

Social Marketing and Harmful Drinking

BACKGROUND

Defining social marketing

First defined in the 1970s, social marketing borrows valuable approaches from commercial marketing to change ideas, attitudes, and behaviors.

Social marketing uses consumer-oriented market research, segmentation, and targeting. As in commercial marketing, it is important to understand the target audience and its values and motivations in order to effect change. This involves relying on the “4 P’s” of marketing (place, price, production, and promotion) [1].

According to experts:

“Social marketing argues that we can borrow marketing ideas to promote healthy behavior. If marketing can encourage us to buy a Ferrari, it can persuade us to drive safely.” [2]

Social marketing extends well beyond mass media activity to include other tools, such as improving health service infrastructure, involving health professionals, and training staff in service delivery. The various tools have most impact when applied together [2].

Social marketing techniques have been applied to a range of environmental, social, and health issues, including smoking, energy use, environmental concerns, public safety, vaccination, sexual behavior, and drinking.

The approach is intended to “deliver value in order to influence target audience behaviors that benefit society . . . as well as the target audience” [3].

Social marketing has also been used in an effort to counter the impact of commercial marketing of alcohol, fast foods, and other consumer goods with potentially negative impact.

In recent years, social marketing increasingly has been adapted to address alcohol issues, particularly problematic drinking patterns and young people’s drinking.

The approach attempts to change norms around drinking behavior by reducing misperceptions and addressing attitudes towards acceptable drinking behavior [4].

- Referred to as “social norms marketing,” this approach has been used largely on university campuses in the United States [5-17].
- Many young people tend to overestimate their peers’ drinking, both in terms of quantity and frequency, and, as a result, tend to drink more heavily in order to emulate their peers’ behavior.

While advocates of social marketing stress its ability to change problematic drinking behavior [18], others point to studies showing little or even adverse impact of social marketing strategies [19, 20].

SOCIAL MARKETING AND DRINKING BEHAVIORS

Social marketing initiatives have been developed to address problematic drinking behaviors and to reduce the potential for harm.

In particular, campaigns have been designed to reduce drinking and driving, heavy drinking among young people, and to reduce levels of alcohol consumption.

Drinking and driving

One of the main targets for social marketing interventions is youth drinking.

Usually in the form of campaigns, these interventions discourage driving after drinking and encourage safer alternative behavior, such as using a designated driver or public transportation.

- The Harvard Alcohol Project's "Designated Driver" campaign was the first to introduce the term in 1988. By 1993, 52% of Americans under age 30 had acted as a designated driver and 54% of frequent drinkers had used one; five years later these numbers had risen to 64% and 62%, respectively [21].
- A program called Road Crew, implemented in a rural region of the United States, discouraged drinking and driving by offering discounted rides to and from drinking establishments. During the first year of the program there was an estimated 17% decline in alcohol-related crashes [3, 22].
- Another U.S. program aimed at 16-24-year-olds used the tagline "Friends don't let friends drive drunk" to encourage individual responsibility to prevent drink driving. The program achieved an estimated 10% reduction in alcohol-related fatalities between 1990 and 1991 [23].

Other campaigns have appealed to perceptions about acceptable behavioral norms related to drinking and driving.

- A 2002 U.S. campaign used the tagline "Most of us don't drink and drive" to reduce drink driving and increase the use of designated drivers [5].

Young people's drinking

Social marketing has been used to address youth drinking.

- In the United Kingdom, the "Sub21" campaign aimed to reduce street drinking among young people by providing after-hours programs at local boys clubs and supporting retailers in preventing sale to underage individuals [24].

Efforts to change social norms around drinking have also been applied to youth drinking and heavy episodic drinking, or binge drinking.

Research from U.S. colleges and universities suggests that many young people have misperceptions about how often and how much their peers drink [25-27].

- Typically, they perceive their peers as drinking more than they themselves do. As a result, they may increase their own drinking to the perceived norm.
- Social norms marketing seeks to change these perceptions through messaging about the reality of drinking [6, 28].
- The approach is now widely used on university campuses across the U.S. [4, 29, 30].
- According to the U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA), "institutions that persistently communicated accurate norms have experienced reductions of up to 20 percent in high-risk drinking over a relatively short period of time" ([18], p. 20).

Reducing consumption

Social marketing techniques have also been used to reduce consumption and promote moderate drinking.

