand, MD, CM, CSPQ
Executive Director
Medical Research

ATTENTION
VIOXX® (rofecoxib)
PRODUCT WITHDRAWAL

CATALOGUE #	STRENGTH	FORMAT	DIN #
4420	12.5 mg tablet	30	02241107
4481	12.5 mg tablet	100	02241107
4509	12.5 mg tablet	1000	02241107
4422	12.5 mg tablet	30	02241108
4482	12.5 mg tablet	100	02241108
4510	12.5 mg tablet	1000	02241108
4426	12.5 mg/5 mL Oral suspension	150 mL	02241109

Last Updated: 2004-10-07

Important Notices

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Appendix O

Dear Health Professional Letter

NEFAZODONE

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Contact
MHPD DPSC

This document is also available in PDF format [lin-nefazodone_hpc-cps_e.pdf]
Pages: 02, Size: 19 K, Date: 2003-11-03

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Linson Pharma.**
Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION REGARDING THE DISCONTINUATION OF SALES OF NEFAZODONE IN CANADA

LINSON PHARMA

October 2, 2003

Dear Health Care Professional,

DISCONTINUATION OF SALES OF NEFAZODONE IN CANADA

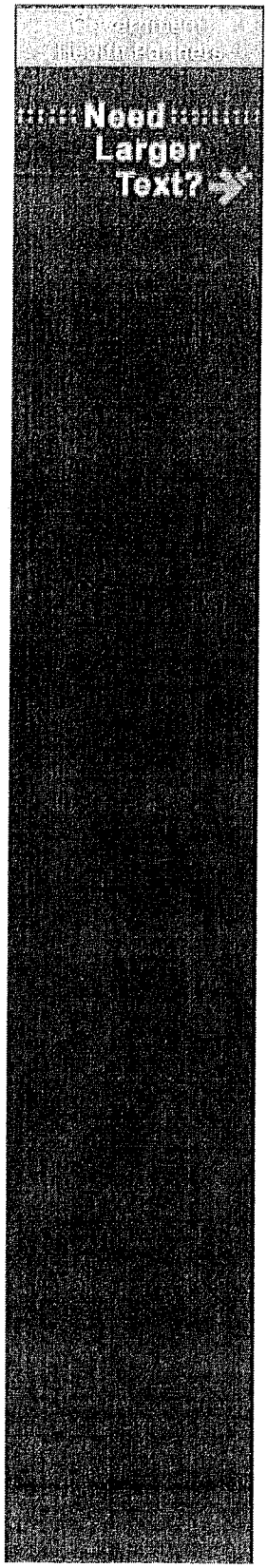
It has come to the attention of Health Canada that nefazodone has been associated with adverse hepatic events including liver failure requiring transplantation in Canada.

Following discussions with Health Canada, Linson Pharma has decided to discontinue sales of nefazodone, effective November 27, 2003.

During this transitional period, healthcare providers are asked to arrange alternative therapies other than nefazodone for their patients.

Linson Pharma ("Linson") would like to advise you of important safety information concerning the antidepressant, nefazodone HCl. Nefazodone, sold by Linson under the trade name LinNefazodone, is indicated for the symptomatic relief of depressive illness. Following discussions with Health Canada concerning reports of hepatotoxicity temporally associated with

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Canada concerning reports of hepatotoxicity temporally associated with nefazodone use, Linson has decided to discontinue sales of the product from the market in Canada effective November 27, 2003.

Since its introduction in 1994, nefazodone has been temporally associated with hepatic adverse events such as jaundice, hepatitis and hepatocellular necrosis in patients receiving therapeutic doses. As of December 2002, there were 51 Canadian reports of hepatotoxicity, ranging from no symptoms to transplantation, suspected to be associated with nefazodone use. One of the two transplant recipients subsequently died. Cases of liver injury have occurred as early as a few weeks after initiation of therapy or after continuous use for up to 3 years. To date, no risk factor to predict patients who will develop irreversible liver failure with nefazodone has been identified. Also no clinical strategy, such as routine liver function tests, could be identified to reduce the risk of liver failure.

Please be advised that on November 27, 2003, Linson Pharma will formally discontinue sales of LinNefazodone (nefazodone) and ask pharmacies to return any remaining products as of November 27, 2003. The Drug Identification Numbers (DINs) for LinNefazodone will immediately thereafter be cancelled by Health Canada.

During this transition period, you are advised to arrange alternative therapies other than nefazodone for your patients. When considering alternative antidepressants for your patients currently taking nefazodone, please note that LinNefazodone should not be used in combination with monoamine oxidase inhibitors. Monoamine oxidase inhibitors should not be introduced until at least seven days after the cessation of LinNefazodone therapy. Please consult the product monographs for both nefazodone and the antidepressant you are considering as replacement therapy before switching your patient.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of Health Care Professionals in adverse drug reaction reporting programs. Health Care Professionals are asked to report any suspected adverse reactions in patients receiving LinNefazodone (nefazodone HCl) directly to Linson Pharma at 1-866-463-6267 or by fax at 1-888-267-6211 or to the Marketed Health Products Directorate.

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

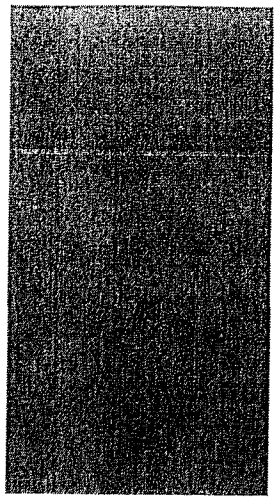
Any questions from Health Care Professionals may be directed to our Medical Information department via Linson Pharma at 1-866-463-6267 or by fax at 1-888-267-6211.

Very truly yours,

original signed by

V. Gladu
Commercial Director
Linson Pharma

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Any suspected adverse incident can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in *The Canadian Compendium of Pharmaceuticals and Specialties*.

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- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
- Special Access to Drugs & Health Products
- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
Science & Research

Contact
MHPD DPSC

This document is also available in PDF format [lin-nefazodone_hpc-cps_e.pdf]
Pages: 02, Size: 19 K, Date: 2003-11-03

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Linson Pharma.**
Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION REGARDING THE DISCONTINUATION OF SALES OF NEFAZODONE IN CANADA

LINSON PHARMA

October 2, 2003

Dear Health Care Professional,

DISCONTINUATION OF SALES OF NEFAZODONE IN CANADA

It has come to the attention of Health Canada that nefazodone has been associated with adverse hepatic events including liver failure requiring transplantation in Canada.

Following discussions with Health Canada, Linson Pharma has decided to discontinue sales of nefazodone, effective November 27, 2003.

During this transitional period, healthcare providers are asked to arrange alternative therapies other than nefazodone for their patients.

Linson Pharma ("Linson") would like to advise you of important safety information concerning the antidepressant, nefazodone HCl. Nefazodone, sold by Linson under the trade name LinNefazodone, is indicated for the symptomatic relief of depressive illness. Following discussions with Health Canada concerning reports of hepatotoxicity temporally associated with

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Need Larger Text?

Canada concerning reports of hepatotoxicity temporally associated with nefazodone use, Linson has decided to discontinue sales of the product from the market in Canada effective November 27, 2003.

Since its introduction in 1994, nefazodone has been temporally associated with hepatic adverse events such as jaundice, hepatitis and hepatocellular necrosis in patients receiving therapeutic doses. As of December 2002, there were 51 Canadian reports of hepatotoxicity, ranging from no symptoms to transplantation, suspected to be associated with nefazodone use. One of the two transplant recipients subsequently died. Cases of liver injury have occurred as early as a few weeks after initiation of therapy or after continuous use for up to 3 years. To date, no risk factor to predict patients who will develop irreversible liver failure with nefazodone has been identified. Also no clinical strategy, such as routine liver function tests, could be identified to reduce the risk of liver failure.

Please be advised that on November 27, 2003, Linson Pharma will formally discontinue sales of LinNefazodone (nefazodone) and ask pharmacies to return any remaining products as of November 27, 2003. The Drug Identification Numbers (DINs) for LinNefazodone will immediately thereafter be cancelled by Health Canada.

During this transition period, you are advised to arrange alternative therapies other than nefazodone for your patients. When considering alternative antidepressants for your patients currently taking nefazodone, please note that LinNefazodone should not be used in combination with monoamine oxidase inhibitors. Monoamine oxidase inhibitors should not be introduced until at least seven days after the cessation of LinNefazodone therapy. Please consult the product monographs for both nefazodone and the antidepressant you are considering as replacement therapy before switching your patient.

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of Health Care Professionals in adverse drug reaction reporting programs. Health Care Professionals are asked to report any suspected adverse reactions in patients receiving LinNefazodone (nefazodone HCl) directly to Linson Pharma at 1-866-463-6267 or by fax at 1-888-267-6211 or to the Marketed Health Products Directorate.

Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

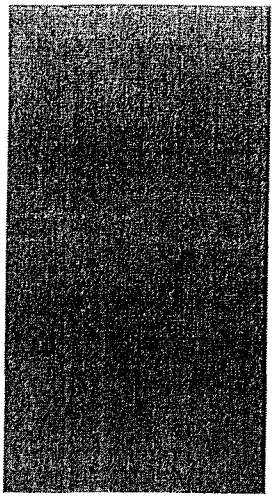
Any questions from Health Care Professionals may be directed to our Medical Information department via Linson Pharma at 1-866-463-6267 or by fax at 1-888-267-6211.

Very truly yours,

original signed by

V. Gladu
Commercial Director
Linson Pharma

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Any suspected adverse incident can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in *The Canadian Compendium of Pharmaceuticals and Specialties*.

Last Updated: 2003-11-03



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- MedEffect
- Medical Devices
- Medical Use of Marihuana
- Natural Health Products
- Public Involvement & Consultations
- Regulatory Requirements for Advertising
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- Substances: Problematic Use
- Veterinary Drugs
- Legislation & Guidelines
- Reports & Publications

Emergencies & Disasters
Environmental & Workplace Health
First Nations & Inuit Health
Food & Nutrition
Health Care System
Healthy Living
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Home > Drugs & Health Products > MedEffect > Advisories, Warnings & Recalls > For Health Professionals > 2003

Contact
MHPD DPSC

This document is also available in PDF format [bms-nefazodone_ltp-lp_e.pdf]
Pages: 03, Size: 58 K, Date: 2003-10-23

The Marketed Health Products Directorate (MHPD), Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) post safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although MHPD, TPD and BGTD approve therapeutic products, MHPD, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **Bristol-Myers Squibb Canada.** Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT SAFETY INFORMATION REGARDING THE DISCONTINUATION OF SALES OF NEFAZODONE IN CANADA: LETTER TO PHARMACISTS AND WHOLESALERS

The following is duplicated text of a letter from Bristol-Myers Squibb Canada directed to pharmacists and pharmaceutical wholesalers. This notification is further to a Health Professional Communication issued by Bristol-Myers Squibb Canada on October 2, 2003.



October 2003

Dear Pharmacist / Wholesaler

Immediate Attention Required
All Lots of Serzone-5HT$_2$ 50 mg, 100 mg, 150 mg, 200 mg

Discontinuation of sales: Serzone-5HT$_2$ (nefazodone HCl)				
PRODUCT	STRENGTH	PRODUCT CODE	DIN	UPC
Serzone-5HT$_2$*	50 mg	003131	02087294	623131001489

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Need Larger Text?

Serzone-5HT$_2$*	100 mg	003280	02087375	623131000543
Serzone-5HT$_2$*	150 mg	003980	02087383	623131000550
Serzone-5HT$_2$*	200 mg	003380	02087391	623131000567

* nefazodone hydrochloride, USP

As mentioned in the enclosed letter, as of November 27, 2003, the sales of Serzone-5HT$_2$ (nefazodone HCl) will be discontinued in Canada. In order to enhance patient safety and allow physicians the opportunity to counsel their patients concerning alternate treatment options, the product should be made available until November 27, 2003, at which time all distribution and dispensing must cease, so that no further sales should occur after November 27, 2003. In order to assist physicians in protecting the well being of their patients during this transition period, these products should be made available until November 27, 2003 and no product should be returned to Bristol-Myers Squibb Canada (BMSC) at this time. BMSC will be sending a second letter on November 27+1 day which will include a fax back form to identify all remaining inventory and a product credit form.

Please inform your customers that they should not discontinue taking Serzone-5HT$_2$ without first consulting with their physician. Please **immediately** refer any customer seeking Serzone-5HT$_2$ to their doctor for consultation.

If you have any questions about this discontinuation of sales, please call our Customer Services at 1-800-267-0005. We regret any inconvenience and appreciate your cooperation.

Any suspected adverse incident can also be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Marketed Health Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The AR Reporting Form and the AR Guidelines can be found on the TPD web site or in The Canadian Compendium of Pharmaceuticals and Specialties.

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Appendix P

Dear Health Professional Letter

BAYCOL

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Contact
BCANS

This document is also available in PDF format [baycol_2_hpc-cps_e.pdf]
Pages: 2, Size: 25 K, Date: 2001-08-08

Market withdrawal of Baycol (cerivastatin)-Bayer Inc.

Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) posts safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although TPD and BGTD approve therapeutic products, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **BAYER INC.**
Contact the company for a copy of any references, attachments or enclosures.

IMPORTANT DRUG WARNING

Bayer

August 8, 2001

Dear Healthcare Professional:

I am writing to inform you of very important new safety information about Baycol (cerivastatin) and rhabdomyolysis.

Rhabdomyolysis is a serious, potentially fatal, adverse effect of all statin drugs, including Baycol. It can occur with statin monotherapy, though the risk appears to be increased significantly by concomitant use of gemfibrozil.

Our ongoing scrutiny of post-marketing reports of rhabdomyolysis, including fatalities, has revealed an increased reporting rate of rhabdomyolysis with Baycol relative to other statins, especially when gemfibrozil is co-prescribed. These data also suggest an increased reporting rate of rhambdomyolysis at the 0.8 mg dose of Baycol alone.

Bayer Inc. has already placed a contraindication in the Baycol Product Monograph against coprescription with gemfibrozil and communicated to healthcare professionals warning against coprescription of these two drugs. Despite these and other actions, Bayer has continued to receive reports of

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Need Larger Text?

Despite these and other actions, Bayer has continued to receive reports of rhabdomyolysis when gemfibrozil is prescribed as a co-medication. Since the co-prescription of Baycol and gemfibrozil has continued despite communications by Bayer against this practice, the company has decided to take the following voluntary action to prevent further cases of rhabdomyolysis:

Effective immediately, Bayer has discontinued the marketing and distribution of all dosage strengths of Baycol. Patients who are currently taking Baycol should have their Baycol discontinued and be switched to an alternative therapy.

Bayer is taking this action as part of an ongoing commitment to patients and their healthcare providers to ensure patient safety.

It is important that you forward any adverse event information associated with the use of Baycol to Bayer Inc. at 1-800-265-7382. You can also report the information directly to Health Canada by fax at 613-957-0335.

If you have further questions regarding this action on Baycol, please contact Bayer Inc. at 1-800-265-7382.

Yours sincerely

original signed by

Neil S. Maresky, M.B., B.Ch.
Vice President
Medical and Scientific Affairs

Any suspected adverse drug reactions can be reported to:
Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Bureau of Licensed Product Assessment
Therapeutic Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
Toll free for consumers and health professionals:
Tel: 866 234-2345, Fax: 866 678-6789
cadrmp@hc-sc.gc.ca

The ADR Reporting Form can be found in The Canadian Compendium of Pharmaceuticals and Specialties, or on the TPD web site, along with the ADR Guidelines.

Last Updated: 2001-08-08

Important Notices

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Contact
BCANS

This document is also available in PDF format [baycol_hpc-cps_e.pdf]
Pages: 3, Size: 16K Date: 2001-07-16

Cerivastatin (BAYCOL®) And Gemfibrozil - Increased Risk of Rhabdomyolysis - Concomitant Use Contraindicated

Therapeutic Products Directorate (TPD) and Biologics and Genetic Therapies Directorate (BGTD) posts safety alerts, public health advisories, press releases and other notices from industry as a service to health professionals, consumers, and other interested parties. Although TPD and BGTD approve therapeutic products, TPD and BGTD do not endorse either the product or the company. Any questions regarding product information should be discussed with your health professional.

This is duplicated text of a letter from **BAYER INC.**
Contact the company for a copy of any references, attachments or enclosures.

Bayer

IMPORTANT SAFETY INFORMATION

July 16, 2001

Dear Health Care Professional:

In March 2000 Bayer Inc., Canada amended the cerivastatin Product Monograph to include a contraindication with gemfibrozil. This letter is intended to remind health care professionals that the combined use of cerivastatin and gemfibrozil is contraindicated due to the risk of rhabdomyolysis and concurrent use should not occur under any circumstances. Post-marketing spontaneous reports have highlighted the increased incidence of rhabdomyolysis in patients receiving cerivastatin and gemfibrozil concomitantly.

Between March 1998 and June 30, 2001, 31 cases of suspected rhabdomyolysis (out of 1.23 million total prescriptions) have been

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rhabdomyolysis (out of 1.33 million total prescriptions) have been **received in Canada, including 8 cases resulting in renal failure and 1 death.** Of these 31 cases, 9 occurred in patients receiving concurrent gemfibrozil treatment. Adverse event rates determined on the basis of spontaneously reported post-marketing adverse reaction reports are generally presumed to underestimate the risks associated with drug treatments.

Rhabdomyolysis is a potentially life-threatening condition and is characterized by markedly elevated CPK levels ($\geq$ 10x the upper limit of normal), myoglobinaemia and myoglobinuria which may lead to renal failure. Patients taking BAYCOL® should be made aware of rhabdomyolysis as a potential side effect and advised to promptly report to their doctors or pharmacists any unexplained muscle pain, tenderness or weakness, particularly if accompanied by malaise or fever. BAYCOL® and gemfibrozil must be discontinued if any significant elevation of CPK level occurs, or if myopathy is suspected or diagnosed.

The risk of rhabdomyolysis with HMG-CoA reductase inhibitors (statins) is thought to be related to plasma concentrations.

Please also note the exact wording from the dosing and administration section of the Product Monograph is as follows:

"The recommended starting dose is 0.2 mg once daily in the evening. The recommended dosing range is 0.2 - 0.8 mg as a single dose in the evening. BAYCOL® may be taken with or without food since there are no apparent differences in the lipid lowering effects of BAYCOL® administered with the evening meal or at bedtime. Dosages should be individualized according to the recommended goal of therapy and the patient's response".

The identification, characterization, and management of drug-related adverse events are dependent on the active participation of health care professionals in adverse drug reaction reporting programmes. Any occurrences of rhabdomyolysis or other serious and/or unexpected adverse events in patients receiving BAYCOL® should be reported to the Bayer Inc., Healthcare Division or the Bureau of Licensed Product Assessment at the following addresses:

Dr. Sandra Tsai
Drug Safety and Medical Information
Bayer Inc., Healthcare Division
77 Belfield Road
Toronto, Ontario M9W 1G6
1-800-268-1331
sandra.tsai.b@bayer.com

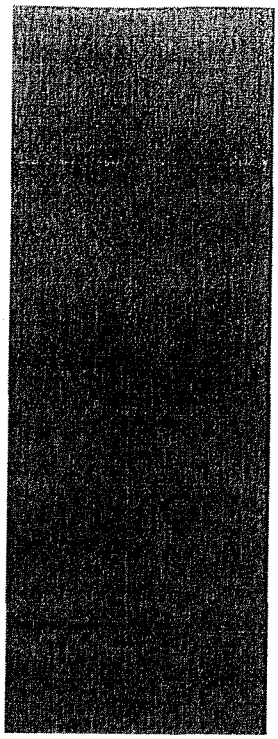
Your professional commitment in this regard has an important role in protecting the well-being of your patients by contributing to early signal detection and informed drug use.

Sincerely

original signed by

Dr. Neil S. Maresky
Vice President
Medical and Scientific Affairs
Bayer Inc., Healthcare Division

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BA470-0701E

Any suspected adverse reactions can also be reported to:

Canadian Adverse Drug Reaction Monitoring Program (CADRMP)
Bureau of Licensed Product Assessment
Therapeutic Products Directorate
HEALTH CANADA
Address Locator: 0201C2
OTTAWA, Ontario, K1A 1B9
Tel: (613) 957-0337 or Fax: (613) 957-0335
cadrmp@hc-sc.gc.ca

The ADR Reporting Form can be found in The Canadian Compendium of Pharmaceuticals and Specialties, or on the TPD website, along with the ADR Guidelines.

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Annex I

Statistical Analysis of the Health Professional Survey

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Annex I: Statistical Analysis of the Health Professional Survey Data

I Statistical Analysis

The health professional survey data was analysed using Wincross version 6.0 - a Microsoft Excel and Microsoft Word compatible statistical analysis software developed by the Analytical Group, Inc. to analyse survey data (Website: www.analyticalgroup.com). WinCross is an advanced and powerful crosstabulation software which performs multiple data comparisons using various statistical tests to identify data relationships of significance found in survey data.

Groups selected for comparison in the health professional survey included; the five different health professions, practice setting, number of prescriptions written per week, years in practice and region of practice. Comparisons between groups were made using the z- test to compare percentages, the t-test to compare the difference between two independent means and the chi-square test to test the independence of two variables being compared. For each of the test statistics used, cells that had a frequency of 0% were excluded from analysis.

I) Z-test for Comparison of Proportions (Percentages)

The z-test was used to tests the significance of the differences between percentages for selected comparison groups.

The assumptions made for the use of the z- test in this analysis included:

- the sample was selected at random
- the population distribution was assumed to be normal if there were more than 30 cases for any one variable
- the survey data were interval or ratio level

H_0 = the population proportion is equal to a particular value, X_1

H_1 = the population proportion is not equal to X_1

The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were

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interpreted as significant when p was less than or equal to 0.05.

ii) T-test for Comparison of Means

The t-test was used to compare means calculated for each comparison group. Only valid response were used to calculate the mean scores (i.e. choices such as *depends* or *don't know* where excluded from the calculation of the mean).

The assumptions made for the use of the t- test in this analysis included:

- the sample of health professionals was selected at random
- the population distribution was assumed to be normal if there were more than 30 cases for any one variable
- the survey data were interval or ratio level
- the population variances were assumed to be equal

H_0 = the mean difference in the population equals zero

H_1 = the mean difference in the population does not equal zero

The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05.

iii) Chi-square Test to Test the Independence of Categorical Variables

The chi-square test was used to test the independence of two categorical variables being compared within the different comparison groups. The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05. The confidence level was calculated using the formula (1-significance value) X 100). A footnote appears at the bottom of each table if any cells had a value of less than 1 or if more than 20% of cells had a value of less than 5.

The assumptions for the use of the chi-square test included:

- the sample of health professionals was selected at random
- the population distribution was assumed to be normal if cell

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frequencies were 5 or greater
- the data are nominal or ordinal level

H_0 = there is no association between the factors compared

H_1 = there is an association in the population studies between the two factors

The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05.

II Display and Interpretation of Results

I) Display of Analysis Results

The results of the health professional survey and the analysis conducted are presented by survey question (questions 1 through 31 of the health professional survey) in tabular form. Comparison groups are indicated at the top of each table followed by the frequency of responses obtained in each question and the results of the statistical tests performed to compare groups.

ii) Interpretation of Results

- When more than two columns within a table were compared, all paired combinations of the columns were tested individually and significant differences are annotated accordingly.

- Significance between comparison groups at the 95% confidence level is denoted in the tables with upper case letters. Wherever results are shown to be statistically significant, they can also be interpreted as significant for the reverse comparison. Significant comparisons are only shown in one direction for sake of brevity and readability of the tables.

- It should be noted that the statistical analysis of the health professional

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survey data showed many differences in the attitudes and opinions of the different health professions to be statistically significant. While many of these findings are of interest (e.g. the fact that naturopaths are significantly different than all other health professions with respect to their belief that prescription drugs are not very or generally safe), many of these significant results do not inform on the impact that DHPLs and PAs have on prescribing practice and patient safety and have therefore not been presented or discussed in the thesis.

- A footnote appears at the bottom of each table if any cells had a value of less than 1 or if more than 20% of cells had a value of less than 5.

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Q1A. Thinking about specific types of health products available in Canada today, would you consider **PRESCRIPTION DRUGS** to be very safe, generally safe, not very safe, or not at all safe?
BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very safe	148	39	16	60	31	2	44	100	25	14	13	24	43	52	26	20	21	65	27	15
	26.9%	26.0% F	29.1% F	40.0% BF	31.0% F	2.1%	24.7%	28.2%	20.3%	29.2%	30.2%	19.4%	29.7% L	32.5% L	22.8%	29.9%	31.8%	25.5%	29.3%	21.1%
Generally safe	309	101	35	83	65	25	118	182	76	32	26	65	73	90	77	37	31	145	58	38
	56.1%	67.3% DF	63.6% F	55.3% F	65.0% F	26.0%	66.3% H	51.4%	61.8%	66.7%	60.5%	52.4%	50.3%	56.2%	67.5% LM	55.2%	47.0%	56.9%	63.0% Q	53.5%
Not very safe	58	8	1	4	1	44	11	44	14	1	4	20	19	11	7	5	7	27	6	13
	10.5%	5.3% E	1.8%	2.7%	1.0%	45.8% BCDE	6.2%	12.4% G	11.4% J	2.1%	9.3%	16.1% NO	13.1%	6.9%	6.1%	7.5%	10.6%	10.6%	6.5%	18.3% S
Not at all safe	9	-	-	-	-	9	-	8	2	1	-	4	3	1	1	3	2	4	-	-
	1.6%					9.4%		2.3%	1.6%	2.1%		3.2%	2.1%	0.6%	0.9%	4.5%	3.0%	1.6%		
Depends	21	2	3	3	3	10	5	15	5	-	-	7	5	6	3	2	3	11	-	5
	3.8%	1.3%	5.5%	2.0%	3.0%	10.4% BDE	2.8%	4.2%	4.1%			5.6%	3.4%	3.8%	2.6%	3.0%	4.5%	4.3%		7.0%
Don't know/No answer	6	-	-	-	-	6	-	5	1	-	-	4	2	-	-	-	2	3	1	-
	1.1%					6.2%		1.4%	0.8%			3.2%	1.4%				3.0%	1.2%	1.1%	
TOP 2 BOX	457	140	51	143	96	27	162	282	101	46	39	89	116	142	103	57	52	210	85	53
	82.9%	93.3% F	92.7% F	95.3% F	96.0% F	28.1%	91.0% H	79.7%	82.1%	95.8% I	90.7%	71.8%	80.0%	88.8% LM	90.4% LM	85.1%	78.8%	82.4%	92.4% QRT	74.6%
BOTTOM 2 BOX	67	8	1	4	1	53	11	52	16	2	4	24	22	12	8	8	9	31	6	13
	12.2%	5.3% E	1.8%	2.7%	1.0%	55.2% BCDE	6.2%	14.7% G	13.0% J	4.2%	9.3%	19.4% NO	15.2% NO	7.5%	7.0%	11.9%	13.6%	12.2%	6.5%	18.3% S
CHI-SQUARE		<----------257.93---------->					<----13.46---->		<----------6.02-------->			<----------21.49---------->				<----------16.56---------->				
SIGNIFICANCE				100.0%*			99.6%*			58.0%*				98.9%*				83.3%*		
MEAN	3.1	3.2 F	3.3 F	3.4 BF	3.3 F	2.2	3.2	3.1	3.1	3.2	3.2	3.0	3.1	3.3 L	3.2 L	3.1	3.2	3.1	3.2 T	3.0
STANDARD DEVIATION	0.67	0.52	0.50	0.54	0.49	0.68	0.53	0.72	0.63	0.59	0.60	0.73	0.72	0.61	0.56	0.75	0.76	0.66	0.56	0.66
STANDARD ERROR	0.03	0.04	0.07	0.04	0.05	0.08	0.04	0.04	0.06	0.09	0.09	0.07	0.06	0.05	0.05	0.09	0.10	0.04	0.06	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q1B. Thinking about specific types **of health products available in Canada today, would you consider NON-PRESCRIPTION DRUGS to be very safe, generally safe,** not very safe, or not at all safe?
BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Very safe	61 11.1%	12 8.0%	9 16.4% F	30 20.0% BEF	7 7.0%	3 3.1%	14 7.9%	47 13.3% G	11 8.9%	3 6.2%	6 14.0%	11 8.9%	16 11.0%	24 15.0%	10 8.8%	8 11.9%	8 12.1%	26 10.2%	13 14.1%	6 8.5%
Generally safe	347 63.0%	92 61.3% F	37 67.3% F	108 72.0% BF	68 68.0% F	42 43.8%	114 64.0%	223 63.0%	72 58.5%	31 64.6%	28 65.1%	81 65.3%	92 63.4%	103 64.4%	65 57.0%	42 62.7%	31 47.0%	159 62.4% Q	62 67.4% Q	53 74.6% QR
Not very safe	95 17.2%	36 24.0% CD	6 10.9%	7 4.7%	18 18.0% D	28 29.2% CD	36 20.2%	54 15.3%	27 22.0%	12 25.0%	7 16.3%	17 13.7%	28 19.3%	21 13.1%	28 24.6% LN	11 16.4% T	17 25.8% T	48 18.8% T	15 16.3% T	4 5.6%
Not at all safe	13 2.4%	3 2.0%	-	-	3 3.0%	7 7.3%	5 2.8%	7 2.0%	2 1.6%	1 2.1%	2 4.7%	2 1.6%	1 0.7%	7 4.4% M	2 1.8%	3 4.5%	4 6.1%	5 2.0%	1 1.1%	-
Depends	26 4.7%	6 4.0%	2 3.6%	4 2.7%	4 4.0%	10 10.4% D	9 5.1%	15 4.2%	8 6.5%	-	-	9 7.3%	5 3.4%	5 3.1%	7 6.1%	3 4.5%	3 4.5%	14 5.5% S	1 1.1%	5 7.0%
Don't know/No answer	9 1.6%	1 0.7%	1 1.8%	1 0.7%	-	6 6.2% BD	-	8 2.3%	3 2.4%	1 2.1%	-	4 3.2%	3 2.1%	-	2 1.8%	-	3 4.5%	3 1.2%	-	3 4.2%
TOP 2 BOX	408 74.0%	104 69.3% F	46 83.6% BF	138 92.0% BEF	75 75.0% F	45 46.9%	128 71.9%	270 76.3%	83 67.5%	34 70.8%	34 79.1%	92 74.2%	108 74.5%	127 79.4% O	75 65.8%	50 74.6%	39 59.1%	185 72.5% Q	75 81.5% Q	59 83.1% QR
BOTTOM 2 BOX	108 19.6%	39 26.0% CD	6 10.9%	7 4.7%	21 21.0% D	35 36.5% CDE	41 23.0%	61 17.2%	29 23.6%	13 27.1%	9 20.9%	19 15.3%	29 20.0%	28 17.5%	30 26.3% L	14 20.9% T	21 31.8% ST	53 20.8% T	16 17.4% T	4 5.6%
CHI-SQUARE		<----------71.58---------->					<-----5.09---->		<---------3.42-------->			<----------15.08---------->				<----------22.52---------->				
SIGNIFICANCE				100.0%*				83.4%			24.5%*				91.1%*				96.8%		
MEAN	2.9	2.8 F	3.1 BEF	3.2 BEF	2.8 F	2.5	2.8	2.9 G	2.8	2.8	2.9	2.9	2.9	2.9	2.8	2.9	2.7	2.9	3.0 Q	3.0 QR
STANDARD DEVIATION	0.62	0.61	0.54	0.48	0.60	0.71	0.62	0.62	0.62	0.60	0.70	0.56	0.59	0.68	0.63	0.69	0.78	0.62	0.59	0.40
STANDARD ERROR	0.03	0.05	0.07	0.04	0.06	0.08	0.05	0.03	0.06	0.09	0.11	0.05	0.05	0.06	0.06	0.09	0.10	0.04	0.06	0.05

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q1C. Thinking about specific types of health products available in Canada today, would you consider NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS AND HERBAL REMEDIES to be very safe, generally safe, not very safe, or not at all safe?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Very safe	43 7.8%	5 3.3%	4 7.3%	3 2.0%	1 1.0%	30 31.2% BCDE	7 3.9%	34 9.6% G	8 6.5%	4 8.3%	3 7.0%	15 12.1% NO	14 9.7%	8 5.0%	5 4.4%	2 3.0%	7 10.6%	20 7.8%	8 8.7%	6 8.5%
Generally safe	263 47.7%	68 45.3%	23 41.8%	83 55.3%	46 46.0%	43 44.8%	83 46.6%	173 48.9%	55 44.7%	16 33.3%	22 51.2%	65 52.4%	68 46.9%	79 49.4%	49 43.0%	39 58.2% Q	16 24.2%	119 46.7% Q	49 53.3% Q	40 56.3% Q
Not very safe	173 31.4%	58 38.7% F	21 38.2% F	44 29.3% F	41 41.0% F	9 9.4%	65 36.5%	102 28.8%	43 35.0%	21 43.8%	16 37.2%	27 21.8%	46 31.7%	58 36.2% L	39 34.2% L	18 26.9%	27 40.9%	83 32.5%	27 29.3%	18 25.4%
Not at all safe	29 5.3%	9 6.0%	2 3.6%	10 6.7%	6 6.0%	2 2.1%	11 6.2%	17 4.8%	7 5.7%	3 6.2%	2 4.7%	3 2.4%	9 6.2%	8 5.0%	9 7.9%	4 6.0%	12 18.2% PRST	9 3.5%	3 3.3%	1 1.4%
Depends	24 4.4%	5 3.3%	1 1.8%	3 2.0%	4 4.0%	11 11.5% BCDE	8 4.5%	14 4.0%	4 3.3%	1 2.1%	-	11 8.9% MN	3 2.1%	3 1.9%	6 5.3%	1 1.5%	1 1.5%	15 5.9% PQ	2 2.2%	5 7.0%
Don't know/No answer	19 3.4%	5 3.3%	4 7.3%	7 4.7%	2 2.0%	1 1.0%	4 2.2%	14 4.0%	6 4.9%	3 6.2%	-	3 2.4%	5 3.4%	4 2.5%	6 5.3%	3 4.5%	3 4.5%	9 3.5%	3 3.3%	1 1.4%
TOP 2 BOX	306 55.5%	73 48.7%	27 49.1%	86 57.3%	47 47.0%	73 76.0% BCDE	90 50.6%	207 58.5%	63 51.2%	20 41.7%	25 58.1%	80 64.5% O	82 56.6%	87 54.4%	54 47.4%	41 61.2% Q	23 34.8%	139 54.5% Q	57 62.0% Q	46 64.8% Q
BOTTOM 2 BOX	202 36.7%	67 44.7% F	23 41.8% F	54 36.0% F	47 47.0% F	11 11.5%	76 42.7% H	119 33.6%	50 40.7%	24 50.0%	18 41.9%	30 24.2%	55 37.9% L	66 41.2% L	48 42.1% L	22 32.8%	39 59.1% PRST	92 36.1%	30 32.6%	19 26.8%
CHI-SQUARE		<----------114.63---------->					<-----7.68---->		<---------2.51-------->			<----------16.78---------->				<----------41.45---------->				
SIGNIFICANCE				100.0%*				94.7%*			13.3%*			94.8%*				100.0%*		
MEAN	2.6	2.5	2.6	2.6	2.4	3.2 BCDE	2.5	2.7 G	2.6	2.5	2.6	2.8 MNO	2.6	2.6	2.5	2.6 Q	2.3	2.6 Q	2.7 Q	2.8 Q
STANDARD DEVIATION	0.72	0.67	0.70	0.66	0.63	0.72	0.69	0.73	0.72	0.76	0.69	0.68	0.76	0.68	0.73	0.66	0.91	0.69	0.68	0.62
STANDARD ERROR	0.03	0.06	0.10	0.06	0.07	0.08	0.05	0.04	0.07	0.11	0.11	0.07	0.06	0.05	0.07	0.08	0.12	0.05	0.07	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q1. Top 2 Box Summary of Health Product Safety

BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prescription drugs	457	140	51	143	96	27	162	282	101	46	39	89	116	142	103	57	52	210	85	53
	82.9%	93.3% F	92.7% F	95.3% F	96.0% F	28.1%	91.0% H	79.7%	82.1%	95.8% I	90.7%	71.8%	80.0%	88.8% LM	90.4% LM	85.1%	78.8%	82.4%	92.4% QRT	74.6%
Non-prescription drugs	408	104	46	138	75	45	128	270	83	34	34	92	108	127	75	50	39	185	75	59
	74.0%	69.3% F	83.6% BF	92.0% BEF	75.0% F	46.9%	71.9%	76.3%	67.5%	70.8%	79.1%	74.2%	74.5%	79.4% O	65.8%	74.6%	59.1%	72.5% Q	81.5% Q	83.1% QR
Natural health products	306	73	27	86	47	73	90	207	63	20	25	80	82	87	54	41	23	139	57	46
	55.5%	48.7%	49.1%	57.3%	47.0%	76.0% BCDE	50.6%	58.5%	51.2%	41.7%	58.1%	64.5% O	56.6%	54.4%	47.4%	61.2% Q	34.8%	54.5% Q	62.0% Q	64.8% Q
CHI-SQUARE		<----------65.09---------->					<-----3.46---->		<----------2.21-------->			<-------------7.85------------->				<----------9.65---------->				
SIGNIFICANCE				100.0%			37.0%			.6%				7.0%				2.6%			

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q2. How much CONFIDENCE do you **have in the systems and safeguards currently in place to ensure the safety of drugs available in Canada today?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Very confident	165 29.9%	47 31.3% F	21 38.2% F	62 41.3% F	31 31.0% F	4 4.2%	52 29.2%	109 30.8%	35 28.5%	16 33.3%	15 34.9%	36 29.0%	40 27.6%	48 30.0%	40 35.1%	22 32.8%	16 24.2%	65 25.5%	38 41.3% QR	24 33.8%
Somewhat confident	313 56.8%	95 63.3% F	32 58.2%	81 54.0%	63 63.0% F	42 43.8%	111 62.4%	193 54.5%	71 57.7%	32 66.7%	26 60.5%	57 46.0%	89 61.4% L	97 60.6% L	65 57.0%	38 56.7%	40 60.6%	151 59.2%	49 53.3%	35 49.3%
Not very confident	51 9.3%	5 3.3%	2 3.6%	5 3.3%	6 6.0%	33 34.4% BCDE	13 7.3%	37 10.5%	11 8.9%	-	1 2.3%	24 19.4% MNO	11 7.6%	11 6.9%	5 4.4%	7 10.4%	4 6.1%	28 11.0% S	3 3.3%	9 12.7% S
Not at all confident	15 2.7%	- -	-	-	-	15 15.6%	1 0.6%	11 3.1% G	3 2.4%	-	1 2.3%	4 3.2%	4 2.8%	4 2.5%	1 0.9%	-	3 4.5%	8 3.1%	1 1.1%	3 4.2%
Depends	4 0.7%	3 2.0%	-	1 0.7%	-	-	1 0.6%	1 0.3%	3 2.4%	-	-	1 0.8%	-	-	3 2.6%	-	2 3.0%	2 0.8%	-	-
Don't know/No answer	3 0.5%	- -	-	1 0.7%	-	2 2.1%	-	3 0.8%	-	-	-	2 1.6%	1 0.7%	-	-	-	1 1.5%	1 0.4%	1 1.1%	-
TOP 2 BOX	478 86.8%	142 94.7% F	53 96.4% F	143 95.3% F	94 94.0% F	46 47.9%	163 91.6% H	302 85.3%	106 86.2%	48 100.0% I	41 95.3% I	93 75.0%	129 89.0% L	145 90.6% L	105 92.1% L	60 89.6%	56 84.8%	216 84.7%	87 94.6% RT	59 83.1%
BOTTOM 2 BOX	66 12.0%	5 3.3%	2 3.6%	5 3.3%	6 6.0%	48 50.0% BCDE	14 7.9%	48 13.6% G	14 11.4%	-	2 4.7%	28 22.6% MNO	15 10.3%	15 9.4%	6 5.3%	7 10.4%	7 10.6%	36 14.1% S	4 4.3%	12 16.9% S
CHI-SQUARE		<----------186.18---------->					<-----6.01---->		<---------8.06-------->			<----------24.23---------->				<----------18.56---------->				
SIGNIFICANCE				100.0%*			88.9%			76.6%*			99.6%*					90.0%		
MEAN	3.2	3.3 F	3.3 F	3.4 F	3.2 F	2.4	3.2	3.1	3.1	3.3	3.3	3.0	3.1	3.2	3.3 L	3.2	3.1	3.1	3.4 QRT	3.1
STANDARD DEVIATION	0.70	0.52	0.55	0.55	0.56	0.80	0.59	0.72	0.68	0.48	0.63	0.80	0.67	0.66	0.60	0.62	0.71	0.70	0.61	0.79
STANDARD ERROR	0.03	0.04	0.07	0.05	0.06	0.08	0.04	0.04	0.06	0.07	0.10	0.07	0.06	0.05	0.06	0.08	0.09	0.04	0.06	0.09

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q3A. How much confidence do you have in...**how drug companies research the safety and effectiveness of the drugs they manufacture?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very confident	151	47	14	59	29	2	49	100	25	19	16	29	39	50	31	21	14	67	34	15
	27.4%	31.3% F	25.5% F	39.3% F	29.0% F	2.1%	27.5%	28.2%	20.3%	39.6% I	37.2% I	23.4%	26.9%	31.2%	27.2%	31.3%	21.2%	26.3%	37.0% QT	21.1%
Somewhat confident	290	91	33	84	57	25	102	175	69	27	23	55	82	85	64	33	40	133	46	38
	52.6%	60.7% F	60.0% F	56.0% F	57.0% F	26.0%	57.3%	49.4%	56.1%	56.2%	53.5%	44.4%	56.6% L	53.1%	56.1%	49.3%	60.6%	52.2%	50.0%	53.5%
Not very confident	78	10	6	6	12	44	21	54	19	1	3	28	12	19	17	10	8	39	8	13
	14.2%	6.7%	10.9%	4.0%	12.0% D	45.8% BCDE	11.8%	15.3%	15.4% J	2.1%	7.0%	22.6% MN	8.3%	11.9%	14.9%	14.9%	12.1%	15.3%	8.7%	18.3%
Not at all confident	26	2	1	1	-	22	4	21	9	-	1	12	11	2	1	3	2	14	3	4
	4.7%	1.3%	1.8%	0.7%		22.9% BCD	2.2%	5.9% G	7.3%		2.3%	9.7% NO	7.6% NO	1.2%	0.9%	4.5%	3.0%	5.5%	3.3%	5.6%
Depends	1	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	1	-	-
	0.2%					1.0%		0.3%						0.6%				0.4%		
Don't know/No answer	5	-	1	-	2	2	2	3	1	1	-	-	1	3	1	-	2	1	1	1
	0.9%		1.8%		2.0%	2.1%	1.1%	0.8%	0.8%	2.1%			0.7%	1.9%	0.9%		3.0%	0.4%	1.1%	1.4%
TOP 2 BOX	441	138	47	143	86	27	151	275	94	46	39	84	121	135	95	54	54	200	80	53
	80.0%	92.0% F	85.5% F	95.3% EF	86.0% F	28.1%	84.8% H	77.7%	76.4%	95.8% I	90.7% I	67.7%	83.4% L	84.4% L	83.3% L	80.6%	81.8%	78.4%	87.0% T	74.6%
BOTTOM 2 BOX	104	12	7	7	12	66	25	75	28	1	4	40	23	21	18	13	10	53	11	17
	18.9%	8.0%	12.7%	4.7%	12.0% D	68.8% BCDE	14.0%	21.2% G	22.8% JK	2.1%	9.3%	32.3% MNO	15.9%	13.1%	15.8%	19.4%	15.2%	20.8% S	12.0%	23.9% S
CHI-SQUARE		<----------218.02---------->					<-----5.86---->		<---------17.32--------->			<----------30.63---------->				<----------11.13---------->				
SIGNIFICANCE				100.0%			88.1%			99.2%*				100.0%				48.2%		
MEAN	3.0	3.2 F	3.1 F	3.3 CEF	3.2 F	2.1	3.1	3.0	2.9	3.4 I	3.3 I	2.8	3.0 L	3.2 L	3.1 L	3.1	3.0	3.0	3.2 RT	2.9
STANDARD DEVIATION	0.78	0.62	0.66	0.59	0.63	0.77	0.69	0.83	0.81	0.53	0.69	0.90	0.81	0.68	0.67	0.80	0.69	0.80	0.74	0.79
STANDARD ERROR	0.03	0.05	0.09	0.05	0.06	0.08	0.05	0.04	0.07	0.08	0.11	0.08	0.07	0.05	0.06	0.10	0.09	0.05	0.08	0.09

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q3B. How much confidence do you have in...**How the federal government regulates and monitors drug safety?**
BASE: *All*

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Very confident	185 33.6%	61 40.7% F	25 45.5% F	66 44.0% EF	31 31.0% F	2 2.1%	56 31.5%	125 35.3%	45 36.6%	17 35.4%	22 51.2%	37 29.8%	48 33.1%	52 32.5%	46 40.4%	21 31.3%	17 25.8%	93 36.5%	30 32.6%	24 33.8%
Somewhat confident	270 49.0%	75 50.0%	24 43.6%	75 50.0%	59 59.0% F	37 38.5%	99 55.6% H	163 46.0%	57 46.3%	25 52.1%	17 39.5%	57 46.0%	69 47.6%	88 55.0%	53 46.5%	37 55.2%	38 57.6% R	110 43.1%	55 59.8% RT	30 42.3%
Not very confident	74 13.4%	10 6.7%	4 7.3%	8 5.3%	7 7.0%	45 46.9% BCDE	15 8.4%	53 15.0% G	14 11.4%	4 8.3%	3 7.0%	25 20.2% NO	19 13.1%	17 10.6%	10 8.8%	8 11.9%	9 13.6% S	37 14.5% S	4 4.3%	16 22.5% S
Not at all confident	16 2.9%	2 1.3%	1 1.8%	-	2 2.0%	11 11.5% BCE	6 3.4%	9 2.5%	5 4.1%	-	1 2.3%	3 2.4%	7 4.8%	2 1.2%	4 3.5%	1 1.5%	2 3.0%	9 3.5%	3 3.3%	1 1.4%
Depends	1 0.2%	1 0.7%	-	-	-	-	1 0.6%	-	-	1 2.1%	-	-	-	-	1 0.9%	-	-	1 0.4%	-	-
Don't know/No answer	5 0.9%	1 0.7%	1 1.8%	1 0.7%	1 1.0%	1 1.0%	1 0.6%	4 1.1%	2 1.6%	1 2.1%	-	2 1.6%	2 1.4%	1 0.6%	-	-	-	5 2.0%	-	-
TOP 2 BOX	455 82.6%	136 90.7% F	49 89.1% F	141 94.0% F	90 90.0% F	39 40.6%	155 87.1%	288 81.4%	102 82.9%	42 87.5%	39 90.7%	94 75.8%	117 80.7%	140 87.5% L	99 86.8% L	58 86.6%	55 83.3%	203 79.6%	85 92.4% RT	54 76.1%
BOTTOM 2 BOX	90 16.3%	12 8.0%	5 9.1%	8 5.3%	9 9.0%	56 58.3% BCDE	21 11.8%	62 17.5%	19 15.4%	4 8.3%	4 9.3%	28 22.6% NO	26 17.9%	19 11.9%	14 12.3%	9 13.4%	11 16.7%	46 18.0% S	7 7.6%	17 23.9% S
CHI-SQUARE		<----------169.79---------->					<-----6.98---->		<---------5.53--------->			<----------14.39---------->				<----------19.65---------->				
SIGNIFICANCE				100.0%*				92.7%			52.3%*				89.1%*				92.6%	
MEAN	3.1	3.3 F	3.4 F	3.4 EF	3.2 F	2.3	3.2	3.2	3.2	3.3	3.4	3.0	3.1	3.2	3.2 L	3.2	3.1	3.2	3.2	3.1
STANDARD DEVIATION	0.76	0.66	0.70	0.59	0.65	0.70	0.72	0.77	0.79	0.62	0.73	0.78	0.81	0.67	0.76	0.69	0.72	0.80	0.68	0.79
STANDARD ERROR	0.03	0.05	0.10	0.05	0.07	0.07	0.05	0.04	0.07	0.09	0.11	0.07	0.07	0.05	0.07	0.08	0.09	0.05	0.07	0.09

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
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Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q3C. How much confidence do you have in...**How members of YOUR PROFESSION stay informed about the safety of drugs they administer?**
BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Very confident	198 35.9%	41 27.3%	25 45.5% B	70 46.7% BEF	31 31.0%	31 32.3%	48 27.0%	147 41.5% G	40 32.5%	12 25.0%	17 39.5%	48 38.7%	48 33.1%	60 37.5%	40 35.1%	28 41.8%	24 36.4%	90 35.3%	30 32.6%	26 36.6%
Somewhat confident	279 50.6%	80 53.3%	26 47.3%	76 50.7%	51 51.0%	46 47.9%	95 53.4%	175 49.4%	63 51.2%	29 60.4%	20 46.5%	63 50.8%	81 55.9%	75 46.9%	57 50.0%	32 47.8%	30 45.5%	128 50.2%	50 54.3%	39 54.9%
Not very confident	60 10.9%	27 18.0% CD	4 7.3%	3 2.0%	15 15.0% D	11 11.5% D	31 17.4% H	22 6.2%	19 15.4%	6 12.5%	6 14.0%	8 6.5%	12 8.3%	20 12.5%	17 14.9% L	5 7.5%	9 13.6%	29 11.4%	11 12.0%	6 8.5%
Not at all confident	4 0.7%	1 0.7%	-	-	2 2.0%	1 1.0%	3 1.7%	1 0.3%	-	1 2.1%	-	1 0.8%	1 0.7%	2 1.2%	-	1 1.5%	2 3.0%	1 0.4%	-	-
Depends	2 0.4%	-	-	1 0.7%	-	1 1.0%	-	2 0.6%	-	-	-	1 0.8%	1 0.7%	-	-	1 1.5%	-	1 0.4%	-	-
Don't know/No answer	8 1.5%	1 0.7%	-	-	1 1.0%	6 6.2% BE	1 0.6%	7 2.0%	1 0.8%	-	-	3 2.4%	2 1.4%	3 1.9%	-	-	1 1.5%	6 2.4%	1 1.1%	-
TOP 2 BOX	477 86.6%	121 80.7%	51 92.7% BEF	146 97.3% BEF	82 82.0%	77 80.2%	143 80.3%	322 91.0% G	103 83.7%	41 85.4%	37 86.0%	111 89.5%	129 89.0%	135 84.4%	97 85.1%	60 89.6%	54 81.8%	218 85.5%	80 87.0%	65 91.5%
BOTTOM 2 BOX	64 11.6%	28 18.7% CD	4 7.3%	3 2.0%	17 17.0% D	12 12.5% D	34 19.1% H	23 6.5%	19 15.4%	7 14.6%	6 14.0%	9 7.3%	13 9.0%	22 13.8%	17 14.9%	6 9.0%	11 16.7%	30 11.8%	11 12.0%	6 8.5%
CHI-SQUARE	<----------34.02---------->						<----25.02---->		<---------6.05-------->			<----------8.63---------->				<----------10.5---------->				
SIGNIFICANCE			99.9%*				100.0%			58.2%*			52.8%*					42.8%*		
MEAN	3.2	3.1	3.4 BE	3.4 BEF	3.1	3.2	3.1	3.4 G	3.2	3.1	3.3	3.3	3.2	3.2	3.2	3.3	3.2	3.2	3.2	3.3
STANDARD DEVIATION	0.67	0.69	0.62	0.54	0.73	0.69	0.72	0.61	0.68	0.68	0.69	0.63	0.63	0.71	0.68	0.68	0.78	0.66	0.64	0.61
STANDARD ERROR	0.03	0.06	0.08	0.04	0.07	0.07	0.05	0.03	0.06	0.10	0.11	0.06	0.05	0.06	0.06	0.08	0.10	0.04	0.07	0.07

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q3D. How much confidence do you have in...**How health professionals IN GENERAL stay informed about the safety of the drugs they administer?**
BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very confident	126	36	17	43	18	12	36	89	29	9	14	29	28	42	26	16	13	58	19	20
	22.9%	24.0% F	30.9% F	28.7% EF	18.0%	12.5%	20.2%	25.1%	23.6%	18.8%	32.6%	23.4%	19.3%	26.2%	22.8%	23.9%	19.7%	22.7%	20.7%	28.2%
Somewhat confident	330	92	34	91	65	48	110	209	71	36	24	73	92	90	71	39	38	147	63	43
	59.9%	61.3%	61.8%	60.7%	65.0% F	50.0%	61.8%	59.0%	57.7%	75.0% I	55.8%	58.9%	63.4%	56.2%	62.3%	58.2%	57.6%	57.6%	68.5%	60.6%
Not very confident	79	17	3	15	17	27	28	47	18	3	4	18	20	25	15	10	12	43	8	6
	14.3%	11.3%	5.5%	10.0%	17.0% C	28.1% BCD	15.7%	13.3%	14.6%	6.2%	9.3%	14.5%	13.8%	15.6%	13.2%	14.9%	18.2%	16.9% ST	8.7%	8.5%
Not at all confident	8	1	-	-	-	7	3	3	2	-	-	2	2	1	1	-	3	4	-	1
	1.5%	0.7%				7.3% B	1.7%	0.8%	1.6%			1.6%	1.4%	0.6%	0.9%		4.5%	1.6%		1.4%
Depends	2	-	-	-	-	2	-	2	-	-	-	2	-	-	-	-	-	1	-	1
	0.4%					2.1%		0.6%				1.6%						0.4%		1.4%
Don't know/No answer	6	4	1	1	-	-	1	4	3	-	1	-	3	2	1	2	-	2	2	-
	1.1%	2.7%	1.8%	0.7%			0.6%	1.1%	2.4%		2.3%		2.1%	1.2%	0.9%	3.0%		0.8%	2.2%	
TOP 2 BOX	456	128	51	134	83	60	146	298	100	45	38	102	120	132	97	55	51	205	82	63
	82.8%	85.3% F	92.7% F	89.3% F	83.0% F	62.5%	82.0%	84.2%	81.3%	93.8% I	88.4%	82.3%	82.8%	82.5%	85.1%	82.1%	77.3%	80.4%	89.1% R	88.7%
BOTTOM 2 BOX	87	18	3	15	17	34	31	50	20	3	4	20	22	26	16	10	15	47	8	7
	15.8%	12.0%	5.5%	10.0%	17.0% C	35.4% BCDE	17.4%	14.1%	16.3% J	6.2%	9.3%	16.1%	15.2%	16.2%	14.0%	14.9%	22.7% ST	18.4% ST	8.7%	9.9%
CHI-SQUARE		<----------58.43---------->					<----2.59---->		<---------7.53--------->			<----------3.48---------->				<----------15.04---------->				
SIGNIFICANCE		100.0%*					54.0%		72.5%*			5.8%*				76.1%*				
MEAN	3.1	3.1 F	3.3 EF	3.2 EF	3.0 F	2.7	3.0	3.1	3.1	3.1	3.2	3.1	3.0	3.1	3.1	3.1	2.9	3.0	3.1	3.2 Q
STANDARD DEVIATION	0.66	0.62	0.56	0.60	0.59	0.79	0.66	0.64	0.68	0.49	0.62	0.67	0.63	0.67	0.63	0.63	0.75	0.68	0.54	0.64
STANDARD ERROR	0.03	0.05	0.08	0.05	0.06	0.08	0.05	0.03	0.06	0.07	0.10	0.06	0.05	0.05	0.06	0.08	0.09	0.04	0.06	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
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Q3. Top 2 Box Summary of **Confidence in Drug Safety**
BASE:All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
How much confidence do you have in how members of your profession stay informed about the safety of drugs they administer?	477 86.6%	121 80.7%	51 92.7% BEF	146 97.3% BEF	82 82.0%	77 80.2%	143 80.3%	322 91.0% G	103 83.7%	41 85.4%	37 86.0%	111 89.5%	129 89.0%	135 84.4%	97 85.1%	60 89.6%	54 81.8%	218 85.5%	80 87.0%	65 91.5%
How much confidence do you have in how health professionals in general stay informed about the safety of the drugs they administer?	456 82.8%	128 85.3% F	51 92.7% F	134 89.3% F	83 83.0% F	60 62.5%	146 82.0%	298 84.2%	100 81.3%	45 93.8% I	38 88.4%	102 82.3%	120 82.8%	132 82.5%	97 85.1%	55 82.1%	51 77.3%	205 80.4%	82 89.1% R	63 88.7%
How much confidence do you have in how the federal government regulates and monitors drug safety?	455 82.6%	136 90.7% F	49 89.1% F	141 94.0% F	90 90.0% F	39 40.6%	155 87.1%	288 81.4%	102 82.9%	42 87.5%	39 90.7%	94 75.8%	117 80.7%	140 87.5% L	99 86.8% L	58 86.6%	55 83.3%	203 79.6%	85 92.4% RT	54 76.1%
How much confidence do you have in how drug companies research the safety and effectiveness of the drugs they manufacture?	441 80.0%	138 92.0% F	47 85.5% F	143 95.3% EF	86 86.0% F	27 28.1%	151 84.8% H	275 77.7%	94 76.4%	46 95.8% I	39 90.7% I	84 67.7%	121 83.4% L	135 84.4% L	95 83.3% L	54 80.6%	54 81.8%	200 78.4%	80 87.0% T	53 74.6%
CHI-SQUARE		<----------57.805---------->					<----2.817---->		<--------1.935-------->			<----------4.298---------->				<----------3.367---------->				
SIGNIFICANCE		99.9%					9.9%		.0%			.0%				.0%				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q4. Who do you hold MOST responsible for ensuring the safety of drugs in Canada today? Would it be...?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
The federal government	290 52.6%	88 58.7% EF	35 63.6% EF	84 56.0% F	45 45.0%	38 39.6%	87 48.9%	194 54.8%	74 60.2%	23 47.9%	27 62.8%	54 43.5%	74 51.0%	98 61.2% L	61 53.5%	36 53.7%	39 59.1%	131 51.4%	43 46.7%	41 57.7%
Health care professionals	114 20.7%	24 16.0%	10 18.2%	23 15.3%	29 29.0% BD	28 29.2% BD	44 24.7%	66 18.6%	25 20.3%	12 25.0%	6 14.0%	37 29.8% MNO	27 18.6%	28 17.5%	20 17.5%	12 17.9%	12 18.2%	50 19.6%	23 25.0%	17 23.9%
Drug companies	89 16.2%	23 15.3%	6 10.9%	27 18.0%	16 16.0%	17 17.7%	26 14.6%	61 17.2%	14 11.4%	11 22.9%	5 11.6%	21 16.9%	27 18.6%	24 15.0%	17 14.9%	9 13.4%	8 12.1%	47 18.4% T	18 19.6%	7 9.9%
All are equally responsible	45 8.2%	13 8.7%	4 7.3%	10 6.7%	10 10.0%	8 8.3%	21 11.8% H	21 5.9%	9 7.3%	2 4.2%	5 11.6%	10 8.1%	13 9.0%	6 3.8%	14 12.3% N	8 11.9%	7 10.6%	18 7.1%	7 7.6%	5 7.0%
Other	10 1.8%	1 0.7%	-	6 4.0%	-	3 3.1%	-	9 2.5%	-	-	-	2 1.6%	3 2.1%	3 1.9%	1 0.9%	1 1.5%	-	7 2.7%	1 1.1%	1 1.4%
Don't know/No answer	3 0.5%	1 0.7%	-	-	-	2 2.1%	-	3 0.8%	1 0.8%	-	-	-	1 0.7%	1 0.6%	1 0.9%	1 1.5%	-	2 0.8%	-	-
CHI-SQUARE SIGNIFICANCE		<----------34.376----------> 92.2%*					<----14.596---> 97.6%*		<--------8.432--------> 24.9%*			<----------19.773----------> 65.4%*						<----------15.14----------> 8.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q5A. I'd like to ask you about the importance of **POST-MARKET SURVEILLANCE** of health products. By "post-market" I mean the monitoring of drug safety and potential risks, such as adverse drug reactions, to health products **AFTER** they are approved for use in Canada. Do you believe that such post-market monitoring of drug safety is critically important, important but not critical, or not very important to...Ensuring the overall safety of drugs used by consumers in Canada today?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Critically important	496 90.0%	136 90.7%	48 87.3%	131 87.3%	94 94.0%	87 90.6%	165 92.7%	313 88.4%	110 89.4%	45 93.8%	37 86.0%	120 96.8% MNO	124 85.5%	144 90.0%	101 88.6%	58 86.6%	61 92.4%	231 90.6%	82 89.1%	64 90.1%
Important but not critical	47 8.5%	11 7.3%	7 12.7%	18 12.0%	6 6.0%	5 5.2%	13 7.3%	33 9.3%	12 9.8%	2 4.2%	4 9.3%	3 2.4%	19 13.1% L	14 8.8% L	10 8.8% L	8 11.9%	5 7.6%	19 7.5%	8 8.7%	7 9.9%
Not very important	6 1.1%	2 1.3%	-	-	-	4 4.2%	-	6 1.7%	1 0.8%	1 2.1%	1 2.3%	1 0.8%	1 0.7%	2 1.2%	2 1.8%	-	-	5 2.0%	1 1.1%	-
Don't know/No answer	2 0.4%	1 0.7%	-	1 0.7%	-	-	-	2 0.6%	-	-	1 2.3%	-	1 0.7%	-	1 0.9%	1 1.5%	-	-	1 1.1%	-
CHI-SQUARE		<----------19.278---------->					<----4.822---->		<--------6.188-------->			<----------13.087---------->				<----------10.738---------->				
SIGNIFICANCE		74.6%*					69.4%*		37.4%*			63.7%*				17.5%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q5B. . I'd like to ask you about the **importance of POST-MARKET SURVEILLANCE of health products. By "post-market" I mean the monitoring of drug safety and potential risks, such as adverse drug reactions, to health products AFTER they are approved for use in Canada. Do you believe that such post-market monitoring of drug safety is** critically important, important but **not critical, or not very important to...To your own practice?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Critically important	450 81.7%	127 84.7% F	43 78.2%	120 80.0%	92 92.0% CDF	68 70.8%	161 90.4% H	274 77.4%	96 78.0%	44 91.7% I	34 79.1%	105 84.7% M	109 75.2%	133 83.1%	99 86.8% M	57 85.1%	58 87.9%	205 80.4%	73 79.3%	57 80.3%
Important but not critical	86 15.6%	21 14.0%	12 21.8% E	29 19.3% E	8 8.0%	16 16.7%	17 9.6%	66 18.6% G	23 18.7% J	3 6.2%	8 18.6%	14 11.3%	29 20.0% L	26 16.2%	14 12.3%	9 13.4%	8 12.1%	39 15.3%	19 20.7%	11 15.5%
Not very important	8 1.5%	2 1.3%	-	-	-	6 6.2%	-	7 2.0%	3 2.4%	1 2.1%	1 2.3%	2 1.6%	3 2.1%	1 0.6%	1 0.9%	-	-	6 2.4%	-	2 2.8%
Depends	2 0.4%	-	-	1 0.7%	-	1 1.0%	-	2 0.6%	1 0.8%	-	-	-	2 1.4%	-	-	-	-	2 0.8%	-	-
Don't know/No answer	5 0.9%	-	-	-	-	5 5.2%	-	5 1.4%	-	-	-	3 2.4%	2 1.4%	-	-	1 1.5%	-	3 1.2%	-	1 1.4%
CHI-SQUARE		<----------55.773---------->					<----15.784--->		<--------5.197-------->			<----------18.304---------->				<----------12.78---------->				
SIGNIFICANCE				100.0%*				99.7%*			26.4%*				89.3%*				31.1%*	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q6. Where do you ROUTINELY go for **safety information about the drugs and other health products you administer?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
NET CPS	400 72.6%	109 72.7% F	49 89.1% BDF	106 70.7% F	83 83.0% BDF	53 55.2%	131 73.6%	256 72.3%	91 74.0%	40 83.3%	30 69.8%	92 74.2%	110 75.9% N	104 65.0%	88 77.2% N	54 80.6% Q	40 60.6%	187 73.3%	71 77.2% Q	48 67.6%
CPS	380 69.0%	108 72.0% DF	47 85.5% BDF	92 61.3%	83 83.0% BDF	50 52.1%	131 73.6%	237 66.9%	88 71.5%	40 83.3%	29 67.4%	87 70.2%	103 71.0%	99 61.9%	85 74.6% N	51 76.1% Q	36 54.5%	178 69.8% Q	69 75.0% Q	46 64.8%
Product monographs	43 7.8%	5 3.3%	3 5.5%	19 12.7% BF	11 11.0% B	5 5.2%	12 6.7%	29 8.2%	5 4.1%	3 6.2%	2 4.7%	9 7.3%	14 9.7%	12 7.5%	8 7.0%	8 11.9%	5 7.6%	19 7.5%	7 7.6%	4 5.6%
NET MEDICAL JOURNAL/ PUBLICATIONS	217 39.4%	51 34.0%	18 32.7%	62 41.3%	34 34.0%	52 54.2% BCDE	69 38.8%	140 39.5%	51 41.5%	15 31.2%	14 32.6%	61 49.2% M	45 31.0%	62 38.8%	45 39.5%	23 34.3%	20 30.3%	105 41.2%	33 35.9%	36 50.7% PQ
Medical journals/ publications/scientific literature	142 25.8%	43 28.7% E	11 20.0%	38 25.3%	16 16.0%	34 35.4% CE	45 25.3%	94 26.6%	41 33.3%	12 25.0%	10 23.3%	41 33.1% MN	29 20.0%	35 21.9%	34 29.8%	12 17.9%	15 22.7%	71 27.8%	24 26.1%	20 28.2%
Textbooks/Manuals (general)	93 16.9%	11 7.3%	9 16.4%	25 16.7% B	22 22.0% B	26 27.1% B	30 16.9%	57 16.1%	18 14.6%	3 6.2%	5 11.6%	26 21.0%	19 13.1%	30 18.8%	15 13.2%	12 17.9%	5 7.6%	45 17.6% Q	11 12.0%	20 28.2% QS
Drug manufacturers	139 25.2%	43 28.7% CE	4 7.3%	50 33.3% CE	18 18.0% C	24 25.0% C	37 20.8%	100 28.2%	23 18.7%	10 20.8%	18 41.9% IJ	31 25.0%	42 29.0%	42 26.2%	23 20.2%	17 25.4%	15 22.7%	63 24.7%	32 34.8% T	12 16.9%
Pharmacists/pharmacy	128 23.2%	31 20.7% F	17 30.9% DF	22 14.7%	49 49.0% BCDF	9 9.4%	66 37.1% H	59 16.7%	29 23.6%	10 20.8%	7 16.3%	25 20.2%	39 26.9%	33 20.6%	28 24.6%	16 23.9%	9 13.6%	61 23.9% Q	26 28.3% Q	16 22.5%
Online sources/websites/ Internet	125 22.7%	27 18.0%	6 10.9%	36 24.0% C	26 26.0% C	30 31.2% BC	47 26.4%	72 20.3%	23 18.7%	7 14.6%	6 14.0%	28 22.6%	33 22.8%	38 23.8%	22 19.3%	12 17.9%	21 31.8%	53 20.8%	18 19.6%	21 29.6%
NET ASSOCIATIONS/ COLLEAGUES	123 22.3%	35 23.3%	13 23.6%	28 18.7%	21 21.0%	26 27.1%	40 22.5%	79 22.3%	37 30.1% J	6 12.5%	9 20.9%	29 23.4%	29 20.0%	32 20.0%	29 25.4%	14 20.9%	8 12.1%	64 25.1% Q	22 23.9% Q	15 21.1%
Colleagues	123 22.3%	35 23.3%	13 23.6%	28 18.7%	21 21.0%	26 27.1%	40 22.5%	79 22.3%	37 30.1% J	6 12.5%	9 20.9%	29 23.4%	29 20.0%	32 20.0%	29 25.4%	14 20.9%	8 12.1%	64 25.1% Q	22 23.9% Q	15 21.1%

Continued/...

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Q6. Where do you ROUTINELY go **for safety information about the drugs and other health products you administer?** Continued
BASE: All

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
NET HEALTH CANADA	75 13.6%	37 24.7% CEF	2 3.6%	26 17.3% CEF	4 4.0%	6 6.2%	21 11.8%	51 14.4%	22 17.9%	7 14.6%	12 27.9%	19 15.3%	14 9.7%	26 16.2%	16 14.0%	10 14.9%	15 22.7% RT	28 11.0%	18 19.6% T	4 5.6%
Dear Health Care Professional Letters - from HC	22 4.0%	16 10.7% D	-	6 4.0%	-	-	6 3.4%	16 4.5%	6 4.9%	3 6.2%	7 16.3%	2 1.6%	3 2.1%	9 5.6%	8 7.0% L	2 3.0%	4 6.1%	8 3.1%	7 7.6% T	1 1.4%
Health Canada Website	17 3.1%	7 4.7%	-	7 4.7%	1 1.0%	2 2.1%	4 2.2%	12 3.4%	4 3.3%	2 4.2%	2 4.7%	4 3.2%	4 2.8%	5 3.1%	4 3.5%	5 7.5% R	6 9.1% RT	2 0.8%	3 3.3%	1 1.4%
Health Canada/ government publications	13 2.4%	6 4.0%	1 1.8%	4 2.7%	1 1.0%	1 1.0%	4 2.2%	7 2.0%	6 4.9%	-	1 2.3%	5 4.0%	3 2.1%	4 2.5%	1 0.9%	3 4.5%	1 1.5%	6 2.4%	3 3.3%	-
Public Advisories/ Warnings	11 2.0%	4 2.7%	2 3.6%	4 2.7%	1 1.0%	-	4 2.2%	7 2.0%	5 4.1%	-	1 2.3%	5 4.0%	2 1.4%	3 1.9%	1 0.9%	-	-	5 2.0%	4 4.3%	2 2.8%
Health Canada electronic mailing/e-mail alerts	10 1.8%	4 2.7%	-	1 0.7%	2 2.0%	3 3.1%	4 2.2%	6 1.7%	2 1.6%	1 2.1%	2 4.7%	4 3.2%	2 1.4%	1 0.6%	3 2.6%	1 1.5%	1 1.5%	5 2.0%	3 3.3%	-
Canadian Adverse Reaction Newsletter	10 1.8%	3 2.0%	-	7 4.7%	-	-	2 1.1%	8 2.3%	2 1.6%	1 2.1%	-	3 2.4%	1 0.7%	6 3.8%	-	-	3 4.5%	4 1.6%	3 3.3%	-
Drug Information Centre	31 5.6%	1 0.7%	-	30 20.0% B	-	-	1 0.6%	30 8.5% G	-	-	1 2.3%	6 4.8%	10 6.9%	12 7.5%	3 2.6%	-	2 3.0%	27 10.6% QST	1 1.1%	1 1.4%
Conferences/lectures/ workshops	22 4.0%	13 8.7%	3 5.5%	-	-	6 6.2%	6 3.4%	15 4.2%	9 7.3%	5 10.4%	2 4.7%	4 3.2%	6 4.1%	6 3.8%	6 5.3%	1 1.5%	5 7.6%	7 2.7%	3 3.3%	6 8.5%
Media (general)	9 1.6%	4 2.7%	-	-	1 1.0%	4 4.2%	2 1.1%	7 2.0%	3 2.4%	1 2.1%	1 2.3%	1 0.8%	4 2.8%	2 1.2%	2 1.8%	-	-	6 2.4%	3 3.3%	-
Other	98 17.8%	28 18.7% C	4 7.3%	29 19.3% C	16 16.0%	21 21.9% C	29 16.3%	67 18.9%	18 14.6%	13 27.1%	8 18.6%	20 16.1%	33 22.8%	26 16.2%	18 15.8%	14 20.9%	16 24.2% S	44 17.3%	9 9.8%	15 21.1% S
Don't know/No answer	3 0.5%	1 0.7%	-	-	1 1.0%	1 1.0%	2 1.1%	1 0.3%	-	-	-	-	1 0.7%	-	2 1.8%	-	-	1 0.4%	1 1.1%	1 1.4%
CHI-SQUARE		<----------273.802---------->					<----43.086--->		<--------38.78-------->			<----------52.57---------->				<----------119.481---------->				
SIGNIFICANCE		100.0%*					99.9%*		56.6%*			35.8%*				99.9%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q7. I would now like to ask you about **new or updated information on drug safety – this would be information that is not yet published in monographs. For the sake of brevity, I'll refer to this as "new" safety information about drugs. How important a role does this type of new safety information on drugs play in your own practice?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very important	387	114	26	103	85	59	144	231	74	37	34	89	98	112	83	45	46	177	71	48
	70.2%	76.0% CF	47.3%	68.7% C	85.0% CDF	61.5%	80.9% H	65.3%	60.2%	77.1% I	79.1% I	71.8%	67.6%	70.0%	72.8%	67.2%	69.7%	69.4%	77.2%	67.6%
Somewhat important	123	30	18	42	13	20	26	94	33	10	8	28	35	36	23	19	18	54	16	16
	22.3%	20.0%	32.7% E	28.0% E	13.0%	20.8%	14.6%	26.6% G	26.8%	20.8%	18.6%	22.6%	24.1%	22.5%	20.2%	28.4%	27.3%	21.2%	17.4%	22.5%
Not very important	18	2	6	3	-	7	2	15	9	-	-	1	5	8	4	1	1	12	3	1
	3.3%	1.3%	10.9% BD	2.0%		7.3% B	1.1%	4.2% G	7.3%			0.8%	3.4%	5.0% L	3.5%	1.5%	1.5%	4.7%	3.3%	1.4%
Not at all important	9	2	2	-	1	4	3	5	3	1	-	3	1	2	2	-	1	4	2	2
	1.6%	1.3%	3.6%		1.0%	4.2%	1.7%	1.4%	2.4%	2.1%		2.4%	0.7%	1.2%	1.8%		1.5%	1.6%	2.2%	2.8%
Depends	2	-	-	1	-	1	1	1	-	-	-	-	2	-	-	1	-	1	-	-
	0.4%			0.7%		1.0%	0.6%	0.3%					1.4%			1.5%		0.4%		
Don't know/No answer	12	2	3	1	1	5	2	8	4	-	1	3	4	2	2	1	-	7	-	4
	2.2%	1.3%	5.5%	0.7%	1.0%	5.2%	1.1%	2.3%	3.3%		2.3%	2.4%	2.8%	1.2%	1.8%	1.5%		2.7%		5.6%
TOP 2 BOX	510	144	44	145	98	79	170	325	107	47	42	117	133	148	106	64	64	231	87	64
	92.6%	96.0% CF	80.0%	96.7% CF	98.0% CF	82.3%	95.5%	91.8%	87.0%	97.9% I	97.7% I	94.4%	91.7%	92.5%	93.0%	95.5%	97.0% R	90.6%	94.6%	90.1%
BOTTOM 2 BOX	27	4	8	3	1	11	5	20	12	1	-	4	6	10	6	1	2	16	5	3
	4.9%	2.7%	14.5% BDE	2.0%	1.0%	11.5% BDE	2.8%	5.6%	9.8% J	2.1%		3.2%	4.1%	6.2%	5.3%	1.5%	3.0%	6.3% P	5.4%	4.2%
CHI-SQUARE		<----------46.86---------->					<----15.21---->		<--------11.24-------->			<----------5.89---------->				<----------9.11---------->				
SIGNIFICANCE				100.0%*			99.8%			91.9%*				24.9%*				30.6%*		
MEAN	3.7	3.7 CF	3.3	3.7 CF	3.8 CDF	3.5	3.8 H	3.6	3.5	3.7	3.8 I	3.7	3.7	3.6	3.7	3.7	3.7	3.6	3.7	3.6
STANDARD DEVIATION	0.63	0.55	0.83	0.51	0.45	0.82	0.55	0.64	0.75	0.57	0.40	0.62	0.59	0.64	0.64	0.50	0.59	0.65	0.64	0.67
STANDARD ERROR	0.03	0.05	0.12	0.04	0.04	0.09	0.04	0.03	0.07	0.08	0.06	0.06	0.05	0.05	0.06	0.06	0.07	0.04	0.07	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q8. How OFTEN do you seek out or **look for new information about the safety of drugs and other health products? Do you do so...?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Frequently	266	88	13	54	46	65	96	161	55	25	28	61	65	70	64	32	38	116	40	40
	48.3%	58.7% CDE	23.6%	36.0%	46.0% C	67.7% CDE	53.9%	45.5%	44.7%	52.1%	65.1% I	49.2%	44.8%	43.8%	56.1% N	47.8%	57.6%	45.5%	43.5%	56.3%
Occasionally	226	51	28	75	49	23	69	150	47	19	13	48	62	76	39	29	23	107	43	24
	41.0%	34.0%	50.9% BF	50.0% BF	49.0% BF	24.0%	38.8%	42.4%	38.2%	39.6%	30.2%	38.7%	42.8%	47.5% O	34.2%	43.3%	34.8%	42.0%	46.7%	33.8%
Rarely	53	10	14	16	5	8	13	37	21	3	2	13	15	14	10	6	5	26	9	7
	9.6%	6.7%	25.5% BDEF	10.7%	5.0%	8.3%	7.3%	10.5%	17.1% JK	6.2%	4.7%	10.5%	10.3%	8.8%	8.8%	9.0%	7.6%	10.2%	9.8%	9.9%
Never	5	1	-	4	-	-	-	5	-	1	-	2	3	-	-	-	-	5	-	-
	0.9%	0.7%		2.7%				1.4%		2.1%		1.6%	2.1%					2.0%		
Don't know/No answer	1	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	1	-	-
	0.2%			0.7%				0.3%							0.9%			0.4%		
TOP 2 BOX	492	139	41	129	95	88	165	311	102	44	41	109	127	146	103	61	61	223	83	64
	89.3%	92.7% C	74.5%	86.0%	95.0% CD	91.7% C	92.7%	87.9%	82.9%	91.7%	95.3% I	87.9%	87.6%	91.2%	90.4%	91.0%	92.4%	87.5%	90.2%	90.1%
BOTTOM 2 BOX	58	11	14	20	5	8	13	42	21	4	2	15	18	14	10	6	5	31	9	7
	10.5%	7.3%	25.5% BEF	13.3% E	5.0%	8.3%	7.3%	11.9%	17.1% K	8.3%	4.7%	12.1%	12.4%	8.8%	8.8%	9.0%	7.6%	12.2%	9.8%	9.9%
CHI-SQUARE		<----------62.71---------->					<-----5.88---->		<--------12.61-------->			<----------11.3---------->				<----------11.58---------->				
SIGNIFICANCE				100.0%*			88.3%			95.0%*				74.4%*				52.0%*		
MEAN	3.4	3.5 CD	3.0	3.2	3.4 CD	3.6 CDE	3.5 H	3.3	3.3	3.4	3.6 I	3.4	3.3	3.4	3.5 M	3.4	3.5	3.3	3.3	3.5
STANDARD DEVIATION	0.69	0.65	0.71	0.74	0.59	0.64	0.63	0.72	0.74	0.71	0.58	0.73	0.74	0.64	0.66	0.65	0.64	0.74	0.65	0.67
STANDARD ERROR	0.03	0.05	0.10	0.06	0.06	0.07	0.05	0.04	0.07	0.10	0.09	0.07	0.06	0.05	0.06	0.08	0.08	0.05	0.07	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q9. Where do you most often look for **this kind of new safety information?**
BASE: Those who said frequently/**occasionally or rarely seek out new info about drug safety**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	545 100.0%	149 100.0%	55 100.0%	145 100.0%	100 100.0%	96 100.0%	178 100.0%	348 100.0%	123 100.0%	47 100.0%	43 100.0%	122 100.0%	142 100.0%	160 100.0%	113 100.0%	67 100.0%	66 100.0%	249 100.0%	92 100.0%	71 100.0%
Medical journals/ publications/scientific literature	185 33.9%	62 41.6% DE	20 36.4%	34 23.4%	29 29.0%	40 41.7% D	66 37.1%	111 31.9%	51 41.5%	15 31.9%	18 41.9%	43 35.2%	47 33.1%	47 29.4%	43 38.1%	17 25.4%	17 25.8%	95 38.2% PQ	31 33.7%	25 35.2%
Drug manufacturers	179 32.8%	47 31.5% C	10 18.2%	77 53.1% BCEF	22 22.0%	23 24.0%	40 22.5%	134 38.5% G	31 25.2%	15 31.9%	17 39.5%	38 31.1%	48 33.8%	60 37.5%	33 29.2%	25 37.3%	23 34.8%	82 32.9%	29 31.5%	20 28.2%
Online sources/websites/ internet	149 27.3%	36 24.2% C	5 9.1%	31 21.4% C	37 37.0% BCD	40 41.7% BCD	52 29.2%	92 26.4%	28 22.8%	13 27.7%	9 20.9%	44 36.1% NO	40 28.2%	40 25.0%	24 21.2%	19 28.4%	19 28.8%	63 25.3%	22 23.9%	26 36.6%
NET HEALTH CANADA	125 22.9%	37 24.8% CF	7 12.7%	47 32.4% CEF	20 20.0%	14 14.6%	39 21.9%	83 23.9%	19 15.4%	14 29.8%	13 30.2%	31 25.4%	25 17.6%	40 25.0%	29 25.7%	17 25.4%	21 31.8% T	54 21.7%	22 23.9%	11 15.5%
Health Canada website	47 8.6%	8 5.4%	2 3.6%	16 11.0% C	12 12.0% C	9 9.4%	15 8.4%	31 8.9%	9 7.3%	2 4.3%	2 4.7%	19 15.6% M	6 4.2%	13 8.1%	9 8.0%	10 14.9%	7 10.6%	18 7.2%	6 6.5%	6 8.5%
Health Canada/ government publications	33 6.1%	12 8.1% EF	2 3.6%	16 11.0% CEF	1 1.0%	2 2.1%	5 2.8%	27 7.8% G	5 4.1%	4 8.5%	6 14.0%	6 4.9%	9 6.3%	11 6.9%	7 6.2%	4 6.0%	3 4.5%	17 6.8%	7 7.6%	2 2.8%
Dear Health Care Professional Letters - from HC	26 4.8%	11 7.4% E	3 5.5%	11 7.6% E	1 1.0%	-	9 5.1%	16 4.6%	5 4.1%	6 12.8%	3 7.0%	5 4.1%	7 4.9%	6 3.8%	8 7.1%	3 4.5%	6 9.1% T	12 4.8%	4 4.3%	1 1.4%
Public Advisories/ Warnings	12 2.2%	6 4.0%	-	2 1.4%	3 3.0%	1 1.0%	7 3.9%	4 1.1%	1 0.8%	2 4.3%	3 7.0%	1 0.8%	1 0.7%	7 4.4% LM	3 2.7%	2 3.0%	3 4.5%	5 2.0%	2 2.2%	-
Health Canada electronic mailing/e-mail	10 1.8%	3 2.0%	-	1 0.7%	3 3.0%	3 3.1%	6 3.4%	4 1.1%	-	1 2.1%	1 2.3%	3 2.5%	2 1.4%	2 1.2%	3 2.7%	-	1 1.5%	3 1.2%	4 4.3%	2 2.8%
Canadian Adverse Reaction Newsletter	9 1.7%	-	-	8 5.5% E	1 1.0%	-	1 0.6%	8 2.3%	-	-	-	1 0.8%	2 1.4%	6 3.8%	-	-	4 6.1%	4 1.6%	1 1.1%	-
Pharmacist/pharmacy	104 19.1%	21 14.1% D	16 29.1% BDF	10 6.9%	49 49.0% BCDF	8 8.3%	60 33.7% H	40 11.5%	24 19.5%	10 21.3%	5 11.6%	20 16.4%	30 21.1%	28 17.5%	24 21.2%	15 22.4% Q	4 6.1%	49 19.7% Q	25 27.2% Q	11 15.5%

Continued/...

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Q9. Where do you most often look for **this kind of new safety information?** Continued
BASE: Those who said frequently/occasionally or rarely seek out new info about drug safety

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
NET ASSOCIATIONS/ COLLEAGUES	101 18.5%	27 18.1%	7 12.7%	21 14.5%	24 24.0%	22 22.9%	30 16.9%	71 20.4%	22 17.9%	9 19.1%	9 20.9%	28 23.0% M	19 13.4%	29 18.1%	25 22.1%	16 23.9% Q	5 7.6%	50 20.1% Q	14 15.2%	16 22.5% Q
Colleagues	56 10.3%	16 10.7% D	6 10.9% D	2 1.4%	20 20.0% D	12 12.5% D	22 12.4%	34 9.8%	17 13.8%	5 10.6%	3 7.0%	14 11.5%	9 6.3%	20 12.5%	13 11.5%	9 13.4% Q	2 3.0%	26 10.4% Q	9 9.8%	10 14.1% Q
Professional associations	49 9.0%	12 8.1% C	1 1.8%	19 13.1% CE	5 5.0%	12 12.5% C	9 5.1%	40 11.5% G	6 4.9%	4 8.5%	6 14.0%	16 13.1%	10 7.0%	11 6.9%	12 10.6%	7 10.4%	4 6.1%	27 10.8%	5 5.4%	6 8.5%
NET CPS	97 17.8%	34 22.8% D	14 25.5% D	15 10.3%	15 15.0%	19 19.8% D	30 16.9%	62 17.8%	30 24.4%	9 19.1%	9 20.9%	25 20.5%	25 17.6%	23 14.4%	20 17.7%	12 17.9%	10 15.2%	36 14.5%	22 23.9%	17 23.9%
CPS	87 16.0%	33 22.1% DE	14 25.5% DE	11 7.6%	12 12.0%	17 17.7% D	27 15.2%	55 15.8%	29 23.6%	9 19.1%	9 20.9%	21 17.2%	20 14.1%	23 14.4%	19 16.8%	10 14.9%	8 12.1%	33 13.3%	21 22.8% R	15 21.1%
Monographs (general)	12 2.2%	2 1.3%	1 1.8%	4 2.8%	3 3.0%	2 2.1%	4 2.2%	7 2.0%	2 1.6%	-	-	4 3.3%	5 3.5%	-	2 1.8%	3 4.5%	2 3.0%	4 1.6%	1 1.1%	2 2.8%
Media	28 5.1%	5 3.4%	3 5.5%	7 4.8%	5 5.0%	8 8.3%	10 5.6%	18 5.2%	8 6.5%	2 4.3%	-	8 6.6%	9 6.3%	6 3.8%	5 4.4%	-	2 3.0%	17 6.8%	5 5.4%	4 5.6%
Conferences/lectures/ workshops	26 4.8%	10 6.7% DE	4 7.3%	3 2.1%	1 1.0%	8 8.3% DE	5 2.8%	19 5.5%	8 6.5%	4 8.5%	2 4.7%	4 3.3%	7 4.9%	10 6.2%	3 2.7%	1 1.5%	5 7.6%	16 6.4% P	2 2.2%	2 2.8%
Drug information centre	25 4.6%	2 1.3%	-	20 13.8% BEF	1 1.0%	2 2.1%	2 1.1%	23 6.6% G	-	1 2.1%	1 2.3%	5 4.1%	5 3.5%	14 8.8% O	1 0.9%	2 3.0%	2 3.0%	14 5.6%	5 5.4%	2 2.8%
CME/Continuing Medical Education/courses	7 1.3%	4 2.7%	3 5.5%	-	-	-	1 0.6%	5 1.4%	3 2.4%	1 2.1%	2 4.7%	1 0.8%	1 0.7%	1 0.6%	3 2.7%	1 1.5%	-	4 1.6%	1 1.1%	1 1.4%
Other	88 16.1%	24 16.1%	8 14.5%	22 15.2%	18 18.0%	16 16.7%	31 17.4%	53 15.2%	18 14.6%	5 10.6%	10 23.3%	17 13.9%	22 15.5%	24 15.0%	22 19.5%	7 10.4%	13 19.7%	44 17.7% S	9 9.8%	15 21.1% S
Don't know/No answer	7 1.3%	2 1.3%	2 3.6%	1 0.7%	1 1.0%	1 1.0%	2 1.1%	5 1.4%	3 2.4%	-	1 2.3%	2 1.6%	-	3 1.9%	2 1.8%	1 1.5%	3 4.5%	1 0.4%	1 1.1%	1 1.4%
CHI-SQUARE		<----------295.495---------->					<----71.72---->		<--------36.692-------->			<----------67.249---------->				<----------93.094---------->				
SIGNIFICANCE		100.0%*					100.0%*		47.0%*			83.4%*				91.1%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q10. What OTHER sources of new **safety information about drugs are you familiar with?**
BASE: All who gave a valid answer at Q9

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	538 100.0%	147 100.0%	53 100.0%	144 100.0%	99 100.0%	95 100.0%	176 100.0%	343 100.0%	120 100.0%	47 100.0%	42 100.0%	120 100.0%	142 100.0%	157 100.0%	111 100.0%	66 100.0%	63 100.0%	248 100.0%	91 100.0%	70 100.0%
Online sources/websites/ internet	105 19.5%	34 23.1%	8 15.1%	30 20.8%	19 19.2%	14 14.7%	31 17.6%	73 21.3%	22 18.3%	12 25.5%	9 21.4%	30 25.0% O	30 21.1%	30 19.1%	14 12.6%	9 13.6%	7 11.1%	55 22.2% Q	20 22.0%	14 20.0%
Drug manufacturers	98 18.2%	32 21.8% F	6 11.3%	36 25.0% CEF	14 14.1%	10 10.5%	31 17.6%	65 19.0%	16 13.3%	13 27.7% I	11 26.2%	29 24.2%	24 16.9%	27 17.2%	17 15.3%	16 24.2%	14 22.2%	34 13.7%	25 27.5% RT	9 12.9%
NET HEALTH CANADA	93 17.3%	25 17.0%	8 15.1%	27 18.8%	17 17.2%	16 16.8%	23 13.1%	65 19.0%	20 16.7%	9 19.1%	7 16.7%	23 19.2%	29 20.4%	26 16.6%	13 11.7%	11 16.7%	10 15.9%	49 19.8%	12 13.2%	11 15.7%
Dear Health Care Professional Letters - from HC	30 5.6%	9 6.1% F	5 9.4% F	9 6.2% F	6 6.1%	1 1.1%	7 4.0%	23 6.7%	7 5.8%	4 8.5%	3 7.1%	4 3.3%	12 8.5%	8 5.1%	6 5.4%	2 3.0%	6 9.5%	15 6.0%	3 3.3%	4 5.7%
Health Canada/ government publications	29 5.4%	8 5.4%	2 3.8%	10 6.9%	5 5.1%	4 4.2%	6 3.4%	20 5.8%	3 2.5%	3 6.4%	4 9.5%	7 5.8%	12 8.5% O	7 4.5%	2 1.8%	4 6.1%	4 6.3%	14 5.6%	3 3.3%	4 5.7%
Health Canada website	25 4.6%	6 4.1%	2 3.8%	4 2.8%	4 4.0%	9 9.5% D	6 3.4%	16 4.7%	7 5.8%	2 4.3%	1 2.4%	8 6.7%	6 4.2%	7 4.5%	3 2.7%	2 3.0%	1 1.6%	16 6.5% Q	4 4.4%	2 2.9%
Canadian Adverse Reaction Newsletter	17 3.2%	5 3.4%	1 1.9%	8 5.6%	3 3.0%	-	4 2.3%	13 3.8%	3 2.5%	1 2.1%	2 4.8%	1 0.8%	7 4.9% L	7 4.5% L	2 1.8%	3 4.5%	3 4.8%	8 3.2%	3 3.3%	-
Health Canada electronic mailing/e-mail	12 2.2%	-	1 1.9%	3 2.1%	1 1.0%	7 7.4% E	1 0.6%	10 2.9% G	3 2.5%	-	-	6 5.0%	-	3 1.9%	2 1.8%	1 1.5%	-	9 3.6%	1 1.1%	1 1.4%
Public Advisories/ Warnings	6 1.1%	3 2.0%	-	2 1.4%	1 1.0%	-	3 1.7%	3 0.9%	2 1.7%	-	1 2.4%	1 0.8%	2 1.4%	1 0.6%	2 1.8%	2 3.0%	1 1.6%	1 0.4%	1 1.1%	1 1.4%
Pharmacist/pharmacy	52 9.7%	10 6.8%	5 9.4%	19 13.2% F	14 14.1% F	4 4.2%	21 11.9%	31 9.0%	10 8.3%	-	5 11.9%	14 11.7%	13 9.2%	15 9.6%	10 9.0%	8 12.1%	3 4.8%	23 9.3%	8 8.8%	10 14.3%
NET ASSOCIATIONS/ COLLEAGUES	43 8.0%	8 5.4%	4 7.5%	12 8.3%	11 11.1%	8 8.4%	12 6.8%	28 8.2%	5 4.2%	2 4.3%	3 7.1%	6 5.0%	7 4.9%	18 11.5% LM	10 9.0%	2 3.0%	3 4.8%	34 13.7% PQST	1 1.1%	3 4.3%
Professional associations	36 6.7%	8 5.4%	4 7.5%	11 7.6%	8 8.1%	5 5.3%	9 5.1%	24 7.0%	5 4.2%	2 4.3%	3 7.1%	5 4.2%	5 3.5%	15 9.6% M	9 8.1%	1 1.5%	3 4.8%	29 11.7% PQST	1 1.1%	2 2.9%

Continued/...

