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 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

alcohol misuse in collegiate contexts. *Journal of Studies on Alcohol* (Supplement)(14), 164-172.


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.