- The U.K.-based "ALTN8" campaign attempted to promote moderate drinking by encouraging alternating alcohol with non-alcohol beverages, taking a break between drinking days, and adopting lifestyles that do not include alcohol [31]. Self-reports suggest youth exposed to the program were more likely to drink less [32].

- “Pssst! Be Alcohol Aware” is a social marketing campaign from the U.K. aimed at promoting alternative options to alcoholic beverages among 18-35-year-olds. A three-month evaluation of student populations showed an improvement in drinking patterns among program participants [33].

Social marketing campaigns aimed at reducing consumption have also been used to reduce or prevent alcohol consumption by pregnant women [34, 35].

In particular, community-based programs, which also integrate social marketing techniques, have shown an impact on reducing alcohol consumption among pregnant women [34]. However, this approach has received limited attention.

The impact of social marketing approaches may be linked to the way in which messages are delivered and their relative appeal.

The use of fear or negative messaging may have a weaker effect than positive reinforcement in real-world social marketing campaigns, particularly where they are aimed at young people.

- Health educators have at times perceived social marketing as ethically dubious, “harsh” on target audiences, and generally less “warm” or audience friendly [36].
- Adverse effects, such as avoiding or suppressing the message, have also been reported among those exposed to health campaigns using fear appeals [37].

Evaluation

Although social marketing programs are becoming more prevalent, there is a dearth of reliable data about their effectiveness.

Few programs have been properly evaluated; many are inadequately evaluated, or not evaluated at all.

However, reviews of studies on social marketing applied to a range of health-related behaviors show that it can provide an effective framework for intervention [38].

The results of evaluations of social norms marketing approaches around alcohol have yielded mixed results.

Individual studies have delivered the following positive results on various aspects of drinking behavior:

- changes in young people’s perceptions of how and how much their peers drink [12, 17];
- reductions in alcohol misuse and decreases in heavy episodic drinking rates among college students [7, 39]; and
- reductions in misperceptions about drinking and driving, increases in use of designated drivers, and decreases in the frequency of drinking and driving [5, 22].

Other studies, however, have contradicted these findings, indicating that while misperceptions about drinking norms might have been reduced, there was no change in heavy drinking [19, 40].

- One U.S. study found that where social norms marketing campaigns were applied, there was an increase in rates of monthly alcohol consumption and in total volume consumed [20].

A systematic review of social norms marketing campaigns targeting university students found a wide variation in results [41].

- Evidence suggests that among university students, personalized interventions in the form of face-to-face sessions and web- and computer-based interventions hold the most promise for producing reductions in drinking and alcohol misuse [41].

METHODOLOGICAL CONSIDERATIONS

With regard to impact on drinking behavior, only a limited number of studies on the impact of social marketing campaigns are of good quality and well-designed [41].

Therefore, the impact of many social marketing campaigns and interventions is difficult to assess, as is the overall effectiveness of social marketing in reducing alcohol-related problems.

There are some common limitations across social marketing campaigns in general.

There is wide variation across social marketing campaigns with regard to techniques and approaches used, making them difficult to compare directly.

Many evaluations of outcomes rely on alcohol consumption data, which is largely self-reported [42].

An effective social marketing campaign can be very costly and resource intensive. Costs are not only associated with program materials, but also formative research, focus groups, pretesting of materials, marketing of materials, and monitoring and evaluation of programs [43].

There is some evidence that the impact of social marketing approaches on health-related behavior changes that must be repeated or maintained, such as alcohol consumption, may be lower than on other behaviors where repetition is not needed [44].

Finally, to date, most social marketing efforts aimed at drinking behavior have been carried out in the United States.

Therefore, there is limited evidence regarding the extent to which social marketing can be transferred across cultures.