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Q10. What OTHER sources of new **safety information about drugs are you familiar with?** Continued
BASE: All who gave a valid answer at **Q9**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Colleagues	8 1.5%	-	-	2 1.4%	3 3.0%	3 3.2%	3 1.7%	5 1.5%	-	-	-	1 0.8%	3 2.1%	3 1.9%	1 0.9%	1 1.5%	-	6 2.4%	-	1 1.4%
Medical journals/ publications/scientific literature	29 5.4%	9 6.1%	3 5.7%	7 4.9%	4 4.0%	6 6.3%	8 4.5%	20 5.8%	6 5.0%	5 10.6%	-	3 2.5%	5 3.5%	14 8.9% LM	7 6.3%	3 4.5%	4 6.3%	12 4.8%	6 6.6%	4 5.7%
Conferences/lectures/ workshops	29 5.4%	11 7.5% E	6 11.3% E	5 3.5%	2 2.0%	5 5.3%	7 4.0%	21 6.1%	13 10.8% K	4 8.5%	1 2.4%	6 5.0%	11 7.7%	6 3.8%	6 5.4%	1 1.5%	4 6.3%	19 7.7% P	3 3.3%	2 2.9%
NET CPS	16 3.0%	7 4.8%	3 5.7%	2 1.4%	4 4.0%	-	7 4.0%	8 2.3%	4 3.3%	3 6.4%	2 4.8%	4 3.3%	2 1.4%	5 3.2%	4 3.6%	1 1.5%	2 3.2%	9 3.6%	3 3.3%	1 1.4%
CPS	9 1.7%	5 3.4%	2 3.8%	1 0.7%	1 1.0%	-	4 2.3%	4 1.2%	3 2.5%	2 4.3%	1 2.4%	1 0.8%	1 0.7%	5 3.2%	1 0.9%	-	2 3.2%	4 1.6%	3 3.3%	-
Monographs (general)	7 1.3%	2 1.4%	1 1.9%	1 0.7%	3 3.0%	-	3 1.7%	4 1.2%	1 0.8%	1 2.1%	1 2.4%	3 2.5%	1 0.7%	-	3 2.7%	1 1.5%	-	5 2.0%	-	1 1.4%
Drug information centre	14 2.6%	1 0.7%	-	13 9.0% B	-	-	1 0.6%	13 3.8% G	1 0.8%	-	-	3 2.5%	1 0.7%	8 5.1% M	2 1.8%	-	-	12 4.8% S	1 1.1%	1 1.4%
Media	11 2.0%	2 1.4%	1 1.9%	2 1.4%	3 3.0%	3 3.2%	5 2.8%	6 1.7%	2 1.7%	1 2.1%	-	3 2.5%	2 1.4%	5 3.2%	1 0.9%	1 1.5%	-	6 2.4%	2 2.2%	2 2.9%
CME/Continuing Medical Education/courses	3 0.6%	2 1.4%	-	-	-	1 1.1%	1 0.6%	2 0.6%	1 0.8%	1 2.1%	1 2.4%	-	2 1.4%	-	1 0.9%	-	1 1.6%	2 0.8%	-	-
Other	77 14.3%	15 10.2%	3 5.7%	23 16.0% C	19 19.2% C	17 17.9% C	25 14.2%	48 14.0%	11 9.2%	7 14.9%	3 7.1%	14 11.7%	23 16.2%	23 14.6%	16 14.4%	13 19.7%	7 11.1%	31 12.5%	10 11.0%	16 22.9% S
Don't know/No answer	215 40.0%	57 38.8%	23 43.4%	51 35.4%	40 40.4%	44 46.3%	76 43.2%	131 38.2%	52 43.3%	14 29.8%	19 45.2%	45 37.5%	54 38.0%	62 39.5%	50 45.0%	29 43.9%	28 44.4%	88 35.5%	39 42.9%	31 44.3%
CHI-SQUARE		<----------128.647---------->					<----18.162--->		<--------32.351-------->			<----------70.057---------->				<----------96.368---------->				
SIGNIFICANCE				100.0%*			48.8%*			27.2%*				88.5%*				94.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q11A. Please tell me how familiar you are **with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very familiar, somewhat familiar, not very familiar or not at all familiar with...The Canadian Adverse Reaction Newsletter?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	113	33	1	70	6	3	23	87	18	9	7	26	25	38	23	16	22	51	18	6
	20.5%	22.0% CEF	1.8%	46.7% BCEF	6.0%	3.1%	12.9%	24.6% G	14.6%	18.8%	16.3%	21.0%	17.2%	23.8%	20.2%	23.9% T	33.3% RT	20.0% T	19.6% T	8.5%
Somewhat familiar	179	64	6	62	26	21	59	115	34	18	22	33	53	48	44	27	23	80	35	14
	32.5%	42.7% CEF	10.9%	41.3% CEF	26.0% C	21.9%	33.1%	32.5%	27.6%	37.5%	51.2% I	26.6%	36.6%	30.0%	38.6% L	40.3% T	34.8% T	31.4% T	38.0% T	19.7%
Not very familiar	77	29	9	10	20	9	32	43	20	11	8	15	18	26	18	9	5	38	14	11
	14.0%	19.3% DF	16.4%	6.7%	20.0% DF	9.4%	18.0%	12.1%	16.3%	22.9%	18.6%	12.1%	12.4%	16.2%	15.8%	13.4%	7.6%	14.9%	15.2%	15.5%
Not at all familiar	178	21	39	7	48	63	63	106	50	10	5	49	49	46	28	15	15	85	24	39
	32.3%	14.0% D	70.9% BDE	4.7%	48.0% BD	65.6% BDE	35.4%	29.9%	40.7% JK	20.8%	11.6%	39.5% O	33.8%	28.8%	24.6%	22.4%	22.7%	33.3%	26.1%	54.9% PQRS
Don't know/No answer	4	3	-	1	-	-	1	3	1	-	1	1	-	2	1	-	1	1	1	1
	0.7%	2.0%		0.7%			0.6%	0.8%	0.8%		2.3%	0.8%		1.2%	0.9%		1.5%	0.4%	1.1%	1.4%
TOP 2 BOX	292	97	7	132	32	24	82	202	52	27	29	59	78	86	67	43	45	131	53	20
	53.0%	64.7% CEF	12.7%	88.0% BCEF	32.0% C	25.0%	46.1%	57.1% G	42.3%	56.2%	67.4% I	47.6%	53.8%	53.8%	58.8%	64.2% T	68.2% RT	51.4% T	57.6% T	28.2%
BOTTOM 2 BOX	255	50	48	17	68	72	95	149	70	21	13	64	67	72	46	24	20	123	38	50
	46.3%	33.3% D	87.3% BDE	11.3%	68.0% BD	75.0% BD	53.4% H	42.1%	56.9% K	43.8%	30.2%	51.6%	46.2%	45.0%	40.4%	35.8%	30.3%	48.2% Q	41.3%	70.4% PQRS
CHI-SQUARE		<----------234.37---------->					<----11.75---->		<--------17.23-------->			<----------11.45---------->				<----------35.53---------->				
SIGNIFICANCE				100.0%			99.2%			99.2%				75.4%				100.0%		
MEAN	2.4	2.7 CEF	1.4	3.3 BCEF	1.9 CF	1.6	2.2	2.5 G	2.2	2.5 I	2.7 I	2.3	2.4	2.5	2.5	2.7 T	2.8 RT	2.4 T	2.5 T	1.8
STANDARD DEVIATION	1.14	0.97	0.76	0.80	0.99	0.93	1.08	1.16	1.12	1.03	0.89	1.20	1.12	1.15	1.08	1.08	1.15	1.15	1.09	1.04
STANDARD ERROR	0.05	0.08	0.10	0.07	0.10	0.10	0.08	0.06	0.10	0.15	0.14	0.11	0.09	0.09	0.10	0.13	0.14	0.07	0.11	0.12

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11B. Please tell me how familiar you are **with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very** familiar, somewhat familiar, not very **familiar or not at all familiar with...Dear Health Care Professional letters issued by drug manufacturers?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	133	55	6	61	3	8	33	95	23	21	16	24	30	43	33	14	22	60	28	9
	24.1%	36.7% CEF	10.9%	40.7% CEF	3.0%	8.3%	18.5%	26.8% G	18.7%	43.8% I	37.2% I	19.4%	20.7%	26.9%	28.9%	20.9%	33.3% T	23.5% T	30.4% T	12.7%
Somewhat familiar	164	66	17	40	30	11	56	106	45	19	20	34	41	47	42	21	16	78	26	23
	29.8%	44.0% DEF	30.9% F	26.7% F	30.0% F	11.5%	31.5%	29.9%	36.6%	39.6%	46.5%	27.4%	28.3%	29.4%	36.8%	31.3%	24.2%	30.6%	28.3%	32.4%
Not very familiar	65	10	7	19	19	10	25	37	16	2	1	14	15	17	18	12	6	29	12	6
	11.8%	6.7%	12.7%	12.7%	19.0% B	10.4%	14.0%	10.5%	13.0% JK	4.2%	2.3%	11.3%	10.3%	10.6%	15.8%	17.9%	9.1%	11.4%	13.0%	8.5%
Not at all familiar	182	18	25	28	48	63	64	111	38	6	6	50	57	50	21	18	20	86	25	33
	33.0%	12.0%	45.5% BD	18.7%	48.0% BD	65.6% BCDE	36.0%	31.4%	30.9% JK	12.5%	14.0%	40.3% O	39.3% O	31.2% O	18.4%	26.9%	30.3%	33.7%	27.2%	46.5% PQS
Don't know/No answer	7	1	-	2	-	4	-	5	1	-	-	2	2	3	-	2	2	2	1	-
	1.3%	0.7%		1.3%		4.2%		1.4%	0.8%			1.6%	1.4%	1.9%		3.0%	3.0%	0.8%	1.1%	
TOP 2 BOX	297	121	23	101	33	19	89	201	68	40	36	58	71	90	75	35	38	138	54	32
	53.9%	80.7% CDEF	41.8% F	67.3% CEF	33.0% F	19.8%	50.0%	56.8%	55.3%	83.3% I	83.7% I	46.8%	49.0%	56.2%	65.8% LM	52.2%	57.6%	54.1%	58.7%	45.1%
BOTTOM 2 BOX	247	28	32	47	67	73	89	148	54	8	7	64	72	67	39	30	26	115	37	39
	44.8%	18.7%	58.2% BD	31.3% B	67.0% BD	76.0% BCD	50.0%	41.8%	43.9% JK	16.7%	16.3%	51.6% O	49.7% O	41.9%	34.2%	44.8%	39.4%	45.1%	40.2%	54.9%
CHI-SQUARE		<----------159.16---------->					<-----5.5----->		<--------22.79-------->			<----------18.88---------->				<----------18.16---------->				
SIGNIFICANCE		100.0%					86.2%		99.9%			97.4%				88.9%				
MEAN	2.5	3.1 CEF	2.1 F	2.9 CEF	1.9	1.6	2.3	2.5	2.4	3.1 I	3.1 I	2.3	2.3	2.5	2.8 LM	2.5	2.6 T	2.4 T	2.6 T	2.1
STANDARD DEVIATION	1.19	0.96	1.10	1.14	0.95	1.01	1.15	1.20	1.12	0.99	0.99	1.19	1.20	1.20	1.07	1.12	1.25	1.19	1.19	1.14
STANDARD ERROR	0.05	0.08	0.15	0.09	0.09	0.10	0.09	0.06	0.10	0.14	0.15	0.11	0.10	0.10	0.10	0.14	0.16	0.07	0.12	0.14

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11C. Please tell me how familiar you are with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very familiar, somewhat familiar, not very familiar or not at all familiar with...Dear Health Care Professional letters issued by Health Canada?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	85	37	3	41	2	2	17	63	21	13	6	16	19	22	26	10	22	32	14	7
	15.4%	24.7% CEF	5.5%	27.3% CEF	2.0%	2.1%	9.6%	17.8% G	17.1%	27.1%	14.0%	12.9%	13.1%	13.8%	22.8% LM	14.9%	33.3% PRST	12.5%	15.2%	9.9%
Somewhat familiar	151	60	10	46	22	13	52	97	36	11	24	23	38	52	37	19	17	61	36	18
	27.4%	40.0% CEF	18.2%	30.7% F	22.0%	13.5%	29.2%	27.4%	29.3%	22.9%	55.8% IJ	18.5%	26.2%	32.5% L	32.5% L	28.4%	25.8%	23.9%	39.1% R	25.4%
Not very familiar	101	29	10	24	23	15	40	59	21	8	8	18	28	32	23	12	11	56	14	8
	18.3%	19.3%	18.2%	16.0%	23.0%	15.6%	22.5%	16.7%	17.1%	16.7%	18.6%	14.5%	19.3%	20.0%	20.2%	17.9%	16.7%	22.0% T	15.2%	11.3%
Not at all familiar	205	21	32	37	52	63	67	130	45	14	4	64	58	52	26	23	13	104	27	38
	37.2%	14.0%	58.2% BD	24.7% B	52.0% BD	65.6% BD	37.6%	36.7%	36.6% K	29.2% K	9.3%	51.6% NO	40.0% O	32.5%	22.8%	34.3%	19.7%	40.8% QS	29.3%	53.5% PQS
Don't know/No answer	9	3	-	2	1	3	2	5	-	2	1	3	2	2	2	3	3	2	1	-
	1.6%	2.0%		1.3%	1.0%	3.1%	1.1%	1.4%		4.2%	2.3%	2.4%	1.4%	1.2%	1.8%	4.5%	4.5%	0.8%	1.1%	
TOP 2 BOX	236	97	13	87	24	15	69	160	57	24	30	39	57	74	63	29	39	93	50	25
	42.8%	64.7% CEF	23.6%	58.0% CEF	24.0%	15.6%	38.8%	45.2%	46.3%	50.0%	69.8% IJ	31.5%	39.3%	46.2% L	55.3% LM	43.3%	59.1% RT	36.5%	54.3% RT	35.2%
BOTTOM 2 BOX	306	50	42	61	75	78	107	189	66	22	12	82	86	84	49	35	24	160	41	46
	55.5%	33.3%	76.4% BD	40.7%	75.0% BD	81.2% BD	60.1%	53.4%	53.7% K	45.8%	27.9%	66.1% NO	59.3% O	52.5%	43.0%	52.2%	36.4%	62.7% QS	44.6%	64.8% QS
CHI-SQUARE		<----------130.87---------->					<-----7.66---->		<--------19.46-------->			<----------27.73---------->				<----------40.12---------->				
SIGNIFICANCE				100.0%			94.6%			99.7%				99.9%				100.0%		
MEAN	2.2	2.8 CEF	1.7	2.6 CEF	1.7	1.5	2.1	2.3	2.3	2.5	2.8 I	1.9	2.1	2.3 L	2.6 LMN	2.2	2.8 PRST	2.1	2.4 RT	1.9
STANDARD DEVIATION	1.11	0.99	0.96	1.14	0.88	0.82	1.03	1.14	1.13	1.21	0.82	1.12	1.09	1.07	1.09	1.11	1.15	1.08	1.07	1.09
STANDARD ERROR	0.05	0.08	0.13	0.09	0.09	0.08	0.08	0.06	0.10	0.18	0.13	0.10	0.09	0.09	0.10	0.14	0.14	0.07	0.11	0.13

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11D. Please tell me how familiar you are with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very familiar, somewhat familiar, not very familiar or not at all familiar with...Health Canada's electronic mailing list (called Health_Prod_Info)?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	17	5	-	6	2	4	6	10	5	2	-	4	6	-	7	3	3	8	3	-
	3.1%	3.3%		4.0%	2.0%	4.2%	3.4%	2.8%	4.1%	4.2%		3.2%	4.1%		6.1%	4.5%	4.5%	3.1%	3.3%	
Somewhat familiar	46	13	2	9	11	11	19	27	12	3	3	11	12	13	10	6	8	21	6	5
	8.3%	8.7%	3.6%	6.0%	11.0%	11.5%	10.7%	7.6%	9.8%	6.2%	7.0%	8.9%	8.3%	8.1%	8.8%	9.0%	12.1%	8.2%	6.5%	7.0%
Not very familiar	55	19	2	17	7	10	16	36	12	6	5	9	12	17	17	11	9	21	6	8
	10.0%	12.7% C	3.6%	11.3% C	7.0%	10.4%	9.0%	10.2%	9.8%	12.5%	11.6%	7.3%	8.3%	10.6%	14.9%	16.4%	13.6%	8.2%	6.5%	11.3%
Not at all familiar	429	112	51	116	80	70	137	277	93	37	35	99	114	129	79	47	44	204	77	57
	77.9%	74.7%	92.7% BDEF	77.3%	80.0%	72.9%	77.0%	78.2%	75.6%	77.1%	81.4%	79.8%	78.6%	80.6% O	69.3%	70.1%	66.7%	80.0% Q	83.7% PQ	80.3%
Don't know/No answer	4	1	-	2	-	1	-	4	1	-	-	1	1	1	1	-	2	1	-	1
	0.7%	0.7%		1.3%		1.0%		1.1%	0.8%			0.8%	0.7%	0.6%	0.9%		3.0%	0.4%		1.4%
TOP 2 BOX	63	18	2	15	13	15	25	37	17	5	3	15	18	13	17	9	11	29	9	5
	11.4%	12.0% C	3.6%	10.0%	13.0% C	15.6% C	14.0%	10.5%	13.8%	10.4%	7.0%	12.1%	12.4%	8.1%	14.9%	13.4%	16.7%	11.4%	9.8%	7.0%
BOTTOM 2 BOX	484	131	53	133	87	80	153	313	105	43	40	108	126	146	96	58	53	225	83	65
	87.8%	87.3%	96.4% BDEF	88.7%	87.0%	83.3%	86.0%	88.4%	85.4%	89.6%	93.0%	87.1%	86.9%	91.2%	84.2%	86.6%	80.3%	88.2%	90.2%	91.5%
CHI-SQUARE		<----------13.85---------->					<-----1.56---->		<---------2.81--------->			<----------14.27---------->				<----------12.6---------->				
SIGNIFICANCE				69.0%*			33.2%			16.7%*				88.7%				60.1%		
MEAN	1.4	1.4 C	1.1	1.4 C	1.4 C	1.5 C	1.4	1.3	1.4	1.4	1.3	1.3	1.4	1.3	1.5 N	1.5	1.5 T	1.3	1.3	1.3
STANDARD DEVIATION	0.77	0.79	0.42	0.77	0.76	0.86	0.81	0.74	0.83	0.79	0.58	0.78	0.81	0.60	0.90	0.84	0.89	0.76	0.73	0.58
STANDARD ERROR	0.03	0.06	0.06	0.06	0.08	0.09	0.06	0.04	0.08	0.11	0.09	0.07	0.07	0.05	0.08	0.10	0.11	0.05	0.08	0.07

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11E. Please tell me how familiar you are with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very familiar, somewhat familiar, not very familiar or not at all familiar with...Drug Safety Advisories and Warnings posted on Health Canada's website?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	44	9	1	13	9	12	15	26	9	2	3	14	8	8	13	9	5	21	6	3
	8.0%	6.0%	1.8%	8.7% C	9.0% C	12.5% C	8.4%	7.3%	7.3%	4.2%	7.0%	11.3%	5.5%	5.0%	11.4%	13.4%	7.6%	8.2%	6.5%	4.2%
Somewhat familiar	164	29	7	48	38	42	51	105	26	9	8	46	51	36	27	17	15	80	26	26
	29.8%	19.3%	12.7%	32.0% BC	38.0% BC	43.8% BC	28.7%	29.7%	21.1%	18.8%	18.6%	37.1% NO	35.2% NO	22.5%	23.7%	25.4%	22.7%	31.4%	28.3%	36.6%
Not very familiar	64	23	6	16	9	10	20	41	13	6	8	17	14	18	14	11	8	29	10	6
	11.6%	15.3%	10.9%	10.7%	9.0%	10.4%	11.2%	11.6%	10.6%	12.5%	18.6%	13.7%	9.7%	11.2%	12.3%	16.4%	12.1%	11.4%	10.9%	8.5%
Not at all familiar	276	89	41	72	44	30	92	179	75	31	24	46	72	97	59	30	38	122	50	36
	50.1%	59.3% DEF	74.5% BDEF	48.0% F	44.0%	31.2%	51.7%	50.6%	61.0%	64.6%	55.8%	37.1%	49.7% L	60.6% L	51.8% L	44.8%	57.6%	47.8%	54.3%	50.7%
Don't know/No answer	3	-	-	1	-	2	-	3	-	-	-	1	-	1	1	-	-	3	-	-
	0.5%			0.7%		2.1%		0.8%				0.8%		0.6%	0.9%			1.2%		
TOP 2 BOX	208	38	8	61	47	54	66	131	35	11	11	60	59	44	40	26	20	101	32	29
	37.7%	25.3%	14.5%	40.7% BC	47.0% BC	56.2% BCD	37.1%	37.0%	28.5%	22.9%	25.6%	48.4% NO	40.7% N	27.5%	35.1%	38.8%	30.3%	39.6%	34.8%	40.8%
BOTTOM 2 BOX	340	112	47	88	53	40	112	220	88	37	32	63	86	115	73	41	46	151	60	42
	61.7%	74.7% DEF	85.5% DEF	58.7% F	53.0%	41.7%	62.9%	62.1%	71.5%	77.1%	74.4%	50.8%	59.3%	71.9% LM	64.0% L	61.2%	69.7%	59.2%	65.2%	59.2%
CHI-SQUARE		<----------45.2---------->					<------.25----->		<---------2.62--------->			<----------23.03---------->				<----------10.63---------->				
SIGNIFICANCE				100.0%			3.1%			14.5%			99.4%					43.9%		
MEAN	2.0	1.7 C	1.4	2.0 BC	2.1 BC	2.4 BCD	1.9	1.9	1.7	1.6	1.8	2.2 MNO	2.0 N	1.7	1.9	2.1	1.8	2.0	1.9	1.9
STANDARD DEVIATION	1.06	0.98	0.79	1.08	1.09	1.07	1.07	1.05	1.03	0.94	1.00	1.08	1.04	0.98	1.11	1.12	1.04	1.07	1.04	1.03
STANDARD ERROR	0.05	0.08	0.11	0.09	0.11	0.11	0.08	0.06	0.09	0.14	0.15	0.10	0.09	0.08	0.10	0.14	0.13	0.07	0.11	0.12

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11F. Please tell me how familiar you are **with each of the following sources of new safety information about drugs that are provided by Health Canada. Are you very familiar, somewhat familiar, not very familiar or not at all familiar with...The Adverse Reaction Regional Centres?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very familiar	18	4	1	9	4	-	6	12	3	2	-	4	1	6	7	4	3	6	2	3
	3.3%	2.7%	1.8%	6.0%	4.0%		3.4%	3.4%	2.4%	4.2%		3.2%	0.7%	3.8%	6.1% M	6.0%	4.5%	2.4%	2.2%	4.2%
Somewhat familiar	87	23	5	42	4	13	19	67	18	2	8	20	22	25	19	15	7	44	11	10
	15.8%	15.3% E	9.1%	28.0% BCEF	4.0%	13.5% E	10.7%	18.9% G	14.6% J	4.2%	18.6% J	16.1%	15.2%	15.6%	16.7%	22.4%	10.6%	17.3%	12.0%	14.1%
Not very familiar	101	27	12	32	11	19	31	66	20	10	8	32	27	22	19	13	11	48	16	13
	18.3%	18.0%	21.8%	21.3% E	11.0%	19.8%	17.4%	18.6%	16.3%	20.8%	18.6%	25.8% N	18.6%	13.8%	16.7%	19.4%	16.7%	18.8%	17.4%	18.3%
Not at all familiar	342	95	37	66	81	63	122	206	82	33	27	67	94	106	69	35	44	155	63	45
	62.1%	63.3% D	67.3% D	44.0%	81.0% BDF	65.6% D	68.5% H	58.2%	66.7%	68.8%	62.8%	54.0%	64.8%	66.2% L	60.5%	52.2%	66.7%	60.8%	68.5% P	63.4%
Don't know/No answer	3	1	-	1	-	1	-	3	-	1	-	1	1	1	-	-	1	2	-	-
	0.5%	0.7%		0.7%		1.0%		0.8%		2.1%		0.8%	0.7%	0.6%			1.5%	0.8%		
TOP 2 BOX	105	27	6	51	8	13	25	79	21	4	8	24	23	31	26	19	10	50	13	13
	19.1%	18.0% E	10.9%	34.0% BCEF	8.0%	13.5%	14.0%	22.3% G	17.1%	8.3%	18.6%	19.4%	15.9%	19.4%	22.8%	28.4% S	15.2%	19.6%	14.1%	18.3%
BOTTOM 2 BOX	443	122	49	98	92	82	153	272	102	43	35	99	121	128	88	48	55	203	79	58
	80.4%	81.3% D	89.1% D	65.3%	92.0% BD	85.4% D	86.0% H	76.8%	82.9%	89.6%	81.4%	79.8%	83.4%	80.0%	77.2%	71.6%	83.3%	79.6%	85.9% P	81.7%
CHI-SQUARE		<----------50.33---------->					<-----7.12---->		<---------6.43-------->			<----------13.68---------->				<----------9.47---------->				
SIGNIFICANCE				100.0%*			93.2%			62.4%*				86.6%				33.8%		
MEAN	1.6	1.6 E	1.5	2.0 BCEF	1.3	1.5	1.5	1.7 G	1.5	1.4	1.6	1.7	1.5	1.6	1.7	1.8 S	1.5	1.6	1.5	1.6
STANDARD DEVIATION	0.87	0.85	0.74	0.99	0.73	0.73	0.82	0.90	0.83	0.77	0.80	0.86	0.78	0.89	0.96	0.98	0.87	0.86	0.79	0.89
STANDARD ERROR	0.04	0.07	0.10	0.08	0.07	0.07	0.06	0.05	0.08	0.11	0.12	0.08	0.06	0.07	0.09	0.12	0.11	0.05	0.08	0.11

Comparison Groups: *BCDEF/GH/IJK/LMNO/PQRST*
Independent T-Test for Means, Independent Z-Test for Percentages
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Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q11. Top 2 Box Summary of Familiarity With Sources of New Safety Info About Drugs

BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
Dear Health Care Professional letters issued by drug manufacturers	297 53.9%	121 80.7% CDEF	23 41.8% F	101 67.3% CEF	33 33.0% F	19 19.8%	89 50.0%	201 56.8%	68 55.3%	40 83.3% I	36 83.7% I	58 46.8%	71 49.0%	90 56.2%	75 65.8% LM	35 52.2%	38 57.6%	138 54.1%	54 58.7%	32 45.1%
The Canadian Adverse Reaction Newsletter	292 53.0%	97 64.7% CEF	7 12.7%	132 88.0% BCEF	32 32.0% C	24 25.0%	82 46.1%	202 57.1% G	52 42.3%	27 56.2%	29 67.4% I	59 47.6%	78 53.8%	86 53.8%	67 58.8%	43 64.2% T	45 68.2% RT	131 51.4% T	53 57.6% T	20 28.2%
Dear Health Care Professional letters issued by Health Canada	236 42.8%	97 64.7% CEF	13 23.6%	87 58.0% CEF	24 24.0%	15 15.6%	69 38.8%	160 45.2%	57 46.3%	24 50.0%	30 69.8% IJ	39 31.5%	57 39.3%	74 46.2% L	63 55.3% LM	29 43.3%	39 59.1% RT	93 36.5%	50 54.3% RT	25 35.2%
Drug Safety Advisories and Warnings posted on Health Canada's website	208 37.7%	38 25.3%	8 14.5%	61 40.7% BC	47 47.0% BC	54 56.2% BCD	66 37.1%	131 37.0%	35 28.5%	11 22.9%	11 25.6%	60 48.4% NO	59 40.7% N	44 27.5%	40 35.1%	26 38.8%	20 30.3%	101 39.6%	32 34.8%	29 40.8%
The Adverse Reaction Regional Centres	105 19.1%	27 18.0% E	6 10.9%	51 34.0% BCEF	8 8.0%	13 13.5%	25 14.0%	79 22.3% G	21 17.1%	4 8.3%	8 18.6%	24 19.4%	23 15.9%	31 19.4%	26 22.8%	19 28.4% S	10 15.2%	50 19.6%	13 14.1%	13 18.3%
Health Canada's electronic mailing list	63 11.4%	18 12.0% C	2 3.6%	15 10.0%	13 13.0% C	15 15.6% C	25 14.0%	37 10.5%	17 13.8%	5 10.4%	3 7.0%	15 12.1%	18 12.4%	13 8.1%	17 14.9%	9 13.4%	11 16.7%	29 11.4%	9 9.8%	5 7.0%
CHI-SQUARE		<----------215.498---------->					<----9.186---->		<--------15.701-------->			<----------26.159---------->				<----------31.889---------->				
SIGNIFICANCE		100.0%					39.5%		17.0%			20.5%				8.7%				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
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Q12A. And how did you become aware **of this source of new safety information... The Canadian Adverse Reaction Newsletter?**
BASE: Those who are very/somewhat/**not very familiar with The Canadian Adverse Reaction Newsletter**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	369 100.0%	126 100.0%	16 100.0%	142 100.0%	52 100.0%	33 100.0%	114 100.0%	245 100.0%	72 100.0%	38 100.0%	37 100.0%	74 100.0%	96 100.0%	112 100.0%	85 100.0%	52 100.0%	50 100.0%	169 100.0%	67 100.0%	31 100.0%
NET HEALTH CANADA	166 45.0%	76 60.3% DEF	6 37.5%	65 45.8% E	8 15.4%	11 33.3%	39 34.2%	122 49.8% G	37 51.4%	22 57.9%	22 59.5%	27 36.5%	43 44.8%	50 44.6%	45 52.9% L	20 38.5%	30 60.0% PR	73 43.2%	31 46.3%	12 38.7%
Mailings/newsletter/e-mail/fax was sent to me	131 35.5%	59 46.8% EF	6 37.5% E	55 38.7% EF	4 7.7%	7 21.2%	29 25.4%	99 40.4% G	30 41.7%	15 39.5%	18 48.6%	20 27.0%	39 40.6%	41 36.6%	31 36.5%	15 28.8%	25 50.0% PR	54 32.0%	26 38.8%	11 35.5%
Health Canada Advisories	41 11.1%	18 14.3%	1 6.2%	14 9.9%	4 7.7%	4 12.1%	11 9.6%	28 11.4%	8 11.1%	7 18.4%	5 13.5%	8 10.8%	4 4.2%	12 10.7%	16 18.8% M	5 9.6%	7 14.0%	22 13.0%	5 7.5%	2 6.5%
Through hospital/place of work	71 19.2%	21 16.7% F	-	23 16.2%	25 48.1% BDF	2 6.1%	35 30.7% H	33 13.5%	8 11.1%	4 10.5%	8 21.6%	11 14.9%	16 16.7%	22 19.6%	22 25.9%	14 26.9%	9 18.0%	31 18.3%	13 19.4%	4 12.9%
NET ASSOCIATIONS/ COLLEAGUES	62 16.8%	8 6.3%	2 12.5%	31 21.8% B	13 25.0% B	8 24.2% B	15 13.2%	46 18.8%	8 11.1%	2 5.3%	2 5.4%	11 14.9%	23 24.0% O	18 16.1%	10 11.8%	13 25.0% Q	5 10.0%	27 16.0%	10 14.9%	7 22.6%
Professional association	38 10.3%	3 2.4%	-	29 20.4% BE	2 3.8%	4 12.1%	4 3.5%	33 13.5% G	2 2.8%	2 5.3%	-	9 12.2% O	16 16.7% O	11 9.8% O	2 2.4%	10 19.2%	4 8.0%	15 8.9%	6 9.0%	3 9.7%
Professional colleagues	25 6.8%	5 4.0%	2 12.5%	2 1.4%	11 21.2% BD	5 15.2% D	11 9.6%	14 5.7%	6 8.3%	-	2 5.4%	3 4.1%	7 7.3%	7 6.2%	8 9.4%	4 7.7%	1 2.0%	12 7.1%	4 6.0%	4 12.9%
Pharmacists	25 6.8%	4 3.2%	-	12 8.5%	7 13.5% B	2 6.1%	9 7.9%	16 6.5%	4 5.6%	1 2.6%	-	5 6.8%	6 6.2%	7 6.2%	7 8.2%	4 7.7%	3 6.0%	11 6.5%	2 3.0%	5 16.1%
Medical journals/ publications/scientific literature	25 6.8%	14 11.1% DE	1 6.2%	5 3.5%	1 1.9%	4 12.1%	11 9.6%	14 5.7%	10 13.9%	3 7.9%	2 5.4%	5 6.8%	5 5.2%	6 5.4%	9 10.6%	1 1.9%	8 16.0% PT	11 6.5%	4 6.0%	1 3.2%
Online sources/websites/ Internet	12 3.3%	5 4.0%	-	3 2.1%	1 1.9%	3 9.1%	4 3.5%	8 3.3%	3 4.2%	2 5.3%	2 5.4%	2 2.7%	4 4.2%	4 3.6%	2 2.4%	2 3.8%	3 6.0%	4 2.4%	1 1.5%	2 6.5%
Drug manufacturers	11 3.0%	4 3.2%	1 6.2%	5 3.5%	-	1 3.0%	2 1.8%	9 3.7%	3 4.2%	-	2 5.4%	2 2.7%	2 2.1%	3 2.7%	4 4.7%	-	-	7 4.1%	2 3.0%	2 6.5%
School/medical school	8 2.2%	1 0.8%	2 12.5%	5 3.5%	-	-	1 0.9%	7 2.9%	2 2.8%	1 2.6%	-	6 8.1% NO	-	1 0.9%	1 1.2%	3 5.8%	-	3 1.8%	-	2 6.5%

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Q12A And how did you become **aware of this source of new safety information... The Canadian Adverse Reaction Newsletter?** Continued
BASE: Those who are very/somewhat/**not very familiar with The Canadian Adverse Reaction Newsletter**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Media (TV, radio, newspaper...)	6 1.6%	2 1.6%	1 6.2%	-	-	3 9.1%	3 2.6%	3 1.2%	2 2.8%	-	1 2.7%	-	2 2.1%	1 0.9%	3 3.5%	2 3.8%	-	2 1.2%	2 3.0%	-
Word of mouth/just heard about it	2 0.5%	-	-	1 0.7%	-	1 3.0%	-	2 0.8%	1 1.4%	-	-	1 1.4%	1 1.0%	-	-	1 1.9%	-	1 0.6%	-	-
CPS	2 0.5%	-	-	2 1.4%	-	-	-	2 0.8%	-	-	-	-	2 2.1%	-	-	-	-	2 1.2%	-	-
Other	31 8.4%	10 7.9%	3 18.8%	13 9.2%	3 5.8%	2 6.1%	7 6.1%	23 9.4%	4 5.6%	7 18.4%	2 5.4%	8 10.8%	8 8.3%	8 7.1%	7 8.2%	4 7.7%	2 4.0%	21 12.4% QST	3 4.5%	1 3.2%
Don't know/No answer	33 8.9%	13 10.3% D	4 25.0% D	4 2.8%	7 13.5% D	5 15.2%	14 12.3%	18 7.3%	9 12.5%	3 7.9%	5 13.5%	6 8.1%	7 7.3%	13 11.6%	6 7.1%	2 3.8%	2 4.0%	19 11.2% PQ	8 11.9%	2 6.5%
CHI-SQUARE		<----------177.979---------->					<----36.905--->		<--------24.321------->			<-----------56.835----------->				<----------67.387---------->				
SIGNIFICANCE				100.0%*				99.9%*			33.6%*				93.7%*			85.8%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q12B. And how did you become aware of this source of new safety information... Dear Health Care Professional letters issued by drug manufacturers?
BASE: Those who are very/somewhat/not very familiar with Dear Health Care Professional letters issued by drug manufacturers

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	362 100.0%	131 100.0%	30 100.0%	120 100.0%	52 100.0%	29 100.0%	114 100.0%	238 100.0%	84 100.0%	42 100.0%	37 100.0%	72 100.0%	86 100.0%	107 100.0%	93 100.0%	47 100.0%	44 100.0%	167 100.0%	66 100.0%	38 100.0%
NET HEALTH CANADA	180 49.7%	89 67.9% CDEF	13 43.3% E	66 55.0% EF	4 7.7%	8 27.6% E	44 38.6%	132 55.5% G	48 57.1%	32 76.2% I	22 59.5%	29 40.3%	45 52.3%	62 57.9% L	43 46.2%	15 31.9%	28 63.6% P	90 53.9% P	30 45.5%	17 44.7%
Mailings/newsletter/e-mail/fax was sent to me	173 47.8%	86 65.6% CDEF	13 43.3% E	64 53.3% EF	2 3.8%	8 27.6% E	42 36.8%	128 53.8% G	46 54.8%	31 73.8% I	22 59.5%	27 37.5%	44 51.2%	61 57.0% LO	40 43.0%	14 29.8%	28 63.6% PT	86 51.5% P	30 45.5%	15 39.5%
Health Canada Advisories	9 2.5%	3 2.3%	1 3.3%	3 2.5%	2 3.8%	-	2 1.8%	6 2.5%	2 2.4%	1 2.4%	-	2 2.8%	1 1.2%	3 2.8%	3 3.2%	1 2.1%	1 2.3%	4 2.4%	-	3 7.9%
Drug manufacturers	75 20.7%	37 28.2% DE	6 20.0%	21 17.5%	7 13.5%	4 13.8%	22 19.3%	52 21.8%	19 22.6%	9 21.4%	15 40.5%	14 19.4%	16 18.6%	20 18.7%	24 25.8%	12 25.5%	8 18.2%	32 19.2%	15 22.7%	8 21.1%
Through hospital/place of work	57 15.7%	12 9.2%	-	23 19.2% BF	21 40.4% BDF	1 3.4%	28 24.6% H	28 11.8%	6 7.1%	3 7.1%	3 8.1%	16 22.2%	13 15.1%	16 15.0%	12 12.9%	9 19.1%	6 13.6%	23 13.8%	12 18.2%	7 18.4%
NET ASSOCIATIONS/ COLLEAGUES	49 13.5%	6 4.6%	5 16.7%	10 8.3%	18 34.6% BD	10 34.5% BD	26 22.8% H	21 8.8%	9 10.7%	-	3 8.1%	11 15.3%	14 16.3%	12 11.2%	12 12.9%	8 17.0% Q	2 4.5%	25 15.0% Q	7 10.6%	7 18.4% Q
Professional colleagues	29 8.0%	3 2.3%	2 6.7%	4 3.3%	12 23.1% BCD	8 27.6% BCD	18 15.8% H	11 4.6%	4 4.8%	-	2 5.4%	8 11.1%	6 7.0%	8 7.5%	7 7.5%	4 8.5%	1 2.3%	15 9.0% Q	5 7.6%	4 10.5%
Professional association	22 6.1%	3 2.3%	3 10.0%	7 5.8%	6 11.5% B	3 10.3%	8 7.0%	12 5.0%	5 6.0%	-	1 2.7%	5 6.9%	8 9.3%	4 3.7%	5 5.4%	5 10.6%	1 2.3%	11 6.6%	2 3.0%	3 7.9%
Pharmacists	16 4.4%	1 0.8%	2 6.7%	7 5.8% B	3 5.8%	3 10.3%	4 3.5%	11 4.6%	3 3.6%	-	-	3 4.2%	4 4.7%	5 4.7%	3 3.2%	2 4.3%	4 9.1%	2 1.2%	3 4.5%	5 13.2% R
Medical journals/ publications/scientific literature	13 3.6%	4 3.1%	1 3.3%	4 3.3%	1 1.9%	3 10.3%	5 4.4%	7 2.9%	3 3.6%	2 4.8%	-	3 4.2%	1 1.2%	3 2.8%	5 5.4%	1 2.1%	6 13.6% P	6 3.6%	-	-
Online sources/websites/ Internet	9 2.5%	1 0.8%	-	4 3.3%	1 1.9%	3 10.3%	1 0.9%	8 3.4%	3 3.6%	-	-	2 2.8%	3 3.5%	2 1.9%	2 2.2%	1 2.1%	2 4.5%	3 1.8%	1 1.5%	2 5.3%
Media (TV, radio, newspaper...)	5 1.4%	2 1.5%	1 3.3%	2 1.7%	-	-	1 0.9%	4 1.7%	2 2.4%	-	1 2.7%	1 1.4%	1 1.2%	1 0.9%	2 2.2%	1 2.1%	-	3 1.8%	1 1.5%	-

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Q12B. And how did you become aware of **this source of new safety information... Dear Health Care Professional letters issued by drug manufacturers?** Continued
BASE: Those who are very/somewhat/**not very familiar with Dear Health Care Professional letters issued by drug manufacturers**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Word of mouth/just heard about it	3 0.8%	-	-	-	1 1.9%	2 6.9%	1 0.9%	2 0.8%	1 1.2%	-	-	1 1.4%	-	1 0.9%	-	1 2.1%	-	1 0.6%	-	1 2.6%
School/medical school	2 0.6%	-	2 6.7%	-	-	-	2 1.8%	-	2 2.4%	-	-	2 2.8%	-	-	-	-	-	1 0.6%	1 1.5%	-
CPS	1 0.3%	-	1 3.3%	-	-	-	-	1 0.4%	1 1.2%	-	-	-	1 1.2%	-	-	-	-	-	1 1.5%	-
Other	17 4.7%	8 6.1%	-	4 3.3%	2 3.8%	3 10.3%	4 3.5%	12 5.0%	3 3.6%	4 9.5%	1 2.7%	3 4.2%	5 5.8%	1 0.9%	7 7.5% N	2 4.3%	2 4.5%	8 4.8%	2 3.0%	3 7.9%
Don't know/No answer	21 5.8%	2 1.5%	3 10.0%	8 6.7% B	6 11.5% B	2 6.9%	7 6.1%	12 5.0%	4 4.8%	-	-	6 8.3%	2 2.3%	7 6.5%	6 6.5%	4 8.5%	3 6.8%	11 6.6%	3 4.5%	-
CHI-SQUARE		<----------201.351---------->					<----32.866--->		<--------29.641-------->			<----------37.619---------->				<----------64.389---------->				
SIGNIFICANCE				100.0%*			99.7%*			61.9%*				33.6%*				79.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q12C. And how did you become aware **of this source of new safety information... Dear Health Care Professional letters issued by Health Canada?**
BASE: Those who are very/somewhat/**not very familiar with Dear Health Care Professional letters issued by Health Canada**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	337 100.0%	126 100.0%	23 100.0%	111 100.0%	47 100.0%	30 100.0%	109 100.0%	219 100.0%	78 100.0%	32 100.0%	38 100.0%	57 100.0%	85 100.0%	106 100.0%	86 100.0%	41 100.0%	50 100.0%	149 100.0%	64 100.0%	33 100.0%
NET HEALTH CANADA	179 53.1%	88 69.8% CEF	10 43.5% E	64 57.7% EF	9 19.1%	8 26.7%	48 44.0%	126 57.5% G	45 57.7%	26 81.2% I	25 65.8%	26 45.6%	42 49.4%	55 51.9%	53 61.6%	21 51.2%	30 60.0%	80 53.7%	31 48.4%	17 51.5%
Mailings/newsletter/e-mail/fax was sent to me	144 42.7%	71 56.3% EF	9 39.1% EF	56 50.5% EF	4 8.5%	4 13.3%	36 33.0%	105 47.9% G	37 47.4%	20 62.5%	21 55.3%	20 35.1%	39 45.9%	47 44.3%	37 43.0%	15 36.6%	27 54.0%	65 43.6%	26 40.6%	11 33.3%
Health Canada Advisories	46 13.6%	22 17.5%	2 8.7%	12 10.8%	5 10.6%	5 16.7%	13 11.9%	31 14.2%	10 12.8%	7 21.9%	6 15.8%	6 10.5%	6 7.1%	13 12.3%	19 22.1% M	8 19.5%	5 10.0%	20 13.4%	5 7.8%	8 24.2% S
Through hospital/place of work	58 17.2%	17 13.5%	-	22 19.8% F	17 36.2% BDF	2 6.7%	27 24.8% H	29 13.2%	10 12.8%	3 9.4%	4 10.5%	11 19.3%	12 14.1%	21 19.8%	14 16.3%	9 22.0%	5 10.0%	24 16.1%	16 25.0% Q	4 12.1%
NET ASSOCIATIONS/ COLLEAGUES	55 16.3%	8 6.3%	9 39.1% BD	11 9.9%	13 27.7% BD	14 46.7% BD	22 20.2%	31 14.2%	14 17.9%	-	5 13.2%	10 17.5%	18 21.2%	12 11.3%	14 16.3%	9 22.0%	6 12.0%	22 14.8%	7 10.9%	11 33.3% QRS
Professional association	32 9.5%	3 2.4%	8 34.8% BDE	7 6.3%	5 10.6%	9 30.0% BDE	9 8.3%	21 9.6%	9 11.5%	-	2 5.3%	7 12.3%	12 14.1%	6 5.7%	6 7.0%	5 12.2%	3 6.0%	13 8.7%	5 7.8%	6 18.2%
Professional colleagues	26 7.7%	5 4.0%	1 4.3%	4 3.6%	8 17.0% BD	8 26.7% BCD	14 12.8% H	11 5.0%	5 6.4%	-	3 7.9%	4 7.0%	7 8.2%	6 5.7%	8 9.3%	5 12.2%	4 8.0%	10 6.7%	2 3.1%	5 15.2%
Pharmacists	12 3.6%	1 0.8%	-	5 4.5%	4 8.5%	2 6.7%	5 4.6%	6 2.7%	-	1 3.1%	-	4 7.0%	1 1.2%	4 3.8%	2 2.3%	3 7.3%	3 6.0%	4 2.7%	1 1.6%	1 3.0%
Medical journals/ publications/scientific literature	12 3.6%	3 2.4%	2 8.7%	1 0.9%	3 6.4%	3 10.0%	6 5.5%	6 2.7%	4 5.1%	-	1 2.6%	1 1.8%	5 5.9%	2 1.9%	4 4.7%	-	4 8.0%	4 2.7%	3 4.7%	1 3.0%
Drug manufacturers	7 2.1%	2 1.6%	2 8.7%	1 0.9%	2 4.3%	-	3 2.8%	4 1.8%	3 3.8%	-	1 2.6%	-	1 1.2%	2 1.9%	4 4.7%	1 2.4%	-	5 3.4%	-	1 3.0%
Online sources/websites/ Internet	6 1.8%	1 0.8%	-	2 1.8%	-	3 10.0%	1 0.9%	5 2.3%	2 2.6%	-	-	1 1.8%	1 1.2%	3 2.8%	1 1.2%	1 2.4%	3 6.0%	1 0.7%	-	1 3.0%
Media (TV, radio, newspaper...)	4 1.2%	1 0.8%	1 4.3%	1 0.9%	-	1 3.3%	1 0.9%	3 1.4%	2 2.6%	-	-	-	1 1.2%	1 0.9%	2 2.3%	1 2.4%	1 2.0%	1 0.7%	1 1.6%	-

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Q12C. And how did you become aware **of this source of new safety information... Dear Health Care Professional letters issued by Health Canada?** Continued
BASE: Those who are very/somewhat/**not very familiar with Dear Health Care Professional letters issued by Health Canada**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
School/medical school	3	-	2	-	-	1	1	2	2	-	-	2	-	-	1	-	-	3	-	-
	0.9%		8.7%			3.3%	0.9%	0.9%	2.6%			3.5%			1.2%			2.0%		
Word of mouth/just heard about it	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	1	-	-	-
	0.3%					3.3%		0.5%				1.8%					2.0%			
Other	16	6	1	3	4	2	6	10	3	3	1	-	6	5	5	1	2	7	5	1
	4.7%	4.8%	4.3%	2.7%	8.5%	6.7%	5.5%	4.6%	3.8%	9.4%	2.6%		7.1%	4.7%	5.8%	2.4%	4.0%	4.7%	7.8%	3.0%
Don't know/No answer	34	10	2	13	5	4	8	24	7	-	4	5	10	14	5	4	4	20	5	1
	10.1%	7.9%	8.7%	11.7%	10.6%	13.3%	7.3%	11.0%	9.0%		10.5%	8.8%	11.8%	13.2%	5.8%	9.8%	8.0%	13.4% T	7.8%	3.0%
CHI-SQUARE		<----------163.826---------->					<----20.611--->		<--------27.069------->			<----------47.043---------->				<----------57.549---------->				
SIGNIFICANCE				100.0%*			88.8%*			48.6%*				72.6%*				58.2%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q12D. And how did you become aware **of this source of new safety information... Health Canada's electronic mailing list (called Health_Prod_Info)?**
BASE: Those who are very/somewhat/**not very familiar with Health Canada's electronic mailing list (called Health_Prod_Info)**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	118 100.0%	37 100.0%	4 100.0%	32 100.0%	20 100.0%	25 100.0%	41 100.0%	73 100.0%	29 100.0%	11 100.0%	8 100.0%	24 100.0%	30 100.0%	30 100.0%	34 100.0%	20 100.0%	20 100.0%	50 100.0%	15 100.0%	13 100.0%
NET HEALTH CANADA	35 29.7%	14 37.8% E	1 25.0%	12 37.5% E	1 5.0%	7 28.0% E	9 22.0%	25 34.2%	11 37.9%	3 27.3%	3 37.5%	10 41.7% M	4 13.3%	12 40.0% M	9 26.5%	4 20.0%	8 40.0%	19 38.0%	4 26.7%	-
Mailings/newsletter/e-mail/fax was sent to me	20 16.9%	9 24.3%	-	8 25.0%	-	3 12.0%	4 9.8%	15 20.5%	6 20.7%	2 18.2%	2 25.0%	5 20.8% M	1 3.3%	9 30.0% M	5 14.7%	1 5.0%	4 20.0%	13 26.0% P	2 13.3%	-
Health Canada Advisories	16 13.6%	5 13.5%	1 25.0%	5 15.6%	1 5.0%	4 16.0%	5 12.2%	11 15.1%	5 17.2%	1 9.1%	1 12.5%	6 25.0%	3 10.0%	3 10.0%	4 11.8%	3 15.0%	4 20.0%	7 14.0%	2 13.3%	-
NET ASSOCIATIONS/ COLLEAGUES	24 20.3%	7 18.9%	1 25.0%	3 9.4%	7 35.0% D	6 24.0%	13 31.7% H	10 13.7%	8 27.6%	1 9.1%	1 12.5%	5 20.8%	7 23.3%	3 10.0%	9 26.5%	6 30.0%	2 10.0%	9 18.0%	3 20.0%	4 30.8%
Professional colleagues	16 13.6%	5 13.5%	-	1 3.1%	5 25.0% D	5 20.0% D	9 22.0%	6 8.2%	4 13.8%	1 9.1%	1 12.5%	4 16.7%	5 16.7%	1 3.3%	6 17.6%	4 20.0%	2 10.0%	6 12.0%	2 13.3%	2 15.4%
Professional association	10 8.5%	2 5.4%	1 25.0%	2 6.2%	3 15.0%	2 8.0%	4 9.8%	5 6.8%	4 13.8%	-	-	2 8.3%	2 6.7%	2 6.7%	4 11.8%	4 20.0%	-	3 6.0%	1 6.7%	2 15.4%
Online sources/websites/ Internet	15 12.7%	2 5.4%	-	1 3.1%	4 20.0%	8 32.0% BD	5 12.2%	10 13.7%	6 20.7%	1 9.1%	-	2 8.3%	5 16.7%	2 6.7%	6 17.6%	1 5.0%	2 10.0%	8 16.0%	1 6.7%	3 23.1%
Through hospital/place of work	11 9.3%	2 5.4%	-	3 9.4%	4 20.0%	2 8.0%	6 14.6%	5 6.8%	1 3.4%	1 9.1%	-	2 8.3%	3 10.0%	3 10.0%	3 8.8%	3 15.0%	1 5.0%	4 8.0%	2 13.3%	1 7.7%
Medical journals/ publications/scientific literature	9 7.6%	5 13.5%	1 25.0%	1 3.1%	2 10.0%	-	5 12.2%	4 5.5%	3 10.3%	2 18.2%	1 12.5%	-	2 6.7%	4 13.3%	3 8.8%	2 10.0%	2 10.0%	3 6.0%	1 6.7%	1 7.7%
Pharmacists	3 2.5%	1 2.7%	-	1 3.1%	1 5.0%	-	1 2.4%	2 2.7%	-	-	1 12.5%	-	1 3.3%	1 3.3%	1 2.9%	-	-	1 2.0%	-	2 15.4%
Media (TV, radio, newspaper...)	2 1.7%	1 2.7%	-	-	-	1 4.0%	1 2.4%	1 1.4%	1 3.4%	-	-	1 4.2%	-	-	1 2.9%	-	1 5.0%	-	1 6.7%	-
Word of mouth/just heard about it	2 1.7%	2 5.4%	-	-	-	-	-	2 2.7%	-	2 18.2%	-	-	-	-	2 5.9%	1 5.0%	-	1 2.0%	-	-
Other	10 8.5%	2 5.4%	1 25.0%	5 15.6%	2 10.0%	-	3 7.3%	6 8.2%	-	2 18.2%	-	1 4.2%	5 16.7%	3 10.0%	1 2.9%	1 5.0%	1 5.0%	4 8.0%	1 6.7%	3 23.1%
Don't know/No answer	20 16.9%	8 21.6%	1 25.0%	7 21.9%	2 10.0%	2 8.0%	6 14.6%	13 17.8%	6 20.7%	-	3 37.5%	3 12.5%	7 23.3%	6 20.0%	4 11.8%	4 20.0%	4 20.0%	6 12.0%	4 26.7%	2 15.4%
CHI-SQUARE		<----------54.992---------->					<----10.253--->		<--------30.943------->			<----------32.741---------->				<----------41.754---------->				
SIGNIFICANCE				48.7%*				25.7%*			68.0%*				15.3%*				7.8%*	

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Q12E. And how did you become aware **of this source of new safety information... Drug Safety Advisories and Warnings posted on Health Canada's website?**
BASE: Those who are very/somewhat/**not very familiar with Drug Safety Advisories and Warnings posted on Health Canada's website**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	272 100.0%	61 100.0%	14 100.0%	77 100.0%	56 100.0%	64 100.0%	86 100.0%	172 100.0%	48 100.0%	17 100.0%	19 100.0%	77 100.0%	73 100.0%	62 100.0%	54 100.0%	37 100.0%	28 100.0%	130 100.0%	42 100.0%	35 100.0%
NET HEALTH CANADA	91 33.5%	26 42.6% F	-	30 39.0% F	21 37.5%	14 21.9%	32 37.2%	54 31.4%	16 33.3%	10 58.8% K	3 15.8%	23 29.9%	26 35.6%	19 30.6%	22 40.7%	12 32.4%	12 42.9%	40 30.8%	15 35.7%	12 34.3%
Health Canada Advisories	72 26.5%	17 27.9%	-	23 29.9%	19 33.9%	13 20.3%	26 30.2%	44 25.6%	13 27.1%	5 29.4%	2 10.5%	21 27.3%	19 26.0%	14 22.6%	17 31.5%	9 24.3%	10 35.7%	31 23.8%	12 28.6%	10 28.6%
Mailings/newsletter/e-mail/fax was sent to me	22 8.1%	10 16.4% EF	-	9 11.7% F	2 3.6%	1 1.6%	7 8.1%	12 7.0%	4 8.3%	5 29.4% K	1 5.3%	3 3.9%	9 12.3%	5 8.1%	5 9.3%	3 8.1%	3 10.7%	10 7.7%	4 9.5%	2 5.7%
NET ASSOCIATIONS/ COLLEAGUES	57 21.0%	7 11.5%	2 14.3%	10 13.0%	11 19.6%	27 42.2% BCDE	20 23.3%	35 20.3%	11 22.9% J	1 5.9%	2 10.5%	24 31.2% O	14 19.2%	11 17.7%	7 13.0%	9 24.3%	5 17.9%	26 20.0%	9 21.4%	8 22.9%
Professional colleagues	30 11.0%	4 6.6%	1 7.1%	3 3.9%	6 10.7%	16 25.0% BCDE	12 14.0%	17 9.9%	6 12.5%	1 5.9%	1 5.3%	15 19.5% NO	7 9.6%	5 8.1%	2 3.7%	3 8.1%	2 7.1%	16 12.3%	4 9.5%	5 14.3%
Professional association	29 10.7%	3 4.9%	1 7.1%	7 9.1%	5 8.9%	13 20.3% B	8 9.3%	20 11.6%	6 12.5%	-	1 5.3%	11 14.3%	7 9.6%	6 9.7%	5 9.3%	7 18.9%	3 10.7%	11 8.5%	5 11.9%	3 8.6%
Online sources/websites/ Internet	54 19.9%	14 23.0%	4 28.6%	11 14.3%	9 16.1%	16 25.0%	13 15.1%	37 21.5%	13 27.1%	4 23.5%	4 21.1%	12 15.6%	14 19.2%	17 27.4%	8 14.8%	6 16.2%	6 21.4%	26 20.0%	8 19.0%	8 22.9%
Through hospital/place of work	26 9.6%	-	-	13 16.9% F	12 21.4% F	1 1.6%	12 14.0%	13 7.6%	-	-	-	7 9.1%	8 11.0%	8 12.9%	3 5.6%	6 16.2%	-	13 10.0%	4 9.5%	3 8.6%
Medical journals/ publications/scientific literature	15 5.5%	5 8.2%	4 28.6% D	2 2.6%	4 7.1%	-	6 7.0%	8 4.7%	4 8.3%	2 11.8%	2 10.5%	1 1.3%	3 4.1%	7 11.3% L	3 5.6%	3 8.1%	3 10.7%	5 3.8%	-	4 11.4%
Pharmacists	7 2.6%	-	1 7.1%	3 3.9%	2 3.6%	1 1.6%	2 2.3%	4 2.3%	1 2.1%	-	-	1 1.3%	2 2.7%	-	3 5.6%	1 2.7%	1 3.6%	1 0.8%	2 4.8%	2 5.7%
Media (TV, radio, newspaper...)	7 2.6%	-	-	3 3.9%	1 1.8%	3 4.7%	2 2.3%	3 1.7%	-	-	-	1 1.3%	3 4.1%	2 3.2%	-	1 2.7%	2 7.1%	4 3.1%	-	-
School/medical school	5 1.8%	-	1 7.1%	2 2.6%	1 1.8%	1 1.6%	2 2.3%	3 1.7%	1 2.1%	-	-	5 6.5%	-	-	-	-	-	3 2.3%	1 2.4%	1 2.9%

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Q12E. And how did you become aware **of this source of new safety information... Drug Safety Advisories and Warnings posted on Health Canada's website?** Continued
BASE: Those who are very/somewhat/not very familiar with **Drug Safety Advisories and Warnings posted on Health Canada's website**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Drug manufacturers	5 1.8%	3 4.9%	-	2 2.6%	-	-	1 1.2%	4 2.3%	-	1 5.9%	2 10.5%	-	-	3 4.8%	2 3.7%	-	1 3.6%	3 2.3%	1 2.4%	-
Word of mouth/just heard about it	5 1.8%	1 1.6%	1 7.1%	-	1 1.8%	2 3.1%	1 1.2%	4 2.3%	-	1 5.9%	-	3 3.9%	1 1.4%	-	1 1.9%	1 2.7%	1 3.6%	1 0.8%	1 2.4%	1 2.9%
Other	13 4.8%	1 1.6%	1 7.1%	2 2.6%	2 3.6%	7 10.9% B	2 2.3%	9 5.2%	3 6.2%	-	-	3 3.9%	1 1.4%	2 3.2%	6 11.1% M	1 2.7%	3 10.7%	8 6.2%	1 2.4%	-
Don't know/No answer	26 9.6%	12 19.7% DEF	3 21.4%	6 7.8%	3 5.4%	2 3.1%	6 7.0%	17 9.9%	7 14.6%	1 5.9%	6 31.6% J	6 7.8%	8 11.0%	5 8.1%	5 9.3%	4 10.8%	1 3.6%	14 10.8%	4 9.5%	3 8.6%
CHI-SQUARE		<----------128.502---------->					<----8.461---->		<--------27.957------->			<----------61.863---------->				<----------36.313---------->				
SIGNIFICANCE		100.0%*					13.6%*		53.3%*			97.5%*				1.9%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q12F. And how did you become aware **of this source of new safety information... Adverse Reaction Regional Centres?**
BASE: Those who are very/somewhat/**not very familiar with The Adverse Reaction Regional Centres**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	206 100.0%	54 100.0%	18 100.0%	83 100.0%	19 100.0%	32 100.0%	56 100.0%	145 100.0%	41 100.0%	14 100.0%	16 100.0%	56 100.0%	50 100.0%	53 100.0%	45 100.0%	32 100.0%	21 100.0%	98 100.0%	29 100.0%	26 100.0%
NET HEALTH CANADA	40 19.4%	12 22.2% E	2 11.1%	19 22.9% E	1 5.3%	6 18.8%	9 16.1%	31 21.4%	8 19.5%	5 35.7%	2 12.5%	11 19.6%	5 10.0%	15 28.3% M	9 20.0%	5 15.6%	5 23.8%	21 21.4%	6 20.7%	3 11.5%
Mailings/newsletter/e-mail/fax was sent to me	28 13.6%	10 18.5% F	2 11.1%	15 18.1% F	-	1 3.1%	4 7.1%	24 16.6% G	6 14.6%	4 28.6%	2 12.5%	5 8.9%	3 6.0%	12 22.6% LM	8 17.8%	4 12.5%	4 19.0%	15 15.3%	3 10.3%	2 7.7%
Health Canada Advisories	13 6.3%	2 3.7%	-	5 6.0%	1 5.3%	5 15.6%	5 8.9%	8 5.5%	2 4.9%	1 7.1%	-	6 10.7%	3 6.0%	3 5.7%	1 2.2%	1 3.1%	2 9.5%	6 6.1%	3 10.3%	1 3.8%
NET ASSOCIATIONS/ COLLEAGUES	38 18.4%	10 18.5%	3 16.7%	14 16.9%	2 10.5%	9 28.1%	10 17.9%	28 19.3%	8 19.5%	1 7.1%	4 25.0%	10 17.9%	14 28.0%	8 15.1%	6 13.3%	6 18.8%	1 4.8%	18 18.4% Q	7 24.1% Q	6 23.1%
Professional colleagues	24 11.7%	7 13.0%	2 11.1%	8 9.6%	1 5.3%	6 18.8%	7 12.5%	17 11.7%	6 14.6%	-	3 18.8%	8 14.3%	6 12.0%	4 7.5%	6 13.3%	4 12.5%	1 4.8%	11 11.2%	3 10.3%	5 19.2%
Professional association	17 8.3%	4 7.4%	1 5.6%	7 8.4%	1 5.3%	4 12.5%	3 5.4%	14 9.7%	3 7.3%	1 7.1%	1 6.2%	4 7.1%	8 16.0% O	4 7.5%	1 2.2%	3 9.4%	-	8 8.2%	4 13.8%	2 7.7%
Through hospital/place of work	24 11.7%	5 9.3%	1 5.6%	10 12.0%	7 36.8% BCDF	1 3.1%	13 23.2% H	10 6.9%	2 4.9%	1 7.1%	3 18.8%	5 8.9%	7 14.0%	3 5.7%	9 20.0% N	7 21.9%	2 9.5%	7 7.1%	3 10.3%	5 19.2%
Pharmacists	10 4.9%	3 5.6%	1 5.6%	4 4.8%	2 10.5%	-	4 7.1%	6 4.1%	3 7.3%	1 7.1%	-	3 5.4%	1 2.0%	5 9.4%	1 2.2%	2 6.2%	1 4.8%	4 4.1%	2 6.9%	1 3.8%
School/medical school	8 3.9%	1 1.9%	2 11.1%	4 4.8%	-	1 3.1%	1 1.8%	7 4.8%	3 7.3%	-	-	6 10.7%	-	1 1.9%	1 2.2%	1 3.1%	-	5 5.1%	-	2 7.7%
Word of mouth/just heard about it	8 3.9%	4 7.4%	2 11.1%	1 1.2%	-	1 3.1%	2 3.6%	5 3.4%	2 4.9%	1 7.1%	2 12.5%	1 1.8%	1 2.0%	1 1.9%	4 8.9%	1 3.1%	-	5 5.1%	2 6.9%	-
Medical journals/ publications/scientific literature	6 2.9%	3 5.6%	1 5.6%	2 2.4%	-	-	3 5.4%	3 2.1%	4 9.8%	-	-	1 1.8%	1 2.0%	1 1.9%	3 6.7%	1 3.1%	2 9.5%	2 2.0%	1 3.4%	-
CPS	6 2.9%	-	-	6 7.2%	-	-	-	6 4.1%	-	-	-	2 3.6%	1 2.0%	3 5.7%	-	2 6.2%	2 9.5%	-	-	2 7.7%
Online sources/websites/ Internet	5 2.4%	-	1 5.6%	1 1.2%	-	3 9.4%	1 1.8%	4 2.8%	1 2.4%	-	-	2 3.6%	1 2.0%	1 1.9%	1 2.2%	1 3.1%	-	3 3.1%	-	1 3.8%

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Q12F. And how did you become aware **of this source of new safety information... Adverse Reaction Regional Centres?** Continued
BASE: Those who are very/somewhat/**not very familiar with The Adverse Reaction Regional Centres**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Drug manufacturers	5 2.4%	2 3.7%	-	3 3.6%	-	-	-	5 3.4%	2 4.9%	-	-	-	1 2.0%	2 3.8%	2 4.4%	1 3.1%	1 4.8%	2 2.0%	-	1 3.8%
Media (TV, radio, newspaper...)	4 1.9%	-	1 5.6%	1 1.2%	-	2 6.2%	1 1.8%	3 2.1%	2 4.9%	-	-	2 3.6%	1 2.0%	-	1 2.2%	-	1 4.8%	2 2.0%	1 3.4%	-
Other	29 14.1%	8 14.8%	1 5.6%	13 15.7%	3 15.8%	4 12.5%	10 17.9%	19 13.1%	7 17.1%	2 14.3%	1 6.2%	6 10.7%	6 12.0%	10 18.9%	7 15.6%	3 9.4%	4 19.0%	16 16.3% T	5 17.2%	1 3.8%
Don't know/No answer	48 23.3%	14 25.9%	6 33.3%	16 19.3%	5 26.3%	7 21.9%	9 16.1%	36 24.8%	9 22.0%	3 21.4%	5 31.2%	12 21.4%	16 32.0%	10 18.9%	9 20.0%	6 18.8%	5 23.8%	21 21.4%	5 17.2%	11 42.3% PRS
CHI-SQUARE		<----------78.214---------->					<----23.388--->		<--------20.303------->			<----------53.474---------->				<----------46.534---------->				
SIGNIFICANCE		97.3%*					94.6%*		14.7%*			89.0%*				18.8%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independant Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q13A. Which of these sources of new **safety information on drugs have you USED in the past 12 months...The Canadian Adverse Reaction Newsletter?**
BASE: All except those who are not **at all familiar with The Canadian Adverse Reaction Newsletter**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	373	129	16	143	52	33	115	248	73	38	38	75	96	114	86	52	51	170	68	32
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	216	82	-	110	17	7	54	158	30	21	30	47	48	70	50	31	37	93	39	16
	57.9%	63.6% EF		76.9% BEF	32.7%	21.2%	47.0%	63.7% G	41.1%	55.3%	78.9% IJ	62.7%	50.0%	61.4%	58.1%	59.6%	72.5% RT	54.7%	57.4%	50.0%
No	149	43	16	31	34	25	57	87	39	16	8	27	46	42	33	19	12	73	29	16
	39.9%	33.3% D	100.0% BDEF	21.7%	65.4% BD	75.8% BD	49.6% H	35.1%	53.4% K	42.1% K	21.1%	36.0%	47.9%	36.8%	38.4%	36.5%	23.5%	42.9% Q	42.6% Q	50.0% Q
Don' t know/No answer	8	4	-	2	1	1	4	3	4	1	-	1	2	2	3	2	2	4	-	-
	2.1%	3.1%		1.4%	1.9%	3.0%	3.5%	1.2%	5.5%	2.6%		1.3%	2.1%	1.8%	3.5%	3.8%	3.9%	2.4%		
CHI-SQUARE		<----------80.509---------->					<----10.028--->		<--------15.104------->			<----------4.751---------->				<----------11.104---------->				
SIGNIFICANCE		100.0%*					99.3%*		99.6%*			42.4%*				80.4%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q13B. Which of these sources of new safety information on drugs have you **USED** in the past 12 months...Dear Health Care Professional letters issued by drug manufacturers?
BASE: All except those who are not at all familiar with Dear Health Care Professional letters issued by drug manufacturers

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	369	132	30	122	52	33	114	243	85	42	37	74	88	110	93	49	46	169	67	38
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	266	108	19	95	31	13	81	181	59	34	34	54	65	77	68	34	35	125	49	23
	72.1%	81.8% CEF	63.3%	77.9% EF	59.6%	39.4%	71.1%	74.5%	69.4%	81.0%	91.9% I	73.0%	73.9%	70.0%	73.1%	69.4%	76.1%	74.0%	73.1%	60.5%
No	97	22	11	24	21	19	32	58	23	8	3	19	19	33	24	12	10	42	18	15
	26.3%	16.7%	36.7% B	19.7%	40.4% BD	57.6% BD	28.1%	23.9%	27.1% K	19.0%	8.1%	25.7%	21.6%	30.0%	25.8%	24.5%	21.7%	24.9%	26.9%	39.5%
Don' t know/No answer	6	2	-	3	-	1	1	4	3	-	-	1	4	-	1	3	1	2	-	-
	1.6%	1.5%		2.5%		3.0%	0.9%	1.6%	3.5%			1.4%	4.5%		1.1%	6.1%	2.2%	1.2%		
CHI-SQUARE		<----------35.027---------->					<-----.996---->		<--------9.103-------->			<----------7.998---------->				<----------12.114---------->				
SIGNIFICANCE		100.0%*					39.2%*		94.1%*			76.2%*				85.4%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q13C. Which of these sources of new safety information on drugs have you USED in the past 12 months...Dear Health Care Professional letters issued by Health Canada?
BASE: All except those who are not at all familiar with Dear Health Care Professional letters issued by Health Canada

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	346 100.0%	129 100.0%	23 100.0%	113 100.0%	48 100.0%	33 100.0%	111 100.0%	224 100.0%	78 100.0%	34 100.0%	39 100.0%	60 100.0%	87 100.0%	108 100.0%	88 100.0%	44 100.0%	53 100.0%	151 100.0%	65 100.0%	33 100.0%
Yes	223 64.5%	99 76.7% CEF	9 39.1%	79 69.9% CEF	22 45.8%	14 42.4%	66 59.5%	150 67.0%	53 67.9%	24 70.6%	31 79.5%	40 66.7%	53 60.9%	62 57.4%	65 73.9% N	26 59.1%	43 81.1% PR	90 59.6%	43 66.2%	21 63.6%
No	104 30.1%	26 20.2%	11 47.8% B	30 26.5%	20 41.7% B	17 51.5% BD	38 34.2%	63 28.1%	19 24.4%	9 26.5%	8 20.5%	20 33.3%	26 29.9%	39 36.1% O	19 21.6%	13 29.5% Q	7 13.2%	55 36.4% Q	19 29.2% Q	10 30.3%
Don' t know/No answer	19 5.5%	4 3.1%	3 13.0%	4 3.5%	6 12.5%	2 6.1%	7 6.3%	11 4.9%	6 7.7%	1 2.9%	-	-	8 9.2%	7 6.5%	4 4.5%	5 11.4%	3 5.7%	6 4.0%	3 4.6%	2 6.1%
CHI-SQUARE		<----------34.024---------->					<----1.836---->		<--------4.368-------->			<----------11.605---------->				<----------13.639---------->				
SIGNIFICANCE				100.0%			60.1%			64.2%*			92.9%*					90.8%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q13D. Which of these sources of new safety information on drugs have you USED in the past 12 months... Health Canada's electronic mailing list (called Health_Prod_Info)?
BASE: All except those who are not at all familiar with Health Canada's electronic mailing list (called Health_Prod_Info)

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	122 100.0%	38 100.0%	4 100.0%	34 100.0%	20 100.0%	26 100.0%	41 100.0%	77 100.0%	30 100.0%	11 100.0%	8 100.0%	25 100.0%	31 100.0%	31 100.0%	35 100.0%	20 100.0%	22 100.0%	51 100.0%	15 100.0%	14 100.0%
Yes	30 24.6%	10 26.3%	-	9 26.5%	5 25.0%	6 23.1%	10 24.4%	19 24.7%	8 26.7%	2 18.2%	3 37.5%	5 20.0%	11 35.5%	5 16.1%	9 25.7%	3 15.0%	7 31.8% T	12 23.5%	7 46.7% PT	1 7.1%
No	88 72.1%	26 68.4%	4 100.0% BDEF	25 73.5%	15 75.0%	18 69.2%	30 73.2%	56 72.7%	18 60.0%	9 81.8%	5 62.5%	20 80.0%	18 58.1%	26 83.9% M	24 68.6%	16 80.0%	14 63.6%	37 72.5%	8 53.3%	13 92.9% QRS
Don' t know/No answer	4 3.3%	2 5.3%	-	-	-	2 7.7%	1 2.4%	2 2.6%	4 13.3%	-	-	-	2 6.5%	-	2 5.7%	1 5.0%	1 4.5%	2 3.9%	-	-
CHI-SQUARE		<----------5.573---------->					<-----.004---->		<--------3.784-------->			<----------7.771---------->				<----------9.21---------->				
SIGNIFICANCE				30.5%*			.2%*			56.4%*			74.5%*					67.5%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q13E. Which of these sources of new safety information on drugs have you **USED** in the past 12 months...Drug Safety Advisories and Warnings posted on Health Canada's website?
BASE: All except those who are not at all familiar with Drug Safety Advisories and Warnings posted on Health Canada's website

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	275	61	14	78	56	66	86	175	48	17	19	78	73	63	55	37	28	133	42	35
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	130	18	3	36	32	41	42	80	21	5	2	43	33	22	28	17	13	61	17	22
	47.3%	29.5%	21.4%	46.2% BC	57.1% BC	62.1% BC	48.8%	45.7%	43.8% K	29.4%	10.5%	55.1% N	45.2%	34.9%	50.9%	45.9%	46.4%	45.9%	40.5%	62.9% S
No	142	41	11	42	24	24	43	94	24	12	17	35	38	41	26	19	14	71	25	13
	51.6%	67.2% EF	78.6% DEF	53.8% F	42.9%	36.4%	50.0%	53.7%	50.0%	70.6%	89.5% I	44.9%	52.1%	65.1% LO	47.3%	51.4%	50.0%	53.4%	59.5% T	37.1%
Don' t know/No answer	3	2	-	-	-	1	1	1	3	-	-	-	2	-	1	1	1	1	-	-
	1.1%	3.3%				1.5%	1.2%	0.6%	6.2%				2.7%		1.8%	2.7%	3.6%	0.8%		
CHI-SQUARE		<----------23.427---------->					<-----.535---->		<--------10.407------->			<----------9.903---------->				<----------7.746---------->				
SIGNIFICANCE				99.7%*			23.5%*			96.6%*			87.1%*					54.1%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q13F. Which of these sources of new **safety information on drugs have you USED in the past 12 months...The Adverse Reaction Regional Centres?**
BASE: All except those who are **not at all familiar with The Adverse Reaction Regional Centres**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR		HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)		(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	209	55	18	84	19	33		56	148	41	15	16	57	51	54	45	32	22	100	29	26
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Yes	35	17	2	9	6	1		16	19	10	5	4	5	6	10	14	6	9	12	6	2
	16.7%	30.9% CDF	11.1%	10.7%	31.6% F	3.0%		28.6% H	12.8%	24.4%	33.3%	25.0%	8.8%	11.8%	18.5%	31.1% LM	18.8%	40.9% RT	12.0%	20.7%	7.7%
No	170	36	16	73	13	32		39	127	30	9	12	51	44	43	30	25	11	87	23	24
	81.3%	65.5%	88.9% B	86.9% B	68.4%	97.0% BDE		69.6%	85.8% G	73.2%	60.0%	75.0%	89.5% O	86.3% O	79.6%	66.7%	78.1% Q	50.0%	87.0% Q	79.3% Q	92.3% Q
Don' t know/No answer	4	2	-	2	-	-		1	2	1	1	-	1	1	1	1	1	2	1	-	-
	1.9%	3.6%		2.4%				1.8%	1.4%	2.4%	6.7%		1.8%	2.0%	1.9%	2.2%	3.1%	9.1%	1.0%		
CHI-SQUARE		<----------20.779---------->						<----7.219---->		<--------1.945-------->			<----------10.342---------->				<----------21.779---------->			
SIGNIFICANCE				99.2%*				97.3%*			25.4%*				88.9%*				99.5%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q14. I would like to ask you a few questions about your use of [SOURCE]. Over the past year have you used this source of new information on drug safety...?
BASE: Those who said they have used sources of new safety info at Q13

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	397 100.0%	130 100.0%	25 100.0%	136 100.0%	56 100.0%	50 100.0%	119 100.0%	267 100.0%	80 100.0%	38 100.0%	40 100.0%	89 100.0%	100 100.0%	111 100.0%	91 100.0%	51 100.0%	54 100.0%	186 100.0%	65 100.0%	41 100.0%
Frequently	50 12.6%	21 16.2% E	2 8.0%	18 13.2% E	1 1.8%	8 16.0% E	11 9.2%	38 14.2%	12 15.0%	7 18.4%	6 15.0%	13 14.6%	8 8.0%	17 15.3%	12 13.2%	8 15.7%	13 24.1% RT	20 10.8%	7 10.8%	2 4.9%
Occasionally	215 54.2%	73 56.2%	10 40.0%	78 57.4%	31 55.4%	23 46.0%	65 54.6%	144 53.9%	39 48.8%	23 60.5%	25 62.5%	46 51.7%	63 63.0% N	55 49.5%	50 54.9%	30 58.8%	28 51.9%	95 51.1%	41 63.1%	21 51.2%
Rarely	127 32.0%	33 25.4%	13 52.0% BD	39 28.7%	23 41.1% B	19 38.0%	41 34.5%	82 30.7%	28 35.0% J	7 18.4%	9 22.5%	30 33.7%	29 29.0%	35 31.5%	28 30.8%	13 25.5%	12 22.2%	69 37.1% Q	16 24.6%	17 41.5% Q
Have not used	3 0.8%	1 0.8%	-	1 0.7%	1 1.8%	-	1 0.8%	2 0.7%	-	-	-	-	-	2 1.8%	1 1.1%	-	-	2 1.1%	-	1 2.4%
Don't know/No answer	3 0.5%	2 1.5%	-	-	-	-	1 0.8%	1 0.4%	1 1.2%	1 2.6%	-	-	-	2 1.8%	-	-	1 1.9%	-	1 1.5%	-
CHI-SQUARE		<----------22.172---------->					<----2.336---->		<---------5.56--------->			<----------13.052---------->				<----------24.112---------->				
SIGNIFICANCE				86.2%*			32.6%*			30.4%*				63.5%*				91.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q14. I would like to ask you a few questions about your use of THE CANADIAN ADVERSE REACTION NEWSLETTER. Over the past year have you used this source of new information on drug safety...?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter"

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Frequently	10	4	-	6	-	-	2	7	1	2	1	3	3	2	2	2	5	3	-	-
	10.3%	10.8%		11.8%			11.1%	9.1%	6.2%	22.2%	8.3%	18.8%	15.0%	5.1%	9.1%	11.8%	27.8%	7.0%		
Occasionally	54	23	-	27	1	3	10	43	11	6	7	8	12	23	11	10	10	24	8	2
	55.7%	62.2% E		52.9%	20.0%	75.0%	55.6%	55.8%	68.8%	66.7%	58.3%	50.0%	60.0%	59.0%	50.0%	58.8%	55.6%	55.8%	61.5%	33.3%
Rarely	33	10	-	18	4	1	6	27	4	1	4	5	5	14	9	5	3	16	5	4
	34.0%	27.0%		35.3%	80.0% BD	25.0%	33.3%	35.1%	25.0%	11.1%	33.3%	31.2%	25.0%	35.9%	40.9%	29.4%	16.7%	37.2%	38.5%	66.7% Q
CHI-SQUARE		<----------6.56---------->					<------.076---->		<---------2.63-------->			<----------3.805---------->				<----------12.217---------->				
SIGNIFICANCE		1.9%*					.1%*		4.5%*			1.3%*				27.1%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1 or more than 20% of the cells have an expected value of less than 5.

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Q14. I would like to ask you a few questions about your use of **DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS.** Over the past year have you used this source of new information on drug safety...?
BASE: Random selection of respondents who used **"Dear Health Care Professional letters issued by drug manufacturers"**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	126 100.0%	47 100.0%	16 100.0%	38 100.0%	17 100.0%	8 100.0%	43 100.0%	81 100.0%	33 100.0%	16 100.0%	12 100.0%	25 100.0%	32 100.0%	39 100.0%	29 100.0%	17 100.0%	15 100.0%	56 100.0%	24 100.0%	14 100.0%
Frequently	21 16.7%	10 21.3%	1 6.2%	7 18.4%	-	3 37.5%	4 9.3%	17 21.0%	6 18.2%	2 12.5%	4 33.3%	3 12.0%	2 6.2%	10 25.6% M	6 20.7%	4 23.5%	2 13.3%	9 16.1%	4 16.7%	2 14.3%
Occasionally	72 57.1%	29 61.7% F	6 37.5%	25 65.8% CF	11 64.7% F	1 12.5%	27 62.8%	43 53.1%	15 45.5%	11 68.8%	8 66.7%	15 60.0%	22 68.8% N	17 43.6%	17 58.6%	10 58.8%	11 73.3%	29 51.8%	13 54.2%	9 64.3%
Rarely	32 25.4%	7 14.9%	9 56.2% BD	6 15.8%	6 35.3%	4 50.0%	12 27.9%	20 24.7%	12 36.4%	3 18.8%	-	7 28.0%	8 25.0%	11 28.2%	6 20.7%	3 17.6%	2 13.3%	17 30.4%	7 29.2%	3 21.4%
Have not used	1 0.8%	1 2.1%	-	-	-	-	-	1 1.2%	-	-	-	-	-	1 2.6%	-	-	-	1 1.8%	-	-
CHI-SQUARE		<-----25----->					<----3.377---->		<-------7.996------->			<----------9.246---------->				<----------5.055---------->				
SIGNIFICANCE				93.0%*			50.3%*			56.6%*				31.8%*				.5%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q14. I would like to ask you a few questions about your use of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA. Over the past year have you used this source of new information on drug safety...?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada"

