



Minimizing alcohol harm: A systematic social marketing review (2000–2014)☆



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ABSTRACT

This study sought to review social marketing interventions and their evaluations published between 2000 and 2014 to identify role and use of key elements of social marketing interventions: behavioral objective, audience segmentation, formative research, exchange, marketing mix and competition. A systematic literature search was undertaken examining nine databases and 23 interventions were identified. None of the interventions seeking to minimize harm from alcohol employed all six of the aforementioned benchmark criteria. Social marketing interventions were found to be largely effective in creating positive effects through changing behaviors and policies to affect short term or immediate changes, and also attaining longer term change via attitude, behavioral intention, and/or raising awareness. However, the absence of complete benchmark criteria was also identified and this may be limiting effectiveness indicating further potential for social marketing's reputation as an effective change agent to be enhanced via more comprehensive application of social marketing benchmark criteria.

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1. Introduction

Excessive alcohol consumption is a problem behavior bringing significant harm to individuals, communities and the society at large. Premature mortality rates are two to four times greater among individuals who drink to excess than that of the general population (Room, Babor, & Rehm, 2005). Detrimental effects of excessive alcohol consumption on the physical and psychological health of consumers have been widely documented. For example, excessive alcohol consumption may cause sleep deprivation, sexual dysfunction, heart and blood disorders, pancreas damage and liver cirrhosis, mouth cancer, and lead to loss of personal control, social disintegration, and even suicide (Cargiulo, 2007). Further, excessive drinking results in injuries caused by car accidents (Cismaru, Lavack, & Markevich, 2009; Wechsler & Nelson, 2008), sexual assaults, family and other social problems (Hill, Thomsen, Page, & Parrott, 2005). As alcohol is consumed by almost half of the world's population, its negative consequences have serious implications for public health: the World Health Organization

estimates that 3.3 million people worldwide died of alcohol-related causes in 2012 (WHO, 2015).

Excessive alcohol consumption has therefore become one of the most pressing global problems affecting both developed and developing countries (Farrell & Gordon, 2012). In the United States alcohol remains the third preventable cause of death, contributing to 85,000 deaths annually (National Institute on Alcohol Abuse and Alcoholism, 2014). The United Kingdom's Department of Health (2013) estimates that alcohol-related harm cost the British society £21 billion, and between 2010 and 2011 15,000 deaths were alcohol induced. In Australia, alcohol has been associated with net annual costs of \$1.61 billion in crime, \$1.98 billion in health care, \$3.58 billion in lost workplace productivity, \$1.57 billion in lost productivity in the home, and \$2.2 billion in road accidents (Collins & Lapsley, 2008). In an attempt to combat problem drinking different approaches have been developed by governments. For example, the Australian government has made substantial efforts via legislation and education, and according to the National Alcohol Strategy (2012), various methods have been adopted to reinforce liquor licensing and restrict alcohol advertising and availability. Further, the National Preventative Health Strategy (2009), designed to tackle obesity and the use of alcohol, illicit drugs, and tobacco, included social marketing, which has become in recent years a widely recognized behavior change tool (Hastings & Angus, 2011). As the role of social marketing as a tool for shaping responsible alcohol consumption culture has grown in significance (Kotler, Roberto, & Lee, 2002), its application to the design and implementation of campaigns that aim to minimize problems caused by alcohol consumption has increased in popularity (Cismaru et al., 2009; Glider & Midyett, 2001; Grier & Bryant, 2005; Tay, 2005).

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Only a handful of studies attempt to integrate the existing knowledge to identify factors leading to the success or failure of social marketing interventions (Gordon, McDermott, Stead, & Angus, 2006; Stead, Gordon, Angus, & McDermott, 2007). This paper aims to extend previous studies by classifying social marketing interventions according to six key social marketing benchmark criteria proposed by Andreasen (2002). The aim of the current study is to provide clear evidence of use for each of six social marketing benchmark criteria which can assist social marketers to understand how key social marketing principles can be applied in future interventions.

2. Social marketing

The main focus of social marketing is on the application of well-known marketing tools and techniques (i.e. marketing mix) to foster social change (Wymer, 2011). Social marketing has been used to combat problem behaviors for over 40 years (Lefebvre, 2011), and the early development of social marketing focused on health promotion messages (Andreasen, 2003). However, with a focus on promotional methods many early social marketing efforts still lacked more sophisticated marketing techniques such as full employment of a marketing mix comprised of a value offering enabling exchange with a product or service experience. Until the 1980s, the integration of health promotion and marketing was relatively straightforward. In the late 1980s, though, several new concepts of social marketing were introduced and developed. For example, according to Lefebvre (2003), an enormous shift in emphasis had occurred, from using social marketing as a way of promoting ideas to seeing social marketing as a methodology for changing problem behaviors. In July 2013 the International Social Marketing Association (ISMA), European Social Marketing Association (ESMA) and the Australian Association of Social Marketing (AASM) adopted a consensus definition of social marketing. This consensus definition states that “social marketing seeks to develop and integrate marketing concepts with other approaches to influence behaviors that benefit individuals and communities for the greater social good” (AASM, ISMA, ESMA, 2013).