REFERENCES

- Gordon, R., McDermott, L., Stead, M., & Angus, K. (2006). The effectiveness of social marketing interventions for health improvement: what's the evidence? *Public Health, 120*(12), 1133-1139.
- Hastings, G., & McDermott, L. (2006). Putting social marketing into practice. *British Medical Journal, 332*(7551), 1210-1212.
- Kotler, P., & Lee, N. (2008). *Social marketing: Influencing behaviors for good*. Thousand Oaks, CA: Sage Publications.
- University of Virginia. (n.d.). *Social norms marketing: Grounds campaign*. Retrieved September 12, 2011, from <http://www.virginia.edu/studenthealth/hp/norms/grounds.html>
- Perkins, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors, 35*(10), 866-874.
- Glazer, E., Smith, S. W., Atkin, C., & Hamel, L. M. (2010). The effects of sensation seeking, misperceptions of peer consumption, and believability of social norms messages on alcohol consumption. *J Health Commun, 15*(8), 825-839.
- Perkins, H. W., & Craig, D. W. (2006). A successful social norms campaign to reduce alcohol misuse among college student-athletes. *Journal of Studies on Alcohol, 67*(6), 880-889.
- DeJong, W., Schneider, S. K., Towvim, L. G., Murphy, M. J., Doerr, E. E., Simonsen, N. R., et al. (2009). A multisite randomized trial of social norms marketing campaigns to reduce college student drinking: A replication failure. *Substance Abuse, 30*(2), 127-140.
- Turner, J., Perkins, H. W., & Bauerle, J. (2008). Declining negative consequences related to alcohol misuse among students exposed to a social norms marketing intervention on a college campus. *Journal of American College Health, 57*(1), 85-94.
- Campo, S., & Cameron, K. A. (2006). Differential effects of exposure to social norms campaigns: a cause for concern. *Health communication, 19*(3), 209-219.
- Yanovitzky, I., Stewart, L. P., & Lederman, L. C. (2006). Social distance, perceived drinking by peers, and alcohol use by college students. *Health Communication, 19*(1), 1-10.
- Mattern, J. L., & Neighbors, C. (2004). Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels. *Journal of Studies on Alcohol, 65*(4), 489-493.
- Ott, C. H., & Haertlein, C. (2002). Social norms marketing: a prevention strategy to decrease high-risk drinking among college students. *Nurs Clin North Am, 37*(2), 351-364, ix.
- Perkins, H. W. (2002). Social norms and the prevention of

- alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol (Supplement)*(14), 164-172.
15. DeJong, W. (2002). The role of mass media campaigns in reducing high-risk drinking among college students. *J Stud Alcohol Suppl*(14), 182-192.
 16. Gomberg, L., Schneider, S. K., & DeJong, W. (2001). Evaluation of a social norms marketing campaign to reduce high-risk drinking at The University of Mississippi. *Am J Drug Alcohol Abuse*, 27(2), 375-389.
 17. Haines, M., & Spear, S. F. (1996). Changing the perception of the norm: a strategy to decrease binge drinking among college students. *Journal of American College Health*, 45(3), 134-140.
 18. National Institute on Alcohol Abuse and Alcoholism (NIAAA). (2002). *How to reduce high risk college drinking: Use proven strategies, fill research gaps* (Final report of the Panel on Prevention and Treatment, task force of the National Advisory Council on Alcohol Abuse and Alcoholism). Washington, DC: National Institutes of Health.
 19. Clapp, J. D., Lange, J. E., Russell, C., Shillington, A., & Voas, R. B. (2003). A failed norms social marketing campaign. *J Stud Alcohol*, 64(3), 409-414.
 20. Wechsler, H., Nelson, T. E., Lee, J. E., Seibring, M., Lewis, C., & Keeling, R. P. (2003). Perception and reality: A national evaluation of social norms marketing interventions to reduce college students' heavy alcohol use. *Journal of Studies on Alcohol*, 64(4), 484-494.
 21. President and Fellows of Harvard College. (2007). *Harvard School of Public Health Center for Health Communication: The Harvard Alcohol Project's designated driver campaign*. Retrieved January 18, 2011, from <http://data360.org/pdf/20071029105448.HarvardAlcoholInitiative@DesignatedDriverProgram.pdf>
 22. Rothschild, M. L., Mastin, B., & Miller, T. W. (2006). Reducing alcohol-impaired driving crashes through the use of social marketing. *Accident Analysis and Prevention*, 38(6), 1218-1230.
 23. Advertising Educational Foundation. (2003). *Drunk driving prevention (1983-present)*. Retrieved from http://www.aef.com/exhibits/social_responsibility/ad_council/2399:pf_printable
 24. National Social Marketing Center. (2010). *Reducing underage kerbside binge drinking: National learning demonstration site scheme*. Retrieved September 12, 2011, from http://www.sub21.co.uk/docs/NORTH_TYNESIDE_OUTCOME_EVALUATION_REPORT_FINAL.PDF
 25. Perkins, H. W. (1997). College student misperceptions of alcohol and other drug use norms among peers: Exploring causes, consequences and implications for prevention programs. In *Designing alcohol and other drug prevention programs in higher education: Bringing theory into practice* (pp. 177-206). Newton, MA: The Higher Education Center for Alcohol and Other Drug Prevention.
 26. Perkins, H. W. (2007). Misperceptions of peer drinking norms in Canada: another look at the "reign of error" and its consequences among college students. *Addictive Behaviors*, 32(11), 2645-2656.
 27. McAlaney, J., & McMahon, J. (2007). Normative beliefs, misperceptions, and heavy episodic drinking in a British student sample. *Journal of Studies on Alcohol and Drugs*, 68(3), 385-392.
 28. Higher Education Center. (2009). *Introduction to social norms and social norms interventions*. Retrieved June 7, 2011, from <http://www.higheredcenter.org/environmental-management/change/normative/social-norms>
 29. Campo, S., Brossard, D., Frazer, M. S., Marchell, T., Lewis, D., & Talbot, J. (2003). Are social norms campaigns really magic bullets? assessing the effects of students' misperceptions on drinking behavior. *Health Communication*, 15(4), 481-497.
 30. Hobart and William Smith Colleges. (n.d.). *Alcohol Education Project*. Retrieved September 12, 2011, from <http://alcohol.hws.edu/dvpphe/Misperceive.htm>
 31. NHS Blackpool. (n.d.). *Blackpool Life: ALTN8*. Retrieved March 24, 2011, from <http://www.blackpool.nhs.uk/index.php/blackpool-life/altn8/>
 32. Treasure, I., & Lewis, C. (2007). *ALTN8 public health campaign for alcohol misuse in Blackpool: 3 month evaluation - October 2006*. Retrieved March 24, 2011, from http://www.dhs.de/fileadmin/user_upload/pdf/Innovative_Projects/United_Kingdom/Binge_drinking_jan_07_evaluationuk2.pfd
 33. SocialMarketingUK. (n.d.). *Psst! Be Alcohol Aware: A summary*. Retrieved March 24, 2011, from http://www.socialmarketinguk.com/cms/wp-content/uploads/Alcohol_Psst.pdf
 34. Deshpande, S., Basil, M., Basford, L., Thorpe, K., Piquette-Tomei, N., Droessler, J., et al. (2005). Promoting alcohol abstinence among pregnant women: potential social change strategies. *Health Marketing Quarterly*, 23(2), 45-67.
 35. Alcohol Action Ireland. (2011). *Alcohol and Pregnancy*. Retrieved April 4, 2011, from http://alcoholireland.ie/?page_id=122
 36. McDermott, R. J. (2000). Social marketing: A tool for health education. *American Journal of Health Behavior*, 24(1), 6-10.
 37. Hastings, G., Stead, M., & Webb, J. (2004). Fear appeals in social marketing strategic and ethical reasons for concern. *Psychology and Marketing*, 21, 961-986.
 38. Stead, M., Gordon, R., Angus, K., & McDermott, L. (2007). A systematic review of social marketing effectiveness. *Health Education*, 107(2), 126-191.
 39. Glider, P., Midyett, S. J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education*, 31(2), 207-220.
 40. Polonec, L. D., Major, A. M., & Atwood, L. E. (2006). Evaluating the believability and effectiveness of the social norms message "most students drink 0 to 4 drinks when they party". *Health Communication*, 20(1), 23-34.
 41. Moreira, M. T., Smith, L. A., & Foxcroft, D. (2009). Social norms interventions to reduce alcohol misuse in university or college students. *Cochrane Database of Systematic Reviews*. doi:10.1002/14651858.CD006748.pub2(3), CD006748.
 42. Thombs, D. L., Dotterer, S., Olds, R. S., Sharp, K. E., & Raub, C. G. (2004). A close look at why one social norms campaign did not reduce student drinking. *Journal of American College Health*, 53(2), 61-68.
 43. Marshall, R. J., Bryant, C., Keller, H., & Fridinger, F. (2006). Marketing social marketing: Getting inside those "big dogs' heads" and other challenges. *Health Promotion Practice*, 7(2), 206-212.
 44. Evans, W. D. (2006). How social marketing works in health care. *BMJ*, 332(7551), 1207-1210.

Reviews

IARD Health & Policy Reviews cover the effects of alcohol consumption on health. They offer an overview of the relationship between drinking patterns and health outcomes, compile the key literature, and provide the reader with an extensive bibliography that refers to original research on each topic. The *Reviews* attempt to present the balance of the available evidence. They do not necessarily reflect the views of IARD or its sponsoring companies.

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