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	88 100.0%	35 100.0%	5 100.0%	31 100.0%	9 100.0%	8 100.0%	24 100.0%	60 100.0%	19 100.0%	10 100.0%	12 100.0%	16 100.0%	24 100.0%	22 100.0%	24 100.0%	10 100.0%	13 100.0%	40 100.0%	18 100.0%	7 100.0%
Frequently	11 12.5%	6 17.1%	1 20.0%	4 12.9%	-	-	1 4.2%	10 16.7% G	3 15.8%	3 30.0%	1 8.3%	4 25.0%	2 8.3%	3 13.6%	2 8.3%	1 10.0%	3 23.1%	5 12.5%	2 11.1%	-
Occasionally	46 52.3%	15 42.9%	3 60.0%	20 64.5%	5 55.6%	3 37.5%	12 50.0%	32 53.3%	8 42.1%	4 40.0%	7 58.3%	7 43.8%	17 70.8% N	9 40.9%	13 54.2%	7 70.0%	5 38.5%	17 42.5%	13 72.2% QR	4 57.1%
Rarely	27 30.7%	12 34.3%	1 20.0%	6 19.4%	3 33.3%	5 62.5% D	9 37.5%	16 26.7%	7 36.8%	2 20.0%	4 33.3%	5 31.2%	5 20.8%	7 31.8%	8 33.3%	2 20.0%	4 30.8%	17 42.5% S	2 11.1%	2 28.6%
Have not used	2 2.3%	-	-	1 3.2%	1 11.1%	-	1 4.2%	1 1.7%	-	-	-	-	-	1 4.5%	1 4.2%	-	-	1 2.5%	-	1 14.3%
Don't know/No answer	2 2.3%	2 5.7%	-	-	-	-	1 4.2%	1 1.7%	1 5.3%	1 10.0%	-	-	-	2 9.1%	-	-	1 7.7%	-	1 5.6%	-
CHI-SQUARE	<----------16.477---------->						<----3.658---->		<--------3.796-------->			<----------13.267---------->				<----------18.99---------->				
SIGNIFICANCE	58.0%*						54.6%*		12.5%*			65.0%*				73.1%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q14. I would like to ask you a few questions about your use of **HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO)**. Over the past year have you used this source of new information on drug safety...?
BASE: Random selection of respondents who used **"Health Canada's electronic mailing list (called Health_Prod_Info)"**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9 100.0%	2 100.0%	-	2 100.0%	4 100.0%	1 100.0%	5 100.0%	4 100.0%	1 100.0%	1 100.0%	1 100.0%	1 100.0%	5 100.0%	-	3 100.0%	1 100.0%	2 100.0%	5 100.0%	1 100.0%	-
Frequently	2 22.2%	-	-	1 50.0%	1 25.0%	-	1 20.0%	1 25.0%	-	-	-	-	1 20.0%	-	1 33.3%	1 100.0%	1 50.0%	-	-	-
Occasionally	4 44.4%	1 50.0%	-	-	2 50.0%	1 100.0% E	3 60.0%	1 25.0%	1 100.0%	1 100.0%	-	-	3 60.0%	-	1 33.3%	-	1 50.0%	2 40.0%	1 100.0% R	-
Rarely	3 33.3%	1 50.0%	-	1 50.0%	1 25.0%	-	1 20.0%	2 50.0%	-	-	1 100.0%	1 100.0% MO	1 20.0%	-	1 33.3%	-	-	3 60.0%	-	-
CHI-SQUARE		<----------3.75---------->					<----1.238---->		<----------3---------->			<----------2.8---------->				<----------8.325---------->				
SIGNIFICANCE		.1%*					12.8%*		6.6%*			.3%*				6.1%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q14. I would like to ask you a few questions about your use of **DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE. Over the past** year have you used this source of new information on drug safety...?
BASE: Random selection of respondents who used **"Drug Safety Advisories and Warnings posted on Health Canada's website"**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65 100.0%	4 100.0%	2 100.0%	13 100.0%	18 100.0%	28 100.0%	22 100.0%	40 100.0%	8 100.0%	-	1 100.0%	30 100.0%	15 100.0%	7 100.0%	10 100.0%	4 100.0%	4 100.0%	37 100.0%	7 100.0%	13 100.0%
Frequently	6 9.2%	1 25.0%	-	-	-	5 17.9%	3 13.6%	3 7.5%	2 25.0%	-	-	3 10.0%	-	2 28.6%	1 10.0%	-	2 50.0%	3 8.1%	1 14.3%	-
Occasionally	34 52.3%	1 25.0%	1 50.0%	6 46.2%	11 61.1%	15 53.6%	9 40.9%	24 60.0%	3 37.5%	-	1 100.0% I	16 53.3%	8 53.3%	4 57.1%	6 60.0%	1 25.0%	-	22 59.5%	5 71.4%	6 46.2%
Rarely	25 38.5%	2 50.0%	1 50.0%	7 53.8%	7 38.9%	8 28.6%	10 45.5%	13 32.5%	3 37.5%	-	-	11 36.7%	7 46.7%	1 14.3%	3 30.0%	3 75.0% S	2 50.0%	12 32.4%	1 14.3%	7 53.8% S
CHI-SQUARE		<----------9.043---------->					<----2.166---->		<--------1.406-------->			<----------5.624---------->				<----------16.364---------->				
SIGNIFICANCE		8.8%*					29.5%*		.6%*			6.6%*				57.2%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q14. I would like to ask you a few questions about your use of **THE ADVERSE REACTION REGIONAL CENTRES. Over the past year have you used this source of new** information on drug safety...?
BASE: Random selection of respondents **who used "The Adverse Reaction Regional Centres"**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Occasionally	5	4	-	-	1	-	4	1	1	1	2	-	1	2	2	2	1	1	1	-
	41.7%	80.0%			33.3%		57.1%	20.0%	33.3%	50.0%	100.0% I		25.0%	50.0%	66.7%	100.0% R	50.0%	20.0%	50.0%	
Rarely	7	1	2	1	2	1	3	4	2	1	-	1	3	2	1	-	1	4	1	1
	58.3%	20.0%	100.0% B	100.0% B	66.7%	100.0% B	42.9%	80.0%	66.7%	50.0%		100.0% NO	75.0%	50.0%	33.3%		50.0%	80.0%	50.0%	100.0%
CHI-SQUARE		<----------5.966---------->					<----1.656---->		<--------2.236-------->			<----------2.057---------->				<----------4.594---------->				
SIGNIFICANCE				1.2%*				20.1%*		2.7%*				.1%*				.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q15. How thoroughly do you read the **material provided through the [SOURCE]? In general do you...?**
BASE: Those who gave valid answer at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392	127	25	135	55	50	117	264	79	37	40	89	100	107	90	51	53	184	64	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read it thoroughly	100	38	6	29	14	13	31	68	22	15	9	20	29	22	27	14	16	47	14	9
	25.5%	29.9%	24.0%	21.5%	25.5%	26.0%	26.5%	25.8%	27.8%	40.5%	22.5%	22.5%	29.0%	20.6%	30.0%	27.5%	30.2%	25.5%	21.9%	22.5%
Read it selectively	201	64	12	70	31	24	59	136	36	18	24	42	50	59	49	26	26	90	37	22
	51.3%	50.4%	48.0%	51.9%	56.4%	48.0%	50.4%	51.5%	45.6%	48.6%	60.0%	47.2%	50.0%	55.1%	54.4%	51.0%	49.1%	48.9%	57.8%	55.0%
Glance through it quickly	86	24	6	36	8	12	24	58	19	4	7	26	20	24	13	10	11	44	13	8
	21.9%	18.9%	24.0%	26.7% E	14.5%	24.0%	20.5%	22.0%	24.1%	10.8%	17.5%	29.2% O	20.0%	22.4%	14.4%	19.6%	20.8%	23.9%	20.3%	20.0%
Not really read it	2	1	1	-	-	-	1	1	2	-	-	1	-	1	-	-	-	2	-	-
	0.5%	0.8%	4.0%				0.9%	0.4%	2.5%			1.1%		0.9%				1.1%		
Don't know/No answer	3	-	-	-	2	1	2	1	-	-	-	-	1	1	1	1	-	1	-	1
	0.8%				3.6%	2.0%	1.7%	0.4%					1.0%	0.9%	1.1%	2.0%		0.5%		2.5%
CHI-SQUARE		<----------22.243---------->					<----2.288---->		<--------7.721-------->			<----------10.912---------->				<----------8.33---------->				
SIGNIFICANCE				86.4%*			31.7%*			53.9%*			46.4%*					6.2%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q15. How thoroughly do you read the material provided through THE CANADIAN ADVERSE REACTION NEWSLETTER? In general do you...?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read it thoroughly	17	10	-	6	1	-	4	13	6	2	2	1	3	7	6	4	3	8	1	1
	17.5%	27.0%		11.8%	20.0%		22.2%	16.9%	37.5%	22.2%	16.7%	6.2%	15.0%	17.9%	27.3%	23.5%	16.7%	18.6%	7.7%	16.7%
Read it selectively	57	21	-	30	3	3	9	46	8	7	7	10	13	23	11	7	12	24	10	4
	58.8%	56.8%		58.8%	60.0%	75.0%	50.0%	59.7%	50.0%	77.8%	58.3%	62.5%	65.0%	59.0%	50.0%	41.2%	66.7%	55.8%	76.9% P	66.7%
Glance through it quickly	23	6	-	15	1	1	5	18	2	-	3	5	4	9	5	6	3	11	2	1
	23.7%	16.2%		29.4%	20.0%	25.0%	27.8%	23.4%	12.5%		25.0%	31.2%	20.0%	23.1%	22.7%	35.3%	16.7%	25.6%	15.4%	16.7%
CHI-SQUARE		<----------5.404---------->					<-----.588---->		<--------4.354-------->			<----------3.404---------->				<----------4.956---------->				
SIGNIFICANCE				.7%*			3.6%*			17.6%*				.8%*				.4%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. How thoroughly do you read the material provided through the DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS? In general do you...?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read it thoroughly	41	16	4	12	6	3	17	23	7	9	5	9	15	7	10	6	8	15	7	5
	32.8%	34.8%	25.0%	31.6%	35.3%	37.5%	39.5%	28.8%	21.2%	56.2% I	41.7%	36.0%	46.9% N	18.4%	34.5%	35.3%	53.3%	27.3%	29.2%	35.7%
Read it selectively	61	21	8	20	7	5	19	42	18	5	6	9	15	20	17	9	5	27	14	6
	48.8%	45.7%	50.0%	52.6%	41.2%	62.5%	44.2%	52.5%	54.5%	31.2%	50.0%	36.0%	46.9%	52.6%	58.6%	52.9%	33.3%	49.1%	58.3%	42.9%
Glance through it quickly	19	8	3	6	2	-	4	14	6	2	1	6	2	9	1	1	2	10	3	3
	15.2%	17.4%	18.8%	15.8%	11.8%		9.3%	17.5%	18.2%	12.5%	8.3%	24.0% O	6.2%	23.7% MO	3.4%	5.9%	13.3%	18.2%	12.5%	21.4%
Not really read it	2	1	1	-	-	-	1	1	2	-	-	1	-	1	-	-	-	2	-	-
	1.6%	2.2%	6.2%				2.3%	1.2%	6.1%			4.0%		2.6%				3.6%		
Don't know/No answer	2	-	-	-	2	-	2	-	-	-	-	-	-	1	1	1	-	1	-	-
	1.6%				11.8%		4.7%							2.6%	3.4%	5.9%		1.8%		
CHI-SQUARE	<----------18.783---------->						<----6.594---->		<--------7.669-------->			<----------17.512---------->				<----------11.108---------->				
SIGNIFICANCE	72.0%*						84.1%*		53.4%*			86.9%*				19.7%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. How thoroughly do you read the material provided through the DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA? In general do you...?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read it thoroughly	24	11	1	8	2	2	3	21	6	4	2	5	7	5	6	3	3	12	4	2
	28.6%	33.3%	20.0%	26.7%	25.0%	25.0%	13.6%	36.2% G	33.3%	44.4%	16.7%	31.2%	29.2%	26.3%	26.1%	30.0%	25.0%	30.8%	23.5%	33.3%
Read it selectively	38	17	3	11	4	3	11	24	7	5	8	4	11	11	12	5	6	16	8	3
	45.2%	51.5%	60.0%	36.7%	50.0%	37.5%	50.0%	41.4%	38.9%	55.6%	66.7%	25.0%	45.8%	57.9% L	52.2%	50.0%	50.0%	41.0%	47.1%	50.0%
Glance through it quickly	22	5	1	11	2	3	8	13	5	-	2	7	6	3	5	2	3	11	5	1
	26.2%	15.2%	20.0%	36.7% B	25.0%	37.5%	36.4%	22.4%	27.8%		16.7%	43.8%	25.0%	15.8%	21.7%	20.0%	25.0%	28.2%	29.4%	16.7%
CHI-SQUARE		<----------4.922---------->					<----4.162---->		<--------5.081-------->			<----------5.32---------->				<----------1.12---------->				
SIGNIFICANCE		.4%*					61.5%*		25.1%*			5.4%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. How thoroughly do you read the material provided through the HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO)? In general do you...?
BASE: Random selection of respondents who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Read it selectively	5	-	-	1	4	-	4	1	-	-	-	-	2	-	3	1	-	3	1	-
	55.6%			50.0%	100.0%		80.0%	25.0%					40.0%		100.0% M	100.0%		60.0%	100.0%	
Glance through it quickly	4	2	-	1	-	1	1	3	1	1	1	1	3	-	-	-	2	2	-	-
	44.4%	100.0%		50.0%		100.0%	20.0%	75.0%	100.0%	100.0%	100.0%	100.0%	60.0%				100.0% R	40.0%		
CHI-SQUARE		<----------6.975---------->					<----2.723---->		<----------.0---------->			<----------4.14---------->				<----------4.14---------->				
SIGNIFICANCE		2.6%*					39.5%*		.0%*			1.9%*				.1%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. How thoroughly do you read the material provided through the **DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE**? In general do you...?
BASE: Random selection of respondents who used **"Drug Safety Advisories and Warnings posted on Health Canada's website"** and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Read it thoroughly	15	1	1	2	4	7	6	9	3	-	-	4	4	2	4	1	2	11	1	-
	23.1%	25.0%	50.0%	15.4%	22.2%	25.0%	27.3%	22.5%	37.5%			13.3%	26.7%	28.6%	40.0%	25.0%	50.0%	29.7%	14.3%	
Read it selectively	34	2	-	8	11	13	12	21	2	-	1	19	7	2	5	2	1	18	4	9
	52.3%	50.0%		61.5%	61.1%	46.4%	54.5%	52.5%	25.0%		100.0% I	63.3%	46.7%	28.6%	50.0%	50.0%	25.0%	48.6%	57.1%	69.2%
Glance through it quickly	15	1	1	3	3	7	4	9	3	-	-	7	3	3	1	1	1	8	2	3
	23.1%	25.0%	50.0%	23.1%	16.7%	25.0%	18.2%	22.5%	37.5%			23.3%	20.0%	42.9%	10.0%	25.0%	25.0%	21.6%	28.6%	23.1%
Don't know/No answer	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	1
	1.5%					3.6%		2.5%					6.7%							7.7%
CHI-SQUARE		<----------5.054---------->					<------.821---->		<---------2.25-------->			<----------9.379---------->				<----------10.757---------->				
SIGNIFICANCE		.5%*					6.4%*		2.8%*			33.0%*				17.6%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. How thoroughly do you read the material provided through THE ADVERSE REACTION REGIONAL CENTRES? In general do you...?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12 100.0%	5 100.0%	2 100.0%	1 100.0%	3 100.0%	1 100.0%	7 100.0%	5 100.0%	3 100.0%	2 100.0%	2 100.0%	1 100.0%	4 100.0%	4 100.0%	3 100.0%	2 100.0%	2 100.0%	5 100.0%	2 100.0%	1 100.0%
Read it thoroughly	3 25.0%	-	-	1 100.0% E	1 33.3%	1 100.0% E	1 14.3%	2 40.0%	-	-	-	1 100.0% NO	-	1 25.0%	1 33.3%	-	-	1 20.0%	1 50.0%	1 100.0% R
Read it selectively	6 50.0%	3 60.0%	1 50.0%	-	2 66.7%	-	4 57.1%	2 40.0%	1 33.3%	1 50.0%	2 100.0% I	-	2 50.0%	3 75.0%	1 33.3%	2 100.0% R	2 100.0% R	2 40.0%	-	-
Glance through it quickly	3 25.0%	2 40.0%	1 50.0%	-	-	-	2 28.6%	1 20.0%	2 66.7%	1 50.0%	-	-	2 50.0%	-	1 33.3%	-	-	2 40.0%	1 50.0%	-
CHI-SQUARE		<----------9.8---------->					<----1.029---->		<--------2.236-------->			<----------6.833---------->				<----------9.6---------->				
SIGNIFICANCE				12.3%*			9.5%*			2.7%*				13.2%*				11.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q16. What do you typically do with **this information once you have reviewed it?**
BASE: Those who gave valid answer at **Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392 100.0%	127 100.0%	25 100.0%	135 100.0%	55 100.0%	50 100.0%	117 100.0%	264 100.0%	79 100.0%	37 100.0%	40 100.0%	89 100.0%	100 100.0%	107 100.0%	90 100.0%	51 100.0%	53 100.0%	184 100.0%	64 100.0%	40 100.0%
Keep it for future reference - in paper form	236 60.2%	70 55.1% E	15 60.0% E	103 76.3% BEF	20 36.4%	28 56.0% E	50 42.7%	179 67.8% G	45 57.0%	22 59.5%	21 52.5%	54 60.7%	57 57.0%	68 63.6%	54 60.0%	31 60.8% T	31 58.5%	121 65.8% T	37 57.8%	16 40.0%
Discard it	69 17.6%	46 36.2% CDEF	4 16.0%	13 9.6%	3 5.5%	3 6.0%	26 22.2%	42 15.9%	17 21.5%	11 29.7%	18 45.0% I	11 12.4%	15 15.0%	23 21.5%	19 21.1%	9 17.6%	14 26.4%	27 14.7%	14 21.9%	5 12.5%
Circulate to other health professionals	67 17.1%	10 7.9%	1 4.0%	25 18.5% BC	24 43.6% BCDF	7 14.0%	31 26.5% H	35 13.3%	9 11.4% K	2 5.4%	1 2.5%	16 18.0%	17 17.0%	17 15.9%	16 17.8%	11 21.6%	6 11.3%	29 15.8%	10 15.6%	11 27.5%
Notify patients of risks	61 15.6%	19 15.0%	3 12.0%	16 11.9%	7 12.7%	16 32.0% BCDE	17 14.5%	44 16.7%	18 22.8% K	7 18.9%	3 7.5%	21 23.6% N	13 13.0%	8 7.5%	19 21.1% N	3 5.9%	4 7.5%	33 17.9% PQ	13 20.3% PQ	8 20.0% P
Discuss with pharmacist	53 13.5%	10 7.9%	3 12.0%	22 16.3% B	12 21.8% B	6 12.0%	20 17.1%	33 12.5%	8 10.1%	2 5.4%	3 7.5%	13 14.6%	11 11.0%	14 13.1%	15 16.7%	6 11.8%	3 5.7%	32 17.4% Q	7 10.9%	5 12.5%
Keep it for future reference - in electronic form	26 6.6%	6 4.7%	1 4.0%	7 5.2%	5 9.1%	7 14.0%	8 6.8%	17 6.4%	3 3.8%	1 2.7%	4 10.0%	9 10.1%	8 8.0%	5 4.7%	3 3.3%	1 2.0%	5 9.4%	11 6.0%	5 7.8%	4 10.0%
Remember it	24 6.1%	15 11.8% DEF	3 12.0%	2 1.5%	2 3.6%	2 4.0%	9 7.7%	12 4.5%	10 12.7%	3 8.1%	5 12.5%	5 5.6%	5 5.0%	5 4.7%	8 8.9%	3 5.9%	3 5.7%	8 4.3%	5 7.8%	5 12.5%
Use it in my practice/ implement it accordingly	17 4.3%	7 5.5% D	-	1 0.7%	7 12.7% D	2 4.0%	11 9.4% H	6 2.3%	3 3.8%	4 10.8%	-	2 2.2%	8 8.0%	4 3.7%	3 3.3%	1 2.0%	2 3.8%	7 3.8%	3 4.7%	4 10.0%
Adjust my prescribing patterns accordingly	7 1.8%	3 2.4%	-	-	1 1.8%	3 6.0%	3 2.6%	4 1.5%	1 1.3%	1 2.7%	1 2.5%	1 1.1%	3 3.0%	2 1.9%	-	1 2.0%	1 1.9%	3 1.6%	1 1.6%	1 2.5%
Archive/file it (unspecified)	4 1.0%	-	-	3 2.2%	1 1.8%	-	1 0.9%	3 1.1%	-	-	-	-	1 1.0%	1 0.9%	2 2.2%	2 3.9%	1 1.9%	-	-	1 2.5%
Other	28 7.1%	3 2.4%	3 12.0%	8 5.9%	8 14.5% B	6 12.0% B	9 7.7%	19 7.2%	5 6.3%	1 2.7%	1 2.5%	8 9.0%	10 10.0%	5 4.7%	5 5.6%	1 2.0%	5 9.4%	14 7.6% P	5 7.8%	3 7.5%
Don't know/No answer	2 0.5%	-	-	2 1.5%	-	-	-	2 0.8%	-	-	-	1 1.1%	1 1.0%	-	-	1 2.0%	-	1 0.5%	-	-
CHI-SQUARE		<----------156.276---------->					<----31.148--->		<--------22.393------->			<----------33.71---------->				<----------49.254---------->				
SIGNIFICANCE		100.0%*					99.8%*		44.4%*			42.2%*				57.7%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q16. What do you typically do with **this information once you have reviewed it?**
BASE: Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97 100.0%	37 100.0%	-	51 100.0%	5 100.0%	4 100.0%	18 100.0%	77 100.0%	16 100.0%	9 100.0%	12 100.0%	16 100.0%	20 100.0%	39 100.0%	22 100.0%	17 100.0%	18 100.0%	43 100.0%	13 100.0%	6 100.0%
Keep it for future reference - in paper form	69 71.1%	24 64.9% E	-	40 78.4% E	1 20.0%	4 100.0% BDE	9 50.0%	58 75.3% G	11 68.8%	8 88.9% K	5 41.7%	12 75.0%	12 60.0%	27 69.2%	18 81.8%	9 52.9%	13 72.2% T	38 88.4% PT	8 61.5% T	1 16.7%
Discuss with pharmacist	16 16.5%	3 8.1%	-	11 21.6%	2 40.0%	-	3 16.7%	13 16.9%	1 6.2%	1 11.1%	1 8.3%	4 25.0%	3 15.0%	6 15.4%	3 13.6%	3 17.6%	2 11.1%	8 18.6%	1 7.7%	2 33.3%
Discard it	14 14.4%	9 24.3%	-	5 9.8%	-	-	4 22.2%	10 13.0%	3 18.8%	1 11.1%	5 41.7%	2 12.5%	2 10.0%	8 20.5%	2 9.1%	3 17.6%	4 22.2%	5 11.6%	2 15.4%	-
Notify patients of risks	12 12.4%	7 18.9%	-	5 9.8%	-	-	2 11.1%	10 13.0%	3 18.8%	4 44.4%	-	2 12.5%	3 15.0%	3 7.7%	4 18.2%	1 5.9%	2 11.1%	4 9.3%	3 23.1%	2 33.3%
Circulate to other health professionals	12 12.4%	1 2.7%	-	8 15.7% B	3 60.0% BD	-	4 22.2%	8 10.4%	1 6.2%	-	-	3 18.8%	2 10.0%	5 12.8%	2 9.1%	4 23.5%	1 5.6%	2 4.7%	2 15.4%	3 50.0% QR
Remember it	4 4.1%	3 8.1%	-	1 2.0%	-	-	-	4 5.2%	1 6.2%	1 11.1%	1 8.3%	1 6.2%	1 5.0%	1 2.6%	1 4.5%	1 5.9%	1 5.6%	2 4.7%	-	-
Keep it for future reference - in electronic form	3 3.1%	1 2.7%	-	1 2.0%	1 20.0%	-	1 5.6%	2 2.6%	-	-	1 8.3%	1 6.2%	1 5.0%	1 2.6%	-	-	-	2 4.7%	1 7.7%	-
Use it in my practice/ implement it accordingly	2 2.1%	1 2.7%	-	-	1 20.0%	-	2 11.1%	-	1 6.2%	-	-	-	1 5.0%	-	1 4.5%	-	-	-	1 7.7%	1 16.7%
Archive/file it (unspecified)	2 2.1%	-	-	2 3.9%	-	-	-	2 2.6%	-	-	-	-	1 5.0%	-	1 4.5%	2 11.8%	-	-	-	-
Adjust my prescribing patterns accordingly	1 1.0%	1 2.7%	-	-	-	-	-	1 1.3%	-	-	1 8.3%	-	-	1 2.6%	-	-	-	1 2.3%	-	-
Other	6 6.2%	2 5.4%	-	3 5.9%	1 20.0%	-	2 11.1%	4 5.2%	1 6.2%	-	1 8.3%	-	4 20.0%	1 2.6%	1 4.5%	1 5.9%	1 5.6%	2 4.7%	1 7.7%	1 16.7%
CHI-SQUARE		<----------44.461---------->					<----14.928--->		<--------16.887-------->			<----------21.594---------->				<----------47.637---------->				
SIGNIFICANCE		38.1%*					75.5%*		14.7%*			2.8%*				51.2%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q16. What do you typically do with this information once you have reviewed it?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125 100.0%	46 100.0%	16 100.0%	38 100.0%	17 100.0%	8 100.0%	43 100.0%	80 100.0%	33 100.0%	16 100.0%	12 100.0%	25 100.0%	32 100.0%	38 100.0%	29 100.0%	17 100.0%	15 100.0%	55 100.0%	24 100.0%	14 100.0%
Keep it for future reference - in paper form	80 64.0%	23 50.0%	10 62.5%	32 84.2% BE	8 47.1%	7 87.5% BE	21 48.8%	59 73.8% G	19 57.6%	8 50.0%	8 66.7%	18 72.0%	20 62.5%	25 65.8%	17 58.6%	12 70.6%	10 66.7%	37 67.3%	13 54.2%	8 57.1%
Discard it	29 23.2%	19 41.3% DEF	3 18.8%	3 7.9%	3 17.6%	1 12.5%	15 34.9% H	13 16.2%	11 33.3%	4 25.0%	5 41.7%	5 20.0%	6 18.8%	9 23.7%	9 31.0%	4 23.5%	8 53.3% R	7 12.7%	7 29.2%	3 21.4%
Circulate to other health professionals	20 16.0%	6 13.0%	-	8 21.1%	5 29.4%	1 12.5%	9 20.9%	11 13.8%	4 12.1%	1 6.2%	1 8.3%	4 16.0%	1 3.1%	8 21.1% M	7 24.1% M	3 17.6%	2 13.3%	9 16.4%	2 8.3%	4 28.6%
Notify patients of risks	17 13.6%	4 8.7%	2 12.5%	5 13.2%	3 17.6%	3 37.5%	6 14.0%	11 13.8%	5 15.2%	2 12.5%	-	3 12.0%	5 15.6%	2 5.3%	7 24.1% N	1 5.9%	-	11 20.0%	3 12.5%	2 14.3%
Discuss with pharmacist	16 12.8%	5 10.9%	2 12.5%	4 10.5%	3 17.6%	2 25.0%	7 16.3%	9 11.2%	5 15.2%	1 6.2%	1 8.3%	2 8.0%	1 3.1%	7 18.4% M	6 20.7% M	1 5.9%	-	12 21.8% P	3 12.5%	-
Remember it	7 5.6%	5 10.9%	2 12.5%	-	-	-	2 4.7%	3 3.8%	2 6.1%	2 12.5%	2 16.7%	1 4.0%	-	3 7.9%	2 6.9%	1 5.9%	2 13.3%	1 1.8%	2 8.3%	1 7.1%
Use it in my practice/ implement it accordingly	7 5.6%	5 10.9%	-	1 2.6%	1 5.9%	-	3 7.0%	4 5.0%	2 6.1%	3 18.8%	-	1 4.0%	3 9.4%	2 5.3%	1 3.4%	-	1 6.7%	4 7.3%	2 8.3%	-
Keep it for future reference - in electronic form	6 4.8%	1 2.2%	1 6.2%	2 5.3%	1 5.9%	1 12.5%	1 2.3%	5 6.2%	2 6.1%	1 6.2%	-	2 8.0%	4 12.5%	-	-	-	1 6.7%	2 3.6%	1 4.2%	2 14.3%
Adjust my prescribing patterns accordingly	2 1.6%	1 2.2%	-	-	1 5.9%	-	2 4.7%	-	-	1 6.2%	-	-	1 3.1%	1 2.6%	-	-	1 6.7%	-	1 4.2%	-
Archive/file it (unspecified)	1 0.8%	-	-	1 2.6%	-	-	-	1 1.2%	-	-	-	-	-	1 2.6%	-	-	1 6.7%	-	-	-
Other	9 7.2%	-	1 6.2%	4 10.5%	4 23.5%	-	4 9.3%	5 6.2%	1 3.0%	-	-	2 8.0%	2 6.2%	3 7.9%	2 6.9%	-	-	6 10.9%	2 8.3%	1 7.1%
CHI-SQUARE		<----------54.368---------->					<----13.585--->		<--------13.108------->			<----------30.541---------->				<----------46.423---------->				
SIGNIFICANCE				75.5%*			67.2%*			3.6%*				27.4%*				46.2%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q16. What do you typically do with **this information once you have reviewed it?**
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84 100.0%	33 100.0%	5 100.0%	30 100.0%	8 100.0%	8 100.0%	22 100.0%	58 100.0%	18 100.0%	9 100.0%	12 100.0%	16 100.0%	24 100.0%	19 100.0%	23 100.0%	10 100.0%	12 100.0%	39 100.0%	17 100.0%	6 100.0%
Keep it for future reference - in paper form	51 60.7%	17 51.5%	4 80.0%	23 76.7% BE	3 37.5%	4 50.0%	8 36.4%	41 70.7% G	8 44.4%	5 55.6%	7 58.3%	11 68.8%	17 70.8%	11 57.9%	11 47.8%	7 70.0%	6 50.0%	24 61.5%	11 64.7%	3 50.0%
Discard it	19 22.6%	14 42.4% D	1 20.0%	4 13.3%	-	-	5 22.7%	14 24.1%	1 5.6%	6 66.7% I	6 50.0% I	2 12.5%	5 20.8%	5 26.3%	6 26.1%	2 20.0%	2 16.7%	12 30.8%	3 17.6%	-
Circulate to other health professionals	16 19.0%	1 3.0%	1 20.0%	8 26.7% B	4 50.0% B	2 25.0%	5 22.7%	10 17.2%	1 5.6%	1 11.1%	-	5 31.2%	5 20.8%	3 15.8%	2 8.7%	3 30.0%	2 16.7%	6 15.4%	4 23.5%	1 16.7%
Notify patients of risks	14 16.7%	4 12.1%	1 20.0%	4 13.3%	2 25.0%	3 37.5%	4 18.2%	10 17.2%	5 27.8%	1 11.1%	1 8.3%	5 31.2%	2 8.3%	2 10.5%	5 21.7%	1 10.0%	1 8.3%	5 12.8%	4 23.5%	3 50.0%
Discuss with pharmacist	9 10.7%	2 6.1%	1 20.0%	4 13.3%	2 25.0%	-	4 18.2%	5 8.6%	2 11.1%	-	1 8.3%	3 18.8%	1 4.2%	1 5.3%	4 17.4%	2 20.0%	-	3 7.7%	3 17.6%	1 16.7%
Remember it	7 8.3%	6 18.2%	-	-	-	1 12.5%	4 18.2%	2 3.4%	5 27.8%	-	2 16.7%	1 6.2%	-	1 5.3%	5 21.7%	1 10.0%	-	3 7.7%	3 17.6%	-
Keep it for future reference - in electronic form	3 3.6%	1 3.0%	-	2 6.7%	-	-	-	3 5.2%	1 5.6%	-	-	-	1 4.2%	1 5.3%	1 4.3%	-	3 25.0%	-	-	-
Use it in my practice/ implement it accordingly	2 2.4%	-	-	-	1 12.5%	1 12.5%	1 4.5%	1 1.7%	-	-	-	-	1 4.2%	1 5.3%	-	-	-	1 2.6%	-	1 16.7%
Adjust my prescribing patterns accordingly	1 1.2%	1 3.0%	-	-	-	-	1 4.5%	-	1 5.6%	-	-	-	1 4.2%	-	-	-	-	1 2.6%	-	-
Other	3 3.6%	1 3.0%	-	1 3.3%	1 12.5%	-	1 4.5%	2 3.4%	1 5.6%	-	-	-	2 8.3%	-	1 4.3%	-	1 8.3%	1 2.6%	-	1 16.7%
CHI-SQUARE		<----------50.73---------->					<----13.659--->		<--------18.556------->			<----------25.668---------->				<----------47.42---------->				
SIGNIFICANCE				63.4%*			67.7%*			22.5%*			10.1%*					50.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q16. What do you typically do with **this information once you have reviewed it?**
BASE: Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Circulate to other health professionals	5	-	-	-	4	1	4	1	1	-	-	-	3	-	2	1	-	3	1	-
	55.6%				100.0%	100.0%	80.0%	25.0%	100.0%				60.0%		66.7%	100.0%		60.0%	100.0%	
Keep it for future reference - in paper form	4	1	-	1	2	-	2	2	-	-	1	1	-	-	3	1	-	2	1	-
	44.4%	50.0%		50.0%	50.0%		40.0%	50.0%			100.0%	100.0%			100.0%	100.0% R		40.0%	100.0% R	
Notify patients of risks	3	1	-	-	1	1	1	2	1	-	1	1	2	-	-	-	-	3	-	-
	33.3%	50.0%			25.0%	100.0% E	20.0%	50.0%	100.0%		100.0%	100.0% M	40.0%					60.0%		
Discuss with pharmacist	2	-	-	1	1	-	1	1	-	-	-	-	2	-	-	-	1	1	-	-
	22.2%			50.0%	25.0%		20.0%	25.0%					40.0%				50.0%	20.0%		
Use it in my practice/ implement it accordingly	2	1	-	-	1	-	2	-	-	1	-	-	2	-	-	-	1	1	-	-
	22.2%	50.0%			25.0%		40.0%			100.0%			40.0%				50.0%	20.0%		
Keep it for future reference - in electronic form	1	1	-	-	-	-	-	1	-	-	1	1	-	-	-	-	-	1	-	-
	11.1%	50.0%						25.0%			100.0%	100.0%						20.0%		
CHI-SQUARE		<----------13.214---------->					<----4.752---->		<----------9.5---------->			<----------15.816---------->				<----------11.205---------->				
SIGNIFICANCE		.0%*					3.4%*		.4%*			.1%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q16. What do you typically do with this information once you have reviewed it?
BASE: Random selection of respondents who used " Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65 100.0%	4 100.0%	2 100.0%	13 100.0%	18 100.0%	28 100.0%	22 100.0%	40 100.0%	8 100.0%	-	1 100.0%	30 100.0%	15 100.0%	7 100.0%	10 100.0%	4 100.0%	4 100.0%	37 100.0%	7 100.0%	13 100.0%
Keep it for future reference - in paper form	25 38.5%	2 50.0%	1 50.0%	6 46.2%	4 22.2%	12 42.9%	5 22.7%	17 42.5%	5 62.5%	-	-	11 36.7%	6 40.0%	3 42.9%	3 30.0%	2 50.0%	1 25.0%	17 45.9%	2 28.6%	3 23.1%
Notify patients of risks	13 20.0%	2 50.0%	-	2 15.4%	1 5.6%	8 28.6% E	3 13.6%	10 25.0%	3 37.5%	-	1 100.0% I	10 33.3% M	1 6.7%	-	2 20.0%	-	1 25.0%	10 27.0%	1 14.3%	1 7.7%
Circulate to other health professionals	13 20.0%	2 50.0%	-	1 7.7%	7 38.9% DF	3 10.7%	8 36.4% H	5 12.5%	2 25.0%	-	-	4 13.3%	6 40.0%	1 14.3%	2 20.0%	-	1 25.0%	8 21.6%	1 14.3%	3 23.1%
Keep it for future reference - in electronic form	12 18.5%	1 25.0%	-	2 15.4%	3 16.7%	6 21.4%	5 22.7%	6 15.0%	-	-	1 100.0%	5 16.7%	1 6.7%	3 42.9%	2 20.0%	-	1 25.0%	6 16.2%	3 42.9%	2 15.4%
Discuss with pharmacist	9 13.8%	-	-	2 15.4%	3 16.7%	4 14.3%	4 18.2%	5 12.5%	-	-	-	4 13.3%	3 20.0%	-	2 20.0%	-	-	7 18.9%	-	2 15.4%
Discard it	5 7.7%	2 50.0%	-	1 7.7%	-	2 7.1%	1 4.5%	4 10.0%	1 12.5%	-	1 100.0% I	2 6.7%	2 13.3%	-	1 10.0%	-	-	2 5.4%	1 14.3%	2 15.4%
Remember it	5 7.7%	-	1 50.0%	1 7.7%	2 11.1%	1 3.6%	2 9.1%	3 7.5%	1 12.5%	-	-	2 6.7%	3 20.0%	-	-	-	-	1 2.7%	-	4 30.8% R
Adjust my prescribing patterns accordingly	3 4.6%	-	-	-	-	3 10.7%	-	3 7.5%	-	-	-	1 3.3%	1 6.7%	-	-	1 25.0%	-	1 2.7%	-	1 7.7%
Use it in my practice/ implement it accordingly	3 4.6%	-	-	-	2 11.1%	1 3.6%	2 9.1%	1 2.5%	-	-	-	1 3.3%	1 6.7%	1 14.3%	-	-	-	1 2.7%	-	2 15.4%
Archive/file it (unspecified)	1 1.5%	-	-	-	1 5.6%	-	1 4.5%	-	-	-	-	-	-	-	1 10.0%	-	-	-	-	1 7.7%
Other	8 12.3%	-	-	-	2 11.1%	6 21.4%	2 9.1%	6 15.0%	1 12.5%	-	-	6 20.0%	1 6.7%	-	1 10.0%	-	2 50.0%	4 10.8%	2 28.6%	-
Don't know/No answer	2 3.1%	-	-	2 15.4%	-	-	-	2 5.0%	-	-	-	1 3.3%	1 6.7%	-	-	1 25.0%	-	1 2.7%	-	-
CHI-SQUARE		<----------53.116---------->					<----13.994--->		<--------7.795-------->			<----------32.355---------->				<----------59.08---------->				
SIGNIFICANCE				71.6%*				69.9%*			.1%*				35.7%*			86.9%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q16. What do you typically do with **this information once you have reviewed it?**
BASE: Random selection of respondents **who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12 100.0%	5 100.0%	2 100.0%	1 100.0%	3 100.0%	1 100.0%	7 100.0%	5 100.0%	3 100.0%	2 100.0%	2 100.0%	1 100.0%	4 100.0%	4 100.0%	3 100.0%	2 100.0%	2 100.0%	5 100.0%	2 100.0%	1 100.0%
Keep it for future reference - in paper form	7 58.3%	3 60.0%	-	1 100.0%	2 66.7%	1 100.0%	5 71.4%	2 40.0%	2 66.7%	1 50.0%	-	1 100.0% MN	2 50.0%	2 50.0%	2 66.7%	-	1 50.0%	3 60.0%	2 100.0%	1 100.0%
Discard it	2 16.7%	2 40.0%	-	-	-	-	1 14.3%	1 20.0%	1 33.3%	-	1 50.0%	-	-	1 25.0%	1 33.3%	-	-	1 20.0%	1 50.0%	-
Notify patients of risks	2 16.7%	1 20.0%	-	-	-	1 100.0% B	1 14.3%	1 20.0%	1 33.3%	-	-	-	-	1 25.0%	1 33.3%	-	-	-	2 100.0%	-
Keep it for future reference - in electronic form	1 8.3%	1 20.0%	-	-	-	-	1 14.3%	-	-	-	1 50.0%	-	1 25.0%	-	-	1 50.0%	-	-	-	-
Discuss with pharmacist	1 8.3%	-	-	-	1 33.3%	-	1 14.3%	-	-	-	-	-	1 25.0%	-	-	-	-	1 20.0%	-	-
Circulate to other health professionals	1 8.3%	-	-	-	1 33.3%	-	1 14.3%	-	-	-	-	-	-	-	1 33.3%	-	-	1 20.0%	-	-
Remember it	1 8.3%	1 20.0%	-	-	-	-	1 14.3%	-	1 33.3%	-	-	-	1 25.0%	-	-	-	-	1 20.0%	-	-
Use it in my practice/ implement it accordingly	1 8.3%	-	-	-	1 33.3%	-	1 14.3%	-	-	-	-	-	-	-	1 33.3%	1 50.0%	-	-	-	-
Other	2 16.7%	-	2 100.0%	-	-	-	-	2 40.0%	1 33.3%	1 50.0%	-	-	1 25.0%	1 25.0%	-	-	1 50.0%	1 20.0%	-	-
CHI-SQUARE		<----------34.232---------->					<----7.071---->		<--------8.889-------->			<----------14.957---------->				<----------31.307---------->				
SIGNIFICANCE		6.7%*					14.7%*		.2%*			.1%*				3.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q17. How satisfied are you overall with the **[SOURCE] as a source of information about drug safety? Are you...?**
BASE: Those who gave valid answer **at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392	127	25	135	55	50	117	264	79	37	40	89	100	107	90	51	53	184	64	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	84	35	3	39	4	3	17	64	17	12	9	11	18	28	25	11	25	33	10	5
	21.4%	27.6% CEF	12.0%	28.9% CEF	7.3%	6.0%	14.5%	24.2% G	21.5%	32.4%	22.5%	12.4%	18.0%	26.2% L	27.8% L	21.6%	47.2% PRST	17.9%	15.6%	12.5%
Generally satisfied	253	74	16	89	45	29	84	163	45	22	25	65	67	64	54	34	26	119	48	26
	64.5%	58.3%	64.0%	65.9%	81.8% BDF	58.0%	71.8% H	61.7%	57.0%	59.5%	62.5%	73.0% N	67.0%	59.8%	60.0%	66.7%	49.1%	64.7% Q	75.0% Q	65.0%
Not very satisfied	48	17	6	5	5	15	14	33	16	3	6	12	13	13	9	4	2	28	6	8
	12.2%	13.4% D	24.0% D	3.7%	9.1%	30.0% BDE	12.0%	12.5%	20.3%	8.1%	15.0%	13.5%	13.0%	12.1%	10.0%	7.8%	3.8%	15.2% Q	9.4%	20.0% Q
Not at all satisfied	2	-	-	-	-	2	-	2	-	-	-	1	1	-	-	-	-	1	-	1
	0.5%					4.0%		0.8%				1.1%	1.0%					0.5%		2.5%
Don't know/No answer	5	1	-	2	1	1	2	2	1	-	-	-	1	2	2	2	-	3	-	-
	1.3%	0.8%		1.5%	1.8%	2.0%	1.7%	0.8%	1.3%				1.0%	1.9%	2.2%	3.9%		1.6%		
TOP 2 BOX	337	109	19	128	49	32	101	227	62	34	34	76	85	92	79	45	51	152	58	31
	86.0%	85.8% F	76.0%	94.8% BCF	89.1% F	64.0%	86.3%	86.0%	78.5%	91.9% I	85.0%	85.4%	85.0%	86.0%	87.8%	88.2%	96.2% RT	82.6%	90.6%	77.5%
BOTTOM 2 BOX	50	17	6	5	5	17	14	35	16	3	6	13	14	13	9	4	2	29	6	9
	12.8%	13.4% D	24.0% D	3.7%	9.1%	34.0% BDE	12.0%	13.3%	20.3%	8.1%	15.0%	14.6%	14.0%	12.1%	10.0%	7.8%	3.8%	15.8% Q	9.4%	22.5% Q
CHI-SQUARE		<----------59.38---------->					<-----5.78---->		<---------3.79--------->			<----------11.14---------->				<----------34.2---------->				
SIGNIFICANCE				100.0%*			87.7%*			29.5%*				73.4%*				99.9%*		
MEAN	3.1	3.1 F	2.9	3.3 CEF	3.0 F	2.7	3.0	3.1	3.0	3.2	3.1	3.0	3.0	3.1 L	3.2 L	3.1 T	3.4 PRST	3.0	3.1	2.9
STANDARD DEVIATION	0.60	0.63	0.60	0.52	0.41	0.66	0.52	0.63	0.65	0.60	0.62	0.55	0.60	0.61	0.60	0.54	0.57	0.60	0.50	0.65
STANDARD ERROR	0.03	0.06	0.12	0.04	0.06	0.09	0.05	0.04	0.07	0.10	0.10	0.06	0.06	0.06	0.06	0.08	0.08	0.04	0.06	0.10

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q17. How satisfied are you overall with **THE CANADIAN ADVERSE REACTION NEWSLETTER as a source of information about drug safety? Are you...?**
BASE: Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	31	15	-	16	-	-	5	25	8	5	2	4	3	15	9	4	11	12	3	1
	32.0%	40.5%		31.4%			27.8%	32.5%	50.0% K	55.6% K	16.7%	25.0%	15.0%	38.5% M	40.9% M	23.5%	61.1% PRST	27.9%	23.1%	16.7%
Generally satisfied	56	19	-	31	4	2	10	45	7	4	8	10	14	19	13	11	7	24	10	4
	57.7%	51.4%		60.8%	80.0%	50.0%	55.6%	58.4%	43.8%	44.4%	66.7%	62.5%	70.0%	48.7%	59.1%	64.7%	38.9%	55.8%	76.9% Q	66.7%
Not very satisfied	8	3	-	3	1	1	2	6	1	-	2	2	3	3	-	-	-	7	-	1
	8.2%	8.1%		5.9%	20.0%	25.0%	11.1%	7.8%	6.2%		16.7%	12.5%	15.0%	7.7%				16.3%		16.7%
Don't know/No answer	2	-	-	1	-	1	1	1	-	-	-	-	-	2	-	2	-	-	-	-
	2.1%			2.0%		25.0%	5.6%	1.3%						5.1%		11.8%				
TOP 2 BOX	87	34	-	47	4	2	15	70	15	9	10	14	17	34	22	15	18	36	13	5
	89.7%	91.9%		92.2%	80.0%	50.0%	83.3%	90.9%	93.8%	100.0%	83.3%	87.5%	85.0%	87.2%	100.0% N	88.2%	100.0% R	83.7%	100.0% R	83.3%
BOTTOM 2 BOX	8	3	-	3	1	1	2	6	1	-	2	2	3	3	-	-	-	7	-	1
	8.2%	8.1%		5.9%	20.0%	25.0%	11.1%	7.8%	6.2%		16.7%	12.5%	15.0%	7.7%				16.3%		16.7%
CHI-SQUARE		<----------7.53---------->					<-----.29----->		<---------5.23--------->			<-------------7.37------------->				<----------15.88---------->				
SIGNIFICANCE				18.0%*			3.9%*			48.6%*				40.2%*				80.3%*		
MEAN	3.2	3.3		3.3	2.8	2.7	3.2	3.2	3.4	3.6 K	3.0	3.1	3.0	3.3	3.4 M	3.3	3.6 PRST	3.1	3.2	3.0
STANDARD DEVIATION	0.60	0.63		0.56	0.45	0.58	0.64	0.59	0.63	0.53	0.60	0.62	0.56	0.63	0.50	0.46	0.50	0.66	0.44	0.63
STANDARD ERROR	0.06	0.10		0.08	0.20	0.33	0.15	0.07	0.16	0.18	0.17	0.15	0.13	0.10	0.11	0.12	0.12	0.10	0.12	0.26

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q17. How satisfied are you overall with the **DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS as a source of information about drug** safety? Are you...?
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	21	10	1	10	-	-	5	14	2	5	3	3	6	7	4	2	6	6	4	3
	16.8%	21.7%	6.2%	26.3% C			11.6%	17.5%	6.1%	31.2% I	25.0%	12.0%	18.8%	18.4%	13.8%	11.8%	40.0% R	10.9%	16.7%	21.4%
Generally satisfied	86	27	11	27	16	5	31	55	22	10	7	19	24	24	19	12	8	38	18	10
	68.8%	58.7%	68.8%	71.1%	94.1% BCD	62.5%	72.1%	68.8%	66.7%	62.5%	58.3%	76.0%	75.0%	63.2%	65.5%	70.6%	53.3%	69.1%	75.0%	71.4%
Not very satisfied	18	9	4	1	1	3	7	11	9	1	2	3	2	7	6	3	1	11	2	1
	14.4%	19.6% D	25.0% D	2.6%	5.9%	37.5% D	16.3%	13.8%	27.3% J	6.2%	16.7%	12.0%	6.2%	18.4%	20.7%	17.6%	6.7%	20.0%	8.3%	7.1%
TOP 2 BOX	107	37	12	37	16	5	36	69	24	15	10	22	30	31	23	14	14	44	22	13
	85.6%	80.4%	75.0%	97.4% BCF	94.1%	62.5%	83.7%	86.2%	72.7%	93.8% I	83.3%	88.0%	93.8%	81.6%	79.3%	82.4%	93.3%	80.0%	91.7%	92.9%
BOTTOM 2 BOX	18	9	4	1	1	3	7	11	9	1	2	3	2	7	6	3	1	11	2	1
	14.4%	19.6% D	25.0% D	2.6%	5.9%	37.5% D	16.3%	13.8%	27.3% J	6.2%	16.7%	12.0%	6.2%	18.4%	20.7%	17.6%	6.7%	20.0%	8.3%	7.1%
CHI-SQUARE		<----------19.89---------->					<-----.79----->		<---------7.44--------->			<----------3.98---------->				<----------10.13---------->				
SIGNIFICANCE				93.1%*			14.8%*			71.8%*				8.7%*				39.5%*		
MEAN	3.0	3.0	2.8	3.2 CEF	2.9 F	2.6	3.0	3.0	2.8	3.2 I	3.1	3.0	3.1	3.0	2.9	2.9	3.3 R	2.9	3.1	3.1
STANDARD DEVIATION	0.56	0.65	0.54	0.49	0.24	0.52	0.53	0.56	0.55	0.58	0.67	0.50	0.49	0.62	0.59	0.56	0.62	0.55	0.50	0.53
STANDARD ERROR	0.05	0.10	0.14	0.08	0.06	0.18	0.08	0.06	0.09	0.14	0.19	0.10	0.09	0.10	0.11	0.13	0.16	0.07	0.10	0.14

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q17. How satisfied are you overall with the **DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA as a source of information about drug safety?** Are you...?

BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84 100.0%	33 100.0%	5 100.0%	30 100.0%	8 100.0%	8 100.0%	22 100.0%	58 100.0%	18 100.0%	9 100.0%	12 100.0%	16 100.0%	24 100.0%	19 100.0%	23 100.0%	10 100.0%	12 100.0%	39 100.0%	17 100.0%	6 100.0%
Very satisfied	18 21.4%	7 21.2%	1 20.0%	9 30.0%	-	1 12.5%	1 4.5%	17 29.3% G	5 27.8%	1 11.1%	3 25.0%	2 12.5%	4 16.7%	4 21.1%	8 34.8%	1 10.0%	5 41.7%	9 23.1%	2 11.8%	1 16.7%
Generally satisfied	53 63.1%	20 60.6%	2 40.0%	20 66.7%	7 87.5%	4 50.0%	18 81.8% H	32 55.2%	8 44.4%	6 66.7%	7 58.3%	11 68.8%	17 70.8%	12 63.2%	11 47.8%	9 90.0% QRT	6 50.0%	25 64.1%	11 64.7%	2 33.3%
Not very satisfied	11 13.1%	5 15.2%	2 40.0%	1 3.3%	1 12.5%	2 25.0%	3 13.6%	8 13.8%	4 22.2%	2 22.2%	2 16.7%	2 12.5%	3 12.5%	3 15.8%	3 13.0%	-	1 8.3%	4 10.3%	4 23.5%	2 33.3%
Not at all satisfied	1 1.2%	-	-	-	-	1 12.5%	-	1 1.7%	-	-	-	1 6.2%	-	-	-	-	-	-	-	1 16.7%
Don't know/No answer	1 1.2%	1 3.0%	-	-	-	-	-	-	1 5.6%	-	-	-	-	-	1 4.3%	-	-	1 2.6%	-	-
TOP 2 BOX	71 84.5%	27 81.8%	3 60.0%	29 96.7% BF	7 87.5%	5 62.5%	19 86.4%	49 84.5%	13 72.2%	7 77.8%	10 83.3%	13 81.2%	21 87.5%	16 84.2%	19 82.6%	10 100.0% RST	11 91.7%	34 87.2%	13 76.5%	3 50.0%
BOTTOM 2 BOX	12 14.3%	5 15.2%	2 40.0%	1 3.3%	1 12.5%	3 37.5% D	3 13.6%	9 15.5%	4 22.2%	2 22.2%	2 16.7%	3 18.8%	3 12.5%	3 15.8%	3 13.0%	-	1 8.3%	4 10.3%	4 23.5%	3 50.0%
CHI-SQUARE		<----------19.72---------->					<-----6.54---->		<---------1.45-------->			<----------8.08---------->				<----------23.85---------->				
SIGNIFICANCE				92.7%*				91.2%*			3.7%*				47.4%*				97.9%*	
MEAN	3.1	3.1	2.8	3.3 F	2.9	2.6	2.9	3.1	3.1	2.9	3.1	2.9	3.0	3.1	3.2	3.1	3.3	3.1 T	2.9	2.5
STANDARD DEVIATION	0.63	0.62	0.84	0.52	0.35	0.92	0.43	0.70	0.75	0.60	0.67	0.72	0.55	0.62	0.69	0.32	0.65	0.58	0.60	1.05
STANDARD ERROR	0.07	0.11	0.37	0.10	0.12	0.32	0.09	0.09	0.18	0.20	0.19	0.18	0.11	0.14	0.15	0.10	0.19	0.09	0.15	0.43

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q17. How satisfied are you overall **with the HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO) as a source of information about drug** safety? Are you...?
BASE: Random selection of **respondents who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	3	-	-	2	1	-	1	2	-	-	-	-	1	-	2	1	1	1	-	-
	33.3%			100.0% E	25.0%		20.0%	50.0%					20.0%		66.7%	100.0% R	50.0%	20.0%		
Generally satisfied	5	2	-	-	3	-	4	1	-	1	1	1	3	-	1	-	1	3	1	-
	55.6%	100.0%			75.0%		80.0%	25.0%		100.0%	100.0%	100.0% O	60.0%		33.3%		50.0%	60.0%	100.0%	
Not very satisfied	1	-	-	-	-	1	-	1	1	-	-	-	1	-	-	-	-	1	-	-
	11.1%					100.0%		25.0%	100.0%				20.0%					20.0%		
TOP 2 BOX	8	2	-	2	4	-	5	3	-	1	1	1	4	-	3	1	2	4	1	-
	88.9%	100.0%		100.0%	100.0%		100.0%	75.0%		100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	100.0%	80.0%	100.0%	
BOTTOM 2 BOX	1	-	-	-	-	1	-	1	1	-	-	-	1	-	-	-	-	1	-	-
	11.1%					100.0%		25.0%	100.0%				20.0%					20.0%		
CHI-SQUARE		<----------14.4---------->					<-----3.06---->		<----------3---------->			<----------3.04---------->				<----------3.84---------->				
SIGNIFICANCE				72.4%*			61.8%*			19.1%*			3.7%*					1.4%*		
MEAN	3.2	3.0		4.0	3.2	2.0	3.2	3.2	2.0	3.0	3.0	3.0	3.0		3.7	4.0	3.5	3.0	3.0	
STANDARD DEVIATION	0.67	0.0		0.0	0.50	0.0	0.45	0.96	0.0	0.0	0.0	0.0	0.71		0.58	0.0	0.71	0.71	0.0	
STANDARD ERROR	0.22	0.0		0.0	0.25	0.0	0.20	0.48	0.0	0.0	0.0	0.0	0.32		0.33	0.0	0.50	0.32	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q17. How satisfied are you overall with the **DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE** as a source of information about drug safety? Are you...?

BASE: Random selection of respondents who used **"Drug Safety Advisories and Warnings posted on Health Canada's website"** and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65 100.0%	4 100.0%	2 100.0%	13 100.0%	18 100.0%	28 100.0%	22 100.0%	40 100.0%	8 100.0%	-	1 100.0%	30 100.0%	15 100.0%	7 100.0%	10 100.0%	4 100.0%	4 100.0%	37 100.0%	7 100.0%	13 100.0%
Very satisfied	9 13.8%	1 25.0%	1 50.0%	2 15.4%	3 16.7%	2 7.1%	3 13.6%	6 15.0%	2 25.0%	-	-	2 6.7%	3 20.0%	1 14.3%	2 20.0%	2 50.0%	1 25.0%	5 13.5%	1 14.3%	-
Generally satisfied	44 67.7%	3 75.0%	1 50.0%	10 76.9%	13 72.2%	17 60.7%	17 77.3%	25 62.5%	5 62.5%	-	1 100.0% I	23 76.7% M	7 46.7%	6 85.7% M	7 70.0%	1 25.0%	3 75.0%	25 67.6%	6 85.7% P	9 69.2%
Not very satisfied	9 13.8%	-	-	-	1 5.6%	8 28.6% E	1 4.5%	7 17.5%	1 12.5%	-	-	5 16.7%	3 20.0%	-	-	1 25.0%	-	4 10.8%	-	4 30.8%
Not at all satisfied	1 1.5%	-	-	-	-	1 3.6%	-	1 2.5%	-	-	-	-	1 6.7%	-	-	-	-	1 2.7%	-	-
Don't know/No answer	2 3.1%	-	-	1 7.7%	1 5.6%	-	1 4.5%	1 2.5%	-	-	-	-	1 6.7%	-	1 10.0%	-	-	2 5.4%	-	-
TOP 2 BOX	53 81.5%	4 100.0% F	2 100.0% F	12 92.3% F	16 88.9%	19 67.9%	20 90.9%	31 77.5%	7 87.5%	-	1 100.0%	25 83.3%	10 66.7%	7 100.0% LM	9 90.0%	3 75.0%	4 100.0% RT	30 81.1%	7 100.0% RT	9 69.2%
BOTTOM 2 BOX	10 15.4%	-	-	-	1 5.6%	9 32.1% E	1 4.5%	8 20.0% G	1 12.5%	-	-	5 16.7%	4 26.7%	-	-	1 25.0%	-	5 13.5%	-	4 30.8%
CHI-SQUARE		<----------12.83---------->					<-----2.88---->		<----------.56--------->			<----------9.84---------->				<----------12.55---------->				
SIGNIFICANCE				61.9%*			59.0%*			.3%*				63.7%*					59.7%*		
MEAN	3.0	3.2	3.5	3.2 F	3.1 F	2.7	3.1	2.9	3.1		3.0	2.9	2.9	3.1	3.2	3.2	3.2	3.0	3.1 T	2.7
STANDARD DEVIATION	0.59	0.50	0.71	0.39	0.49	0.66	0.44	0.66	0.64		0.0	0.48	0.86	0.38	0.44	0.96	0.50	0.62	0.38	0.48
STANDARD ERROR	0.07	0.25	0.50	0.11	0.12	0.12	0.10	0.11	0.23		0.0	0.09	0.23	0.14	0.15	0.48	0.25	0.10	0.14	0.13

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q17. How satisfied are you overall with **THE ADVERSE REACTION REGIONAL CENTRES as a source of information about drug safety?**
BASE: Random selection of respondents **who used " The Adverse Reaction Regional Centres" and gave a valid response at Q14**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	2	2	-	-	-	-	2	-	-	1	1	-	1	1	-	1	1	-	-	-
	16.7%	40.0%					28.6%			50.0%	50.0%		25.0%	25.0%		50.0%	50.0%			
Generally satisfied	9	3	2	1	2	1	4	5	3	1	1	1	2	3	3	1	1	4	2	1
	75.0%	60.0%	100.0%	100.0%	66.7%	100.0%	57.1%	100.0% G	100.0%	50.0%	50.0%	100.0% M	50.0%	75.0%	100.0% M	50.0%	50.0%	80.0%	100.0%	100.0%
Not very satisfied	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	8.3%				33.3%		14.3%						25.0%					20.0%		
TOP 2 BOX	11	5	2	1	2	1	6	5	3	2	2	1	3	4	3	2	2	4	2	1
	91.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%
BOTTOM 2 BOX	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	8.3%				33.3%		14.3%						25.0%					20.0%		
CHI-SQUARE		<----------6.31---------->					<-----2.86---->		<---------2.1--------->			<----------3.67---------->				<----------6---------->				
SIGNIFICANCE				10.0%*			58.6%*			9.0%*			6.8%*					8.4%*		
MEAN	3.1	3.4	3.0	3.0	2.7	3.0	3.1	3.0	3.0	3.5	3.5	3.0	3.0	3.2	3.0	3.5	3.5	2.8	3.0	3.0
STANDARD DEVIATION	0.51	0.55	0.0	0.0	0.58	0.0	0.69	0.0	0.0	0.71	0.71	0.0	0.82	0.50	0.0	0.71	0.71	0.45	0.0	0.0
STANDARD ERROR	0.15	0.24	0.0	0.0	0.33	0.0	0.26	0.0	0.0	0.50	0.50	0.0	0.41	0.25	0.0	0.50	0.50	0.20	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independant Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q18A. In what way are you satisfied?
BASE: Those who said they are satisfied at Q17

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	337 100.0%	109 100.0%	19 100.0%	128 100.0%	49 100.0%	32 100.0%	101 100.0%	227 100.0%	62 100.0%	34 100.0%	34 100.0%	76 100.0%	85 100.0%	92 100.0%	79 100.0%	45 100.0%	51 100.0%	152 100.0%	58 100.0%	31 100.0%
Good source of information/Relevant	172 51.0%	49 45.0%	10 52.6%	66 51.6%	29 59.2%	18 56.2%	54 53.5%	111 48.9%	28 45.2%	17 50.0%	13 38.2%	41 53.9%	45 52.9%	48 52.2%	36 45.6%	24 53.3%	29 56.9%	76 50.0%	25 43.1%	18 58.1%
Current information/ Timely/Up to date	123 36.5%	45 41.3% F	5 26.3%	54 42.2% EF	13 26.5%	6 18.8%	38 37.6%	83 36.6%	23 37.1%	16 47.1%	10 29.4%	27 35.5%	31 36.5%	36 39.1%	27 34.2%	15 33.3%	22 43.1%	50 32.9%	25 43.1%	11 35.5%
Able to get information/ answers I wanted	90 26.7%	35 32.1%	3 15.8%	31 24.2%	13 26.5%	8 25.0%	28 27.7%	60 26.4%	14 22.6%	11 32.4%	14 41.2%	18 23.7%	21 24.7%	25 27.2%	25 31.6%	16 35.6%	13 25.5%	38 25.0%	16 27.6%	7 22.6%
Confidence in source/ Trust Health Canada	37 11.0%	13 11.9%	1 5.3%	16 12.5%	4 8.2%	3 9.4%	11 10.9%	25 11.0%	7 11.3%	3 8.8%	5 14.7%	6 7.9%	8 9.4%	8 8.7%	14 17.7%	4 8.9%	6 11.8%	21 13.8% S	3 5.2%	3 9.7%
Easy to use	34 10.1%	6 5.5%	1 5.3%	14 10.9%	11 22.4% BCF	2 6.2%	13 12.9%	21 9.3%	4 6.5%	2 5.9%	2 5.9%	11 14.5%	5 5.9%	13 14.1%	5 6.3%	7 15.6%	5 9.8%	11 7.2%	5 8.6%	6 19.4%
Concise	20 5.9%	8 7.3%	-	11 8.6% E	1 2.0%	-	5 5.0%	14 6.2%	2 3.2%	3 8.8%	3 8.8%	4 5.3%	6 7.1%	7 7.6%	3 3.8%	2 4.4%	6 11.8%	6 3.9%	5 8.6%	1 3.2%
Provides information critical to patient safety	15 4.5%	4 3.7%	1 5.3%	6 4.7%	1 2.0%	3 9.4%	1 1.0%	13 5.7% G	4 6.5%	2 5.9%	-	1 1.3%	2 2.4%	5 5.4%	6 7.6%	1 2.2%	4 7.8%	10 6.6%	-	-
Like the method of sending the information	8 2.4%	1 0.9%	-	6 4.7%	-	1 3.1%	1 1.0%	7 3.1%	-	1 2.9%	-	3 3.9%	1 1.2%	4 4.3%	-	-	-	5 3.3%	1 1.7%	2 6.5%
It provides suggestions/ options	6 1.8%	-	2 10.5%	3 2.3%	1 2.0%	-	1 1.0%	5 2.2%	1 1.6%	1 2.9%	-	3 3.9%	-	3 3.3%	-	-	1 2.0%	4 2.6%	-	1 3.2%
The information may be biased	6 1.8%	1 0.9%	1 5.3%	2 1.6%	1 2.0%	1 3.1%	2 2.0%	3 1.3%	1 1.6%	1 2.9%	-	-	3 3.5%	3 3.3%	-	-	2 3.9%	4 2.6%	-	-
The information can be a little behind the times/ late	5 1.5%	1 0.9%	-	4 3.1%	-	-	-	4 1.8%	-	-	1 2.9%	2 2.6%	1 1.2%	1 1.1%	1 1.3%	2 4.4%	1 2.0%	2 1.3%	-	-
Satisfied	4 1.2%	-	-	3 2.3%	-	1 3.1%	-	4 1.8%	1 1.6%	-	-	1 1.3%	2 2.4%	-	1 1.3%	1 2.2%	-	1 0.7%	1 1.7%	1 3.2%
It is too long	3 0.9%	1 0.9%	-	-	2 4.1%	-	2 2.0%	1 0.4%	-	-	1 2.9%	-	-	1 1.1%	2 2.5%	1 2.2%	-	1 0.7%	1 1.7%	-
Other	13 3.9%	4 3.7%	2 10.5%	3 2.3%	-	4 12.5%	4 4.0%	9 4.0%	4 6.5%	2 5.9%	1 2.9%	7 9.2%	2 2.4%	2 2.2%	2 2.5%	-	4 7.8%	8 5.3%	-	1 3.2%
Don't know/No answer	11 3.3%	4 3.7%	1 5.3%	2 1.6%	2 4.1%	2 6.2%	5 5.0%	5 2.2%	4 6.5%	-	2 5.9%	1 1.3%	4 4.7%	2 2.2%	3 3.8%	1 2.2%	1 2.0%	7 4.6%	1 1.7%	1 3.2%
CHI-SQUARE		<----------80.687---------->					<----14.097--->		<--------22.104-------->			<----------48.928---------->				<----------52.862---------->				
SIGNIFICANCE		92.2%*					40.9%*		9.5%*			56.4%*				16.2%*				

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Q18A. In what way are you satisfied?
BASE: Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and said satisfied at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	87 100.0%	34 100.0%	-	47 100.0%	4 100.0%	2 100.0%	15 100.0%	70 100.0%	15 100.0%	9 100.0%	10 100.0%	14 100.0%	17 100.0%	34 100.0%	22 100.0%	15 100.0%	18 100.0%	36 100.0%	13 100.0%	5 100.0%
Good source of information/Relevant	43 49.4%	16 47.1%	-	24 51.1%	2 50.0%	1 50.0%	8 53.3%	34 48.6%	7 46.7%	6 66.7%	3 30.0%	11 78.6% MO	6 35.3%	18 52.9%	8 36.4%	8 53.3%	11 61.1%	16 44.4%	6 46.2%	2 40.0%
Current information/ Timely/Up to date	35 40.2%	14 41.2%	-	18 38.3%	3 75.0%	-	8 53.3%	26 37.1%	8 53.3%	3 33.3%	3 30.0%	3 21.4%	9 52.9%	16 47.1%	7 31.8%	4 26.7%	10 55.6%	12 33.3%	6 46.2%	3 60.0%
Able to get information/ answers I wanted	26 29.9%	10 29.4%	-	14 29.8%	2 50.0%	-	6 40.0%	19 27.1%	1 6.7%	4 44.4% I	5 50.0% I	6 42.9% M	2 11.8%	10 29.4%	8 36.4%	7 46.7%	5 27.8%	9 25.0%	4 30.8%	1 20.0%
Confidence in source/ Trust Health Canada	12 13.8%	3 8.8%	-	9 19.1%	-	-	-	12 17.1%	1 6.7%	1 11.1%	1 10.0%	-	3 17.6%	5 14.7%	4 18.2%	1 6.7%	2 11.1%	7 19.4%	1 7.7%	1 20.0%
Easy to use	10 11.5%	2 5.9%	-	6 12.8%	2 50.0%	-	3 20.0%	7 10.0%	1 6.7%	-	1 10.0%	1 7.1%	3 17.6%	5 14.7%	1 4.5%	3 20.0%	2 11.1%	3 8.3%	-	2 40.0%
Concise	8 9.2%	2 5.9%	-	6 12.8%	-	-	-	7 10.0%	1 6.7%	1 11.1%	-	2 14.3%	1 5.9%	5 14.7%	-	2 13.3%	3 16.7%	1 2.8%	1 7.7%	1 20.0%
Provides information critical to patient safety	7 8.0%	4 11.8%	-	2 4.3%	-	1 50.0%	-	7 10.0%	2 13.3%	2 22.2%	-	1 7.1%	-	2 5.9%	4 18.2%	1 6.7%	-	6 16.7%	-	-
The information can be a little behind the times/ late	4 4.6%	1 2.9%	-	3 6.4%	-	-	-	3 4.3%	-	-	1 10.0%	2 14.3%	1 5.9%	-	1 4.5%	2 13.3%	1 5.6%	1 2.8%	-	-
It provides suggestions/ options	1 1.1%	-	-	1 2.1%	-	-	-	1 1.4%	-	-	-	-	-	1 2.9%	-	-	-	1 2.8%	-	-
It is too long	1 1.1%	1 2.9%	-	-	-	-	-	1 1.4%	-	-	1 10.0%	-	-	1 2.9%	-	1 6.7%	-	-	-	-
Satisfied	1 1.1%	-	-	1 2.1%	-	-	-	1 1.4%	-	-	-	-	1 5.9%	-	-	1 6.7%	-	-	-	-
Other	3 3.4%	2 5.9%	-	1 2.1%	-	-	-	3 4.3%	1 6.7%	1 11.1%	-	-	1 5.9%	1 2.9%	1 4.5%	-	3 16.7%	-	-	-
Don't know/No answer	1 1.1%	-	-	1 2.1%	-	-	-	1 1.4%	-	-	-	-	1 5.9%	-	-	-	-	1 2.8%	-	-
CHI-SQUARE		<----------26.953---------->					<----10.588--->		<--------16.251------->			<----------38.6---------->				<----------45.435---------->				
SIGNIFICANCE		.0%*					16.6%*		.9%*			16.8%*				3.8%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q18A. In what way are you satisfied?
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by drug manufacturers" and said satisfied at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	107	37	12	37	16	5	36	69	24	15	10	22	30	31	23	14	14	44	22	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Good source of information/Relevant	54	16	8	16	11	3	19	33	9	10	4	9	18	17	9	6	9	21	10	8
	50.5%	43.2%	66.7%	43.2%	68.8%	60.0%	52.8%	47.8%	37.5%	66.7%	40.0%	40.9%	60.0%	54.8%	39.1%	42.9%	64.3%	47.7%	45.5%	61.5%
Current information/ Timely/Up to date	37	12	4	18	2	1	12	24	8	5	2	10	9	11	6	7	3	14	9	4
	34.6%	32.4%	33.3%	48.6% E	12.5%	20.0%	33.3%	34.8%	33.3%	33.3%	20.0%	45.5%	30.0%	35.5%	26.1%	50.0%	21.4%	31.8%	40.9%	30.8%
Able to get information/ answers I wanted	29	14	2	8	3	2	9	20	9	4	4	5	9	8	7	5	3	11	5	5
	27.1%	37.8%	16.7%	21.6%	18.8%	40.0%	25.0%	29.0%	37.5%	26.7%	40.0%	22.7%	30.0%	25.8%	30.4%	35.7%	21.4%	25.0%	22.7%	38.5%
Confidence in source/ Trust Health Canada	11	4	1	5	1	-	4	7	3	-	2	1	3	2	5	2	2	6	1	-
	10.3%	10.8%	8.3%	13.5%	6.2%		11.1%	10.1%	12.5%		20.0%	4.5%	10.0%	6.5%	21.7%	14.3%	14.3%	13.6%	4.5%	
Easy to use	9	3	-	2	2	2	3	6	2	1	1	4	1	3	1	2	1	3	3	-
	8.4%	8.1%		5.4%	12.5%	40.0%	8.3%	8.7%	8.3%	6.7%	10.0%	18.2%	3.3%	9.7%	4.3%	14.3%	7.1%	6.8%	13.6%	
Concise	5	4	-	1	-	-	4	1	1	2	1	1	1	1	2	-	1	1	3	-
	4.7%	10.8%		2.7%			11.1%	1.4%	4.2%	13.3%	10.0%	4.5%	3.3%	3.2%	8.7%		7.1%	2.3%	13.6%	
It provides suggestions/ options	5	-	2	2	1	-	1	4	1	1	-	3	-	2	-	-	1	3	-	1
	4.7%		16.7%	5.4%	6.2%		2.8%	5.8%	4.2%	6.7%		13.6%		6.5%			7.1%	6.8%		7.7%
The information may be biased	5	1	1	2	1	-	2	3	1	1	-	-	2	3	-	-	2	3	-	-
	4.7%	2.7%	8.3%	5.4%	6.2%		5.6%	4.3%	4.2%	6.7%			6.7%	9.7%			14.3%	6.8%		
Like the method of sending the information	4	-	-	4	-	-	-	4	-	-	-	1	1	2	-	-	-	3	-	1
	3.7%			10.8%				5.8%				4.5%	3.3%	6.5%				6.8%		7.7%
Provides information critical to patient safety	3	-	-	2	-	1	-	3	1	-	-	-	1	-	2	-	1	2	-	-
	2.8%			5.4%		20.0%		4.3%	4.2%				3.3%		8.7%		7.1%	4.5%		
It is too long	1	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	1	-	-
	0.9%				6.2%		2.8%								4.3%			2.3%		
Satisfied	1	-	-	1	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-	1
	0.9%			2.7%				1.4%							4.3%					7.7%
The information can be a little behind the times/ late	1	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-	-	1	-	-
	0.9%			2.7%				1.4%						3.2%				2.3%		
Other	5	2	1	2	-	-	1	4	1	1	1	3	-	1	1	-	1	4	-	-
	4.7%	5.4%	8.3%	5.4%			2.8%	5.8%	4.2%	6.7%	10.0%	13.6%		3.2%	4.3%		7.1%	9.1%		
Don't know/No answer	2	1	-	-	-	1	1	1	1	-	1	-	1	-	1	-	-	-	1	1
	1.9%	2.7%				20.0%	2.8%	1.4%	4.2%		10.0%		3.3%		4.3%				4.5%	7.7%
CHI-SQUARE		<----------63.418---------->					<----12.818--->		<--------10.307------->			<----------45.25---------->				<----------49.297---------->				
SIGNIFICANCE				50.3%*			31.4%*			.0%*				41.4%*				8.8%*		

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Q18A. In what way are you satisfied?
BASE: Random selection of respondents who used **"Dear Health Care Professional letters issued by Health Canada"** and said satisfied at Q17

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	71 100.0%	27 100.0%	3 100.0%	29 100.0%	7 100.0%	5 100.0%	19 100.0%	49 100.0%	13 100.0%	7 100.0%	10 100.0%	13 100.0%	21 100.0%	16 100.0%	19 100.0%	10 100.0%	11 100.0%	34 100.0%	13 100.0%	3 100.0%
Good source of information/Relevant	39 54.9%	12 44.4%	1 33.3%	18 62.1%	5 71.4%	3 60.0%	12 63.2%	24 49.0%	8 61.5% J	1 14.3%	4 40.0%	7 53.8%	13 61.9%	8 50.0%	10 52.6%	8 80.0% S	6 54.5%	18 52.9%	5 38.5%	2 66.7%
Current information/ Timely/Up to date	25 35.2%	12 44.4%	-	11 37.9%	1 14.3%	1 20.0%	5 26.3%	20 40.8%	5 38.5%	5 71.4% K	2 20.0%	5 38.5%	7 33.3%	7 43.8%	5 26.3%	-	4 36.4%	15 44.1%	6 46.2%	-
Able to get information/ answers I wanted	17 23.9%	7 25.9%	-	6 20.7%	2 28.6%	2 40.0%	5 26.3%	11 22.4%	2 15.4%	2 28.6%	3 30.0%	2 15.4%	5 23.8%	3 18.8%	7 36.8%	1 10.0%	4 36.4%	9 26.5%	3 23.1%	-
Confidence in source/ Trust Health Canada	7 9.9%	5 18.5%	-	1 3.4%	-	1 20.0%	3 15.8%	3 6.1%	2 15.4%	1 14.3%	2 20.0%	2 15.4%	-	1 6.2%	3 15.8%	1 10.0%	1 9.1%	4 11.8%	-	1 33.3%
Easy to use	6 8.5%	1 3.7%	1 33.3%	3 10.3%	1 14.3%	-	1 5.3%	5 10.2%	1 7.7%	1 14.3%	-	1 7.7%	1 4.8%	3 18.8%	1 5.3%	1 10.0%	2 18.2%	2 5.9%	1 7.7%	-
Concise	5 7.0%	2 7.4%	-	3 10.3%	-	-	-	5 10.2%	-	-	2 20.0%	-	3 14.3%	1 6.2%	1 5.3%	-	2 18.2%	2 5.9%	1 7.7%	-
Provides information critical to patient safety	4 5.6%	-	-	2 6.9%	1 14.3%	1 20.0%	1 5.3%	2 4.1%	-	-	-	-	1 4.8%	2 12.5%	-	-	2 18.2%	2 5.9%	-	-
Like the method of sending the information	2 2.8%	1 3.7%	-	1 3.4%	-	-	-	2 4.1%	-	1 14.3%	-	-	-	2 12.5%	-	-	-	1 2.9%	-	1 33.3%
Satisfied	1 1.4%	-	-	1 3.4%	-	-	-	1 2.0%	-	-	-	-	1 4.8%	-	-	-	-	-	1 7.7%	-
The information may be biased	1 1.4%	-	-	-	-	1 20.0%	-	-	-	-	-	-	1 4.8%	-	-	-	-	1 2.9%	-	-
Other	1 1.4%	-	1 33.3%	-	-	-	1 5.3%	-	1 7.7%	-	-	1 7.7%	-	-	-	-	-	1 2.9%	-	-
Don't know/No answer	3 4.2%	2 7.4%	-	1 3.4%	-	-	1 5.3%	2 4.1%	1 7.7%	-	1 10.0%	1 7.7%	-	1 6.2%	1 5.3%	1 10.0%	1 9.1%	1 2.9%	-	-
CHI-SQUARE		<----------71.644---------->					<----8.997---->		<--------16.247-------->			<----------31.513---------->				<----------43.593---------->				
SIGNIFICANCE		76.1%*					8.6%*		.9%*			3.2%*				2.4%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q18A. In what way are you satisfied?
BASE: Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and said satisfied at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	8 100.0%	2 100.0%	-	2 100.0%	4 100.0%	-	5 100.0%	3 100.0%	-	1 100.0%	1 100.0%	1 100.0%	4 100.0%	-	3 100.0%	1 100.0%	2 100.0%	4 100.0%	1 100.0%	-
Current information/ *Timely/Up to date*	6 75.0%	2 100.0% E	-	2 100.0% E	2 50.0%	-	3 60.0%	3 100.0%	-	1 100.0%	1 100.0%	1 100.0%	3 75.0%	-	2 66.7%	1 100.0%	2 100.0%	3 75.0%	-	-
Good source of information/Relevant	4 50.0%	1 50.0%	-	1 50.0%	2 50.0%	-	2 40.0%	2 66.7%	-	-	1 100.0%	1 100.0% M	1 25.0%	-	2 66.7%	-	-	3 75.0%	1 100.0%	-
Able to get information/ answers I wanted	1 12.5%	-	-	-	1 25.0%	-	1 20.0%	-	-	-	-	-	-	-	1 33.3%	1 100.0%	-	-	-	-
Confidence in source/ Trust Health Canada	1 12.5%	1 50.0%	-	-	-	-	1 20.0%	-	-	1 100.0%	-	-	1 25.0%	-	-	-	1 50.0%	-	-	-
Concise	1 12.5%	-	-	-	1 25.0%	-	1 20.0%	-	-	-	-	-	1 25.0%	-	-	-	-	1 25.0%	-	-
It is too long	1 12.5%	-	-	-	1 25.0%	-	1 20.0%	-	-	-	-	-	-	-	1 33.3%	-	-	-	1 100.0%	-
Don't know/No answer	1 12.5%	-	-	-	1 25.0%	-	1 20.0%	-	-	-	-	-	1 25.0%	-	-	-	-	1 25.0%	-	-
CHI-SQUARE		<----------7.396---------->					<-----3.75---->		<----------2---------->			<----------7.47---------->				<----------22.24---------->				
SIGNIFICANCE		.0%*					.1%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q18A. In what way are you satisfied?
BASE: Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said satisfied at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	53 100.0%	4 100.0%	2 100.0%	12 100.0%	16 100.0%	19 100.0%	20 100.0%	31 100.0%	7 100.0%	-	1 100.0%	25 100.0%	10 100.0%	7 100.0%	9 100.0%	3 100.0%	4 100.0%	30 100.0%	7 100.0%	9 100.0%
Good source of information/Relevant	26 49.1%	1 25.0%	1 50.0%	6 50.0%	8 50.0%	10 52.6%	10 50.0%	15 48.4%	2 28.6%	-	-	12 48.0%	6 60.0%	3 42.9%	5 55.6%	1 33.3%	3 75.0% S	16 53.3% S	1 14.3%	5 55.6%
Able to get information/ answers I wanted	15 28.3%	2 50.0%	1 50.0%	3 25.0%	5 31.2%	4 21.1%	5 25.0%	10 32.3%	2 28.6%	-	1 100.0% I	5 20.0%	4 40.0%	3 42.9%	2 22.2%	1 33.3%	-	9 30.0%	4 57.1% T	1 11.1%
Current information/ Timely/Up to date	14 26.4%	3 75.0% EF	-	5 41.7%	3 18.8%	3 15.8%	6 30.0%	8 25.8%	2 28.6%	-	1 100.0% I	8 32.0%	1 10.0%	-	5 55.6% M	1 33.3%	2 50.0%	4 13.3%	3 42.9%	4 44.4%
Easy to use	7 13.2%	-	-	2 16.7%	5 31.2%	-	5 25.0%	2 6.5%	-	-	-	4 16.0%	-	2 28.6%	1 11.1%	-	-	3 10.0%	1 14.3%	3 33.3%
Confidence in source/ Trust Health Canada	6 11.3%	-	-	1 8.3%	3 18.8%	2 10.5%	3 15.0%	3 9.7%	1 14.3%	-	-	3 12.0%	1 10.0%	-	2 22.2%	-	-	4 13.3%	1 14.3%	1 11.1%
Like the method of sending the information	2 3.8%	-	-	1 8.3%	-	1 5.3%	1 5.0%	1 3.2%	-	-	-	2 8.0%	-	-	-	-	-	1 3.3%	1 14.3%	-
Concise	1 1.9%	-	-	1 8.3%	-	-	-	1 3.2%	-	-	-	1 4.0%	-	-	-	-	-	1 3.3%	-	-
Satisfied	1 1.9%	-	-	-	-	1 5.3%	-	1 3.2%	1 14.3%	-	-	1 4.0%	-	-	-	-	-	1 3.3%	-	-
Other	4 7.5%	-	-	-	-	4 21.1%	2 10.0%	2 6.5%	1 14.3%	-	-	3 12.0%	1 10.0%	-	-	-	-	3 10.0%	-	1 11.1%
Don't know/No answer	4 7.5%	1 25.0%	1 50.0%	-	1 6.2%	1 5.3%	2 10.0%	1 3.2%	2 28.6%	-	-	-	1 10.0%	1 14.3%	1 11.1%	-	-	4 13.3%	-	-
CHI-SQUARE		<----------37.594---------->					<----5.378---->		<--------2.758-------->			<----------21.291---------->				<----------24.67---------->				
SIGNIFICANCE		.3%*					.6%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q18A. In what way are you satisfied?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and said satisfied at Q17

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	11 100.0%	5 100.0%	2 100.0%	1 100.0%	2 100.0%	1 100.0%	6 100.0%	5 100.0%	3 100.0%	2 100.0%	2 100.0%	1 100.0%	3 100.0%	4 100.0%	3 100.0%	2 100.0%	2 100.0%	4 100.0%	2 100.0%	1 100.0%
Good source of information/Relevant	6 54.5%	3 60.0%	-	1 100.0%	1 50.0%	1 100.0%	3 50.0%	3 60.0%	2 66.7%	-	1 50.0%	1 100.0% MN	1 33.3%	2 50.0%	2 66.7%	1 50.0%	-	2 50.0%	2 100.0% R	1 100.0% R
Current information/ Timely/Up to date	6 54.5%	2 40.0%	1 50.0%	-	2 100.0% B	1 100.0% B	4 66.7%	2 40.0%	-	2 100.0%	1 50.0%	-	2 66.7%	2 50.0%	2 66.7%	2 100.0% R	1 50.0%	2 50.0%	1 50.0%	-
Able to get information/ answers I wanted	2 18.2%	2 40.0%	-	-	-	-	2 33.3%	-	-	1 50.0%	1 50.0%	-	1 33.3%	1 25.0%	-	1 50.0%	1 50.0%	-	-	-
Easy to use	2 18.2%	-	-	1 100.0%	1 50.0%	-	1 16.7%	1 20.0%	-	-	-	1 100.0% O	-	-	1 33.3%	1 50.0%	-	-	-	1 100.0%
Provides information critical to patient safety	1 9.1%	-	1 50.0%	-	-	-	-	1 20.0%	1 33.3%	-	-	-	-	1 25.0%	-	-	1 50.0%	-	-	-
CHI-SQUARE		<----------17.202---------->					<----3.238---->		<----------7---------->			<----------8.594---------->				<----------14.733---------->				
SIGNIFICANCE		.0%*					.0%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q18B. In what way are you dissatisfied?
BASE: Those who said they were dissatisfied/depends at Q17

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	50 100.0%	17 100.0%	6 100.0%	5 100.0%	5 100.0%	17 100.0%	14 100.0%	35 100.0%	16 100.0%	3 100.0%	6 100.0%	13 100.0%	14 100.0%	13 100.0%	9 100.0%	4 100.0%	2 100.0%	29 100.0%	6 100.0%	9 100.0%
Do not have confidence in source/Lack trust in Health Canada	10 20.0%	2 11.8%	1 16.7%	-	1 20.0%	6 35.3%	2 14.3%	8 22.9%	6 37.5%	-	-	6 46.2%	-	-	4 44.4%	1 25.0%	-	6 20.7%	-	3 33.3%
Information not current	8 16.0%	6 35.3%	-	-	-	2 11.8%	4 28.6%	4 11.4%	2 12.5%	-	3 50.0%	2 15.4%	2 14.3%	1 7.7%	3 33.3%	1 25.0%	-	4 13.8%	3 50.0%	-
It is not comprehensive enough	6 12.0%	4 23.5%	-	-	-	2 11.8%	2 14.3%	4 11.4%	2 12.5%	3 100.0% I	-	-	2 14.3%	2 15.4%	2 22.2%	-	2 100.0% RT	3 10.3%	-	1 11.1%
Health professionals need to be made more aware of it	6 12.0%	2 11.8%	2 33.3%	-	1 20.0%	1 5.9%	-	6 17.1%	1 6.2%	1 33.3%	1 16.7%	1 7.7%	2 14.3%	3 23.1%	-	-	1 50.0%	3 10.3%	1 16.7%	1 11.1%
It is too product oriented	5 10.0%	2 11.8%	1 16.7%	1 20.0%	-	1 5.9%	1 7.1%	4 11.4%	3 18.8%	-	-	2 15.4%	1 7.1%	1 7.7%	1 11.1%	-	-	4 13.8%	1 16.7%	-
The drugs/side effects are selectively given	5 10.0%	3 17.6%	-	1 20.0%	-	1 5.9%	2 14.3%	3 8.6%	2 12.5%	1 33.3%	-	2 15.4%	-	2 15.4%	1 11.1%	-	1 50.0%	2 6.9%	1 16.7%	1 11.1%
Hard to find what I want	5 10.0%	1 5.9%	-	1 20.0%	1 20.0%	2 11.8%	2 14.3%	3 8.6%	-	-	1 16.7%	-	4 28.6%	-	1 11.1%	-	-	2 6.9%	1 16.7%	2 22.2%
Could not find information/answers to questions	4 8.0%	1 5.9%	-	2 40.0%	-	1 5.9%	-	4 11.4%	-	-	1 16.7%	2 15.4%	1 7.1%	1 7.7%	-	1 25.0%	-	3 10.3%	-	-
I don't receive a lot of them	4 8.0%	1 5.9%	-	1 20.0%	1 20.0%	1 5.9%	-	4 11.4%	-	1 33.3%	-	1 7.7%	1 7.1%	2 15.4%	-	-	1 50.0%	1 3.4%	-	2 22.2%
Not a good source of information	4 8.0%	3 17.6%	1 16.7%	-	-	-	2 14.3%	2 5.7%	2 12.5%	-	2 33.3%	-	1 7.1%	2 15.4%	1 11.1%	-	-	2 6.9%	2 33.3%	-
Don't trust the manufacturers	3 6.0%	1 5.9%	1 16.7%	-	-	1 5.9%	1 7.1%	2 5.7%	2 12.5%	-	-	1 7.7%	1 7.1%	1 7.7%	-	1 25.0%	-	1 3.4%	1 16.7%	-
It is not brief enough	3 6.0%	2 11.8%	-	-	-	1 5.9%	1 7.1%	2 5.7%	1 6.2%	-	2 33.3%	-	-	2 15.4%	1 11.1%	-	-	2 6.9%	1 16.7%	-
The information is not relevant to me	2 4.0%	1 5.9%	-	-	-	1 5.9%	1 7.1%	1 2.9%	1 6.2%	-	-	-	1 7.1%	1 7.7%	-	-	-	1 3.4%	-	1 11.1%
Site not easy to use	1 2.0%	-	-	-	1 20.0%	-	1 7.1%	-	-	-	-	-	1 7.1%	-	-	-	-	-	-	1 11.1%
Other	4 8.0%	1 5.9%	-	-	2 40.0%	1 5.9%	2 14.3%	1 2.9%	-	-	1 16.7%	-	2 14.3%	1 7.7%	-	-	-	3 10.3%	-	1 11.1%
Don' t know/No answer	2 4.0%	1 5.9%	1 16.7%	-	-	-	1 7.1%	1 2.9%	2 12.5%	-	-	-	-	1 7.7%	1 11.1%	1 25.0%	-	1 3.4%	-	-
CHI-SQUARE	<----------65.616---------->						<----14.261--->		<--------42.294------->			<----------48.651---------->				<----------57.548---------->				
SIGNIFICANCE				31.1%*				28.8%*			78.2%*				32.0%*				10.8%*	

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Q18B. In what way are you dissatisfied?
BASE: Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and said dissatisfied/depends at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	8	3	-	3	1	1	2	6	1	-	2	2	3	3	-	-	-	7	-	1
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%				100.0%		100.0%
Could not find information/answers to questions	2	1	-	1	-	-	-	2	-	-	1	1	1	-	-	-	-	2	-	-
	25.0%	33.3%		33.3%				33.3%			50.0%	50.0%	33.3%					28.6%		
Information not current	2	2	-	-	-	-	1	1	1	-	1	-	1	1	-	-	-	2	-	-
	25.0%	66.7%					50.0%	16.7%	100.0%		50.0%		33.3%	33.3%				28.6%		
Health professionals need to be made more aware of it	2	1	-	-	-	1	-	2	-	-	1	-	1	1	-	-	-	2	-	-
	25.0%	33.3%				100.0% B		33.3%			50.0%		33.3%	33.3%				28.6%		
It is too product oriented	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	12.5%			33.3%				16.7%				50.0%						14.3%		
The drugs/side effects are selectively given	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	12.5%			33.3%				16.7%				50.0%						14.3%		
Hard to find what I want	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	12.5%			33.3%				16.7%					33.3%					14.3%		
Other	1	-	-	-	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-	1
	12.5%				100.0%		50.0%							33.3%						100.0%
CHI-SQUARE		<----------21.25---------->					<----6.875---->		<--------1.333-------->			<----------11.25---------->				<----------10---------->				
SIGNIFICANCE		.0%*					.9%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q18B. In what way are you dissatisfied?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and said dissatisfied/depends at Q17

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	18 100.0%	9 100.0%	4 100.0%	1 100.0%	1 100.0%	3 100.0%	7 100.0%	11 100.0%	9 100.0%	1 100.0%	2 100.0%	3 100.0%	2 100.0%	7 100.0%	6 100.0%	3 100.0%	1 100.0%	11 100.0%	2 100.0%	1 100.0%
Do not have confidence in source/Lack trust in Health Canada	5 27.8%	2 22.2%	1 25.0%	-	1 100.0% BCF	1 33.3%	2 28.6%	3 27.3%	3 33.3%	-	-	2 66.7%	-	-	3 50.0%	1 33.3%	-	3 27.3%	-	1 100.0% PR
It is too product oriented	4 22.2%	2 22.2%	1 25.0%	-	-	1 33.3%	1 14.3%	3 27.3%	3 33.3%	-	-	1 33.3%	1 50.0%	1 14.3%	1 16.7%	-	-	3 27.3%	1 50.0%	-
It is not comprehensive enough	3 16.7%	2 22.2%	-	-	-	1 33.3%	2 28.6%	1 9.1%	1 11.1%	1 100.0% I	-	-	-	1 14.3%	2 33.3%	-	1 100.0% R	1 9.1%	-	1 100.0% R
Not a good source of information	3 16.7%	2 22.2%	1 25.0%	-	-	-	1 14.3%	2 18.2%	2 22.2%	-	1 50.0%	-	1 50.0%	2 28.6%	-	-	-	2 18.2%	1 50.0%	-
Don't trust the manufacturers	3 16.7%	1 11.1%	1 25.0%	-	-	1 33.3%	1 14.3%	2 18.2%	2 22.2%	-	-	1 33.3%	1 50.0%	1 14.3%	-	1 33.3%	-	1 9.1%	1 50.0%	-
The drugs/side effects are selectively given	2 11.1%	2 22.2%	-	-	-	-	2 28.6%	-	1 11.1%	-	-	-	-	1 14.3%	1 16.7%	-	-	1 9.1%	1 50.0%	-
Information not current	2 11.1%	2 22.2%	-	-	-	-	1 14.3%	1 9.1%	-	-	1 50.0%	-	1 50.0%	-	1 16.7%	-	-	1 9.1%	1 50.0%	-
It is not brief enough	1 5.6%	1 11.1%	-	-	-	-	-	1 9.1%	-	-	1 50.0%	-	-	1 14.3%	-	-	-	1 9.1%	-	-
Could not find information/answers to questions	1 5.6%	-	-	1 100.0%	-	-	-	1 9.1%	-	-	-	-	-	1 14.3%	-	1 33.3%	-	-	-	-
The information is not relevant to me	1 5.6%	1 11.1%	-	-	-	-	1 14.3%	-	1 11.1%	-	-	-	-	1 14.3%	-	-	-	1 9.1%	-	-
Other	1 5.6%	1 11.1%	-	-	-	-	-	1 9.1%	-	-	1 50.0%	-	1 50.0%	-	-	-	-	1 9.1%	-	-
Don' t know/No answer	2 11.1%	1 11.1%	1 25.0%	-	-	-	1 14.3%	1 9.1%	2 22.2%	-	-	-	-	1 14.3%	1 16.7%	1 33.3%	-	1 9.1%	-	-
CHI-SQUARE	<----------42.729---------->						<----7.787---->		<--------25.111------->			<----------27.909---------->				<----------32.229---------->				
SIGNIFICANCE	.2%*						1.8%*		8.7%*			.1%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q18B. In what way are you dissatisfied?
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and said dissatisfied/depends at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION			
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12 100.0%	5 100.0%	2 100.0%	1 100.0%	1 100.0%	3 100.0%	3 100.0%	9 100.0%	4 100.0%	2 100.0%	2 100.0%	3 100.0%	3 100.0%	3 100.0%	3 100.0%	-	1 100.0%	4 100.0%	4 100.0%	3 100.0%
I don't receive a lot of them	4 33.3%	1 20.0%	-	1 100.0% BF	1 100.0% BF	1 33.3%	-	4 44.4%	-	1 50.0%	-	1 33.3%	1 33.3%	2 66.7%	-	-	1 100.0% R	1 25.0%	-	2 66.7%
Health professionals need to be made more aware of it	4 33.3%	1 20.0%	2 100.0% B	-	1 100.0% B	-	-	4 44.4%	1 25.0%	1 50.0%	-	1 33.3%	1 33.3%	2 66.7%	-	-	1 100.0% RST	1 25.0%	1 25.0%	1 33.3%
It is not comprehensive enough	2 16.7%	2 40.0%	-	-	-	-	-	2 22.2%	-	2 100.0%	-	-	1 33.3%	1 33.3%	-	-	1 100.0% R	1 25.0%	-	-
The drugs/side effects are selectively given	2 16.7%	1 20.0%	-	-	-	1 33.3%	-	2 22.2%	1 25.0%	1 50.0%	-	1 33.3%	-	1 33.3%	-	-	1 100.0% T	-	-	1 33.3%
Information not current	2 16.7%	2 40.0%	-	-	-	-	2 66.7%	-	1 25.0%	-	1 50.0%	-	-	-	2 66.7%	-	-	-	2 50.0%	-
It is not brief enough	2 16.7%	1 20.0%	-	-	-	1 33.3%	1 33.3%	1 11.1%	1 25.0%	-	1 50.0%	-	-	1 33.3%	1 33.3%	-	-	1 25.0%	1 25.0%	-
Do not have confidence in source/Lack trust in Health Canada	2 16.7%	-	-	-	-	2 66.7%	-	2 22.2%	2 50.0%	-	-	1 33.3%	-	-	1 33.3%	-	-	1 25.0%	-	1 33.3%
Not a good source of information	1 8.3%	1 20.0%	-	-	-	-	1 33.3%	-	-	-	1 50.0%	-	-	-	1 33.3%	-	-	-	1 25.0%	-
Hard to find what I want	1 8.3%	1 20.0%	-	-	-	-	1 33.3%	-	-	-	1 50.0%	-	-	-	1 33.3%	-	-	-	1 25.0%	-
CHI-SQUARE SIGNIFICANCE		<----------28----------> .0%*					<----17.333---> 50.0%*		<--------18.25--------> .6%*			<----------20.833----------> .0%*					<----------20.333----------> .0%*			

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q18B. In what way are you dissatisfied?
BASE:Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and said dissatisfied/depends at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	-	-	1	-	1	1	-	-	-	1	-	-	-	-	1	-	-
	100.0%					100.0%		100.0%	100.0%				100.0%					100.0%		
It is not comprehensive enough	1	-	-	-	-	1	-	1	1	-	-	-	1	-	-	-	-	1	-	-
	100.0%					100.0%		100.0%	100.0%				100.0%					100.0%		
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------.0---------->				<----------.0---------->			
SIGNIFICANCE				.0%*				.0%*			.0%*			.0%*					.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q18B. In what way are you dissatisfied?
BASE: Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said dissatisfied/depends at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	10 100.0%	-	-	-	1 100.0%	9 100.0%	1 100.0%	8 100.0%	1 100.0%	-	-	5 100.0%	4 100.0%	-	-	1 100.0%	-	5 100.0%	-	4 100.0%
Hard to find what I want	3 30.0%	-	-	-	1 100.0% F	2 22.2%	1 100.0% H	2 25.0%	-	-	-	-	3 75.0%	-	-	-	-	1 20.0%	-	2 50.0%
Do not have confidence in source/Lack trust in Health Canada	3 30.0%	-	-	-	-	3 33.3%	-	3 37.5%	1 100.0%	-	-	3 60.0%	-	-	-	-	-	2 40.0%	-	1 25.0%
Information not current	2 20.0%	-	-	-	-	2 22.2%	-	2 25.0%	-	-	-	2 40.0%	-	-	-	1 100.0% R	-	1 20.0%	-	-
Could not find information/answers to questions	1 10.0%	-	-	-	-	1 11.1%	-	1 12.5%	-	-	-	1 20.0%	-	-	-	-	-	1 20.0%	-	-
Site not easy to use	1 10.0%	-	-	-	1 100.0%	-	1 100.0%	-	-	-	-	-	1 25.0%	-	-	-	-	-	-	1 25.0%
The information is not relevant to me	1 10.0%	-	-	-	-	1 11.1%	-	1 12.5%	-	-	-	-	1 25.0%	-	-	-	-	-	-	1 25.0%
Other	1 10.0%	-	-	-	-	1 11.1%	-	-	-	-	-	-	-	-	-	-	-	1 20.0%	-	-
CHI-SQUARE		<----------7.2---------->					<----6.519---->		<----------.0---------->			<----------11---------->				<----------11.133---------->				
SIGNIFICANCE		.0%*					.6%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q18B. In what way are you dissatisfied?
BASE: Random selection of respondents **who used "The Adverse Reaction Regional Centres" and said dissatisfied/depends at Q17**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	100.0%				100.0%		100.0%						100.0%					100.0%		
Other	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	100.0%				100.0%		100.0%						100.0%					100.0%		
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------.0---------->				<----------.0---------->				
SIGNIFICANCE				.0%*				.0%*			.0%*				.0%*				.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19A. How would you rate your satisfaction with each of the following aspects of [THE SOURCE], as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with [SOURCE] in terms of...How RELEVANT the information is for your needs?
BASE: Those who gave valid answer at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392 100.0%	127 100.0%	25 100.0%	135 100.0%	55 100.0%	50 100.0%	117 100.0%	264 100.0%	79 100.0%	37 100.0%	40 100.0%	89 100.0%	100 100.0%	107 100.0%	90 100.0%	51 100.0%	53 100.0%	184 100.0%	64 100.0%	40 100.0%
Very satisfied	84 21.4%	32 25.2% CEF	1 4.0%	40 29.6% CEF	7 12.7%	4 8.0%	21 17.9%	62 23.5%	14 17.7%	10 27.0%	8 20.0%	15 16.9%	24 24.0%	21 19.6%	22 24.4%	8 15.7%	20 37.7% PRT	38 20.7%	14 21.9%	4 10.0%
Generally satisfied	269 68.6%	84 66.1%	20 80.0%	90 66.7%	43 78.2%	32 64.0%	83 70.9%	177 67.0%	56 70.9%	23 62.2%	28 70.0%	64 71.9%	64 64.0%	76 71.0%	62 68.9%	38 74.5%	32 60.4%	121 65.8%	48 75.0%	30 75.0%
Not very satisfied	30 7.7%	11 8.7% D	3 12.0%	4 3.0%	2 3.6%	10 20.0% DE	10 8.5%	20 7.6%	7 8.9%	4 10.8%	4 10.0%	8 9.0%	10 10.0%	8 7.5%	4 4.4%	3 5.9%	1 1.9%	18 9.8% QS	2 3.1%	6 15.0% QS
Not at all satisfied	2 0.5%	-	-	-	-	2 4.0%	-	1 0.4%	1 1.3%	-	-	-	-	-	1 1.1%	-	-	2 1.1%	-	-
Depends	2 0.5%	-	1 4.0%	-	-	1 2.0%	-	2 0.8%	1 1.3%	-	-	2 2.2%	-	-	-	-	-	2 1.1%	-	-
Don't know/No answer	5 1.3%	-	-	1 0.7%	3 5.5%	1 2.0%	3 2.6%	2 0.8%	-	-	-	-	2 2.0%	2 1.9%	1 1.1%	2 3.9%	-	3 1.6%	-	-
TOP 2 BOX	353 90.1%	116 91.3% F	21 84.0%	130 96.3% F	50 90.9% F	36 72.0%	104 88.9%	239 90.5%	70 88.6%	33 89.2%	36 90.0%	79 88.8%	88 88.0%	97 90.7%	84 93.3%	46 90.2%	52 98.1% RT	159 86.4%	62 96.9% RT	34 85.0%
BOTTOM 2 BOX	32 8.2%	11 8.7% D	3 12.0%	4 3.0%	2 3.6%	12 24.0% BDE	10 8.5%	21 8.0%	8 10.1%	4 10.8%	4 10.0%	8 9.0%	10 10.0%	8 7.5%	5 5.6%	3 5.9%	1 1.9%	20 10.9% QS	2 3.1%	6 15.0% QS
CHI-SQUARE		<----------46.37---------->					<-----1.86---->		<---------2.44--------->			<-------------7.63------------->				<----------21.52---------->				
SIGNIFICANCE				100.0%*			39.8%*			12.5%*				42.8%*				95.7%*		
MEAN	3.1	3.2 CF	2.9	3.3 CEF	3.1 F	2.8	3.1	3.2	3.1	3.2	3.1	3.1	3.1	3.1	3.2	3.1	3.4 PRT	3.1	3.2 T	3.0
STANDARD DEVIATION	0.55	0.56	0.41	0.51	0.41	0.65	0.51	0.56	0.57	0.60	0.55	0.51	0.57	0.51	0.56	0.47	0.52	0.59	0.47	0.50
STANDARD ERROR	0.03	0.05	0.08	0.04	0.06	0.09	0.05	0.03	0.06	0.10	0.09	0.05	0.06	0.05	0.06	0.07	0.07	0.04	0.06	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19A. How would you rate your satisfaction with each of the following aspects of THE CANADIAN ADVERSE REACTION NEWSLETTER, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE CANADIAN ADVERSE REACTION NEWSLETTER in terms of...How RELEVANT the information is for your needs?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97 100.0%	37 100.0%	-	51 100.0%	5 100.0%	4 100.0%	18 100.0%	77 100.0%	16 100.0%	9 100.0%	12 100.0%	16 100.0%	20 100.0%	39 100.0%	22 100.0%	17 100.0%	18 100.0%	43 100.0%	13 100.0%	6 100.0%
Very satisfied	27 27.8%	14 37.8%	-	13 25.5%	-	-	6 33.3%	21 27.3%	9 56.2% K	4 44.4% K	1 8.3%	3 18.8%	7 35.0%	9 23.1%	8 36.4%	2 11.8%	10 55.6% PRT	9 20.9%	5 38.5%	1 16.7%
Generally satisfied	63 64.9%	23 62.2%	-	34 66.7%	4 80.0%	2 50.0%	11 61.1%	50 64.9%	7 43.8%	4 44.4%	11 91.7% IJ	12 75.0%	11 55.0%	26 66.7%	14 63.6%	13 76.5% Q	8 44.4%	31 72.1% Q	8 61.5%	3 50.0%
Not very satisfied	6 6.2%	-	-	3 5.9%	1 20.0%	2 50.0%	1 5.6%	5 6.5%	-	1 11.1%	-	1 6.2%	2 10.0%	3 7.7%	-	1 5.9%	-	3 7.0%	-	2 33.3%
Don't know/No answer	1 1.0%	-	-	1 2.0%	-	-	-	1 1.3%	-	-	-	-	-	1 2.6%	-	1 5.9%	-	-	-	-
TOP 2 BOX	90 92.8%	37 100.0% DF	-	47 92.2%	4 80.0%	2 50.0%	17 94.4%	71 92.2%	16 100.0%	8 88.9%	12 100.0%	15 93.8%	18 90.0%	35 89.7%	22 100.0% N	15 88.2%	18 100.0%	40 93.0%	13 100.0%	4 66.7%
BOTTOM 2 BOX	6 6.2%	-	-	3 5.9%	1 20.0%	2 50.0%	1 5.6%	5 6.5%	-	1 11.1%	-	1 6.2%	2 10.0%	3 7.7%	-	1 5.9%	-	3 7.0%	-	2 33.3%
CHI-SQUARE		<----------20.35---------->					<-----.24----->		<--------10.51-------->			<----------4.24---------->				<----------19.14---------->				
SIGNIFICANCE				93.9%*			2.9%*			89.5%*				10.5%*				91.5%*		
MEAN	3.2	3.4 EF		3.2 F	2.8	2.5	3.3	3.2	3.6 K	3.3	3.1	3.1	3.2	3.2	3.4	3.1	3.6 PRT	3.1	3.4	2.8
STANDARD DEVIATION	0.55	0.49		0.53	0.45	0.58	0.57	0.55	0.51	0.71	0.29	0.50	0.64	0.55	0.49	0.44	0.51	0.52	0.51	0.75
STANDARD ERROR	0.06	0.08		0.08	0.20	0.29	0.14	0.06	0.13	0.24	0.08	0.12	0.14	0.09	0.10	0.11	0.12	0.08	0.14	0.31

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q19A. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS in terms of...How RELEVANT the information is for your needs?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	21	7	-	14	-	-	5	16	1	2	4	5	4	6	6	2	5	9	4	1
	16.8%	15.2%		36.8% B			11.6%	20.0%	3.0%	12.5%	33.3% I	20.0%	12.5%	15.8%	20.7%	11.8%	33.3%	16.4%	16.7%	7.1%
Generally satisfied	92	32	13	24	17	6	34	56	27	12	6	17	26	28	20	14	9	38	19	12
	73.6%	69.6%	81.2%	63.2%	100.0% BD	75.0%	79.1%	70.0%	81.8% K	75.0%	50.0%	68.0%	81.2%	73.7%	69.0%	82.4%	60.0%	69.1%	79.2%	85.7%
Not very satisfied	10	7	2	-	-	1	4	6	4	2	2	1	2	4	3	1	1	6	1	1
	8.0%	15.2%	12.5%			12.5%	9.3%	7.5%	12.1%	12.5%	16.7%	4.0%	6.2%	10.5%	10.3%	5.9%	6.7%	10.9%	4.2%	7.1%
Depends	2	-	1	-	-	1	-	2	1	-	-	2	-	-	-	-	-	2	-	-
	1.6%		6.2%			12.5%		2.5%	3.0%			8.0%						3.6%		
TOP 2 BOX	113	39	13	38	17	6	39	72	28	14	10	22	30	34	26	16	14	47	23	13
	90.4%	84.8%	81.2%	100.0% B	100.0% B	75.0%	90.7%	90.0%	84.8%	87.5%	83.3%	88.0%	93.8%	89.5%	89.7%	94.1%	93.3%	85.5%	95.8%	92.9%
BOTTOM 2 BOX	10	7	2	-	-	1	4	6	4	2	2	1	2	4	3	1	1	6	1	1
	8.0%	15.2%	12.5%			12.5%	9.3%	7.5%	12.1%	12.5%	16.7%	4.0%	6.2%	10.5%	10.3%	5.9%	6.7%	10.9%	4.2%	7.1%
CHI-SQUARE		<----------26.28---------->					<-----1.54---->		<---------8.34--------->			<----------2.23---------->				<----------5.63---------->				
SIGNIFICANCE				99.0%*			32.8%*			78.6%*				1.3%*				6.6%*		
MEAN	3.1	3.0	2.9	3.4 BCEF	3.0	2.9	3.0	3.1	2.9	3.0	3.2	3.2	3.1	3.1	3.1	3.1	3.3	3.1	3.1	3.0
STANDARD DEVIATION	0.50	0.56	0.35	0.49	0.0	0.38	0.46	0.52	0.39	0.52	0.72	0.49	0.44	0.52	0.56	0.43	0.59	0.53	0.45	0.39
STANDARD ERROR	0.04	0.08	0.09	0.08	0.0	0.14	0.07	0.06	0.07	0.13	0.21	0.10	0.08	0.08	0.10	0.10	0.15	0.07	0.09	0.10