Initially proposed by Andreasen (2002), social marketing benchmark criteria offer a useful guideline to ascertain the extent that social marketing is employed within a change intervention. Social marketing benchmark criteria are also used to distinguish social marketing from other behavior change approaches including public health. The importance of benchmark criteria in social marketing is advocated by many leading social marketers (Lefebvre & Flora, 1988). Alternative social marketing criteria have been introduced by Lefebvre and Flora (1988), French and Blair-Stevens (2005) and Robinson-Maynard, Meaton, and Lowry (2013). However, some frameworks do not offer mutually exclusive criteria for categorization purposes. For example, consumer orientation and insight are not easily distinguishable in the French and Blair-Stevens (2005) criteria. Further, studies that examined the effectiveness of social marketing campaigns targeting alcohol have previously adopted benchmark criteria as a framework to classify interventions (see Gordon et al., 2006; Stead et al., 2007). Evidence has been put forward indicating that social marketing interventions are more likely to achieve behavior change when more of the benchmark criteria are used (Carins & Rundle-Thiele, 2014). The six benchmark criteria advocated by Andreasen (2002) include behavioral change, formative research, segmentation, the use of marketing mix, exchange and competition. These six benchmark criteria are endorsed in the later schemes (see French & Blair-Stevens, 2005; Robinson-Maynard et al., 2013). Examining the extent that Andreasen's (2002) benchmark criteria are used by social marketers who are seeking to change problem behaviors is important to understand whether further improvements to social marketing implementation can occur.

First, Andreasen (2002) defines behavioral change as the key objective of social marketing interventions. Donovan and Henley (2010) argue that the sole focus on attitude change is not a sufficient social

marketing goal. The ultimate goal of social marketing should be to change people's behavior, not only to inform or educate them about social problems. Second, formative research aims to investigate the consumers' needs and provide understanding of motives that can be influenced to achieve desired behavior change goals (Andreasen, 2002; French & Blair-Stevens, 2006). French and Blair-Stevens (2006) also mention that this stage of social marketing aims to “drill down from a wider understanding of the customer to focus on identifying key factors and issues relevant to positively influencing particular behavior.” (p. 1). Formative research informs the development of interventions, the product design, availability, pricing and the communication methods (Donovan & Henley, 2010). Third, segmentation aims to identify whether unique groups (segments) exist along with key needs and motives that distinguish each group to inform different marketing and promotion mixes accordingly (Andreasen, 2002). In commercial marketing, different people may respond differently to different advertising methods and products. Similarly in social marketing, segmentation can help campaign designers to better develop the marketing mix in order to satisfy different groups of the target audience (Donovan & Henley, 2010). Fourth, Donovan and Henley (2010) identify three aspects of exchange, namely: benefit offered by the social marketer; effort the target audience has to make; and the intermediary. Therefore, the main purpose of social marketing exchange is to lower the effort and emphasize/maximize the benefit on the consumer side. As Stead et al. (2006, p. 2) argue, “what would motivate people to engage voluntarily with the intervention and offer them something beneficial in return” is exchange. Fifth, the marketing mix includes the marketing mix which is most commonly referred to as product, place, price and promotion. Similar to commercial marketing product refers to the bundle of benefits received by the target audience following exchange (Elliot, Rundle-Thiele, & Waller, 2014). Price is one of the traditional marketing Ps that is widely debated in social marketing as the use of dollar pricing in social marketing interventions is rare. Price is a transactional concept outlining what a consumer has to exchange in order to receive the bundle of benefits (product or service experience) (Elliot et al., 2014). Place refers to where and when the target audience changes behavior (Elliot et al., 2014). Promotion is the most widely adopted aspect of the marketing mix in social marketing. Social marketing interventions need to incorporate more than promotion or the efforts are simply social advertising. Finally, competition in social marketing refers to two levels: at the product level, competition could be harmful behaviors or any temptations that will lead to this behavior; at the broader level, competition could be “any behavior, product or idea that impacts negatively on health and wellbeing” (Donovan & Henley, 2010 p. 219).

3. Method

Following the systematic literature review procedures outlined in Carins and Rundle-Thiele (2014) a literature search was conducted to identify social marketing interventions aiming to minimize harm from alcohol consumption and published between January 2000 and May 2014. Nine databases (Table 1) were searched using the following

Table 1
Databases and articles retrieved in initial search.

Database	Number of articles retrieved
EBSCO All Databases	86
Emerald	13
INSPEC (Web of Knowledge)	60
Medline (R; and InProcess) (Ovid)	114
ProQuest All Databases	375
PsycINFO (Ovid)	67
ScienceDirect	10
Taylor & Francis	45
Web of Science	317
Total	1087

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