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19A. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA in terms of...How RELEVANT the information is for your needs?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	20	7	1	8	2	2	2	17	3	2	2	4	7	4	4	-	2	12	4	2
	23.8%	21.2%	20.0%	26.7%	25.0%	25.0%	9.1%	29.3% G	16.7%	22.2%	16.7%	25.0%	29.2%	21.1%	17.4%		16.7%	30.8%	23.5%	33.3%
Generally satisfied	57	23	3	22	5	4	17	37	13	6	8	10	16	13	17	8	10	24	12	3
	67.9%	69.7%	60.0%	73.3%	62.5%	50.0%	77.3%	63.8%	72.2%	66.7%	66.7%	62.5%	66.7%	68.4%	73.9%	80.0%	83.3%	61.5%	70.6%	50.0%
Not very satisfied	5	3	1	-	-	1	2	3	1	1	2	2	1	1	1	1	-	2	1	1
	6.0%	9.1%	20.0%			12.5%	9.1%	5.2%	5.6%	11.1%	16.7%	12.5%	4.2%	5.3%	4.3%	10.0%		5.1%	5.9%	16.7%
Not at all satisfied	1	-	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	1	-	-
	1.2%					12.5%		1.7%	5.6%						4.3%			2.6%		
Don't know/No answer	1	-	-	-	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-
	1.2%				12.5%		4.5%							5.3%		10.0%				
TOP 2 BOX	77	30	4	30	7	6	19	54	16	8	10	14	23	17	21	8	12	36	16	5
	91.7%	90.9%	80.0%	100.0%	87.5%	75.0%	86.4%	93.1%	88.9%	88.9%	83.3%	87.5%	95.8%	89.5%	91.3%	80.0%	100.0%	92.3%	94.1%	83.3%
BOTTOM 2 BOX	6	3	1	-	-	2	2	4	2	1	2	2	1	1	2	1	-	3	1	1
	7.1%	9.1%	20.0%			25.0%	9.1%	6.9%	11.1%	11.1%	16.7%	12.5%	4.2%	5.3%	8.7%	10.0%		7.7%	5.9%	16.7%
CHI-SQUARE		<----------15.16---------->					<------4------>		<---------2.2--------->			<----------4.8---------->				<----------8.31---------->			
SIGNIFICANCE				76.7%*			73.8%*			10.0%*			14.8%*					24.0%*		
MEAN	3.2	3.1	3.0	3.3	3.3	2.9	3.0	3.2	3.0	3.1	3.0	3.1	3.2	3.2	3.0	2.9	3.2	3.2	3.2	3.2
STANDARD DEVIATION	0.57	0.55	0.71	0.45	0.49	0.99	0.45	0.61	0.69	0.60	0.60	0.62	0.53	0.51	0.64	0.33	0.39	0.66	0.53	0.75
STANDARD ERROR	0.06	0.09	0.32	0.08	0.18	0.35	0.10	0.08	0.16	0.20	0.17	0.15	0.11	0.12	0.13	0.11	0.11	0.11	0.13	0.31

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19A. How would you rate your **satisfaction with each of the following aspects of HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO)**, as a source of new information about **drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with HEALTH CANADA'S** ELECTRONIC MAILING LIST (CALLED **HEALTH_PROD_INFO) in terms of...How RELEVANT the information is for your needs?**
BASE: Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	[A]	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	3	1	-	-	2	-	3	-	-	1	-	-	2	-	1	1	1	1	-	-
	33.3%	50.0%			50.0%		60.0%			100.0%			40.0%		33.3%	100.0% R	50.0%	20.0%		
Generally satisfied	5	1	-	2	1	1	1	4	1	-	1	1	2	-	2	-	1	3	1	-
	55.6%	50.0%		100.0% E	25.0%	100.0% E	20.0%	100.0% G	100.0%		100.0%	100.0% M	40.0%		66.7%		50.0%	60.0%	100.0%	
Don't know/No answer	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	11.1%				25.0%		20.0%						20.0%					20.0%		
TOP 2 BOX	8	2	-	2	3	1	4	4	1	1	1	1	4	-	3	1	2	4	1	-
	88.9%	100.0%		100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	100.0%	80.0%	100.0%	
CHI-SQUARE		<----------3.02---------->					<-----4.8----->		<----------3---------->			<----------.89---------->				<----------2.67---------->				
SIGNIFICANCE		.5%*					81.3%*			19.1%*			.0%*					.3%*		
MEAN	3.4	3.5		3.0	3.7	3.0	3.8 H	3.0	3.0	4.0	3.0	3.0	3.5		3.3	4.0	3.5	3.2	3.0	
STANDARD DEVIATION	0.52	0.71		0.0	0.58	0.0	0.50	0.0	0.0	0.0	0.0	0.0	0.58		0.58	0.0	0.71	0.50	0.0	
STANDARD ERROR	0.18	0.50		0.0	0.33	0.0	0.25	0.0	0.0	0.0	0.0	0.0	0.29		0.33	0.0	0.50	0.25	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19A. How would you rate your satisfaction with each of the following aspects of DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE in terms of...How RELEVANT the information is for your needs? -
BASE: Random selection of respondents who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	11	1	-	5	3	2	3	8	1	-	-	3	3	1	3	2	1	7	1	-
	16.9%	25.0%		38.5% F	16.7%	7.1%	13.6%	20.0%	12.5%			10.0%	20.0%	14.3%	30.0%	50.0%	25.0%	18.9%	14.3%	
Generally satisfied	43	2	2	7	14	18	16	25	5	-	1	23	7	6	6	2	3	21	6	11
	66.2%	50.0%	100.0% BDEF	53.8%	77.8%	64.3%	72.7%	62.5%	62.5%		100.0% I	76.7% M	46.7%	85.7% M	60.0%	50.0%	75.0%	56.8%	85.7%	84.6% R
Not very satisfied	8	1	-	1	-	6	2	6	2	-	-	4	4	-	-	-	-	6	-	2
	12.3%	25.0%		7.7%		21.4%	9.1%	15.0%	25.0%			13.3%	26.7%					16.2%		15.4%
Not at all satisfied	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	1.5%					3.6%												2.7%		
Don't know/No answer	2	-	-	-	1	1	1	1	-	-	-	-	1	-	1	-	-	2	-	-
	3.1%				5.6%	3.6%	4.5%	2.5%					6.7%		10.0%			5.4%		
TOP 2 BOX	54	3	2	12	17	20	19	33	6	-	1	26	10	7	9	4	4	28	7	11
	83.1%	75.0%	100.0% F	92.3%	94.4% F	71.4%	86.4%	82.5%	75.0%		100.0%	86.7%	66.7%	100.0% LM	90.0%	100.0% R	100.0% R	75.7%	100.0% R	84.6%
BOTTOM 2 BOX	9	1	-	1	-	7	2	6	2	-	-	4	4	-	-	-	-	7	-	2
	13.8%	25.0%		7.7%		25.0%	9.1%	15.0%	25.0%			13.3%	26.7%					18.9%		15.4%
CHI-SQUARE		<----------13.13---------->					<-----.93----->		<----------.56---------->			<----------8.34---------->				<----------9.71---------->				
SIGNIFICANCE				64.0%*			18.2%*			.3%*				49.9%*				35.9%*		
MEAN	3.0	3.0	3.0	3.3 F	3.2 F	2.8	3.0	3.1	2.9		3.0	3.0	2.9	3.1	3.3	3.5 T	3.2	3.0	3.1	2.8
STANDARD DEVIATION	0.61	0.82	0.0	0.63	0.39	0.64	0.50	0.60	0.64		0.0	0.49	0.73	0.38	0.50	0.58	0.50	0.71	0.38	0.38
STANDARD ERROR	0.08	0.41	0.0	0.17	0.10	0.12	0.11	0.10	0.23		0.0	0.09	0.20	0.14	0.17	0.29	0.25	0.12	0.14	0.10

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19A. How would you rate your satisfaction with each of the following aspects of THE ADVERSE REACTION REGIONAL CENTRES, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE ADVERSE REACTION REGIONAL CENTRES in terms of...How RELEVANT the information is for your needs?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	2	2	-	-	-	-	2	-	-	1	1	-	1	1	-	1	1	-	-	-
	16.7%	40.0%					28.6%			50.0%	50.0%		25.0%	25.0%		50.0%	50.0%			
Generally satisfied	9	3	2	1	2	1	4	5	3	1	1	1	2	3	3	1	1	4	2	1
	75.0%	60.0%	100.0%	100.0%	66.7%	100.0%	57.1%	100.0% G	100.0%	50.0%	50.0%	100.0% M	50.0%	75.0%	100.0% M	50.0%	50.0%	80.0%	100.0%	100.0%
Not very satisfied	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	8.3%				33.3%		14.3%						25.0%					20.0%		
TOP 2 BOX	11	5	2	1	2	1	6	5	3	2	2	1	3	4	3	2	2	4	2	1
	91.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%
BOTTOM 2 BOX	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	8.3%				33.3%		14.3%						25.0%					20.0%		
CHI-SQUARE		<----------6.31---------->					<-----2.86---->		<---------2.1--------->			<-------------3.67------------->				<----------6---------->				
SIGNIFICANCE				10.0%*			58.6%*			9.0%*			6.8%*					8.4%*		
MEAN	3.1	3.4	3.0	3.0	2.7	3.0	3.1	3.0	3.0	3.5	3.5	3.0	3.0	3.2	3.0	3.5	3.5	2.8	3.0	3.0
STANDARD DEVIATION	0.51	0.55	0.0	0.0	0.58	0.0	0.69	0.0	0.0	0.71	0.71	0.0	0.82	0.50	0.0	0.71	0.71	0.45	0.0	0.0
STANDARD ERROR	0.15	0.24	0.0	0.0	0.33	0.0	0.26	0.0	0.0	0.50	0.50	0.0	0.41	0.25	0.0	0.50	0.50	0.20	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your satisfaction with each of the following aspects of [THE SOURCE], as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with [SOURCE] in terms of...The LEVEL OF DETAIL provided to address your needs?
BASE: Those who gave valid answer at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392 100.0%	127 100.0%	25 100.0%	135 100.0%	55 100.0%	50 100.0%	117 100.0%	264 100.0%	79 100.0%	37 100.0%	40 100.0%	89 100.0%	100 100.0%	107 100.0%	90 100.0%	51 100.0%	53 100.0%	184 100.0%	64 100.0%	40 100.0%
Very satisfied	117 29.8%	42 33.1% F	8 32.0%	49 36.3% EF	12 21.8%	6 12.0%	32 27.4%	84 31.8%	26 32.9%	12 32.4%	13 32.5%	25 28.1%	27 27.0%	32 29.9%	31 34.4%	20 39.2% T	20 37.7% T	54 29.3% T	19 29.7% T	4 10.0%
Generally satisfied	244 62.2%	78 61.4%	15 60.0%	80 59.3%	38 69.1%	33 66.0%	75 64.1%	160 60.6%	48 60.8%	21 56.8%	25 62.5%	53 59.6%	67 67.0%	67 62.6%	54 60.0%	29 56.9%	29 54.7%	115 62.5%	42 65.6%	29 72.5%
Not very satisfied	24 6.1%	7 5.5%	2 8.0%	3 2.2%	3 5.5%	9 18.0% BDE	8 6.8%	15 5.7%	3 3.8%	4 10.8%	2 5.0%	10 11.2% O	4 4.0%	6 5.6%	3 3.3%	1 2.0%	3 5.7%	10 5.4%	3 4.7%	7 17.5% P
Not at all satisfied	1 0.3%	-	-	-	-	1 2.0%	-	1 0.4%	1 1.3%	-	-	-	-	-	1 1.1%	-	-	1 0.5%	-	-
Don't know/No answer	6 1.5%	-	-	3 2.2%	2 3.6%	1 2.0%	2 1.7%	4 1.5%	1 1.3%	-	-	1 1.1%	2 2.0%	2 1.9%	1 1.1%	1 2.0%	1 1.9%	4 2.2%	-	-
TOP 2 BOX	361 92.1%	120 94.5% F	23 92.0%	129 95.6% F	50 90.9%	39 78.0%	107 91.5%	244 92.4%	74 93.7%	33 89.2%	38 95.0%	78 87.6%	94 94.0%	99 92.5%	85 94.4%	49 96.1% T	49 92.5%	169 91.8%	61 95.3%	33 82.5%
BOTTOM 2 BOX	25 6.4%	7 5.5%	2 8.0%	3 2.2%	3 5.5%	10 20.0% BDE	8 6.8%	16 6.1%	4 5.1%	4 10.8%	2 5.0%	10 11.2%	4 4.0%	6 5.6%	4 4.4%	1 2.0%	3 5.7%	11 6.0%	3 4.7%	7 17.5% P
CHI-SQUARE		<----------31.72---------->					<-----1.32---->		<---------3.28--------->			<----------10.66---------->				<----------20.58---------->				
SIGNIFICANCE				99.8%*				27.5%*			22.7%*				70.0%*			94.3%*		
MEAN	3.2	3.3 F	3.2 F	3.3 EF	3.2 F	2.9	3.2	3.3	3.3	3.2	3.3	3.2	3.2	3.2	3.3	3.4 T	3.3 T	3.2 T	3.2 T	2.9
STANDARD DEVIATION	0.57	0.56	0.60	0.52	0.51	0.62	0.55	0.58	0.60	0.63	0.55	0.61	0.51	0.55	0.59	0.53	0.58	0.57	0.53	0.53
STANDARD ERROR	0.03	0.05	0.12	0.05	0.07	0.09	0.05	0.04	0.07	0.10	0.09	0.07	0.05	0.05	0.06	0.07	0.08	0.04	0.07	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your **satisfaction with each of the following aspects of THE CANADIAN ADVERSE REACTION NEWSLETTER, as a source of new information** about drug safety? Are you very **satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE CANADIAN ADVERSE REACTION NEWSLETTER** in terms of...The LEVEL OF DETAIL **provided to address your needs?**
BASE: Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	35	16	-	18	1	-	6	28	8	4	4	4	7	14	10	6	8	14	5	2
	36.1%	43.2%		35.3%	20.0%		33.3%	36.4%	50.0%	44.4%	33.3%	25.0%	35.0%	35.9%	45.5%	35.3%	44.4%	32.6%	38.5%	33.3%
Generally satisfied	57	21	-	29	4	3	12	44	8	4	8	11	12	22	12	9	9	28	8	3
	58.8%	56.8%		56.9%	80.0%	75.0%	66.7%	57.1%	50.0%	44.4%	66.7%	68.8%	60.0%	56.4%	54.5%	52.9%	50.0%	65.1%	61.5%	50.0%
Not very satisfied	3	-	-	2	-	1	-	3	-	1	-	1	1	1	-	1	-	1	-	1
	3.1%			3.9%		25.0%		3.9%		11.1%		6.2%	5.0%	2.6%		5.9%		2.3%		16.7%
Don't know/No answer	2	-	-	2	-	-	-	2	-	-	-	-	-	2	-	1	1	-	-	-
	2.1%			3.9%				2.6%						5.1%		5.9%	5.6%			
TOP 2 BOX	92	37	-	47	5	3	18	72	16	8	12	15	19	36	22	15	17	42	13	5
	94.8%	100.0% D		92.2%	100.0% D	75.0%	100.0% H	93.5%	100.0%	88.9%	100.0%	93.8%	95.0%	92.3%	100.0%	88.2%	94.4%	97.7%	100.0%	83.3%
BOTTOM 2 BOX	3	-	-	2	-	1	-	3	-	1	-	1	1	1	-	1	-	1	-	1
	3.1%			3.9%		25.0%		3.9%		11.1%		6.2%	5.0%	2.6%		5.9%		2.3%		16.7%
CHI-SQUARE		<----------10.33---------->					<------.94------>		<---------4.11--------->			<-----------2.81----------->				<----------6.19---------->				
SIGNIFICANCE				41.3%*				18.4%*			33.8%*				2.9%*			9.4%*		
MEAN	3.3	3.4 F		3.3 F	3.2	2.8	3.3	3.3	3.5	3.3	3.3	3.2	3.3	3.4	3.5	3.3	3.5	3.3	3.4	3.2
STANDARD DEVIATION	0.54	0.50		0.55	0.45	0.50	0.49	0.55	0.52	0.71	0.49	0.54	0.57	0.54	0.51	0.60	0.51	0.51	0.51	0.75
STANDARD ERROR	0.06	0.08		0.08	0.20	0.25	0.11	0.06	0.13	0.24	0.14	0.14	0.13	0.09	0.11	0.15	0.12	0.08	0.14	0.31

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUB MANUFACTURERS in terms of...The LEVEL OF DETAIL provided to address your needs?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	35	11	6	16	1	1	7	28	10	4	4	8	9	11	7	7	5	15	7	1
	28.0%	23.9%	37.5%	42.1%	5.9%	12.5%	16.3%	35.0%	30.3%	25.0%	33.3%	32.0%	28.1%	28.9%	24.1%	41.2%	33.3%	27.3%	29.2%	7.1%
		E	E	EF				G								T		T		
Generally satisfied	83	31	9	22	14	7	31	50	21	11	7	16	23	24	19	10	9	38	15	11
	66.4%	67.4%	56.2%	57.9%	82.4%	87.5%	72.1%	62.5%	63.6%	68.8%	58.3%	64.0%	71.9%	63.2%	65.5%	58.8%	60.0%	69.1%	62.5%	78.6%
					D	D														
Not very satisfied	7	4	1	-	2	-	5	2	2	1	1	1	-	3	3	-	1	2	2	2
	5.6%	8.7%	6.2%		11.8%		11.6%	2.5%	6.1%	6.2%	8.3%	4.0%		7.9%	10.3%		6.7%	3.6%	8.3%	14.3%
TOP 2 BOX	118	42	15	38	15	8	38	78	31	15	11	24	32	35	26	17	14	53	22	12
	94.4%	91.3%	93.8%	100.0%	88.2%	100.0%	88.4%	97.5%	93.9%	93.8%	91.7%	96.0%	100.0%	92.1%	89.7%	100.0%	93.3%	96.4%	91.7%	85.7%
				B		B														
BOTTOM 2 BOX	7	4	1	-	2	-	5	2	2	1	1	1	-	3	3	-	1	2	2	2
	5.6%	8.7%	6.2%		11.8%		11.6%	2.5%	6.1%	6.2%	8.3%	4.0%		7.9%	10.3%		6.7%	3.6%	8.3%	14.3%
CHI-SQUARE		<----------13.53---------->					<-----7.93---->		<---------.37--------->			<----------3.94---------->				<----------7.64---------->				
SIGNIFICANCE				66.8%*			95.3%*			.1%*				8.4%*				18.7%*		
MEAN	3.2	3.2	3.3	3.4	2.9	3.1	3.0	3.3	3.2	3.2	3.2	3.3	3.3	3.2	3.1	3.4	3.3	3.2	3.2	2.9
			E	BE				G								T		T		
STANDARD DEVIATION	0.54	0.56	0.60	0.50	0.43	0.35	0.53	0.52	0.56	0.54	0.62	0.54	0.46	0.58	0.58	0.51	0.59	0.51	0.59	0.47
STANDARD ERROR	0.05	0.08	0.15	0.08	0.10	0.12	0.08	0.06	0.10	0.14	0.18	0.11	0.08	0.09	0.11	0.12	0.15	0.07	0.12	0.13

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19B. How would you rate your **satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA**, as a source of new information about drug safety? **Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA in terms of...The LEVEL OF DETAIL provided to address your needs?**
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	26	9	2	11	3	1	7	19	6	2	3	6	6	4	9	2	4	15	5	-
	31.0%	27.3%	40.0%	36.7%	37.5%	12.5%	31.8%	32.8%	33.3%	22.2%	25.0%	37.5%	25.0%	21.1%	39.1%	20.0%	33.3%	38.5%	29.4%	
Generally satisfied	52	21	2	19	5	5	14	34	10	5	8	8	17	13	13	8	7	21	11	5
	61.9%	63.6%	40.0%	63.3%	62.5%	62.5%	63.6%	58.6%	55.6%	55.6%	66.7%	50.0%	70.8%	68.4%	56.5%	80.0%	58.3%	53.8%	64.7%	83.3%
Not very satisfied	5	3	1	-	-	1	1	4	1	2	1	2	1	2	-	-	1	2	1	1
	6.0%	9.1%	20.0%			12.5%	4.5%	6.9%	5.6%	22.2%	8.3%	12.5%	4.2%	10.5%			8.3%	5.1%	5.9%	16.7%
Not at all satisfied	1	-	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	1	-	-
	1.2%					12.5%		1.7%	5.6%						4.3%			2.6%		
TOP 2 BOX	78	30	4	30	8	6	21	53	16	7	11	14	23	17	22	10	11	36	16	5
	92.9%	90.9%	80.0%	100.0%	100.0%	75.0%	95.5%	91.4%	88.9%	77.8%	91.7%	87.5%	95.8%	89.5%	95.7%	100.0%	91.7%	92.3%	94.1%	83.3%
BOTTOM 2 BOX	6	3	1	-	-	2	1	5	2	2	1	2	1	2	1	-	1	3	1	1
	7.1%	9.1%	20.0%			25.0%	4.5%	8.6%	11.1%	22.2%	8.3%	12.5%	4.2%	10.5%	4.3%		8.3%	7.7%	5.9%	16.7%
CHI-SQUARE		<----------16.54---------->					<-----.59----->		<---------3.35--------->			<----------8.32---------->				<----------7.48---------->				
SIGNIFICANCE				83.2%*			10.2%*			23.7%*			49.8%*					17.6%*		
MEAN	3.2	3.2	3.2	3.4 F	3.4	2.8	3.3	3.2	3.2	3.0	3.2	3.2	3.2	3.1	3.3	3.2	3.2	3.3	3.2	2.8
STANDARD DEVIATION	0.61	0.58	0.84	0.49	0.52	0.89	0.55	0.65	0.79	0.71	0.58	0.68	0.51	0.57	0.70	0.42	0.62	0.69	0.56	0.41
STANDARD ERROR	0.07	0.10	0.37	0.09	0.18	0.31	0.12	0.09	0.19	0.24	0.17	0.17	0.10	0.13	0.15	0.13	0.18	0.11	0.14	0.17

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your **satisfaction with each of the following aspects of HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO)**, as a source of new information about drug **safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with HEALTH CANADA'S** ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO) **in terms of...The LEVEL OF DETAIL provided to address your needs?**
BASE: Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	5	1	-	1	3	-	4	1	-	1	-	-	2	-	3	1	1	2	1	-
	55.6%	50.0%		50.0%	75.0%		80.0%	25.0%		100.0%			40.0%		100.0% M	100.0% R	50.0%	40.0%	100.0% R	
Generally satisfied	3	1	-	1	-	1	-	3	1	-	1	1	2	-	-	-	1	2	-	-
	33.3%	50.0%		50.0%		100.0%		75.0%	100.0%		100.0%	100.0% M	40.0%				50.0%	40.0%		
Don't know/No answer	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	11.1%				25.0%		20.0%						20.0%					20.0%		
TOP 2 BOX	8	2	-	2	3	1	4	4	1	1	1	1	4	-	3	1	2	4	1	-
	88.9%	100.0%		100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	100.0%	80.0%	100.0%	
CHI-SQUARE		<----------3.73---------->					<-----4.8----->		<----------3---------->			<----------3.73---------->				<----------1.6---------->				
SIGNIFICANCE				1.2%*			81.3%*			19.1%*			7.2%*					.0%*		
MEAN	3.6	3.5		3.5	4.0	3.0	4.0 H	3.2	3.0	4.0	3.0	3.0	3.5		4.0	4.0	3.5	3.5	4.0	
STANDARD DEVIATION	0.52	0.71		0.71	0.0	0.0	0.0	0.50	0.0	0.0	0.0	0.0	0.58		0.0	0.0	0.71	0.58	0.0	
STANDARD ERROR	0.18	0.50		0.50	0.0	0.0	0.0	0.25	0.0	0.0	0.0	0.0	0.29		0.0	0.0	0.50	0.29	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your satisfaction with each of the following aspects of DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE in terms of...The LEVEL OF DETAIL provided to address your needs?
BASE: Random selection of respondents who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	13	2	-	3	4	4	6	7	2	-	-	7	2	1	2	3	1	7	1	1
	20.0%	50.0%		23.1%	22.2%	14.3%	27.3%	17.5%	25.0%			23.3%	13.3%	14.3%	20.0%	75.0% RST	25.0%	18.9%	14.3%	7.7%
Generally satisfied	41	2	2	9	12	16	13	26	5	-	1	17	10	6	7	1	2	22	6	10
	63.1%	50.0%	100.0% BDEF	69.2%	66.7%	57.1%	59.1%	65.0%	62.5%		100.0% I	56.7%	66.7%	85.7%	70.0%	25.0%	50.0%	59.5%	85.7% P	76.9% P
Not very satisfied	8	-	-	-	1	7	2	5	-	-	-	5	2	-	-	-	1	5	-	2
	12.3%				5.6%	25.0% E	9.1%	12.5%				16.7%	13.3%				25.0%	13.5%		15.4%
Don't know/No answer	3	-	-	1	1	1	1	2	1	-	-	1	1	-	1	-	-	3	-	-
	4.6%			7.7%	5.6%	3.6%	4.5%	5.0%	12.5%			3.3%	6.7%		10.0%			8.1%		
TOP 2 BOX	54	4	2	12	16	20	19	33	7	-	1	24	12	7	9	4	3	29	7	11
	83.1%	100.0% F	100.0% F	92.3%	88.9%	71.4%	86.4%	82.5%	87.5%		100.0%	80.0%	80.0%	100.0% L	90.0%	100.0% R	75.0%	78.4%	100.0% R	84.6%
BOTTOM 2 BOX	8	-	-	-	1	7	2	5	-	-	-	5	2	-	-	-	1	5	-	2
	12.3%				5.6%	25.0% E	9.1%	12.5%				16.7%	13.3%				25.0%	13.5%		15.4%
CHI-SQUARE		<----------10.07---------->					<-----.87----->		<----------.38---------->			<----------4.13---------->				<----------10.69---------->				
SIGNIFICANCE				39.0%*			16.7%*			.1%*				9.7%*				44.4%*		
MEAN	3.1	3.5	3.0	3.2	3.2	2.9	3.2	3.1	3.3		3.0	3.1	3.0	3.1	3.2	3.8 RST	3.0	3.1	3.1	2.9
STANDARD DEVIATION	0.58	0.58	0.0	0.45	0.53	0.64	0.60	0.57	0.49		0.0	0.65	0.55	0.38	0.44	0.50	0.82	0.60	0.38	0.49
STANDARD ERROR	0.07	0.29	0.0	0.13	0.13	0.12	0.13	0.09	0.18		0.0	0.12	0.15	0.14	0.15	0.25	0.41	0.10	0.14	0.14

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19B. How would you rate your satisfaction with each of the following aspects of THE ADVERSE REACTION REGIONAL CENTRES, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE ADVERSE REACTION REGIONAL CENTRES in terms of...The LEVEL OF DETAIL provided to address your needs?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	3	3	-	-	-	-	2	1	-	1	2	-	1	2	-	1	1	1	-	-
	25.0%	60.0%					28.6%	20.0%		50.0%	100.0%		25.0%	50.0%		50.0%	50.0%	20.0%		
Generally satisfied	8	2	2	-	3	1	5	3	3	1	-	-	3	2	3	1	1	4	2	-
	66.7%	40.0%	100.0% B		100.0% B	100.0% B	71.4%	60.0%	100.0%	50.0%			75.0%	50.0%	100.0% N	50.0%	50.0%	80.0%	100.0%	
Not very satisfied	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	8.3%			100.0%				20.0%				100.0%								100.0%
TOP 2 BOX	11	5	2	-	3	1	7	4	3	2	2	-	4	4	3	2	2	5	2	-
	91.7%	100.0%	100.0%		100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
BOTTOM 2 BOX	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	8.3%			100.0%				20.0%				100.0%								100.0%
CHI-SQUARE		<----------17.4---------->					<-----1.54---->		<----------4.96---------->			<----------14.38---------->				<----------14.1---------->				
SIGNIFICANCE				86.5%*				32.8%*			45.1%*				89.0%*				70.6%*	
MEAN	3.2	3.6	3.0	2.0	3.0	3.0	3.3	3.0	3.0	3.5	4.0	2.0	3.2	3.5	3.0	3.5	3.5	3.2	3.0	2.0
STANDARD DEVIATION	0.58	0.55	0.0	0.0	0.0	0.0	0.49	0.71	0.0	0.71	0.0	0.0	0.50	0.58	0.0	0.71	0.71	0.45	0.0	0.0
STANDARD ERROR	0.17	0.24	0.0	0.0	0.0	0.0	0.18	0.32	0.0	0.50	0.0	0.0	0.25	0.29	0.0	0.50	0.50	0.20	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19C. How would you rate your **satisfaction with each of the following aspects of [THE SOURCE], as a source of new information about drug safety?** Are you very satisfied, generally satisfied, not very **satisfied, or not at all satisfied with [SOURCE] in terms of...How clearly the information is presented?**
BASE: Those who gave valid answer at **Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392 100.0%	127 100.0%	25 100.0%	135 100.0%	55 100.0%	50 100.0%	117 100.0%	264 100.0%	79 100.0%	37 100.0%	40 100.0%	89 100.0%	100 100.0%	107 100.0%	90 100.0%	51 100.0%	53 100.0%	184 100.0%	64 100.0%	40 100.0%
Very satisfied	128 32.7%	46 36.2% EF	5 20.0%	56 41.5% CEF	10 18.2%	11 22.0%	36 30.8%	88 33.3%	21 26.6%	18 48.6% I	11 27.5%	25 28.1%	31 31.0%	41 38.3%	29 32.2%	15 29.4%	30 56.6% PRST	57 31.0% T	20 31.2% T	6 15.0%
Generally satisfied	246 62.8%	74 58.3%	20 80.0% BD	74 54.8%	43 78.2% BD	35 70.0%	75 64.1%	164 62.1%	58 73.4% J	14 37.8%	28 70.0% J	59 66.3%	62 62.0%	61 57.0%	60 66.7%	34 66.7% Q	20 37.7%	121 65.8% Q	42 65.6% Q	29 72.5% Q
Not very satisfied	10 2.6%	5 3.9%	-	2 1.5%	1 1.8%	2 4.0%	4 3.4%	6 2.3%	-	3 8.1%	1 2.5%	4 4.5%	3 3.0%	2 1.9%	1 1.1%	-	2 3.8%	2 1.1%	2 3.1%	4 10.0%
Not at all satisfied	2 0.5%	1 0.8%	-	-	-	1 2.0%	1 0.9%	1 0.4%	-	1 2.7%	-	-	1 1.0%	1 0.9%	-	-	1 1.9%	1 0.5%	-	-
Depends	2 0.5%	1 0.8%	-	-	-	1 2.0%	-	2 0.8%	-	1 2.7%	-	1 1.1%	1 1.0%	-	-	-	-	2 1.1%	-	-
Don't know/No answer	4 1.0%	-	-	3 2.2%	1 1.8%	-	1 0.9%	3 1.1%	-	-	-	-	2 2.0%	2 1.9%	-	2 3.9%	-	1 0.5%	-	1 2.5%
TOP 2 BOX	374 95.4%	120 94.5%	25 100.0% BDF	130 96.3%	53 96.4%	46 92.0%	111 94.9%	252 95.5%	79 100.0% J	32 86.5%	39 97.5%	84 94.4%	93 93.0%	102 95.3%	89 98.9% M	49 96.1%	50 94.3%	178 96.7%	62 96.9%	35 87.5%
BOTTOM 2 BOX	12 3.1%	6 4.7%	-	2 1.5%	1 1.8%	3 6.0%	5 4.3%	7 2.7%	-	4 10.8%	1 2.5%	4 4.5%	4 4.0%	3 2.8%	1 1.1%	-	3 5.7%	3 1.6%	2 3.1%	4 10.0%
CHI-SQUARE		<----------21.85---------->					<-----.96----->		<--------19.37-------->			<----------6.63---------->				<----------34.41---------->				
SIGNIFICANCE				96.1%*				18.8%*		99.6%*				32.5%*				99.9%*		
MEAN	3.3	3.3	3.2	3.4 EF	3.2	3.1	3.3	3.3	3.3	3.4	3.2	3.2	3.3	3.4	3.3	3.3 T	3.5 RT	3.3 T	3.3 T	3.1
STANDARD DEVIATION	0.54	0.59	0.41	0.52	0.42	0.58	0.56	0.53	0.44	0.76	0.49	0.53	0.57	0.57	0.49	0.47	0.67	0.51	0.52	0.51
STANDARD ERROR	0.03	0.05	0.08	0.05	0.06	0.08	0.05	0.03	0.05	0.13	0.08	0.06	0.06	0.06	0.05	0.07	0.09	0.04	0.06	0.08

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19C. How would you rate your satisfaction with each of the following aspects of THE CANADIAN ADVERSE REACTION NEWSLETTER, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE CANADIAN ADVERSE REACTION NEWSLETTER in terms of...How clearly the information is presented?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	41	16	-	23	1	1	7	32	9	6	1	3	9	21	8	5	14	15	6	1
	42.3%	43.2%		45.1%	20.0%	25.0%	38.9%	41.6%	56.2% K	66.7% K	8.3%	18.8%	45.0%	53.8% L	36.4%	29.4%	77.8% PRT	34.9%	46.2%	16.7%
Generally satisfied	54	21	-	26	4	3	11	43	7	3	11	13	11	16	14	10	4	28	7	5
	55.7%	56.8%		51.0%	80.0%	75.0%	61.1%	55.8%	43.8%	33.3%	91.7% IJ	81.2% N	55.0%	41.0%	63.6%	58.8% Q	22.2%	65.1% Q	53.8%	83.3% Q
Don't know/No answer	2	-	-	2	-	-	-	2	-	-	-	-	-	2	-	2	-	-	-	-
	2.1%			3.9%				2.6%						5.1%		11.8%				
TOP 2 BOX	95	37	-	49	5	4	18	75	16	9	12	16	20	37	22	15	18	43	13	6
	97.9%	100.0%		96.1%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%
CHI-SQUARE		<----------1.92---------->					<-----.09----->		<---------9.07--------->			<----------7.12---------->				<----------12.35---------->				
SIGNIFICANCE				.0%*			.6%*			83.1%*				37.5%*				58.2%*		
MEAN	3.4	3.4		3.5	3.2	3.2	3.4	3.4	3.6 K	3.7 K	3.1	3.2	3.5	3.6 L	3.4	3.3	3.8 PRT	3.3	3.5	3.2
STANDARD DEVIATION	0.50	0.50		0.50	0.45	0.50	0.50	0.50	0.51	0.50	0.29	0.40	0.51	0.50	0.49	0.49	0.43	0.48	0.52	0.41
STANDARD ERROR	0.05	0.08		0.07	0.20	0.25	0.12	0.06	0.13	0.17	0.08	0.10	0.11	0.08	0.10	0.13	0.10	0.07	0.14	0.17

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q19C. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS in terms of...How clearly the information is presented?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	38	14	3	19	1	1	11	26	5	7	5	7	10	13	8	3	7	16	8	4
	30.4%	30.4% E	18.8%	50.0% CEF	5.9%	12.5%	25.6%	32.5%	15.2%	43.8% I	41.7%	28.0%	31.2%	34.2%	27.6%	17.6%	46.7%	29.1%	33.3%	28.6%
Generally satisfied	82	29	13	19	15	6	29	52	28	7	7	16	21	24	20	14	7	37	15	9
	65.6%	63.0%	81.2% D	50.0%	88.2% BD	75.0%	67.4%	65.0%	84.8% J	43.8%	58.3%	64.0%	65.6%	63.2%	69.0%	82.4% Q	46.7%	67.3%	62.5%	64.3%
Not very satisfied	3	2	-	-	1	-	2	1	-	1	-	1	1	-	1	-	-	1	1	1
	2.4%	4.3%			5.9%		4.7%	1.2%		6.2%		4.0%	3.1%		3.4%			1.8%	4.2%	7.1%
Not at all satisfied	1	1	-	-	-	-	1	-	-	1	-	-	-	1	-	-	1	-	-	-
	0.8%	2.2%					2.3%			6.2%				2.6%			6.7%			
Depends	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	0.8%					12.5%		1.2%				4.0%						1.8%		
TOP 2 BOX	120	43	16	38	16	7	40	78	33	14	12	23	31	37	28	17	14	53	23	13
	96.0%	93.5%	100.0%	100.0%	94.1%	87.5%	93.0%	97.5%	100.0%	87.5%	100.0%	92.0%	96.9%	97.4%	96.6%	100.0%	93.3%	96.4%	95.8%	92.9%
BOTTOM 2 BOX	4	3	-	-	1	-	3	1	-	2	-	1	1	1	1	-	1	1	1	1
	3.2%	6.5%			5.9%		7.0%	1.2%		12.5%		4.0%	3.1%	2.6%	3.4%		6.7%	1.8%	4.2%	7.1%
CHI-SQUARE		<----------17.9---------->					<-----3.64---->		<--------12.69-------->			<----------3.99---------->				<----------13.63---------->				
SIGNIFICANCE				88.1%*			69.7%*			95.2%*				8.8%*				67.5%*		
MEAN	3.3	3.2	3.2	3.5 BCE	3.0	3.1	3.2	3.3	3.2	3.2	3.4	3.2	3.3	3.3	3.2	3.2	3.3	3.3	3.3	3.2
STANDARD DEVIATION	0.54	0.63	0.40	0.51	0.35	0.38	0.61	0.49	0.36	0.86	0.51	0.53	0.52	0.61	0.51	0.39	0.82	0.49	0.55	0.58
STANDARD ERROR	0.05	0.09	0.10	0.08	0.09	0.14	0.09	0.06	0.06	0.21	0.15	0.11	0.09	0.10	0.09	0.10	0.21	0.07	0.11	0.15

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19C. How would you rate your satisfaction **with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA**, as a source of new information about drug safety? **Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA in terms of...How clearly the information is presented?**
BASE: Random selection of respondents who used **"Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	25	10	1	10	2	2	6	18	4	3	3	4	7	4	8	3	5	14	3	-
	29.8%	30.3%	20.0%	33.3%	25.0%	25.0%	27.3%	31.0%	22.2%	33.3%	25.0%	25.0%	29.2%	21.1%	34.8%	30.0%	41.7%	35.9%	17.6%	
Generally satisfied	54	19	4	19	6	6	15	36	14	3	8	12	14	13	15	7	5	23	13	6
	64.3%	57.6%	80.0%	63.3%	75.0%	75.0%	68.2%	62.1%	77.8% J	33.3%	66.7%	75.0%	58.3%	68.4%	65.2%	70.0%	41.7%	59.0%	76.5% Q	100.0% PQRS
Not very satisfied	4	3	-	1	-	-	1	3	-	2	1	-	2	2	-	-	2	1	1	-
	4.8%	9.1%		3.3%			4.5%	5.2%		22.2%	8.3%		8.3%	10.5%			16.7%	2.6%	5.9%	
Depends	1	1	-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	1	-	-
	1.2%	3.0%						1.7%		11.1%			4.2%					2.6%		
TOP 2 BOX	79	29	5	29	8	8	21	54	18	6	11	16	21	17	23	10	10	37	16	6
	94.0%	87.9%	100.0% B	96.7%	100.0% B	100.0% B	95.5%	93.1%	100.0% J	66.7%	91.7%	100.0%	87.5%	89.5%	100.0%	100.0%	83.3%	94.9%	94.1%	100.0%
BOTTOM 2 BOX	4	3	-	1	-	-	1	3	-	2	1	-	2	2	-	-	2	1	1	-
	4.8%	9.1%		3.3%			4.5%	5.2%		22.2%	8.3%		8.3%	10.5%			16.7%	2.6%	5.9%	
CHI-SQUARE		<----------3.54---------->					<-----.18----->		<---------6.26--------->			<----------4.87---------->				<----------11.1---------->			
SIGNIFICANCE				1.0%*			1.8%*			60.5%*				15.5%*				48.0%*		
MEAN	3.3	3.2	3.2	3.3	3.2	3.2	3.2	3.3	3.2	3.1	3.2	3.2	3.2	3.1	3.3	3.3	3.2	3.3	3.1	3.0
STANDARD DEVIATION	0.54	0.61	0.45	0.53	0.46	0.46	0.53	0.55	0.43	0.83	0.58	0.45	0.60	0.57	0.49	0.48	0.75	0.53	0.49	0.0
STANDARD ERROR	0.06	0.11	0.20	0.10	0.16	0.16	0.11	0.07	0.10	0.30	0.17	0.11	0.13	0.13	0.10	0.15	0.22	0.09	0.12	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19C. How would you rate your satisfaction with each of the following aspects of HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO), as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO) in terms of...How clearly the information is presented?
BASE: Random selection of respondents who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	5	1	-	1	3	-	4	1	-	1	-	-	2	-	3	1	1	2	1	-
	55.6%	50.0%		50.0%	75.0%		80.0%	25.0%		100.0%			40.0%		100.0% M	100.0% R	50.0%	40.0%	100.0% R	
Generally satisfied	4	1	-	1	1	1	1	3	1	-	1	1	3	-	-	-	1	3	-	-
	44.4%	50.0%		50.0%	25.0%	100.0% E	20.0%	75.0%	100.0%		100.0%	100.0%	60.0%				50.0%	60.0%		
TOP 2 BOX	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
CHI-SQUARE		<----------1.91---------->					<-----2.72---->		<----------3---------->			<----------4.14---------->				<----------2.11---------->				
SIGNIFICANCE		.0%*					56.4%*		19.1%*			9.8%*				.1%*				
MEAN	3.6	3.5		3.5	3.8	3.0	3.8	3.2	3.0	4.0	3.0	3.0	3.4		4.0	4.0	3.5	3.4	4.0	
STANDARD DEVIATION	0.53	0.71		0.71	0.50	0.0	0.45	0.50	0.0	0.0	0.0	0.0	0.55		0.0	0.0	0.71	0.55	0.0	
STANDARD ERROR	0.18	0.50		0.50	0.25	0.0	0.20	0.25	0.0	0.0	0.0	0.0	0.24		0.0	0.0	0.50	0.24	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19C. How would you rate your satisfaction with each of the following aspects of DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE in terms of...How clearly the information is presented?
BASE: Random selection of respondents who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	15	2	-	3	3	7	6	9	2	-	-	11	2	-	2	2	1	9	2	1
	23.1%	50.0%		23.1%	16.7%	25.0%	27.3%	22.5%	25.0%			36.7%	13.3%		20.0%	50.0%	25.0%	24.3%	28.6%	7.7%
Generally satisfied	45	2	2	9	14	18	14	28	6	-	1	17	10	7	8	2	3	26	5	9
	69.2%	50.0%	100.0% BDEF	69.2%	77.8%	64.3%	63.6%	70.0%	75.0%		100.0%	56.7%	66.7%	100.0% LM	80.0%	50.0%	75.0%	70.3%	71.4%	69.2%
Not very satisfied	2	-	-	-	-	2	1	1	-	-	-	2	-	-	-	-	-	-	-	2
	3.1%					7.1%	4.5%	2.5%				6.7%								15.4%
Not at all satisfied	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	1.5%					3.6%		2.5%					6.7%					2.7%		
Don't know/No answer	2	-	-	1	1	-	1	1	-	-	-	-	2	-	-	-	-	1	-	1
	3.1%			7.7%	5.6%		4.5%	2.5%					13.3%					2.7%		7.7%
TOP 2 BOX	60	4	2	12	17	25	20	37	8	-	1	28	12	7	10	4	4	35	7	10
	92.3%	100.0%	100.0%	92.3%	94.4%	89.3%	90.9%	92.5%	100.0%		100.0%	93.3%	80.0%	100.0%	100.0%	100.0% T	100.0% T	94.6%	100.0% T	76.9%
BOTTOM 2 BOX	3	-	-	-	-	3	1	2	-	-	-	2	1	-	-	-	-	1	-	2
	4.6%					10.7%	4.5%	5.0%				6.7%	6.7%					2.7%		15.4%
CHI-SQUARE		<----------6.66---------->					<-----.95----->		<---------.32--------->			<----------11.47---------->				<----------11.99---------->				
SIGNIFICANCE				12.1%*			18.7%*			.1%*			75.5%*					55.3%*		
MEAN	3.2	3.5	3.0	3.2	3.2	3.1	3.2	3.2	3.2		3.0	3.3	3.0	3.0	3.2	3.5	3.2	3.2	3.3	2.9
STANDARD DEVIATION	0.55	0.58	0.0	0.45	0.39	0.69	0.54	0.59	0.46		0.0	0.60	0.71	0.0	0.42	0.58	0.50	0.58	0.49	0.51
STANDARD ERROR	0.07	0.29	0.0	0.13	0.10	0.13	0.12	0.09	0.16		0.0	0.11	0.20	0.0	0.13	0.29	0.25	0.10	0.18	0.15

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19C. How would you rate your **satisfaction with each of the following aspects of THE ADVERSE REACTION REGIONAL CENTRES, as a source of new information** about drug safety? Are you very **satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE ADVERSE REACTION REGIONAL CENTRES in terms** of...How clearly the information is **presented?**
BASE: Random selection of respondents **who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	4	3	1	-	-	-	2	2	1	1	2	-	1	3	-	1	2	1	-	-
	33.3%	60.0%	50.0%				28.6%	40.0%	33.3%	50.0%	100.0% I		25.0%	75.0%		50.0%	100.0% R	20.0%		
Generally satisfied	7	2	1	-	3	1	5	2	2	1	-	-	3	1	3	1	-	4	2	-
	58.3%	40.0%	50.0%		100.0% B	100.0% B	71.4%	40.0%	66.7%	50.0%			75.0%	25.0%	100.0% N	50.0%		80.0%	100.0%	
Not very satisfied	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	8.3%			100.0%				20.0%				100.0%								100.0%
TOP 2 BOX	11	5	2	-	3	1	7	4	3	2	2	-	4	4	3	2	2	5	2	-
	91.7%	100.0%	100.0%		100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
BOTTOM 2 BOX	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	8.3%			100.0%				20.0%				100.0%								100.0%
CHI-SQUARE		<----------15.99---------->					<-----2.01---->		<---------2.24-------->			<----------16.93---------->				<----------17.87---------->				
SIGNIFICANCE				80.8%*				42.9%*			10.3%*				95.0%*			88.0%*		
MEAN	3.2	3.6	3.5	2.0	3.0	3.0	3.3	3.2	3.3	3.5	4.0	2.0	3.2	3.8	3.0	3.5	4.0	3.2	3.0	2.0
STANDARD DEVIATION	0.62	0.55	0.71	0.0	0.0	0.0	0.49	0.84	0.58	0.71	0.0	0.0	0.50	0.50	0.0	0.71	0.0	0.45	0.0	0.0
STANDARD ERROR	0.18	0.24	0.50	0.0	0.0	0.0	0.18	0.37	0.33	0.50	0.0	0.0	0.25	0.25	0.0	0.50	0.0	0.20	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19D. How would you rate your satisfaction with each of the following aspects of [THE SOURCE], as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with [SOURCE] in terms of...How CURRENT or up-to-date the information is?
BASE: Those who gave valid answer at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392	127	25	135	55	50	117	264	79	37	40	89	100	107	90	51	53	184	64	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	150	56	5	70	16	3	46	101	27	21	14	33	38	45	33	19	30	62	27	12
	38.3%	44.1% CEF	20.0%	51.9% CEF	29.1% F	6.0%	39.3%	38.3%	34.2%	56.8% IK	35.0%	37.1%	38.0%	42.1%	36.7%	37.3%	56.6% PRT	33.7%	42.2%	30.0%
Generally satisfied	209	64	19	55	34	37	63	140	46	14	23	47	53	55	50	29	21	99	35	25
	53.3%	50.4%	76.0% BD	40.7%	61.8% D	74.0% BD	53.8%	53.0%	58.2% J	37.8%	57.5%	52.8%	53.0%	51.4%	55.6%	56.9%	39.6%	53.8%	54.7%	62.5% Q
Not very satisfied	19	5	-	7	1	6	3	15	5	2	1	8	4	3	4	2	1	14	-	2
	4.8%	3.9%		5.2%	1.8%	12.0% E	2.6%	5.7%	6.3%	5.4%	2.5%	9.0%	4.0%	2.8%	4.4%	3.9%	1.9%	7.6% Q		5.0%
Not at all satisfied	2	1	-	-	-	1	-	2	-	-	1	-	1	1	-	-	-	2	-	-
	0.5%	0.8%				2.0%		0.8%			2.5%		1.0%	0.9%				1.1%		
Depends	2	-	-	-	-	2	-	2	-	-	-	1	1	-	-	-	-	1	-	1
	0.5%					4.0%		0.8%				1.1%	1.0%					0.5%		2.5%
Don't know/No answer	10	1	1	3	4	1	5	4	1	-	1	-	3	3	3	1	1	6	2	-
	2.6%	0.8%	4.0%	2.2%	7.3%	2.0%	4.3%	1.5%	1.3%		2.5%		3.0%	2.8%	3.3%	2.0%	1.9%	3.3%	3.1%	
TOP 2 BOX	359	120	24	125	50	40	109	241	73	35	37	80	91	100	83	48	51	161	62	37
	91.6%	94.5% F	96.0% F	92.6% F	90.9%	80.0%	93.2%	91.3%	92.4%	94.6%	92.5%	89.9%	91.0%	93.5%	92.2%	94.1%	96.2% R	87.5%	96.9% R	92.5%
BOTTOM 2 BOX	21	6	-	7	1	7	3	17	5	2	2	8	5	4	4	2	1	16	-	2
	5.4%	4.7%		5.2%	1.8%	14.0% E	2.6%	6.4%	6.3%	5.4%	5.0%	9.0%	5.0%	3.7%	4.4%	3.9%	1.9%	8.7% Q		5.0%
CHI-SQUARE		<----------47.88---------->					<-----2.58---->		<---------9.33-------->			<-------------6.46------------->				<----------18.51---------->				
SIGNIFICANCE				100.0%*			53.8%*			84.4%*				30.7%*				89.9%*		
MEAN	3.3	3.4 F	3.2 F	3.5 CF	3.3 F	2.9	3.4	3.3	3.3	3.5	3.3	3.3	3.3	3.4	3.3	3.3	3.6 PRT	3.2	3.4 R	3.3
STANDARD DEVIATION	0.60	0.61	0.41	0.60	0.50	0.52	0.54	0.62	0.58	0.61	0.65	0.62	0.61	0.60	0.56	0.56	0.54	0.64	0.50	0.55
STANDARD ERROR	0.03	0.05	0.08	0.05	0.07	0.08	0.05	0.04	0.07	0.10	0.10	0.07	0.06	0.06	0.06	0.08	0.07	0.05	0.06	0.09

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19D. How would you rate your satisfaction with each of the following aspects of THE CANADIAN ADVERSE REACTION NEWSLETTER, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE CANADIAN ADVERSE REACTION NEWSLETTER in terms of... How CURRENT or up-to-date the information is?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	43	16	-	25	2	-	10	32	9	5	2	8	9	18	8	5	11	16	9	2
	44.3%	43.2%		49.0%	40.0%		55.6%	41.6%	56.2% K	55.6% K	16.7%	50.0%	45.0%	46.2%	36.4%	29.4%	61.1% P	37.2%	69.2% PR	33.3%
Generally satisfied	48	21	-	20	3	4	8	40	7	4	10	6	10	19	13	10	5	25	4	4
	49.5%	56.8%		39.2%	60.0%	100.0% BD	44.4%	51.9%	43.8%	44.4%	83.3% IJ	37.5%	50.0%	48.7%	59.1%	58.8%	27.8%	58.1% Q	30.8%	66.7%
Not very satisfied	4	-	-	4	-	-	-	3	-	-	-	2	1	1	-	1	1	2	-	-
	4.1%			7.8%				3.9%				12.5%	5.0%	2.6%		5.9%	5.6%	4.7%		
Don't know/No answer	2	-	-	2	-	-	-	2	-	-	-	-	-	1	1	1	1	-	-	-
	2.1%			3.9%				2.6%						2.6%	4.5%	5.9%	5.6%			
TOP 2 BOX	91	37	-	45	5	4	18	72	16	9	12	14	19	37	21	15	16	41	13	6
	93.8%	100.0% D		88.2%	100.0% D	100.0% D	100.0% H	93.5%	100.0%	100.0%	100.0%	87.5%	95.0%	94.9%	95.5%	88.2%	88.9%	95.3%	100.0%	100.0%
BOTTOM 2 BOX	4	-	-	4	-	-	-	3	-	-	-	2	1	1	-	1	1	2	-	-
	4.1%			7.8%				3.9%				12.5%	5.0%	2.6%		5.9%	5.6%	4.7%		
CHI-SQUARE		<----------9.21---------->					<-----1.48---->		<---------5.11-------->			<-------------5.18------------->				<----------9.42---------->				
SIGNIFICANCE				31.5%*			31.2%*			47.0%*				18.2%*				33.3%*		
MEAN	3.4	3.4		3.4	3.4	3.0	3.6	3.4	3.6 K	3.6	3.2	3.4	3.4	3.4	3.4	3.2	3.6	3.3	3.7 PR	3.3
STANDARD DEVIATION	0.57	0.50		0.65	0.55	0.0	0.51	0.57	0.51	0.53	0.39	0.72	0.60	0.55	0.50	0.58	0.62	0.57	0.48	0.52
STANDARD ERROR	0.06	0.08		0.09	0.24	0.0	0.12	0.07	0.13	0.18	0.11	0.18	0.13	0.09	0.11	0.14	0.15	0.09	0.13	0.21

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19D. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS in terms of... How CURRENT or up-to-date the information is?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	48	19	4	21	4	-	16	31	9	9	5	11	12	16	9	6	7	17	14	4
	38.4%	41.3%	25.0%	55.3% CE	23.5%		37.2%	38.8%	27.3%	56.2% I	41.7%	44.0%	37.5%	42.1%	31.0%	35.3%	46.7%	30.9%	58.3% R	28.6%
Generally satisfied	66	21	12	14	12	7	24	41	22	5	5	12	17	19	17	11	8	27	10	10
	52.8%	45.7%	75.0% BD	36.8%	70.6% D	87.5% BD	55.8%	51.2%	66.7% J	31.2%	41.7%	48.0%	53.1%	50.0%	58.6%	64.7%	53.3%	49.1%	41.7%	71.4%
Not very satisfied	9	5	-	3	1	-	3	6	2	2	1	1	3	2	3	-	-	9	-	-
	7.2%	10.9%		7.9%	5.9%		7.0%	7.5%	6.1%	12.5%	8.3%	4.0%	9.4%	5.3%	10.3%			16.4%		
Not at all satisfied	1	1	-	-	-	-	-	1	-	-	1	-	-	1	-	-	-	1	-	-
	0.8%	2.2%						1.2%			8.3%			2.6%				1.8%		
Depends	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	0.8%					12.5%		1.2%				4.0%						1.8%		
TOP 2 BOX	114	40	16	35	16	7	40	72	31	14	10	23	29	35	26	17	15	44	24	14
	91.2%	87.0%	100.0% B	92.1%	94.1%	87.5%	93.0%	90.0%	93.9%	87.5%	83.3%	92.0%	90.6%	92.1%	89.7%	100.0% R	100.0% R	80.0%	100.0% R	100.0% R
BOTTOM 2 BOX	10	6	-	3	1	-	3	7	2	2	2	1	3	3	3	-	-	10	-	-
	8.0%	13.0%		7.9%	5.9%		7.0%	8.8%	6.1%	12.5%	16.7%	4.0%	9.4%	7.9%	10.3%			18.2%		
CHI-SQUARE		<----------19.2---------->					<-----.67----->		<----------10--------->			<----------4.48---------->				<----------18.75---------->				
SIGNIFICANCE				91.6%*			11.9%*			87.5%*				12.3%*				90.5%*		
MEAN	3.3	3.3	3.2	3.5	3.2	3.0	3.3	3.3	3.2	3.4	3.2	3.4	3.3	3.3	3.2	3.4	3.5	3.1	3.6 R	3.3
STANDARD DEVIATION	0.64	0.74	0.45	0.65	0.53	0.0	0.60	0.66	0.55	0.73	0.94	0.58	0.63	0.70	0.62	0.49	0.52	0.74	0.50	0.47
STANDARD ERROR	0.06	0.11	0.11	0.10	0.13	0.0	0.09	0.07	0.09	0.18	0.27	0.12	0.11	0.11	0.12	0.12	0.13	0.10	0.10	0.13

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19D. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA in terms of... How CURRENT or up-to-date the information is?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	38	15	-	18	2	3	7	30	7	4	5	8	11	8	10	4	8	21	2	3
	45.2%	45.5%		60.0% E	25.0%	37.5%	31.8%	51.7%	38.9%	44.4%	41.7%	50.0%	45.8%	42.1%	43.5%	40.0%	66.7% S	53.8% S	11.8%	50.0%
Generally satisfied	42	17	5	12	6	2	14	25	9	5	6	6	13	10	12	6	4	17	14	1
	50.0%	51.5%	100.0% BDF	40.0%	75.0% DF	25.0%	63.6%	43.1%	50.0%	55.6%	50.0%	37.5%	54.2%	52.6%	52.2%	60.0% T	33.3%	43.6%	82.4% QRT	16.7%
Not very satisfied	3	-	-	-	-	3	-	3	2	-	-	2	-	-	1	-	-	1	-	2
	3.6%					37.5%		5.2%	11.1%			12.5%			4.3%			2.6%		33.3%
Don't know/No answer	1	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	1	-
	1.2%	3.0%					4.5%				8.3%			5.3%					5.9%	
TOP 2 BOX	80	32	5	30	8	5	21	55	16	9	11	14	24	18	22	10	12	38	16	4
	95.2%	97.0% F	100.0% F	100.0% F	100.0% F	62.5%	95.5%	94.8%	88.9%	100.0%	91.7%	87.5%	100.0%	94.7%	95.7%	100.0%	100.0%	97.4%	94.1%	66.7%
BOTTOM 2 BOX	3	-	-	-	-	3	-	3	2	-	-	2	-	-	1	-	-	1	-	2
	3.6%					37.5%		5.2%	11.1%			12.5%			4.3%			2.6%		33.3%
CHI-SQUARE		<----------37.72---------->					<-----3.93---->		<---------2.35-------->			<-------------5.72------------->				<----------28.75---------->				
SIGNIFICANCE				100.0%*				73.1%*			11.6%*			23.3%*				99.6%*		
MEAN	3.4	3.5 C	3.0	3.6 CF	3.2	3.0	3.3	3.5	3.3	3.4	3.5	3.4	3.5	3.4	3.4	3.4	3.7 S	3.5 S	3.1	3.2
STANDARD DEVIATION	0.57	0.51	0.0	0.50	0.46	0.93	0.48	0.60	0.67	0.53	0.52	0.72	0.51	0.51	0.58	0.52	0.49	0.56	0.34	0.98
STANDARD ERROR	0.06	0.09	0.0	0.09	0.16	0.33	0.11	0.08	0.16	0.18	0.16	0.18	0.10	0.12	0.12	0.16	0.14	0.09	0.09	0.40

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q19D. How would you rate your **satisfaction with each of the following aspects of HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO)**, as a source of new information **about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE** PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS **in terms of... How CURRENT or up-to-date the information is?**
BASE:Random selection of respondents **who used " Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	4	1	-	1	2	-	3	1	-	1	-	-	2	-	2	1	2	-	1	-
	44.4%	50.0%		50.0%	50.0%		60.0%	25.0%		100.0%			40.0%		66.7%	100.0%	100.0%		100.0%	
Generally satisfied	5	1	-	1	2	1	2	3	1	-	1	1	3	-	1	-	-	5	-	-
	55.6%	50.0%		50.0%	50.0%	100.0% E	40.0%	75.0%	100.0%		100.0%	100.0% O	60.0%		33.3%			100.0%		
TOP 2 BOX	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
CHI-SQUARE		<----------.9---------->					<-----1.1----->		<----------3---------->			<----------1.44---------->				<----------9---------->				
SIGNIFICANCE				.0%*			22.4%*			19.1%*			.2%*					29.7%*		
MEAN	3.4	3.5		3.5	3.5	3.0	3.6	3.2	3.0	4.0	3.0	3.0	3.4		3.7	4.0	4.0	3.0	4.0	
STANDARD DEVIATION	0.53	0.71		0.71	0.58	0.0	0.55	0.50	0.0	0.0	0.0	0.0	0.55		0.58	0.0	0.0	0.0	0.0	
STANDARD ERROR	0.18	0.50		0.50	0.29	0.0	0.24	0.25	0.0	0.0	0.0	0.0	0.24		0.33	0.0	0.0	0.0	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q19D. . How would you rate your **satisfaction with each of the following aspects of DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S** WEBSITE, as a source of new **information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DRUG SAFETY** ADVISORIES AND WARNINGS **POSTED ON HEALTH CANADA'S WEBSITE in terms of....How CURRENT or up-to-date the information is?**
BASE:Random selection of respondents **who used " Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	12	2	-	5	5	-	7	5	2	-	-	6	2	1	3	1	1	6	1	3
	18.5%	50.0%		38.5%	27.8%		31.8%	12.5%	25.0%			20.0%	13.3%	14.3%	30.0%	25.0%	25.0%	16.2%	14.3%	23.1%
Generally satisfied	42	2	1	7	10	22	12	28	4	-	1	21	9	5	5	2	3	23	5	9
	64.6%	50.0%	50.0%	53.8%	55.6%	78.6%	54.5%	70.0%	50.0%		100.0% I	70.0%	60.0%	71.4%	50.0%	50.0%	75.0%	62.2%	71.4%	69.2%
Not very satisfied	3	-	-	-	-	3	-	3	1	-	-	3	-	-	-	1	-	2	-	-
	4.6%					10.7%		7.5%	12.5%			10.0%				25.0%		5.4%		
Not at all satisfied	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	1.5%					3.6%		2.5%					6.7%					2.7%		
Depends	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	1
	1.5%					3.6%		2.5%					6.7%							7.7%
Don't know/No answer	6	-	1	1	3	1	3	2	1	-	-	-	2	1	2	-	-	5	1	-
	9.2%		50.0%	7.7%	16.7%	3.6%	13.6%	5.0%	12.5%				13.3%	14.3%	20.0%			13.5%	14.3%	
TOP 2 BOX	54	4	1	12	15	22	19	33	6	-	1	27	11	6	8	3	4	29	6	12
	83.1%	100.0% F	50.0%	92.3%	83.3%	78.6%	86.4%	82.5%	75.0%		100.0%	90.0%	73.3%	85.7%	80.0%	75.0%	100.0% R	78.4%	85.7%	92.3%
BOTTOM 2 BOX	4	-	-	-	-	4	-	4	1	-	-	3	1	-	-	1	-	3	-	-
	6.2%					14.3%		10.0%	12.5%			10.0%	6.7%			25.0%		8.1%		
CHI-SQUARE		<----------17.2---------->					<-----5.52---->		<----------.69---------->			<----------7.69---------->				<----------5.74---------->				
SIGNIFICANCE				85.8%*			86.2%*			.5%*				43.4%*				7.1%*		
MEAN	3.1	3.5 F	3.0	3.4 F	3.3 F	2.8	3.4 H	3.0	3.1		3.0	3.1	3.0	3.2	3.4	3.0	3.2	3.1	3.2	3.2
STANDARD DEVIATION	0.56	0.58	0.0	0.51	0.49	0.49	0.50	0.58	0.69		0.0	0.55	0.74	0.41	0.52	0.82	0.50	0.62	0.41	0.45
STANDARD ERROR	0.07	0.29	0.0	0.15	0.13	0.10	0.11	0.09	0.26		0.0	0.10	0.21	0.17	0.18	0.41	0.25	0.11	0.17	0.13

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19D. . How would you rate your satisfaction with each of the following aspects of THE ADVERSE REACTION REGIONAL CENTRES, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE ADVERSE REACTION REGIONAL CENTRES in terms of...How CURRENT or up-to-date the information is?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	5	3	1	-	1	-	3	2	-	2	2	-	2	2	1	2	1	2	-	-
	41.7%	60.0%	50.0%		33.3%		42.9%	40.0%		100.0%	100.0%		50.0%	50.0%	33.3%	100.0% R	50.0%	40.0%		
Generally satisfied	6	2	1	1	1	1	3	3	3	-	-	1	1	2	2	-	1	2	2	1
	50.0%	40.0%	50.0%	100.0% BE	33.3%	100.0% BE	42.9%	60.0%	100.0%			100.0% MN	25.0%	50.0%	66.7%		50.0%	40.0%	100.0% R	100.0% R
Don't know/No answer	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	8.3%				33.3%		14.3%						25.0%					20.0%		
TOP 2 BOX	11	5	2	1	2	1	6	5	3	2	2	1	3	4	3	2	2	4	2	1
	91.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%
CHI-SQUARE	<----------2.13---------->						<-----.11----->		<----------7---------->			<----------1.59---------->				<----------4.95---------->				
SIGNIFICANCE				.1%*			.9%*			67.9%*			.4%*					4.0%*		
MEAN	3.5	3.6	3.5	3.0	3.5	3.0	3.5	3.4	3.0	4.0	4.0	3.0	3.7	3.5	3.3	4.0	3.5	3.5	3.0	3.0
STANDARD DEVIATION	0.52	0.55	0.71	0.0	0.71	0.0	0.55	0.55	0.0	0.0	0.0	0.0	0.58	0.58	0.58	0.0	0.71	0.58	0.0	0.0
STANDARD ERROR	0.16	0.24	0.50	0.0	0.50	0.0	0.22	0.24	0.0	0.0	0.0	0.0	0.33	0.29	0.33	0.0	0.50	0.29	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your **satisfaction with each of the following aspects of [THE SOURCE], as a source of new information about drug safety?** Are you very satisfied, generally satisfied, not very **satisfied, or not at all satisfied with [SOURCE] in terms of...how USABLE the information is over time?**
BASE: Those who gave valid answer at **Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392	127	25	135	55	50	117	264	79	37	40	89	100	107	90	51	53	184	64	40
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	105	40	3	44	13	5	29	73	16	14	12	23	26	31	22	15	23	41	16	10
	26.8%	31.5% CF	12.0%	32.6% CF	23.6%	10.0%	24.8%	27.7%	20.3%	37.8%	30.0%	25.8%	26.0%	29.0%	24.4%	29.4%	43.4% RS	22.3%	25.0%	25.0%
Generally satisfied	250	77	21	81	39	32	79	163	56	20	25	58	63	64	62	31	24	127	43	25
	63.8%	60.6%	84.0% BDF	60.0%	70.9%	64.0%	67.5%	61.7%	70.9%	54.1%	62.5%	65.2%	63.0%	59.8%	68.9%	60.8%	45.3%	69.0% Q	67.2% Q	62.5%
Not very satisfied	23	7	-	6	1	9	6	17	4	2	2	5	9	6	3	2	3	11	4	3
	5.9%	5.5%		4.4%	1.8%	18.0% BDE	5.1%	6.4%	5.1%	5.4%	5.0%	5.6%	9.0%	5.6%	3.3%	3.9%	5.7%	6.0%	6.2%	7.5%
Not at all satisfied	1	-	-	1	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-	-
	0.3%			0.7%				0.4%						0.9%		2.0%				
Depends	2	-	-	-	1	1	1	1	-	-	-	1	-	-	1	-	-	1	-	1
	0.5%				1.8%	2.0%	0.9%	0.4%				1.1%			1.1%			0.5%		2.5%
Don't know/No answer	11	3	1	3	1	3	2	9	3	1	1	2	2	5	2	2	3	4	1	1
	2.8%	2.4%	4.0%	2.2%	1.8%	6.0%	1.7%	3.4%	3.8%	2.7%	2.5%	2.2%	2.0%	4.7%	2.2%	3.9%	5.7%	2.2%	1.6%	2.5%
TOP 2 BOX	355	117	24	125	52	37	108	236	72	34	37	81	89	95	84	46	47	168	59	35
	90.6%	92.1% F	96.0% F	92.6% F	94.5% F	74.0%	92.3%	89.4%	91.1%	91.9%	92.5%	91.0%	89.0%	88.8%	93.3%	90.2%	88.7%	91.3%	92.2%	87.5%
BOTTOM 2 BOX	24	7	-	7	1	9	6	18	4	2	2	5	9	7	3	3	3	11	4	3
	6.1%	5.5%		5.2%	1.8%	18.0% BDE	5.1%	6.8%	5.1%	5.4%	5.0%	5.6%	9.0%	6.5%	3.3%	5.9%	5.7%	6.0%	6.2%	7.5%
CHI-SQUARE		<----------31.49---------->					<----1.33---->		<---------4.23-------->			<----------6.29---------->				<----------18.32---------->				
SIGNIFICANCE				99.8%*			27.8%*			35.4%*				28.9%*				89.4%*		
MEAN	3.2	3.3 F	3.1	3.3 F	3.2 F	2.9	3.2	3.2	3.2	3.3	3.3	3.2	3.2	3.2	3.2	3.2	3.4 R	3.2	3.2	3.2
STANDARD DEVIATION	0.55	0.56	0.34	0.58	0.47	0.55	0.52	0.57	0.49	0.59	0.55	0.53	0.57	0.60	0.49	0.62	0.61	0.51	0.53	0.56
STANDARD ERROR	0.03	0.05	0.07	0.05	0.06	0.08	0.05	0.04	0.06	0.10	0.09	0.06	0.06	0.06	0.05	0.09	0.09	0.04	0.07	0.09

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your satisfaction with each of the following aspects of THE CANADIAN ADVERSE REACTION NEWSLETTER, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE CANADIAN ADVERSE REACTION NEWSLETTER in terms of...How USABLE the information is over time?
BASE: Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	30	13	-	15	2	-	6	23	7	4	2	5	5	14	6	4	8	12	4	2
	30.9%	35.1%		29.4%	40.0%		33.3%	29.9%	43.8%	44.4%	16.7%	31.2%	25.0%	35.9%	27.3%	23.5%	44.4%	27.9%	30.8%	33.3%
Generally satisfied	62	21	-	34	3	4	12	49	8	5	8	11	14	23	14	10	10	30	8	4
	63.9%	56.8%		66.7%	60.0%	100.0% BD	66.7%	63.6%	50.0%	55.6%	66.7%	68.8%	70.0%	59.0%	63.6%	58.8%	55.6%	69.8%	61.5%	66.7%
Not very satisfied	1	1	-	-	-	-	-	1	-	-	1	-	1	-	-	-	-	-	1	-
	1.0%	2.7%						1.3%			8.3%		5.0%						7.7%	
Not at all satisfied	1	-	-	1	-	-	-	1	-	-	-	-	-	1	-	1	-	-	-	-
	1.0%			2.0%				1.3%						2.6%		5.9%				
Don't know/No answer	3	2	-	1	-	-	-	3	1	-	1	-	-	1	2	2	-	1	-	-
	3.1%	5.4%		2.0%				3.9%	6.2%		8.3%			2.6%	9.1%	11.8%		2.3%		
TOP 2 BOX	92	34	-	49	5	4	18	72	15	9	10	16	19	37	20	14	18	42	12	6
	94.8%	91.9%		96.1%	100.0%	100.0%	100.0% H	93.5%	93.8%	100.0%	83.3%	100.0%	95.0%	94.9%	90.9%	82.4%	100.0%	97.7%	92.3%	100.0%
BOTTOM 2 BOX	2	1	-	1	-	-	-	2	-	-	1	-	1	1	-	1	-	-	1	-
	2.1%	2.7%		2.0%				2.6%			8.3%		5.0%	2.6%		5.9%			7.7%	
CHI-SQUARE		<----------5.25---------->					<-----.51----->		<---------4.18-------->			<----------6.08---------->				<----------13.19---------->			
SIGNIFICANCE		5.1%*					8.3%*		34.8%*			26.8%*				64.5%*				
MEAN	3.3	3.3		3.3	3.4	3.0	3.3	3.3	3.5	3.4	3.1	3.3	3.2	3.3	3.3	3.1	3.4	3.3	3.2	3.3
STANDARD DEVIATION	0.54	0.54		0.56	0.55	0.0	0.49	0.56	0.52	0.53	0.54	0.48	0.52	0.62	0.47	0.74	0.51	0.46	0.60	0.52
STANDARD ERROR	0.06	0.09		0.08	0.24	0.0	0.11	0.06	0.13	0.18	0.16	0.12	0.12	0.10	0.11	0.19	0.12	0.07	0.17	0.21

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q19E. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY DRUG MANUFACTURERS in terms of...How **USABLE** the information is over time?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	33	13	2	15	3	-	10	22	3	7	5	8	7	10	8	4	6	11	8	4
	26.4%	28.3%	12.5%	39.5% C	17.6%		23.3%	27.5%	9.1%	43.8% I	41.7% I	32.0%	21.9%	26.3%	27.6%	23.5%	40.0%	20.0%	33.3%	28.6%
Generally satisfied	80	27	14	19	13	7	27	52	27	6	7	15	22	23	19	12	7	38	14	9
	64.0%	58.7%	87.5% BD	50.0%	76.5% D	87.5% BD	62.8%	65.0%	81.8% J	37.5%	58.3%	60.0%	68.8%	60.5%	65.5%	70.6%	46.7%	69.1%	58.3%	64.3%
Not very satisfied	10	5	-	4	1	-	5	5	3	2	-	1	3	4	2	1	1	5	2	1
	8.0%	10.9%		10.5%	5.9%		11.6%	6.2%	9.1%	12.5%		4.0%	9.4%	10.5%	6.9%	5.9%	6.7%	9.1%	8.3%	7.1%
Don't know/No answer	2	1	-	-	-	1	1	1	-	1	-	1	-	1	-	-	1	1	-	-
	1.6%	2.2%				12.5%	2.3%	1.2%		6.2%		4.0%		2.6%			6.7%	1.8%		
TOP 2 BOX	113	40	16	34	16	7	37	74	30	13	12	23	29	33	27	16	13	49	22	13
	90.4%	87.0%	100.0% BD	89.5%	94.1%	87.5%	86.0%	92.5%	90.9%	81.2%	100.0%	92.0%	90.6%	86.8%	93.1%	94.1%	86.7%	89.1%	91.7%	92.9%
BOTTOM 2 BOX	10	5	-	4	1	-	5	5	3	2	-	1	3	4	2	1	1	5	2	1
	8.0%	10.9%		10.5%	5.9%		11.6%	6.2%	9.1%	12.5%		4.0%	9.4%	10.5%	6.9%	5.9%	6.7%	9.1%	8.3%	7.1%
CHI-SQUARE		<----------13.1---------->					<-----1.21---->		<--------11.82-------->			<----------1.71---------->				<----------3.84---------->				
SIGNIFICANCE				63.8%*			25.0%*			93.4%*				.5%*				1.4%*		
MEAN	3.2	3.2	3.1	3.3	3.1	3.0	3.1	3.2	3.0	3.3	3.4 I	3.3	3.1	3.2	3.2	3.2	3.4	3.1	3.2	3.2
STANDARD DEVIATION	0.56	0.61	0.34	0.65	0.49	0.0	0.59	0.55	0.43	0.72	0.51	0.55	0.55	0.60	0.56	0.53	0.63	0.54	0.61	0.58
STANDARD ERROR	0.05	0.09	0.09	0.11	0.12	0.0	0.09	0.06	0.08	0.19	0.15	0.11	0.10	0.10	0.10	0.13	0.17	0.07	0.12	0.15

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your satisfaction with each of the following aspects of DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED BY HEALTH CANADA, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DEAR HEALTH CARE PROFESSIONAL LETTERS ISSUED HEALTH CANADA in terms of...How USABLE the information is over time?
BASE: Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84	33	5	30	8	8	22	58	18	9	12	16	24	19	23	10	12	39	17	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	24	8	1	11	2	2	4	19	5	1	2	4	9	4	5	3	5	12	2	2
	28.6%	24.2%	20.0%	36.7%	25.0%	25.0%	18.2%	32.8%	27.8%	11.1%	16.7%	25.0%	37.5%	21.1%	21.7%	30.0%	41.7%	30.8%	11.8%	33.3%
Generally satisfied	56	24	4	17	6	5	17	36	12	8	9	12	15	12	17	7	6	26	14	3
	66.7%	72.7%	80.0%	56.7%	75.0%	62.5%	77.3%	62.1%	66.7%	88.9%	75.0%	75.0%	62.5%	63.2%	73.9%	70.0%	50.0%	66.7%	82.4%	50.0%
Not very satisfied	3	1	-	1	-	1	1	2	1	-	1	-	-	2	1	-	-	1	1	1
	3.6%	3.0%		3.3%		12.5%	4.5%	3.4%	5.6%		8.3%			10.5%	4.3%			2.6%	5.9%	16.7%
Don't know/No answer	1	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-	1	-	-	-
	1.2%			3.3%				1.7%						5.3%			8.3%			
TOP 2 BOX	80	32	5	28	8	7	21	55	17	9	11	16	24	16	22	10	11	38	16	5
	95.2%	97.0%	100.0%	93.3%	100.0%	87.5%	95.5%	94.8%	94.4%	100.0%	91.7%	100.0%	100.0%	84.2%	95.7%	100.0%	91.7%	97.4%	94.1%	83.3%
BOTTOM 2 BOX	3	1	-	1	-	1	1	2	1	-	1	-	-	2	1	-	-	1	1	1
	3.6%	3.0%		3.3%		12.5%	4.5%	3.4%	5.6%		8.3%			10.5%	4.3%			2.6%	5.9%	16.7%
CHI-SQUARE		<----------4.22---------->					<-----1.77---->		<---------2.05-------->			<----------5.88---------->				<----------7.92---------->			
SIGNIFICANCE				2.1%*			37.8%*			8.5%*				24.8%*				20.9%*		
MEAN	3.3	3.2	3.2	3.3	3.2	3.1	3.1	3.3	3.2	3.1	3.1	3.2	3.4	3.1	3.2	3.3	3.5 S	3.3	3.1	3.2
STANDARD DEVIATION	0.51	0.48	0.45	0.55	0.46	0.64	0.47	0.53	0.55	0.33	0.51	0.45	0.49	0.58	0.49	0.48	0.52	0.51	0.43	0.75
STANDARD ERROR	0.06	0.08	0.20	0.10	0.16	0.23	0.10	0.07	0.13	0.11	0.15	0.11	0.10	0.14	0.10	0.15	0.16	0.08	0.10	0.31

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your satisfaction with each of the following aspects of HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO), as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with HEALTH CANADA'S ELECTRONIC MAILING LIST (CALLED HEALTH_PROD_INFO) in terms of...How USABLE the information is over time?
BASE:Random selection of respondents who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
Very satisfied	4	2	-	-	2	-	3	1	-	1	1	1	1	-	2	1	1	1	1	-
	44.4%	100.0% E			50.0%		60.0%	25.0%		100.0%	100.0%	100.0% M	20.0%		66.7%	100.0% R	50.0%	20.0%	100.0% R	
Generally satisfied	4	-	-	1	2	1	2	2	1	-	-	-	3	-	1	-	-	4	-	-
	44.4%			50.0%	50.0%	100.0% E	40.0%	50.0%	100.0%				60.0%		33.3%			80.0%		
Not very satisfied	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	11.1%			50.0%				25.0%					20.0%				50.0%			
TOP 2 BOX	8	2	-	1	4	1	5	3	1	1	1	1	4	-	3	1	1	5	1	-
	88.9%	100.0%		50.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	50.0%	100.0%	100.0%	
BOTTOM 2 BOX	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	11.1%			50.0%				25.0%					20.0%				50.0%			
CHI-SQUARE		<----------7.88---------->					<-----1.91---->		<----------3---------->			<----------3.3---------->				<----------8.78---------->				
SIGNIFICANCE				20.5%*			40.9%*			19.1%*			4.9%*					27.8%*		
MEAN	3.3	4.0		2.5	3.5	3.0	3.6	3.0	3.0	4.0	4.0	4.0	3.0		3.7	4.0	3.0	3.2	4.0	
STANDARD DEVIATION	0.71	0.0		0.71	0.58	0.0	0.55	0.82	0.0	0.0	0.0	0.0	0.71		0.58	0.0	1.41	0.45	0.0	
STANDARD ERROR	0.24	0.0		0.50	0.29	0.0	0.24	0.41	0.0	0.0	0.0	0.0	0.32		0.33	0.0	1.00	0.20	0.0	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your satisfaction with each of the following aspects of DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with DRUG SAFETY ADVISORIES AND WARNINGS POSTED ON HEALTH CANADA'S WEBSITE in terms of...How USABLE the information is over time?
BASE: Random selection of respondents who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	11	1	-	3	4	3	4	7	1	-	-	5	3	1	1	2	2	4	1	2
	16.9%	25.0%		23.1%	22.2%	10.7%	18.2%	17.5%	12.5%			16.7%	20.0%	14.3%	10.0%	50.0%	50.0%	10.8%	14.3%	15.4%
Generally satisfied	40	3	2	9	12	14	16	21	6	-	1	19	6	5	8	1	1	25	5	8
	61.5%	75.0%	100.0% DEF	69.2%	66.7%	50.0%	72.7%	52.5%	75.0%		100.0%	63.3%	40.0%	71.4%	80.0% M	25.0%	25.0%	67.6%	71.4%	61.5%
Not very satisfied	8	-	-	-	-	8	-	8	-	-	-	4	4	-	-	1	1	5	-	1
	12.3%					28.6%		20.0%				13.3%	26.7%			25.0%	25.0%	13.5%		7.7%
Depends	2	-	-	-	1	1	1	1	-	-	-	1	-	-	1	-	-	1	-	1
	3.1%				5.6%	3.6%	4.5%	2.5%				3.3%			10.0%			2.7%		7.7%
Don't know/No answer	4	-	-	1	1	2	1	3	1	-	-	1	2	1	-	-	-	2	1	1
	6.2%			7.7%	5.6%	7.1%	4.5%	7.5%	12.5%			3.3%	13.3%	14.3%				5.4%	14.3%	7.7%
TOP 2 BOX	51	4	2	12	16	17	20	28	7	-	1	24	9	6	9	3	3	29	6	10
	78.5%	100.0% F	100.0% F	92.3% F	88.9% F	60.7%	90.9% H	70.0%	87.5%		100.0%	80.0%	60.0%	85.7%	90.0%	75.0%	75.0%	78.4%	85.7%	76.9%
BOTTOM 2 BOX	8	-	-	-	-	8	-	8	-	-	-	4	4	-	-	1	1	5	-	1
	12.3%					28.6%		20.0%				13.3%	26.7%			25.0%	25.0%	13.5%		7.7%
CHI-SQUARE		<----------13.6---------->					<-----5.36---->		<----------.16---------->			<----------6.75---------->				<----------9.46---------->				
SIGNIFICANCE				67.3%*			85.3%*			.0%*				33.7%*				33.6%*		
MEAN	3.1	3.2	3.0	3.2 F	3.2 F	2.8	3.2	3.0	3.1		3.0	3.0	2.9	3.2	3.1	3.2	3.2	3.0	3.2	3.1
STANDARD DEVIATION	0.57	0.50	0.0	0.45	0.45	0.65	0.41	0.65	0.38		0.0	0.58	0.76	0.41	0.33	0.96	0.96	0.52	0.41	0.54
STANDARD ERROR	0.07	0.25	0.0	0.13	0.11	0.13	0.09	0.11	0.14		0.0	0.11	0.21	0.17	0.11	0.48	0.48	0.09	0.17	0.16

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Indeperdent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q19E. How would you rate your satisfaction with each of the following aspects of THE ADVERSE REACTION REGIONAL CENTRES, as a source of new information about drug safety? Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with THE ADVERSE REACTION REGIONAL CENTRES in terms of...How USABLE the information is over time?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very satisfied	3	3	-	-	-	-	2	1	-	1	2	-	1	2	-	1	1	1	-	-
	25.0%	60.0%					28.6%	20.0%		50.0%	100.0%		25.0%	50.0%		50.0%	50.0%	20.0%		
Generally satisfied	8	2	1	1	3	1	5	3	2	1	-	1	3	1	3	1	-	4	2	1
	66.7%	40.0%	50.0%	100.0% B	100.0% B	100.0% B	71.4%	60.0%	66.7%	50.0%		100.0% N	75.0%	25.0%	100.0% N	50.0%		80.0%	100.0%	100.0%
Don't know/No answer	1	-	1	-	-	-	-	1	1	-	-	-	-	1	-	-	1	-	-	-
	8.3%		50.0%					20.0%	33.3%					25.0%			50.0%			
TOP 2 BOX	11	5	1	1	3	1	7	4	2	2	2	1	4	3	3	2	1	5	2	1
	91.7%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	80.0%	66.7%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%
CHI-SQUARE		<----------4.95---------->					<-----.02----->		<----------4---------->			<----------3.86---------->				<----------4.45---------->				
SIGNIFICANCE				4.0%*			.1%*			32.3%*				7.9%*				2.6%*		
MEAN	3.3	3.6	3.0	3.0	3.0	3.0	3.3	3.2	3.0	3.5	4.0	3.0	3.2	3.7	3.0	3.5	4.0	3.2	3.0	3.0
STANDARD DEVIATION	0.47	0.55	0.0	0.0	0.0	0.0	0.49	0.50	0.0	0.71	0.0	0.0	0.50	0.58	0.0	0.71	0.0	0.45	0.0	0.0
STANDARD ERROR	0.14	0.24	0.0	0.0	0.0	0.0	0.18	0.25	0.0	0.50	0.0	0.0	0.25	0.33	0.0	0.50	0.0	0.20	0.0	0.0

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19. Top 2 Box Summary of **Satisfaction With Source of New Info About Drug Safety.**
BASE: Those who gave valid answer **at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	392 100.0%	127 100.0%	25 100.0%	135 100.0%	55 100.0%	50 100.0%	117 100.0%	264 100.0%	79 100.0%	37 100.0%	40 100.0%	89 100.0%	100 100.0%	107 100.0%	90 100.0%	51 100.0%	53 100.0%	184 100.0%	64 100.0%	40 100.0%
How clearly the information is presented	374 95.4%	120 94.5%	25 100.0% BDF	130 96.3%	53 96.4%	46 92.0%	111 94.9%	252 95.5%	79 100.0% J	32 86.5%	39 97.5%	84 94.4%	93 93.0%	102 95.3%	89 98.9% M	49 96.1%	50 94.3%	178 96.7%	62 96.9%	35 87.5%
The level of detail provided to address your needs	361 92.1%	120 94.5% F	23 92.0%	129 95.6% F	50 90.9%	39 78.0%	107 91.5%	244 92.4%	74 93.7%	33 89.2%	38 95.0%	78 87.6%	94 94.0%	99 92.5%	85 94.4%	49 96.1% T	49 92.5%	169 91.8%	61 95.3%	33 82.5%
How current or up-to-date the information is	359 91.6%	120 94.5% F	24 96.0% F	125 92.6% F	50 90.9%	40 80.0%	109 93.2%	241 91.3%	73 92.4%	35 94.6%	37 92.5%	80 89.9%	91 91.0%	100 93.5%	83 92.2%	48 94.1%	51 96.2% R	161 87.5%	62 96.9% R	37 92.5%
How usable the information is over time	355 90.6%	117 92.1% F	24 96.0% F	125 92.6% F	52 94.5% F	37 74.0%	108 92.3%	236 89.4%	72 91.1%	34 91.9%	37 92.5%	81 91.0%	89 89.0%	95 88.8%	84 93.3%	46 90.2%	47 88.7%	168 91.3%	59 92.2%	35 87.5%
How relevant the information is for your needs	353 90.1%	116 91.3% F	21 84.0%	130 96.3% F	50 90.9% F	36 72.0%	104 88.9%	239 90.5%	70 88.6%	33 89.2%	36 90.0%	79 88.8%	88 88.0%	97 90.7%	84 93.3%	46 90.2%	52 98.1% RT	159 86.4%	62 96.9% RT	34 85.0%
CHI-SQUARE		<----------4.453---------->					<-----.14----->		<----------.53---------->			<----------.632---------->				<----------2.142---------->				
SIGNIFICANCE		.0%					.0%		.0%			.0%				.0%				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q19. Top 2 Box Summary of Satisfaction With Source of New Info About Drug Safety.
BASE:Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	97	37	-	51	5	4	18	77	16	9	12	16	20	39	22	17	18	43	13	6
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
How clearly the information is presented	95	37	-	49	5	4	18	75	16	9	12	16	20	37	22	15	18	43	13	6
	97.9%	100.0%		96.1%	100.0%	100.0%	100.0%	97.4%	100.0%	100.0%	100.0%	100.0%	100.0%	94.9%	100.0%	88.2%	100.0%	100.0%	100.0%	100.0%
How usable the information is over time	92	34	-	49	5	4	18	72	15	9	10	16	19	37	20	14	18	42	12	6
	94.8%	91.9%		96.1%	100.0%	100.0%	100.0% H	93.5%	93.8%	100.0%	83.3%	100.0%	95.0%	94.9%	90.9%	82.4%	100.0%	97.7%	92.3%	100.0%
The level of detail provided to address your needs	92	37	-	47	5	3	18	72	16	8	12	15	19	36	22	15	17	42	13	5
	94.8%	100.0% D		92.2%	100.0% D	75.0%	100.0% H	93.5%	100.0%	88.9%	100.0%	93.8%	95.0%	92.3%	100.0%	88.2%	94.4%	97.7%	100.0%	83.3%
How current or up-to-date the information is	91	37	-	45	5	4	18	72	16	9	12	14	19	37	21	15	16	41	13	6
	93.8%	100.0% D		88.2%	100.0% D	100.0% D	100.0% H	93.5%	100.0%	100.0%	100.0%	87.5%	95.0%	94.9%	95.5%	88.2%	88.9%	95.3%	100.0%	100.0%
How relevant the information is for your needs	90	37	-	47	4	2	17	71	16	8	12	15	18	35	22	15	18	40	13	4
	92.8%	100.0% DF		92.2%	80.0%	50.0%	94.4%	92.2%	100.0%	88.9%	100.0%	93.8%	90.0%	89.7%	100.0% N	88.2%	100.0%	93.0%	100.0%	66.7%
CHI-SQUARE		<----------1.646---------->					<-----.122---->		<---------.324-------->			<-------------.438------------>				<----------1.294---------->				
SIGNIFICANCE				.0%*			.0%			.0%				.0%				.0%		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19. Top 2 Box Summary of Satisfaction With Source of New Info About Drug Safety.
BASE:Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and gave a valid response at Q14

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	125	46	16	38	17	8	43	80	33	16	12	25	32	38	29	17	15	55	24	14
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
How clearly the information is presented	120	43	16	38	16	7	40	78	33	14	12	23	31	37	28	17	14	53	23	13
	96.0%	93.5%	100.0%	100.0%	94.1%	87.5%	93.0%	97.5%	100.0%	87.5%	100.0%	92.0%	96.9%	97.4%	96.6%	100.0%	93.3%	96.4%	95.8%	92.9%
The level of detail provided to address your needs	118	42	15	38	15	8	38	78	31	15	11	24	32	35	26	17	14	53	22	12
	94.4%	91.3%	93.8%	100.0% B	88.2%	100.0% B	88.4%	97.5%	93.9%	93.8%	91.7%	96.0%	100.0%	92.1%	89.7%	100.0%	93.3%	96.4%	91.7%	85.7%
How current or up-to-date the information is	114	40	16	35	16	7	40	72	31	14	10	23	29	35	26	17	15	44	24	14
	91.2%	87.0%	100.0% B	92.1%	94.1%	87.5%	93.0%	90.0%	93.9%	87.5%	83.3%	92.0%	90.6%	92.1%	89.7%	100.0% R	100.0% R	80.0%	100.0% R	100.0% R
How usable the information is over time	113	40	16	34	16	7	37	74	30	13	12	23	29	33	27	16	13	49	22	13
	90.4%	87.0%	100.0% BD	89.5%	94.1%	87.5%	86.0%	92.5%	90.9%	81.2%	100.0%	92.0%	90.6%	86.8%	93.1%	94.1%	86.7%	89.1%	91.7%	92.9%
How relevant the information is for your needs	113	39	13	38	17	6	39	72	28	14	10	22	30	34	26	16	14	47	23	13
	90.4%	84.8%	81.2%	100.0% B	100.0% B	75.0%	90.7%	90.0%	84.8%	87.5%	83.3%	88.0%	93.8%	89.5%	89.7%	94.1%	93.3%	85.5%	95.8%	92.9%
CHI-SQUARE		<----------1.642---------->					<-----.389---->		<---------.535-------->			<-------------.371------------>				<----------1.679---------->				
SIGNIFICANCE				.0%			.0%			.0%				.0%				.0%		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q19. Top 2 Box Summary of Satisfaction **With Source of New Info About Drug Safety.**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	84 100.0%	33 100.0%	5 100.0%	30 100.0%	8 100.0%	8 100.0%	22 100.0%	58 100.0%	18 100.0%	9 100.0%	12 100.0%	16 100.0%	24 100.0%	19 100.0%	23 100.0%	10 100.0%	12 100.0%	39 100.0%	17 100.0%	6 100.0%
How usable the information is over time	80 95.2%	32 97.0%	5 100.0%	28 93.3%	8 100.0%	7 87.5%	21 95.5%	55 94.8%	17 94.4%	9 100.0%	11 91.7%	16 100.0%	24 100.0%	16 84.2%	22 95.7%	10 100.0%	11 91.7%	38 97.4%	16 94.1%	5 83.3%
How current or up-to-date the information is	80 95.2%	32 97.0% F	5 100.0% F	30 100.0% F	8 100.0% F	5 62.5%	21 95.5%	55 94.8%	16 88.9%	9 100.0%	11 91.7%	14 87.5%	24 100.0%	18 94.7%	22 95.7%	10 100.0%	12 100.0%	38 97.4%	16 94.1%	4 66.7%
How clearly the information is presented	79 94.0%	29 87.9%	5 100.0% B	29 96.7%	8 100.0% B	8 100.0% B	21 95.5%	54 93.1%	18 100.0% J	6 66.7%	11 91.7%	16 100.0%	21 87.5%	17 89.5%	23 100.0%	10 100.0%	10 83.3%	37 94.9%	16 94.1%	6 100.0%
The level of detail provided to address your needs	78 92.9%	30 90.9%	4 80.0%	30 100.0%	8 100.0%	6 75.0%	21 95.5%	53 91.4%	16 88.9%	7 77.8%	11 91.7%	14 87.5%	23 95.8%	17 89.5%	22 95.7%	10 100.0%	11 91.7%	36 92.3%	16 94.1%	5 83.3%
How relevant the information is for your needs	77 91.7%	30 90.9%	4 80.0%	30 100.0%	7 87.5%	6 75.0%	19 86.4%	54 93.1%	16 88.9%	8 88.9%	10 83.3%	14 87.5%	23 95.8%	17 89.5%	21 91.3%	8 80.0%	12 100.0%	36 92.3%	16 94.1%	5 83.3%
CHI-SQUARE		<----------2.004---------->					<------.119---->		<----------.986-------->			<----------.855---------->				<----------1.201---------->				
SIGNIFICANCE		.0%					.0%		.0%			.0%				.0%				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q19. Top 2 Box Summary of Satisfaction **With Source of New Info About Drug Safety.**
BASE:Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
How clearly the information is presented	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
How current or up-to-date the information is	9	2	-	2	4	1	5	4	1	1	1	1	5	-	3	1	2	5	1	-
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	
How relevant the information is for your needs	8	2	-	2	3	1	4	4	1	1	1	1	4	-	3	1	2	4	1	-
	88.9%	100.0%		100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	100.0%	80.0%	100.0%	
How usable the information is over time	8	2	-	1	4	1	5	3	1	1	1	1	4	-	3	1	1	5	1	-
	88.9%	100.0%		50.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	50.0%	100.0%	100.0%	
The level of detail provided to address your needs	8	2	-	2	3	1	4	4	1	1	1	1	4	-	3	1	2	4	1	-
	88.9%	100.0%		100.0%	75.0%	100.0%	80.0%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%		100.0%	100.0%	100.0%	80.0%	100.0%	
CHI-SQUARE		<----------.706---------->					<------.35----->		<----------.0--------->			<----------.216---------->				<----------.612---------->				
SIGNIFICANCE		.0%*					.0%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19. Top 2 Box Summary of Satisfaction **With Source of New Info About Drug Safety.**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and gave a valid response at Q14**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	65	4	2	13	18	28	22	40	8	-	1	30	15	7	10	4	4	37	7	13
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
How clearly the information is presented	60	4	2	12	17	25	20	37	8	-	1	28	12	7	10	4	4	35	7	10
	92.3%	100.0%	100.0%	92.3%	94.4%	89.3%	90.9%	92.5%	100.0%		100.0%	93.3%	80.0%	100.0%	100.0%	100.0% T	100.0% T	94.6%	100.0% T	76.9%
How current or up-to-date the information is	54	4	1	12	15	22	19	33	6	-	1	27	11	6	8	3	4	29	6	12
	83.1%	100.0% F	50.0%	92.3%	83.3%	78.6%	86.4%	82.5%	75.0%		100.0%	90.0%	73.3%	85.7%	80.0%	75.0%	100.0% R	78.4%	85.7%	92.3%
The level of detail provided to address your needs	54	4	2	12	16	20	19	33	7	-	1	24	12	7	9	4	3	29	7	11
	83.1%	100.0% F	100.0% F	92.3%	88.9%	71.4%	86.4%	82.5%	87.5%		100.0%	80.0%	80.0%	100.0% L	90.0%	100.0% R	75.0%	78.4%	100.0% R	84.6%
How relevant the information is for your needs	54	3	2	12	17	20	19	33	6	-	1	26	10	7	9	4	4	28	7	11
	83.1%	75.0%	100.0% F	92.3%	94.4% F	71.4%	86.4%	82.5%	75.0%		100.0%	86.7%	66.7%	100.0% LM	90.0%	100.0% R	100.0% R	75.7%	100.0% R	84.6%
How usable the information is over time	51	4	2	12	16	17	20	28	7	-	1	24	9	6	9	3	3	29	6	10
	78.5%	100.0% F	100.0% F	92.3% F	88.9% F	60.7%	90.9% H	70.0%	87.5%		100.0%	80.0%	60.0%	85.7%	90.0%	75.0%	75.0%	78.4%	85.7%	76.9%
CHI-SQUARE		<----------3.281---------->					<-----.727---->		<---------.114-------->			<----------1.877---------->				<----------1.799---------->				
SIGNIFICANCE		.0%*					.0%		.0%*			.0%				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, *Independent Z-Test for Percentages*
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q19. Top 2 Box Summary of Satisfaction **With Source of New Info About Drug Safety.**
BASE:Random selection of respondents **who used "The Adverse Reaction Regional Centres" and gave a valid response at Q14**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12	5	2	1	3	1	7	5	3	2	2	1	4	4	3	2	2	5	2	1
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
The level of detail provided to address your needs	11	5	2	-	3	1	7	4	3	2	2	-	4	4	3	2	2	5	2	-
	91.7%	100.0%	100.0%		100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
How current or up-to-date the information is	11	5	2	1	2	1	6	5	3	2	2	1	3	4	3	2	2	4	2	1
	91.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%
How relevant the information is for your needs	11	5	2	1	2	1	6	5	3	2	2	1	3	4	3	2	2	4	2	1
	91.7%	100.0%	100.0%	100.0%	66.7%	100.0%	85.7%	100.0%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%
How usable the information is over time	11	5	1	1	3	1	7	4	2	2	2	1	4	3	3	2	1	5	2	1
	91.7%	100.0%	50.0%	100.0%	100.0%	100.0%	100.0%	80.0%	66.7%	100.0%	100.0%	100.0%	100.0%	75.0%	100.0%	100.0%	50.0%	100.0%	100.0%	100.0%
How clearly the information is presented	11	5	2	-	3	1	7	4	3	2	2	-	4	4	3	2	2	5	2	-
	91.7%	100.0%	100.0%		100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
CHI-SQUARE		<----------2.935---------->					<------.484---->		<----------.204--------->			<------------2.527------------>				<----------2.689---------->				
SIGNIFICANCE		.0%*					.0%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20A. In what way are you dissatisfied with the information in this respect...How RELEVANT the information is for your needs?
BASE:Those who said they are not very satisfied or not at all satisfied or depends in Q19A

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	34 100.0%	11 100.0%	4 100.0%	4 100.0%	2 100.0%	13 100.0%	10 100.0%	23 100.0%	9 100.0%	4 100.0%	4 100.0%	10 100.0%	10 100.0%	8 100.0%	5 100.0%	3 100.0%	1 100.0%	22 100.0%	2 100.0%	6 100.0%
It is not relevant (general)	9 26.5%	4 36.4%	1 25.0%	1 25.0%	-	3 23.1%	4 40.0%	5 21.7%	4 44.4%	-	2 50.0%	-	4 40.0%	3 37.5%	2 40.0%	3 100.0% RT	-	4 18.2%	1 50.0%	1 16.7%
It needs to have more information on natural/ non-prescription drugs	5 14.7%	-	-	-	-	5 38.5%	-	5 21.7%	1 11.1%	1 25.0%	-	3 30.0%	1 10.0%	-	1 20.0%	-	-	4 18.2%	-	1 16.7%
There is not enough information/it is too selective	4 11.8%	2 18.2%	-	-	-	2 15.4%	2 20.0%	2 8.7%	-	-	1 25.0%	1 10.0%	1 10.0%	1 12.5%	1 20.0%	-	-	2 9.1%	1 50.0%	1 16.7%
Do not trust the source of the information	4 11.8%	1 9.1%	-	1 25.0%	-	2 15.4%	2 20.0%	2 8.7%	1 11.1%	-	-	2 20.0%	1 10.0%	-	1 20.0%	-	-	1 4.5%	1 50.0%	2 33.3%
Not relevant to my prescriptions	3 8.8%	2 18.2%	-	-	-	1 7.7%	1 10.0%	2 8.7%	1 11.1%	1 25.0%	-	2 20.0%	-	-	1 20.0%	-	-	2 9.1%	-	1 16.7%
I don't get enough of them	3 8.8%	1 9.1%	2 50.0%	-	-	-	-	3 13.0%	1 11.1%	1 25.0%	-	1 10.0%	1 10.0%	1 12.5%	-	-	-	3 13.6%	-	-
It is not accessible enough	3 8.8%	-	1 25.0%	1 25.0%	1 50.0%	-	1 10.0%	2 8.7%	-	-	-	1 10.0%	2 20.0%	-	-	-	-	3 13.6%	-	-
The drug companies are just trying to protect themselves	2 5.9%	2 18.2%	-	-	-	-	1 10.0%	1 4.3%	-	1 25.0%	1 25.0%	-	-	2 25.0%	-	-	1 100.0% R	1 4.5%	-	-
Too much information given	2 5.9%	2 18.2%	-	-	-	-	1 10.0%	1 4.3%	-	2 50.0%	-	1 10.0%	-	1 12.5%	-	-	1 100.0% R	1 4.5%	-	-
Other	4 11.8%	2 18.2%	-	-	1 50.0%	1 7.7%	1 10.0%	2 8.7%	-	1 25.0%	1 25.0%	1 10.0%	1 10.0%	1 12.5%	-	-	-	3 13.6%	-	1 16.7%
Don't Know/No Answer	3 8.8%	-	1 25.0%	1 25.0%	-	1 7.7%	-	3 13.0%	1 11.1%	-	-	2 20.0%	-	1 12.5%	-	-	-	3 13.6%	-	-
CHI-SQUARE		<----------49.19---------->					<----7.647---->		<---------18.089------->			<----------26.398---------->				<----------45.24---------->				
SIGNIFICANCE			72.7%*				25.5%*			29.9%*			21.5%*					58.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q20A. In what way are you dissatisfied with the information in this respect...How RELEVANT the information is for your needs?
BASE:Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and said not very satisfied or not at all satisfied or depends in Q19A

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	6 100.0%	-	-	3 100.0%	1 100.0%	2 100.0%	1 100.0%	5 100.0%	-	1 100.0%	-	1 100.0%	2 100.0%	3 100.0%	-	1 100.0%	-	3 100.0%	-	2 100.0%
It needs to have more information on natural/ non-prescription drugs	2 33.3%	-	-	-	-	2 100.0%	-	2 40.0%	-	1 100.0%	-	1 100.0%	1 50.0%	-	-	-	-	1 33.3%	-	1 50.0%
It is not accessible enough	1 16.7%	-	-	1 33.3%	-	-	-	1 20.0%	-	-	-	-	1 50.0%	-	-	-	-	1 33.3%	-	-
It is not relevant (general)	1 16.7%	-	-	1 33.3%	-	-	-	1 20.0%	-	-	-	-	-	1 33.3%	-	1 100.0%	-	-	-	-
Other	1 16.7%	-	-	-	1 100.0%	-	1 100.0%	-	-	-	-	-	-	1 33.3%	-	-	-	-	-	1 50.0%
Don't Know/No Answer	1 16.7%	-	-	1 33.3%	-	-	-	1 20.0%	-	-	-	-	-	1 33.3%	-	-	-	1 33.3%	-	-
CHI-SQUARE SIGNIFICANCE		<----------12----------> .0%*					<------6------> 12.7%*		<----------.0----------> .0%*			<----------7.5----------> .0%*				<----------9.5----------> .0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q20A. In what way are you dissatisfied with the information in this respect...How RELEVANT the information is for your needs?
BASE:Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and said not very satisfied or not at all satisfied or depends in Q19A

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	12 100.0%	7 100.0%	3 100.0%	-	-	2 100.0%	4 100.0%	8 100.0%	5 100.0%	2 100.0%	2 100.0%	3 100.0%	2 100.0%	4 100.0%	3 100.0%	1 100.0%	1 100.0%	8 100.0%	1 100.0%	1 100.0%
It is not relevant (general)	2 16.7%	1 14.3%	1 33.3%	-	-	-	1 25.0%	1 12.5%	2 40.0%	-	-	-	1 50.0%	1 25.0%	-	1 100.0% R	-	1 12.5%	-	-
Too much information given	2 16.7%	2 28.6%	-	-	-	-	1 25.0%	1 12.5%	-	2 100.0%	-	1 33.3%	-	1 25.0%	-	-	1 100.0% R	1 12.5%	-	-
Not relevant to my prescriptions	2 16.7%	2 28.6%	-	-	-	-	1 25.0%	1 12.5%	1 20.0%	1 50.0%	-	1 33.3%	-	-	1 33.3%	-	-	1 12.5%	-	1 100.0% R
The drug companies are just trying to protect themselves	2 16.7%	2 28.6%	-	-	-	-	1 25.0%	1 12.5%	-	1 50.0%	1 50.0%	-	-	2 50.0%	-	-	1 100.0% R	1 12.5%	-	-
There is not enough information/it is too selective	2 16.7%	2 28.6%	-	-	-	-	1 25.0%	1 12.5%	-	-	1 50.0%	-	-	1 25.0%	1 33.3%	-	-	1 12.5%	1 100.0% R	-
I don't get enough of them	1 8.3%	-	1 33.3%	-	-	-	-	1 12.5%	1 20.0%	-	-	-	-	1 25.0%	-	-	-	1 12.5%	-	-
It needs to have more information on natural/ non-prescription drugs	1 8.3%	-	-	-	-	1 50.0%	-	1 12.5%	-	-	-	-	-	-	1 33.3%	-	-	1 12.5%	-	-
Do not trust the source of the information	1 8.3%	1 14.3%	-	-	-	-	1 25.0%	-	-	-	-	-	-	-	1 33.3%	-	-	-	1 100.0%	-
Other	2 16.7%	2 28.6%	-	-	-	-	-	2 25.0%	-	1 50.0%	1 50.0%	1 33.3%	1 50.0%	-	-	-	-	2 25.0%	-	-
Don't Know/No Answer	2 16.7%	-	1 33.3%	-	-	1 50.0%	-	2 25.0%	1 20.0%	-	-	2 66.7%	-	-	-	-	-	2 25.0%	-	-
CHI-SQUARE		<----------23.375---------->					<----6.053---->		<--------16.467-------->			<----------28.9---------->				<----------34.386---------->				
SIGNIFICANCE		.5%*					13.0%*		20.8%*			32.8%*				15.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20A. In what way are you dissatisfied **with the information in this respect...How RELEVANT the information is for your needs?**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and said not very satisfied or not at all satisfied** *or depends in Q19A*

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	6 100.0%	3 100.0%	1 100.0%	-	-	2 100.0%	2 100.0%	4 100.0%	2 100.0%	1 100.0%	2 100.0%	2 100.0%	1 100.0%	1 100.0%	2 100.0%	1 100.0%	-	3 100.0%	1 100.0%	1 100.0%
It is not relevant (general)	3 50.0%	2 66.7%	-	-	-	1 50.0%	2 100.0% H	1 25.0%	1 50.0%	-	2 100.0%	-	-	1 100.0%	2 100.0%	1 100.0% R	-	1 33.3%	1 100.0% R	-
I don't get enough of them	2 33.3%	1 33.3%	1 100.0% B	-	-	-	-	2 50.0%	-	1 100.0%	-	1 50.0%	1 100.0%	-	-	-	-	2 66.7%	-	-
It is not accessible enough	1 16.7%	-	1 100.0%	-	-	-	-	1 25.0%	-	-	-	1 50.0%	-	-	-	-	-	1 33.3%	-	-
Do not trust the source of the information	1 16.7%	-	-	-	-	1 50.0%	-	1 25.0%	1 50.0%	-	-	1 50.0%	-	-	-	-	-	-	-	1 100.0%
CHI-SQUARE		<----------7.194---------->					<----3.733---->		<--------6.667-------->			<----------9.333---------->				<----------10.5---------->				
SIGNIFICANCE		.0%*					2.3%*		.1%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20A. In what way are you dissatisfied **with the information in this respect...How RELEVANT the information is for your needs?**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said not very satisfied or not at all** satisfied or depends in Q19A

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	9	1	-	1	-	7	2	6	2	-	-	4	4	-	-	-	-	7	-	2
	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%			100.0%	100.0%					100.0%		100.0%
It is not relevant (general)	3	1	-	-	-	2	1	2	1	-	-	-	3	-	-	-	-	2	-	1
	33.3%	100.0% F				28.6%	50.0%	33.3%	50.0%				75.0%					28.6%		50.0%
There is not enough information/it is too selective	2	-	-	-	-	2	1	1	-	-	-	1	1	-	-	-	-	1	-	1
	22.2%					28.6%	50.0%	16.7%				25.0%	25.0%					14.3%		50.0%
It needs to have more information on natural/ non-prescription drugs	2	-	-	-	-	2	-	2	1	-	-	2	-	-	-	-	-	2	-	-
	22.2%					28.6%		33.3%	50.0%			50.0%						28.6%		
Do not trust the source of the information	2	-	-	1	-	1	1	1	-	-	-	1	1	-	-	-	-	1	-	1
	22.2%			100.0% F		14.3%	50.0%	16.7%				25.0%	25.0%					14.3%		50.0%
Not relevant to my prescriptions	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	11.1%					14.3%		16.7%				25.0%						14.3%		
Other	1	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	11.1%					14.3%												14.3%		
CHI-SQUARE		<----------7.741---------->					<----2.063---->		<----------.0---------->			<----------6---------->				<----------2.597---------->				
SIGNIFICANCE		.0%*					.2%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20A. In what way are you dissatisfied with the information in this respect...How RELEVANT the information is for your needs?
BASE: Random selection of respondents who used "The Adverse Reaction Regional Centres" and said not very satisfied or not at all satisfied or depends in Q19A

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	100.0%				100.0%		100.0%						100.0%					100.0%		
It is not accessible enough	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1	-	-
	100.0%				100.0%		100.0%						100.0%					100.0%		
CHI-SQUARE SIGNIFICANCE				.0%*			.0%*			.0%*			.0%*					.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20B. In what way are you dissatisfied **with the information in this respect...The LEVEL OF DETAIL provided to address your needs?**
BASE:Those who said they are not **very satisfied or not at all satisfied or depends in Q19B**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	25 100.0%	7 100.0%	2 100.0%	3 100.0%	3 100.0%	10 100.0%	8 100.0%	16 100.0%	4 100.0%	4 100.0%	2 100.0%	10 100.0%	4 100.0%	6 100.0%	4 100.0%	1 100.0%	3 100.0%	11 100.0%	3 100.0%	7 100.0%
It is too vague/not detailed enough	11 44.0%	4 57.1%	1 50.0%	-	2 66.7%	4 40.0%	4 50.0%	6 37.5%	-	3 75.0%	-	4 40.0%	2 50.0%	2 33.3%	2 50.0%	-	3 100.0% RT	5 45.5%	2 66.7%	1 14.3%
Not relevant (general)	6 24.0%	1 14.3%	-	-	1 33.3%	4 40.0%	2 25.0%	4 25.0%	3 75.0%	1 25.0%	-	3 30.0%	1 25.0%	-	2 50.0%	-	-	2 18.2%	-	4 57.1%
Too much information given	3 12.0%	2 28.6%	-	1 33.3%	-	-	1 12.5%	2 12.5%	-	1 25.0%	1 50.0%	-	-	3 50.0%	-	1 100.0% QR	1 33.3%	1 9.1%	-	-
No trust in the source of information	3 12.0%	1 14.3%	-	-	-	2 20.0%	2 25.0%	1 6.2%	-	-	-	2 20.0%	-	-	1 25.0%	-	-	1 9.1%	1 33.3%	1 14.3%
Availability/don't get enough of them	2 8.0%	-	1 50.0%	1 33.3%	-	-	-	2 12.5%	-	-	-	1 10.0%	1 25.0%	-	-	-	-	2 18.2%	-	-
Other	3 12.0%	1 14.3%	-	1 33.3%	-	1 10.0%	-	3 18.8%	-	1 25.0%	-	2 20.0%	-	1 16.7%	-	-	1 33.3%	1 9.1%	-	1 14.3%
Don't Know/No Answer	2 8.0%	1 14.3%	1 50.0%	-	-	-	1 12.5%	1 6.2%	1 25.0%	-	1 50.0%	-	-	2 33.3%	-	-	-	1 9.1%	1 33.3%	-
CHI-SQUARE	<----------26.028---------->						<-----4.36---->		<--------11.75-------->			<----------22.781---------->				<----------27.422---------->				
SIGNIFICANCE	42.8%*						26.3%*		37.4%*			64.4%*				50.5%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20B. In what way are you dissatisfied with the information in this respect...The LEVEL OF DETAIL provided to address your needs?
BASE:Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and said not very satisfied or not at all satisfied or depends in Q19B

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	3 100.0%	-	-	2 100.0%	-	1 100.0%	-	3 100.0%	-	1 100.0%	-	1 100.0%	1 100.0%	1 100.0%	-	1 100.0%	-	1 100.0%	-	1 100.0%
Not relevant (general)	1 33.3%	-	-	-	-	1 100.0%	-	1 33.3%	-	1 100.0%	-	1 100.0%	-	-	-	-	-	-	-	1 100.0%
Availability/don't get enough of them	1 33.3%	-	-	1 50.0%	-	-	-	1 33.3%	-	-	-	-	1 100.0%	-	-	-	-	1 100.0%	-	-
Too much information given	1 33.3%	-	-	1 50.0%	-	-	-	1 33.3%	-	-	-	-	-	1 100.0%	-	1 100.0%	-	-	-	-
CHI-SQUARE SIGNIFICANCE		<----------3---------->		.0%*			<-------.0----->	.0%*	<----------.0--------->	.0%*		<----------6---------->	.1%*			<----------6---------->	.0%*			

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20B. In what way are you dissatisfied with the information in this respect...The LEVEL OF DETAIL provided to address your needs?
BASE:Random selection of respondents who used "Dear Health Care Professional letters issued by drug manufacturers" and said not very satisfied or not at all satisfied or depends in Q19B

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	7	4	1	-	2	-	5	2	2	1	1	1	-	3	3	-	1	2	2	2
	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
It is too vague/not detailed enough	4	2	-	-	2	-	4	-	-	1	-	1	-	1	2	-	1	-	2	1
	57.1%	50.0%			100.0% B		80.0%			100.0%		100.0% N		33.3%	66.7%		100.0%		100.0%	50.0%
Too much information given	2	2	-	-	-	-	1	1	-	1	1	-	-	2	-	-	1	1	-	-
	28.6%	50.0%					20.0%	50.0%		100.0%	100.0%			66.7%			100.0%	50.0%		
Not relevant (general)	1	1	-	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	1
	14.3%	25.0%					20.0%		50.0%						33.3%					50.0%
No trust in the source of information	1	1	-	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	1	-
	14.3%	25.0%					20.0%								33.3%				50.0%	
Don't Know/No Answer	1	-	1	-	-	-	-	1	1	-	-	-	-	1	-	-	-	1	-	-
	14.3%		100.0%					50.0%	50.0%					33.3%				50.0%		
CHI-SQUARE		<----------12---------->					<----6.107---->		<---------6.25--------->			<------------7.313------------>				<----------12.75---------->				
SIGNIFICANCE		.4%*					47.3%*		4.0%*			.3%*				.6%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20B. In what way are you dissatisfied **with the information in this respect...The LEVEL OF DETAIL provided to address your needs?**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and said not very satisfied or not at all satisfied** or depends in Q19B

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	6	3	1	-	-	2	1	5	2	2	1	2	1	2	1	-	1	3	1	1
	100.0%	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
It is too vague/not detailed enough	3	2	1	-	-	-	-	3	-	2	-	1	1	1	-	-	1	2	-	-
	50.0%	66.7%	100.0%					60.0%		100.0%		50.0%	100.0%	50.0%			100.0%	66.7%		
Not relevant (general)	2	-	-	-	-	2	-	2	2	-	-	1	-	-	1	-	-	1	-	1
	33.3%					100.0%		40.0%	100.0%			50.0%			100.0%			33.3%		100.0% R
Availability/don't get enough of them	1	-	1	-	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	16.7%		100.0%					20.0%				50.0%						33.3%		
Other	1	1	-	-	-	-	-	1	-	1	-	-	-	1	-	-	1	-	-	-
	16.7%	33.3%						20.0%		50.0%				50.0%			100.0%			
Don't Know/No Answer	1	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	1	-
	16.7%	33.3%					100.0%				100.0%			50.0%					100.0%	
CHI-SQUARE		<----------12---------->					<------8------>		<----------12---------->			<----------9.778---------->				<----------15---------->				
SIGNIFICANCE		.4%*					66.7%*		39.4%*			1.8%*				2.2%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20B In what way are you dissatisfied **with the information in this respect...The LEVEL OF DETAIL provided to address your needs?**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said not very satisfied or not at all** satisfied or depends in Q19B

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	8	-	-	-	1	7	2	5	-	-	-	5	2	-	-	-	1	5	-	2
	100.0%				100.0%	100.0%	100.0%	100.0%				100.0%	100.0%				100.0%	100.0%		100.0%
It is too vague/not detailed enough	4	-	-	-	-	4	-	3	-	-	-	2	1	-	-	-	1	3	-	-
	50.0%					57.1%		60.0%				40.0%	50.0%				100.0%	60.0%		
Not relevant (general)	2	-	-	-	1	1	1	1	-	-	-	1	1	-	-	-	-	1	-	1
	25.0%				100.0% F	14.3%	50.0%	20.0%				20.0%	50.0%					20.0%		50.0%
No trust in the source of information	2	-	-	-	-	2	1	1	-	-	-	2	-	-	-	-	-	1	-	1
	25.0%					28.6%	50.0%	20.0%				40.0%						20.0%		50.0%
Other	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	12.5%					14.3%		20.0%				20.0%						20.0%		
CHI-SQUARE		<----------3.938---------->					<----2.667---->		<----------.0---------->			<----------1.778---------->				<----------4.125---------->			
SIGNIFICANCE		.0%*					8.6%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20B. In what way are you dissatisfied **with the information in this respect...The LEVEL OF DETAIL provided to address your needs?**
BASE: Random selection of respondents **who used "The Adverse Reaction Reglonal Centres" and said not very satisfied or not at all satisfied or depends in Q19B**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	100.0%			100.0%				100.0%				100.0%								100.0%
Other	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	100.0%			100.0%				100.0%				100.0%								100.0%
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------.0---------->				<----------.0---------->				
SIGNIFICANCE				.0%*				.0%*			.0%*				.0%*				.0%*	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20C. In what way are you dissatisfied **with the information in this respect...How clearly the information is presented?**
BASE:Those who said they are not **very satisfied or not at all satisfied or depends in Q19C**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	14	7	-	2	1	4	5	9	-	5	1	5	5	3	1	-	3	5	2	4
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
It is not detailed enough	6	5	-	-	-	1	2	4	-	4	-	-	3	2	1	-	2	3	1	-
	42.9%	71.4%				25.0%	40.0%	44.4%		80.0%			60.0%	66.7%	100.0%		66.7%	60.0%	50.0%	
Too verbose/not concise	3	1	-	1	-	1	-	3	-	1	-	2	1	-	-	-	1	1	-	1
	21.4%	14.3%		50.0%		25.0%		33.3%		20.0%		40.0%	20.0%				33.3%	20.0%		25.0%
Dislike the layout/hard to use or read	3	-	-	2	1	-	1	2	-	-	-	1	2	-	-	-	1	-	-	2
	21.4%			100.0%	100.0%		20.0%	22.2%				20.0%	40.0%				33.3%			50.0%
Other	4	2	-	-	-	2	2	2	-	1	-	2	1	-	1	-	-	2	1	1
	28.6%	28.6%				50.0%	40.0%	22.2%		20.0%		40.0%	20.0%		100.0% LM			40.0%	50.0%	25.0%
Don't Know/Now Answer	1	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	1	-
	7.1%	14.3%					20.0%				100.0%			33.3%					50.0%	
CHI-SQUARE		<----------16.764---------->					<----3.864---->		<----------7---------->			<----------13.35---------->				<----------12.868---------->				
SIGNIFICANCE				33.2%*			43.1%*			27.5%*			42.5%*					11.7%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q20C. In what way are you dissatisfied **with the information in this respect...How clearly the information is presented?**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by drug manufacturers" and said not very satisfied or not at all** satisfied or depends in Q19C

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	5	3	-	-	1	1	3	2	-	2	-	2	1	1	1	-	1	2	1	1
	100.0%	100.0%			100.0%	100.0%	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%
It is not detailed enough	2	2	-	-	-	-	2	-	-	1	-	-	-	1	1	-	1	-	1	-
	40.0%	66.7%					66.7%			50.0%				100.0%	100.0%		100.0%		100.0%	
Too verbose/not concise	1	1	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	1	-	-
	20.0%	33.3%						50.0%		50.0%		50.0%						50.0%		
Dislike the layout/hard to use or read	1	-	-	-	1	-	1	-	-	-	-	-	1	-	-	-	-	-	-	1
	20.0%				100.0%		33.3%						100.0%							100.0%
Other	2	1	-	-	-	1	1	1	-	-	-	1	-	-	1	-	-	1	1	-
	40.0%	33.3%				100.0% B	33.3%	50.0%				50.0%			100.0%			50.0%	100.0%	
CHI-SQUARE		<----------8.25---------->					<-----3.75---->		<----------.0---------->			<----------10.5---------->				<----------10.5---------->				
SIGNIFICANCE		1.0%*					41.4%*		.0%*			21.3%*				4.2%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20C. In what way are you dissatisfied **with the information in this respect...How clearly the information is presented?**
BASE: Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and said not very satisfied or not at all satisfied** or depends in Q19C

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION			
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	5	4	-	1	-	-	1	4	-	3	1	-	3	2	-	-	2	2	1	-
	100.0%	100.0%		100.0%			100.0%	100.0%		100.0%	100.0%		100.0%	100.0%			100.0%	100.0%	100.0%	
It is not detailed enough	3	3	-	-	-	-	-	3	-	3	-	-	2	1	-	-	1	2	-	-
	60.0%	75.0%						75.0%		100.0%			66.7%	50.0%			50.0%	100.0%		
Too verbose/not concise	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	20.0%			100.0%				25.0%					33.3%				50.0%			
Dislike the layout/hard to use or read	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	20.0%			100.0%				25.0%					33.3%				50.0%			
Other	1	1	-	-	-	-	-	1	-	1	-	-	1	-	-	-	-	1	-	-
	20.0%	25.0%						25.0%		33.3%			33.3%					50.0%		
Don't Know/Now Answer	1	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	1	-
	20.0%	25.0%					100.0%				100.0%			50.0%					100.0%	
CHI-SQUARE		<----------7---------->					<------7------>		<----------5---------->			<----------3.733---------->				<----------10.889---------->			
SIGNIFICANCE				.3%*				77.9%*			10.9%*				.2%*				5.1%*	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20C. In what way are you dissatisfied **with the information in this respect...How clearly the information is presented?**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said not very satisfied or not at all** satisfied or depends in Q19C

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	3 100.0%	-	-	-	-	3 100.0%	1 100.0%	2 100.0%	-	-	-	2 100.0%	1 100.0%	-	-	-	-	1 100.0%	-	2 100.0%
It is not detailed enough	1 33.3%	-	-	-	-	1 33.3%	-	1 50.0%	-	-	-	-	1 100.0%	-	-	-	-	1 100.0%	-	-
Too verbose/not concise	1 33.3%	-	-	-	-	1 33.3%	-	1 50.0%	-	-	-	1 50.0%	-	-	-	-	-	-	-	1 50.0%
Other	1 33.3%	-	-	-	-	1 33.3%	1 100.0%	-	-	-	-	1 50.0%	-	-	-	-	-	-	-	1 50.0%
CHI-SQUARE		<----------.0---------->					<------3------>		<----------.0---------->			<----------3---------->				<----------3---------->				
SIGNIFICANCE				.0%*			30.0%*			.0%*			.0%*					.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20C. In what way are you dissatisfied with the information in this respect...How clearly the information is presented?
BASE:Random selection of respondents who used "The Adverse Reaction Regional Centres" and said not very satisfied or not at all satisfied or depends in Q19C

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	100.0%			100.0%				100.0%				100.0%								100.0%
Dislike the layout/hard to use or read	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	100.0%			100.0%				100.0%				100.0%								100.0%
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------.0---------->				<----------.0---------->				
SIGNIFICANCE				.0%*				.0%*			.0%*				.0%*				.0%*	

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20D. In what way are you dissatisfied **with the information in this respect...How CURRENT or up-to-date the information is?**
BASE:Those who said they are **not very satisfied or not at all satisfied or depends in Q19D**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	23	6	-	7	1	9	3	19	5	2	2	9	6	4	4	2	1	17	-	3
	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%
The information is late getting here or out of date	14	4	-	4	1	5	1	12	2	1	2	4	3	4	3	1	1	11	-	1
	60.9%	66.7%		57.1%	100.0% DF	55.6%	33.3%	63.2%	40.0%	50.0%	100.0% I	44.4%	50.0%	100.0% LM	75.0%	50.0%	100.0% RT	64.7%		33.3%
It is incomplete	4	1	-	1	-	2	1	3	1	1	-	2	2	-	-	-	-	3	-	1
	17.4%	16.7%		14.3%		22.2%	33.3%	15.8%	20.0%	50.0%		22.2%	33.3%					17.6%		33.3%
It is not accurate/may be biased	2	-	-	1	-	1	-	2	1	-	-	1	-	1	-	-	-	2	-	-
	8.7%			14.3%		11.1%		10.5%	20.0%			11.1%		25.0%				11.8%		
Other	7	1	-	2	-	4	1	6	3	-	-	4	2	-	1	1	-	4	-	2
	30.4%	16.7%		28.6%		44.4%	33.3%	31.6%	60.0%			44.4%	33.3%		25.0%	50.0%		23.5%		66.7%
CHI-SQUARE		<----------2.692---------->					<----1.211---->		<--------5.579-------->			<----------7.813---------->				<----------4.339---------->				
SIGNIFICANCE		.0%*					5.6%*		15.1%*			6.9%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20D. In what way are you dissatisfied with the information in this respect...How CURRENT or up-to-date the information is?
BASE:Random selection of respondents who used "The Canadian Adverse Reaction Newsletter" and said not very satisfied or not at all satisfied or depends in Q19D

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	4	-	-	4	-	-	-	3	-	-	-	2	1	1	-	1	1	2	-	-
	100.0%			100.0%				100.0%				100.0%	100.0%	100.0%		100.0%	100.0%	100.0%		
The information is late getting here or out of date	2	-	-	2	-	-	-	1	-	-	-	1	-	1	-	-	1	1	-	-
	50.0%			50.0%				33.3%				50.0%		100.0%			100.0%	50.0%		
Other	2	-	-	2	-	-	-	2	-	-	-	1	1	-	-	1	-	1	-	-
	50.0%			50.0%				66.7%				50.0%	100.0%			100.0%		50.0%		
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------2---------->				<----------2---------->				
SIGNIFICANCE				.0%*				.0%*			.0%*			.0%*				.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20D. In what way are you dissatisfied **with the information in this respect...How CURRENT or up-to-date the information is?**
BASE:Random selection of resepondents **who used "Dear Health Care Professional letters issued by drug manufacturers" and said not very satisfied or not at all** satisfied or depends in Q19D

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	11 100.0%	6 100.0%	-	3 100.0%	1 100.0%	1 100.0%	3 100.0%	8 100.0%	2 100.0%	2 100.0%	2 100.0%	2 100.0%	3 100.0%	3 100.0%	3 100.0%	-	-	11 100.0%	-	-
The information is late getting here or out of date	7 63.6%	4 66.7%	-	2 66.7%	1 100.0%	-	1 33.3%	6 75.0%	1 50.0%	1 50.0%	2 100.0%	-	2 66.7%	3 100.0%	2 66.7%	-	-	7 63.6%	-	-
It is incomplete	2 18.2%	1 16.7%	-	1 33.3%	-	-	1 33.3%	1 12.5%	-	1 50.0%	-	1 50.0%	1 33.3%	-	-	-	-	2 18.2%	-	-
It is not accurate/may be biased	1 9.1%	-	-	1 33.3%	-	-	-	1 12.5%	-	-	-	-	-	1 33.3%	-	-	-	1 9.1%	-	-
Other	2 18.2%	1 16.7%	-	-	-	1 100.0% B	1 33.3%	1 12.5%	1 50.0%	-	-	1 50.0%	-	-	1 33.3%	-	-	2 18.2%	-	-
CHI-SQUARE		<----------8.5---------->					<----2.095---->		<----------4.5---------->			<----------9.429---------->				<----------.0---------->				
SIGNIFICANCE		1.2%*					16.4%*		7.8%*			14.6%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20D. In what way are you dissatisfied with the information in this respect...How CURRENT or up-to-date the information is?
BASE:Random selection of respondents who used "Dear Health Care Professional letters issued by Health Canada" and said not very satisfied or not at all satisfied or depends in Q19D

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	3	-	-	-	-	3	-	3	2	-	-	2	-	-	1	-	-	1	-	2
	100.0%					100.0%		100.0%	100.0%			100.0%			100.0%			100.0%		100.0%
The information is late getting here or out of date	2	-	-	-	-	2	-	2	1	-	-	1	-	-	1	-	-	1	-	1
	66.7%					66.7%		66.7%	50.0%			50.0%			100.0%			100.0%		50.0%
It is incomplete	1	-	-	-	-	1	-	1	1	-	-	1	-	-	-	-	-	-	-	1
	33.3%					33.3%		33.3%	50.0%			50.0%								50.0%
Other	1	-	-	-	-	1	-	1	1	-	-	1	-	-	-	-	-	-	-	1
	33.3%					33.3%		33.3%	50.0%			50.0%								50.0%
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------1.333---------->				<----------1.333---------->				
SIGNIFICANCE		.0%*					.0%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q20D. In what way are you dissatisfied **with the information in this respect...How CURRENT or up-to-date the information is?**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said not very satisfied or not at all** satisfied or depends in Q19D

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	5 100.0%	-	-	-	-	5 100.0%	-	5 100.0%	1 100.0%	-	-	3 100.0%	2 100.0%	-	-	1 100.0%	-	3 100.0%	-	1 100.0%
The information is late getting here or out of date	3 60.0%	-	-	-	-	3 60.0%	-	3 60.0%	-	-	-	2 66.7%	1 50.0%	-	-	1 100.0%	-	2 66.7%	-	-
It is not accurate/may be biased	1 20.0%	-	-	-	-	1 20.0%	-	1 20.0%	1 100.0%	-	-	1 33.3%	-	-	-	-	-	1 33.3%	-	-
It is incomplete	1 20.0%	-	-	-	-	1 20.0%	-	1 20.0%	-	-	-	-	1 50.0%	-	-	-	-	1 33.3%	-	-
Other	2 40.0%	-	-	-	-	2 40.0%	-	2 40.0%	1 100.0%	-	-	1 33.3%	1 50.0%	-	-	-	-	1 33.3%	-	1 100.0% R
CHI-SQUARE		<----------.0---------->					<-------.0------->		<----------.0---------->			<----------2.236---------->				<----------4.2---------->				
SIGNIFICANCE		.0%*					.0%*		.0%*			.0%*				.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20E. In what way are you dissatisfied **with the information in this respect...How USABLE the information is over time?**
BASE:Those who said they are not **very satisfied or not at all satisfied or depends in Q19E**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	26 100.0%	7 100.0%	-	7 100.0%	2 100.0%	10 100.0%	7 100.0%	19 100.0%	4 100.0%	2 100.0%	2 100.0%	6 100.0%	9 100.0%	7 100.0%	4 100.0%	3 100.0%	3 100.0%	12 100.0%	4 100.0%	4 100.0%
Not relevant to my practice	7 26.9%	2 28.6%	-	1 14.3%	-	4 40.0%	2 28.6%	5 26.3%	3 75.0%	-	-	1 16.7%	3 33.3%	1 14.3%	2 50.0%	1 33.3%	-	4 33.3%	-	2 50.0%
Difficult to store and re-access the information	5 19.2%	2 28.6%	-	2 28.6%	-	1 10.0%	-	5 26.3%	-	1 50.0%	1 50.0%	1 16.7%	3 33.3%	1 14.3%	-	1 33.3%	1 33.3%	2 16.7%	1 25.0%	-
Information is biased	4 15.4%	1 14.3%	-	1 14.3%	2 100.0% BD	-	3 42.9%	1 5.3%	-	1 50.0%	-	-	1 11.1%	1 14.3%	2 50.0%	-	-	3 25.0%	1 25.0%	-
Prefer another format	3 11.5%	1 14.3%	-	1 14.3%	-	1 10.0%	-	3 15.8%	-	-	1 50.0%	1 16.7%	1 11.1%	1 14.3%	-	-	-	-	1 25.0%	2 50.0%
Information is changing	2 7.7%	1 14.3%	-	-	-	1 10.0%	1 14.3%	1 5.3%	1 25.0%	-	-	-	1 11.1%	1 14.3%	-	-	-	1 8.3%	1 25.0%	-
Information is late	2 7.7%	-	-	-	-	2 20.0%	-	2 10.5%	1 25.0%	-	-	1 16.7%	-	-	1 25.0%	1 33.3%	-	1 8.3%	-	-
Other	5 19.2%	1 14.3%	-	2 28.6%	-	2 20.0%	1 14.3%	4 21.1%	-	1 50.0%	-	2 33.3%	2 22.2%	1 14.3%	-	-	2 66.7%	3 25.0%	-	-
Don't Know/No Answer	2 7.7%	1 14.3%	-	1 14.3%	-	-	1 14.3%	1 5.3%	-	-	1 50.0%	-	-	2 28.6%	-	-	-	1 8.3%	1 25.0%	-
CHI-SQUARE SIGNIFICANCE		<----------22.802----------> 11.6%*					<----9.655----> 71.0%*		<--------18.333--------> 69.5%*			<----------19.46----------> 27.3%*				<----------30.686----------> 46.7%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20E. In what way are you dissatisfied with **the information in this respect...How USABLE the information is over time?**
BASE:Random selection of respondents **who used "The Canadian Adverse Reaction Newsletter" and said not very satisfied or not at all satisfied or depends in Q19E**

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	2	1	-	1	-	-	-	2	-	-	1	-	1	1	-	1	-	-	1	-
	100.0%	100.0%		100.0%				100.0%			100.0%		100.0%	100.0%		100.0%			100.0%	
Difficult to store and re-access the information	2	1	-	1	-	-	-	2	-	-	1	-	1	1	-	1	-	-	1	-
	100.0%	100.0%		100.0%				100.0%			100.0%		100.0%	100.0%		100.0%			100.0%	
Prefer another format	1	1	-	-	-	-	-	1	-	-	1	-	1	-	-	-	-	-	1	-
	50.0%	100.0%						50.0%			100.0%		100.0%						100.0%	
CHI-SQUARE		<----------.75---------->					<------.0----->		<----------.0--------->			<----------.75---------->				<----------.75---------->				
SIGNIFICANCE				.0%*			.0%*			.0%*				.0%*				.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q20E. In what way are you dissatisfied **with the information in this respect...How USABLE the information is over time?**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by drug manufacturers" and said not very satisfied or not at all** satisfied or depends in Q19E

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	10 100.0%	5 100.0%	-	4 100.0%	1 100.0%	-	5 100.0%	5 100.0%	3 100.0%	2 100.0%	-	1 100.0%	3 100.0%	4 100.0%	2 100.0%	1 100.0%	1 100.0%	5 100.0%	2 100.0%	1 100.0%
Not relevant to my practice	3 30.0%	2 40.0%	-	1 25.0%	-	-	2 40.0%	1 20.0%	2 66.7%	-	-	-	1 33.3%	1 25.0%	1 50.0%	1 100.0% R	-	1 20.0%	-	1 100.0% R
Information is biased	3 30.0%	1 20.0%	-	1 25.0%	1 100.0% BD	-	2 40.0%	1 20.0%	-	1 50.0%	-	-	1 33.3%	1 25.0%	1 50.0%	-	-	2 40.0%	1 50.0%	-
Difficult to store and re-access the information	1 10.0%	1 20.0%	-	-	-	-	-	1 20.0%	-	1 50.0%	-	1 100.0%	-	-	-	-	-	1 20.0%	-	-
Information is changing	1 10.0%	1 20.0%	-	-	-	-	1 20.0%	-	1 33.3%	-	-	-	-	1 25.0%	-	-	-	-	1 50.0%	-
Other	3 30.0%	1 20.0%	-	2 50.0%	-	-	1 20.0%	2 40.0%	-	1 50.0%	-	-	2 66.7%	1 25.0%	-	-	1 100.0% R	2 40.0%	-	-
Don't Know/No Answer	1 10.0%	-	-	1 25.0%	-	-	-	1 20.0%	-	-	-	-	-	1 25.0%	-	-	-	1 20.0%	-	-
CHI-SQUARE SIGNIFICANCE		<----------7.2---------->					<------4------>		<----------6---------->			<----------17.2---------->				<----------16.571---------->				
				.0%*			14.3%*			1.2%*			16.0%*					1.1%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q20E. In what way are you dissatisfied **with the information in this respect...How USABLE the information is over time?**
BASE:Random selection of respondents **who used "Dear Health Care Professional letters issued by Health Canada" and said not very satisfied or not at all satisfied** or depends in Q19E

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	3	1	-	1	-	1	1	2	1	-	1	-	-	2	1	-	-	1	1	1
	100.0%	100.0%		100.0%		100.0%	100.0%	100.0%	100.0%		100.0%			100.0%	100.0%			100.0%	100.0%	100.0%
Not relevant to my practice	1	-	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	1	-	-
	33.3%					100.0%		50.0%	100.0%						100.0%			100.0%		
Information is late	1	-	-	-	-	1	-	1	1	-	-	-	-	-	1	-	-	1	-	-
	33.3%					100.0%		50.0%	100.0%						100.0%			100.0%		
Prefer another format	1	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-	-	-	-	1
	33.3%			100.0%				50.0%						50.0%						100.0%
Don't Know/No Answer	1	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	-	-	1	-
	33.3%	100.0%					100.0%				100.0%			50.0%					100.0%	
CHI-SQUARE		<----------8---------->					<------4------>		<----------3---------->			<----------4---------->				<----------8---------->				
SIGNIFICANCE				.0%*			14.3%*			.0%*				.0%*				.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q20E. In what way are you dissatisfied **with the information in this respect...How USABLE the information is over time?**
BASE:Random selection of respondents **who used "Health Canada's electronic mailing list (called Health_Prod_Info)" and said not very satisfied or not at all satisfied** or depends in Q19E

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION			
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	100.0%			100.0%				100.0%					100.0%				100.0%			
Difficult to store and re-access the information	1	-	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	-
	100.0%			100.0%				100.0%					100.0%				100.0%			
CHI-SQUARE		<----------.0---------->					<-------.0----->		<----------.0--------->			<----------.0---------->				<----------.0---------->			
SIGNIFICANCE				.0%*				.0%*			.0%*				.0%*				.0%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q20E. In what way are you dissatisfied **with the information in this respect...How USABLE the information is over time?**
BASE:Random selection of respondents **who used "Drug Safety Advisories and Warnings posted on Health Canada's website" and said not very satisfied or not at all** satisfied or depends in Q19E

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	10	-	-	-	1	9	1	9	-	-	-	5	4	-	1	1	1	6	-	2
	100.0%				100.0%	100.0%	100.0%	100.0%				100.0%	100.0%		100.0%	100.0%	100.0%	100.0%		100.0%
Not relevant to my practice	3	-	-	-	-	3	-	3	-	-	-	1	2	-	-	-	-	2	-	1
	30.0%					33.3%		33.3%				20.0%	50.0%					33.3%		50.0%
Difficult to store and re-access the information	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	10.0%					11.1%		11.1%					25.0%					16.7%		
Information is late	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	1	-	-	-	-
	10.0%					11.1%		11.1%				20.0%				100.0%				
Information is biased	1	-	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-	1	-	-
	10.0%				100.0%		100.0%								100.0%			16.7%		
Information is changing	1	-	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	10.0%					11.1%		11.1%					25.0%					16.7%		
Prefer another format	1	-	-	-	-	1	-	1	-	-	-	1	-	-	-	-	-	-	-	1
	10.0%					11.1%		11.1%				20.0%								50.0%
Other	2	-	-	-	-	2	-	2	-	-	-	2	-	-	-	-	1	1	-	-
	20.0%					22.2%		22.2%				40.0%					100.0% R	16.7%		
CHI-SQUARE		<----------10---------->					<------10----->		<----------.0---------->			<----------17---------->				<----------19.722---------->				
SIGNIFICANCE		.0%*					73.5%*		.0%*			15.1%*				4.4%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q21. THE CANADIAN ADVERSE REACTION NEWSLETTER is a quarterly publication by Health Canada which is available in both paper form and on their website. Each issue provides current updates on adverse reactions reported in Canada and related safety issues on both new and older drugs, as well as case presentations, summary of advisories and other related topics. How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products?
BASE: Those who said "Not at all familiar or don't know" with Canadian Adverse Reaction Newsletter in Q11

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	182 100.0%	24 100.0%	39 100.0%	8 100.0%	48 100.0%	63 100.0%	64 100.0%	109 100.0%	51 100.0%	10 100.0%	6 100.0%	50 100.0%	49 100.0%	48 100.0%	29 100.0%	15 100.0%	16 100.0%	86 100.0%	25 100.0%	40 100.0%
Very likely	93 51.1%	13 54.2%	18 46.2%	3 37.5%	26 54.2%	33 52.4%	36 56.2%	55 50.5%	25 49.0%	6 60.0%	2 33.3%	26 52.0%	21 42.9%	31 64.6% MO	12 41.4%	10 66.7%	7 43.8%	46 53.5%	10 40.0%	20 50.0%
Somewhat likely	61 33.5%	8 33.3%	15 38.5%	3 37.5%	19 39.6%	16 25.4%	23 35.9%	32 29.4%	17 33.3%	2 20.0%	4 66.7% J	15 30.0%	18 36.7%	12 25.0%	13 44.8%	4 26.7%	6 37.5%	31 36.0%	8 32.0%	12 30.0%
Not very likely	13 7.1%	3 12.5%	3 7.7%	1 12.5%	1 2.1%	5 7.9%	3 4.7%	10 9.2%	6 11.8%	1 10.0%	-	3 6.0%	6 12.2%	3 6.2%	1 3.4%	-	1 6.2%	6 7.0%	5 20.0% T	1 2.5%
Not at all likely	11 6.0%	-	1 2.6%	1 12.5%	1 2.1%	8 12.7% CE	1 1.6%	9 8.3% G	1 2.0%	1 10.0%	-	4 8.0%	3 6.1%	1 2.1%	3 10.3%	1 6.7%	2 12.5%	1 1.2%	2 8.0%	5 12.5% R
Depends	3 1.6%	-	2 5.1%	-	-	1 1.6%	-	3 2.8%	2 3.9%	-	-	2 4.0%	-	1 2.1%	-	-	-	2 2.3%	-	1 2.5%
Don't know/No answer	1 0.5%	-	-	-	1 2.1%	-	1 1.6%	-	-	-	-	-	1 2.0%	-	-	-	-	-	-	1 2.5%
TOP 2 BOX	154 84.6%	21 87.5%	33 84.6%	6 75.0%	45 93.8% F	49 77.8%	59 92.2% H	87 79.8%	42 82.4%	8 80.0%	6 100.0% I	41 82.0%	39 79.6%	43 89.6%	25 86.2%	14 93.3%	13 81.2%	77 89.5%	18 72.0%	32 80.0%
BOTTOM 2 BOX	24 13.2%	3 12.5%	4 10.3%	2 25.0%	2 4.2%	13 20.6% E	4 6.2%	19 17.4% G	7 13.7%	2 20.0%	-	7 14.0%	9 18.4%	4 8.3%	4 13.8%	1 6.7%	3 18.8%	7 8.1%	7 28.0% R	6 15.0%
CHI-SQUARE		<----------14.31---------->					<-----4.99---->		<----------5.53--------->			<------------10.05------------>				<----------17.56---------->				
SIGNIFICANCE				71.8%*			82.8%			52.2%*				65.3%*				87.0%*		
MEAN	3.3	3.4	3.4	3.0	3.5	3.2	3.5	3.3	3.3	3.3	3.3	3.3	3.2	3.6 MO	3.2	3.5	3.1	3.5 S	3.0	3.2
STANDARD DEVIATION	0.86	0.72	0.75	1.07	0.66	1.05	0.67	0.95	0.78	1.06	0.52	0.93	0.89	0.72	0.93	0.83	1.02	0.68	0.98	1.02
STANDARD ERROR	0.06	0.15	0.12	0.38	0.10	0.13	0.08	0.09	0.11	0.33	0.21	0.13	0.13	0.10	0.17	0.22	0.26	0.07	0.20	0.17

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q22. Why would you be UNLIKELY **to use this newsletter?**
BASE: Those who said "not very/not at all likely/depends" **in Q21**

		HEALTH PROFESSION						PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	27 100.0%	3 100.0%	6 100.0%	2 100.0%	2 100.0%	14 100.0%	4 100.0%	22 100.0%	9 100.0%	2 100.0%	-	9 100.0%	9 100.0%	5 100.0%	4 100.0%	1 100.0%	3 100.0%	9 100.0%	7 100.0%	7 100.0%
Information not relevant to practice	11 40.7%	1 33.3%	3 50.0%	1 50.0%	-	6 42.9%	1 25.0%	10 45.5%	4 44.4%	-	-	2 22.2%	5 55.6%	2 40.0%	2 50.0%	-	-	4 44.4%	1 14.3%	6 85.7% S
No time to read this type of information	5 18.5%	2 66.7% F	1 16.7%	1 50.0%	-	1 7.1%	1 25.0%	4 18.2%	2 22.2%	1 50.0%	-	-	4 44.4%	1 20.0%	-	-	-	2 22.2%	2 28.6%	1 14.3%
Prefer other sources	4 14.8%	1 33.3%	1 16.7%	-	1 50.0%	1 7.1%	1 25.0%	3 13.6%	2 22.2%	-	-	1 11.1%	-	3 60.0% L	-	-	1 33.3%	1 11.1%	2 28.6%	-
Only useful if it includes drugs/products we use	3 11.1%	-	1 16.7%	-	-	2 14.3%	-	3 13.6%	1 11.1%	-	-	1 11.1%	1 11.1%	1 20.0%	-	-	1 33.3%	1 11.1%	-	1 14.3%
Depends on source/want to avoid bias	2 7.4%	-	-	-	-	2 14.3%	-	2 9.1%	-	-	-	1 11.1%	1 11.1%	-	-	-	-	-	1 14.3%	1 14.3%
Don't trust the information (general)	2 7.4%	-	-	-	-	2 14.3%	-	2 9.1%	1 11.1%	-	-	2 22.2%	-	-	-	-	1 33.3%	1 11.1%	-	-
Not detailed enough	1 3.7%	-	-	-	-	1 7.1%	-	1 4.5%	-	1 50.0%	-	-	-	-	1 25.0%	-	1 33.3%	-	-	-
No internet access/don't use it	1 3.7%	-	-	-	1 50.0%	-	1 25.0%	-	-	-	-	-	-	-	1 25.0%	-	-	-	1 14.3%	-
Computer illiterate	1 3.7%	-	-	-	1 50.0%	-	1 25.0%	-	-	-	-	-	-	-	1 25.0%	-	-	-	1 14.3%	-
Don' t know/No answer	3 11.1%	-	-	1 50.0%	-	2 14.3%	-	2 9.1%	-	-	-	2 22.2%	-	1 20.0%	-	1 100.0% ST	-	-	1 14.3%	1 14.3%
CHI-SQUARE		<----------38.946---------->					<----13.347--->		<---------7.2--------->			<----------40.002---------->						<----------40.059---------->		
SIGNIFICANCE			9.0%*				57.9%*		.0%*			57.5%*						11.3%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q23. "DEAR HEALTH CARE PROFESSIONAL" LETTERS are published by Health Canada or by industry and posted on Health Canada's website on an as-needed basis [PHARMACISTS ONLY: and sometimes mailed or faxed directly to pharmacists, pharmacies or hospitals]. These letters are published to alert health professionals, consumers and others about new safety information, such as adverse drug reactions. How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be...?
BASE: Those who said "Not at all familiar or don't know" with Dear Health Care Professional Letters in Q11

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	143	11	21	19	36	56	49	87	31	5	3	46	44	35	14	15	10	69	21	28
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very likely	70	5	10	11	20	24	26	43	13	1	3	22	21	21	5	8	3	41	8	10
	49.0%	45.5%	47.6%	57.9%	55.6%	42.9%	53.1%	49.4%	41.9%	20.0%	100.0% IJ	47.8%	47.7%	60.0%	35.7%	53.3%	30.0%	59.4% T	38.1%	35.7%
Somewhat likely	44	2	7	5	13	17	16	25	10	2	-	14	15	10	3	5	2	18	8	11
	30.8%	18.2%	33.3%	26.3%	36.1%	30.4%	32.7%	28.7%	32.3%	40.0%		30.4%	34.1%	28.6%	21.4%	33.3%	20.0%	26.1%	38.1%	39.3%
Not very likely	19	3	3	3	1	9	4	12	7	-	-	8	5	3	2	1	2	8	4	4
	13.3%	27.3%	14.3%	15.8%	2.8%	16.1% E	8.2%	13.8%	22.6%			17.4%	11.4%	8.6%	14.3%	6.7%	20.0%	11.6%	19.0%	14.3%
Not at all likely	10	1	1	-	2	6	3	7	1	2	-	2	3	1	4	1	3	2	1	3
	7.0%	9.1%	4.8%		5.6%	10.7%	6.1%	8.0%	3.2%	40.0%		4.3%	6.8%	2.9%	28.6% N	6.7%	30.0%	2.9%	4.8%	10.7%
TOP 2 BOX	114	7	17	16	33	41	42	68	23	3	3	36	36	31	8	13	5	59	16	21
	79.7%	63.6%	81.0%	84.2%	91.7% F	73.2%	85.7%	78.2%	74.2%	60.0%	100.0% I	78.3%	81.8%	88.6% O	57.1%	86.7% Q	50.0%	85.5% Q	76.2%	75.0%
BOTTOM 2 BOX	29	4	4	3	3	15	7	19	8	2	-	10	8	4	6	2	5	10	5	7
	20.3%	36.4%	19.0%	15.8%	8.3%	26.8% E	14.3%	21.8%	25.8%	40.0%		21.7%	18.2%	11.4%	42.9% N	13.3%	50.0% PR	14.5%	23.8%	25.0%
CHI-SQUARE		<----------9.97---------->					<-----1.24---->		<--------13.56-------->			<----------13.63---------->				<----------17.23---------->				
SIGNIFICANCE				38.1%*			25.7%			96.5%*				86.4%*				85.9%*		
MEAN	3.2	3.0	3.2	3.4	3.4	3.1	3.3	3.2	3.1	2.4	4.0	3.2	3.2	3.5 O	2.6	3.3	2.5	3.4 QT	3.1	3.0
STANDARD DEVIATION	0.93	1.10	0.89	0.77	0.81	1.02	0.88	0.96	0.88	1.34	0.0	0.89	0.91	0.78	1.28	0.90	1.27	0.81	0.89	0.98
STANDARD ERROR	0.08	0.33	0.19	0.18	0.13	0.14	0.13	0.10	0.16	0.60	0.0	0.13	0.14	0.13	0.34	0.23	0.40	0.10	0.19	0.19

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q24. Why would you be UNLIKELY to use this type of letter?
BASE: Those who said "not very/not at all likely/depends" in Q23

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	29	4	4	3	3	15	7	19	8	2	-	10	8	4	6	2	5	10	5	7
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
No time to read this type of information	7	3	1	-	-	3	3	3	4	-	-	3	1	1	2	1	1	-	1	4
	24.1%	75.0% F	25.0%			20.0%	42.9%	15.8%	50.0%			30.0%	12.5%	25.0%	33.3%	50.0%	20.0%		20.0%	57.1%
Information not relevant to practice	6	1	1	-	-	4	1	5	2	-	-	1	3	1	1	-	-	3	1	2
	20.7%	25.0%	25.0%			26.7%	14.3%	26.3%	25.0%			10.0%	37.5%	25.0%	16.7%			30.0%	20.0%	28.6%
Prefer other sources	4	1	-	-	-	3	1	3	-	1	-	3	-	1	-	-	1	-	-	3
	13.8%	25.0%				20.0%	14.3%	15.8%		50.0%		30.0%		25.0%			20.0%			42.9%
No internet access/don't use it	2	-	-	-	1	1	1	1	-	-	-	-	1	-	1	1	-	1	-	-
	6.9%				33.3%	6.7%	14.3%	5.3%					12.5%		16.7%	50.0%		10.0%		
Computer illiterate	2	-	-	1	1	-	1	1	-	-	-	-	1	-	1	-	-	1	1	-
	6.9%			33.3%	33.3%		14.3%	5.3%					12.5%		16.7%			10.0%	20.0%	
Don't trust the information (general)	2	-	-	-	-	2	-	2	1	-	-	2	-	-	-	-	1	1	-	-
	6.9%					13.3%		10.5%	12.5%			20.0%					20.0%	10.0%		
Don't know where to find it/did not receive	2	-	-	-	1	1	1	-	-	-	-	-	1	-	1	-	1	-	1	-
	6.9%				33.3%	6.7%	14.3%						12.5%		16.7%		20.0%		20.0%	
New safety information not a priority	1	-	-	1	-	-	-	1	-	-	-	1	-	-	-	-	-	1	-	-
	3.4%			33.3%				5.3%				10.0%						10.0%		
Only useful if it includes drugs/products we use	1	-	-	-	1	-	1	-	-	-	-	1	-	-	-	-	-	-	1	-
	3.4%				33.3%		14.3%					10.0%							20.0%	
Other	2	-	-	-	-	2	-	1	-	-	-	-	1	-	-	-	-	1	-	1
	6.9%					13.3%		5.3%					12.5%					10.0%		14.3%
Don' t know/No answer	4	-	2	1	-	1	-	4	2	1	-	1	1	1	1	-	1	2	1	-
	13.8%		50.0%	33.3%		6.7%		21.1%	25.0%	50.0%		10.0%	12.5%	25.0%	16.7%		20.0%	20.0%	20.0%	
CHI-SQUARE		<----------51.145---------->					<----10.556--->		<--------6.519-------->			<----------22.676---------->				<----------39.495---------->				
SIGNIFICANCE				49.3%*			35.2%*			.0%*			1.7%*					10.1%*		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q25. HEALTH CANADA'S ELECTRONIC MAILING LIST, under the name of "Health_Prod_Info" is the most recent source of new safety information provided through Health Canada. This is a free electronic mailing service through which subscribers receive immediate notice of new drug safety information issued through other sources, including Dear Health Care Professional Letters, Public Advisories and the Canadian Adverse Reaction Newsletter. How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be...?
BASE: Those who said "Not at all familiar or don't know" with Health Canad's electronic mailing list in Q11

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	433	113	51	118	80	71	137	281	94	37	35	100	115	130	80	47	46	205	77	58
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very likely	225	42	21	63	48	51	71	146	36	19	11	60	57	72	31	26	21	107	36	35
	52.0%	37.2%	41.2%	53.4% B	60.0% BC	71.8% BCD	51.8%	52.0%	38.3%	51.4%	31.4%	60.0% O	49.6%	55.4% O	38.8%	55.3%	45.7%	52.2%	46.8%	60.3%
Somewhat likely	121	37	20	33	20	11	36	82	33	12	13	18	42	33	26	14	10	63	20	14
	27.9%	32.7% F	39.2% F	28.0% F	25.0%	15.5%	26.3%	29.2%	35.1%	32.4%	37.1%	18.0%	36.5% L	25.4%	32.5% L	29.8%	21.7%	30.7%	26.0%	24.1%
Not very likely	39	12	3	14	7	3	12	25	8	3	3	12	9	12	5	3	6	17	9	4
	9.0%	10.6%	5.9%	11.9% F	8.8%	4.2%	8.8%	8.9%	8.5%	8.1%	8.6%	12.0%	7.8%	9.2%	6.2%	6.4%	13.0%	8.3%	11.7%	6.9%
Not at all likely	33	17	6	4	1	5	10	22	14	2	7	4	5	9	15	3	8	10	8	4
	7.6%	15.0% DE	11.8% E	3.4%	1.2%	7.0%	7.3%	7.8%	14.9%	5.4%	20.0%	4.0%	4.3%	6.9%	18.8% LMN	6.4%	17.4% R	4.9%	10.4%	6.9%
Depends	2	2	-	-	-	-	1	1	2	-	-	-	-	-	2	-	-	2	-	-
	0.5%	1.8%					0.7%	0.4%	2.1%						2.5%			1.0%		
Don't know/No answer	13	3	1	4	4	1	7	5	1	1	1	6	2	4	1	1	1	6	4	1
	3.0%	2.7%	2.0%	3.4%	5.0%	1.4%	5.1%	1.8%	1.1%	2.7%	2.9%	6.0%	1.7%	3.1%	1.2%	2.1%	2.2%	2.9%	5.2%	1.7%
TOP 2 BOX	346	79	41	96	68	62	107	228	69	31	24	78	99	105	57	40	31	170	56	49
	79.9%	69.9%	80.4%	81.4% B	85.0% B	87.3% B	78.1%	81.1%	73.4%	83.8%	68.6%	78.0%	86.1% O	80.8%	71.2%	85.1% Q	67.4%	82.9% Q	72.7%	84.5% Q
BOTTOM 2 BOX	72	29	9	18	8	8	22	47	22	5	10	16	14	21	20	6	14	27	17	8
	16.6%	25.7% DEF	17.6%	15.3%	10.0%	11.3%	16.1%	16.7%	23.4%	13.5%	28.6%	16.0%	12.2%	16.2%	25.0% M	12.8%	30.4% PRT	13.2%	22.1%	13.8%
CHI-SQUARE		<----------39.76---------->					<-----.18----->		<---------4.95-------->			<----------29.83---------->				<----------14.07---------->				
SIGNIFICANCE				100.0%			2.0%			45.0%*			100.0%					70.3%*		
MEAN	3.3	3.0	3.1	3.4 B	3.5 BC	3.5 BC	3.3	3.3	3.0	3.3 K	2.8	3.4 O	3.3 O	3.3 O	2.9	3.4	3.0	3.4 Q	3.2	3.4 Q
STANDARD DEVIATION	0.93	1.07	0.98	0.83	0.72	0.88	0.93	0.93	1.05	0.86	1.11	0.87	0.81	0.92	1.12	0.88	1.16	0.84	1.02	0.90
STANDARD ERROR	0.05	0.10	0.14	0.08	0.08	0.11	0.08	0.06	0.11	0.14	0.19	0.09	0.08	0.08	0.13	0.13	0.17	0.06	0.12	0.12

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q26. Why would you be UNLIKELY to use this mailing list?
BASE: Those who said "not very/not at all likely/depends" in Q25

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	74 100.0%	31 100.0%	9 100.0%	18 100.0%	8 100.0%	8 100.0%	23 100.0%	48 100.0%	24 100.0%	5 100.0%	10 100.0%	16 100.0%	14 100.0%	21 100.0%	22 100.0%	6 100.0%	14 100.0%	29 100.0%	17 100.0%	8 100.0%
No internet access	23 31.1%	12 38.7%	3 33.3%	6 33.3%	-	2 25.0%	3 13.0%	19 39.6% G	7 29.2%	2 40.0%	6 60.0%	2 12.5%	3 21.4%	7 33.3%	11 50.0% L	3 50.0%	6 42.9%	8 27.6%	4 23.5%	2 25.0%
Information not relevant to practice	14 18.9%	5 16.1%	2 22.2%	2 11.1%	2 25.0%	3 37.5%	5 21.7%	7 14.6%	6 25.0%	1 20.0%	-	3 18.8%	3 21.4%	4 19.0%	4 18.2%	-	2 14.3%	6 20.7%	4 23.5%	2 25.0%
Prefer other sources	13 17.6%	6 19.4%	2 22.2%	3 16.7%	1 12.5%	1 12.5%	5 21.7%	8 16.7%	6 25.0%	-	3 30.0%	2 12.5%	3 21.4%	5 23.8%	3 13.6%	1 16.7%	2 14.3%	4 13.8%	4 23.5%	2 25.0%
No time to read this type of information	13 17.6%	3 9.7%	2 22.2%	5 27.8%	3 37.5%	-	6 26.1%	7 14.6%	5 20.8%	-	-	4 25.0%	5 35.7%	2 9.5%	2 9.1%	-	3 21.4%	8 27.6% S	1 5.9%	1 12.5%
Computer illiterate	4 5.4%	3 9.7%	-	-	1 12.5%	-	4 17.4%	-	-	2 40.0%	1 10.0%	1 6.2%	-	1 4.8%	2 9.1%	-	1 7.1%	-	3 17.6%	-
Having problems with the computer	4 5.4%	3 9.7%	1 11.1%	-	-	-	1 4.3%	3 6.2%	2 8.3%	-	-	1 6.2%	-	1 4.8%	1 4.5%	-	-	4 13.8%	-	-
Receive a lot of mail/ junk mail	3 4.1%	-	-	2 11.1%	1 12.5%	-	1 4.3%	2 4.2%	-	-	-	1 6.2%	2 14.3%	-	-	-	-	2 6.9%	1 5.9%	-
New safety information not a priority	2 2.7%	-	1 11.1%	1 5.6%	-	-	-	2 4.2%	1 4.2%	-	-	1 6.2%	-	-	1 4.5%	-	-	1 3.4%	1 5.9%	-
No interest/no need	3 4.1%	1 3.2%	-	1 5.6%	-	1 12.5%	1 4.3%	2 4.2%	1 4.2%	-	-	2 12.5%	-	-	1 4.5%	-	1 7.1%	1 3.4%	-	1 12.5%
Other	6 8.1%	2 6.5%	-	-	1 12.5%	3 37.5%	1 4.3%	4 8.3%	2 8.3%	-	1 10.0%	1 6.2%	2 14.3%	2 9.5%	1 4.5%	1 16.7%	-	2 6.9%	1 5.9%	2 25.0%
Don' t know/No answer	3 4.1%	-	-	2 11.1%	1 12.5%	-	1 4.3%	2 4.2%	-	-	-	1 6.2%	1 7.1%	1 4.8%	-	1 16.7%	-	1 3.4%	-	1 12.5%
CHI-SQUARE SIGNIFICANCE		<----------45.782----------> 28.4%*					<----14.856---> 68.4%*		<--------21.913-------> 30.7%*			<----------25.452----------> 4.6%*				<----------37.809----------> 7.0%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q27. HEALTH CANADA'S WEBSITE provides access to Public Advisories and Warnings, in addition to Dear Health Care Professional Letters issued by Health Canada and by industry, related to safety issues about drugs and other health products marketed in Canada. How likely would you be to make use of this source of information to stay informed about new safety information on drugs and other health products? Would you be...?
BASE: Those who said "Not at all familiar or don't know" with Health Canada's website in Q11

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	279	89	41	73	44	32	92	182	75	31	24	47	72	98	60	30	38	125	50	36
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Very likely	104	26	13	25	28	12	41	62	24	9	6	18	28	41	16	11	10	47	20	16
	37.3%	29.2%	31.7%	34.2%	63.6% BCDF	37.5%	44.6%	34.1%	32.0%	29.0%	25.0%	38.3%	38.9%	41.8% O	26.7%	36.7%	26.3%	37.6%	40.0%	44.4%
Somewhat likely	105	31	17	31	13	13	30	73	29	14	8	23	27	31	23	14	16	48	18	9
	37.6%	34.8%	41.5%	42.5%	29.5%	40.6%	32.6%	40.1%	38.7%	45.2%	33.3%	48.9% N	37.5%	31.6%	38.3%	46.7%	42.1%	38.4%	36.0%	25.0%
Not very likely	40	17	6	11	3	3	14	26	13	3	6	4	10	15	11	4	5	17	8	6
	14.3%	19.1% E	14.6%	15.1%	6.8%	9.4%	15.2%	14.3%	17.3%	9.7%	25.0%	8.5%	13.9%	15.3%	18.3%	13.3%	13.2%	13.6%	16.0%	16.7%
Not at all likely	27	15	4	5	-	3	7	18	9	5	4	2	6	10	9	1	7	11	4	4
	9.7%	16.9% D	9.8%	6.8%		9.4%	7.6%	9.9%	12.0%	16.1%	16.7%	4.3%	8.3%	10.2%	15.0% L	3.3%	18.4% P	8.8%	8.0%	11.1%
Don't know/No answer	3	-	1	1	-	1	-	3	-	-	-	-	1	1	1	-	-	2	-	1
	1.1%		2.4%	1.4%		3.1%		1.6%					1.4%	1.0%	1.7%			1.6%		2.8%
TOP 2 BOX	209	57	30	56	41	25	71	135	53	23	14	41	55	72	39	25	26	95	38	25
	74.9%	64.0%	73.2%	76.7%	93.2% BCD	78.1%	77.2%	74.2%	70.7%	74.2%	58.3%	87.2% NO	76.4%	73.5%	65.0%	83.3%	68.4%	76.0%	76.0%	69.4%
BOTTOM 2 BOX	67	32	10	16	3	6	21	44	22	8	10	6	16	25	20	5	12	28	12	10
	24.0%	36.0% DEF	24.4% E	21.9% E	6.8%	18.8%	22.8%	24.2%	29.3%	25.8%	41.7%	12.8%	22.2%	25.5%	33.3% L	16.7%	31.6%	22.4%	24.0%	27.8%
CHI-SQUARE		<----------24.98---------->					<-----3.06---->		<----------3.14---------->			<----------10.11---------->				<----------9.11---------->				
SIGNIFICANCE				98.5%			61.7%			20.9%*			65.8%					30.6%*		
MEAN	3.0	2.8	3.0	3.1	3.6 BCDF	3.1	3.1	3.0	2.9	2.9	2.7	3.2 O	3.1	3.1	2.8	3.2	2.8	3.1	3.1	3.1
STANDARD DEVIATION	0.96	1.06	0.95	0.89	0.62	0.94	0.94	0.95	0.99	1.02	1.05	0.78	0.94	1.00	1.02	0.79	1.05	0.94	0.94	1.06
STANDARD ERROR	0.06	0.11	0.15	0.10	0.09	0.17	0.10	0.07	0.11	0.18	0.21	0.11	0.11	0.10	0.13	0.14	0.17	0.08	0.13	0.18

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)

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Q28. Why would you be unlikely to use this website to get updates on product advisories and warnings?
BASE: Those who said "not very/not at all likely/depends" in Q27

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	67 100.0%	32 100.0%	10 100.0%	16 100.0%	3 100.0%	6 100.0%	21 100.0%	44 100.0%	22 100.0%	8 100.0%	10 100.0%	6 100.0%	16 100.0%	25 100.0%	20 100.0%	5 100.0%	12 100.0%	28 100.0%	12 100.0%	10 100.0%
No Internet access	22 32.8%	11 34.4%	3 30.0%	8 50.0%	-	-	4 19.0%	18 40.9%	7 31.8%	3 37.5%	3 30.0%	-	6 37.5%	8 32.0%	8 40.0%	2 40.0%	5 41.7%	8 28.6%	4 33.3%	3 30.0%
Prefer other sources	18 26.9%	10 31.2%	2 20.0%	2 12.5%	2 66.7%	2 33.3%	6 28.6%	10 22.7%	6 27.3%	3 37.5%	3 30.0%	2 33.3%	5 31.2%	6 24.0%	5 25.0%	1 20.0%	3 25.0%	10 35.7% S	1 8.3%	3 30.0%
No time to read this type of information	17 25.4%	8 25.0%	3 30.0%	4 25.0%	2 66.7%	-	9 42.9% H	8 18.2%	7 31.8%	2 25.0%	2 20.0%	1 16.7%	4 25.0%	8 32.0%	4 20.0%	-	4 33.3%	8 28.6%	3 25.0%	2 20.0%
Information not relevant to practice	8 11.9%	2 6.2%	2 20.0%	1 6.2%	-	3 50.0% BD	1 4.8%	7 15.9%	3 13.6%	1 12.5%	-	1 16.7%	3 18.8%	2 8.0%	2 10.0%	1 20.0%	-	3 10.7%	2 16.7%	2 20.0%
Don't know how to sign up	5 7.5%	2 6.2%	1 10.0%	2 12.5%	-	-	1 4.8%	4 9.1%	1 4.5%	-	1 10.0%	-	-	3 12.0%	2 10.0%	1 20.0%	-	-	3 25.0%	1 10.0%
New safety information not a priority	2 3.0%	1 3.1%	-	1 6.2%	-	-	1 4.8%	1 2.3%	-	-	1 10.0%	-	1 6.2%	1 4.0%	-	-	1 8.3%	1 3.6%	-	-
The site is not user friendly	2 3.0%	1 3.1%	-	-	1 33.3%	-	2 9.5%	-	-	1 12.5%	-	1 16.7%	1 6.2%	-	-	-	1 8.3%	-	-	1 10.0%
Do not look for such information	1 1.5%	1 3.1%	-	-	-	-	1 4.8%	-	-	1 12.5%	-	-	1 6.2%	-	-	-	-	1 3.6%	-	-
Not detailed enough	1 1.5%	-	-	1 6.2%	-	-	-	1 2.3%	-	-	-	-	-	1 4.0%	-	-	-	1 3.6%	-	-
Other people look after these things	1 1.5%	-	-	-	-	1 16.7%	-	1 2.3%	-	-	-	1 16.7%	-	-	-	-	-	-	-	1 10.0%
Other	6 9.0%	5 15.6%	-	1 6.2%	-	-	3 14.3%	3 6.8%	2 9.1%	1 12.5%	2 20.0%	1 16.7%	-	3 12.0%	2 10.0%	1 20.0%	1 8.3%	3 10.7%	1 8.3%	-
CHI-SQUARE SIGNIFICANCE		<---------- 52.178 68.5%*		---------->			<---- 14.979 75.7%*	--->	<-------- 13.252 3.8%*	------->		<---------- 31.853 33.4%*	---------->			<---------- 32.714 4.5%*	---------->		

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q29. Returning to the broader level, **are there specific types of information on drug safety that you need or would like to have, that is not currently available through** any of these sources?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551	150	55	150	100	96	178	354	123	48	43	124	145	160	114	67	66	255	92	71
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Different types of drugs (natural health products, anti-depressants)	39	8	1	16	8	6	10	28	6	3	1	10	11	11	7	7	6	17	3	6
	7.1%	5.3%	1.8%	10.7% C	8.0%	6.2%	5.6%	7.9%	4.9%	6.2%	2.3%	8.1%	7.6%	6.9%	6.1%	10.4%	9.1%	6.7%	3.3%	8.5%
Drug interactions	35	5	2	5	7	16	12	22	5	2	-	15	9	6	5	6	-	16	4	9
	6.4%	3.3%	3.6%	3.3%	7.0%	16.7% BCDE	6.7%	6.2%	4.1%	4.2%		12.1% NO	6.2%	3.8%	4.4%	9.0%		6.3%	4.3%	12.7%
Unexpected ADRs	16	5	1	2	3	5	4	12	6	1	1	4	3	6	3	-	-	12	2	2
	2.9%	3.3%	1.8%	1.3%	3.0%	5.2%	2.2%	3.4%	4.9%	2.1%	2.3%	3.2%	2.1%	3.8%	2.6%			4.7%	2.2%	2.8%
Research/clinical studies	13	-	-	4	1	8	3	10	3	-	-	6	4	3	-	1	2	5	2	3
	2.4%			2.7%	1.0%	8.3% E	1.7%	2.8%	2.4%			4.8%	2.8%	1.9%		1.5%	3.0%	2.0%	2.2%	4.2%
Effects on different groups (elderly, children)	11	6	-	1	4	-	8	3	4	2	-	2	2	4	3	-	1	7	3	-
	2.0%	4.0%		0.7%	4.0%		4.5% H	0.8%	3.3%	4.2%		1.6%	1.4%	2.5%	2.6%		1.5%	2.7%	3.3%	
Up-to-date/Timely information	9	4	1	3	-	1	3	6	3	1	-	1	2	3	2	-	2	4	2	1
	1.6%	2.7%	1.8%	2.0%		1.0%	1.7%	1.7%	2.4%	2.1%		0.8%	1.4%	1.9%	1.8%		3.0%	1.6%	2.2%	1.4%
Unbiased drug safety information	6	1	-	2	1	2	2	3	1	-	1	1	2	2	1	1	-	4	1	-
	1.1%	0.7%		1.3%	1.0%	2.1%	1.1%	0.8%	0.8%		2.3%	0.8%	1.4%	1.2%	0.9%	1.5%		1.6%	1.1%	
Long-term use	5	1	-	1	2	1	2	3	1	-	-	-	2	2	1	-	-	3	1	1
	0.9%	0.7%		0.7%	2.0%	1.0%	1.1%	0.8%	0.8%				1.4%	1.2%	0.9%			1.2%	1.1%	1.4%
Other	75	17	5	18	18	17	28	44	11	6	8	15	27	17	15	6	8	43	10	8
	13.6%	11.3%	9.1%	12.0%	18.0%	17.7%	15.7%	12.4%	8.9%	12.5%	18.6%	12.1%	18.6% N	10.6%	13.2%	9.0%	12.1%	16.9%	10.9%	11.3%
None	334	101	38	101	57	37	103	222	77	31	30	66	82	105	76	46	47	144	57	40
	60.6%	67.3% F	69.1% F	67.3% F	57.0% F	38.5%	57.9%	62.7%	62.6%	64.6%	69.8%	53.2%	56.6%	65.6% L	66.7% L	68.7%	71.2% R	56.5%	62.0%	56.3%
Don't know/No answer	69	14	10	14	13	18	23	41	18	5	5	20	19	17	12	6	6	33	15	9
	12.5%	9.3%	18.2%	9.3%	13.0%	18.8% BD	12.9%	11.6%	14.6%	10.4%	11.6%	16.1%	13.1%	10.6%	10.5%	9.0%	9.1%	12.9%	16.3%	12.7%
CHI-SQUARE		<----------86.73---------->					<----11.465--->		<--------13.963------->			<----------28.053---------->				<----------41.566---------->				
SIGNIFICANCE		100.0%*					67.8%*		16.8%*			43.2%*				59.8%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q30. In general, HOW would you prefer **to get new safety information on drug safety? Would it be...?**
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
By mail	306 55.5%	103 68.7% DE	37 67.3% DE	67 44.7%	44 44.0%	55 57.3%	90 50.6%	202 57.1%	82 66.7%	29 60.4%	32 74.4%	57 46.0%	74 51.0%	96 60.0% L	73 64.0% LM	39 58.2% T	49 74.2% PRST	142 55.7% T	50 54.3% T	26 36.6%
By e-mail	292 53.0%	62 41.3%	23 41.8%	66 44.0%	77 77.0% BCD	64 66.7% BCD	116 65.2% H	169 47.7%	59 48.0%	21 43.8%	14 32.6%	78 62.9% N	75 51.7%	76 47.5%	58 50.9%	28 41.8%	26 39.4%	131 51.4%	54 58.7% PQ	53 74.6% PQRS
By fax	200 36.3%	61 40.7% EF	17 30.9% E	90 60.0% BCEF	10 10.0%	22 22.9% E	39 21.9%	155 43.8% G	40 32.5%	22 45.8%	18 41.9%	45 36.3%	53 36.6%	58 36.2%	41 36.0%	26 38.8% T	30 45.5% T	101 39.6% T	29 31.5%	14 19.7%
On the Internet	160 29.0%	31 20.7%	14 25.5%	42 28.0%	41 41.0% BCD	32 33.3% B	59 33.1%	94 26.6%	28 22.8%	14 29.2%	6 14.0%	40 32.3%	52 35.9% NO	39 24.4%	27 23.7%	14 20.9%	27 40.9% PRS	68 26.7%	23 25.0%	28 39.4% PRS
Through software updates	140 25.4%	27 18.0%	9 16.4%	57 38.0% BCF	27 27.0%	20 20.8%	46 25.8%	93 26.3%	21 17.1%	11 22.9%	7 16.3%	30 24.2%	37 25.5%	43 26.9%	30 26.3%	13 19.4%	20 30.3%	58 22.7%	21 22.8%	28 39.4% PRS
No preference	2 0.4%	-	1 1.8%	-	-	1 1.0%	-	2 0.6%	-	1 2.1%	-	1 0.8%	1 0.7%	-	-	-	-	2 0.8%	-	-
Other	17 3.1%	7 4.7% D	3 5.5%	1 0.7%	3 3.0%	3 3.1%	7 3.9%	9 2.5%	8 6.5%	2 4.2%	-	1 0.8%	5 3.4%	3 1.9%	8 7.0% LN	-	3 4.5%	7 2.7%	2 2.2%	5 7.0%
CHI-SQUARE		<----------114.034---------->					<----26.819--->		<--------12.883------->			<----------23.258---------->				<----------44.662---------->				
SIGNIFICANCE		100.0%*					99.9%*		20.2%*			32.9%*				84.8%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
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Q31. What would you consider to be the **BEST** source for getting new information about **"ADVERSE DRUG REACTIONS"** that is, reactions that are serious and unexpected?
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
TOTAL	551 100.0%	150 100.0%	55 100.0%	150 100.0%	100 100.0%	96 100.0%	178 100.0%	354 100.0%	123 100.0%	48 100.0%	43 100.0%	124 100.0%	145 100.0%	160 100.0%	114 100.0%	67 100.0%	66 100.0%	255 100.0%	92 100.0%	71 100.0%
NET HEALTH CANADA	212 38.5%	69 46.0% EF	20 36.4%	64 42.7% F	31 31.0%	28 29.2%	58 32.6%	145 41.0%	45 36.6%	18 37.5%	23 53.5%	48 38.7%	45 31.0%	66 41.2%	49 43.0% M	25 37.3%	28 42.4%	102 40.0%	33 35.9%	24 33.8%
Health Canada/ government (general)	79 14.3%	31 20.7% EF	11 20.0% EF	23 15.3% EF	7 7.0%	7 7.3%	18 10.1%	59 16.7% G	24 19.5%	8 16.7%	9 20.9%	11 8.9%	21 14.5%	23 14.4%	23 20.2% L	11 16.4%	6 9.1%	42 16.5% T	14 15.2%	6 8.5%
Canadian Adverse Reaction Newsletter	41 7.4%	13 8.7% EF	2 3.6%	22 14.7% CEF	2 2.0%	2 2.1%	7 3.9%	33 9.3% G	7 5.7%	3 6.2%	3 7.0%	10 8.1%	5 3.4%	17 10.6% M	9 7.9%	5 7.5%	10 15.2% ST	19 7.5%	4 4.3%	3 4.2%
Health Canada electronic mailing/e-mail	40 7.3%	4 2.7%	5 9.1%	11 7.3%	12 12.0% B	8 8.3%	14 7.9%	23 6.5%	3 2.4%	-	2 4.7%	9 7.3%	8 5.5%	12 7.5%	9 7.9%	3 4.5%	1 1.5%	19 7.5% Q	7 7.6%	10 14.1% PQ
Health Canada website	19 3.4%	-	1 1.8%	5 3.3%	6 6.0%	7 7.3%	6 3.4%	11 3.1%	3 2.4%	-	1 2.3%	9 7.3% MO	3 2.1%	5 3.1%	1 0.9%	2 3.0%	5 7.6%	7 2.7%	2 2.2%	3 4.2%
Public Health Advisories/Health Canada	17 3.1%	10 6.7% D	1 1.8%	1 0.7%	3 3.0%	2 2.1%	9 5.1%	8 2.3%	4 3.3%	3 6.2%	5 11.6%	6 4.8%	4 2.8%	3 1.9%	4 3.5%	3 4.5%	4 6.1%	7 2.7%	1 1.1%	2 2.8%
Dear Health Care Professional Letters	16 2.9%	11 7.3% DEF	-	2 1.3%	1 1.0%	2 2.1%	4 2.2%	11 3.1%	4 3.3%	4 8.3%	3 7.0%	3 2.4%	4 2.8%	6 3.8%	3 2.6%	1 1.5%	2 3.0%	8 3.1%	5 5.4%	-
Online sources/websites/ Internet	45 8.2%	8 5.3%	1 1.8%	17 11.3% C	9 9.0% C	10 10.4% C	12 6.7%	31 8.8%	8 6.5%	4 8.3%	-	9 7.3%	17 11.7%	13 8.1%	6 5.3%	4 6.0%	9 13.6%	20 7.8%	6 6.5%	6 8.5%
E-mail (unspecified)	40 7.3%	10 6.7%	3 5.5%	5 3.3%	15 15.0% BCD	7 7.3%	22 12.4% H	18 5.1%	8 6.5%	2 4.2%	4 9.3%	10 8.1%	13 9.0%	10 6.2%	7 6.1%	6 9.0%	-	18 7.1%	11 12.0%	5 7.0%
Drug manufacturer	36 6.5%	12 8.0% F	3 5.5%	17 11.3% EF	3 3.0%	1 1.0%	11 6.2%	23 6.5%	7 5.7%	5 10.4%	3 7.0%	5 4.0%	12 8.3%	11 6.9%	8 7.0%	4 6.0%	7 10.6%	14 5.5%	9 9.8%	2 2.8%
Mail (unspecified)	29 5.3%	11 7.3% D	4 7.3%	3 2.0%	5 5.0%	6 6.2%	11 6.2%	17 4.8%	9 7.3%	5 10.4%	1 2.3%	3 2.4%	10 6.9%	12 7.5% L	4 3.5%	3 4.5%	5 7.6%	13 5.1%	5 5.4%	3 4.2%

Continued/...

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Q31. What would you consider to be the **BEST** source for getting new information about "ADVERSE DRUG REACTIONS" that is, reactions that are serious and unexpected? Continued
BASE: All

		HEALTH PROFESSION					PRACTICE SETTING		PRESCRIPTIONS/WK			YEARS IN PRACTICE				REGION				
	TOTAL	PHYS	DENT	PHARM	NURSE	NATUR	HOSPT/ CLINIC	PRIVATE PRACT/ RETAIL	<=50	51-100	>100	<10	10-19	20-29	>30	ATL	QC	ON	PRA	BC
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)	(S)	(T)
Professional association/ colleagues	25 4.5%	4 2.7%	2 3.6%	4 2.7%	4 4.0%	11 11.5% BDE	8 4.5%	17 4.8%	6 4.9%	1 2.1%	1 2.3%	6 4.8%	6 4.1%	9 5.6%	4 3.5%	5 7.5%	-	9 3.5%	5 5.4%	6 8.5%
Pharmacist/pharmacy	24 4.4%	3 2.0%	1 1.8%	2 1.3%	16 16.0% BCDF	2 2.1%	18 10.1% H	6 1.7%	3 2.4%	1 2.1%	1 2.3%	6 4.8%	4 2.8%	5 3.1%	9 7.9%	3 4.5%	2 3.0%	11 4.3%	1 1.1%	7 9.9% S
Fax (unspecified)	22 4.0%	5 3.3%	2 3.6%	13 8.7% EF	1 1.0%	1 1.0%	4 2.2%	18 5.1%	2 1.6%	1 2.1%	4 9.3%	6 4.8%	7 4.8%	4 2.5%	5 4.4%	2 3.0%	1 1.5%	11 4.3%	7 7.6% T	1 1.4%
Medical journals/ publications/scientific literature	18 3.3%	7 4.7%	4 7.3%	3 2.0%	1 1.0%	3 3.1%	7 3.9%	11 3.1%	10 8.1%	1 2.1%	1 2.3%	4 3.2%	6 4.1%	4 2.5%	4 3.5%	3 4.5%	2 3.0%	8 3.1%	2 2.2%	3 4.2%
CPS	18 3.3%	2 1.3%	7 12.7% BEF	6 4.0%	1 1.0%	2 2.1%	3 1.7%	14 4.0%	6 4.9%	1 2.1%	1 2.3%	5 4.0%	7 4.8%	3 1.9%	2 1.8%	1 1.5%	3 4.5%	11 4.3%	-	3 4.2%
Drug information centre	4 0.7%	-	-	4 2.7%	-	-	-	4 1.1%	-	-	-	2 1.6%	-	1 0.6%	1 0.9%	-	1 1.5%	3 1.2%	-	-
Patients	3 0.5%	-	-	2 1.3%	-	1 1.0%	-	3 0.8%	1 0.8%	-	-	2 1.6%	1 0.7%	-	-	2 3.0%	-	1 0.4%	-	-
Media	3 0.5%	-	-	-	1 1.0%	2 2.1%	1 0.6%	2 0.6%	1 0.8%	-	-	-	-	2 1.2%	1 0.9%	-	-	2 0.8%	1 1.1%	-
Other	42 7.6%	12 8.0%	5 9.1%	7 4.7%	9 9.0%	9 9.4%	16 9.0%	25 7.1%	10 8.1%	7 14.6%	2 4.7%	7 5.6%	11 7.6%	13 8.1%	11 9.6%	4 6.0%	5 7.6%	20 7.8%	5 5.4%	8 11.3%
Don't know/No answer	30 5.4%	7 4.7%	3 5.5%	3 2.0%	4 4.0%	13 13.5% BDE	7 3.9%	20 5.6%	7 5.7%	2 4.2%	2 4.7%	11 8.9% O	6 4.1%	7 4.4%	3 2.6%	5 7.5%	3 4.5%	12 4.7%	7 7.6%	3 4.2%
CHI-SQUARE		<----------238.684---------->					<----48.881--->		<--------32.802------->			<----------60.466---------->				<----------92.919---------->				
SIGNIFICANCE		100.0%*					100.0%*		29.2%*			64.8%*				90.9%*				

Comparison Groups: BCDEF/GH/IJK/LMNO/PQRST
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if naturopaths are significantly different from physicians then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

Annex II

Statistical Analysis of the General Public Survey

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Annex II: Statistical Analysis of the General Public Survey Data

I Statistical Analysis

The health professional survey data was analysed using Wincross version 6.0 - a Microsoft Excel and Microsoft Word compatible statistical analysis software developed by the Analytical Group, Inc. to analyse survey data (Website: www.analyticalgroup.com). WinCross is an advanced and powerful crosstabulation software which performs multiple data comparisons using various statistical tests to identify data relationships of significance found in survey data.

Factors selected for comparison in the general public survey were dependent on the type of question asked and included the following; gender, age (18-34 years, 35-54 years and 55+ years), education level (grade school only, high school graduation, some college/university, university graduate), reported annual household income (< 25K, 25-40K, 40-60K, >60K), language (English, French or other), health product use (prescription, non-prescription, natural health product), number of product types taken, ADR concern, ADR experience and region,

Comparisons between groups were made using the z- test to compare percentages, the t-test to compare the difference between two independent means and the chi-square test to test the independence of two variables being compared among comparison groups.

I) Z-test for Comparison of Proportions (Percentages)

The z-test was used to tests the significance of the differences between percentages for selected comparison groups.

The assumptions made for the use of the z- test in this analysis included:

- the sample was selected at random
- the population distribution was assumed to be normal if there were more than 30 cases for any one variable
- the survey data were interval or ratio level

H_0 = the population proportion is equal to a particular value, X_1
H_1 = the population proportion is not equal to X_1

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The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05.

ii) T-test for Comparison of Means

The t-test was used to compare means calculated for each comparison group. Only valid response were used to calculate the mean scores (i.e. choices such as *depends* or *don't know* where excluded from the calculation of the mean).

The assumptions made for the use of the t- test in this analysis included:

- the sample was selected at random
- the population distribution was assumed to be normal if there were more than 30 cases for any one variable
- the survey data were interval or ratio level
- the population variances were assumed to be equal

H_0 = the mean difference in the population equals zero
H_1 = the mean difference in the population does not equal zero

The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05.

iii) Chi-square Test to Test the Independence of Categorical Variables

The chi-square test was used to test the independence of two test the independence of two categorical variables being compared among the various comparison groups. The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05. The confidence level was calculated using the formula (1-significance value) X 100). A footnote appears at the bottom of each table if any cells had a value of less than 1 or if more than 20% of cells had a value of less than 5.

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The assumptions for the use of the chi-square test included:

- the sample was selected at random
- the population distribution was assumed to be normal if cell frequencies were 5 or greater
- the data are nominal or ordinal level

H_0 = there is no association between the factors compared
H_1 = there is an association in the population studies between the two factors

The confidence level chosen for this test statistic was 95%.

The p-value chosen for this test statistic was 0.05 and results were interpreted as significant when p was less than or equal to 0.05.

II Display and Interpretation of Results

I) Display of Analysis Results

The results of the general public survey and the analysis conducted are presented in tabular form by survey question (questions 1 through 19 of the gneral public survey). Comparison groups are indicated at the top of each table followed by the frequency of responses obtained in each question and the results of the statistical tests performed to compare groups.

ii) Interpretation of Results

- When more than two columns within a table were compared, all paired combinations of the columns were tested individually and significant differences between comparison groups at the 95% confidence level is denoted in the tables with upper case letters. Wherever results are shown to be statistically significant, they can also be interpreted as significant for the reverse comparison. Significant comparisons are only shown in one direction for sake of brevity and readability of the tables.

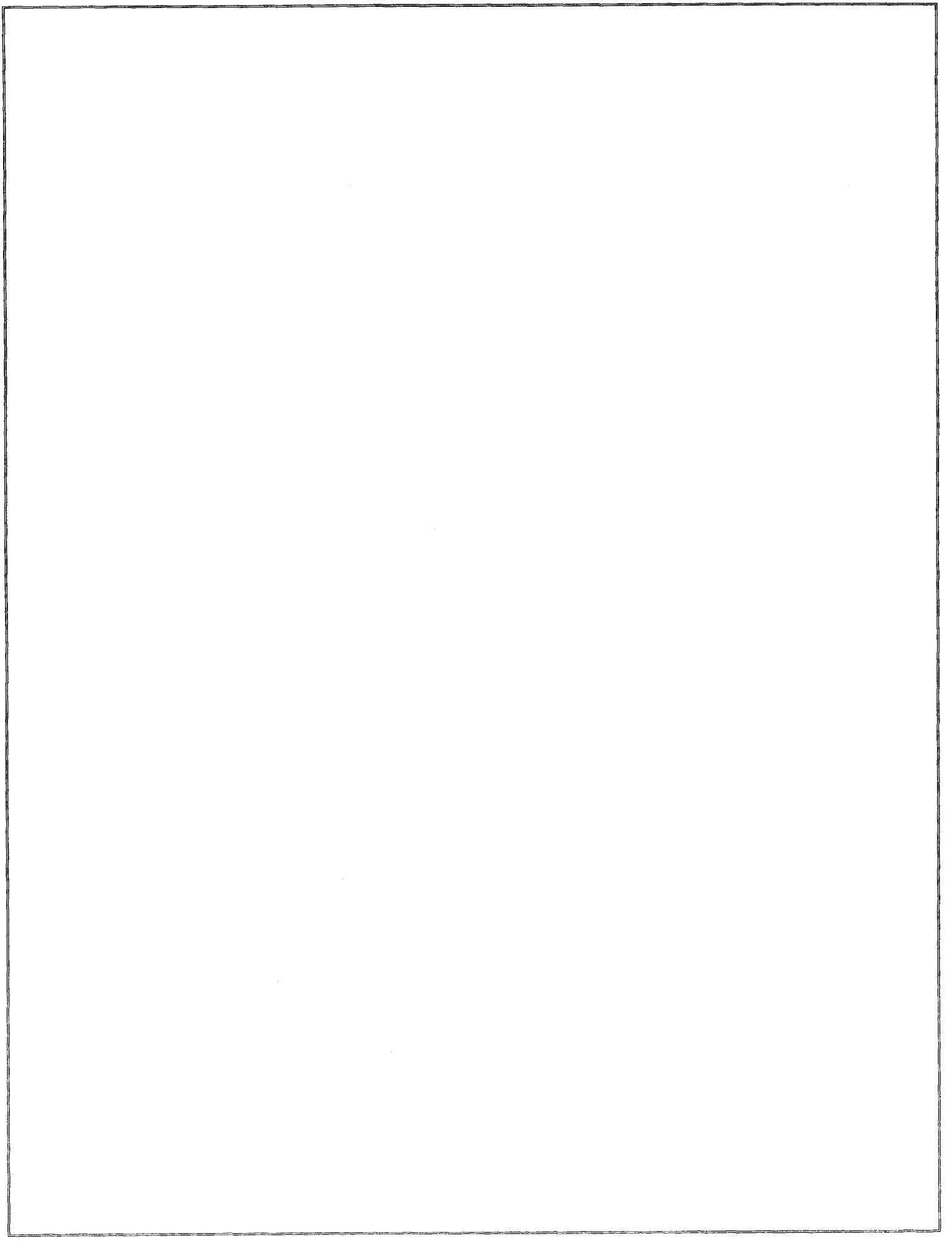
- It should be noted that the statistical analysis of the general public survey

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data showed many differences in the attitudes and opinions of consumers to be statistically significant. While many of these findings are of interest (e.g. the fact that females were significantly different from males with respect to their having taken prescription drugs within the past six months), many of these significant results do not inform on the impact that DHPLs and PAs have on prescribing practice and patient safety and have therefore not been presented or discussed in the thesis.

- A footnote appears at the bottom of each table if any cells had a value of less than 1 or if more than 20% of cells had a value of less than 5.

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Q1A. Many people take various medicines and remedies. **Which of the following have taken in the past six months... PRESCRIPTION DRUGS?**
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Yes	883	383	500	158	370	353	129	259	268	217	156	165	158	251	554	226	98
	58.9%	52.4%	65.0%	46.7%	54.0%	75.6%	64.8%	60.1%	59.3%	54.2%	68.9%	54.5%	56.8%	59.4%	59.9%	60.6%	52.2%
			B		D	DE	J				LMN						
No	610	344	266	178	314	111	70	169	183	182	69	138	120	171	366	147	90
	40.7%	47.1%	34.6%	52.8%	45.8%	23.8%	35.2%	39.2%	40.4%	45.5%	30.5%	45.5%	43.2%	40.6%	39.6%	39.4%	47.8%
		C		EF	F					G		K	K	K			O
Don't know/No answer	7	4	3	2	1	3	-	3	1	1	1	-	-	-	4	-	-
	0.4%	0.5%	0.4%	0.5%	0.2%	0.6%		0.7%	0.3%	0.3%	0.6%				0.5%		
CHI-SQUARE		<---24.735-->		<--------84.173------->			<-----------------9.201----------------->				<--------------19.054-------------->				<-----7.191----->		
SIGNIFICANCE		100.0%*		100.0%*			83.7%*				99.6%*				87.4%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
*** Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q1A. Many people take various medicines and remedies. **Which of the following have taken in the past six months... PRESCRIPTION DRUGS?**
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500 100.0%	883 100.0%	863 100.0%	991 100.0%	132 100.0%	411 100.0%	546 100.0%	412 100.0%	390 100.0%	538 100.0%	524 100.0%	555 100.0%	934 100.0%	114 100.0%	362 100.0%	570 100.0%	254 100.0%	200 100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Yes	883 58.9%	883 100.0% CD	547 63.3%	628 63.4%	-	120 29.1%	352 64.4% F	412 100.0% FG	258 66.4% K	324 60.2%	285 54.4%	399 71.9% M	480 51.4%	75 65.5% P	209 57.7%	328 57.5%	144 56.8%	128 63.9%
No	610 40.7%	-	315 36.5%	362 36.5%	128 97.0% FG	289 70.2% G	194 35.6%	-	127 32.6%	213 39.7% I	239 45.5% I	154 27.7%	451 48.3% L	38 33.5%	153 42.3% N	239 41.9% N	109 42.8% N	71 35.7%
Don't know/No answer	7 0.4%	-	1 0.1%	1 0.1%	4 3.0%	3 0.6%	-	-	4 1.1%	1 0.1%	1 0.1%	2 0.4%	3 0.3%	1 1.0%	-	4 0.6%	1 0.4%	1 0.4%
CHI-SQUARE		<---------430.365-------->			<---------646.792--------->				<--------21.446-------->			<-----61.222---->		<----------8.449---------->				
SIGNIFICANCE		100.0%*			100.0%*				100.0%*			100.0%*		60.9%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q1B. Many people take various medicines and remedies. **Which of the following have taken in the past six months... NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS OR HERBAL REMEDIES?**
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Yes	863	368	495	176	394	289	94	228	274	257	116	173	168	256	570	164	122
	57.5%	50.3%	64.4%	52.2%	57.4%	61.9%	47.1%	52.9%	60.7%	64.1%	51.0%	57.1%	60.4%	60.7%	61.7%	43.9%	64.6%
			B			D			GH	GH			K	K	P		P
No	633	360	273	159	291	178	105	202	178	141	110	130	110	166	350	209	67
	42.2%	49.2%	35.5%	47.2%	42.4%	38.1%	52.9%	46.8%	39.3%	35.3%	48.5%	42.9%	39.6%	39.3%	37.9%	56.1%	35.4%
		C		F			IJ	IJ			MN					OQ	
Don't know/No answer	4	3	1	2	1	-	-	1	-	2	1	-	-	-	3	-	-
	0.3%	0.4%	0.2%	0.7%	0.2%			0.3%		0.6%	0.4%				0.4%		
CHI-SQUARE		<---30.685-->		<--------10.876------->			<-----------------25.63----------------->				<--------------10.704------------->				<-----41.771---->		
SIGNIFICANCE		100.0%*		97.2%*			100.0%*				90.2%*				100.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" *Denotes Chi-Square where at least one cell has an expected value of less than 1*
or more than 20% of the cells have an expected value of less than 5.

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Q1B. Many people take various medicines and remedies. **Which of the following have taken in the past six months... NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS OR HERBAL REMEDIES?**
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500	883	863	991	132	411	546	412	390	538	524	555	934	114	362	570	254	200
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Yes	863	547	863	606	-	122	329	412	247	324	273	352	504	63	152	349	154	145
	57.5%	61.9%	100.0%	61.1%		29.8%	60.3%	100.0%	63.5%	60.2%	52.0%	63.4%	54.0%	55.0%	42.0%	61.3%	60.8%	72.3%
			BD				F	FG	K	K		M		O		O	O	NOPQ
No	633	335	-	386	128	288	217	-	140	213	251	201	427	51	210	219	97	55
	42.2%	38.0%		38.9%	97.4%	70.0%	39.7%		35.9%	39.6%	48.0%	36.2%	45.8%	45.0%	58.0%	38.3%	38.4%	27.7%
					FG	G					IJ		L	R	NPQR	R	R	
Don't know/No answer	4	1	-	-	3	1	-	-	2	1	-	2	2	-	-	2	2	-
	0.3%	0.1%			2.6%	0.2%			0.6%	0.2%		0.4%	0.2%			0.4%	0.8%	
CHI-SQUARE		<---------453.476-------->			<---------631.792--------->				<---------18.108-------->			<-----13.329---->		<----------63.586---------->				
SIGNIFICANCE		100.0%*			100.0%*				99.9%*			99.9%*		100.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q1C. Many people take various medicines and remedies. **Which of the following have taken in the past six months... NON-PRESCRIPTION DRUGS; THAT IS, MEDICINE THAT IS AVAILABLE WITHOUT A DOCTOR'S PRESCRIPTION?**
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Yes	991	452	540	244	487	256	101	274	322	284	133	192	190	321	637	245	105
	66.1%	61.8%	70.2%	72.3%	71.0%	54.8%	50.7%	63.5%	71.3%	71.0%	58.8%	63.3%	68.4%	76.2%	69.0%	65.8%	55.8%
			B	F	F			G	GH	GH			K	KLM	Q	Q	
No	503	275	228	92	197	211	97	156	130	114	94	111	87	100	282	127	83
	33.6%	37.6%	29.7%	27.1%	28.7%	45.2%	48.9%	36.2%	28.7%	28.4%	41.2%	36.7%	31.2%	23.8%	30.6%	34.2%	44.2%
		C				DE	HIJ	IJ			MN	N	N				OP
Don't know/No answer	5	4	1	2	2	-	1	1	-	2	-	-	1	-	4	-	-
	0.4%	0.6%	0.2%	0.6%	0.4%		0.4%	0.3%		0.6%			0.4%		0.5%		
CHI-SQUARE		<---12.834-->		<--------43.793------->			<----------------34.743---------------->				<-------------29.382------------->				<-----15.649---->		
SIGNIFICANCE		99.8%*		100.0%*			100.0%*				100.0%*				99.6%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q1C. Many people take various medicines and remedies. Which of the following have taken in the past six months... NON-PRESCRIPTION DRUGS; THAT IS, MEDICINE THAT IS AVAILABLE WITHOUT A DOCTOR'S PRESCRIPTION?
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500	883	863	991	132	411	546	412	390	538	524	555	934	114	362	570	254	200
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Yes	991	628	606	991	-	169	411	412	259	376	342	398	591	76	240	369	170	137
	66.1%	71.2%	70.2%	100.0% BC		41.1%	75.3% F	100.0% FG	66.4%	69.9%	65.3%	71.8% M	63.2%	66.5%	66.3%	64.6%	67.2%	68.3%
No	503	255	255	-	128	240	135	-	128	160	182	154	341	38	122	198	82	63
	33.6%	28.8%	29.6%		97.4% FG	58.4% G	24.7%		33.0%	29.7%	34.7%	27.7%	36.5% L	33.5%	33.7%	34.7%	32.4%	31.3%
Don't know/No answer	5	-	2	-	3	2	-	-	2	2	-	3	2	-	-	4	1	1
	0.4%		0.2%		2.6%	0.5%			0.6%	0.4%		0.5%	0.3%			0.6%	0.4%	0.4%
CHI-SQUARE		<---------361.003-------->			<---------612.768--------->				<---------5.887-------->			<-----12.756---->		<----------------3.91---------------->				
SIGNIFICANCE		100.0%*			100.0%*				79.2%*			99.8%*		13.5%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q2A. About how many DIFFERENT TYPES OF PRESCRIPTION DRUGS have you taken in the past six months?
Base: All respondents who answered "yes" at Q1A.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	883	383	500	158	370	353	129	259	268	217	156	165	158	251	554	226	98
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	893	390	503	158	376	357	132	261	270	220	161	167	162	246	584	210	94
1	278	130	148	68	127	83	26	80	99	72	29	59	59	83	175	73	30
	31.5%	34.0%	29.6%	43.0% F	34.2% F	23.7%	19.8%	30.8% G	37.1% G	33.0% G	18.5%	35.9% K	37.3% K	33.2% K	31.6%	32.1%	30.6%
2	211	94	117	45	97	67	21	61	56	70	28	32	48	68	120	57	30
	23.8%	24.5%	23.3%	28.5% F	26.3% F	19.0%	16.1%	23.5%	20.8%	32.2% GHI	17.7%	19.1%	30.4% KL	27.3% K	21.7%	25.2%	30.7%
3	135	63	72	17	57	59	28	39	33	33	21	28	19	41	88	32	14
	15.3%	16.5%	14.3%	10.9%	15.5%	16.9%	21.4% I	15.1%	12.2%	15.4%	13.5%	17.1%	12.2%	16.5%	15.9%	14.3%	14.0%
4	89	35	54	9	33	48	14	37	24	14	24	14	14	19	64	18	7
	10.1%	9.2%	10.8%	5.7%	8.8%	13.5% D	10.8%	14.2% J	9.1%	6.5%	15.3% N	8.5%	9.0%	7.6%	11.6%	7.9%	7.2%
5	46	9	37	6	13	26	11	10	16	8	9	9	7	13	24	14	7
	5.2%	2.3%	7.3% B	3.7%	3.6%	7.5% E	8.3%	4.0%	6.1%	3.8%	5.8%	5.6%	4.3%	5.2%	4.3%	6.4%	7.6%
6-10	97	41	56	8	27	61	25	26	30	15	33	16	8	22	64	26	7
	10.9%	10.7%	11.1%	5.3%	7.3%	17.3% DE	19.1% HJ	9.9%	11.2%	6.8%	21.3% LMN	9.8%	5.3%	8.8%	11.6%	11.3%	6.8%
11+	17	8	9	1	12	3	4	4	5	3	6	4	2	2	13	3	1
	1.9%	2.1%	1.8%	0.8%	3.4% DF	0.9%	2.7%	1.7%	1.9%	1.3%	3.8%	2.7%	1.5%	1.0%	2.3%	1.3%	1.1%
Don't know/No answer	11	2	9	3	3	4	2	2	4	2	7	2	-	1	6	3	2
	1.3%	0.6%	1.8%	2.1%	0.9%	1.3%	1.7%	0.9%	1.7%	1.0%	4.2% N	1.4%		0.5%	1.1%	1.4%	2.1%
CHI-SQUARE		<---13.236-->		<--------65.704------->			<----------48.5---------->				<----------54.181---------->				<-----12.38----->		
SIGNIFICANCE		96.1%		100.0%			100.0%				100.0%				58.4%		
MEAN	2.7	2.6	2.8	2.2	2.6 D	3.2 DE	3.4 HIJ	2.7 J	2.7	2.4	3.5 LMN	2.7	2.3	2.5	2.8	2.7	2.5

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
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Q2A. About how many DIFFERENT TYPES OF **PRESCRIPTION DRUGS have you taken in the past six months?**
Base: All respondents who answered **"yes" at Q1A.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	883	883	547	628	-	120	352	412	258	324	285	399	480	75	209	328	144	128
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	893	893	559	633	-	123	348	422	264	330	284	403	486	131	188	273	142	159
1	278	278	164	196	-	30	137	111	75	96	106	102	175	23	69	92	47	47
	31.5%	31.5%	29.9%	31.2%		24.9%	39.1% FH	27.0%	28.9%	29.5%	37.3% IJ	25.5%	36.5% L	30.5%	33.0%	28.2%	32.4%	37.1%
2	211	211	130	156	-	24	86	100	56	79	70	92	119	22	51	80	28	29
	23.8%	23.8%	23.7%	24.9%		20.3%	24.6%	24.3%	21.7%	24.3%	24.6%	23.0%	24.8%	29.0%	24.5%	24.5%	19.7%	22.6%
3	135	135	89	95	-	20	47	69	38	58	38	58	77	11	31	48	23	22
	15.3%	15.3%	16.4%	15.0%		16.3%	13.3%	16.6%	14.7%	17.8%	13.5%	14.4%	16.1%	14.5%	14.9%	14.7%	16.2%	17.0%
4	89	89	55	66	-	16	25	48	24	39	23	43	45	9	18	40	12	10
	10.1%	10.1%	10.1%	10.6%		13.2%	7.2%	11.7% G	9.3%	12.0%	8.1%	10.8%	9.4%	12.2%	8.5%	12.1%	8.5%	8.2%
5	46	46	24	33	-	8	17	20	20	17	9	28	17	2	13	13	11	6
	5.2%	5.2%	4.5%	5.3%		6.8%	4.9%	4.9%	7.9% K	5.1%	3.0%	7.0% M	3.6%	3.1%	6.4%	4.0%	7.7%	4.4%
6-10	97	97	65	64	-	17	31	49	32	31	31	61	34	7	20	41	19	10
	10.9%	10.9%	12.0%	10.1%		13.9%	8.7%	12.0%	12.4%	9.6%	11.0%	15.3% M	7.2%	9.2%	9.6%	12.5%	13.4%	7.5%
11+	17	17	10	12	-	3	6	8	9	4	4	11	6	1	3	8	-	4
	1.9%	1.9%	1.9%	1.8%		2.6%	1.6%	1.9%	3.3%	1.2%	1.5%	2.9%	1.1%	1.5%	1.6%	2.6%		3.1%
Don't know/No answer	11	11	9	7	-	2	2	7	5	1	3	4	6	-	3	5	3	-
	1.3%	1.3%	1.6%	1.1%		2.0%	0.6%	1.6%	1.8%	0.3%	1.1%	1.1%	1.2%		1.6%	1.5%	2.1%	
CHI-SQUARE		<----------2.312--------->			<----------22.015--------->				<---------19.641--------->			<-----30.969---->		<----------20.163---------->			
SIGNIFICANCE			.1%			76.9%*				92.6%		100.0%				31.3%		
MEAN	2.7	2.7	2.8	2.7	3.1 G	2.5	2.9 G		3.0 K	2.7	2.5	3.1 M	2.4	2.6	2.7	2.9	2.8	2.6

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
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Q2B. About how many DIFFERENT TYPES OF NATURAL HEALTH PRODUCTS have you taken in the past six months?
Base: All respondents who answered "yes" at Q1B.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	863	368	495	176	394	289	94	228	274	257	116	173	168	256	570	164	122
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	870	370	500	174	399	293	95	230	275	260	119	173	173	253	591	155	117
1	285	126	160	69	136	78	30	75	88	87	36	55	58	90	164	69	49
	33.0%	34.1%	32.2%	38.9% F	34.6% F	27.0%	32.5%	33.0%	31.9%	33.9%	31.1%	31.8%	34.3%	35.3%	28.7%	42.3% O	40.6% O
2	217	91	127	45	101	71	18	67	76	54	30	35	57	57	146	47	22
	25.2%	24.6%	25.6%	25.2%	25.7%	24.5%	19.6%	29.4% J	27.6%	21.1%	25.9%	20.1%	33.8% LN	22.2%	25.6%	28.6% Q	18.2%
3	133	55	78	24	60	48	8	34	45	42	18	32	21	39	89	24	20
	15.4%	15.0%	15.7%	13.5%	15.3%	16.5%	8.7%	15.1%	16.5% G	16.2% G	15.8%	18.5%	12.4%	15.1%	15.6%	14.6%	16.4%
4	51	22	30	12	22	18	11	9	12	20	7	10	6	20	37	7	5
	6.0%	5.9%	6.0%	6.6%	5.5%	6.3%	11.2% H	3.9%	4.4%	7.8%	5.7%	5.7%	3.7%	8.0%	6.5%	4.4%	4.1%
5	48	21	27	8	16	24	10	14	10	13	7	11	7	11	33	8	7
	5.6%	5.8%	5.4%	4.7%	4.0%	8.2% E	10.9% I	6.3%	3.8%	5.0%	6.0%	6.6%	4.3%	4.2%	5.8%	4.9%	5.8%
6-10	73	30	43	10	40	23	5	11	31	25	8	16	8	29	56	4	13
	8.5%	8.2%	8.7%	5.8%	10.2%	8.0%	5.8%	4.9%	11.4% H	9.9% H	6.5%	9.2%	4.9%	11.5% M	9.8% P	2.7%	10.9% P
11+	18	7	11	1	9	9	2	5	5	7	2	5	4	5	16	1	2
	2.1%	2.0%	2.3%	0.5%	2.2%	3.1% D	2.4%	2.2%	1.7%	2.6%	1.9%	2.7%	2.2%	2.0%	2.7% P	0.6%	1.5%
Don't know/No answer	36	16	20	8	10	18	8	12	7	9	8	9	7	4	30	3	3
	4.2%	4.4%	4.1%	4.8%	2.5%	6.3% E	8.9% I	5.3%	2.6%	3.5%	7.0% N	5.4%	4.4%	1.6%	5.3% P	1.9%	2.4%
CHI-SQUARE		<-----.566--->		<--------18.454------->			<-----------------31.814---------------->				<--------------20.902-------------->				<-----25.367---->		
SIGNIFICANCE		.3%		89.7%			97.7%				71.6%				98.7%		
MEAN	2.6	2.6	2.6	2.3	2.6	2.8 D	2.7	2.4	2.6	2.7	2.5	2.7 M	2.3	2.7 M	2.7 P	2.1	2.5 P

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
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Q2B. About how many DIFFERENT TYPES OF **NATURAL HEALTH PRODUCTS have you taken in the past six months?**
Base: All respondents who answered **"yes" at Q1B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	863	547	863	606	-	122	329	412	247	324	273	352	504	63	152	349	154	145
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	870	559	870	615	-	118	330	422	253	326	274	358	506	110	137	291	152	180
1	285	167	285	190	-	45	124	117	82	101	97	105	178	26	71	108	47	34
	33.0%	30.5%	33.0%	31.4%		36.5%	37.6% H	28.4%	33.2%	31.3%	35.7%	29.7%	35.4%	40.9% R	46.7% PQR	30.9%	30.3%	23.3%
2	217	140	217	162	-	23	87	107	56	84	72	91	125	18	40	83	43	34
	25.2%	25.5%	25.2%	26.8%		18.7%	26.5%	26.1%	22.8%	25.9%	26.3%	25.8%	24.8%	29.1%	26.3%	23.7%	27.6%	23.3%
3	133	87	133	85	-	22	50	61	37	49	45	50	83	8	20	64	20	21
	15.4%	15.9%	15.4%	14.0%		18.1%	15.1%	14.8%	14.9%	15.2%	16.7%	14.3%	16.4%	12.7%	13.1%	18.2%	13.2%	14.4%
4	51	34	51	40	-	7	16	29	12	17	19	21	31	3	7	24	5	13
	6.0%	6.2%	6.0%	6.6%		5.5%	4.8%	7.0%	4.8%	5.3%	7.1%	5.9%	6.1%	4.5%	4.4%	6.9%	3.3%	8.9% Q
5	48	32	48	34	-	7	15	26	16	23	8	26	20	3	4	17	10	14
	5.6%	5.9%	5.6%	5.7%		5.7%	4.5%	6.3%	6.4%	7.1% K	2.9%	7.5% M	4.1%	4.5%	2.9%	4.8%	6.6%	9.4% O
6-10	73	47	73	55	-	13	19	42	28	27	17	34	38	2	8	31	15	17
	8.5%	8.5%	8.5%	9.1%		10.5%	5.7%	10.1% G	11.2%	8.3%	6.4%	9.6%	7.6%	3.6%	5.1%	8.9% N	9.9% N	11.7% NO
11+	18	12	18	12	-	3	7	9	6	5	7	7	11	1	-	7	5	6
	2.1%	2.2%	2.1%	2.1%		2.3%	2.1%	2.1%	2.6%	1.7%	2.4%	2.1%	2.2%	0.9%		2.1%	3.3%	3.9%
Don't know/No answer	36	28	36	26	-	3	12	22	10	17	7	18	17	2	2	16	9	7
	4.2%	5.2%	4.2%	4.4%		2.6%	3.5%	5.3%	4.0%	5.3%	2.6%	5.1%	3.5%	3.6%	1.5%	4.5%	5.9% O	5.0%
CHI-SQUARE		<----------2.371--------->			<----------15.647--------->				<---------12.443--------->			<-----8.053----->		<----------43.275---------->				
SIGNIFICANCE			.1%			38.3%*				58.9%			76.6%			99.1%		
MEAN	2.6	2.6	2.6	2.6		2.7	2.4	2.7 G	2.7	2.6	2.4	2.7	2.5	2.1	2.0	2.6 NO	2.7 NO	3.1 NOP

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q2C. About how many DIFFERENT TYPES OF **NON-PRESCRIPTION DRUGS have you taken in the past six months?**
Base: All respondents who answered **"yes" at Q1C**

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BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	991	452	540	244	487	256	101	274	322	284	133	192	190	321	637	245	105
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	994	457	537	244	490	256	102	277	321	284	136	194	195	313	661	228	101
1	443	198	245	82	227	132	51	142	124	121	64	91	84	129	264	123	54
	44.7%	43.8%	45.5%	33.6%	46.7% D	51.5% D	50.9% I	51.8% IJ	38.6%	42.6%	48.4%	47.3%	44.0%	40.1%	41.4%	50.1% O	51.0%
2	314	139	175	79	163	70	23	71	116	102	37	56	60	114	211	63	39
	31.7%	30.7%	32.5%	32.3%	33.4%	27.4%	23.1%	25.8%	35.9% GH	35.9% GH	28.0%	29.1%	31.7%	35.5%	33.1% P	25.6%	37.1% P
3	125	65	60	41	54	30	9	35	46	35	17	18	26	46	84	34	7
	12.6%	14.5%	11.1%	16.9% E	11.1%	11.7%	9.3%	12.7%	14.3%	12.2%	12.5%	9.6%	13.4%	14.3%	13.2% Q	13.9% Q	6.4%
4	40	23	17	18	18	4	3	11	13	11	5	12	7	11	25	11	4
	4.0%	5.0%	3.2%	7.4% F	3.7%	1.5%	3.3%	4.2%	4.1%	3.7%	4.0%	6.1%	3.5%	3.3%	3.9%	4.5%	3.4%
5	23	12	11	8	10	5	5	4	10	5	3	6	5	8	17	6	-
	2.3%	2.6%	2.1%	3.1%	2.1%	2.0%	4.8%	1.3%	3.0%	1.7%	2.6%	3.2%	2.8%	2.5%	2.7%	2.3%	
6-10	19	3	16	8	7	3	4	4	6	5	3	4	1	8	12	5	2
	1.9%	0.7%	2.9% B	3.5%	1.4%	1.3%	3.7%	1.5%	1.7%	1.9%	2.5%	2.3%	0.6%	2.4%	1.9%	1.8%	2.1%
11+	6	2	3	4	1	1	1	2	2	-	1	-	2	2	3	2	-
	0.6%	0.5%	0.6%	1.4%	0.2%	0.4%	1.0%	0.9%	0.7%		0.8%		1.3%	0.7%	0.5%	0.9%	
Don't know/No Answer	22	10	12	4	7	11	4	5	5	5	2	5	5	4	20	2	-
	2.2%	2.3%	2.2%	1.7%	1.4%	4.3% E	4.0%	1.9%	1.6%	1.9%	1.4%	2.6%	2.7%	1.1%	3.1% P	0.8%	
CHI-SQUARE		<---11.003-->		<--------36.532------->			<----------------26.887---------------->				<--------------13.919-------------->				<------16.059---->		
SIGNIFICANCE		91.2%*		100.0%*			91.9%*				26.6%*				81.1%*		
MEAN	1.9	1.9	1.9	2.3 EF	1.8	1.8	2.0	1.8	2.0 H	1.9	1.9	1.9	1.9	2.0	2.0 Q	1.9	1.7

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q2C. About how many DIFFERENT TYPES OF **NON-PRESCRIPTION DRUGS have you taken in the past six months?**
Base: All respondents who answered **"yes" at Q1C.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	991	628	606	991	-	169	411	412	259	376	342	398	591	76	240	369	170	137
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	994	633	615	994	-	168	404	422	264	377	340	399	593	133	216	307	168	170
1	443	271	248	443	-	91	185	167	112	158	167	165	277	36	119	150	77	61
	44.7%	43.2%	41.0%	44.7%		53.7% H	45.1%	40.6%	43.1%	42.0%	48.7%	41.5%	46.8%	47.4%	49.5% P	40.7%	45.2%	44.7%
2	314	209	202	314	-	46	125	143	87	130	95	131	183	27	68	121	56	42
	31.7%	33.3%	33.3%	31.7%		27.3%	30.4%	34.7%	33.5%	34.7% K	27.8%	33.0%	30.9%	36.1%	28.2%	32.9%	32.7%	30.6%
3	125	68	79	125	-	20	62	42	31	50	39	53	72	6	34	50	16	18
	12.6%	10.8%	13.0%	12.6%		12.1%	15.2% H	10.3%	12.0%	13.3%	11.5%	13.4%	12.2%	8.3%	14.4%	13.7%	9.5%	12.9%
4	40	28	27	40	-	6	14	20	10	12	17	14	26	3	9	16	7	5
	4.0%	4.4%	4.4%	4.0%		3.3%	3.5%	4.9%	3.9%	3.1%	4.9%	3.5%	4.4%	4.5%	3.7%	4.2%	4.2%	3.5%
5	23	16	13	23	-	4	9	10	6	7	10	8	15	1	6	8	3	5
	2.3%	2.5%	2.1%	2.3%		2.6%	2.1%	2.4%	2.4%	1.8%	2.9%	2.0%	2.5%	1.5%	2.3%	2.3%	1.8%	3.5%
6-10	19	14	17	19	-	-	6	13	6	6	7	9	10	1	3	8	4	2
	1.9%	2.3%	2.8%	1.9%			1.5%	3.1%	2.3%	1.7%	1.9%	2.2%	1.7%	0.8%	1.4%	2.3%	2.4%	1.8%
11+	6	6	5	6	-	-	1	5	-	5	1	5	1	-	1	4	1	-
	0.6%	0.9%	0.7%	0.6%			0.3%	1.1%		1.2%	0.4%	1.1%	0.2%		0.5%	1.0%	0.6%	
Don't know/No Answer	22	17	16	22	-	2	8	12	7	9	6	13	8	1	-	11	6	4
	2.2%	2.7%	2.6%	2.2%		1.0%	2.0%	3.0%	2.7%	2.3%	1.9%	3.3% M	1.3%	1.5%		2.9%	3.6%	2.9%
CHI-SQUARE		<----------5.61---------->			<----------22.647---------->				<---------12.759--------->			<-----6.811----->		<----------12.672---------->				
SIGNIFICANCE			6.6%*			79.5%*				61.3%*			66.1%*			2.9%*		
MEAN	1.9	2.0	2.0	1.9	1.7	1.9	2.0 F		1.9	2.0	1.9	2.0	1.9	1.8	1.9	2.0	1.9	1.9

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q3A. Thinking about when you take a **PRESCRIPTION DRUG for the first time, how often do you seek out information about this type of product? Do you do so always,** frequently, sometimes, rarely, or never?
Base: Randomly selected respondents **who answered "yes" at Q1A.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	446	201	245	61	188	195	77	133	126	105	80	88	66	127	279	118	45
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	452	205	247	62	191	198	80	136	126	105	83	88	68	125	294	111	43
Always	260	102	158	27	117	116	37	78	76	66	38	53	41	75	176	60	22
	58.4%	50.8%	64.6% B	43.9%	62.1% D	59.7% D	47.9%	58.7%	60.8%	63.0% G	48.3%	60.0%	61.6%	59.4%	63.3% P	50.7%	49.5%
Frequently	44	18	26	12	20	11	5	14	12	12	10	8	4	16	21	16	7
	9.8%	8.9%	10.5%	19.9% F	10.8%	5.7%	6.6%	10.3%	9.8%	11.9%	13.0%	9.6%	6.0%	12.4%	7.5%	13.4%	15.0%
Sometimes	39	23	16	6	15	17	11	8	12	7	8	4	7	10	18	12	7
	8.7%	11.4%	6.6%	9.0%	8.1%	8.8%	14.7%	5.8%	9.4%	6.7%	9.5%	4.2%	11.0%	7.7%	6.6%	10.3%	16.4%
Rarely	37	19	17	9	9	19	11	12	8	6	8	11	6	9	22	12	3
	8.2%	9.7%	7.0%	14.8% E	4.7%	9.6%	13.7%	9.2%	6.4%	5.4%	10.2%	12.0%	9.6%	7.5%	8.0%	9.9%	6.2%
Never	59	37	22	6	24	28	9	21	15	13	12	11	7	15	39	16	4
	13.1%	18.3% C	8.9%	10.6%	12.7%	14.5%	11.5%	16.1%	11.7%	12.0%	15.2%	12.8%	10.0%	12.2%	13.8%	13.7%	8.4%
Don't know/No answer	8	2	6	1	3	4	4	-	2	1	3	1	1	1	2	2	2
	1.7%	0.9%	2.4%	1.8%	1.6%	1.8%	5.6%		1.8%	1.0%	3.8%	1.4%	1.8%	0.8%	0.8%	1.9%	4.4%
CHI-SQUARE		<---16.427-->		<--------19.642------->			<-----------------23.447---------------->				<--------------10.88--------------->				<-----17.466---->		
SIGNIFICANCE		*99.4%*			*96.7%*				*92.5%*				*23.9%*			*93.5%**	

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q3A. Thinking about when you take a **PRESCRIPTION DRUG for the first time, how often do you seek out information about this type of product? Do you do so always,** frequently, sometimes, rarely, or never?
Base: Randomly selected respondents **who answered "yes" at Q1A.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	446	446	220	256	-	120	176	150	129	149	158	192	252	42	108	167	71	58
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	452	452	226	257	-	123	175	154	134	153	156	196	255	74	97	139	70	72
Always	260	260	131	152	-	64	109	87	106	81	67	117	143	24	58	101	38	40
	58.4%	58.4%	59.6%	59.6%		53.4%	61.9%	58.3%	82.2% JK	54.7% K	42.6%	60.8%	56.9%	56.8%	53.6%	60.4%	52.9%	69.4% OQ
Frequently	44	44	24	28	-	9	18	17	9	17	18	17	27	3	12	16	9	3
	9.8%	9.8%	10.9%	10.9%		7.3%	10.2%	11.3%	6.8%	11.6%	11.1%	8.8%	10.6%	8.1%	11.3%	9.4%	12.9%	5.6%
Sometimes	39	39	20	23	-	12	11	16	5	13	19	23	16	5	9	14	7	4
	8.7%	8.7%	9.0%	8.9%		10.2%	6.2%	10.6%	4.1%	8.9%	12.1% I	12.1% M	6.2%	10.8%	8.2%	8.6%	10.0%	6.9%
Rarely	37	37	14	18	-	13	15	8	2	16	17	11	25	5	12	11	6	2
	8.2%	8.2%	6.4%	7.0%		10.9%	8.7%	5.5%	1.7%	10.7% I	10.9% I	5.9%	10.1%	12.2%	11.3%	6.5%	8.6%	4.2%
Never	59	59	24	28	-	22	21	16	7	17	34	22	36	5	14	22	10	7
	13.1%	13.1%	11.1%	11.1%		18.2%	11.7%	10.8%	5.2%	11.2%	21.7% IJ	11.3%	14.2%	12.2%	13.4%	12.9%	14.3%	12.5%
Don't know/No answer	8	8	7	6	-	-	2	5	-	4	2	2	5	-	2	4	1	1
	1.7%	1.7%	3.0%	2.5%			1.3%	3.6%		3.0%	1.5%	1.2%	2.1%		2.1%	2.2%	1.4%	1.4%
CHI-SQUARE		<----------3.068--------->			<----------15.098--------->				<--------55.317-------->			<-----8.457----->		<----------9.935---------->			
SIGNIFICANCE		2.0%			55.6%*				100.0%			86.7%		3.1%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q3B. Thinking about when you take a **NATURAL HEALTH PRODUCT for the first time, how often do you seek out information about this type of product? Do you do so** always, frequently, sometimes, rarely, **or never?**
Base: Randomly selected respondents **who answered "yes" at Q1B.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	421	182	239	89	192	138	45	110	145	116	60	83	96	114	280	77	61
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	421	182	239	87	192	140	45	109	142	120	60	82	98	112	288	72	58
Always	185	59	125	28	88	68	16	55	64	47	28	33	45	51	115	39	30
	43.9%	32.7%	52.4% B	31.3%	45.7% D	49.3% D	36.4%	49.9%	44.0%	40.4%	47.6%	39.6%	47.1%	44.7%	40.9%	51.2%	49.0%
Frequently	82	39	43	19	41	22	5	20	33	23	7	21	19	19	57	14	11
	19.5%	21.2%	18.2%	21.4%	21.3%	16.1%	10.6%	18.5%	22.7% G	19.8%	12.2%	25.9% K	19.4%	16.3%	20.2%	18.7%	18.2%
Sometimes	83	39	45	28	38	16	14	12	31	26	11	18	17	23	56	15	12
	19.8%	21.3%	18.7%	31.2% F	19.9% F	11.9%	30.0% H	10.9%	21.4% H	22.1% H	19.0%	22.1%	17.5%	20.4%	19.9%	19.1%	19.9%
Rarely	35	22	14	11	13	11	3	11	10	11	5	6	10	10	28	3	4
	8.3%	11.8% C	5.7%	12.0%	6.9%	8.1%	5.8%	10.3%	7.0%	9.5%	8.5%	7.6%	10.8%	8.8%	10.0% P	3.6%	7.0%
Never	25	17	8	4	7	15	7	8	5	6	6	2	5	9	17	5	2
	6.0%	9.4% C	3.4%	4.1%	3.5%	10.8% E	15.5% I	7.1%	3.1%	5.0%	9.7%	2.3%	5.2%	7.9%	6.2%	5.9%	3.3%
Don't know/No answer	11	7	4	-	5	5	1	4	2	4	2	2	-	2	8	1	2
	2.5%	3.6%	1.7%		2.7%	3.9%	1.8%	3.3%	1.7%	3.1%	3.1%	2.6%		1.9%	2.8%	1.4%	2.7%
CHI-SQUARE		<---22.515-->		<--------28.736------->			<----------------23.185---------------->				<-------------12.276------------->				<-----6.272----->		
SIGNIFICANCE		100.0%		99.9%			92.0%*				34.2%				20.8%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q3B. Thinking about when you take a **NATURAL HEALTH PRODUCT for the first time, how often do you seek out information about this type of product? Do you do so** always, frequently, sometimes, rarely, or never?
Base: Randomly selected respondents **who answered "yes" at Q1B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	421	214	421	281	-	90	167	164	116	162	129	166	249	32	74	184	69	62
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	421	220	421	285	-	85	167	169	120	160	130	165	251	56	67	153	68	77
Always	185	107	185	125	-	34	69	82	76	60	42	85	100	16	37	77	26	29
	43.9%	50.2%	43.9%	44.4%		38.2%	41.1%	49.9%	65.0% JK	37.2%	32.3%	50.9% M	40.2%	50.0%	49.3%	41.8%	38.2%	46.8%
Frequently	82	37	82	60	-	15	37	30	15	43	22	35	45	6	17	30	16	13
	19.5%	17.4%	19.5%	21.3%		16.8%	21.9%	18.5%	12.8%	26.6% IK	16.7%	21.3%	18.3%	19.6%	22.4%	16.3%	23.5%	20.8%
Sometimes	83	38	83	49	-	26	27	30	15	37	30	27	55	5	13	44	12	9
	19.8%	17.7%	19.8%	17.3%		29.4% G	16.4%	18.0%	12.5%	23.0% I	23.5% I	16.3%	22.1%	14.3%	17.9%	24.2%	17.6%	14.3%
Rarely	35	14	35	24	-	8	16	11	6	7	22	9	25	3	3	14	9	5
	8.3%	6.6%	8.3%	8.5%		9.1%	9.4%	6.8%	5.2%	4.3%	17.2% IJ	5.2%	10.2%	10.7%	4.5%	7.8%	13.2%	7.8%
Never	25	12	25	15	-	5	13	7	4	9	12	7	17	1	3	14	3	3
	6.0%	5.8%	6.0%	5.3%		5.5%	7.7%	4.5%	3.1%	5.3%	9.1% I	3.9%	7.0%	3.6%	4.5%	7.8%	4.4%	5.2%
Don't know/No answer	11	5	11	9	-	1	6	4	2	6	2	4	6	1	1	4	2	3
	2.5%	2.3%	2.5%	3.1%		0.9%	3.5%	2.3%	1.4%	3.8%	1.2%	2.4%	2.2%	1.8%	1.5%	2.0%	2.9%	5.2%
CHI-SQUARE		<----------4.176--------->			<----------12.51---------->				<---------52.374-------->			<-----9.465----->		<----------15.002--------->			
SIGNIFICANCE		6.1%			36.0%*				100.0%			90.8%		22.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q3C. Thinking about when you take a **NON-PRESCRIPTION DRUG for the first time, how often do you seek out information about this type of product? Do you do so** always, frequently, sometimes, rarely, **or never?**
Base: Randomly selected respondents **who answered "yes" at Q1C.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	420	210	210	136	193	89	40	130	121	126	54	90	74	135	256	117	46
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	417	212	205	133	195	87	41	130	120	123	55	90	75	130	263	109	44
Always	158	67	91	36	81	41	15	45	42	54	14	30	30	52	92	44	22
	37.6%	31.9%	43.3% B	26.7%	42.0% D	45.6% D	37.5%	34.7%	34.9%	43.2%	25.6%	32.9%	40.3%	38.8%	35.9%	37.3%	48.4%
Frequently	83	40	43	29	37	17	7	23	27	26	9	25	16	23	54	23	7
	19.9%	19.2%	20.5%	21.4%	19.0%	18.7%	18.1%	17.6%	22.2%	21.0%	16.9%	27.4%	21.1%	16.9%	20.9%	20.0%	14.2%
Sometimes	63	28	35	24	29	9	9	18	20	16	12	14	11	18	46	13	3
	14.9%	13.3%	16.6%	17.8%	15.3%	10.3%	21.5%	14.1%	16.1%	13.0%	22.9%	15.5%	15.3%	13.5%	17.9% Q	11.5%	7.4%
Rarely	56	36	20	28	17	10	4	17	18	16	2	15	8	24	31	18	6
	13.4%	17.2% C	9.7%	20.9% E	8.6%	11.6%	10.1%	13.0%	15.0%	12.9%	3.9%	16.8% K	11.3%	18.0% K	12.2%	15.1%	13.8%
Never	50	33	16	18	21	10	5	21	12	10	15	5	9	11	29	14	6
	11.8%	15.9% C	7.7%	13.2%	11.1%	11.4%	12.8%	16.2%	9.9%	8.3%	26.8% LMN	6.1%	12.0%	8.0%	11.3%	12.3%	13.7%
Don't know/No answer	10	5	5	-	8	2	-	6	2	2	2	1	-	7	4	4	1
	2.3%	2.5%	2.2%		4.0%	2.4%		4.3%	1.8%	1.6%	3.9%	1.3%		4.9%	1.6%	3.8%	2.6%
CHI-SQUARE		<---14.798-->		<--------24.08-------->			<----------------11.932---------------->				<--------------34.525-------------->				<-----9.051----->		
SIGNIFICANCE		98.9%		99.3%			31.6%*				99.7%				47.3%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q3C. Thinking about when you take a **NON-PRESCRIPTION DRUG for the first time, how often do you seek out information about this type of product? Do you do so** always, frequently, sometimes, rarely, **or never?**
Base: Randomly selected respondents **who answered "yes" at Q1C.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	420 100.0%	199 100.0%	175 100.0%	420 100.0%	-	144 100.0%	178 100.0%	98 100.0%	102 100.0%	158 100.0%	153 100.0%	150 100.0%	267 100.0%	29 100.0%	113 100.0%	150 100.0%	75 100.0%	53 100.0%
UNWEIGHTED 'N'	417	197	176	417	-	143	175	99	99	160	152	150	265	50	102	125	74	66
Always	158 37.6%	78 38.9%	74 42.3%	158 37.6%	-	47 32.6%	70 39.6%	40 41.3%	60 58.7% JK	48 30.7%	49 32.3%	67 44.7% M	88 33.0%	6 20.0%	42 37.3% N	59 39.2% N	29 39.2% N	22 40.9% N
Frequently	83 19.9%	37 18.4%	38 22.0%	83 19.9%	-	26 17.9%	40 22.6%	17 17.8%	15 14.4%	47 29.9% IK	20 13.3%	34 22.9%	49 18.4%	6 22.0%	23 20.6%	30 20.0%	14 18.9%	10 18.2%
Sometimes	63 14.9%	33 16.4%	27 15.2%	63 14.9%	-	20 13.9%	26 14.7%	17 16.9%	14 13.3%	27 17.3%	19 12.7%	22 14.4%	41 15.4%	10 34.0% OPQR	13 11.8%	28 18.4% R	8 10.8%	4 7.6%
Rarely	56 13.4%	24 12.2%	25 14.3%	56 13.4%	-	22 15.5%	19 10.6%	15 15.5%	7 6.6%	18 11.6%	31 20.5% IJ	13 8.8%	43 16.2% L	3 10.0%	19 16.7%	18 12.0%	7 9.5%	10 18.2%
Never	50 11.8%	23 11.8% C	8 4.4%	50 11.8% C	-	25 17.0% H	19 10.7%	6 6.1%	6 5.8%	15 9.6%	26 17.1% I	11 7.1%	39 14.5% L	4 14.0%	11 9.8%	12 8.0%	15 20.3% P	7 13.6%
Don't know/No answer	10 2.3%	5 2.3%	3 1.8%	10 2.3%	-	4 3.1%	3 1.7%	2 2.5%	1 1.2%	1 0.8%	6 4.1%	3 2.2%	7 2.5%	-	4 3.9%	4 2.4%	1 1.4%	1 1.5%
CHI-SQUARE		<----------9.362--------->			<----------11.657--------->				<---------50.853--------->			<-----12.989---->		<----------27.08---------->				
SIGNIFICANCE		50.2%			29.5%*				100.0%			97.7%		86.7%*				

Comparison Groups: *BCD/EFGH/IJK/LM/NOPQR*
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q4A. And what KIND of information about a new PRESCRIPTION DRUG do you typically look for?
Base: Respondents who answered at least rarely at Q3A.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	379	162	217	54	161	163	64	112	109	91	64	75	58	110	238	99	39
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	386	166	220	54	164	167	67	114	110	91	68	75	59	109	253	93	37
NET (SIDE EFFECTS)	307	122	184	45	142	120	44	91	88	81	48	57	49	89	199	77	29
	80.8%	75.5%	84.7% B	84.2%	87.9% F	73.2%	68.8%	81.3%	81.3%	88.4% G	74.9%	76.1%	85.1%	81.2%	83.6%	77.5%	73.5%
Possible side effects	286	117	169	42	135	110	41	84	84	75	46	51	47	84	187	70	27
	75.4%	72.0%	78.0%	78.2%	83.4% F	67.2%	63.4%	75.0%	77.7%	81.8% G	70.6%	68.0%	80.1%	76.3%	78.7%	70.8%	68.5%
Possible interactions with other drugs/food	59	12	47	13	30	16	1	15	22	20	9	15	11	13	41	17	1
	15.5%	7.2%	21.7% B	24.0% F	18.3% F	10.0%	1.3%	13.8% G	20.5% G	22.2% G	14.0%	19.8%	19.2%	12.1%	17.3% Q	17.0% Q	2.0%
Safety/Possible serious effects/risks/hazards of use	29	10	19	2	19	8	3	6	9	11	2	5	4	9	18	7	4
	7.5%	6.2%	8.5%	4.0%	11.6% DF	4.7%	4.2%	5.7%	8.0%	11.9%	3.4%	6.9%	7.5%	8.0%	7.6%	6.6%	10.2%
Allergy Reactions	13	4	9	2	4	7	2	2	5	3	2	2	2	5	10	2	1
	3.3%	2.3%	4.1%	3.0%	2.6%	4.2%	3.7%	2.1%	4.6%	3.2%	2.7%	2.9%	3.7%	4.8%	4.1%	2.1%	2.0%
Effectiveness	49	23	26	8	21	20	10	12	13	13	11	6	7	17	30	13	6
	12.9%	14.1%	11.9%	14.5%	13.3%	12.0%	15.7%	10.8%	12.3%	14.6%	16.7%	8.3%	11.2%	15.2%	12.5%	12.9%	16.2%
Directions for usage	36	9	27	2	15	18	5	8	9	14	4	4	6	11	27	4	5
	9.4%	5.5%	12.3% B	3.6%	9.6%	11.2% D	8.0%	7.0%	8.3%	15.1%	5.7%	4.7%	10.2%	10.4%	11.3% P	4.2%	11.7%
Dosage level	30	12	18	4	13	12	1	8	12	8	6	4	6	10	18	9	2
	7.9%	7.2%	8.3%	8.1%	8.3%	7.4%	1.9%	6.9%	11.2% G	9.0% G	8.6%	5.2%	11.0%	9.4%	7.7%	8.9%	5.6%
Product ingredients	24	8	15	3	9	12	3	7	5	8	4	4	2	8	17	4	2
	6.2%	5.2%	7.0%	5.5%	5.5%	7.2%	5.1%	6.1%	4.9%	9.1%	6.7%	5.0%	2.9%	7.5%	7.2%	4.4%	5.6%
Symptoms it is used for	20	5	15	2	4	14	3	11	7	-	8	3	2	1	14	4	2
	5.3%	2.9%	7.1%	4.2%	2.6%	8.4% E	4.3%	9.6%	6.0%		12.2% N	3.7%	3.1%	0.5%	5.7%	4.5%	5.1%
Information about the manufacturer	3	-	3	-	3	-	-	-	1	2	-	-	-	2	3	-	-
	0.8%		1.5%		2.0%				1.1%	2.2%				1.8%	1.3%		
Price	3	2	1	2	1	-	-	-	1	2	-	-	2	-	-	-	3
	0.7%	1.0%	0.6%	3.7%	0.5%				1.1%	1.8%			2.8%				7.1%
Other	30	15	16	2	14	15	7	9	11	3	4	9	5	7	20	8	2
	8.0%	9.0%	7.3%	3.3%	8.6%	8.9%	10.8%	7.8%	10.4%	3.7%	6.5%	12.5%	7.9%	6.1%	8.5%	7.8%	6.1%
Don't know/No answer	30	18	11	4	7	18	8	10	8	2	7	9	3	6	16	10	2
	7.8%	11.3% C	5.2%	6.5%	4.5%	10.7% E	12.9% J	9.1% J	7.6%	1.9%	10.5%	12.3%	5.4%	5.9%	6.9%	10.0%	5.1%
CHI-SQUARE		<---26.564-->		<--------41.462------->			<-----------------51.298---------------->				<--------------42.463------------->				<-----41.807---->		
SIGNIFICANCE		98.6%*		97.2%*			91.0%*				67.6%*				97.4%*		

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Q4A. And what KIND of information about a new PRESCRIPTION DRUG do you typically look for?
Base: Respondents who answered at least rarely at Q3A.
BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	379	379	189	221	-	98	153	128	123	128	121	168	211	37	91	142	60	50
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	386	386	196	224	-	100	152	134	127	133	119	173	213	65	82	118	59	62
NET (SIDE EFFECTS)	307	307	161	185	-	69	130	108	101	112	90	143	163	31	71	115	49	40
	80.8%	80.8%	85.2%	83.8%		70.0%	84.8% F	84.2% F	82.1%	87.5% K	73.8%	85.3% M	77.2%	84.6%	78.0%	81.4%	81.4%	80.6%
Possible side effects	286	286	150	170	-	66	121	99	93	104	85	130	156	29	64	108	47	39
	75.4%	75.4%	79.2%	77.0%		67.0%	79.3% F	77.2%	76.0%	81.3% K	69.8%	77.4%	73.8%	76.9%	70.7%	76.3%	78.0%	77.4%
Possible interactions with other drugs/food	59	59	38	47	-	6	21	32	25	13	18	32	26	7	13	18	10	10
	15.5%	15.5%	19.9%	21.5%		5.8%	13.7% F	24.9% FG	20.7% J	10.5%	14.6%	19.2%	12.5%	18.5%	14.6%	12.7%	16.9%	21.0%
Safety/Possible serious effects/risks/hazards of use	29	29	20	18	-	3	12	13	10	11	8	15	13	2	6	10	6	6
	7.5%	7.5%	10.7%	8.2%		3.4%	7.8%	10.4% F	8.0%	8.8%	6.2%	9.1%	6.3%	4.6%	6.1%	6.8%	10.2%	11.3%
Allergy Reactions	13	13	7	9	-	2	5	5	7	1	4	7	6	3	1	5	3	1
	3.3%	3.3%	3.8%	3.9%		2.2%	3.3%	4.2%	5.6% J	1.1%	3.6%	4.0%	2.8%	7.7%	1.2%	3.4%	5.1%	1.6%
Effectiveness	49	49	18	25	-	15	24	9	13	17	17	23	26	2	12	20	5	9
	12.9%	12.9%	9.7%	11.3%		15.3%	16.0% H	7.3%	10.3%	13.0%	14.2%	13.4%	12.4%	6.2%	13.4%	14.4%	8.5%	17.7% N
Directions for usage	36	36	20	24	-	9	10	17	9	14	12	13	23	4	4	17	4	6
	9.4%	9.4%	10.6%	10.9%		9.0%	6.3%	13.5% G	7.6%	11.0%	9.5%	7.8%	10.7%	10.8%	4.9%	11.9%	6.8%	12.9%
Dosage level	30	30	13	25	-	4	14	12	7	11	12	13	17	3	9	13	4	1
	7.9%	7.9%	6.9%	11.1%		4.2%	8.9%	9.3%	5.6%	8.6%	9.9%	7.6%	8.1%	7.7%	9.8% R	9.3% R	6.8%	1.6%
Product ingredients	24	24	15	13	-	6	7	10	11	7	6	10	14	2	3	12	2	4
	6.2%	6.2%	7.8%	6.0%		6.1%	4.8%	8.0%	8.7%	5.5%	4.9%	5.9%	6.5%	6.2%	3.7%	8.5%	3.4%	8.1%
Symptoms it is used for	20	20	12	11	-	6	5	9	9	5	4	11	9	4	4	4	4	4
	5.3%	5.3%	6.1%	5.0%		6.5%	3.1%	7.0%	7.6%	4.3%	3.6%	6.6%	4.2%	10.8% P	4.9%	2.5%	6.8%	8.1%
Information about the manufacturer	3	3	1	1	-	2	-	1	1	2	-	2	1	-	-	2	-	1
	0.8%	0.8%	0.6%	0.5%		2.0%		0.9%	1.0%	1.6%		1.2%	0.6%			1.7%		1.6%
Price	3	3	2	2	-	-	2	1	1	-	2	1	2	-	-	1	-	2
	0.7%	0.7%	1.1%	0.9%			1.0%	0.9%	0.7%		1.6%	0.5%	0.9%			0.8%		3.2%
Other	30	30	16	10	-	13	9	8	15	5	10	9	21	3	8	13	4	2
	8.0%	8.0%	8.4%	4.5%		13.0%	6.1%	6.4%	12.3% J	4.3%	8.0%	5.3%	10.1%	7.7%	8.5%	9.3%	6.8%	4.8%
Don't know/No answer	30	30	11	14	-	14	6	9	8	9	10	11	18	3	10	8	6	2
	7.8%	7.8%	5.6%	6.4%		14.4% G	3.9%	7.3%	6.3%	7.2%	8.3%	6.6%	8.7%	9.2%	11.0%	5.9%	10.2%	3.2%
CHI-SQUARE		<---------13.261--------->			<----------47.31---------->				<--------24.774-------->			<-----9.924----->		<----------39.522---------->				
SIGNIFICANCE		1.8%*			83.0%*				46.8%*			30.0%*		10.2%*				

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Q4B. And what KIND of information **about a new NATURAL HEALTH PRODUCT do you typically look for?**
Base: Respondents who answered **at least rarely at Q3B.**
BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	385	158	227	85	180	118	37	98	138	107	52	79	91	103	255	71	57
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	386	158	228	84	179	121	38	98	135	110	52	78	93	101	263	67	54
NET (SIDE EFFECTS)	291	113	178	66	141	82	22	74	111	80	40	54	73	81	200	48	42
	75.7%	71.6%	78.5%	77.9%	78.4%	69.4%	59.2%	75.5%	80.4% G	74.9%	76.5%	68.8%	79.9%	79.3%	78.3%	67.0%	73.8%
Possible side effects	228	92	135	54	117	56	17	56	84	69	28	45	56	67	148	40	38
	59.1%	58.4%	59.5%	63.0% F	65.1% F	47.2%	45.2%	56.6%	60.7%	64.9% G	54.6%	56.8%	61.5%	65.6%	58.1%	56.8%	66.6%
Possible interactions with other drugs/food	82	20	63	14	35	33	4	22	35	18	17	12	19	21	54	18	10
	21.3%	12.4%	27.6% B	16.6%	19.5%	27.9%	10.6%	22.2%	25.6% G	16.6%	32.7% L	15.0%	21.0%	20.3%	21.2%	25.8%	17.1%
Safety/Possible serious effects/risks/hazards of use	63	24	39	19	25	18	5	13	25	17	5	14	15	17	42	10	10
	16.4%	15.1%	17.3%	22.3%	13.9%	15.3%	13.8%	13.1%	18.1%	15.8%	8.7%	17.7%	16.2%	16.1%	16.6%	13.5%	17.8%
Symptoms it is used for	40	17	23	8	23	7	5	11	14	10	7	6	9	13	29	5	6
	10.4%	10.5%	10.3%	9.9%	12.9% F	6.1%	13.4%	11.1%	9.9%	9.6%	13.7%	7.6%	9.9%	13.0%	11.2%	7.1%	10.9%
Allergy Reactions	8	3	5	2	4	2	1	2	4	1	1	2	2	2	8	-	-
	2.1%	2.0%	2.2%	2.4%	2.4%	1.5%	2.1%	2.4%	2.7%	1.1%	1.1%	3.0%	2.6%	2.0%	3.2%		
Effectiveness	149	61	88	22	83	42	11	31	56	50	12	20	38	56	104	22	22
	38.6%	38.4%	38.8%	26.3%	46.3% D	35.8%	30.6%	31.9%	40.5%	47.2% H	22.7%	24.8%	41.4% KL	54.4% KL	41.0%	30.9%	39.4%
Product ingredients	49	19	30	11	23	15	2	11	19	17	7	16	11	6	31	7	11
	12.6%	11.8%	13.2%	12.9%	12.7%	12.5%	5.8%	11.6%	13.4%	15.5%	12.7%	20.8% N	12.4%	5.7%	12.3%	9.4%	18.7%
Dosage level	28	13	15	6	15	7	1	4	10	13	2	3	12	8	16	11	1
	7.3%	8.5%	6.5%	6.8%	8.5%	5.9%	3.2%	3.8%	7.3%	12.2% GH	4.2%	4.3%	12.8% L	7.8%	6.1%	15.9% OQ	2.1%
Directions for usage	16	7	9	5	8	4	4	5	5	3	4	6	3	2	12	2	2
	4.3%	4.5%	4.1%	5.5%	4.5%	3.1%	9.9%	4.8%	3.4%	3.2%	7.7%	7.9%	3.1%	1.8%	4.6%	3.1%	4.2%
Price	16	6	10	3	8	5	1	1	5	10	1	6	4	2	11	1	4
	4.1%	3.8%	4.3%	3.4%	4.5%	4.1%	3.2%	0.6%	3.3%	8.9% H	2.0%	7.9%	4.6%	2.3%	4.2%	1.6%	6.9%
Information about the manufacturer	16	4	12	2	7	7	2	1	5	7	1	5	4	3	11	3	2
	4.0%	2.4%	5.2%	2.1%	3.7%	6.1%	6.2%	1.0%	3.5%	6.9% H	2.3%	6.6%	4.6%	3.1%	4.2%	3.9%	3.6%
Other	56	22	35	7	25	22	7	11	17	19	6	15	10	16	33	10	11
	14.6%	13.6%	15.2%	8.7%	14.0%	19.1% D	18.6%	11.4%	12.7%	17.6%	11.0%	19.5%	11.1%	16.0%	12.8%	14.1%	19.8%
Don't know/No answer	28	14	13	4	13	11	6	9	8	5	6	6	4	7	18	8	1
	7.2%	9.0%	5.9%	4.4%	7.1%	9.4%	15.7%	9.4%	5.6%	4.5%	11.4%	7.9%	4.9%	6.4%	7.1%	11.7% Q	2.1%
CHI-SQUARE		<---12.83--->		<----------27---------->			<----------40.869---------->				<----------52.418---------->				<-----28.898---->		
SIGNIFICANCE		53.9%*		59.1%*			61.2%*				92.6%*				68.4%*		

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Q4B. And what KIND of information about a new NATURAL HEALTH PRODUCT do you typically look for?
Base: Respondents who answered at least rarely at Q3B.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	385 100.0%	196 100.0%	385 100.0%	258 100.0%	-	84 100.0%	148 100.0%	153 100.0%	111 100.0%	148 100.0%	116 100.0%	156 100.0%	226 100.0%	30 100.0%	70 100.0%	166 100.0%	64 100.0%	55 100.0%
UNWEIGHTED 'N'	386	203	386	262	-	79	149	158	115	146	116	155	228	53	63	138	63	69
NET (SIDE EFFECTS)	291 75.7%	151 77.2%	291 75.7%	204 79.3%	-	59 70.5%	108 73.2%	124 80.9%	89 80.0%	114 76.9%	83 71.8%	127 81.4% M	162 71.9%	21 69.8%	48 68.3%	127 76.8%	53 82.5%	43 76.8%
Possible side effects	228 59.1%	114 58.2%	228 59.1%	160 62.1%	-	47 56.4%	86 58.1%	94 61.5%	68 61.4%	95 64.7% K	60 52.0%	100 63.9%	128 56.6%	14 47.2%	38 54.0%	103 62.3%	43 66.7% N	30 53.6%
Possible interactions with other drugs/food	82 21.3%	62 31.5% C	82 21.3%	67 25.8%	-	4 4.9%	28 18.8% F	50 32.9% FG	28 25.5%	33 22.7%	19 16.7%	47 30.0% M	34 15.2%	6 18.9%	20 28.6%	26 15.9%	17 27.0%	13 23.2%
Safety/Possible serious effects/risks/hazards of use	63 16.4%	30 15.4%	63 16.4%	38 14.9%	-	18 21.4%	22 14.6%	23 15.3%	17 15.4%	23 15.7%	22 18.8%	23 14.5%	41 18.0%	5 17.0%	10 14.3%	28 16.7%	9 14.3%	11 20.3%
Symptoms it is used for	40 10.4%	20 10.3%	40 10.4%	30 11.8%	-	8 9.4%	13 9.0%	19 12.2%	14 12.9%	11 7.1%	13 11.0%	14 9.0%	25 10.9%	1 3.8%	4 6.3%	20 12.3% N	5 7.9%	9 15.9% N
Allergy Reactions	8 2.1%	5 2.5%	8 2.1%	6 2.2%	-	2 2.4%	2 1.2%	4 2.9%	3 2.3%	4 3.0%	1 1.0%	5 2.9%	4 1.6%	1 1.9%	-	6 3.6%	-	2 2.9%
Effectiveness	149 38.6%	72 36.6%	149 38.6%	99 38.3%	-	34 41.0%	58 39.3%	56 36.7%	46 41.0%	59 40.1%	41 35.1%	57 36.8%	92 40.5%	11 37.7%	26 36.5%	62 37.7%	29 46.0%	20 36.2%
Product ingredients	49 12.6%	22 11.1%	49 12.6%	31 12.0%	-	13 16.0%	18 11.9%	18 11.5%	22 20.0% JK	14 9.6%	9 7.4%	21 13.7%	26 11.5%	4 13.2%	7 9.5%	20 12.3%	7 11.1%	10 18.8%
Dosage level	28 7.3%	17 8.8%	28 7.3%	26 9.9%	-	1 1.3%	11 7.5% F	16 10.4% F	8 7.0%	10 6.9%	10 8.7%	14 8.9%	14 6.3%	2 7.5%	8 11.1%	12 7.2%	2 3.2%	4 7.2%
Directions for usage	16 4.3%	11 5.5%	16 4.3%	12 4.7%	-	3 4.1%	3 2.0%	10 6.6%	6 5.3%	4 2.9%	6 5.4%	5 3.0%	12 5.2%	1 1.9%	2 3.2%	4 2.2%	2 3.2%	8 14.5% NOPQ
Price	16 4.1%	9 4.6%	16 4.1%	12 4.7%	-	1 1.3%	8 5.5%	6 4.2%	4 3.6%	6 3.7%	6 5.4%	6 3.8%	10 4.4%	1 3.8%	2 3.2%	5 2.9%	2 3.2%	6 10.1%
Information about the manufacturer	16 4.0%	13 6.4%	16 4.0%	11 4.4%	-	2 2.2%	3 2.4%	10 6.7%	8 7.2%	4 3.0%	3 2.6%	10 6.4%	6 2.4%	1 1.9%	3 4.8%	7 4.3%	2 3.2%	2 4.3%
Other	56 14.6%	30 15.4%	56 14.6%	34 13.4%	-	12 14.2%	24 16.0%	20 13.4%	13 12.0%	26 17.5%	13 11.6%	15 9.8%	40 17.6% L	5 17.0%	8 11.1%	22 13.0%	11 17.5%	10 18.8%
Don't know/No answer	28 7.2%	12 5.9%	28 7.2%	17 6.6%	-	7 8.7%	12 8.0%	8 5.5%	8 7.2%	7 4.8%	13 10.8%	7 4.5%	21 9.2%	3 11.3%	8 11.1%	12 7.2%	2 3.2%	2 4.3%
CHI-SQUARE		<---------10.094--------->			<----------40.389--------->				<--------24.862-------->			<-----24.635---->		<----------47.886---------->				
SIGNIFICANCE		.2%*			59.1%*				47.3%*			97.4%*		36.4%*				

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Q4C. And what KIND of information about a new NON-PRESCRIPTION DRUG do you typically look for?
Base: Respondents who answered at least rarely at Q3C.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	361 100.0%	172 100.0%	189 100.0%	118 100.0%	164 100.0%	77 100.0%	35 100.0%	103 100.0%	107 100.0%	113 100.0%	38 100.0%	83 100.0%	65 100.0%	117 100.0%	223 100%	98 100%	39 100%
UNWEIGHTED 'N'	357	173	184	114	167	74	36	103	106	110	38	83	66	113	228	92	36
NET (SIDE EFFECTS)	265 73.4%	115 67.2%	149 79.0% B	90 76.5%	121 73.9%	54 69.8%	23 65.2%	77 74.2%	86 79.9%	80 70.5%	23 61.7%	67 80.2% K	47 72.2%	88 74.8%	161 72.3%	77 78.6%	27 68.7%
Possible side effects	219 60.7%	96 56.3%	123 64.8%	78 66.1% F	105 63.9% F	37 47.8%	16 45.5%	60 58.7%	71 65.9% G	72 63.7%	17 45.6%	54 64.9%	39 60.4%	78 66.3% K	127 56.8%	67 68.4%	25 65.8%
Possible interactions with other drugs/food	68 18.9%	23 13.3%	45 24.0% B	22 18.6%	25 15.0%	22 28.4% E	6 17.4%	16 16.0%	25 23.8%	20 18.0%	7 17.3%	14 16.3%	6 9.4%	26 22.5% M	48 21.6%	15 15.3%	5 13.6%
Safety/Possible serious effects/risks/hazards of use	37 10.3%	16 9.6%	21 11.0%	14 11.6%	15 9.3%	8 10.9%	5 13.3%	12 11.6%	14 12.9%	7 6.0%	2 4.7%	7 7.9%	9 14.1%	11 9.7%	21 9.6%	10 10.3%	6 14.8%
Allergy Reactions	15 4.3%	9 5.1%	7 3.6%	4 3.0%	8 5.0%	4 4.8%	1 2.9%	3 2.6%	8 7.6%	4 3.2%	1 2.7%	4 5.0%	5 7.3%	3 2.4%	11 5.1%	3 2.8%	1 3.1%
Effectiveness	72 19.8%	42 24.4% C	30 15.7%	24 20.7%	32 19.8%	15 19.1%	6 16.7%	22 21.3%	20 18.2%	24 21.5%	10 27.7%	18 21.7%	14 22.2%	21 18.3%	35 15.9%	24 24.4%	12 31.5%
Dosage level	61 17.0%	29 17.0%	32 16.9%	29 25.0% E	21 12.9%	11 13.8%	5 13.5%	10 9.8%	22 20.7% H	24 21.3% H	2 6.1%	16 18.8% K	10 15.1%	22 19.0% K	36 16.3%	20 19.9%	5 13.8%
Symptoms it is used for	36 9.9%	18 10.3%	18 9.5%	11 9.1%	16 10.1%	8 11.0%	4 12.5%	9 8.5%	7 6.2%	15 13.0%	6 15.0%	6 6.9%	5 7.8%	12 10.1%	25 11.1%	6 5.7%	5 13.8%
Directions for usage	30 8.2%	17 9.6%	13 7.0%	11 8.9%	14 8.8%	4 4.6%	2 5.1%	3 3.0%	11 10.3% H	14 12.2% H	2 6.4%	3 3.2%	4 6.1%	15 12.4% L	21 9.5%	6 5.8%	3 7.8%
Product ingredients	25 7.0%	12 7.2%	13 6.8%	7 6.1%	12 7.1%	6 8.4%	3 8.7%	6 5.9%	8 7.6%	8 7.0%	3 7.0%	3 3.4%	5 8.4%	9 7.4%	15 6.9%	4 4.4%	6 14.3%
Price	8 2.2%	2 1.4%	5 2.9%	3 2.6%	4 2.3%	1 1.3%	1 1.6%	2 1.7%	3 3.0%	1 1.0%	2 4.7%	3 3.3%	2 2.4%	-	5 2.1%	1 1.1%	2 5.2%
Information about the manufacturer	3 0.8%	3 1.8%	-	1 1.0%	2 1.1%	-	-	-	2 1.7%	1 1.1%	-	1 1.0%	2 3.4%	-	3 1.4%	-	-
Other	19 5.3%	11 6.4%	8 4.4%	5 3.9%	12 7.6%	2 3.0%	1 3.5%	4 4.2%	4 4.1%	9 8.2%	1 2.7%	6 7.2%	3 4.0%	7 6.3%	16 7.3% P	2 2.3%	1 2.1%
Don't know/No answer	17 4.8%	10 5.8%	7 3.9%	6 5.0%	5 2.8%	6 7.5%	3 9.8%	6 5.9%	5 4.3%	2 1.9%	3 7.9%	2 2.7%	3 5.2%	3 2.7%	10 4.6%	5 5.1%	1 2.9%
CHI-SQUARE		<---17.091-->		<--------22.911------->			<----------32.173---------->				<----------38.672---------->				<-----26.141---->		
SIGNIFICANCE		80.5%*		36.2%*			22.8%*				51.5%*				54.5%*		

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Q4C. And what KIND of information about a new **NON-PRESCRIPTION DRUG do you typically look for?**
Base: Respondents who answered at **least rarely at Q3C.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	361 100.0%	171 100.0%	164 100.0%	361 100.0%	-	115 100.0%	156 100.0%	90 100.0%	95 100.0%	141 100.0%	121 100.0%	136 100.0%	222 100.0%	25 100.0%	98 100.0%	134 100.0%	59 100.0%	45 100.0%
UNWEIGHTED 'N'	357	169	164	357	-	114	153	90	92	143	119	136	219	43	88	112	58	56
NET (SIDE EFFECTS)	265 73.4%	127 74.0%	116 71.1%	265 73.4%	-	87 75.7%	112 71.6%	66 73.5%	73 77.2%	106 74.8%	84 69.9%	111 81.2% M	153 68.9%	18 72.1%	70 71.6%	98 73.2%	42 70.7%	37 82.1%
Possible side effects	219 60.7%	97 56.9%	92 56.1%	219 60.7%	-	78 68.1% H	92 59.0%	49 54.3%	61 64.8%	86 60.5%	71 58.7%	90 66.4%	127 57.4%	17 69.8%	59 60.2%	78 58.0%	34 58.6%	31 67.9%
Possible interactions with other drugs/food	68 18.9%	46 26.7%	33 20.1%	68 18.9%	-	13 11.2%	32 20.6% F	23 25.9% F	17 18.4%	31 21.9%	20 16.5%	32 23.5%	35 15.8%	2 9.3%	14 14.8%	31 23.2% N	9 15.5%	11 25.0% N
Safety/Possible serious effects/risks/hazards of use	37 10.3%	18 10.3%	17 10.5%	37 10.3%	-	13 11.3%	14 8.7%	11 11.9%	7 7.1%	18 13.0%	12 10.1%	15 10.8%	23 10.2%	2 7.0%	10 10.2%	14 10.7%	7 12.1%	4 8.9%
Allergy Reactions	15 4.3%	7 4.3%	10 6.1%	15 4.3%	-	3 2.6%	8 4.8%	5 5.5%	5 5.1%	6 4.5%	4 3.6%	9 6.3%	7 3.1%	1 4.7%	2 2.3%	4 2.7%	6 10.3%	2 5.4%
Effectiveness	72 19.8%	34 20.2%	34 20.6%	72 19.8%	-	21 18.5%	32 20.7%	18 20.1%	9 9.5%	36 25.8% I	26 21.6% I	20 14.6%	52 23.3% L	5 18.6%	24 25.0% Q	25 18.8%	6 10.3%	11 25.0% Q
Dosage level	61 17.0%	26 15.3%	25 15.5%	61 17.0%	-	21 17.9%	30 19.0%	11 12.3%	18 19.1%	23 16.1%	20 16.8%	18 13.2%	42 18.9%	3 11.6%	19 19.3%	19 14.3%	12 20.7%	8 17.9%
Symptoms it is used for	36 9.9%	17 9.9%	19 11.6%	36 9.9%	-	10 8.6%	16 10.0%	10 11.3%	10 10.3%	13 9.2%	13 10.7%	13 9.4%	23 10.3%	3 14.0%	6 5.7%	17 12.5%	5 8.6%	5 10.7%
Directions for usage	30 8.2%	14 8.2%	13 8.1%	30 8.2%	-	8 7.2%	15 9.9%	6 6.7%	10 10.1%	11 7.5%	10 7.9%	9 6.8%	19 8.7%	4 16.3%	4 4.5%	13 9.8%	4 6.9%	4 8.9%
Product ingredients	25 7.0%	13 7.3%	20 12.0%	25 7.0%	-	2 1.9%	14 8.7% F	9 10.4% F	11 11.8%	8 5.7%	6 4.9%	14 10.6%	11 4.9%	-	4 4.5%	10 7.1%	7 12.1%	4 8.9%
Price	8 2.2%	4 2.6%	5 3.3%	8 2.2%	-	-	6 3.8%	2 2.2%	2 1.7%	4 2.6%	3 2.1%	4 2.7%	4 1.9%	2 7.0%	1 1.1%	2 1.8%	1 1.7%	2 3.6%
Information about the manufacturer	3 0.8%	2 1.1%	-	3 0.8%	-	1 1.0%	2 1.2%	-	1 0.8%	2 1.6%	-	1 0.6%	2 1.0%	-	-	1 0.9%	1 1.7%	1 1.8%
Other	19 5.3%	9 5.3%	8 5.0%	19 5.3%	-	7 6.3%	7 4.4%	5 5.8%	5 5.1%	7 4.9%	6 5.3%	2 1.2%	16 7.4% L	1 2.3%	2 2.3%	8 6.3%	4 6.9%	4 8.9%
Don't know/No answer	17 4.8%	10 5.7%	8 5.0%	17 4.8%	-	6 5.6%	4 2.5%	7 7.8%	2 2.4%	7 5.1%	7 5.5%	8 5.6%	10 4.4%	2 9.3%	9 9.1% Q	4 2.7%	1 1.7%	2 3.6%
CHI-SQUARE		<---------11.176--------->			<----------28.22---------->				<--------19.015-------->			<-----22.074---->		<----------46.624---------->				
SIGNIFICANCE		.5%*			10.1%*				16.4%*			94.6%*		31.5%*				

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Q5A. And WHERE would you be **most likely to go to get the information you needed about a new PRESCRIPTION DRUG?**
Base: Respondents who gave a valid **answer at Q4A (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	350	144	206	50	154	146	56	102	100	89	58	66	55	104	221	89	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	356	148	208	51	155	150	58	104	102	89	61	66	56	102	236	83	35
Pharmacist/Druggist/ Chemist/Pharmacy	293	110	184	46	129	118	44	84	86	77	47	56	47	85	184	75	32
	83.9%	76.2%	89.2% B	92.7% F	83.9%	80.8%	79.0%	82.8%	85.4%	86.0%	81.4%	85.2%	85.4%	81.5%	83.1%	84.4%	86.1%
Doctor/physician/dentist	170	79	91	24	66	80	33	42	48	46	32	36	26	47	93	60	16
	48.6%	55.2% C	44.0%	47.9%	42.6%	55.2% E	59.9% H	41.0%	47.8%	51.6%	56.0%	54.6%	46.5%	45.0%	42.2%	66.9% OQ	41.9%
Website/Internet	85	32	52	10	53	22	5	21	30	28	12	14	14	29	64	9	12
	24.2%	22.5%	25.4%	19.7%	34.1% DF	15.2%	9.7%	20.2%	30.2% G	31.6% G	20.2%	20.9%	25.8%	28.4%	28.7% P	10.5%	31.1% P
Medical references/books	21	5	16	2	11	7	4	2	9	4	3	6	1	6	14	6	1
	5.9%	3.6%	7.5%	4.2%	7.4%	4.9%	7.2%	2.3%	9.0% H	4.5%	5.1%	9.4%	2.0%	5.4%	6.2%	6.7%	2.7%
TV/Print media	8	6	2	1	3	4	1	3	2	2	-	1	2	2	7	1	-
	2.3%	4.2%	0.9%	2.0%	1.9%	2.7%	2.1%	2.9%	1.8%	2.3%		2.1%	4.2%	2.0%	3.1%	1.2%	
Friends/family member	7	3	5	4	2	1	-	1	2	5	1	1	-	5	6	1	-
	2.1%	1.8%	2.4%	8.1%	1.6%	0.7%		1.2%	1.7%	5.1%	1.8%	1.7%		4.6%	2.9%	1.2%	
Product Labeling	7	5	2	-	4	2	1	1	2	2	1	1	1	4	4	1	1
	1.9%	3.4%	0.8%		2.7%	1.6%	1.0%	1.4%	2.3%	2.6%	1.0%	0.9%	1.5%	3.4%	2.0%	1.2%	3.0%
Nurse	3	1	2	-	2	1	1	2	-	-	2	1	-	-	2	1	-
	0.8%	0.6%	0.9%		1.2%	0.6%	1.4%	1.9%			3.3%	1.2%			0.7%	1.2%	
Government office	2	-	2	2	-	-	-	1	-	1	1	-	1	-	-	2	-
	0.6%		1.1%	4.4%				1.1%		1.2%	1.9%		2.0%			2.5%	
Naturopath	1	-	1	-	1	-	-	-	1	-	-	1	-	-	-	1	-
	0.3%		0.5%		0.7%				1.1%			1.7%				1.2%	
Drug manufacturers	1	1	-	-	1	-	-	-	1	-	1	-	-	-	1	-	-
	0.2%	0.6%			0.5%				0.8%		1.4%				0.4%		
Health organizations (e.g. Cancer Society)	1	1	-	-	1	-	1	-	-	-	-	-	-	-	1	-	-
	0.2%	0.4%			0.4%		1.0%								0.3%		
Other	6	1	5	1	3	1	-	1	2	2	2	-	-	2	3	1	1
	1.6%	0.6%	2.3%	2.4%	2.1%	0.8%		1.2%	2.0%	2.6%	3.5%			2.2%	1.4%	1.2%	3.2%
CHI-SQUARE		<---19.831-->		<--------43.59-------->			<-----------------34.134---------------->				<--------------32.233-------------->				<-----33.553---->		
SIGNIFICANCE		71.7%*		87.4%*			3.3%*				1.9%*				51.1%*		

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Q5A. And WHERE would you be **most likely to go to get the information you needed about a new PRESCRIPTION DRUG?**
Base: Respondents who gave a **valid answer at Q4A (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	350	350	179	206	-	84	147	119	115	119	111	157	193	34	81	133	54	48
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	356	356	185	209	-	86	146	124	119	124	108	163	193	59	73	111	53	60
Pharmacist/Druggist/ Chemist/Pharmacy	293	293	151	170	-	73	120	100	99	96	93	129	164	29	70	116	42	37
	83.9%	83.9%	84.6%	82.4%		86.8%	81.7%	84.5%	86.0%	81.3%	83.7%	82.4%	85.1%	84.7%	86.3%	87.4%	77.4%	76.7%
Doctor/physician/dentist	170	170	77	97	-	48	70	52	49	59	58	69	101	18	53	50	25	23
	48.6%	48.6%	43.2%	47.1%		57.0%	47.6%	43.9%	42.4%	49.6%	52.5%	43.9%	52.4%	52.5%	65.8% PQR	37.8%	47.2%	48.3%
Website/Internet	85	85	47	62	-	14	33	38	28	32	23	51	34	7	6	35	21	16
	24.2%	24.2%	26.1%	29.9%		16.8%	22.2%	31.9% F	24.6%	27.2%	20.6%	32.4% M	17.5%	20.3% O	6.8%	26.1% O	39.6% NO	33.3% O
Medical references/books	21	21	15	14	-	1	10	10	9	10	1	16	5	1	4	5	7	3
	5.9%	5.9%	8.5%	6.7%		1.3%	6.8% F	8.0% F	8.0% K	8.6% K	1.2%	10.2% M	2.5%	3.4%	5.5%	3.6%	13.2%	6.7%
TV/Print media	8	8	4	6	-	2	2	4	3	4	1	4	4	1	1	2	3	1
	2.3%	2.3%	2.0%	2.9%		2.4%	1.6%	3.0%	2.2%	3.7%	0.9%	2.5%	2.1%	1.7%	1.4%	1.8%	5.7%	1.7%
Friends/family member	7	7	6	5	-	1	1	5	2	2	3	4	4	1	1	2	2	1
	2.1%	2.1%	3.6%	2.6%		1.2%	0.8%	4.5%	1.9%	2.0%	2.6%	2.4%	1.9%	3.4%	1.4%	1.8%	3.8%	1.7%
Product Labeling	7	7	2	5	-	1	4	2	2	3	2	4	2	1	2	2	-	1
	1.9%	1.9%	1.4%	2.6%		0.7%	2.8%	1.6%	1.5%	2.6%	1.6%	2.7%	1.2%	3.4%	2.7%	1.8%		1.7%
Nurse	3	3	-	1	-	2	1	-	2	1	-	2	1	-	1	-	-	2
	0.8%	0.8%		0.4%		2.3%	0.5%		1.7%	0.7%		1.2%	0.4%		1.4%			3.3%
Government office	2	2	1	2	-	-	1	1	-	2	-	1	1	-	2	-	-	-
	0.6%	0.6%	0.6%	1.1%			0.8%	0.9%		1.9%		0.7%	0.6%		2.7%			
Naturopath	1	1	1	-	-	-	1	-	-	-	1	-	1	-	1	-	-	-
	0.3%	0.3%	0.6%				0.8%				1.0%		0.6%		1.4%			
Drug manufacturers	1	1	1	1	-	-	-	1	-	-	1	-	1	-	-	-	-	1
	0.2%	0.2%	0.4%	0.4%				0.7%			0.7%		0.4%					1.7%
Health organizations (e.g. Cancer Society)	1	1	-	1	-	-	1	-	1	-	-	1	-	1	-	-	-	-
	0.2%	0.2%		0.3%			0.4%		0.5%			0.4%		1.7%				
Other	6	6	4	4	-	-	2	3	1	-	4	1	4	-	1	4	-	1
	1.6%	1.6%	2.4%	2.1%			1.6%	2.7%	1.0%		3.9%	0.8%	2.2%		1.4%	2.7%		1.7%
CHI-SQUARE		<----------9.752--------->			<----------27.155---------->				<--------28.169-------->			<-----22.594---->		<----------66.307---------->				
SIGNIFICANCE		.0%*			.2%*				25.1%*			83.7%*		46.5%*				

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Q5B. And WHERE would you be **most likely to go to get the information you needed about a new NATURAL HEALTH PRODUCT?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	358	144	214	81	167	107	32	89	130	102	46	73	87	96	237	63	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	358	143	215	80	166	110	32	89	128	104	47	72	88	93	244	59	53
Pharmacist/Druggist/ Chemist/Pharmacy	181	68	112	43	89	48	16	44	75	43	19	46	44	41	111	41	28
	50.5%	47.3%	52.6%	53.1%	53.1%	45.4%	52.1%	49.2%	57.7% J	42.2%	41.3%	63.1% KN	50.5%	43.0%	47.0%	65.6% O	50.4%
Website/Internet	158	70	88	44	84	29	6	39	59	52	16	28	43	50	115	15	27
	44.2%	48.7%	41.2%	54.3% F	50.4% F	26.7%	18.3%	43.7% G	45.6% G	51.0% G	34.4%	38.6%	49.1%	52.4% K	48.3% P	24.5%	48.5% P
Doctor/physician/dentist	94	45	49	30	36	28	10	23	36	23	16	19	24	21	60	18	15
	26.4%	31.3%	23.1%	37.3% E	21.8%	25.9%	32.1%	26.0%	27.6%	22.7%	34.3%	26.6%	27.9%	22.2%	25.5%	28.7%	26.9%
TV/Print media	83	24	59	11	42	29	10	15	28	29	11	17	27	16	56	11	15
	23.3%	16.8%	27.7% B	13.4%	25.2% D	27.6% D	30.6%	17.2%	21.5%	28.3%	23.2%	23.1%	31.5% N	16.2%	23.7%	18.0%	26.9%
Health Food Store	78	26	52	7	37	34	8	20	29	21	12	15	14	26	54	14	10
	21.8%	18.3%	24.2%	8.3%	21.8% D	31.6% D	25.3%	22.1%	22.5%	20.2%	25.0%	21.1%	15.7%	26.8%	22.7%	22.1%	18.7%
Friends/family member	52	24	28	12	24	16	5	9	18	18	7	9	12	15	36	7	10
	14.6%	16.8%	13.1%	15.0%	14.4%	14.8%	15.7%	9.9%	14.0%	17.5%	15.6%	12.9%	14.0%	15.8%	15.1%	10.8%	17.3%
Product Labeling	32	18	14	13	14	5	1	7	13	10	9	4	6	9	20	8	4
	8.8%	12.3%	6.5%	15.8% F	8.4%	4.2%	3.8%	7.6%	9.8%	9.5%	20.2% LM	5.8%	6.6%	9.2%	8.3%	12.4%	7.2%
Medical references/books	17	5	11	3	8	5	2	2	2	11	2	3	4	5	14	1	2
	4.7%	3.7%	5.4%	3.7%	4.7%	4.6%	6.4%	2.0%	1.4%	10.9% HI	3.9%	3.6%	4.6%	5.6%	6.0% P	0.9%	3.6%
Printed handouts provided by pharmacists	15	7	8	3	7	6	2	3	6	4	3	1	2	9	10	3	2
	4.2%	5.0%	3.8%	3.7%	3.9%	5.3%	5.8%	3.7%	4.5%	4.2%	5.8%	1.1%	2.5%	8.9% L	4.1%	5.3%	4.0%
Drug manufacturers	8	7	2	2	5	2	1	-	4	4	2	2	-	2	6	1	-
	2.4%	4.7% C	0.8%	2.5%	2.9%	1.6%	2.5%		3.1%	3.5%	3.8%	3.2%		2.5%	2.6%	1.8%	

Continued/...

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Q5B. And WHERE would you be **most likely to go to get the information you needed about a new NATURAL HEALTH PRODUCT?** Continued
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Naturopath	7	2	5	2	4	1	1	2	3	1	-	2	3	-	5	1	1
	1.9%	1.1%	2.4%	2.4%	2.6%	0.5%	2.5%	2.0%	2.3%	1.2%		3.2%	3.9%		1.9%	1.8%	2.0%
Government office	3	3	-	2	1	-	-	-	1	2	-	-	-	2	2	-	1
	0.8%	1.9%		2.5%	0.5%				0.6%	2.0%				2.1%	0.8%		1.4%
Nurse	2	1	1	-	-	2	2	-	-	-	-	1	-	1	1	1	-
	0.6%	0.7%	0.5%			2.0%	6.7%					1.5%		1.1%	0.4%	1.8%	
Health organizations (e.g. Cancer Society)	2	2	-	-	1	1	1	-	-	1	-	-	1	-	1	-	1
	0.6%	1.4%			0.5%	1.1%	3.8%			0.8%			1.4%		0.5%		1.4%
Other	27	14	13	8	10	10	2	10	8	8	3	8	4	10	18	3	6
	7.6%	9.6%	6.3%	9.2%	5.9%	9.2%	6.1%	11.1%	5.9%	7.7%	6.1%	11.1%	4.9%	10.3%	7.7%	5.2%	10.4%
Don't know/No answer	3	-	3	-	1	2	-	2	-	1	-	-	-	-	1	1	1
	0.9%		1.5%		0.7%	2.0%		2.4%		1.1%					0.5%	1.8%	1.8%
CHI-SQUARE		<---30.491-->		<--------55.075------->			<-----------------68.781---------------->				<--------------51.181------------->				<-----24.958---->		
SIGNIFICANCE		97.7%*		98.7%*			95.1%*				53.3%*				12.9%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q5B. And WHERE would you be **most likely to go to get the information you needed about a new NATURAL HEALTH PRODUCT?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	358 100.0%	185 100.0%	358 100.0%	241 100.0%	-	77 100.0%	136 100.0%	144 100.0%	103 100.0%	140 100.0%	103 100.0%	149 100.0%	205 100.0%	27 100.0%	62 100.0%	154 100.0%	62 100.0%	53 100.0%
UNWEIGHTED 'N'	358	191	358	245	-	72	136	150	106	139	104	148	207	47	56	128	61	66
Pharmacist/Druggist/ Chemist/Pharmacy	181 50.5%	98 53.1%	181 50.5%	124 51.6%	-	38 48.9%	64 46.8%	79 54.8%	51 49.1%	71 50.5%	52 50.2%	73 49.2%	104 50.6%	17 63.8% PQ	46 73.2% PQR	66 43.0%	25 41.0%	27 50.0%
Website/Internet	158 44.2%	83 45.2%	158 44.2%	112 46.4%	-	30 38.7%	62 45.2%	67 46.2%	48 46.5%	62 44.3%	44 43.0%	64 42.9%	94 45.9%	9 34.0%	14 23.2%	82 53.1% NO	30 49.2% O	22 42.4% O
Doctor/physician/dentist	94 26.4%	53 28.7%	94 26.4%	59 24.5%	-	24 30.6%	30 22.0%	41 28.3%	30 29.6%	36 25.3%	25 24.0%	37 25.0%	55 26.8%	4 14.9%	18 28.6%	42 27.3%	16 26.2%	14 27.3%
TV/Print media	83 23.3%	44 23.9%	83 23.3%	57 23.6%	-	17 22.1%	32 23.4%	35 23.9%	27 26.3%	36 25.5%	19 18.7%	36 24.0%	46 22.6%	6 23.4%	12 19.6%	35 22.7%	17 27.9%	13 24.2%
Health Food Store	78 21.8%	42 22.8%	78 21.8%	53 22.1%	-	14 18.6%	32 23.8%	31 21.7%	28 27.5%	26 18.6%	20 19.4%	33 22.4%	44 21.2%	7 27.7%	11 17.9%	24 15.6%	20 32.8% P	15 28.8% P
Friends/family member	52 14.6%	25 13.5%	52 14.6%	32 13.5%	-	12 16.2%	22 16.1%	18 12.2%	12 12.0%	21 14.8%	17 16.0%	24 16.3%	26 12.5%	4 14.9%	6 8.9%	24 15.6%	8 13.1%	10 19.7%
Product Labeling	32 8.8%	18 9.8%	32 8.8%	27 11.1%	-	3 4.2%	12 8.6%	17 11.4% F	7 6.3%	13 9.4%	11 10.2%	16 10.7%	16 7.6%	2 8.5%	8 12.5%	17 10.9% R	3 4.9%	2 3.0%
Medical references/books	17 4.7%	7 3.9%	17 4.7%	13 5.5%	-	4 4.7%	6 4.4%	7 5.0%	9 8.6%	4 2.6%	4 4.2%	5 3.2%	12 5.9%	2 6.4%	-	5 3.1%	7 11.5%	3 6.1%
Printed handouts provided by pharmacists	15 4.2%	9 4.8%	15 4.2%	10 4.0%	-	2 2.6%	8 5.8%	5 3.7%	4 3.6%	8 5.9%	3 3.1%	6 3.8%	10 4.7%	1 2.1%	3 5.4%	4 2.3%	6 9.8%	2 3.0%
Drug manufacturers	8 2.4%	3 1.6%	8 2.4% D	1 0.5%	-	6 7.2% H	2 1.3%	1 0.8%	2 1.6%	4 3.1%	1 1.2%	5 3.3%	4 1.7%	1 2.1%	1 1.8%	6 3.9%	-	1 1.5%
Naturopath	7 1.9%	1 0.7%	7 1.9%	3 1.3%	-	4 4.7%	2 1.5%	1 0.8%	2 2.4%	4 2.5%	1 0.8%	4 2.9%	2 1.2%	1 2.1%	2 3.6%	2 1.6%	-	2 3.0%
Government office	3 0.8%	2 0.9%	3 0.8%	3 1.2%	-	-	1 0.9%	2 1.1%	-	1 0.6%	2 1.9%	-	3 1.4%	-	-	1 0.8%	-	2 3.0%

Continued/...

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Q5B. And WHERE would you be **most likely to go to get the information you needed about a new NATURAL HEALTH PRODUCT?** Continued
Base: Respondents who gave a valid answer at **Q4B (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
Nurse	2	1	2	1	-	1	-	1	-	1	1	1	1	-	1	-	1	-
	0.6%	0.6%	0.6%	0.5%		1.3%		0.8%		0.8%	1.0%	0.7%	0.5%		1.8%		1.6%	
Health organizations (e.g. Cancer Society)	2	1	2	2	-	-	1	1	-	-	2	-	2	-	-	1	-	1
	0.6%	0.4%	0.6%	0.8%			0.9%	0.6%			1.9%		1.0%			0.8%		1.5%
Other	27	13	27	19	-	7	10	11	4	17	5	15	11	-	2	17	5	3
	7.6%	7.2%	7.6%	7.7%		8.5%	7.1%	7.7%	4.2%	12.2% IK	4.5%	10.0%	5.5%		3.6%	10.9% O	8.2%	6.1%
Don't know/No answer	3	1	3	1	-	1	2	-	2	1	-	2	1	-	2	-	1	-
	0.9%	0.5%	0.9%	0.5%		1.4%	1.6%		2.1%	0.8%		1.5%	0.5%		3.6%		1.6%	
CHI-SQUARE		<----------8.215--------->			<----------28.25---------->				<---------31.237-------->			<-----12.597---->		<----------83.143---------->			
SIGNIFICANCE		.0%*			.4%*				39.6%*			23.7%*		89.8%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q5C. And WHERE would you be **most likely to go to get the information you needed about a new NON-PRESCRIPTION DRUG?**
Base: Respondents who gave a **valid answer at Q4C (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	343	162	182	112	159	71	31	97	103	111	35	81	62	114	213	93	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	339	163	176	108	162	68	33	96	102	107	35	81	62	110	217	87	35
Pharmacist/Druggist/ Chemist/Pharmacy	265	116	149	78	127	59	26	78	82	77	26	66	48	83	159	79	28
	77.2%	72.0%	81.9% B	70.0%	79.9%	82.2%	83.0%	80.7%	80.0%	69.7%	75.5%	81.7%	77.3%	72.4%	74.7%	84.4%	73.5%
Website/Internet	90	46	44	38	39	12	5	14	32	38	5	19	13	41	70	16	5
	26.2%	28.5%	24.1%	34.3% F	24.6%	17.4%	16.0%	14.8%	31.2% H	34.6% GH	14.7%	23.6%	21.6%	35.8% KM	32.8% PQ	16.7%	12.3%
Doctor/physician/dentist	84	40	44	30	33	21	9	25	28	23	10	25	10	22	50	25	9
	24.4%	24.6%	24.3%	26.8%	20.7%	29.4%	27.2%	25.3%	27.2%	20.5%	30.3%	30.3% M	15.8%	19.3%	23.6%	26.8%	23.3%
Product Labeling	51	24	27	19	28	4	2	10	12	25	3	7	9	25	34	8	9
	14.8%	14.9%	14.7%	16.9% F	17.3% F	6.2%	7.1%	10.8%	11.9%	22.2% GHI	9.3%	8.1%	15.0%	21.8% L	15.9%	9.0%	23.0%
Friends/family member	21	10	10	12	8	1	2	4	4	10	2	9	1	7	10	7	5
	6.1%	6.5%	5.7%	10.8% F	4.9%	1.4%	5.8%	4.0%	4.2%	8.6%	6.1%	11.5% M	1.6%	6.2%	4.5%	7.2%	12.1%
TV/Print media	18	9	10	4	9	5	3	1	6	9	2	4	6	5	13	5	1
	5.4%	5.5%	5.2%	3.8%	5.6%	7.5%	8.9%	1.0%	5.4%	8.2% H	4.6%	4.7%	9.9%	4.0%	5.9%	5.0%	3.2%
Medical references/books	6	2	4	1	3	2	1	1	2	2	1	2	-	1	3	3	-
	1.7%	1.4%	2.0%	0.7%	2.0%	2.5%	1.8%	1.0%	1.9%	2.1%	1.7%	2.2%		1.1%	1.4%	3.0%	
Nurse	4	1	3	1	2	1	1	2	1	-	3	-	1	-	-	2	2
	1.2%	0.7%	1.7%	0.7%	1.5%	1.6%	3.5%	2.0%	1.2%		8.7%		1.9%			2.4%	5.3%
Drug manufacturers	4	1	3	1	3	-	-	2	1	1	-	-	1	1	2	1	1
	1.2%	0.7%	1.6%	1.1%	1.8%			1.8%	1.1%	1.1%			1.9%	1.0%	0.8%	1.2%	3.2%
Naturopath	3	2	1	1	1	1	-	1	2	-	1	1	1	-	2	-	1
	0.9%	1.2%	0.6%	1.0%	0.5%	1.7%		1.2%	1.9%		2.3%	1.4%	1.9%		0.9%		3.0%
Government office	3	1	2	1	2	-	2	-	-	1	1	1	-	1	2	1	-
	0.9%	0.5%	1.2%	0.9%	1.2%		6.1%			0.9%	3.2%	1.3%		0.7%	0.9%	1.2%	
Health Food Store	2	1	1	-	-	2	-	1	-	1	-	1	1	-	2	-	-
	0.7%	0.7%	0.7%			3.4%		1.2%		1.1%		1.5%	1.9%		1.1%		
Health organizations (e.g. Cancer Society)	2	-	2	-	1	1	-	1	1	-	-	1	1	-	1	1	-
	0.7%		1.3%		0.7%	1.7%		1.2%	1.1%			1.4%	1.9%		0.6%	1.2%	
Other	8	4	4	3	3	2	-	1	6	1	-	2	2	3	6	1	1
	2.4%	2.6%	2.3%	2.9%	1.8%	3.1%		1.1%	6.0%	1.0%		2.8%	3.4%	2.6%	2.9%	1.2%	3.0%
Don't know/No answer	5	3	2	2	2	1	1	2	1	1	1	1	-	3	2	2	1
	1.5%	1.8%	1.2%	1.5%	1.5%	1.4%	3.5%	2.3%	0.6%	1.0%	3.2%	1.3%		2.5%	0.8%	2.4%	2.7%
CHI-SQUARE		<---6.223--->		<--------36.48-------->			<----------57.326---------->				<----------58.469---------->				<-----37.98----->		
SIGNIFICANCE		.8%*		64.6%*			74.8%*				78.0%*				70.7%*		

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Q5C. And WHERE would you be **most likely to go to get the information you needed about a new NON-PRESCRIPTION DRUG?**
Base: Respondents who gave a valid answer at **Q4C (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	343	161	156	343	-	109	152	83	93	134	114	129	212	22	89	131	58	43
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	339	159	156	339	-	107	149	83	90	135	112	128	209	39	80	109	57	54
Pharmacist/Druggist/ Chemist/Pharmacy	265	133	115	265	-	80	122	63	76	106	80	107	156	19	72	102	42	30
	77.2%	82.7%	73.8%	77.2%		73.2%	80.5%	76.3%	82.1%	79.1%	70.5%	83.0% M	73.5%	87.2% R	81.3%	78.0%	71.9%	68.5%
Website/Internet	90	38	53	90	-	25	40	26	20	40	29	32	58	5	16	36	16	17
	26.2%	23.8%	33.7%	26.2%		22.6%	26.0%	31.2%	22.0%	29.9%	25.7%	24.9%	27.2%	23.1%	17.5%	27.5%	28.1%	38.9% O
Doctor/physician/dentist	84	46	28	84	-	29	35	20	22	34	28	27	54	4	24	36	12	7
	24.4%	28.7% C	17.9%	24.4%		26.9%	23.1%	23.7%	23.6%	25.2%	24.7%	21.2%	25.6%	17.9%	27.5%	27.5%	21.1%	16.7%
Product Labeling	51	19	25	51	-	15	28	8	10	19	22	18	32	4	10	19	11	6
	14.8%	11.5%	15.9%	14.8%		14.0%	18.4% H	9.3%	10.4%	13.9%	19.7%	14.4%	15.2%	17.9%	11.2%	14.7%	19.3%	14.8%
Friends/family member	21	7	10	21	-	10	6	6	3	6	11	7	13	1	8	5	3	4
	6.1%	4.1%	6.5%	6.1%		8.8%	3.8%	6.7%	3.8%	4.8%	9.5%	5.8%	6.3%	5.1%	8.7%	3.7%	5.3%	9.3%
TV/Print media	18	12	8	18	-	3	10	5	6	7	6	11	7	1	2	8	5	2
	5.4%	7.3%	5.2%	5.4%		3.1%	6.7%	5.8%	6.2%	5.2%	4.9%	8.7%	3.4%	5.1%	2.5%	6.4%	8.8%	3.7%
Medical references/books	6	3	3	6	-	2	2	2	1	4	1	3	3	1	2	1	1	1
	1.7%	1.8%	1.8%	1.7%		1.8%	1.4%	2.1%	1.1%	3.0%	0.7%	2.2%	1.4%	2.6%	2.5%	0.9%	1.8%	1.9%
Nurse	4	3	3	4	-	-	2	2	1	2	1	3	1	-	2	1	-	1
	1.2%	1.9%	2.0%	1.2%			1.5%	2.4%	1.2%	1.7%	0.7%	2.4%	0.6%		2.5%	0.9%		1.9%
Drug manufacturers	4	2	2	4	-	1	2	1	1	3	-	3	1	1	1	2	-	-
	1.2%	1.1%	1.5%	1.2%		1.0%	1.2%	1.5%	1.3%	2.1%		2.3%	0.5%	2.6%	1.2%	1.8%		
Naturopath	3	1	3	3	-	-	2	1	-	3	-	1	2	-	1	1	-	1
	0.9%	0.5%	2.0%	0.9%			1.5%	1.0%		2.3%		0.6%	1.1%		1.2%	0.9%		1.9%
Government office	3	-	2	3	-	1	2	-	1	2	-	2	1	-	1	-	1	1
	0.9%		1.4%	0.9%		0.7%	1.4%		0.9%	1.6%		1.5%	0.5%		1.2%		1.8%	1.9%
Health Food Store	2	-	2	2	-	-	2	-	1	1	-	-	2	-	-	2	-	-
	0.7%		1.5%	0.7%			1.6%		1.3%	0.9%			1.1%			1.8%		
Health organizations (e.g. Cancer Society)	2	1	-	2	-	1	1	-	1	1	-	1	1	-	1	1	-	-
	0.7%	0.7%		0.7%		1.0%	0.8%		1.3%	0.8%		0.9%	0.5%		1.2%	0.9%		
Other	8	3	5	8	-	2	4	2	3	3	2	4	4	-	3	1	3	1
	2.4%	1.9%	3.2%	2.4%		2.0%	2.9%	2.3%	3.3%	2.5%	1.8%	3.2%	2.0%		3.7%	0.9%	5.3%	1.9%
Don't know/No answer	5	3	2	5	-	2	1	2	1	2	2	-	5	1	2	1	1	-
	1.5%	2.1%	1.4%	1.5%		1.5%	0.7%	2.7%	1.3%	1.2%	1.9%		2.4%	2.6%	2.5%	0.9%	1.8%	
CHI-SQUARE		<----------19.867--------->			<----------19.689--------->				<--------23.294-------->			<-----16.197---->		<----------37.721---------->				
SIGNIFICANCE		2.6%*			.0%*				8.3%*			49.0%*		.1%*				

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Q6A. How important is it to you to get **each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is EFFECTIVENESS very important,** generally important, not very important **or not at all important to you?**
Base: Respondents who gave a **valid answer at Q4A (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	350	144	206	50	154	146	56	102	100	89	58	66	55	104	221	89	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	356	148	208	51	155	150	58	104	102	89	61	66	56	102	236	83	35
Very important	283	110	173	31	128	123	43	84	77	76	46	54	39	84	192	61	28
	80.7%	76.2%	83.9%	62.7%	83.2% D	84.3% D	76.8%	82.8%	76.8%	84.7%	80.0%	81.4%	71.1%	81.0%	86.6% P	68.4%	74.8%
Generally important	57	28	29	16	23	18	9	16	20	12	10	11	12	17	26	24	7
	16.3%	19.5%	14.0%	32.5% EF	14.8%	12.2%	15.7%	16.0%	20.1%	13.0%	18.1%	16.8%	22.5%	16.4%	11.6%	26.6% O	19.9%
Not very important	6	3	3	2	2	2	2	1	3	-	-	-	2	2	3	2	1
	1.8%	2.1%	1.6%	4.8%	1.2%	1.3%	3.4%	1.2%	3.1%				4.2%	1.8%	1.3%	2.5%	3.2%
Not at all important	2	1	1	-	1	1	1	-	-	1	1	-	1	-	1	1	-
	0.7%	0.8%	0.5%		0.7%	0.8%	2.0%			1.3%	1.9%		2.2%		0.5%	1.2%	
DEPENDS	1	1	-	-	-	1	1	-	-	-	-	1	-	-	-	1	-
	0.3%	0.8%				0.8%	2.1%					1.8%				1.3%	
DON'T KNOW/ NO ANSWER	1	1	-	-	-	1	-	-	-	1	-	-	-	1	-	-	1
	0.2%	0.6%				0.6%				0.9%				0.8%			2.1%
CHI-SQUARE		<---5.352--->		<---------18.386-------->			<-----------------17.642---------------->				<--------------14.827-------------->				<-----23.692---->		
SIGNIFICANCE		62.6%*		95.1%*			71.8%*				53.6%*				99.2%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6A. How important is it to you to get each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is EFFECTIVENESS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4A (exclude DK).

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	350 100.0%	350 100.0%	179 100.0%	206 100.0%	-	84 100.0%	147 100.0%	119 100.0%	115 100.0%	119 100.0%	111 100.0%	157 100.0%	193 100.0%	34 100.0%	81 100.0%	133 100.0%	54 100.0%	48 100.0%
UNWEIGHTED 'N'	356	356	185	209	-	86	146	124	119	124	108	163	193	59	73	111	53	60
Very important	283 80.7%	283 80.7%	149 83.3%	170 82.1%	-	65 77.0%	118 79.9%	100 84.5%	106 92.1% JK	91 76.9%	82 73.9%	128 81.5%	155 80.1%	31 91.5% O	57 69.9%	109 82.0%	46 84.9% O	40 83.3%
Generally important	57 16.3%	57 16.3%	27 14.9%	33 15.8%	-	15 18.0%	25 16.7%	17 14.5%	9 7.9%	26 21.5% I	21 19.1% I	25 16.0%	32 16.5%	3 8.5%	21 26.0% NR	19 14.4%	8 15.1%	6 11.7%
Not very important	6 1.8%	6 1.8%	2 1.1%	4 2.1%	-	1 1.3%	4 2.7%	1 1.0%	-	2 1.6%	4 3.9%	3 1.8%	3 1.8%	-	2 2.7%	2 1.8%	-	2 3.3%
Not at all important	2 0.7%	2 0.7%	-	-	-	2 2.8%	-	-	-	-	2 2.1%	-	2 1.2%	-	1 1.4%	1 0.9%	-	-
DEPENDS	1 0.3%	1 0.3%	1 0.7%	-	-	-	1 0.8%	-	-	-	1 1.1%	1 0.8%	-	-	-	1 0.9%	-	-
DON'T KNOW/ NO ANSWER	1 0.2%	1 0.2%	-	-	-	1 1.0%	-	-	-	-	-	-	1 0.4%	-	-	-	-	1 1.7%
CHI-SQUARE		<----------5.549--------->			<----------13.416--------->				<--------22.372-------->			<-----4.047----->		<----------20.057---------->			
SIGNIFICANCE		14.8%*			43.0%*				98.7%*			45.7%*		54.6%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6B. How important is it to you to get **each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is POSSIBLE MINOR SIDE EFFECTS** very important, generally important, **not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4A (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	350	144	206	50	154	146	56	102	100	89	58	66	55	104	221	89	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	356	148	208	51	155	150	58	104	102	89	61	66	56	102	236	83	35
Very important	255	100	155	30	118	107	41	79	73	61	50	46	38	67	156	70	27
	72.8%	69.4%	75.2%	60.3%	76.5% D	73.2%	74.1%	77.3%	73.0%	68.1%	87.2% LMN	69.4%	69.8%	64.2%	70.5%	78.4%	71.6%
Generally important	71	31	40	14	26	30	9	20	22	19	4	14	12	29	50	13	8
	20.2%	21.3%	19.4%	28.8%	17.1%	20.4%	16.4%	19.7%	21.6%	21.1%	7.2%	20.6% K	21.6% K	27.7% K	22.6%	14.2%	20.9%
Not very important	18	10	7	5	10	2	2	2	5	8	2	5	2	8	9	5	3
	5.0%	7.1%	3.6%	10.8% F	6.4% F	1.6%	4.3%	2.2%	4.6%	9.4% H	3.5%	7.0%	2.9%	8.1%	4.2%	6.1%	7.5%
Not at all important	6	3	3	-	-	6	3	1	1	1	1	1	3	-	5	1	-
	1.6%	2.2%	1.2%			3.9%	5.2%	0.8%	0.8%	1.3%	2.1%	1.2%	5.7%		2.1%	1.2%	
DEPENDS	1	-	1	-	-	1	-	-	-	-	-	1	-	-	1	-	-
	0.3%		0.6%			0.8%						1.8%			0.5%		
CHI-SQUARE		<---3.909--->		<--------20.775------->			<----------11.409---------->				<----------23.275---------->				<-----5.348----->		
SIGNIFICANCE		43.7%*		97.7%*			27.7%*				92.2%*				13.3%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6B. How important is it to you to get **each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is POSSIBLE MINOR SIDE EFFECTS** very important, generally important, **not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4A (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	350	350	179	206	-	84	147	119	115	119	111	157	193	34	81	133	54	48
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	356	356	185	209	-	86	146	124	119	124	108	163	193	59	73	111	53	60
Very important	255	255	126	152	-	65	102	88	96	83	71	122	133	26	64	94	41	31
	72.8%	72.8%	70.8%	73.5%		77.4%	69.1%	74.2%	83.5% JK	70.2%	64.1%	77.8%	68.8%	76.3%	79.5% R	70.3%	75.5%	63.3%
Generally important	71	71	42	38	-	15	31	25	15	26	29	25	45	7	11	28	12	13
	20.2%	20.2%	23.5%	18.5%		18.1%	20.8%	20.8%	12.9%	22.3%	25.6% I	16.1%	23.5%	20.3%	13.7%	20.7%	22.6%	26.7%
Not very important	18	18	8	13	-	1	12	5	3	5	9	7	11	1	4	8	1	3
	5.0%	5.0%	4.4%	6.5%		1.4%	8.0% F	4.0%	2.6%	4.4%	8.5%	4.3%	5.7%	1.7%	5.5%	6.3%	1.9%	6.7%
Not at all important	6	6	1	3	-	3	2	1	-	4	2	2	4	1	1	2	-	2
	1.6%	1.6%	0.7%	1.5%		3.1%	1.3%	1.0%		3.1%	1.8%	1.0%	2.1%	1.7%	1.4%	1.8%		3.3%
DEPENDS	1	1	1	-	-	-	1	-	1	-	-	1	-	-	-	1	-	-
	0.3%	0.3%	0.7%				0.8%		1.0%			0.8%				0.9%		
CHI-SQUARE		<----------4.346---------->			<----------8.872---------->				<--------17.811-------->			<-----5.716----->		<----------10.45---------->			
SIGNIFICANCE		7.0%*			11.6%*				94.2%*			66.5%*		4.1%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6C. How important is it to you to get each of the following kinds of information when first taking a new **PRESCRIPTION DRUG? Is POTENTIAL SERIOUS ADVERSE REACTIONS** very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4A (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	350	144	206	50	154	146	56	102	100	89	58	66	55	104	221	89	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	356	148	208	51	155	150	58	104	102	89	61	66	56	102	236	83	35
Very important	298	123	175	38	136	124	45	92	83	77	47	58	46	87	193	74	29
	85.2%	85.6%	84.9%	75.0%	88.3% D	85.4%	80.3%	90.3%	82.7%	86.3%	81.6%	88.5%	84.3%	84.1%	87.1%	83.4%	78.6%
Generally important	30	13	17	7	12	11	5	5	12	7	4	3	5	12	20	5	4
	8.6%	9.2%	8.2%	13.6%	8.0%	7.5%	8.8%	5.0%	11.6%	7.9%	7.1%	4.2%	10.0%	11.5%	9.2%	6.1%	9.6%
Not very important	11	3	8	5	3	3	2	2	6	1	5	1	-	5	3	4	4
	3.1%	2.2%	3.7%	9.2%	1.9%	2.3%	4.0%	1.7%	5.7%	1.3%	8.0%	0.9%		4.4%	1.5%	4.4%	9.6%
Not at all important	5	2	3	1	2	2	-	2	-	3	-	2	3	-	1	3	1
	1.5%	1.4%	1.6%	2.2%	1.2%	1.6%		2.2%		3.5%		3.4%	5.7%		0.5%	3.7%	2.1%
DEPENDS	3	1	2	-	-	3	2	1	-	-	1	1	-	-	1	2	-
	0.8%	0.7%	0.9%			2.0%	3.8%	0.8%			1.9%	1.2%			0.4%	2.4%	
DON'T KNOW / NO ANSWER	3	1	1	-	1	2	2	-	-	1	1	1	-	-	3	-	-
	0.7%	0.8%	0.7%		0.5%	1.2%	3.2%			0.9%	1.4%	1.8%			1.2%		
CHI-SQUARE		<-----.827--->		<--------14.804------->			<-----------------25.265---------------->				<-------------23.166------------->				<-----17.596---->		
SIGNIFICANCE		2.5%*		86.1%*			95.4%*				91.9%*				93.8%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6C. How important is it to you to get each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is POTENTIAL SERIOUS ADVERSE REACTIONS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4A (exclude DK).

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	350 100.0%	350 100.0%	179 100.0%	206 100.0%	-	84 100.0%	147 100.0%	119 100.0%	115 100.0%	119 100.0%	111 100.0%	157 100.0%	193 100.0%	34 100.0%	81 100.0%	133 100.0%	54 100.0%	48 100.0%
UNWEIGHTED 'N'	356	356	185	209	-	86	146	124	119	124	108	163	193	59	73	111	53	60
Very important	298 85.2%	298 85.2%	152 85.4%	175 84.9%	-	70 83.9%	128 86.7%	100 84.1%	104 90.8% K	108 90.9% K	81 72.6%	137 87.0%	161 83.7%	30 88.1%	68 83.6%	112 83.8%	46 84.9%	43 90.0%
Generally important	30 8.6%	30 8.6%	17 9.6%	18 8.6%	-	6 7.7%	12 8.4%	11 9.5%	7 6.4%	6 4.9%	17 15.2% IJ	14 8.7%	16 8.5%	3 8.5%	6 6.8%	13 9.9%	6 11.3%	2 5.0%
Not very important	11 3.1%	11 3.1%	3 1.7%	6 2.9%	-	4 5.3%	4 2.8%	2 2.0%	2 2.0%	2 1.9%	6 5.7%	2 1.1%	9 4.7% L	1 1.7%	3 4.1%	6 4.5%	1 1.9%	-
Not at all important	5 1.5%	5 1.5%	3 1.7%	3 1.6%	-	1 1.4%	2 1.3%	2 1.9%	-	-	5 4.8%	2 1.4%	3 1.6%	-	3 4.1%	1 0.9%	-	1 1.7%
DEPENDS	3 0.8%	3 0.8%	2 1.2%	2 1.0%	-	1 1.0%	-	2 1.8%	-	2 1.8%	1 0.7%	2 1.2%	1 0.5%	-	1 1.4%	-	1 1.9%	1 1.7%
DON'T KNOW / NO ANSWER	3 0.7%	3 0.7%	1 0.4%	2 1.0%	-	1 0.7%	1 0.8%	1 0.7%	1 0.7%	1 0.5%	1 1.1%	1 0.5%	2 0.9%	1 1.7%	-	1 0.9%	-	1 1.7%
CHI-SQUARE		<----------1.662--------->			<----------4.748---------->				<---------27.829-------->			<-----4.457----->		<-----------------15.065---------------->			
SIGNIFICANCE		.2%*			.6%*				99.8%*			51.4%*		22.7%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q6D. How important is it to you to get each of the following kinds of information when first taking a new PRESCRIPTION DRUG? Is POSSIBLE INTERACTIONS WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4A (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	350	144	206	50	154	146	56	102	100	89	58	66	55	104	221	89	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	356	148	208	51	155	150	58	104	102	89	61	66	56	102	236	83	35
Very important	270	103	167	33	123	114	41	82	76	69	46	55	35	80	181	60	27
	77.2%	71.9%	80.8%	65.7%	79.9%	78.2%	73.8%	80.5%	75.5%	76.6%	79.2%	83.9% M	64.0%	76.7%	81.6% P	67.3%	73.1%
Generally important	53	27	26	9	17	27	13	14	16	10	7	6	15	15	24	23	7
	15.2%	18.9%	12.6%	17.6%	11.3%	18.5%	23.0%	13.7%	16.3%	11.2%	12.9%	9.1%	28.1% KL	14.4%	10.7%	25.4% O	18.2%
Not very important	20	10	10	6	12	2	1	3	7	10	5	2	3	7	13	5	2
	5.7%	6.7%	5.0%	12.0% F	8.0% F	1.2%	1.0%	2.8%	7.0% G	10.8% GH	7.9%	3.4%	5.7%	6.7%	5.7%	6.1%	5.4%
Not at all important	4	2	2	1	1	2	-	3	-	1	-	1	1	1	3	1	-
	1.2%	1.6%	1.0%	2.2%	0.8%	1.4%		3.1%		1.3%		1.8%	2.2%	1.1%	1.4%	1.2%	
DON'T KNOW / NO ANSWER	2	1	1	1	-	1	1	-	1	-	-	1	-	1	1	-	1
	0.7%	0.8%	0.6%	2.4%		0.8%	2.1%		1.2%			1.8%		1.2%	0.5%		3.2%
CHI-SQUARE		<---3.893--->		<--------17.913------->			<-----------------19.59----------------->				<--------------13.593-------------->				<-----15.699---->		
SIGNIFICANCE		43.5%*		94.4%*			81.2%*				44.3%*				89.1%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6D. How important is it to you to get each of the following kinds of information when first taking a new **PRESCRIPTION DRUG? Is POSSIBLE INTERACTIONS WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS very important, generally important, not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4A (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	350	350	179	206	-	84	147	119	115	119	111	157	193	34	81	133	54	48
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	356	356	185	209	-	86	146	124	119	124	108	163	193	59	73	111	53	60
Very important	270	270	143	161	-	61	115	94	101	90	73	128	142	26	53	108	44	39
	77.2%	77.2%	79.9%	77.9%		72.6%	78.0%	79.3%	88.1% JK	76.2%	65.7%	81.3%	73.8%	76.3%	65.8%	81.1% O	81.1% O	81.7% O
Generally important	53	53	24	30	-	14	23	16	9	20	24	22	32	5	21	16	7	5
	15.2%	15.2%	13.6%	14.7%		17.0%	15.8%	13.1%	7.8%	17.1% I	21.5% I	13.8%	16.3%	13.6%	26.0% PR	11.7%	13.2%	10.0%
Not very important	20	20	10	12	-	5	7	8	3	5	12	7	14	3	6	5	3	3
	5.7%	5.7%	5.9%	5.9%		6.2%	4.8%	6.5%	3.0%	4.0%	10.6% I	4.1%	7.0%	10.2%	6.8%	3.6%	5.7%	6.7%
Not at all important	4	4	-	1	-	4	1	-	1	2	1	1	3	-	1	2	-	1
	1.2%	1.2%		0.4%		4.2%	0.5%		1.0%	1.6%	1.1%	0.8%	1.6%		1.4%	1.8%		1.7%
DON'T KNOW / NO ANSWER	2	2	1	2	-	-	1	1	-	1	1	-	2	-	-	2	-	-
	0.7%	0.7%	0.7%	1.2%			0.8%	1.0%		1.0%	1.1%		1.2%			1.8%		
CHI-SQUARE		<----------3.723--------->			<----------10.018--------->				<----------18.91-------->			<-----4.708----->		<----------18.129--------->			
SIGNIFICANCE		4.1%*			18.1%*				95.9%*			54.7%*		42.1%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6A. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is EFFECTIVENESS** very important, generally important, **not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	358	144	214	81	167	107	32	89	130	102	46	73	87	96	237	63	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	358	143	215	80	166	110	32	89	128	104	47	72	88	93	244	59	53
Very important	278	98	179	54	131	91	27	72	101	76	36	53	65	75	185	50	41
	77.7%	68.2%	84.0% B	66.9%	78.3%	85.5% D	84.3%	80.6%	77.7%	74.0%	78.4%	73.5%	74.5%	78.4%	78.2%	79.6%	74.3%
Generally important	73	43	31	25	34	15	5	14	28	25	9	18	21	20	47	13	13
	20.5%	29.7% C	14.4%	30.6% F	20.3%	13.6%	15.7%	16.0%	21.4%	24.8%	19.9%	24.9%	24.4%	20.4%	20.0%	20.4%	23.9%
Not very important	4	3	1	2	1	1	-	2	1	1	1	-	1	1	3	-	1
	1.2%	2.1%	0.6%	2.5%	0.7%	1.0%		2.0%	0.9%	1.2%	1.7%		1.2%	1.2%	1.4%		1.8%
Not at all important	1	-	1	-	1	-	-	1	-	-	-	1	-	-	1	-	-
	0.3%		0.6%		0.7%			1.3%				1.7%			0.5%		
DEPENDS	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	0.3%		0.5%														
CHI-SQUARE		<---15.749-->		<---------11.361------->			<-------------------7.2------------------>				<--------------5.701-------------->				<-----2.045----->		
SIGNIFICANCE		99.2%*		67.0%*			4.8%*				1.6%*				.4%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6A. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is EFFECTIVENESS** very important, generally important, **not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	358	185	358	241	-	77	136	144	103	140	103	149	205	27	62	154	62	53
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	358	191	358	245	-	72	136	150	106	139	104	148	207	47	56	128	61	66
Very important	278	146	278	193	-	56	105	117	88	108	73	119	157	22	48	119	49	40
	77.7%	79.0%	77.7%	80.4%		72.5%	77.0%	81.1%	85.4% K	76.8%	71.2%	79.7%	76.4%	83.0%	76.8%	77.3%	78.7%	75.8%
Generally important	73	36	73	43	-	19	30	24	14	33	25	28	44	5	14	31	11	12
	20.5%	19.4%	20.5%	17.9%		24.4%	22.3%	16.8%	13.5%	23.2%	23.8%	18.9%	21.4%	17.0%	23.2%	20.3%	18.0%	22.7%
Not very important	4	3	4	3	-	1	-	3	-	-	4	2	2	-	-	2	1	1
	1.2%	1.6%	1.2%	1.3%		1.6%		2.1%			4.1%	1.3%	1.1%			1.6%	1.6%	1.5%
Not at all important	1	-	1	-	-	1	-	-	1	-	-	-	1	-	-	1	-	-
	0.3%		0.3%			1.6%			1.2%				0.6%			0.8%		
DEPENDS	1	-	1	1	-	-	1	-	-	-	1	-	1	-	-	-	1	-
	0.3%		0.3%	0.4%			0.7%				1.0%		0.5%				1.6%	
CHI-SQUARE		<----------2.997--------->			<----------10.983--------->				<--------20.078-------->			<-----2.047----->		<----------8.677---------->			
SIGNIFICANCE		1.9%*			24.6%*				97.1%*			15.7%*		1.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6B. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POSSIBLE MINOR SIDE EFFECTS** very important, generally **important, not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	358	144	214	81	167	107	32	89	130	102	46	73	87	96	237	63	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	358	143	215	80	166	110	32	89	128	104	47	72	88	93	244	59	53
Very important	252	96	155	53	118	79	25	66	94	61	32	55	53	69	161	48	41
	70.3%	67.0%	72.6%	65.0%	70.4%	73.7%	79.6% J	74.7% J	72.1%	60.0%	69.3%	75.9% M	60.6%	71.5%	67.8%	76.5%	73.2%
Generally important	85	37	48	21	40	24	5	17	31	32	11	14	29	21	62	11	12
	23.7%	25.6%	22.5%	26.0%	23.7%	22.5%	16.6%	19.0%	23.5%	31.5% H	23.0%	18.8%	33.4% L	22.2%	26.1%	17.0%	22.1%
Not very important	19	10	9	7	9	3	1	4	5	9	4	3	4	6	14	4	2
	5.3%	6.7%	4.4%	9.0%	5.2%	2.9%	3.8%	4.5%	4.0%	8.5%	7.6%	4.6%	4.9%	6.2%	5.9%	5.6%	2.9%
Not at all important	2	1	1	-	1	1	-	2	1	-	-	1	1	-	1	1	1
	0.6%	0.7%	0.5%		0.7%	1.0%		1.8%	0.4%			0.8%	1.2%		0.2%	0.9%	1.8%
CHI-SQUARE		<---1.626--->		<---------4.622-------->			<----------------11.729---------------->				<--------------7.585-------------->				<------5.18----->		
SIGNIFICANCE		10.2%*		8.5%*			30.1%*				6.1%*				12.1%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
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Q6B. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POSSIBLE MINOR SIDE EFFECTS** very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4B (exclude DK).

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	358	185	358	241	-	77	136	144	103	140	103	149	205	27	62	154	62	53
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	358	191	358	245	-	72	136	150	106	139	104	148	207	47	56	128	61	66
Very important	252	132	252	168	-	55	94	103	84	101	58	113	136	22	48	98	47	37
	70.3%	71.4%	70.3%	69.6%		71.6%	68.8%	71.2%	81.7% K	71.7% K	56.4%	75.5%	66.1%	80.9% P	76.8%	64.1%	75.4%	69.7%
Generally important	85	40	85	57	-	17	39	29	15	37	31	30	55	3	12	47	11	11
	23.7%	21.6%	23.7%	23.5%		22.3%	28.7%	19.8%	14.3%	26.2% I	29.9% I	20.0%	26.8%	12.8%	19.6%	30.5% N	18.0%	21.2%
Not very important	19	12	19	14	-	5	2	12	4	2	13	6	13	1	2	8	3	5
	5.3%	6.5%	5.3%	6.0%		6.1%	1.7%	8.3% G	4.0%	1.7%	12.1% IJ	4.1%	6.3%	2.1%	3.6%	5.5%	4.9%	9.1%
Not at all important	2	1	2	2	-	-	1	1	-	1	2	1	2	1	-	-	1	-
	0.6%	0.5%	0.6%	0.9%			0.8%	0.7%		0.4%	1.5%	0.4%	0.8%	4.3%			1.6%	
CHI-SQUARE		<----------.868---------->			<----------9.028---------->				<--------25.169-------->			<-----3.818----->		<----------18.575---------->			
SIGNIFICANCE		.0%*			12.4%*				99.5%*			42.4%*		45.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6C. How important is it to you to get each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POTENTIAL SERIOUS ADVERSE REACTIONS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4B (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	358	144	214	81	167	107	32	89	130	102	46	73	87	96	237	63	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	358	143	215	80	166	110	32	89	128	104	47	72	88	93	244	59	53
Very important	321	127	194	70	156	94	28	79	119	90	42	68	77	88	214	58	47
	89.8%	88.1%	90.9%	85.5%	93.0%	87.8%	90.1%	88.9%	91.2%	88.1%	91.5%	93.5%	89.2%	91.4%	90.2%	92.9%	84.2%
Generally important	28	11	16	11	12	5	2	9	8	9	1	4	7	6	18	2	8
	7.8%	8.0%	7.6%	13.0%	7.0%	5.1%	6.4%	9.9%	6.4%	8.3%	1.7%	5.0%	8.2%	6.1%	7.5%	3.5%	14.0%
Not very important	4	3	1	1	-	3	-	1	2	1	1	1	1	1	2	1	1
	1.2%	2.3%	0.4%	1.5%		2.7%		1.1%	1.5%	1.2%	1.7%	1.5%	1.2%	1.2%	0.8%	1.8%	1.8%
Not at all important	2	1	1	-	-	2	-	-	-	2	1	-	1	-	2	-	-
	0.7%	0.8%	0.6%			2.3%				2.4%	2.6%		1.4%		1.0%		
DON'T KNOW / NO ANSWER	2	1	1	-	-	2	1	-	1	-	1	-	-	1	1	1	-
	0.6%	0.8%	0.5%			2.2%	3.5%		0.9%		2.4%			1.2%	0.5%	1.8%	
CHI-SQUARE		<---3.099--->		<--------19.713------->			<----------------12.708---------------->				<--------------9.221-------------->				<-----7.989----->		
SIGNIFICANCE		31.5%*		96.8%*			37.5%*				13.4%*				37.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6C. How important is it to you to **get each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POTENTIAL SERIOUS ADVERSE REACTIONS very important, generally important, not very important or not at all important to you?**
Base: Respondents who gave a **valid answer at Q4B (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	358	185	358	241	-	77	136	144	103	140	103	149	205	27	62	154	62	53
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	358	191	358	245	-	72	136	150	106	139	104	148	207	47	56	128	61	66
Very important	321	172	321	224	-	63	120	138	99	124	87	136	182	25	57	134	56	49
	89.8%	93.0%	89.8%	93.1%		82.0%	88.2%	95.4% FG	96.0% JK	88.4%	84.4%	91.1%	88.6%	93.6%	91.1%	87.5%	90.2%	92.4%
Generally important	28	10	28	14	-	9	13	6	2	15	11	12	16	2	3	14	5	3
	7.8%	5.4%	7.8%	6.0%		11.9%	9.5%	3.9%	1.8%	10.8% I	10.4% I	8.1%	7.6%	6.4%	5.4%	9.4%	8.2%	6.1%
Not very important	4	2	4	2	-	1	2	1	1	-	3	-	4	-	1	1	1	1
	1.2%	1.0%	1.2%	0.9%		1.4%	1.5%	0.7%	1.1%		2.9%		2.0%		1.8%	0.8%	1.6%	1.5%
Not at all important	2	-	2	-	-	2	-	-	-	1	1	-	2	-	-	2	-	-
	0.7%		0.7%			3.1%				0.9%	1.2%		1.2%			1.6%		
DON'T KNOW / NO ANSWER	2	1	2	-	-	1	1	-	1	-	1	1	1	-	1	1	-	-
	0.6%	0.6%	0.6%			1.6%	0.8%		1.2%		1.1%	0.8%	0.5%		1.8%	0.8%		
CHI-SQUARE		<----------5.977--------->			<----------17.192--------->				<--------14.925-------->			<-----4.913----->		<----------7.734---------->			
SIGNIFICANCE		18.3%*			69.2%*				86.5%*			57.3%*		.7%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6D. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POSSIBLE INTERACTIONS WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS very important, generally important, not very important or not at all important to you?**
Base: Respondents who gave a valid answer at **Q4B (exclude DK).**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	358	144	214	81	167	107	32	89	130	102	46	73	87	96	237	63	56
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	358	143	215	80	166	110	32	89	128	104	47	72	88	93	244	59	53
Very important	285	104	181	55	142	86	27	75	100	78	39	55	67	76	189	49	44
	79.7%	72.1%	84.8% B	67.0%	85.0% D	80.7% D	85.6%	84.6%	76.6%	76.5%	84.5%	75.3%	77.7%	79.0%	79.9%	78.8%	78.9%
Generally important	55	30	25	21	21	14	5	11	25	15	4	13	15	16	34	10	11
	15.4%	21.1% C	11.6%	25.7% EF	12.3%	12.8%	14.4%	12.0%	19.0%	14.8%	8.6%	18.4%	17.0%	16.9%	14.5%	15.8%	19.2%
Not very important	11	6	4	6	2	2	-	2	6	3	1	3	2	3	6	3	1
	2.9%	4.5%	1.9%	7.4%	1.4%	2.0%		2.0%	4.4%	2.9%	1.7%	4.7%	2.6%	3.0%	2.6%	5.5%	1.8%
Not at all important	3	2	1	-	1	2	-	-	-	3	1	-	1	1	3	-	-
	1.0%	1.5%	0.6%		0.6%	2.3%				3.3%	2.6%		1.4%	1.1%	1.4%		
DON'T KNOW / NO ANSWER	4	1	2	-	1	2	-	1	-	2	1	1	1	-	4	-	-
	1.0%	0.8%	1.1%		0.7%	2.3%		1.3%		2.4%	2.6%	1.7%	1.4%		1.5%		
CHI-SQUARE		<---9.612--->		<---------21.75--------->			<-----------------16.452---------------->				<--------------7.066-------------->				<-----5.854----->		
SIGNIFICANCE		91.3%*		98.4%*			64.7%*				4.4%*				17.3%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6D. How important is it to you to get **each of the following kinds of information when first taking a new NATURAL HEALTH PRODUCT? Is POSSIBLE INTERACTIONS** WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS **very important, generally important, not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4B (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	358 100.0%	185 100.0%	358 100.0%	241 100.0%	-	77 100.0%	136 100.0%	144 100.0%	103 100.0%	140 100.0%	103 100.0%	149 100.0%	205 100.0%	27 100.0%	62 100.0%	154 100.0%	62 100.0%	53 100.0%
UNWEIGHTED 'N'	358	191	358	245	-	72	136	150	106	139	104	148	207	47	56	128	61	66
Very important	285 79.7%	158 85.3%	285 79.7%	196 81.4%	-	54 70.5%	108 79.4%	123 84.9% F	93 89.9% K	117 83.3% K	68 66.0%	129 86.9% M	153 74.7%	25 91.5% OP	47 75.0%	116 75.8%	55 88.5% P	43 80.3%
Generally important	55 15.4%	22 12.1%	55 15.4%	38 15.7%	-	13 17.4%	23 17.2%	18 12.6%	9 9.0%	21 15.0%	23 22.8% I	14 9.5%	40 19.4% L	2 6.4%	12 19.6% N	26 17.2% N	5 8.2%	10 18.2% N
Not very important	11 2.9%	4 1.9%	11 2.9%	6 2.5%	-	5 5.9%	2 1.8%	4 2.5%	1 1.1%	-	9 9.1% I	3 2.0%	7 3.7%	1 2.1%	3 5.4%	5 3.1%	1 1.6%	1 1.5%
Not at all important	3 1.0%	-	3 1.0%	1 0.4%	-	2 3.1%	1 0.7%	-	-	1 0.9%	2 2.1%	-	3 1.7%	-	-	2 1.6%	1 1.6%	-
DON'T KNOW / NO ANSWER	4 1.0%	1 0.7%	4 1.0%	-	-	2 3.1%	1 0.9%	-	-	1 0.9%	-	2 1.6%	1 0.6%	-	-	4 2.3%	-	-
CHI-SQUARE		<----------6.577--------->			<----------15.66---------->				<--------32.696-------->			<-----11.252---->		<----------15.425---------->			
SIGNIFICANCE		23.5%*			59.5%*				100.0%*			95.3%*		24.8%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6A. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is EFFECTIVENESS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	343	162	182	112	159	71	31	97	103	111	35	81	62	114	213	93	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	339	163	176	108	162	68	33	96	102	107	35	81	62	110	217	87	35
Very important	242	104	138	61	125	54	20	70	71	79	24	50	45	78	152	61	28
	70.4%	64.4%	75.8% B	54.7%	78.9% D	75.5% D	63.6%	72.4%	69.5%	71.1%	69.1%	61.9%	73.3%	68.3%	71.6%	66.1%	74.2%
Generally important	91	51	40	47	31	13	10	24	28	29	9	28	16	31	54	27	10
	26.6%	31.7% C	22.0%	42.0% EF	19.4%	18.8%	33.1%	24.6%	27.4%	26.0%	25.1%	34.9%	26.7%	27.6%	25.6%	29.2%	25.8%
Not very important	7	3	3	3	2	2	1	1	2	2	1	2	-	3	3	3	-
	2.0%	2.1%	1.8%	2.4%	1.2%	3.0%	3.2%	1.1%	2.3%	2.0%	2.9%	2.2%		2.4%	1.6%	3.6%	
Not at all important	3	2	1	1	-	2	-	2	-	1	1	1	-	1	2	1	-
	0.9%	1.3%	0.4%	0.9%		2.7%		1.9%		1.0%	2.9%	1.0%		1.0%	0.9%	1.2%	
DEPENDS	1	1	-	-	1	-	-	-	1	-	-	-	-	1	1	-	-
	0.2%	0.5%			0.5%				0.8%					0.7%	0.4%		
CHI-SQUARE		<---6.336--->		<---------26.48--------->			<----------5.834---------->				<----------6.75---------->				<-----3.752----->		
SIGNIFICANCE		72.5%*		99.7%*			1.8%*				3.6%*				4.2%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6A. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is EFFECTIVENESS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	343	161	156	343	-	109	152	83	93	134	114	129	212	22	89	131	58	43
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	339	159	156	339	-	107	149	83	90	135	112	128	209	39	80	109	57	54
Very important	242	108	105	242	-	82	106	54	73	90	78	100	139	17	57	97	41	31
	70.4%	67.2%	67.8%	70.4%		75.1%	69.6%	65.5%	78.4%	67.2%	68.1%	77.7% M	65.6%	74.4%	63.8%	74.3%	70.2%	70.4%
Generally important	91	46	46	91	-	24	41	26	18	39	32	25	66	5	28	34	14	10
	26.6%	28.7%	29.7%	26.6%		22.3%	27.2%	30.9%	19.9%	29.4%	28.1%	19.3%	31.3% L	23.1%	31.2%	25.7%	24.6%	24.1%
Not very important	7	4	2	7	-	2	4	1	1	3	3	3	4	1	3	-	2	1
	2.0%	2.5%	1.4%	2.0%		1.5%	2.6%	1.3%	0.9%	2.1%	2.8%	2.4%	1.7%	2.6%	3.7%		3.5%	1.9%
Not at all important	3	2	2	3	-	1	-	2	1	1	1	-	3	-	1	-	1	1
	0.9%	1.1%	1.2%	0.9%		1.0%		2.2%	0.9%	0.8%	1.0%		1.4%		1.2%		1.8%	1.9%
DEPENDS	1	1	-	1	-	-	1	-	-	1	-	1	-	-	-	-	-	1
	0.2%	0.5%		0.2%			0.5%			0.6%		0.6%						1.9%
CHI-SQUARE		<----------2.111--------->			<----------6.662---------->				<---------5.396-------->			<-----9.242----->		<----------14.798--------->			
SIGNIFICANCE		.5%*			3.4%*				13.7%*			90.0%*				21.2%*		

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6B. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POSSIBLE MINOR SIDE EFFECTS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	343	162	182	112	159	71	31	97	103	111	35	81	62	114	213	93	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	339	163	176	108	162	68	33	96	102	107	35	81	62	110	217	87	35
Very important	216	91	125	63	103	50	20	62	61	73	23	54	34	65	128	70	19
	63.1%	56.4%	69.0% B	56.1%	64.7%	69.8%	63.3%	63.4%	59.6%	65.5%	67.1%	66.5%	55.1%	57.4%	60.1%	74.8% OQ	51.0%
Generally important	90	53	37	37	36	16	8	24	32	26	8	19	19	36	60	19	11
	26.1%	32.7% C	20.2%	33.1%	22.9%	22.7%	26.4%	24.5%	31.1%	23.1%	23.9%	23.1%	31.4%	31.1%	28.1%	20.4%	28.9%
Not very important	30	15	15	12	12	5	3	9	7	10	3	7	7	9	22	3	4
	8.6%	9.1%	8.2%	10.9%	7.6%	7.5%	10.3%	9.6%	6.7%	9.2%	9.1%	8.9%	11.6%	8.0%	10.3% P	3.6%	11.6%
Not at all important	5	3	2	-	5	-	-	1	2	2	-	1	-	4	3	-	2
	1.5%	1.7%	1.3%		3.3%			1.2%	1.6%	2.2%		1.5%		3.5%	1.5%		5.3%
DEPENDS	1	-	1	-	1	-	-	1	-	-	-	-	1	-	-	-	1
	0.3%		0.7%		0.8%			1.2%					1.9%				3.2%
DON'T KNOW / NO ANSWER	1	-	1	-	1	-	-	-	1	-	-	-	-	-	-	1	-
	0.3%		0.6%		0.7%				1.1%							1.2%	
CHI-SQUARE		<---9.444--->		<--------14.023------->			<----------------8.903---------------->				<--------------11.451------------->				<-----26.443---->		
SIGNIFICANCE		90.7%*		82.8%*			11.7%*				28.0%*				99.7%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6B. How important is it to you to **get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POSSIBLE MINOR SIDE EFFECTS very important, generally important, not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4C (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	343 100.0%	161 100.0%	156 100.0%	343 100.0%	-	109 100.0%	152 100.0%	83 100.0%	93 100.0%	134 100.0%	114 100.0%	129 100.0%	212 100.0%	22 100.0%	89 100.0%	131 100.0%	58 100.0%	43 100.0%
UNWEIGHTED 'N'	339	159	156	339	-	107	149	83	90	135	112	128	209	39	80	109	57	54
Very important	216 63.1%	105 65.1%	103 66.0%	216 63.1%	-	65 59.5%	96 63.1%	56 67.8%	73 78.6% JK	85 63.2%	59 51.6%	87 67.9%	127 59.7%	16 71.8%	64 72.5% PR	74 56.9%	38 64.9%	24 55.6%
Generally important	90 26.1%	42 26.2%	39 25.2%	90 26.1%	-	28 25.5%	42 27.8%	20 23.9%	14 15.6%	39 29.0% I	35 30.7% I	34 26.6%	55 26.1%	3 15.4%	19 21.2%	37 28.4%	13 22.8%	17 38.9% NO
Not very important	30 8.6%	10 6.4%	11 7.0%	30 8.6%	-	14 12.9%	10 6.5%	6 6.9%	5 4.9%	8 6.3%	17 14.6% IJ	6 4.9%	23 11.0% L	3 12.8%	4 5.0%	14 11.0% R	7 12.3% R	1 1.9%
Not at all important	5 1.5%	4 2.2%	3 1.8%	5 1.5%	-	-	4 2.6%	1 1.5%	1 0.9%	1 0.6%	2 2.1%	1 0.6%	4 2.1%	-	-	4 2.8%	-	2 3.7%
DEPENDS	1 0.3%	-	-	1 0.3%	-	1 1.1%	-	-	-	1 0.9%	-	-	1 0.6%	-	-	1 0.9%	-	-
DON'T KNOW / NO ANSWER	1 0.3%	-	-	1 0.3%	-	1 1.0%	-	-	-	-	1 1.0%	-	1 0.5%	-	1 1.2%	-	-	-
CHI-SQUARE		<----------3.492--------->			<----------12.158--------->				<--------23.507-------->			<-----6.715----->		<----------23.986---------->			
SIGNIFICANCE		3.3%*			33.3%*				99.1%*			75.7%*		75.7%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q6C. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POTENTIAL SERIOUS ADVERSE REACTIONS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	343	162	182	112	159	71	31	97	103	111	35	81	62	114	213	93	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	339	163	176	108	162	68	33	96	102	107	35	81	62	110	217	87	35
Very important	300	136	164	93	141	65	28	80	94	97	29	68	58	99	180	87	32
	87.4%	84.1%	90.3%	83.3%	88.5%	91.1%	90.0%	82.1%	91.8% H	87.0%	84.8%	84.0%	94.6% L	86.5%	84.8%	94.0% O	85.2%
Generally important	32	21	12	13	14	5	2	13	7	11	4	11	2	10	22	4	6
	9.4%	12.8%	6.4%	11.7%	8.8%	7.5%	6.8%	13.0%	6.4%	10.1%	12.3%	13.1% M	3.4%	8.9%	10.5%	4.8%	14.8%
Not very important	7	3	4	6	1	-	-	4	-	3	-	1	1	4	7	-	-
	2.0%	2.0%	2.0%	5.0%	0.8%			3.7%		2.9%		1.5%	1.9%	3.9%	3.2%		
Not at all important	3	1	2	-	3	-	-	1	2	-	-	1	-	1	2	1	-
	0.9%	0.5%	1.3%		2.0%			1.2%	1.9%			1.5%		0.7%	0.9%	1.2%	
DON'T KNOW / NO ANSWER	1	1	-	-	-	1	1	-	-	-	1	-	-	-	1	-	-
	0.3%	0.6%				1.4%	3.2%				2.9%				0.5%		
CHI-SQUARE		<---5.765--->		<--------16.52-------->			<----------20.213---------->				<----------15.535---------->				<-----9.435----->		
SIGNIFICANCE		67.0%*		91.4%*			83.6%*				58.6%*				50.9%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6C. How important is it to you to get **each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POTENTIAL SERIOUS ADVERSE** REACTIONS very important, generally **important, not very important or not at all important to you?**
Base: Respondents who gave a valid **answer at Q4C (exclude DK).**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	343	161	156	343	-	109	152	83	93	134	114	129	212	22	89	131	58	43
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	339	159	156	339	-	107	149	83	90	135	112	128	209	39	80	109	57	54
Very important	300	139	136	300	-	96	132	72	87	120	91	117	180	22	81	113	46	39
	87.4%	86.2%	87.4%	87.4%		88.6%	86.8%	86.7%	94.5% K	89.6% K	79.8%	91.0%	85.0%	97.4% PQ	91.3% Q	86.2%	78.9%	88.9%
Generally important	32	17	14	32	-	10	14	9	4	13	15	8	24	1	7	11	11	3
	9.4%	10.5%	9.3%	9.4%		9.2%	8.9%	10.8%	4.7%	9.5%	13.4% I	6.6%	11.3%	2.6%	7.5%	8.3%	19.3% NO	7.4%
Not very important	7	2	4	7	-	2	2	2	-	1	6	1	6	-	-	6	-	1
	2.0%	1.2%	2.8%	2.0%		2.2%	1.6%	2.4%		0.9%	4.9%	0.9%	2.6%			4.6%		1.9%
Not at all important	3	2	1	3	-	-	3	-	1	-	1	2	1	-	1	1	-	1
	0.9%	1.4%	0.5%	0.9%			2.0%		0.9%		1.0%	1.5%	0.6%		1.2%	0.9%		1.9%
DON'T KNOW / NO ANSWER	1	1	-	1	-	-	1	-	-	-	1	-	1	-	-	-	1	-
	0.3%	0.6%		0.3%			0.7%				0.9%		0.5%				1.8%	
CHI-SQUARE		<----------2.905--------->			<----------5.684---------->				<---------16.274--------->			<-----4.705----->		<----------22.814---------->			
SIGNIFICANCE		1.6%*			1.5%*				90.8%*			54.7%*		70.2%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6D. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POSSIBLE INTERACTIONS WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	343	162	182	112	159	71	31	97	103	111	35	81	62	114	213	93	37
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	339	163	176	108	162	68	33	96	102	107	35	81	62	110	217	87	35
Very important	241	100	141	69	117	54	26	65	74	74	25	55	45	73	145	70	26
	70.1%	61.7%	77.7%	61.8%	73.8%	76.4%	83.9%	67.3%	71.9%	66.8%	71.2%	67.9%	73.5%	64.2%	68.1%	75.5%	68.3%
			B		D	D	HJ										
Generally important	76	48	28	32	30	13	4	22	21	30	8	21	11	29	48	18	11
	22.2%	29.7%	15.5%	28.8%	18.7%	18.4%	12.6%	22.8%	20.0%	26.6%	22.1%	26.2%	18.1%	25.4%	22.4%	19.1%	29.0%
		C															
Not very important	21	11	10	8	9	4	1	6	6	7	2	3	5	10	16	4	1
	6.1%	6.7%	5.5%	7.4%	5.6%	5.2%	3.5%	6.3%	6.2%	6.6%	6.7%	3.2%	8.4%	8.6%	7.5%	4.2%	2.7%
Not at all important	4	2	2	1	3	-	-	2	2	-	-	1	-	2	3	1	-
	1.3%	1.2%	1.3%	1.1%	2.0%			2.5%	1.9%			1.5%		1.8%	1.5%	1.2%	
DON'T KNOW / NO ANSWER	1	1	-	1	-	-	-	1	-	-	-	1	-	-	1	-	-
	0.3%	0.6%		0.9%				1.0%				1.3%			0.5%		
CHI-SQUARE		<---12.187-->		<--------9.507-------->			<-----------------9.869----------------->				<--------------8.319-------------->				<-----4.894----->		
SIGNIFICANCE		96.8%*		51.5%*			17.2%*				9.0%*				10.2%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q6D. How important is it to you to get each of the following kinds of information when first taking a new NON-PRESCRIPTION DRUG? Is POSSIBLE INTERACTIONS WITH OTHER DRUGS, HEALTH PRODUCTS OR FOODS very important, generally important, not very important or not at all important to you?
Base: Respondents who gave a valid answer at Q4C (exclude DK).

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	343	161	156	343	-	109	152	83	93	134	114	129	212	22	89	131	58	43
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	339	159	156	339	-	107	149	83	90	135	112	128	209	39	80	109	57	54
Very important	241	122	110	241	-	75	99	66	75	97	67	100	138	17	61	94	38	31
	70.1%	75.8%	70.7%	70.1%		69.0%	65.3%	80.6% G	81.0% K	72.5% K	59.0%	77.9% M	65.1%	76.9%	68.8%	71.6%	64.9%	72.2%
Generally important	76	30	33	76	-	26	38	12	13	29	34	20	57	3	23	26	13	10
	22.2%	18.3%	21.0%	22.2%		23.8%	25.3% H	14.4%	14.3%	21.9%	29.5% I	15.2%	26.7% L	12.8%	26.2%	20.2%	22.8%	24.1%
Not very important	21	7	11	21	-	7	10	4	4	8	10	7	14	2	3	8	6	1
	6.1%	4.5%	7.2%	6.1%		6.1%	6.6%	5.1%	3.8%	5.7%	8.6%	5.3%	6.6%	10.3%	3.7%	6.4%	10.5%	1.9%
Not at all important	4	2	1	4	-	1	3	-	1	-	2	2	2	-	1	2	-	1
	1.3%	1.4%	0.5%	1.3%		1.1%	2.0%		0.9%		2.0%	1.5%	1.1%		1.2%	1.8%		1.9%
DON'T KNOW / NO ANSWER	1	-	1	1	-	-	1	-	-	-	1	-	1	-	-	-	1	-
	0.3%		0.7%	0.3%			0.7%				0.9%		0.5%				1.8%	
CHI-SQUARE		<----------4.117--------->			<----------8.202---------->				<---------15.707--------->			<------7.49----->		<-----------------13.4---------------->			
SIGNIFICANCE		5.8%*			8.5%*				89.2%*			81.3%*		14.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q7A. Now I'd like to ask you about **information about the SAFETY of these different types of health products. By safety I mean information about possible side effects, and** interactions with other medications, **foods or substances such as alcohol. Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with the** safety information you generally need for...**PRESCRIPTION DRUGS?**
Base: Respondents who answered **yes to Q1A and who gave a valid answer at Q4A.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	830	350	480	150	355	325	114	242	254	212	141	154	151	240	523	209	95
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	838	356	482	150	359	329	117	242	257	214	146	156	155	233	550	194	91
Very satisfied	427	151	276	58	187	182	67	135	123	100	77	79	72	127	280	114	32
	51.5%	43.2%	57.6%	39.0%	52.5%	56.2%	58.5%	55.7%	48.5%	47.3%	54.4%	51.4%	47.6%	53.0%	53.5%	54.6%	33.5%
			B		D	D									Q	Q	
Generally satisfied	336	168	168	79	141	116	37	88	115	92	51	58	63	102	202	79	56
	40.5%	48.0%	35.1%	52.8%	39.7%	35.7%	32.9%	36.5%	45.0%	43.3%	36.2%	37.6%	42.0%	42.5%	38.6%	37.7%	58.9%
		C		EF					G								OP
Not very satisfied	43	16	28	8	23	12	4	11	12	16	6	13	11	7	30	9	3
	5.2%	4.5%	5.8%	5.4%	6.5%	3.8%	3.9%	4.7%	4.7%	7.5%	4.1%	8.5%	7.4%	2.8%	5.7%	4.5%	3.2%
												N					
Not at all satisfied	5	2	3	1	1	3	1	2	1	1	2	-	1	2	3	2	-
	0.6%	0.6%	0.6%	0.5%	0.3%	0.9%	0.9%	0.8%	0.5%	0.4%	1.3%		0.8%	0.8%	0.5%	1.1%	
Depends	6	6	-	-	2	4	2	1	-	2	3	1	1	1	2	1	3
	0.7%	1.7%			0.6%	1.2%	2.1%	0.5%		1.1%	2.0%	0.5%	0.7%	0.5%	0.4%	0.5%	3.0%
Don't know/No answer	11	7	4	3	1	7	2	4	3	1	3	3	2	1	7	3	1
	1.4%	2.0%	0.9%	2.3%	0.3%	2.1%	1.7%	1.8%	1.3%	0.4%	2.0%	2.0%	1.5%	0.3%	1.3%	1.6%	1.4%
						E											
CHI-SQUARE		<---26.87--->		<--------24.112------->			<----------18.229---------->				<----------16.691---------->				<-----25.711---->		
SIGNIFICANCE		100.0%*			98.0%*				55.9%*				45.6%*			98.8%*	

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q7A. Now I'd like to ask you about **information about the SAFETY of these different types of health products. By safety I mean information about possible side effects,** and interactions with other medications, **foods or substances such as alcohol. Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with** the safety information you generally need for...**PRESCRIPTION DRUGS?**
Base: Respondents who answered **yes to Q1A and who gave a valid answer at Q4A.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	830	830	516	595	-	106	337	387	247	304	266	376	449	68	191	312	135	124
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	838	838	528	598	-	109	332	397	252	310	264	381	453	119	172	260	133	154
Very satisfied	427	427	260	301	-	56	182	190	136	147	135	196	227	41	109	166	58	55
	51.5%	51.5%	50.4%	50.7%		52.7%	53.9%	49.1%	55.1%	48.4%	50.5%	52.2%	50.4%	59.7% QR	57.0% QR	53.1%	42.9%	44.2%
Generally satisfied	336	336	208	244	-	45	131	160	85	132	120	139	197	23	71	125	68	49
	40.5%	40.5%	40.3%	41.0%		42.5%	38.9%	41.4%	34.2%	43.4% I	45.0% I	36.9%	43.9% L	34.5%	37.2%	40.0%	50.4% NO	39.6%
Not very satisfied	43	43	32	33	-	2	18	24	19	17	6	27	16	3	7	13	7	14
	5.2%	5.2%	6.3%	5.6%		1.6%	5.3% F	6.1% F	7.6% K	5.7% K	2.4%	7.2% M	3.6%	4.2%	3.5%	4.2%	5.3%	11.0% NOP
Not at all satisfied	5	5	4	5	-	-	1	4	2	3	-	5	-	-	-	2	1	2
	0.6%	0.6%	0.7%	0.8%			0.4%	1.0%	0.9%	0.9%		1.3%				0.8%	0.8%	1.3%
Depends	6	6	4	3	-	2	1	3	4	1	-	3	3	-	1	2	-	2
	0.7%	0.7%	0.8%	0.5%		1.9%	0.2%	0.8%	1.6%	0.4%		0.8%	0.6%		0.6%	0.8%		1.9%
Don't know/No answer	11	11	8	8	-	1	4	6	2	4	6	5	6	1	3	4	1	2
	1.4%	1.4%	1.5%	1.4%		1.3%	1.2%	1.5%	0.6%	1.2%	2.1%	1.4%	1.4%	1.7%	1.7%	1.2%	0.8%	1.9%
CHI-SQUARE		<----------1.332--------->			<----------9.793---------->				<---------22.45-------->			<-----13.661---->		<-----------------27.505---------------->				
SIGNIFICANCE		.0%*			6.2%*				96.7%*			96.6%*		71.9%*				

Comparison Groups: BCD/EFGH/IJK/LM/NCPQR
Independent T-Test for Means, Independent Z-Test for Percentages
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Base: Respondents who answered **yes to Q1B and who gave a valid answer at Q4B.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	812	343	469	166	372	270	85	207	261	249	105	163	162	241	537	151	117
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	818	344	474	164	376	275	86	209	263	251	109	163	166	237	556	143	113
Very satisfied	199	73	126	35	79	84	35	60	55	47	36	48	38	46	119	55	23
	24.5%	21.2%	26.8%	21.3%	21.3%	31.0% DE	41.0% IJ	28.9% J	21.0%	18.9%	34.3% N	29.2% N	23.4%	18.8%	22.1%	36.1% OQ	19.3%
Generally satisfied	388	171	218	86	179	122	31	94	140	120	43	75	77	125	266	52	68
	47.8%	49.8%	46.4%	51.9%	48.2%	45.0%	36.5%	45.4%	53.7% G	48.2%	41.4%	46.2%	47.6%	51.8%	49.5% P	34.8%	58.2% P
Not very satisfied	143	63	79	30	81	31	6	25	51	60	18	22	31	48	99	22	20
	17.6%	18.5%	16.9%	18.1%	21.7% F	11.3%	7.3%	12.0%	19.6% GH	24.2% GH	17.4%	13.7%	18.9%	19.7%	18.4%	14.8%	17.2%
Not at all satisfied	29	9	20	5	18	6	4	8	5	11	2	5	5	11	20	8	1
	3.5%	2.5%	4.3%	3.0%	4.8%	2.2%	4.2%	4.1%	1.7%	4.4%	2.1%	3.0%	3.0%	4.5%	3.7% Q	5.2% Q	1.0%
Do not need any information	9	5	4	2	2	5	-	2	3	3	-	3	2	2	6	3	-
	1.1%	1.4%	0.8%	1.4%	0.5%	1.7%		0.8%	1.3%	1.0%		1.8%	1.5%	1.0%	1.1%	1.9%	
Depends	6	4	2	-	2	4	2	1	1	2	-	1	3	1	3	3	-
	0.7%	1.2%	0.4%		0.5%	1.5%	2.1%	0.5%	0.4%	0.8%		0.7%	1.7%	0.5%	0.5%	2.1%	
Don't know/No answer	39	18	21	7	11	20	8	17	6	6	5	9	6	9	25	8	5
	4.8%	5.3%	4.4%	4.3%	2.9%	7.3% E	8.8% I	8.3% IJ	2.3%	2.4%	4.8%	5.5%	3.9%	3.7%	4.7%	5.1%	4.3%
CHI-SQUARE		<---7.627--->		<--------33.296------->			<----------57.819---------->				<----------19.812---------->				<-----30.721---->		
SIGNIFICANCE		73.3%		99.9%*			100.0%*				65.7%*				99.8%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
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Q7B. Now I'd like to ask you about **information about the SAFETY of these different types of health products. By safety I mean information about possible side effects,** and interactions with other medications, **foods or substances such as alcohol. Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with** the safety information you generally **need for...NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS OR HERBAL REMEDIES?**
Base: Respondents who answered **yes to Q1B and who gave a valid answer at Q4B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	812	516	812	571	-	111	314	387	236	303	254	336	469	58	139	330	147	138
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	818	528	818	580	-	107	314	397	241	306	255	342	470	101	125	275	145	172
Very satisfied	199	139	199	126	-	27	78	93	53	68	75	84	111	16	52	77	29	24
	24.5%	26.9%	24.5%	22.0%		24.6%	24.9%	24.0%	22.6%	22.3%	29.6%	24.9%	23.8%	27.7%	37.6% PQR	23.3%	20.0%	17.4%
Generally satisfied	388	235	388	274	-	57	154	177	108	145	123	142	244	26	49	167	77	70
	47.8%	45.5%	47.8%	48.0%		50.8%	49.3%	45.9%	45.6%	47.9%	48.5%	42.3%	52.0% L	44.6%	35.2%	50.5% O	52.4% O	50.6% O
Not very satisfied	143	93	143	113	-	17	44	81	53	63	26	72	69	11	19	55	23	34
	17.6%	18.1%	17.6%	19.8%		15.6%	14.1%	21.0% G	22.4% K	20.8% K	10.4%	21.5% M	14.7%	19.8%	13.6%	16.7%	15.9%	24.4% O
Not at all satisfied	29	21	29	22	-	1	12	15	12	10	7	14	15	2	8	11	3	5
	3.5%	4.1%	3.5%	3.8%		1.1%	3.9%	4.0% F	4.9%	3.4%	2.6%	4.1%	3.2%	4.0%	5.6%	3.3%	2.1%	3.5%
Do not need any information	9	9	9	7	-	-	2	7	1	3	3	4	5	1	2	4	1	1
	1.1%	1.7%	1.1%	1.2%			0.6%	1.8%	0.5%	1.1%	1.2%	1.1%	1.1%	2.0%	1.6%	1.1%	0.7%	0.6%
Depends	6	4	6	4	-	2	-	4	2	3	1	3	3	-	2	1	1	2
	0.7%	0.9%	0.7%	0.8%		1.4%		1.1%	0.8%	1.0%	0.5%	1.0%	0.6%		1.6%	0.4%	0.7%	1.2%
Don't know/No answer	39	15	39	25	-	7	23	9	7	11	18	17	22	1	7	16	12	3
	4.8%	2.9%	4.8%	4.4%		6.6%	7.3% H	2.2%	3.2%	3.5%	7.3% I	5.0%	4.7%	2.0%	4.8%	4.7%	8.3% NR	2.3%
CHI-SQUARE		<----------8.17---------->			<----------26.042--------->				<--------24.866-------->			<-----10.091---->		<----------39.004---------->				
SIGNIFICANCE		22.8%			90.1%*				98.5%*			87.9%		97.3%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
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Q7C. Now I'd like to ask you about **information about the SAFETY of these different types of health products. By safety I mean information about possible side effects,** and interactions with other medications, **foods or substances such as alcohol. Are you very satisfied, generally satisfied, not very satisfied, or not at all satisfied with** the safety information you generally **need for...NON-PRESCRIPTION DRUGS?**
Base: Respondents who answered **yes to Q1C and who gave a valid answer at Q4C.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	939	424	515	231	468	237	91	254	308	277	124	184	180	308	603	232	102
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	939	427	512	229	469	238	92	255	308	275	128	185	183	298	623	215	98
Very satisfied	272	108	164	57	132	82	39	84	80	69	40	60	56	82	165	85	23
	28.9%	25.3%	31.9%	24.7%	28.3%	34.8%	42.5%	33.1%	26.1%	24.8%	32.5%	32.6%	31.2%	26.6%	27.3%	36.5%	22.3%
			B			D	IJ	J								OQ	
Generally satisfied	523	249	273	131	279	111	31	130	183	175	66	98	93	182	353	106	63
	55.6%	58.8%	53.1%	56.8%	59.7%	46.8%	34.0%	51.0%	59.4%	63.1%	53.0%	53.6%	52.0%	59.2%	58.5%	45.8%	61.7%
				F	F			G	G	GH					P		P
Not very satisfied	80	32	47	27	33	20	8	14	33	25	9	17	22	21	44	23	13
	8.5%	7.6%	9.2%	11.8%	7.0%	8.3%	8.6%	5.4%	10.7%	9.0%	6.9%	9.5%	12.0%	6.9%	7.4%	9.9%	12.4%
									H								
Not at all satisfied	17	5	13	5	7	6	2	5	6	3	2	2	2	7	13	3	1
	1.9%	1.2%	2.4%	2.1%	1.5%	2.3%	2.2%	1.9%	2.1%	1.1%	1.5%	1.4%	1.3%	2.1%	2.2%	1.4%	0.8%
Do not need any information	7	5	2	1	2	4	-	5	1	1	2	-	1	2	4	3	-
	0.7%	1.1%	0.4%	0.3%	0.5%	1.6%		1.8%	0.4%	0.4%	1.5%		0.3%	0.8%	0.6%	1.4%	
Depends	4	3	1	-	1	3	2	2	-	-	1	-	2	-	-	2	2
	0.4%	0.6%	0.2%		0.2%	1.3%	1.8%	0.9%			0.6%		1.2%			1.0%	1.6%
Don't know/No answer	37	23	14	10	13	11	10	15	4	4	5	6	3	13	24	9	1
	3.9%	5.3%	2.7%	4.3%	2.9%	4.8%	10.9%	5.9%	1.4%	1.6%	3.9%	3.0%	1.9%	4.3%	4.0%	4.0%	1.2%
							IJ	IJ							Q		
CHI-SQUARE		<---14.307-->		<--------25.028------->			<----------------65.243---------------->				<--------------18.994------------->				<------28.712---->		
SIGNIFICANCE		97.4%*		98.5%*			100.0%*				60.8%*				99.6%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
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Base: Respondents who answered yes to Q1C and who gave a valid answer at Q4C.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	939	595	571	939	-	161	392	387	250	356	320	380	557	69	223	353	165	129
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	939	598	580	939	-	158	384	397	255	356	316	381	556	120	201	294	163	161
Very satisfied	272	181	164	272	-	45	108	119	75	102	89	112	160	23	87	92	37	33
	28.9%	30.4%	28.7%	28.9%		28.2%	27.6%	30.6%	30.0%	28.7%	27.8%	29.6%	28.7%	34.2% Q	38.8% PQR	26.2%	22.1%	25.5%
Generally satisfied	523	321	316	523	-	97	214	212	129	198	191	196	325	39	94	213	101	75
	55.6%	54.0%	55.4%	55.6%		60.3%	54.6%	54.8%	51.5%	55.6%	59.5%	51.5%	58.3% L	56.7% O	42.3%	60.2% O	61.3% O	58.4% O
Not very satisfied	80	56	53	80	-	7	36	36	28	40	12	42	38	5	24	24	13	14
	8.5%	9.4%	9.3%	8.5%		4.6%	9.2% F	9.4% F	11.2% K	11.3% K	3.7%	11.0% M	6.8%	6.7%	10.9%	6.8%	8.0%	10.6%
Not at all satisfied	17	11	11	17	-	3	8	7	9	4	4	8	9	1	4	7	2	3
	1.9%	1.8%	1.8%	1.9%		1.7%	2.1%	1.7%	3.6%	1.2%	1.3%	2.1%	1.7%	0.8%	2.0%	2.0%	1.2%	2.5%
Do not need any information	7	7	4	7	-	-	3	4	-	2	4	4	3	1	3	1	1	1
	0.7%	1.2%	0.6%	0.7%			0.8%	0.9%		0.5%	1.3%	1.1%	0.5%	0.8%	1.5%	0.3%	0.6%	0.6%
Depends	4	4	3	4	-	-	1	3	3	-	-	3	1	-	2	-	-	2
	0.4%	0.6%	0.5%	0.4%			0.3%	0.7%	1.2%			0.8%	0.1%		1.0%			1.2%
Don't know/No answer	37	15	21	37	-	8	21	7	6	10	21	15	22	1	8	16	11	2
	3.9%	2.5%	3.6%	3.9%		5.2%	5.4% H	1.9%	2.5%	2.8%	6.4% IJ	3.9%	3.9%	0.8%	3.5%	4.4% NR	6.7% NR	1.2%
CHI-SQUARE		<----------4.673--------->			<----------15.174--------->				<--------40.343-------->			<-----10.393---->		<----------43.561---------->				
SIGNIFICANCE		3.2%*			35.0%*				100.0%*			89.1%*		99.1%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
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Q8A. In what way are you not more **satisfied with the safety information for ... PRESCRIPTION DRUGS?**
Base: Respondents who answered **"not very/ not at all satisfied or depends" at Q7A.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	54	24	31	9	26	19	8	15	13	19	10	14	13	10	35	13	6
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	57	25	32	9	26	22	9	15	13	20	12	15	13	10	38	12	6
Not enough information	19	4	15	4	13	3	1	4	3	10	3	4	4	6	16	3	-
	35.5%	16.3%	50.3% B	40.7%	49.3% F	14.3%	15.4%	29.6%	26.8%	54.2% G	31.6%	32.2%	29.8%	55.7%	46.2%	26.1%	
Not enough information on interactions/side effects	17	11	6	3	7	7	-	5	3	9	4	3	5	5	9	6	2
	31.2%	47.7% C	18.4%	33.2%	28.2%	34.3%		34.6%	25.5%	45.3%	40.6%	18.7%	38.0%	50.5%	26.0%	43.4%	41.2%
Information is incomplete	15	5	10	3	6	6	2	4	4	5	1	3	4	4	10	2	1
	27.5%	21.0%	32.6%	34.2%	22.8%	30.9%	25.6%	27.6%	28.9%	27.3%	13.2%	18.5%	29.8%	42.4%	29.4%	18.8%	20.6%
Hard to find relevant information	8	2	6	2	4	2	2	2	1	3	2	-	2	1	5	2	1
	14.6%	10.2%	18.0%	26.2%	15.2%	8.3%	25.6%	13.8%	6.2%	16.4%	23.2%		17.8%	8.1%	13.9%	18.1%	13.8%
Difficult to get answers to questions/information from professional	7	2	5	-	4	3	-	3	1	3	2	1	-	3	5	2	-
	12.5%	8.1%	15.9%		14.5%	15.5%		18.7%	10.5%	14.3%	23.9%	5.8%		27.3%	13.2%	17.4%	
Concerned about safety of drugs on the market	5	4	1	-	1	4	2	-	1	2	1	-	1	2	4	1	-
	10.0%	18.6%	3.3%		4.6%	21.9%	23.3%		9.2%	12.6%	9.8%		8.9%	24.1%	12.7%	7.9%	
Information difficult to understand/unclear	4	2	2	1	2	1	-	1	2	1	1	3	-	-	3	-	1
	7.0%	7.7%	6.5%	9.1%	7.6%	5.3%		8.3%	13.9%	4.2%	7.7%	21.7%			8.7%		13.8%
Lack of efficacy	3	3	-	2	-	1	-	2	1	-	-	1	2	-	2	1	-
	5.0%	11.4%		18.0%		5.8%		11.6%	7.8%			4.1%	15.8%		4.6%	8.7%	
Product labelling unclear	1	-	1	-	1	-	-	-	-	1	-	-	1	-	1	-	-
	2.2%		3.9%		4.6%					6.3%			8.9%		3.5%		
Other	5	3	2	-	4	2	1	2	1	2	1	1	2	1	5	-	1
	9.9%	13.5%	7.1%		13.7%	9.2%	10.3%	11.0%	9.2%	9.3%	7.7%	4.1%	14.9%	12.1%	13.2%		13.8%
Don't know/No answer	5	3	2	1	1	3	2	1	1	-	1	2	2	-	3	1	1
	8.8%	10.9%	7.2%	13.6%	3.9%	13.4%	30.6%	8.3%	9.2%		5.5%	14.4%	16.5%		9.3%	4.5%	17.4%
CHI-SQUARE		<---18.256-->		<--------19.72-------->			<----------------26.196---------------->				<--------------28.676-------------->				<-----12.554---->		
SIGNIFICANCE		92.4%*		39.9%*			20.6%*				31.8%*				5.5%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q8A. In what way are you not more **satisfied with the safety information for ... PRESCRIPTION DRUGS?**
Base: Respondents who answered **"not very/not at all satisfied or depends" at Q7A.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	54	54	40	41	-	4	20	31	25	21	6	35	19	3	8	18	8	18
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	57	57	43	43	-	4	20	33	26	22	7	37	20	5	7	15	8	22
Not enough information	19	19	17	17	-	-	5	14	10	7	2	14	5	2	3	5	3	6
	35.5%	35.5%	41.2%	40.4%			27.0%	45.3%	41.0%	32.5%	35.2%	40.3%	26.6%	60.0%	42.9%	26.7%	37.5%	36.4%
Not enough information on interactions/side effects	17	17	13	13	-	2	3	11	6	9	2	11	6	1	3	6	3	4
	31.2%	31.2%	33.5%	30.6%		62.7%	16.0%	37.3%	23.0%	44.0%	30.3%	30.7%	32.0%	20.0%	42.9%	33.3%	37.5%	22.7%
Information is incomplete	15	15	14	11	-	-	5	10	6	8	1	12	3	1	-	7	1	6
	27.5%	27.5%	34.4%	26.6%			26.0%	31.8%	25.7%	36.7%	12.7%	32.8%	17.8%	40.0%		40.0%	12.5%	31.8%
Hard to find relevant information	8	8	8	6	-	-	2	6	3	4	1	5	3	-	1	4	-	3
	14.6%	14.6%	19.8%	14.3%			10.0%	19.3%	11.3%	18.9%	17.6%	13.6%	16.2%		14.3%	20.0%		18.2%
Difficult to get answers to questions/information from professional	7	7	6	7	-	-	1	6	2	3	1	3	4	1	2	-	-	4
	12.5%	12.5%	14.2%	16.5%			5.5%	18.6%	9.7%	15.5%	17.6%	9.3%	18.4%	20.0%	28.6%			22.7%
Concerned about safety of drugs on the market	5	5	4	4	-	-	2	3	2	4	-	4	1	-	-	4	1	1
	10.0%	10.0%	10.5%	10.2%			12.0%	9.8%	7.3%	17.0%		12.0%	6.3%			20.0%	12.5%	4.5%
Information difficult to understand/unclear	4	4	2	4	-	-	2	2	1	1	1	2	2	-	-	1	1	2
	7.0%	7.0%	4.5%	9.2%			10.0%	5.9%	3.2%	4.8%	12.7%	5.2%	10.5%			6.7%	12.5%	9.1%
Lack of efficacy	3	3	2	2	-	-	2	1	2	1	-	1	2	1	1	-	1	-
	5.0%	5.0%	5.3%	4.1%			7.9%	3.6%	6.8%	4.8%		3.1%	8.3%	20.0%	14.3%		12.5%	
Product labelling unclear	1	1	1	1	-	-	-	1	-	1	-	1	-	-	-	1	-	-
	2.2%	2.2%	3.0%	2.9%				3.9%		5.7%		3.4%				6.7%		
Other	5	5	4	3	-	-	4	2	1	4	-	3	2	1	-	2	-	2
	9.9%	9.9%	10.4%	6.8%			18.9%	5.2%	3.2%	17.8%		9.6%	10.5%	20.0%		13.3%		13.6%
Don't know/No answer	5	5	-	3	-	1	3	-	3	1	1	4	1	1	-	2	1	1
	8.8%	8.8%		8.3%		37.3%	17.1%		12.9%	4.8%	9.1%	11.3%	4.2%	20.0%		13.3%	12.5%	4.5%
CHI-SQUARE		<----------5.842--------->			<----------26.813--------->				<--------10.462-------->			<-----5.376----->		<----------31.224---------->				
SIGNIFICANCE		.0%*			23.2%*				1.8%*			8.8%*		7.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q8B. In what way are you not more **satisfied with the safety information for ... NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERAL OR HERBAL REMEDIES?**
Base: Respondents who answered **"not very/not at all satisfied or depends" at Q7B.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV. UNIV.	POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	177	76	101	35	101	41	12	34	57	73	20	28	38	60	121	33	21
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	183	79	104	36	103	43	11	38	58	75	24	30	39	59	128	33	21
Not enough information	67	27	40	19	32	16	2	11	25	28	7	8	14	21	47	9	11
	37.8%	35.0%	39.9%	53.4% E	31.7%	40.3%	20.6%	32.3%	44.4%	38.5%	34.9%	27.0%	36.3%	35.8%	39.0%	26.4%	50.7%
Information is incomplete	61	30	31	9	40	11	6	7	18	30	3	7	18	21	40	13	7
	34.4%	39.4%	30.6%	26.7%	40.2%	27.6%	47.4%	20.4%	32.1%	41.3% H	15.6%	26.3%	48.1% K	35.0%	32.8%	38.7%	33.3%
Not enough information on interactions/side effects	38	15	23	5	24	9	2	9	13	12	5	4	7	16	33	5	-
	21.5%	19.3%	23.1%	14.4%	23.7%	22.6%	19.0%	26.8%	22.9%	16.9%	22.5%	15.0%	19.3%	27.0%	27.3%	14.7%	
Concerned about safety of drugs on the market	35	14	21	6	18	10	3	2	15	14	4	5	10	9	27	5	2
	19.6%	18.3%	20.6%	17.0%	18.3%	25.5%	27.5%	6.3%	26.6% H	19.4% H	19.3%	19.1%	25.2%	15.3%	22.1%	16.3%	11.2%
Hard to find relevant information	29	10	19	5	15	9	2	2	12	13	6	7	6	9	20	5	4
	16.5%	13.8%	18.6%	13.8%	14.9%	23.3%	19.1%	5.7%	21.4% H	17.7% H	27.6%	24.5%	16.6%	14.4%	16.5%	14.7%	20.2%
Difficult to get answers to questions/information from professional	17	6	11	3	12	3	-	3	6	8	1	5	3	8	10	6	2
	9.8%	8.5%	10.7%	7.7%	11.6%	7.3%		8.2%	11.0%	11.4%	3.9%	16.2%	7.6%	13.0%	8.1%	16.7%	9.4%
Product labelling unclear	16	7	9	4	9	2	2	2	6	5	2	-	3	10	12	2	1
	9.0%	9.3%	8.7%	12.6%	9.4%	4.9%	17.2%	6.4%	11.2%	7.3%	11.3%		6.9%	16.4%	10.3%	6.6%	5.6%
Information difficult to understand/unclear	9	6	3	-	7	1	1	2	3	3	1	2	2	3	6	1	2
	4.8%	7.8%	2.6%		6.7%	2.0%	6.9%	5.9%	5.2%	3.8%	3.9%	6.4%	5.3%	4.9%	4.8%	3.3%	7.5%
Lack of efficacy	5	2	3	1	4	-	-	1	1	3	1	1	-	2	5	-	-
	3.0%	2.7%	3.2%	3.4%	4.0%			3.5%	1.8%	4.1%	5.9%	4.3%		3.4%	4.3%		
Other	14	4	10	3	3	7	1	3	3	7	2	1	3	2	11	2	1
	8.0%	4.9%	10.3%	9.5%	3.4%	18.2% E	10.3%	8.8%	5.7%	9.1%	10.4%	3.6%	9.1%	3.4%	8.9%	6.6%	5.2%
Don't know/No answer	7	4	3	1	4	3	1	2	1	3	-	1	1	4	5	-	2
	4.2%	5.3%	3.3%	1.6%	3.6%	7.9%	6.9%	5.8%	2.1%	4.6%		2.8%	3.1%	6.7%	4.4%		9.4%
CHI-SQUARE		<---6.887--->		<--------25.279------->			<----------18.255---------->				<----------23.35---------->				<-----19.412---->		
SIGNIFICANCE		19.2%*		71.6%*			1.8%*				10.7%*				38.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q8B. In what way are you not more **satisfied with the safety information for ... NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERAL OR HERBAL REMEDIES?**
Base: Respondents who answered **"not very/not at all satisfied or depends" at Q7B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	177 100.0%	119 100.0%	177 100.0%	139 100.0%	-	20 100.0%	56 100.0%	101 100.0%	67 100.0%	77 100.0%	34 100.0%	89 100.0%	87 100.0%	14 100.0%	29 100.0%	67 100.0%	27 100.0%	40 100.0%
UNWEIGHTED 'N'	183	125	183	143	-	20	58	105	67	79	37	93	89	24	26	56	27	50
Not enough information	67 37.8%	46 38.6%	67 37.8%	51 36.7%	-	9 44.3%	19 34.0%	39 38.5%	30 44.7%	27 35.4%	10 29.6%	29 32.4%	37 42.5%	8 58.3% OR	8 26.9%	30 44.6%	9 33.3%	12 30.0%
Information is incomplete	61 34.4%	38 32.0%	61 34.4%	48 34.6%	-	9 42.8%	19 32.9%	34 33.6%	24 35.9%	28 36.0%	10 28.0%	26 28.8%	35 40.7%	5 33.3%	9 30.8%	28 41.1%	7 25.9%	13 32.0%
Not enough information on interactions/side effects	38 21.5%	26 22.1%	38 21.5%	31 22.5%	-	1 6.0%	16 28.6% F	21 20.6% F	14 21.2%	15 19.6%	9 26.2%	20 22.0%	18 21.2%	2 16.7%	4 15.4%	17 25.0%	8 29.6%	6 16.0%
Concerned about safety of drugs on the market	35 19.6%	21 17.4%	35 19.6%	26 18.4%	-	6 30.7%	11 19.2%	18 17.6%	17 26.0%	12 16.3%	5 14.5%	15 17.0%	18 21.1%	4 29.2% OQ	2 7.7%	14 21.4%	2 7.4%	12 30.0% OQ
Hard to find relevant information	29 16.5%	23 18.9%	29 16.5%	23 16.5%	-	3 13.5%	8 13.6%	19 18.8%	8 12.0%	14 18.7%	7 20.4%	16 17.9%	13 15.3%	5 37.5% P	4 15.4%	8 12.5%	4 14.8%	7 18.0%
Difficult to get answers to questions/information from professional	17 9.8%	13 10.8%	17 9.8%	14 9.9%	-	2 10.8%	4 6.7%	11 11.3%	3 4.8%	10 12.8%	4 12.7%	12 13.3%	6 6.4%	2 12.5%	4 15.4%	7 10.7%	-	4 10.0%
Product labelling unclear	16 9.0%	11 9.2%	16 9.0%	14 10.0%	-	2 10.0%	3 5.2%	11 10.9%	5 6.8%	8 10.7%	3 9.4%	8 9.1%	8 8.9%	-	2 7.7%	7 10.7%	4 14.8%	2 6.0%
Information difficult to understand/unclear	9 4.8%	6 5.4%	9 4.8%	8 5.4%	-	1 5.0%	1 2.0%	6 6.4%	4 6.1%	4 4.9%	1 2.3%	5 5.1%	4 4.7%	-	1 3.8%	1 1.8%	3 11.1%	3 8.0%
Lack of efficacy	5 3.0%	3 2.7%	5 3.0%	4 2.9%	-	1 6.0%	1 1.4%	3 3.2%	2 3.0%	2 2.9%	1 3.0%	3 3.8%	2 2.1%	-	-	2 3.6%	2 7.4%	1 2.0%
Other	14 8.0%	10 8.1%	14 8.0%	12 8.7%	-	1 6.0%	4 7.3%	9 8.7%	6 9.7%	6 7.8%	2 4.9%	7 8.3%	5 6.3%	1 8.3%	3 11.5%	6 8.9%	2 7.4%	2 4.0%
Don't know/No answer	7 4.2%	5 4.5%	7 4.2%	6 4.0%	-	-	4 6.7%	4 3.6%	2 3.0%	2 3.1%	3 8.8%	4 4.0%	4 4.4%	1 8.3%	-	4 5.4%	1 3.7%	2 4.0%
CHI-SQUARE SIGNIFICANCE		<----------1.08----------> .0%*			<----------12.957----------> .1%*				<--------12.868--------> 6.3%*			<-----6.056-----> 13.0%*		<----------34.351----------> 14.9%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q8C. In what way are you not satisfied **with the safety information for ... NON-PRESCRIPTION DRUGS?**
Base: Respondents who answered **"not very/not at all satisfied or depends" at Q7C.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	101	40	61	32	41	28	11	21	39	28	11	20	26	28	58	28	15
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	101	42	59	32	41	28	12	20	40	27	13	21	25	26	60	26	15
Information is incomplete	37	12	25	13	17	7	4	3	14	16	2	5	8	15	23	9	4
	36.1%	29.4%	40.5%	39.3%	41.4%	24.9%	34.8%	16.1%	34.5%	56.1% H	21.1%	27.3%	32.0%	53.1% K	40.3%	31.6%	28.6%
Not enough information	28	9	19	10	14	3	2	5	12	9	6	5	6	6	15	10	4
	27.5%	22.4%	30.8%	31.8%	35.2% F	11.6%	19.0%	24.7%	29.7%	31.8%	50.1%	27.0%	24.5%	22.3%	25.5%	33.6%	23.9%
Not enough information on interactions/side effects	22	10	12	6	10	6	2	7	5	7	5	1	7	6	15	6	2
	22.2%	25.9%	19.7%	18.9%	25.6%	20.9%	17.7%	34.0%	12.9%	23.4%	42.8% L	6.9%	28.1% L	23.1%	25.6%	19.5%	14.1%
Hard to find relevant information	14	6	7	6	4	4	3	5	4	2	2	6	5	1	7	2	4
	13.5%	15.4%	12.2%	18.6%	9.6%	13.4%	22.5%	24.3%	10.7%	6.5%	19.2%	29.5% N	18.3%	2.9%	12.2%	7.8%	29.2%
Concerned about safety of drugs on the market	12	6	5	2	6	4	2	1	4	5	1	-	4	6	8	2	1
	11.6%	16.0%	8.8%	7.5%	14.2%	12.5%	15.5%	5.8%	10.6%	16.6%	10.1%		13.7%	20.9%	14.5%	7.8%	8.0%
Product labelling unclear	9	3	6	1	2	6	1	3	3	2	1	3	1	4	6	3	-
	9.3%	7.8%	10.3%	3.5%	4.9%	22.3% DE	10.5%	16.5%	6.6%	7.9%	5.0%	15.2%	4.2%	12.6%	10.6%	11.7%	
Difficult to get answers to questions/information from professional	7	4	3	1	4	1	-	2	3	2	1	3	2	1	2	3	2
	6.8%	10.3%	4.6%	3.5%	10.8%	4.9%		8.8%	7.3%	7.9%	5.0%	15.2%	8.8%	3.6%	2.8%	11.7%	13.3%
Information difficult to understand/unclear	7	2	5	2	2	3	-	1	4	2	1	5	-	1	3	3	1
	6.8%	4.8%	8.0%	6.7%	4.7%	9.9%		5.4%	9.1%	7.6%	5.0%	25.9% N		4.0%	4.7%	11.7%	5.3%
Lack of efficacy	5	3	2	1	1	3	-	1	2	2	1	1	1	1	2	-	3
	4.7%	7.0%	3.1%	2.5%	2.0%	11.0%		5.4%	5.1%	5.8%	9.8%	4.0%	4.6%	2.9%	3.5%		18.0%
Other	10	3	6	2	5	2	2	-	5	2	3	1	4	1	5	3	1
	9.5%	7.9%	10.5%	7.0%	12.1%	8.5%	17.5%		13.4%	8.3%	24.0%	5.6%	15.2%	4.3%	9.3%	12.0%	5.3%
Don't know/No answer	9	3	6	2	1	6	2	2	5	-	-	1	3	1	4	3	2
	9.3%	7.8%	10.2%	6.9%	2.5%	21.7% E	15.9%	11.2%	13.3%			5.6%	12.7%	4.3%	7.3%	11.7%	12.1%
CHI-SQUARE		<---5.958--->		<--------26.882------->			<----------------25.045---------------->				<--------------40.76-------------->				<-----21.125---->		
SIGNIFICANCE		12.4%*		78.4%*			16.2%*				83.4%*				48.7%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q8C. In what way are you not satisfied **with the safety information for ... NON-PRESCRIPTION DRUGS?**
Base: Respondents who answered **"not very/not at all satisfied or depends" at Q7C.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	101 100.0%	70 100.0%	66 100.0%	101 100.0%	-	10 100.0%	45 100.0%	46 100.0%	40 100.0%	44 100.0%	16 100.0%	53 100.0%	48 100.0%	5 100.0%	31 100.0%	31 100.0%	15 100.0%	18 100.0%
UNWEIGHTED 'N'	101	71	67	101	-	10	44	47	41	44	15	53	48	9	28	26	15	23
Information is incomplete	37 36.1%	23 32.9%	25 38.3%	37 36.1%	-	5 51.4%	14 31.1%	17 37.8%	15 37.7%	16 37.1%	5 31.4%	15 28.8%	21 44.2%	2 33.3%	11 35.7%	12 38.5%	6 40.0%	6 30.4%
Not enough information	28 27.5%	21 29.8%	19 28.0%	28 27.5%	-	4 44.2%	7 15.9%	16 35.3% G	13 31.4%	8 19.0%	7 42.8%	14 27.3%	13 27.8%	4 77.8% OPQR	8 25.0%	8 26.9%	2 13.3%	6 30.4%
Not enough information on interactions/side effects	22 22.2%	8 12.0%	20 30.3% B	22 22.2%	-	2 22.9%	12 25.7%	8 18.5%	6 15.8%	12 26.1%	5 28.3%	11 21.2%	11 23.2%	1 11.1%	8 25.0%	6 19.2%	4 26.7%	4 21.7%
Hard to find relevant information	14 13.5%	8 11.4%	10 15.5%	14 13.5%	-	1 10.0%	7 15.3%	6 12.4%	4 9.2%	10 22.4%	-	8 14.9%	6 11.9%	1 11.1%	2 7.1%	5 15.4%	2 13.3%	4 21.7%
Concerned about safety of drugs on the market	12 11.6%	9 13.3%	8 12.4%	12 11.6%	-	1 11.9%	4 7.8%	7 15.4%	5 13.4%	5 11.7%	1 7.5%	7 13.3%	5 9.8%	1 22.2%	2 7.1%	8 26.9% O	-	-
Product labelling unclear	9 9.3%	6 8.5%	5 7.7%	9 9.3%	-	1 11.9%	5 11.8%	3 6.3%	5 13.3%	3 6.5%	1 7.5%	6 11.1%	4 7.3%	1 11.1%	4 14.3%	4 11.5%	-	1 4.3%
Difficult to get answers to questions/information from professional	7 6.8%	6 8.7%	5 7.1%	7 6.8%	-	-	3 6.7%	4 8.5%	2 4.8%	4 8.8%	1 6.9%	5 8.7%	2 4.8%	1 11.1%	3 10.7%	1 3.8%	1 6.7%	1 4.3%
Information difficult to understand/unclear	7 6.8%	4 5.1%	5 6.9%	7 6.8%	-	-	5 12.0%	1 3.0%	1 2.8%	5 10.4%	1 6.9%	5 8.9%	2 4.4%	1 11.1%	4 14.3%	-	1 6.7%	1 4.3%
Lack of efficacy	5 4.7%	3 4.0%	3 4.1%	5 4.7%	-	-	4 8.6%	1 1.8%	1 2.0%	3 7.0%	1 5.0%	2 4.4%	2 5.0%	-	1 3.6%	1 3.8%	-	2 13.0%
Other	10 9.5%	10 13.6%	5 7.4%	10 9.5%	-	-	5 10.3%	5 10.8%	4 9.4%	3 6.5%	2 13.3%	5 9.2%	5 9.8%	1 22.2%	2 7.1%	4 11.5%	1 6.7%	2 8.7%
Don't know/No answer	9 9.3%	7 10.2%	4 5.9%	9 9.3%	-	1 11.0%	5 12.0%	3 6.1%	6 15.1%	2 4.8%	1 7.5%	7 13.3%	2 4.8%	-	3 10.7%	2 7.7%	2 13.3%	2 8.7%
CHI-SQUARE		<----------8.687--------->			<----------17.048--------->				<--------17.387-------->			<-----5.748----->		<----------32.747---------->			
SIGNIFICANCE		.5%*			1.0%*				25.8%*			11.0%*		10.6%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q9A. Once you are already taking a new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say you look for new safety information about ... PRESCRIPTION DRUGS always, frequently, sometimes, rarely or never?
Base: Respondent who answered "yes" at Q1A.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	883	383	500	158	370	353	129	259	268	217	156	165	158	251	554	226	98
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	893	390	503	158	376	357	132	261	270	220	161	167	162	246	584	210	94
Always	247	86	161	29	92	126	52	80	63	47	52	44	37	64	149	62	36
	28.0%	22.6%	32.1% B	18.3%	24.7%	35.9% DE	40.0% IJ	31.0% J	23.4%	21.8%	33.1%	26.8%	23.5%	25.4%	26.8%	27.5%	36.9%
Frequently	136	51	85	18	68	50	19	29	46	41	24	25	31	35	83	35	17
	15.4%	13.3%	16.9%	11.4%	18.4% D	14.0%	14.5%	11.3%	17.2%	18.9% H	15.6%	14.8%	19.3%	13.9%	15.0%	15.5%	17.1%
Sometimes	193	92	101	44	89	60	19	61	67	45	33	38	33	55	130	41	21
	21.8%	24.0%	20.1%	27.6% F	24.1% F	17.0%	15.0%	23.5% G	24.8% G	20.8%	20.9%	23.0%	20.6%	22.1%	23.5%	18.4%	21.3%
Rarely	146	69	78	41	63	41	16	31	54	43	25	29	30	46	89	45	11
	16.6%	18.0%	15.5%	26.1% EF	16.9% F	11.7%	12.6%	11.8%	20.2% GH	19.9% H	16.0%	17.8%	18.7%	18.4%	16.1%	20.1% Q	10.8%
Never	145	76	69	26	52	66	19	54	34	36	18	26	27	46	95	35	10
	16.4%	19.8% C	13.8%	16.5%	13.9%	18.7%	14.9%	20.8% I	12.8%	16.6%	11.6%	15.5%	17.1%	18.2%	17.2%	15.6%	10.6%
Depends	5	3	2	-	2	3	-	-	3	2	1	1	-	2	3	1	1
	0.6%	0.9%	0.3%		0.5%	0.9%			1.1%	0.9%	0.8%	0.7%		0.6%	0.5%	0.4%	1.2%
Don't know/No answer	12	5	6	-	5	7	4	4	1	2	3	2	1	3	4	6	2
	1.3%	1.4%	1.3%		1.4%	1.9%	3.0%	1.7%	0.4%	1.1%	1.9%	1.4%	0.7%	1.2%	0.8%	2.5%	2.0%
CHI-SQUARE		<---17.322-->		<--------46.398------->			<----------------44.713---------------->				<-------------10.557------------->				<-----15.986---->		
SIGNIFICANCE		99.2%		100.0%*			100.0%*				8.8%*				80.8%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q9A. Once you are already taking **a new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say** you look for new safety information about ... **PRESCRIPTION DRUGS always, frequently, sometimes, rarely or never?**
Base: Respondent who answered **"yes" at Q1A.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	883 100.0%	883 100.0%	547 100.0%	628 100.0%	-	120 100.0%	352 100.0%	412 100.0%	258 100.0%	324 100.0%	285 100.0%	399 100.0%	480 100.0%	75 100.0%	209 100.0%	328 100.0%	144 100.0%	128 100.0%
UNWEIGHTED 'N'	893	893	559	633	-	123	348	422	264	330	284	403	486	131	188	273	142	159
Always	247 28.0%	247 28.0%	168 30.7%	176 28.0%	-	29 23.9%	93 26.4%	125 30.5%	92 35.6% K	99 30.6% K	51 17.8%	133 33.2% M	113 23.6%	22 29.0%	58 27.7%	94 28.6%	39 26.8%	35 27.7%
Frequently	136 15.4%	136 15.4%	84 15.3%	100 15.9%	-	18 14.7%	52 14.9%	66 15.9%	52 20.2% K	62 19.3% K	20 7.0%	67 16.9%	67 14.0%	14 18.3%	36 17.0%	47 14.3%	20 14.1%	19 15.1%
Sometimes	193 21.8%	193 21.8%	122 22.3%	150 23.8%	-	17 14.0%	80 22.8% F	96 23.3% F	49 18.9%	82 25.2%	61 21.5%	89 22.2%	103 21.4%	15 19.8%	38 18.1%	72 22.0%	38 26.1%	31 23.9%
Rarely	146 16.6%	146 16.6%	90 16.5%	107 17.1%	-	21 17.1%	54 15.4%	72 17.4%	25 9.8%	44 13.7%	73 25.7% IJ	50 12.5%	97 20.1% L	14 18.3%	42 20.2%	48 14.7%	26 18.3%	16 12.6%
Never	145 16.4%	145 16.4%	74 13.6%	87 13.8%	-	33 27.3% GH	63 17.9% H	49 11.9%	34 13.2%	34 10.6%	73 25.8% IJ	52 12.9%	92 19.2% L	11 14.5%	30 14.4%	61 18.7%	19 13.4%	23 18.2%
Depends	5 0.6%	5 0.6%	3 0.5%	4 0.6%	-	1 1.0%	1 0.3%	3 0.7%	3 1.2%	-	2 0.7%	2 0.6%	3 0.6%	-	-	2 0.7%	1 0.7%	2 1.3%
Don't know/No answer	12 1.3%	12 1.3%	6 1.1%	5 0.8%	-	2 1.9%	8 2.2% H	2 0.4%	3 1.2%	2 0.7%	4 1.6%	7 1.7%	5 1.0%	-	6 2.7%	4 1.1%	1 0.7%	2 1.3%
CHI-SQUARE		<----------5.423--------->			<----------27.003--------->				<--------90.717-------->			<-----22.106---->		<----------18.3---------->				
SIGNIFICANCE		5.8%			92.1%*				100.0%*			99.9%		21.2%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q9B. Once you are already taking a new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say you look for new safety information about ... NATURAL HEALTH PRODUCTS always, frequently, sometimes, rarely or never?
Base: Respondent who answered "yes" at Q1B.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	863	368	495	176	394	289	94	228	274	257	116	173	168	256	570	164	122
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	870	370	500	174	399	293	95	230	275	260	119	173	173	253	591	155	117
Always	182	58	124	23	83	75	27	58	45	51	30	37	28	51	102	41	38
	21.1%	15.9%	25.0% B	13.2%	21.0% D	26.0% D	28.7% I	25.6% I	16.3%	19.8%	25.7%	21.4%	16.5%	20.0%	17.9%	24.8%	31.5% O
Frequently	171	62	109	32	78	61	18	41	63	47	21	38	40	45	104	41	25
	19.8%	16.8%	22.1%	18.2%	19.8%	21.1%	19.1%	18.1%	23.1%	18.2%	18.0%	21.9%	24.0%	17.4%	18.2%	24.8%	20.6%
Sometimes	210	95	115	41	111	57	16	58	71	64	30	37	47	60	145	32	32
	24.3%	25.8%	23.1%	23.0%	28.2% F	19.7%	16.9%	25.4%	25.7%	25.0%	26.2%	21.1%	28.2%	23.4%	25.4%	19.3%	26.4%
Rarely	161	77	84	59	68	34	14	34	62	48	20	32	33	58	116	29	17
	18.7%	21.1%	16.9%	33.5% EF	17.2%	11.9%	14.8%	15.1%	22.5% H	18.8%	17.1%	18.3%	19.4%	22.7%	20.3%	17.4%	13.8%
Never	122	64	57	20	50	50	15	33	30	42	12	24	20	39	92	19	8
	14.1%	17.5% C	11.6%	11.5%	12.7%	17.4%	16.2%	14.4%	10.8%	16.2%	10.6%	14.1%	12.0%	15.2%	16.1% Q	11.5%	6.9%
Depends	9	7	2	-	3	6	3	-	2	4	1	2	-	3	6	2	1
	1.1%	2.0% C	0.4%		0.8%	2.1%	3.2%		0.9%	1.5%	0.5%	1.4%		1.2%	1.1%	1.4%	0.7%
Don't know/No answer	8	4	5	1	1	5	1	3	2	1	2	3	-	-	6	1	-
	1.0%	1.0%	0.9%	0.7%	0.3%	1.7%	1.2%	1.4%	0.6%	0.5%	2.0%	1.7%			1.1%	0.7%	
CHI-SQUARE		<---24.042-->		<--------54.899-------->			<----------------28.528---------------->				<--------------21.438------------->				<-----26.353---->		
SIGNIFICANCE		99.9%		100.0%*			94.6%*				74.2%*				99.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q9B. Once you are already taking a **new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say** you look for new safety information **about ... NATURAL HEALTH PRODUCTS always, frequently, sometimes, rarely or never?**
Base: Respondent who answered **"yes" at Q1B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	863	547	863	606	-	122	329	412	247	324	273	352	504	63	152	349	154	145
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	870	559	870	615	-	118	330	422	253	326	274	358	506	110	137	291	152	180
Always	182	124	182	120	-	29	61	92	67	76	35	90	91	15	38	77	30	22
	21.1%	22.7%	21.1%	19.9%		24.0%	18.6%	22.3%	27.2% K	23.5% K	12.7%	25.6% M	18.0%	24.5%	24.8% R	22.0%	19.7%	15.0%
Frequently	171	105	171	120	-	24	70	77	70	66	34	72	98	10	37	53	29	43
	19.8%	19.2%	19.8%	19.7%		19.3%	21.4%	18.7%	28.1% JK	20.5% K	12.5%	20.3%	19.5%	15.5%	24.1% P	15.1%	19.1%	29.4% NPQ
Sometimes	210	128	210	152	-	32	74	103	46	97	64	79	129	17	29	92	37	35
	24.3%	23.5%	24.3%	25.1%		26.3%	22.5%	25.1%	18.8%	29.8% I	23.5%	22.5%	25.6%	27.3%	19.0%	26.5%	23.7%	23.9%
Rarely	161	102	161	121	-	18	63	80	32	48	77	62	98	13	24	64	36	25
	18.7%	18.7%	18.7%	20.0%		14.4%	19.2%	19.5%	13.1%	14.8%	28.4% IJ	17.5%	19.5%	20.0%	16.1%	18.2%	23.0%	17.2%
Never	122	76	122	82	-	17	51	53	25	35	56	40	80	7	22	53	21	18
	14.1%	13.8%	14.1%	13.5%		14.0%	15.6%	12.9%	10.1%	10.8%	20.5% IJ	11.4%	16.0%	10.9%	14.6%	15.1%	13.8%	12.8%
Depends	9	6	9	7	-	1	3	5	4	2	3	6	3	1	1	6	-	2
	1.1%	1.1%	1.1%	1.1%		1.0%	1.0%	1.2%	1.7%	0.6%	1.2%	1.8%	0.6%	0.9%	0.7%	1.7%		1.1%
Don't know/No answer	8	5	8	4	-	1	6	1	3	-	3	3	4	1	1	5	1	1
	1.0%	0.9%	1.0%	0.6%		1.0%	1.7%	0.3%	1.0%		1.2%	0.8%	0.8%	0.9%	0.7%	1.4%	0.7%	0.6%
CHI-SQUARE		<----------2.579--------->			<----------9.378---------->				<---------76.449-------->			<-----13.133---->		<----------------27.16---------------->			
SIGNIFICANCE		.2%			5.0%*				100.0%*			95.9%		70.3%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q9C. Once you are already taking a new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say you look for new safety information about ... NON-PRESCRIPTION DRUGS always, frequently, sometimes, rarely or never?
Base: Respondent who answered "yes" at Q1C.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	991	452	540	244	487	256	101	274	322	284	133	192	190	321	637	245	105
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	994	457	537	244	490	256	102	277	321	284	136	194	195	313	661	228	101
Always	190	72	118	29	94	67	33	61	49	45	36	37	44	45	105	60	25
	19.2%	15.8%	22.0%	12.1%	19.3%	26.0%	32.3%	22.3%	15.2%	15.9%	27.3%	19.2%	23.1%	14.0%	16.5%	24.5%	23.6%
			B		D	DE	IJ	I			N		N			O	
Frequently	148	66	83	30	80	38	13	35	47	53	16	32	34	44	90	39	19
	15.0%	14.5%	15.3%	12.2%	16.3%	14.8%	12.4%	12.7%	14.7%	18.7%	11.9%	16.5%	17.8%	13.7%	14.1%	15.9%	18.4%
Sometimes	233	91	142	63	127	44	14	65	85	66	31	41	41	82	146	55	31
	23.5%	20.1%	26.3%	25.6%	26.1%	17.1%	14.3%	23.8%	26.4%	23.4%	23.5%	21.1%	21.7%	25.6%	23.0%	22.6%	29.7%
			B	F	F			G	G	G							
Rarely	223	113	110	73	109	40	20	49	88	64	28	42	34	91	161	48	13
	22.4%	25.0%	20.3%	30.0%	22.3%	15.8%	19.9%	17.9%	27.4%	22.5%	21.4%	22.1%	17.7%	28.2%	25.3%	19.6%	12.7%
				EF	F				H					M	Q		
Never	178	101	77	48	72	55	19	61	46	51	18	35	35	57	127	35	13
	18.0%	22.4%	14.3%	19.8%	14.9%	21.7%	18.5%	22.2%	14.2%	18.0%	13.7%	18.1%	18.2%	17.8%	20.0%	14.4%	12.8%
		C				E		I									
Depends	7	4	3	-	2	5	1	-	4	2	-	4	1	-	4	1	2
	0.7%	0.8%	0.6%		0.4%	2.0%	0.8%		1.3%	0.7%		1.8%	0.5%		0.7%	0.5%	1.5%
Don't know/No answer	12	6	6	1	3	7	2	3	2	2	3	2	2	2	3	6	1
	1.2%	1.3%	1.1%	0.3%	0.6%	2.7%	1.9%	1.1%	0.7%	0.8%	2.2%	1.2%	1.0%	0.7%	0.5%	2.5%	1.3%
						D											
CHI-SQUARE		<---20.387-->		<--------52.859------->			<----------------40.15---------------->				<-------------31.69-------------->				<-----30.696---->		
SIGNIFICANCE		99.8%			100.0%*				99.8%*				97.6%*			99.8%*	

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q9C. Once you are already taking a **new drug or health product, how often, if at all, do you seek out NEW safety information out of interest or concern? Would you say** you look for new safety information about ... **NON-PRESCRIPTION DRUGS always, frequently, sometimes, rarely or never?**
Base: Respondent who answered **"yes" at Q1C.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	991	628	606	991	-	169	411	412	259	376	342	398	591	76	240	369	170	137
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	994	633	615	994	-	168	404	422	264	377	340	399	593	133	216	307	168	170
Always	190	133	126	190	-	28	66	96	76	73	36	91	98	15	58	71	27	19
	19.2%	21.2%	20.8%	19.2%		16.3%	16.1%	23.4% FG	29.6% JK	19.4% K	10.5%	22.9% M	16.5%	19.5%	24.1% QR	19.2%	16.1%	14.1%
Frequently	148	82	96	148	-	24	71	54	51	65	31	59	89	12	39	49	27	21
	15.0%	13.1%	15.8%	15.0%		14.2%	17.3%	13.0%	19.6% K	17.4% K	9.1%	14.9%	15.1%	15.8%	16.2%	13.4%	16.1%	15.3%
Sometimes	233	144	142	233	-	40	100	93	54	112	67	94	137	18	53	95	38	30
	23.5%	22.9%	23.5%	23.5%		23.6%	24.4%	22.6%	21.0%	29.8% IK	19.5%	23.7%	23.3%	23.3%	22.2%	25.7%	22.0%	21.8%
Rarely	223	140	143	223	-	39	82	101	36	78	107	80	143	17	47	85	40	35
	22.4%	22.3%	23.7%	22.4%		23.4%	20.1%	24.5%	13.9%	20.9% I	31.2% IJ	20.1%	24.1%	21.8%	19.4%	23.1%	23.2%	25.3%
Never	178	118	87	178	-	33	86	60	38	44	92	65	113	14	39	62	34	29
	18.0%	18.8% C	14.4%	18.0%		19.4%	20.9% H	14.6%	14.7%	11.6%	26.9% IJ	16.3%	19.2%	18.0%	16.2%	16.9%	20.2%	21.2%
Depends	7	4	6	7	-	1	2	4	2	-	4	2	5	-	1	2	2	2
	0.7%	0.7%	1.0%	0.7%		0.6%	0.5%	1.0%	0.8%		1.2%	0.5%	0.9%		0.5%	0.7%	1.2%	1.2%
Don't know/No answer	12	6	5	12	-	4	3	4	1	3	5	6	5	1	3	4	2	2
	1.2%	1.0%	0.9%	1.2%		2.6%	0.8%	1.0%	0.4%	0.9%	1.5%	1.6%	0.9%	1.5%	1.4%	1.0%	1.2%	1.2%
CHI-SQUARE		<----------7.89---------->			<----------20.129--------->				<--------102.045------->			<-----9.319----->		<----------13.517---------->				
SIGNIFICANCE		20.6%			67.4%*				100.0%*			84.4%		4.3%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
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Q10. WHERE have you looked for **this type of new information about drug safety; that is information you've sought out after you have began taking it?**
Base: Respondents who answered **at least rarely to Q9A or Q9B or Q9C.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,166	515	652	260	543	360	144	328	375	308	181	234	218	331	722	290	148
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,171	522	649	258	545	365	149	329	373	309	186	234	223	325	752	273	141
Pharmacist/Druggist/ Chemist/Pharmacy	632	250	382	123	292	217	92	193	194	148	105	138	121	148	375	197	58
	54.2%	48.5%	58.7% B	47.3%	53.7%	60.5% DE	63.8% IJ	59.0% J	51.6%	48.0%	58.0% N	58.8% N	55.7% N	44.7%	51.9% Q	67.8% OQ	39.4%
Internet/Web	375	185	191	95	213	67	19	76	140	137	41	59	80	138	280	50	44
	32.2%	35.9% C	29.3%	36.4% F	39.2% F	18.5%	13.4%	23.1% G	37.4% GH	44.4% GH	22.8%	25.2%	36.5% KL	41.8% KL	38.8% PQ	17.3%	29.8% P
Physician/doctor	335	143	193	69	137	129	58	91	89	93	70	74	53	76	183	112	39
	28.8%	27.7%	29.6%	26.5%	25.3%	36.0% DE	39.9% HI	27.6%	23.7%	30.3%	38.8% MN	31.6% N	24.1%	22.9%	25.3%	38.4% OQ	26.6%
Magazines/newspaper/TV	152	54	98	29	62	61	12	35	41	61	20	34	29	44	102	29	20
	13.0%	10.4%	15.1% B	11.1%	11.3%	17.0% DE	8.4%	10.8%	11.0%	19.9% GHI	10.8%	14.6%	13.1%	13.2%	14.1%	9.9%	13.7%
Medical/reference books/ publications	123	47	77	15	65	42	14	34	37	37	17	27	25	34	83	21	18
	10.6%	9.0%	11.8%	5.6%	12.0% D	11.7% D	10.0%	10.2%	9.9%	11.9%	9.4%	11.5%	11.6%	10.1%	11.5% P	7.1%	12.3%
Packaging/label/patient information	86	42	44	25	40	21	8	25	31	22	16	15	19	25	52	13	20
	7.4%	8.2%	6.7%	9.6%	7.4%	5.7%	5.3%	7.6%	8.2%	7.1%	8.8%	6.5%	8.8%	7.5%	7.2%	4.6%	13.8% OP
Friends/family members	73	30	42	18	33	21	9	21	24	18	8	15	15	23	40	21	11
	6.2%	5.9%	6.5%	7.1%	6.1%	5.9%	6.6%	6.5%	6.3%	6.0%	4.6%	6.5%	6.9%	7.1%	5.6%	7.3%	7.5%
Health Canada website	32	14	18	11	21	1	2	9	12	10	5	5	7	12	26	3	3
	2.8%	2.7%	2.8%	4.3% F	3.8% F	0.2%	1.4%	2.8%	3.1%	3.1%	3.0%	2.1%	3.3%	3.5%	3.6% P	1.1%	2.2%
Drug/manufacturer website/print material/ toll free line	30	13	17	12	14	3	1	4	12	12	4	5	4	13	20	6	3
	2.5%	2.5%	2.6%	4.7% F	2.6% F	0.9%	0.6%	1.3%	3.1% G	3.8% GH	1.9%	2.0%	2.0%	4.0%	2.8%	2.1%	2.3%
Natural/health food store	27	9	18	3	11	13	4	7	11	5	3	5	8	7	16	6	3
	2.3%	1.8%	2.7%	1.2%	2.0%	3.6%	3.1%	2.0%	3.0%	1.5%	1.5%	2.0%	3.6%	2.0%	2.3%	2.1%	2.2%
Other health care provider	23	6	17	3	12	7	2	5	12	4	5	6	5	5	13	5	4
	1.9%	1.1%	2.6%	1.3%	2.2%	2.0%	1.3%	1.5%	3.3%	1.2%	2.6%	2.4%	2.4%	1.6%	1.8%	1.9%	2.8%

Continued/...

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Q10. WHERE have you looked for **this type of new information about drug safety; that is information you've sought out after you have began taking it?** Continued
Base: Respondents who answered **at least rarely to Q9A or Q9B or Q9C.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
Health Canada/Other gov't office	13 1.1%	6 1.1%	7 1.1%	3 1.3%	9 1.7%	-	1 0.6%	1 0.3%	7 2.0% H	3 1.0%	1 0.4%	1 0.5%	3 1.3%	7 2.1%	7 0.9%	3 1.1%	2 1.6%
Public Advisories/ Warnings	10 0.9%	1 0.2%	9 1.3% B	1 0.3%	3 0.6%	6 1.6%	4 2.8%	3 0.9%	-	2 0.6%	2 0.9%	3 1.3%	4 1.9%	-	8 1.1%	1 0.4%	1 0.7%
Canadian Health Network	4 0.4%	2 0.4%	2 0.4%	-	2 0.5%	2 0.5%	-	1 0.3%	2 0.4%	2 0.5%	1 0.6%	2 0.8%	1 0.3%	1 0.2%	1 0.2%	1 0.4%	2 1.2%
Other	26 2.2%	14 2.8%	12 1.8%	6 2.2%	14 2.6%	7 1.8%	3 1.9%	10 3.2%	10 2.6%	3 1.1%	4 2.2%	4 1.7%	6 2.6%	6 1.7%	11 1.5%	10 3.4%	6 3.7%
Don't know/No answer	38 3.2%	20 4.0%	18 2.7%	12 4.6%	15 2.8%	10 2.7%	7 4.5%	8 2.4%	13 3.5%	9 3.0%	4 2.0%	5 2.2%	7 3.0%	18 5.4% KL	18 2.5%	4 1.5%	14 9.5% OP
CHI-SQUARE		<---25.461-->		<-------102.247------->			<----------107.342---------->				<----------66.577---------->				<-----117.81---->		
SIGNIFICANCE		93.8%*		100.0%*			100.0%*				96.1%*				100.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
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Q10. WHERE have you looked for this type of new information about drug safety; that is information you've sought out after you have began taking it?
Base: Respondents who answered at least rarely to Q9A or Q9B or Q9C.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,166 100.0%	764 100.0%	772 100.0%	864 100.0%	-	317 100.0%	463 100.0%	385 100.0%	325 100.0%	463 100.0%	358 100.0%	474 100.0%	685 100.0%	90 100.0%	277 100.0%	436 100.0%	199 100.0%	164 100.0%
UNWEIGHTED 'N'	1,171	775	781	867	-	314	462	395	331	465	357	477	688	158	250	363	196	204
Pharmacist/Druggist/ Chemist/Pharmacy	632 54.2%	453 59.3% C	401 52.0%	475 54.9%	-	156 49.1%	255 55.1%	221 57.3% F	183 56.3%	257 55.4%	182 51.0%	275 58.1% M	352 51.4%	56 62.0% PR	194 70.0% PQR	203 46.6%	103 52.0%	75 46.1%
Internet/Web	375 32.2%	227 29.7%	276 35.8% B	286 33.1%	-	97 30.5%	143 30.9%	136 35.2%	107 33.1%	144 31.1%	118 33.0%	151 31.8%	225 32.8%	24 26.6% O	40 14.4%	163 37.5% NO	75 37.8% NO	73 44.6% NO
Physician/doctor	335 28.8%	265 34.7% CD	204 26.4%	242 28.0%	-	87 27.4%	121 26.1%	127 33.1% G	99 30.5%	133 28.6%	100 28.1%	167 35.2% M	165 24.1%	31 34.2% P	105 38.0% PQR	101 23.1%	52 26.0%	47 28.4%
Magazines/newspaper/TV	152 13.0%	98 12.8%	116 15.0%	118 13.7%	-	29 9.3%	64 13.8%	58 15.1% F	47 14.6%	53 11.4%	50 14.0%	57 12.0%	93 13.6%	18 20.3% OQR	24 8.8%	68 15.7% O	21 10.7%	19 11.8%
Medical/reference books/ publications	123 10.6%	80 10.5%	100 13.0%	93 10.7%	-	27 8.6%	42 9.0%	54 14.0% FG	49 15.1% K	48 10.3%	25 7.1%	57 12.0%	64 9.3%	18 19.6% OPQ	16 5.6%	43 9.9% O	23 11.7% O	23 14.2% O
Packaging/label/patient information	86 7.4%	42 5.5%	50 6.5%	75 8.7% B	-	28 8.8%	35 7.7%	23 5.9%	24 7.3%	33 7.2%	29 8.1%	25 5.2%	61 8.9% L	5 5.7%	19 6.8%	41 9.4% R	13 6.6%	8 4.9%
Friends/family members	73 6.2%	45 5.9%	57 7.4%	62 7.2%	-	12 3.8%	29 6.2%	32 8.3% F	22 6.7%	27 5.8%	23 6.4%	37 7.8%	35 5.0%	2 2.5%	21 7.6% N	24 5.5%	13 6.6%	12 7.4% N
Health Canada website	32 2.8%	22 2.9%	19 2.5%	28 3.2%	-	7 2.2%	14 3.0%	11 2.9%	7 2.3%	15 3.2%	10 2.8%	16 3.3%	17 2.4%	1 1.3%	3 1.2%	19 4.4% NOQ	3 1.5%	6 3.4%
Drug/manufacturer website/print material/ toll free line	30 2.5%	18 2.4%	22 2.8%	23 2.6%	-	9 2.9%	8 1.8%	12 3.2%	11 3.3%	11 2.3%	8 2.3%	10 2.1%	19 2.8%	2 2.5%	7 2.4%	14 3.3%	3 1.5%	3 2.0%
Natural/health food store	27 2.3%	18 2.3%	24 3.1% D	13 1.5%	-	7 2.1%	13 2.9%	7 1.8%	10 3.2%	12 2.5%	4 1.2%	12 2.6%	15 2.1%	2 1.9%	6 2.0%	8 1.9%	8 4.1%	3 2.0%

Continued/...

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Q10. WHERE have you looked for this type of new information about drug safety; that is information you've sought out after you have began taking it? Continued
Base: Respondents who answered at least rarely to Q9A or Q9B or Q9C.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
Other health care provider	23 1.9%	12 1.6%	18 2.3%	16 1.9%	-	5 1.6%	11 2.5%	6 1.6%	7 2.2%	7 1.6%	7 2.0%	10 2.0%	13 1.9%	2 1.9%	4 1.6%	8 1.9%	4 2.0%	4 2.5%
Health Canada/Other gov't office	13 1.1%	9 1.2%	8 1.1%	11 1.3%	-	3 1.0%	2 0.5%	7 1.8%	4 1.3%	4 0.9%	4 1.1%	5 1.0%	8 1.1%	-	3 1.2%	5 1.1%	2 1.0%	2 1.5%
Public Advisories/ Warnings	10 0.9%	7 0.9%	8 1.0%	5 0.6%	-	4 1.4%	2 0.4%	4 1.0%	3 0.9%	4 0.9%	3 0.8%	2 0.5%	8 1.1%	1 0.6%	1 0.4%	4 0.8%	3 1.5%	2 1.0%
Canadian Health Network	4 0.4%	3 0.5%	4 0.6%	3 0.4%	-	-	2 0.4%	2 0.6%	1 0.2%	1 0.2%	3 0.8%	3 0.6%	2 0.2%	1 0.6%	1 0.4%	-	1 0.5%	2 1.0%
Other	26 2.2%	15 2.0%	18 2.4%	20 2.3%	-	7 2.1%	12 2.6%	8 2.0%	5 1.6%	11 2.4%	9 2.4%	10 2.2%	16 2.3%	1 1.3%	10 3.6%	8 1.9%	5 2.6%	2 1.0%
Don't know/No answer	38 3.2%	22 2.9%	29 3.7%	27 3.1%	-	10 3.1%	16 3.5%	12 3.1%	6 1.9%	10 2.3%	19 5.2% IJ	12 2.5%	25 3.6%	6 7.0% O	4 1.6%	14 3.3%	7 3.6%	6 3.4%
CHI-SQUARE		<---------39.457--------->			<----------28.085--------->				<---------27.53--------->			<-----26.191---->		<----------140.016---------->				
SIGNIFICANCE		82.9%*			1.0%*				30.8%*			94.9%*		100.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q11A. Are you aware of any of the **following sources of new safety information about drugs and other health products, provided through Health Canada...PUBLIC ADVISORIES AND WARNINGS ISSUED THROUGH THE MEDIA?**
Base: Respondents who did not answer **"Public advisories" at Q10.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,490	730	760	337	683	460	195	428	452	399	225	301	274	422	916	371	187
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,490	733	757	335	685	461	197	433	447	397	230	302	278	412	950	349	177
Yes	923	419	504	197	431	289	101	252	300	261	120	185	178	275	615	182	116
	61.9%	57.5%	66.2%	58.3%	63.1%	62.8%	51.7%	58.8%	66.3%	65.5%	53.4%	61.5%	64.8%	65.3%	67.1%	49.1%	62.2%
			B						GH	G			K	K	P		P
No	541	300	241	137	241	161	87	167	147	134	96	114	92	143	285	183	67
	36.3%	41.1%	31.7%	40.5%	35.2%	34.9%	44.4%	38.9%	32.6%	33.6%	42.7%	37.9%	33.4%	34.0%	31.1%	49.2%	35.9%
		C					IJ				MN					OQ	
Don't know/No answer	26	10	16	4	11	11	8	10	5	4	9	2	5	3	16	6	4
	1.7%	1.4%	2.1%	1.2%	1.7%	2.3%	3.9%	2.3%	1.1%	0.9%	3.8%	0.7%	1.8%	0.7%	1.8%	1.7%	1.9%
							J				LN						
CHI-SQUARE		<---14.517-->		<--------4.478-------->			<----------------21.516---------------->				<--------------19.175------------->				<-----37.66----->		
SIGNIFICANCE		99.9%		65.5%			99.9%				99.6%*				100.0%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q11A. Are you aware of any of the **following sources of new safety information about drugs and other health products, provided through Health Canada...PUBLIC** ADVISORIES AND WARNINGS ISSUED **THROUGH THE MEDIA?**
Base: Respondents who did not answer **"Public advisories" at Q10.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,490	876	855	986	132	407	544	408	386	534	521	553	926	114	361	567	251	198
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,490	886	862	989	128	405	539	418	391	535	519	554	926	199	325	472	247	247
Yes	923	546	566	636	72	231	343	277	265	336	299	357	560	70	176	390	165	121
	61.9%	62.3%	66.1%	64.5%	54.7%	56.8%	63.0%	67.9% EF	68.7% K	63.0%	57.4%	64.5%	60.4%	61.3% O	48.9%	68.9% OR	66.0% O	61.1% O
No	541	312	275	336	58	165	194	124	114	190	214	185	353	43	180	162	83	73
	36.3%	35.7%	32.1%	34.1%	44.4% H	40.6% H	35.6%	30.3%	29.4%	35.6%	41.1% I	33.5%	38.1%	37.7% P	49.8% NPQR	28.6%	33.2%	36.8% P
Don't know/No answer	26	18	15	14	1	10	7	7	7	7	8	11	14	1	4	14	2	4
	1.7%	2.0%	1.7%	1.4%	0.9%	2.5%	1.3%	1.8%	1.9%	1.3%	1.6%	2.0%	1.5%	1.0%	1.2%	2.5%	0.8%	2.0%
CHI-SQUARE		<----------3.514--------->			<----------16.447--------->				<--------13.448-------->			<-----3.722----->		<----------47.462---------->				
SIGNIFICANCE		52.4%			98.8%				99.1%			84.4%		100.0%				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q11B. Are you aware of any of the **following sources of new safety information about drugs and other health products, provided through Health Canada...HEALTH CANADA'S WEBSITE?**
Base: Respondents who did not answer **"Health Canada's website" at Q10.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,469	718	751	327	666	466	198	422	440	391	221	300	271	410	900	369	185
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,470	721	749	326	669	466	200	428	435	390	227	301	275	401	934	347	175
Yes	427	194	233	113	209	105	36	114	141	133	47	75	90	142	278	76	70
	29.0%	27.0%	31.0%	34.5%	31.3%	22.5%	18.1%	27.1%	32.0%	34.1%	21.2%	24.8%	33.3%	34.6%	30.9%	20.6%	37.8%
				F	F			G	G	GH			KL	KL	P		P
No	1,025	513	512	212	448	356	162	301	293	254	172	221	177	264	611	291	111
	69.8%	71.5%	68.1%	64.8%	67.2%	76.4%	81.9%	71.4%	66.5%	64.9%	77.8%	73.7%	65.4%	64.4%	67.9%	78.8%	59.7%
						DE	HIJ				MN	MN			Q	OQ	
Don't know/No answer	17	10	7	2	10	5	-	6	7	4	2	4	4	4	10	2	5
	1.2%	1.5%	0.9%	0.6%	1.5%	1.1%		1.5%	1.6%	1.0%	1.0%	1.4%	1.3%	1.0%	1.1%	0.6%	2.5%
CHI-SQUARE		<---3.593--->		<--------17.653------->			<-----------------23.203---------------->				<--------------17.865------------->				<-----26.187---->		
SIGNIFICANCE		83.4%		99.9%			99.9%*				99.3%*				100.0%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q11B. Are you aware of any of the following sources of new safety information about drugs and other health products, provided through Health Canada...HEALTH CANADA'S WEBSITE?
Base: Respondents who did not answer "Health Canada's website" at Q10.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,469	861	844	965	132	405	532	400	382	523	515	539	918	113	358	552	251	194
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,470	871	851	968	128	404	528	410	387	525	513	541	919	198	323	460	247	242
Yes	427	233	262	285	32	116	171	107	121	157	137	146	280	33	71	189	75	59
	29.0%	27.0%	31.1%	29.6%	24.5%	28.6%	32.2%	26.8%	31.7%	30.1%	26.5%	27.1%	30.4%	28.8% O	19.8%	34.1% O	30.0% O	30.6% O
No	1,025	620	571	670	97	283	356	288	257	360	374	389	626	81	285 NPQR	355	171	133
	69.8%	72.0%	67.6%	69.5%	74.1%	69.8%	67.0%	72.0%	67.2%	68.9%	72.6%	72.1%	68.2%	71.2%	79.6%	64.3%	68.4%	68.2%
Don't know/No answer	17	9	11	9	2	6	4	5	4	5	5	5	13	-	2	8	4	2
	1.2%	1.0%	1.3%	0.9%	1.4%	1.6%	0.8%	1.2%	1.1%	1.0%	0.9%	0.8%	1.4%		0.6%	1.5%	1.6%	1.2%
CHI-SQUARE		<----------4.208---------->			<----------5.915---------->				<----------3.315---------->			<-----2.882----->		<----------26.387---------->				
SIGNIFICANCE		62.1%			56.7%*				49.3%			76.3%		99.9%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q12. In the past six months have you **used Health Canada's website to get new safety information about drugs or other health products?**
Base: Respondents who are aware **of Health Canada's website at Q10 or Q11B.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	458	207	251	124	228	106	37	123	152	143	52	78	98	153	303	79	73
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	456	207	249	121	227	108	39	124	150	141	54	79	100	149	310	75	69
Yes	124	49	75	39	63	22	7	26	45	44	14	21	24	44	80	22	22
	27.0%	23.7%	29.8%	31.7%	27.5%	20.5%	18.7%	21.4%	29.8%	30.6%	26.5%	27.1%	24.2%	28.8%	26.3%	28.1%	29.8%
No	327	154	173	82	161	83	29	96	105	96	38	56	72	107	221	56	47
	71.4%	74.5%	68.8%	66.5%	70.5%	78.9% D	78.5%	77.6%	68.7%	67.4%	73.5%	71.5%	74.2%	70.0%	72.9%	70.6%	64.8%
Don't know/No answer	7	4	3	2	4	1	1	1	2	3	-	1	2	2	2	1	4
	1.6%	1.8%	1.4%	1.9%	1.9%	0.5%	2.8%	1.0%	1.5%	2.0%		1.4%	1.6%	1.2%	0.8%	1.3%	5.4%
CHI-SQUARE		<---2.186--->		<--------4.889-------->			<----------------5.659---------------->				<--------------1.469-------------->				<------8.74----->		
SIGNIFICANCE		66.5%*		70.1%*			53.8%*				3.8%*				93.2%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q12. In the past six months have you **used Health Canada's website to get new safety information about drugs or other health products?**
Base: Respondents who are aware of **Health Canada's website at Q10 or Q11B.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	458	255	281	312	32	122	185	119	128	172	146	162	295	34	74	207	78	65
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	456	258	284	312	32	118	182	124	127	171	147	163	292	59	67	172	77	81
Yes	124	70	77	91	3	33	57	30	42	49	31	46	77	11	22	58	12	21
	27.0%	27.6%	27.3%	29.2%	10.5%	27.0%	30.8%	25.6%	32.5%	28.3%	21.5%	28.6%	26.3%	32.2%	29.9%	27.9%	15.6%	32.1%
						E	E	E	K					Q	Q	Q		Q
No	327	179	199	215	28	89	125	85	84	120	113	112	213	22	51	148	63	43
	71.4%	70.5%	70.9%	69.1%	85.8%	73.0%	67.5%	71.9%	65.4%	70.0%	77.4%	69.5%	72.3%	64.4%	68.7%	71.5%	80.5%	66.7%
					G						I						NR	
Don't know/No answer	7	5	5	5	1	-	3	3	3	3	2	3	4	1	1	1	3	1
	1.6%	2.0%	1.8%	1.6%	3.7%		1.7%	2.5%	2.2%	1.7%	1.1%	1.9%	1.4%	3.4%	1.5%	0.6%	3.9%	1.2%
CHI-SQUARE		<----------.388---------->			<----------9.205---------->				<---------5.019-------->			<------.454----->		<----------------11.102---------------->				
SIGNIFICANCE		1.7%			83.8%*				71.5%*			20.3%*		80.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q13. I would now like to ask you about **your use of Health Canada's website. How satisfied are you overall with this site as a source of information about drug safety?** Are you...?
Base: Respondents who answered **"yes" at Q12.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	124	49	75	39	63	22	7	26	45	44	14	21	24	44	80	22	22
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	125	50	75	38	65	22	8	28	46	42	15	22	26	42	84	21	20
Very satisfied	38	16	23	15	14	10	3	10	13	12	5	5	6	15	24	6	8
	30.9%	31.9%	30.2%	37.0%	21.8%	46.3% E	44.4%	39.5%	27.9%	27.6%	33.5%	25.3%	23.8%	34.1%	30.6%	27.4%	35.5%
Generally satisfied	74	30	44	24	40	11	4	14	30	25	8	15	14	25	48	14	12
	59.9%	60.9%	59.3%	60.0%	63.3%	50.0%	55.6%	54.4%	66.0%	56.6%	54.9%	70.9%	60.4%	56.8%	60.3%	63.1%	55.3%
Not very satisfied	9	3	6	1	7	1	-	2	2	5	2	1	3	2	6	1	2
	7.1%	5.5%	8.0%	3.1%	10.7%	3.7%		6.1%	4.4%	11.7%	11.5%	3.8%	11.5%	5.4%	7.0%	5.0%	9.2%
Don't know/No answer	3	1	2	-	3	-	-	-	1	2	-	-	1	2	2	1	-
	2.1%	1.6%	2.4%		4.2%				1.8%	4.2%			4.3%	3.6%	2.0%	4.5%	
CHI-SQUARE		<-----.395--->		<---------9.262-------->			<----------5.691---------->				<----------4.183---------->				<-----1.724----->		
SIGNIFICANCE		.5%*		49.3%*			1.6%*				.3%*				.2%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q13. I would now like to ask you about **your use of Health Canada's website. How satisfied are you overall with this site as a source of information about drug safety?** Are you...?
Base: Respondents who answered **"yes" at Q12.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	124	70	77	91	3	33	57	30	42	49	31	46	77	11	22	58	12	21
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	125	71	79	91	4	33	56	32	42	49	32	48	77	19	20	48	12	26
Very satisfied	38	24	18	29	1	11	18	8	14	11	13	14	24	6	7	18	4	3
	30.9%	34.5%	22.9%	31.7%	35.5%	34.1%	31.3%	26.0%	33.4%	22.8%	42.1%	30.5%	31.1%	57.9% PR	30.0%	31.2%	33.3%	15.4%
Generally satisfied	74	37	49	54	2	20	36	17	21	36	16	27	47	5	14	36	7	12
	59.9%	53.3%	63.8%	59.8%	64.5%	59.8%	62.5%	54.8%	50.5%	73.0% IK	49.6%	58.2%	61.0%	42.1%	65.0%	62.5%	58.3%	57.7%
Not very satisfied	9	7	8	5	-	2	3	4	5	2	2	4	4	-	1	4	-	4
	7.1%	9.6%	9.9%	5.6%		6.1%	4.8%	13.2%	12.3%	4.1%	5.1%	9.5%	5.6%		5.0%	6.2%		19.2%
Don't know/No answer	3	2	3	3	-	-	1	2	2	-	1	1	2	-	-	-	1	2
	2.1%	2.6%	3.4%	2.9%			1.4%	6.0%	3.9%		3.2%	1.7%	2.3%				8.3%	7.7%
CHI-SQUARE		<----------3.86---------->			<----------5.944---------->				<----------9.034-------->			<------.738----->		<----------------18.381---------------->			
SIGNIFICANCE		4.7%*			1.9%*				47.1%*			1.9%*		43.8%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q14A. Why do you say that?
Base: Respondents who answered **"very/generally satisfied" at Q13.**

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV. UNIV.	POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	112	46	67	38	53	21	7	25	43	37	12	20	20	40	72	20	20
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	113	46	67	37	55	21	8	26	43	35	13	21	22	38	76	19	18
Able to get the information/answers I wanted	39	13	25	13	16	10	4	8	17	10	4	10	8	15	24	8	6
	34.3%	29.5%	37.5%	33.5%	29.4%	48.3%	51.2%	32.9%	39.2%	27.5%	35.7%	46.9%	38.7%	37.5%	33.8%	41.3%	28.9%
Good source of information	33	15	19	10	14	9	1	9	14	10	6	5	7	8	24	6	4
	29.8%	32.0%	28.2%	27.2%	27.1%	41.3%	11.7%	38.0%	32.0%	25.9%	46.2%	23.5%	33.7%	19.3%	32.8%	27.5%	20.9%
Easy to use	17	6	11	6	7	4	1	-	8	8	1	2	3	5	11	3	2
	15.2%	14.1%	16.1%	15.3%	13.5%	19.6%	11.7%		19.4%	21.8%	9.8%	12.2%	17.6%	13.3%	15.9%	16.5%	11.7%
Confidence in source/ Trust Health Canada	8	4	4	3	3	2	1	1	4	2	1	3	2	1	4	1	3
	7.2%	9.5%	5.6%	7.4%	5.6%	11.2%	20.0%	4.8%	8.8%	4.8%	6.5%	12.6%	11.8%	3.0%	6.0%	2.8%	16.2%
Current information	5	4	2	1	5	-	-	1	3	2	-	1	1	3	3	-	2
	4.7%	7.9%	2.6%	2.1%	8.5%			2.3%	7.0%	4.8%		3.9%	6.9%	7.8%	4.6%		10.1%
Needs more information	5	1	4	2	2	-	-	1	1	2	-	1	-	2	2	2	-
	4.2%	2.6%	5.3%	6.1%	4.5%			4.8%	2.6%	6.5%		5.4%		6.0%	3.3%	11.4%	
Well done	3	2	1	1	2	-	-	1	1	1	-	1	-	2	1	2	-
	2.8%	4.2%	1.8%	2.1%	4.3%			3.2%	2.6%	3.3%		3.9%		5.7%	1.1%	11.4%	
Easy to understand	2	2	-	-	2	-	-	-	2	-	-	-	-	1	-	2	-
	2.0%	4.9%			4.2%				5.2%					2.8%		11.0%	
Other	25	13	13	10	14	2	2	6	9	8	5	5	3	8	19	2	5
	22.6%	27.8%	19.1%	25.6%	25.9%	8.7%	25.8%	24.2%	21.6%	22.8%	43.3%	22.7%	15.0%	19.1%	25.7%	11.0%	23.4%
Don't know/No answer	12	3	9	5	5	2	1	2	3	4	-	1	3	4	7	1	4
	10.4%	5.7%	13.7%	12.1%	9.5%	9.6%	14.8%	8.9%	7.0%	11.7%		5.4%	14.0%	11.0%	9.7%	5.9%	17.8%
CHI-SQUARE		<---9.529--->		<---------13.658------->			<-----------------16.609---------------->				<--------------16.939------------->				<-----29.222---->		
SIGNIFICANCE		42.7%*		8.7%*			.8%*				.9%*				86.1%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q14A. Why do you say that?
Base: Respondents who answered **"very/generally satisfied" at Q13.**

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	112	62	67	83	3	31	54	25	35	47	29	41	71	11	21	54	11	15
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	113	62	68	83	4	31	52	26	35	47	29	42	71	19	19	45	11	19
Able to get the information/answers I wanted	39	27	20	27	2	9	18	10	11	16	10	16	23	5	9	16	3	6
	34.3%	43.1%	29.8%	32.2%	64.5%	29.1%	33.1%	39.2%	31.1%	33.9%	34.2%	38.7%	31.8%	42.1%	42.1%	28.9%	27.3%	42.1%
Good source of information	33	17	18	21	1	13	14	5	12	10	11	14	19	4	8	14	4	3
	29.8%	27.7%	27.2%	24.9%	35.5%	42.9%	26.6%	19.3%	33.1%	20.6%	38.6%	34.2%	27.2%	36.8%	36.8%	26.7%	36.4%	21.1%
Easy to use	17	11	10	15	-	4	8	5	6	6	5	11	7	1	6	6	2	2
	15.2%	17.5%	15.4%	17.7%		11.7%	15.6%	21.1%	18.5%	13.1%	15.8%	25.8% M	9.2%	10.5%	26.3%	11.1%	18.2%	15.8%
Confidence in source/ Trust Health Canada	8	4	5	6	-	2	5	1	3	5	1	3	6	2	-	5	-	2
	7.2%	6.4%	8.0%	7.6%		5.7%	9.7%	4.6%	7.2%	10.3%	2.8%	6.3%	7.8%	15.8%		8.9%		10.5%
Current information	5	3	2	5	-	1	5	-	1	1	4	2	4	2	-	1	-	2
	4.7%	5.1%	2.4%	6.4%		1.8%	8.9%		2.3%	1.7%	12.9%	3.9%	5.2%	15.8%		2.2%		15.8%
Needs more information	5	4	4	4	-	-	4	1	2	1	1	1	4	-	1	4	-	-
	4.2%	5.7%	5.3%	4.2%			6.7%	4.5%	6.9%	2.4%	4.2%	2.9%	4.9%		5.3%	6.7%		
Well done	3	1	1	2	-	2	1	-	2	1	-	1	2	-	1	1	-	1
	2.8%	1.9%	1.2%	2.8%		6.2%	2.2%		5.7%	2.4%		2.0%	3.2%		5.3%	2.2%		5.3%
Easy to understand	2	1	-	2	-	1	1	-	-	2	-	-	2	-	2	-	-	-
	2.0%	1.8%		2.7%		3.6%	2.1%			4.8%			3.1%		10.5%			
Other	25	13	16	20	-	8	12	6	8	12	6	11	14	1	2	14	2	6
	22.6%	20.6%	24.2%	24.5%		24.3%	22.4%	24.1%	21.8%	24.9%	21.5%	27.4%	19.9%	10.5%	10.5%	26.7%	18.2%	36.8% NO
Don't know/No answer	12	6	9	10	-	1	8	3	3	7	2	3	8	1	1	7	2	1
	10.4%	9.7%	14.1%	11.9%		3.6%	14.3%	12.1%	9.5%	14.2%	6.2%	8.3%	11.6%	5.3%	5.3%	13.3%	18.2%	5.3%
CHI-SQUARE		<----------6.293--------->			<----------19.712--------->				<---------16.283--------->			<-----6.753----->		<----------35.489---------->				
SIGNIFICANCE		.0%*			3.3%*				19.8%*			18.1%*		18.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q14B. Why do you say that?
Base: Respondents who were dissatisfied at Q13.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	9	3	6	1	7	1	-	2	2	5	2	1	3	2	6	1	2
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	9	3	6	1	7	1	-	2	2	5	2	1	3	2	6	1	2
Hard to find what I want	5	2	3	1	3	1	-	1	1	4	1	1	1	1	3	1	1
	58.6%	70.4%	53.3%	100.0% E	46.3%	100.0% E		50.0%	40.1%	68.6%	50.0%	100.0% M	40.9%	50.0%	50.0%	100% O	59.9%
Could not find information/answers to questions	4	-	4	1	3	-	-	-	2	2	-	1	1	2	3	-	1
	45.9%		66.7%	100.0% E	41.7%				100.0% J	39.2%		100.0% M	29.6%	100.0% M	50.0%		59.9%
Site not easy to use	4	1	3	-	4	-	-	1	1	2	1	-	2	1	3	1	-
	44.9%	40.9%	46.7%		58.3%			50.0%	59.9%	37.4%	50.0%		70.4%	50.0%	50.0%	100% O	
Not a good source of information	1	-	1	-	1	-	-	-	-	1	-	-	-	-	1	-	-
	13.8%		20.0%		17.9%					23.5%					21.4%		
Other	2	1	2	-	2	-	-	-	1	2	-	1	2	-	2	-	1
	27.6%	29.6%	26.7%		35.8%				40.1%	31.4%		100.0%	59.1%		28.6%		40.1%
CHI-SQUARE		<---2.363--->		<---------4.51-------->			<----------3.233---------->				<----------5.142---------->				<-----3.789----->		
SIGNIFICANCE		1.6%*		.1%*			.0%*				.0%*				.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q14B. Why do you say that?
Base: Respondents who were dissatisfied at Q13.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	9	7	8	5	-	2	3	4	5	2	2	4	4	-	1	4	-	4
	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	100.0%		100.0%
UNWEIGHTED 'N'	9	7	8	5	-	2	3	4	5	2	2	5	4	-	1	3	-	5
Hard to find what I want	5	3	4	2	-	2	2	1	4	1	-	3	2	-	1	2	-	2
	58.6%	46.3%	52.6%	45.1%		100.0% H	70.4%	30.0%	84.3%	40.1%		63.6%	53.6%		100.0% R	66.7%		40.0%
Could not find information/answers to questions	4	3	4	3	-	1	-	3	1	2	1	3	1	-	-	2	-	2
	45.9%	47.7%	52.6%	62.6%		40.1%		80.0%	23.5%	100.0% I	50.0%	63.6%	27.8%			66.7%		40.0%
Site not easy to use	4	4	3	4	-	-	1	3	2	1	1	2	2	-	1	1	-	2
	44.9%	58.3%	36.8%	76.5%			40.9%	70.0%	37.4%	59.9%	50.0%	36.4%	53.6%		100.0% PR	33.3%		40.0%
Not a good source of information	1	-	1	-	-	1	-	-	1	-	-	-	1	-	-	1	-	-
	13.8%		15.8%			59.9%			23.5%				27.8%			33.3%		
Other	2	2	2	1	-	1	1	1	-	1	2	2	1	-	-	-	-	2
	27.6%	23.9%	31.6%	15.7%		40.1%	29.6%	20.0%		40.1%	100.0%	36.4%	18.6%					60.0%
CHI-SQUARE		<----------3.118--------->			<----------7.994---------->				<----------8.526--------->			<-----2.235----->		<----------6.782---------->				
SIGNIFICANCE		.0%*			.0%*				3.0%*			1.3%*		.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q15. In what way, if any, did information you obtained through the website lead you to do anything differently, such as changing the way you are using a particular drug, o consulting your physician?
Base: Respondents who answered "yes" at Q12.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	124	49	75	39	63	22	7	26	45	44	14	21	24	44	80	22	22
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	125	50	75	38	65	22	8	28	46	42	15	22	26	42	84	21	20
Consulted physician	27	10	17	6	14	6	3	7	10	8	3	4	7	8	19	4	4
	21.7%	20.2%	22.8%	16.1%	23.0%	28.5%	37.4%	24.9%	21.1%	18.7%	19.5%	16.9%	30.3%	17.4%	23.5%	17.9%	19.4%
Sought out more detailed information (other sources)	8	4	4	2	3	3	1	3	2	2	1	2	1	4	6	1	1
	6.3%	8.2%	5.0%	5.1%	5.0%	12.1%	11.7%	9.9%	4.4%	5.3%	5.8%	7.6%	4.3%	7.9%	7.0%	5.0%	4.7%
Stopped using drug	6	3	4	3	3	-	-	-	2	4	1	-	1	3	2	3	1
	5.1%	5.7%	4.7%	7.3%	5.4%				5.1%	9.1%	8.0%		4.7%	6.5%	2.2%	14.9%	5.5%
Switched drug/Started new drug	6	2	4	2	2	1	-	4	1	1	1	2	-	2	3	1	2
	4.9%	5.1%	4.8%	5.9%	3.8%	6.3%		16.3% I	1.3%	2.7%	8.6%	7.9%		5.4%	3.2%	5.0%	11.0%
Consulted pharmacist	5	1	4	1	2	2	2	1	1	1	-	1	2	2	2	2	1
	4.1%	2.4%	5.2%	3.1%	3.7%	7.3%	25.8%	3.8%	2.6%	2.5%		5.7%	6.7%	5.2%	3.0%	7.5%	4.7%
Changed frequency of using drug/dosage	3	2	1	1	2	-	-	2	1	-	-	1	1	1	1	1	1
	2.7%	4.7%	1.4%	2.8%	3.5%			8.0%	2.6%			5.2%	4.3%	2.7%	1.3%	5.0%	5.5%
Consulted other health professional	1	1	-	-	1	-	-	-	-	1	-	-	-	1	1	-	-
	0.6%	1.6%			1.3%					1.8%				1.8%	1.0%		
Other	11	3	9	3	7	1	1	3	4	2	1	2	3	1	8	2	1
	9.1%	5.5%	11.5%	8.4%	10.8%	5.5%	20.0%	12.8%	9.3%	5.3%	5.8%	7.6%	14.6%	2.7%	10.7%	9.9%	2.6%
Did not get any new information	7	4	3	2	5	-	-	1	4	2	-	-	3	3	7	-	-
	5.6%	7.3%	4.5%	6.1%	7.3%			2.2%	9.7%	4.6%			13.6%	6.7%	8.8%		
None	54	19	35	19	25	10	3	8	20	22	6	14	5	19	34	10	9
	43.4%	39.0%	46.3%	48.0%	40.4%	43.9%	42.6%	28.6%	43.1%	51.3%	46.5%	67.5% M	19.7%	44.0% M	42.8%	46.9%	42.0%
Don't know/No answer	7	4	3	1	4	2	-	2	1	4	1	-	2	4	4	1	2
	5.8%	8.2%	4.3%	2.0%	6.4%	11.1%		7.6%	2.6%	9.2%	5.8%		8.5%	10.0%	5.0%	5.4%	9.2%
CHI-SQUARE		<---6.341--->		<--------10.614------->			<----------------33.199---------------->				<--------------23.343------------->				<-----16.511---->		
SIGNIFICANCE		15.0%*		2.0%*			54.2%*				10.7%*				21.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q15. In what way, if any, did information you obtained through the website lead you to do anything differently, such as changing the way you are using a particular drug, o consulting your physician?
Base: Respondents who answered "yes" at Q12.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	124	70	77	91	3	33	57	30	42	49	31	46	77	11	22	58	12	21
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	125	71	79	91	4	33	56	32	42	49	32	48	77	19	20	48	12	26
Consulted physician	27	15	17	20	-	9	11	7	8	11	8	11	16	3	2	14	2	5
	21.7%	21.0%	21.8%	22.3%		27.3%	19.2%	23.0%	18.5%	22.5%	26.3%	23.0%	21.0%	31.6%	10.0%	25.0%	16.7%	23.1%
Sought out more detailed information (other sources)	8	3	7	5	-	2	4	2	3	2	2	3	5	-	1	2	1	3
	6.3%	4.9%	8.6%	5.6%		5.8%	7.4%	5.3%	7.7%	4.9%	6.8%	5.9%	6.5%		5.0%	4.2%	8.3%	15.4%
Stopped using drug	6	6	4	6	-	1	2	4	1	4	1	4	2	1	3	2	-	-
	5.1%	8.2%	4.6%	6.9%		1.7%	3.9%	11.5%	2.7%	8.2%	3.8%	8.6%	3.0%	5.3%	15.0%	4.2%		
Switched drug/Started new drug	6	2	5	5	-	2	2	2	1	4	1	5	1	1	1	4	-	1
	4.9%	2.5%	6.5%	5.8%		5.8%	4.2%	5.8%	1.4%	9.0%	3.5%	10.8%	1.4%	5.3%	5.0%	6.2%		3.8%
Consulted pharmacist	5	2	3	4	-	3	1	1	1	-	5	1	4	1	1	2	1	-
	4.1%	3.2%	3.6%	3.9%		8.8%	1.8%	3.9%	1.4%		14.4% I	2.4%	5.1%	5.3%	5.0%	4.2%	8.3%	
Changed frequency of using drug/dosage	3	-	2	3	-	1	2	-	1	1	1	-	3	-	1	1	1	-
	2.7%		2.9%	3.6%		3.4%	3.9%		2.4%	2.5%	3.5%		4.3%		5.0%	2.1%	8.3%	
Consulted other health professional	1	1	1	1	-	-	-	1	-	-	1	1	-	-	-	-	-	1
	0.6%	1.1%	1.0%	0.9%				2.6%			2.6%	1.7%						3.8%
Other	11	7	8	8	-	3	4	4	3	7	1	5	6	1	3	4	-	3
	9.1%	10.6%	10.1%	8.9%		9.7%	7.3%	12.9%	7.7%	14.3%	3.5%	10.9%	8.1%	10.5%	15.0%	6.2%		15.4%
Did not get any new information	7	6	5	4	-	3	1	3	2	2	3	2	5	1	-	5	-	2
	5.6%	8.0%	6.8%	4.1%		7.8%	2.1%	10.5%	5.8%	4.1%	8.2%	3.5%	6.9%	5.3%		8.3%		7.7%
None	54	28	30	38	3	16	24	11	18	22	12	20	33	5	12	22	8	7
	43.4%	40.3%	38.8%	41.2%	100.0% FGH	47.6%	42.2%	34.9%	43.3%	44.3%	38.5%	44.2%	43.0%	42.1%	55.0%	37.5%	66.7%	34.6%
Don't know/No answer	7	5	4	6	-	1	6	1	4	1	2	1	6	-	-	5	-	2
	5.8%	7.4%	4.7%	6.2%		2.4%	9.8%	2.6%	10.6%	1.6%	6.4%	2.6%	7.8%			8.3%		11.5%
CHI-SQUARE		<----------7.222--------->			<----------21.568--------->				<--------23.474-------->			<-----12.776---->		<----------34.198---------->				
SIGNIFICANCE		.1%*			6.3%*				62.5%*			69.2%*		14.4%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q16. In what way, if any, do you think **Health Canada could do more to provide Canadians with new safety information about drugs and other health products?**
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
TV/Radio/print	334	162	172	77	163	92	35	103	98	93	48	60	55	104	190	89	49
	22.2%	22.1%	22.4%	22.6%	23.8%	19.7%	17.4%	23.9%	21.7%	23.3%	21.1%	19.7%	19.8%	24.6%	20.5%	24.0%	26.0%
Pharmacy/point-of-sale	112	38	75	32	56	24	6	33	36	37	16	14	31	34	69	30	13
	7.5%	5.2%	9.7% B	9.4% F	8.2%	5.2%	3.1%	7.7% G	7.9% G	9.2% G	7.2%	4.5%	11.0% L	8.1% L	7.5%	8.1%	6.8%
Internet/web site	109	56	53	18	66	25	6	15	38	50	6	16	14	54	75	16	18
	7.3%	7.7%	6.9%	5.4%	9.6% DF	5.4%	2.8%	3.5%	8.3% GH	12.4% GH	2.8%	5.4%	5.1%	12.9% KLM	8.1% P	4.4%	9.3% P
Media/news	73	43	31	16	32	26	8	15	27	22	11	11	11	26	49	7	17
	4.9%	5.8%	4.0%	4.7%	4.7%	5.5%	4.2%	3.5%	5.9%	5.5%	4.9%	3.6%	4.0%	6.1%	5.3% P	1.8%	9.2% P
Improved packaging	59	27	31	14	31	13	5	19	19	16	11	12	6	15	41	14	4
	3.9%	3.7%	4.1%	4.1%	4.5%	2.9%	2.7%	4.4%	4.1%	3.9%	4.8%	3.8%	2.0%	3.5%	4.4%	3.7%	2.2%
Doing good job/satisfied with information provided	51	22	30	10	21	20	8	8	20	15	8	10	8	14	42	4	5
	3.4%	3.0%	3.8%	3.1%	3.1%	4.3%	4.1%	1.9%	4.5% H	3.7%	3.7%	3.4%	2.7%	3.4%	4.6% P	1.2%	2.6%
Make people more aware/ provide more info (general)	46	21	25	5	23	18	6	15	9	14	9	12	6	13	26	11	10
	3.1%	2.9%	3.3%	1.5%	3.4%	3.8% D	3.2%	3.6%	2.1%	3.5%	4.0%	3.9%	2.1%	3.0%	2.8%	2.9%	5.3%
Keep doctors/pharmacists informed	38	12	26	6	20	12	3	14	10	11	7	4	5	13	27	7	4
	2.5%	1.6%	3.3% B	1.8%	2.9%	2.5%	1.4%	3.2%	2.2%	2.7%	3.3%	1.3%	1.8%	3.2%	2.9%	1.8%	2.4%
More regulatory oversight	24	11	13	2	17	3	-	6	9	7	2	6	2	7	19	-	5
	1.6%	1.5%	1.7%	0.7%	2.4% DF	0.7%		1.5%	2.0%	1.8%	1.1%	2.1%	0.7%	1.7%	2.0%		2.5%
Improve/update/expand web site	23	13	11	1	20	3	1	2	6	14	1	5	3	11	14	-	8
	1.6%	1.7%	1.4%	0.4%	2.9% DF	0.6%	0.4%	0.4%	1.4%	3.6% GH	0.4%	1.7%	1.0%	2.5% K	1.5%		4.4%
Make it accessible to those without internet	17	3	14	1	8	8	1	8	7	2	2	3	4	3	12	3	2
	1.1%	0.4%	1.8% B	0.3%	1.2%	1.7% D	0.6%	1.8%	1.4%	0.4%	1.0%	1.1%	1.4%	0.8%	1.3%	0.7%	1.1%

Continued/...

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Q16. In what way, if any, do you think **Health Canada could do more to provide Canadians with new safety information about drugs and other health products?** Continued

Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
People should inform themselves/don't blame others	9 0.6%	3 0.4%	6 0.8%	3 0.9%	2 0.4%	4 0.8%	1 0.6%	4 0.8%	1 0.3%	3 0.8%	3 1.5%	-	2 0.7%	1 0.3%	6 0.6%	2 0.6%	1 0.6%
Other	254 16.9%	114 15.6%	140 18.2%	53 15.5%	115 16.7%	86 18.4%	29 14.3%	60 13.8%	87 19.4% H	76 19.0% H	44 19.5%	53 17.4%	43 15.6%	63 14.9%	156 16.9%	63 17.0%	31 16.4%
NONE	130 8.7%	63 8.7%	67 8.7%	23 6.8%	70 10.2%	37 7.9%	21 10.3%	33 7.7%	43 9.6%	33 8.2%	18 7.8%	20 6.7%	29 10.5%	43 10.2%	79 8.5%	34 9.2%	17 9.0%
DON'T KNOW/NO ANSWER	484 32.3%	254 34.7%	230 30.0%	125 37.0% E	180 26.2%	173 37.0% E	92 46.1% HIJ	151 35.0% IJ	128 28.3%	104 25.9%	79 34.7% N	114 37.7% N	98 35.4% N	112 26.6%	295 31.9%	131 35.2%	52 27.8%
CHI-SQUARE		<---29.189-->		<--------67.23-------->			<----------------102.107---------------->				<--------------76.077-------------->				<-----64.716---->		
SIGNIFICANCE		98.5%*		100.0%*			100.0%*				99.7%*				100.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent 2-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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or more than 20% of the cells have an expected value of less than 5.

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Q16. In what way, if any, do you think **Health Canada could do more to provide Canadians with new safety information about drugs and other health products?**
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500 100.0%	883 100.0%	863 100.0%	991 100.0%	132 100.0%	411 100.0%	546 100.0%	412 100.0%	390 100.0%	538 100.0%	524 100.0%	555 100.0%	934 100.0%	114 100.0%	362 100.0%	570 100.0%	254 100.0%	200 100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
TV/Radio/print	334 22.2%	199 22.6%	203 23.6%	225 22.7%	25 19.4%	87 21.1%	123 22.6%	98 23.8%	91 23.3%	128 23.7%	113 21.6%	134 24.2%	197 21.1%	27 23.5% R	93 25.8% R	133 23.4% R	50 19.6%	31 15.3%
Pharmacy/point-of-sale	112 7.5%	75 8.5%	75 8.7%	83 8.3%	-	28 6.7%	48 8.8%	36 8.8%	36 9.3%	40 7.4%	36 6.9%	52 9.3%	60 6.5%	6 5.0%	26 7.1%	46 8.0%	19 7.6%	16 8.0%
Internet/web site	109 7.3%	73 8.3%	73 8.5%	83 8.4%	4 2.7%	20 4.8%	47 8.6% EF	39 9.4% EF	27 7.1%	48 8.9%	34 6.5%	41 7.3%	68 7.3%	9 7.5%	12 3.4%	52 9.1% O	14 5.6%	22 11.2% OQ
Media/news	73 4.9%	45 5.1%	42 4.9%	55 5.5%	4 3.0%	22 5.3%	23 4.2%	25 6.1%	18 4.6%	31 5.8%	23 4.4%	28 5.0%	45 4.8%	-	6 1.5%	46 8.0% OQ	6 2.4%	16 8.0% OQ
Improved packaging	59 3.9%	25 2.8%	41 4.8% B	44 4.5%	3 2.0%	16 4.0%	25 4.5%	15 3.6%	9 2.4%	24 4.4%	24 4.6%	19 3.4%	40 4.3%	3 2.5%	17 4.6%	18 3.2%	12 4.8%	9 4.4%
Doing good job/satisfied with information provided	51 3.4%	39 4.4%	30 3.4%	37 3.7%	2 1.8%	13 3.2%	15 2.8%	20 4.9%	19 4.9%	15 2.8%	15 2.8%	22 4.0%	29 3.1%	3 2.5%	6 1.5%	30 5.3% OQ	4 1.6%	9 4.4% O
Make people more aware/ provide more info (general)	46 3.1%	33 3.8%	23 2.7%	37 3.7%	2 1.7%	11 2.6%	17 3.1%	16 4.0%	15 3.8%	18 3.4%	13 2.5%	21 3.8%	25 2.7%	8 7.0% PR	12 3.4%	11 1.9%	11 4.4%	4 2.0%
Keep doctors/pharmacists informed	38 2.5%	30 3.4%	21 2.4%	29 2.9%	1 0.9%	8 2.0%	13 2.4%	15 3.7% E	9 2.3%	15 2.9%	13 2.6%	15 2.7%	23 2.4%	5 4.0%	6 1.5%	13 2.3%	11 4.4%	3 1.6%
More regulatory oversight	24 1.6%	15 1.7%	19 2.2%	15 1.5%	1 0.9%	6 1.5%	6 1.0%	11 2.6%	9 2.3%	9 1.7%	5 1.0%	12 2.1%	12 1.2%	-	-	13 2.3%	7 2.8%	3 1.6%
Improve/update/expand web site	23 1.6%	15 1.7%	20 2.3%	16 1.6%	1 0.9%	5 1.2%	6 1.1%	11 2.8%	6 1.5%	8 1.5%	8 1.6%	6 1.0%	18 1.9%	1 1.0%	1 0.3%	13 2.3% O	-	8 4.0% NO
Make it accessible to those without internet	17 1.1%	13 1.5%	14 1.7%	11 1.2%	1 0.4%	2 0.4%	7 1.3%	8 1.9%	7 1.8%	7 1.3%	3 0.6%	11 2.1% M	6 0.6%	2 2.0%	2 0.6%	7 1.3%	3 1.2%	2 1.2%

Continued/...

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Q16. In what way, if any, do you think **Health Canada could do more to provide Canadians with new safety information about drugs and other health products?** Continued
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
People should inform themselves/don't blame others	9 0.6%	7 0.8%	4 0.5%	7 0.7%	-	3 0.8%	2 0.4%	4 0.9%	1 0.2%	5 0.9%	2 0.4%	7 1.2%	2 0.3%	-	2 0.6%	6 1.1%	-	1 0.4%
Other	254 16.9%	147 16.7%	151 17.5%	177 17.9%	24 18.1%	66 16.1%	82 15.1%	82 19.8%	79 20.4% K	97 18.0%	73 13.8%	112 20.2% M	139 14.8%	13 11.5%	61 16.9%	109 19.2% NQ	30 12.0%	40 20.1% NQ
NONE	130 8.7%	72 8.1%	59 6.9%	83 8.4%	19 14.2% H	36 8.7%	49 9.0%	27 6.5%	31 7.9%	38 7.0%	52 9.9%	41 7.5%	89 9.5%	11 9.5%	37 10.1%	43 7.6%	19 7.6%	20 10.0%
DON'T KNOW/NO ANSWER	484 32.3%	268 30.3%	257 29.8%	290 29.3%	54 40.9% GH	153 37.1% H	170 31.2%	107 26.1%	106 27.3%	160 29.7%	191 36.5% IJ	145 26.2%	334 35.8% L	39 34.5%	119 32.8%	169 29.7%	100 39.6% PR	56 28.1%
CHI-SQUARE		<---------15.921--------->			<----------75.956--------->				<--------36.522-------->			<-----40.126---->		<---------------139.716--------------->				
SIGNIFICANCE		1.7%*			99.7%*				80.9%*			100.0%*		100.0%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.

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Q17A. Thinking about specific types **of health products, would you consider PRESCRIPTION DRUGS to be very safe, generally safe, not very safe, or not at all safe?**
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Very safe	348	178	170	77	169	103	47	101	107	92	54	69	64	111	224	85	38
	23.2%	24.4%	22.1%	22.7%	24.6%	22.0%	23.5%	23.3%	23.7%	22.9%	23.8%	22.7%	23.1%	26.2%	24.3%	22.8%	20.1%
Generally safe	916	448	467	225	418	266	109	268	286	243	130	184	173	263	572	230	104
	61.0%	61.3%	60.7%	66.5% F	61.0%	57.0%	54.5%	62.2%	63.3% G	60.7%	57.4%	60.7%	62.0%	62.5%	61.9%	61.8%	55.0%
Not very safe	120	55	64	23	47	48	21	26	38	34	22	26	28	23	62	29	28
	8.0%	7.6%	8.3%	6.9%	6.9%	10.3%	10.8%	5.9%	8.4%	8.4%	9.8%	8.5%	10.2% N	5.4%	6.7%	7.8%	14.8% OP
Not at all safe	24	9	15	1	10	13	4	7	5	8	3	7	3	9	14	6	4
	1.6%	1.3%	1.9%	0.3%	1.4% D	2.8% D	1.8%	1.6%	1.0%	2.0%	1.2%	2.5%	1.0%	2.1%	1.6%	1.5%	2.0%
Depends	48	13	35	6	23	16	9	13	11	11	7	11	5	6	30	7	8
	3.2%	1.8%	4.5% B	1.9%	3.3%	3.5%	4.6%	3.1%	2.4%	2.7%	3.1%	3.6%	1.8%	1.5%	3.2%	1.9%	4.0%
Don't know/No answer	45	27	18	6	19	21	10	16	6	13	10	6	5	9	22	16	8
	3.0%	3.6%	2.4%	1.7%	2.7%	4.5% D	4.8% I	3.8% I	1.3%	3.3%	4.6%	2.0%	1.9%	2.2%	2.3%	4.2%	4.1%
CHI-SQUARE		<---12.729-->		<--------23.106------->			<-----------------17.957---------------->				<--------------19.271------------->				<-----21.612---->		
SIGNIFICANCE		97.4%		99.0%			73.5%				79.8%				98.3%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q17A. Thinking about specific types **of health products, would you consider PRESCRIPTION DRUGS to be very safe, generally safe, not very safe, or not at all safe?**
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500	883	863	991	132	411	546	412	390	538	524	555	934	114	362	570	254	200
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Very safe	348	232	196	236	27	84	131	106	81	107	146	108	237	25	89	139	56	39
	23.2%	26.3%	22.7%	23.8%	20.7%	20.4%	24.1%	25.7%	20.8%	19.9%	27.9% IJ	19.5%	25.4% L	22.0%	24.5%	24.4%	22.0%	19.7%
Generally safe	916	531	524	620	78	246	345	246	233	347	321	321	590	73	222	343	154	123
	61.0%	60.2%	60.7%	62.5%	59.6%	59.8%	63.2%	59.8%	59.8%	64.6%	61.4%	57.9%	63.2% L	64.0%	61.3%	60.2%	60.8%	61.4%
Not very safe	120	58	86	72	8	41	38	33	45	47	25	68	50	7	26	43	23	20
	8.0%	6.5%	9.9% BD	7.2%	6.0%	10.0%	6.9%	8.0%	11.5% K	8.7% K	4.7%	12.3% M	5.4%	6.5%	7.1%	7.6%	9.2%	10.0%
Not at all safe	24	13	15	14	2	7	10	5	8	11	1	12	12	2	2	10	7	3
	1.6%	1.5%	1.7%	1.4%	1.3%	1.7%	1.8%	1.2%	2.1% K	2.1% K	0.2%	2.2%	1.2%	1.5%	0.6%	1.7%	2.8%	1.6%
Depends	48	26	24	31	6	16	13	14	14	12	15	30	16	2	8	22	7	9
	3.2%	3.0%	2.8%	3.2%	4.4%	3.8%	2.3%	3.3%	3.5%	2.2%	2.9%	5.5% M	1.7%	2.0%	2.1%	3.8%	2.8%	4.4%
Don't know/No answer	45	22	19	19	10	17	9	8	9	13	16	15	29	5	16	13	6	6
	3.0%	2.5%	2.2%	1.9%	7.9% GH	4.2% G	1.7%	2.0%	2.3%	2.4%	3.0%	2.7%	3.1%	4.0%	4.3%	2.3%	2.4%	2.8%
CHI-SQUARE		<----------11.42--------->			<----------27.754--------->				<--------33.669-------->			<-----45.433---->		<----------16.164---------->				
SIGNIFICANCE		67.4%			97.7%				100.0%			100.0%		29.4%				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q17B. Thinking about specific types of health products, would you consider NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS OR HERBAL REMEDIES to be very safe, generally safe, not very safe, or not at all safe?
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Very safe	228	139	89	70	95	62	44	57	72	54	42	56	33	66	139	50	36
	15.2%	19.0%	11.5%	20.6%	13.9%	13.4%	22.0%	13.2%	16.0%	13.4%	18.4%	18.3%	11.8%	15.6%	15.1%	13.5%	19.0%
		C		EF			HJ				M	M					
Generally safe	849	390	459	200	404	241	84	253	266	236	108	165	182	256	565	177	102
	56.6%	53.3%	59.6%	59.3%	58.9%	51.7%	42.2%	58.8%	58.9%	59.0%	47.5%	54.4%	65.5%	60.6%	61.1%	47.5%	54.1%
			B	F	F			G	G	G			KL	K	P		
Not very safe	179	88	92	43	80	55	23	41	61	52	27	33	39	49	91	62	24
	12.0%	12.0%	11.9%	12.6%	11.6%	11.8%	11.4%	9.5%	13.5%	12.9%	11.9%	10.7%	14.2%	11.7%	9.9%	16.6%	12.9%
																O	
Not at all safe	31	11	21	2	17	12	6	8	11	7	8	7	4	6	8	19	4
	2.1%	1.4%	2.7%	0.7%	2.5%	2.6%	3.1%	1.8%	2.4%	1.7%	3.4%	2.2%	1.4%	1.4%	0.9%	5.1%	2.2%
					D	D										O	
Depends	52	14	38	10	18	22	8	15	10	17	9	8	4	15	35	8	6
	3.5%	1.9%	4.9%	2.8%	2.6%	4.6%	4.0%	3.4%	2.2%	4.1%	3.8%	2.8%	1.3%	3.5%	3.7%	2.3%	3.1%
			B														
Don't know/No answer	161	90	71	14	72	74	34	58	32	35	34	35	16	30	86	56	16
	10.7%	12.3%	9.3%	4.0%	10.5%	15.9%	17.2%	13.4%	7.0%	8.9%	15.1%	11.6%	5.8%	7.2%	9.3%	15.1%	8.7%
					D	DE	IJ	IJ			MN	M				OQ	
CHI-SQUARE		<---32.343-->		<--------45.538------->			<----------42.656---------->				<----------37.384---------->				<-----54.853---->		
SIGNIFICANCE		100.0%		100.0%			100.0%				99.9%				100.0%		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q17B. Thinking about specific types of health products, would you consider NATURAL HEALTH PRODUCTS, SUCH AS VITAMINS, MINERALS OR HERBAL REMEDIES to be very safe, generally safe, not very safe, or not at all safe?
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500	883	863	991	132	411	546	412	390	538	524	555	934	114	362	570	254	200
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Very safe	228	117	153	132	25	61	84	58	58	68	92	73	152	17	50	88	42	31
	15.2%	13.2%	17.8% BD	13.4%	18.7%	14.9%	15.4%	14.0%	15.0%	12.6%	17.6% J	13.1%	16.2%	15.0%	13.8%	15.4%	16.4%	15.7%
Generally safe	849	500	557	603	54	206	313	275	202	327	304	298	546	63	166	333	161	125
	56.6%	56.6%	64.5% B	60.8%	41.0%	50.0%	57.4% EF	66.9% EFG	51.9%	60.8% I	58.0%	53.7%	58.4%	55.0% O	46.0%	58.3% O	63.6% O	62.7% O
Not very safe	179	112	85	120	19	50	65	46	54	73	47	89	88	13	63	62	23	18
	12.0%	12.6%	9.9%	12.1%	14.3%	12.1%	11.9%	11.2%	13.8% K	13.6% K	9.1%	16.1% M	9.4%	11.0%	17.5% NPQR	10.9%	9.2%	8.8%
Not at all safe	31	20	7	22	6	7	13	5	11	13	6	18	14	3	21	5	1	2
	2.1%	2.3% C	0.8%	2.2% C	4.7%	1.6%	2.5%	1.2%	2.7%	2.5%	1.2%	3.2% M	1.5%	2.5%	5.8% PQR	0.8%	0.4%	0.8%
Depends	52	31	33	35	5	11	20	16	18	17	13	29	22	3	9	23	8	9
	3.5%	3.5%	3.8%	3.6%	3.7%	2.7%	3.7%	3.8%	4.5%	3.1%	2.5%	5.2% M	2.4%	3.0%	2.5%	4.0%	3.2%	4.4%
Don't know/No answer	161	104	29	79	23	76	50	12	47	40	61	48	113	15	52	60	18	15
	10.7%	11.8% CD	3.3%	7.9% C	17.6% GH	18.6% GH	9.2% H	2.8%	12.0% J	7.4%	11.6% J	8.7%	12.1% L	13.5% QR	14.4% QR	10.5%	7.2%	7.6%
CHI-SQUARE		<---------63.964--------->			<----------80.855--------->				<--------26.053-------->			<-----33.711---->		<----------70.715---------->				
SIGNIFICANCE		100.0%			100.0%				99.6%			100.0%		100.0%				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q17C. Thinking about specific types of health products, would you consider NON-PRESCRIPTION DRUGS to be very safe, generally safe, not very safe, or not at all safe?
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Very safe	193	114	79	51	90	51	21	57	64	48	28	35	33	69	122	48	21
	12.9%	15.6% C	10.3%	15.0%	13.2%	11.0%	10.3%	13.3%	14.3%	11.9%	12.4%	11.6%	12.0%	16.3%	13.2%	12.9%	11.0%
Generally safe	926	448	479	220	449	254	99	267	288	264	122	179	180	288	609	210	100
	61.7%	61.2%	62.2%	65.1% F	65.5% F	54.4%	49.7%	61.8% G	63.8% G	65.9% G	53.8%	59.0%	64.7% K	68.3% KL	65.9% PQ	56.5%	53.0%
Not very safe	195	84	111	48	80	64	29	53	61	48	34	41	43	40	81	72	38
	13.0%	11.4%	14.4%	14.2%	11.7%	13.8%	14.5%	12.4%	13.5%	11.9%	14.8%	13.7%	15.3% N	9.5%	8.8%	19.4% O	20.1% O
Not at all safe	50	23	27	8	21	21	15	10	15	10	16	18	5	4	21	19	9
	3.3%	3.1%	3.5%	2.3%	3.1%	4.4%	7.3% HJ	2.4%	3.4%	2.4%	7.2% MN	5.8% MN	1.9%	0.9%	2.3%	5.2% O	4.7%
Depends	36	14	23	4	12	17	8	10	5	11	7	6	4	4	22	6	6
	2.4%	1.9%	3.0%	1.3%	1.7%	3.7% DE	4.2% I	2.2%	1.1%	2.9%	3.2%	2.1%	1.4%	1.0%	2.4%	1.7%	3.2%
Don't know/No answer	100	49	50	8	34	59	28	34	18	20	19	24	13	17	69	16	15
	6.7%	6.8%	6.5%	2.2%	4.9% D	12.6% DE	14.0% HIJ	7.9% I	3.9%	5.0%	8.5% N	7.9% N	4.7%	3.9%	7.4% P	4.3%	8.1%
CHI-SQUARE		<---12.882-->		<--------57.267------->			<----------50.575---------->				<----------51.98---------->				<-----52.771---->		
SIGNIFICANCE		97.5%		100.0%			100.0%				100.0%				100.0%		

Comparison Groups: BC/DEF/GHIJ/KLMN/CPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q17C. Thinking about specific types of health products, would you consider NON-PRESCRIPTION DRUGS to be very safe, generally safe, not very safe, or not at all safe?
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500 100.0%	883 100.0%	863 100.0%	991 100.0%	132 100.0%	411 100.0%	546 100.0%	412 100.0%	390 100.0%	538 100.0%	524 100.0%	555 100.0%	934 100.0%	114 100.0%	362 100.0%	570 100.0%	254 100.0%	200 100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Very safe	193 12.9%	106 12.0%	104 12.0%	141 14.2%	21 15.6%	49 12.0%	70 12.7%	54 13.1%	41 10.4%	62 11.5%	86 16.3% IJ	56 10.1%	136 14.6% L	17 14.5%	49 13.5%	67 11.8%	37 14.4%	24 12.0%
Generally safe	926 61.7%	547 62.0%	554 64.2%	686 69.2% BC	57 43.1%	240 58.4% E	340 62.4% E	289 70.2% EFG	244 62.6%	344 64.0%	320 61.0%	317 57.1%	605 64.8% L	73 63.5% O	195 54.0%	364 63.8% O	168 66.4% O	126 63.1% O
Not very safe	195 13.0%	107 12.2%	122 14.1% D	99 10.0%	24 18.5% H	55 13.4%	72 13.3%	43 10.4%	47 12.0%	88 16.3% K	54 10.3%	95 17.1% M	95 10.2%	8 7.0%	74 20.6% NPQR	65 11.4%	23 9.2%	24 12.0%
Not at all safe	50 3.3%	30 3.3% CD	16 1.8%	17 1.7%	12 9.1% GH	16 4.0% H	18 3.3% H	3 0.8%	13 3.4%	18 3.3%	15 2.9%	25 4.4%	25 2.7%	6 5.5%	21 5.8% PQR	13 2.3%	5 2.0%	4 2.0%
Depends	36 2.4%	21 2.4%	24 2.7%	25 2.6%	2 1.5%	11 2.8%	10 1.8%	13 3.2%	10 2.7%	11 2.1%	13 2.4%	25 4.5% M	11 1.1%	2 2.0%	4 1.2%	17 2.9%	8 3.2%	5 2.4%
Don't know/No answer	100 6.7%	71 8.1% CD	44 5.1% D	23 2.3%	16 12.1% H	39 9.4% H	35 6.5% H	10 2.4%	35 8.9% J	15 2.8%	37 7.1% J	38 6.9%	62 6.6%	9 7.5%	18 4.9%	44 7.8%	12 4.8%	17 8.4%
CHI-SQUARE		<---------50.376--------->			<----------65.282---------->				<--------31.676-------->			<-----41.526---->		<----------50.809---------->				
SIGNIFICANCE		100.0%			100.0%				100.0%			100.0%		100.0%				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)

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Q18. How much confidence do you have in the systems and safeguards currently in place to ensure THE SAFETY OF PRESCRIPTION DRUGS available for sale in Canada today?
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
Very confident	400	205	195	103	191	105	52	112	115	116	52	79	85	126	252	103	43
	26.7%	28.1%	25.3%	30.5% F	27.8%	22.6%	26.1%	26.0%	25.4%	29.1%	23.1%	26.0%	30.6%	29.9%	27.3%	27.7%	22.6%
Generally confident	875	417	459	191	403	278	110	261	278	220	133	181	157	246	541	221	106
	58.3%	57.0%	59.6%	56.5%	58.8%	59.6%	55.2%	60.5%	61.5%	54.9%	58.8%	59.5%	56.4%	58.4%	58.5%	59.4%	56.3%
Not very confident	158	74	85	33	66	56	21	40	44	48	28	32	27	34	90	33	32
	10.5%	10.1%	11.0%	9.8%	9.7%	12.0%	10.8%	9.3%	9.8%	12.1%	12.1%	10.6%	9.7%	8.1%	9.7%	8.8%	17.1% OP
Not at all confident	33	17	16	3	14	16	10	8	6	9	5	7	6	9	20	7	5
	2.2%	2.3%	2.0%	0.8%	2.0%	3.5% D	5.0% I	1.9%	1.3%	2.2%	2.1%	2.2%	2.2%	2.3%	2.2%	1.9%	2.8%
Depends	6	2	3	2	3	-	-	1	3	1	-	2	-	1	2	3	-
	0.4%	0.3%	0.4%	0.7%	0.5%			0.3%	0.7%	0.3%		0.7%		0.2%	0.2%	0.9%	
Don't know/No answer	28	16	12	6	9	11	6	9	6	6	9	3	3	5	19	4	2
	1.9%	2.2%	1.6%	1.7%	1.4%	2.4%	2.9%	2.0%	1.2%	1.5%	3.8% L	0.9%	1.1%	1.1%	2.1%	1.2%	1.3%
CHI-SQUARE		<---2.916--->		<--------18.004------->			<----------19.446---------->				<----------19.621---------->				<-----16.756---->		
SIGNIFICANCE		28.7%		94.5%			80.6%*				81.3%*				92.0%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q18. How much confidence do you have in the systems and safeguards currently in place to ensure THE SAFETY OF PRESCRIPTION DRUGS available for sale in Canada today?
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500	883	863	991	132	411	546	412	390	538	524	555	934	114	362	570	254	200
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
Very confident	400	262	211	288	24	110	146	120	92	117	175	123	275	26	104	168	58	44
	26.7%	29.6% C	24.4%	29.1% C	18.5%	26.8% E	26.7% E	29.1% E	23.7%	21.7%	33.4% IJ	22.1%	29.4% L	22.5%	28.8%	29.5% QR	22.8%	22.1%
Generally confident	875	503	509	580	77	238	329	232	218	342	299	320	547	71	211	329	145	119
	58.3%	56.9%	58.9%	58.6%	58.2%	57.8%	60.3%	56.3%	56.1%	63.7% IK	57.0%	57.7%	58.6%	62.5%	58.3%	57.7%	57.2%	59.4%
Not very confident	158	88	110	91	13	46	54	45	56	63	34	85	73	10	31	52	36	30
	10.5%	10.0%	12.7% D	9.2%	10.1%	11.2%	9.9%	11.0%	14.4% K	11.7% K	6.4%	15.3% M	7.8%	9.0%	8.6%	9.1%	14.0% O	14.9% OP
Not at all confident	33	14	20	16	6	10	10	7	14	9	5	17	16	5	7	10	7	4
	2.2%	1.6%	2.3%	1.6%	4.3%	2.5%	1.9%	1.6%	3.6% K	1.6%	1.0%	3.0%	1.7%	4.5%	1.8%	1.7%	2.8%	2.0%
Depends	6	3	4	4	-	1	2	2	2	1	1	3	1	-	3	1	1	-
	0.4%	0.4%	0.5%	0.4%		0.3%	0.4%	0.5%	0.6%	0.2%	0.2%	0.6%	0.1%		0.9%	0.2%	0.4%	
Don't know/No answer	28	13	9	11	12	6	4	6	6	6	10	7	22	2	6	11	7	3
	1.9%	1.5%	1.1%	1.1%	8.9% FGH	1.5%	0.8%	1.5%	1.6%	1.0%	1.9%	1.2%	2.3%	1.5%	1.5%	1.9%	2.8%	1.6%
CHI-SQUARE		<---------14.118--------->			<----------48.013--------->				<--------43.863-------->			<-----32.679---->		<----------25.919---------->			
SIGNIFICANCE		83.2%			100.0%*				100.0%			100.0%		83.1%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
Upper case letters indicate significance at the 95% level.
Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
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Q19. Who do you hold MOST responsible for ensuring the safety of drugs in Canada today?
Base: All Respondents.

BANNER 1

		GENDER		AGE			EDUCATION				HOUSEHOLD INCOME				MOTHER TONGUE		
	TOTAL	MALE	FEMALE	18-34	35-54	55+	< HS GRAD	HS GRAD	SOME COLL., UNIV.	UNIV., POST GRAD	<$25K	$25K-40K	$40-60K	$60K+	ENG	FR	OTH
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)
TOTAL	1,500	731	769	338	686	466	199	431	452	400	227	304	278	422	924	373	188
	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
UNWEIGHTED 'N'	1,500	734	766	336	688	467	201	436	447	399	232	305	282	412	958	350	178
The federal government	589	332	256	133	281	174	55	172	173	184	78	106	115	202	389	134	64
	39.2%	45.5% C	33.3%	39.4%	41.0%	37.3%	27.5%	39.9% G	38.4% G	46.1% GI	34.2%	34.8%	41.4%	48.0% KL	42.1% PQ	36.0%	33.9%
Health care professionals	379	204	175	100	155	120	60	112	111	90	63	72	78	92	227	96	50
	25.3%	27.9% C	22.8%	29.6% E	22.5%	25.8%	30.1% J	26.0%	24.6%	22.4%	27.8%	23.9%	28.1%	21.9%	24.6%	25.7%	26.5%
Drug companies	313	112	201	68	145	99	50	90	98	72	57	79	55	77	188	86	38
	20.9%	15.3%	26.2% B	20.1%	21.1%	21.2%	24.9%	20.9%	21.6%	18.0%	25.2% N	26.1% N	19.8%	18.3%	20.4%	23.1%	20.2%
All are equally responsible	137	46	92	23	75	38	16	31	54	35	12	37	17	33	86	27	23
	9.2%	6.2%	11.9% B	6.7%	10.9% D	8.2%	8.1%	7.2%	11.9% H	8.7%	5.2%	12.2% KM	6.2%	7.8%	9.3%	7.3%	12.1%
Other	41	20	21	7	18	14	6	9	11	12	4	7	7	14	18	12	6
	2.7%	2.7%	2.8%	2.1%	2.7%	2.9%	3.2%	2.2%	2.4%	3.0%	2.0%	2.5%	2.5%	3.4%	2.0%	3.3%	3.1%
Don't know/No answer	41	18	23	7	12	21	12	16	5	7	13	2	5	2	16	17	8
	2.7%	2.4%	3.0%	2.1%	1.8%	4.6% E	6.1% IJ	3.7% I	1.1%	1.8%	5.6% LMN	0.7%	1.9%	0.5%	1.7%	4.6% O	4.0%
CHI-SQUARE		<---52.746-->		<--------20.143------->			<-----------------40.667---------------->				<--------------56.067------------->				<-----20.751---->		
SIGNIFICANCE		100.0%*		93.6%*			99.8%*				100.0%*				94.6%*		

Comparison Groups: BC/DEF/GHIJ/KLMN/OPQ
Independent T-Test for Means, Independent Z-Test for Percentages
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Q19. Who do you hold MOST **responsible for ensuring the safety of drugs in Canada today?**
Base: All Respondents.

BANNER 2

		PRODUCT USE			NO. OF PRODUCT TYPES TAKEN				ADR CONCERN			ADR EXPERIENCE		REGION				
	TOTAL	PRESC. DRUGS	NON-PRES. DRUGS	NAT.HEA. PROD.	NONE	ONE	TWO	THREE	ALWAYS	FREQ/ OCC.	RARELY/ NEVER	YES	NO	ATL	QUE	ONT	PRAIR	BC/TERR.
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	(M)	(N)	(O)	(P)	(Q)	(R)
TOTAL	1,500 100.0%	883 100.0%	863 100.0%	991 100.0%	132 100.0%	411 100.0%	546 100.0%	412 100.0%	390 100.0%	538 100.0%	524 100.0%	555 100.0%	934 100.0%	114 100.0%	362 100.0%	570 100.0%	254 100.0%	200 100.0%
UNWEIGHTED 'N'	1,500	893	870	994	128	409	541	422	394	539	522	556	934	200	326	475	250	249
The federal government	589 39.2%	339 38.3%	355 41.1%	412 41.6%	43 33.0%	160 38.9%	210 38.4%	175 42.6% E	155 39.8%	201 37.5%	213 40.6%	217 39.0%	368 39.4%	49 42.5%	125 34.7%	237 41.5% O	95 37.6%	83 41.4%
Health care professionals	379 25.3%	219 24.8%	195 22.6%	234 23.6%	48 36.3% FGH	104 25.3%	138 25.3%	89 21.7%	89 23.0%	142 26.4%	138 26.4%	129 23.3%	249 26.6%	27 23.5%	93 25.8%	134 23.6%	70 27.6%	55 27.3%
Drug companies	313 20.9%	195 22.1%	184 21.4%	213 21.5%	18 13.3%	86 20.9% E	123 22.6% E	87 21.1% E	81 20.7%	118 22.0%	106 20.2%	124 22.4%	186 19.9%	25 22.0%	82 22.7%	108 18.9%	62 24.4%	36 18.1%
All are equally responsible	137 9.2%	76 8.7%	83 9.6%	95 9.6%	11 8.2%	38 9.2%	49 9.0%	39 9.5%	46 11.8% K	50 9.4%	36 6.9%	57 10.3%	79 8.5%	7 6.0%	29 8.0%	68 12.0% NQ	16 6.4%	17 8.4%
Other	41 2.7%	28 3.1%	29 3.3%	23 2.3%	3 2.2%	10 2.5%	15 2.7%	13 3.2%	13 3.4%	12 2.2%	14 2.6%	19 3.4%	22 2.4%	2 2.0%	17 4.6% PQ	11 1.9%	4 1.6%	7 3.6%
Don't know/No answer	41 2.7%	26 3.0% D	17 2.0%	14 1.4%	9 7.0% GH	13 3.1%	10 1.9%	8 1.9%	5 1.4%	14 2.6%	17 3.2%	9 1.6%	31 3.3% L	5 4.0%	16 4.3% R	12 2.1%	6 2.4%	2 1.2%
CHI-SQUARE		<----------10.27--------->			<----------27.583--------->				<--------12.649-------->			<-----9.018----->		<----------32.699---------->				
SIGNIFICANCE		40.8%*			93.1%*				60.5%*			82.7%*		88.9%*				

Comparison Groups: BCD/EFGH/IJK/LM/NOPQR
Independent T-Test for Means, Independent Z-Test for Percentages
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Significance applies in both directions (example: if females are significantly different from males then the reverse is also true)
"*" Denotes Chi-Square where at least one cell has an expected value of less than 1
or more than 20% of the cells have an expected value of less than 5.