



## Review Essay

## Using social marketing to create communities for our children and adolescents that do not model and encourage drinking



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## ABSTRACT

Our children and adolescents are growing up in environments that support, and even, encourage (excessive) drinking. Thus, if we are to address the problem of underage drinking our focus needs to move beyond eliciting behavior change among children and adolescents to changing underlying community attitudes, social norms, and the environment itself. This review sought to examine the evidence base surrounding ‘community-based’ interventions designed to address underage drinking; to determine the extent to which ‘community’ interventions have thus far targeted the broader community and gone beyond behavior-focused strategies and endeavored to change social and physical environments. The review found surprisingly few interventions that sought to comprehensively address social norms at a community level. We need to move (research and interventions) beyond narrowly-focused efforts targeting teens and their parents; it is only when we address alcohol consumption at a population level that we will be able to provide an environment for children and adolescents which does not model (excessive) drinking as a normative social behavior.

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## 1. Introduction

Countries such as Australia, New Zealand, the United States and the United Kingdom have been described as having an environment in which commercial, social and cultural factors facilitate and encourage excessive alcohol consumption (Huckle et al., 2008;

House of Commons Health Committee, 2011; Kypri et al., 2005a; Gruenewald, 2004). Thus, it is not surprising that these, and many other, countries consistently find high rates of alcohol consumption and alcohol-related harm among their children and adolescents.<sup>1</sup>

The decisions children and adolescents make as to whether or not to engage in (excessive) drinking are influenced by a wide

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<sup>1</sup> While the WHO defines adolescence as the period between 10 and 19 years of age, and other definitions abound, the focus of this paper is in those who are under the ‘legal drinking age’ (or its equivalent) in the relevant jurisdiction.

range of factors: the alcohol-related attitudes and behaviors of their peers, siblings and parents; the nature of their relationship with their parents, including parenting style and informal and formal rules around drinking; the commercial environment (including the price, availability and promotion of alcohol); and the descriptive norms (perceptions of what others do), injunctive norms (others' social approval or disapproval), social and cultural norms in their community.

It is clear, therefore, that if we are to address the problem of underage drinking our focus needs to move beyond eliciting behavior change among children and adolescents, their parents, and alcohol retailers to changing underlying community attitudes, social norms, and the environment itself.

There is compelling evidence that adolescents perceive strong descriptive norms encouraging drinking and weak injunctive norms discouraging drinking; and increasing evidence that parents perceive similar norms in relation to the provision of alcohol to adolescents. An important finding from many surveys of parents and community members is that the majority of adults do not hold permissive attitudes towards underage drinking, but believe that others in their community do. For example, a recent survey of more than 3500 adults from 12 communities in Washington, US found that parents and other adults were consistently more likely to agree that they personally disapproved of underage drinking and/or had discussed rules with their children than to believe that other adults or parents had done so (Gabriel et al., 2013).

### 1.1. The role of social marketing

Social marketing is ideally placed to bring about the necessary changes in community attitudes and social norms, and to begin to address the pro-alcohol environment in which our children and adolescents are developing their sense of identity and place in the world.

Community-based social marketing (CBSM) utilizes these tools to bring about positive changes at a community level. CBSM involves identifying the barriers to behavior change, developing a program to overcome these barriers, and implementing and evaluating the program at the community level (McKenzie-Mohr and Smith, 1999). Extending this to community-based prevention marketing (CBPM) – applying social marketing to the development, implementation and evaluation of programs to promote health – researchers from the University of Southern Florida (Bryant et al., 2007) have proposed that encouraging community members to utilize a marketing mindset to defining problems and strategies can empower the community and democratize planning and evaluation by placing community members in control of the issues investigated (p. 156). Clearly, if we are going to bring about change at a community level, this engagement and empowerment of the community is essential.

This view is supported by research from the field of prevention science. In his review of the effectiveness of youth-targeted drug education programs, Midford concluded that studies suggest that prevention interventions for young people that contain a community component in combination with a school component may be more effective than each component in isolation (p. 1689). He cautioned, however, that such interventions are also more expensive and time consuming (Midford, 2010). Experts recommend that interventions utilize standardized surveys to determine needs and assess outcomes, prioritize areas of greatest need, utilize evidence-based programs, and engage the community in all aspects of the intervention (Arthur and Blitz, 2000). Specifically, it is argued that local ownership and a community's readiness, in terms of both attitudes and organizational capacity, must be in place in order for a comprehensive community assessment, planning, and monitoring effort to succeed (p. 251).

### 1.2. Purpose of the review

A review of 31 interventions targeting underage drinking, published between 1980 and 2006, found that 12 interventions met the criteria for most promising evidence and 29 for mixed or emerging evidence (Spath et al., 2008). Of these, 13 targeted children/teenagers and were delivered in schools, eight targeted parents, six targeted children and parents, and one targeted workplaces. Only four were described as 'multi-component' and this included two selective interventions targeting high-risk children, leaving only two community interventions: Project Northland (Perry et al., 1996) and Project STAR (Pentz and Valente, 1995).

The current review sought to examine the evidence base (in the peer-reviewed academic literature) surrounding interventions designed to address underage drinking that were described as 'community-based' (whether or not they were self-described as social marketing, CBSM, or CBPM), particularly those published subsequent to the Spath et al. (2008) review. Specifically, it aimed to determine the extent to which published 'community' interventions have targeted the broader community rather than targeting adolescents themselves and/or their parents and educators.<sup>2</sup> Further, it aimed to determine the extent to which these interventions went beyond behavior-focused strategies (such as education and enforcement) to attempt to change attitudes, values, norms and/or culture.

## 2. Method

Two searches were conducted in February 2014. Search one used the search string "(adolescent\* OR child\* OR teen\* OR underage) AND (alcohol) AND (community) AND (intervention OR program)", modified to the specific search tool in each database and limited to the year 2000 onwards. Databases searched were ProQuest Central, PsycInfo, Medline, Scopus and PBSC; fields searched were title, keywords and abstract. A total of 96 articles were found (after excluding duplicates). The search was re-run in Scopus and PBSC using the 'Smart Text Searching' function and this identified an additional four articles that appeared to meet the inclusion criteria.

Abstracts of the 100 papers were reviewed by two coders (the author and a research assistant) and 62 were excluded as being outside the focus of the review (see Table 1). The inclusion criteria were: primary focus was alcohol use and/or substance use (including alcohol); target group (for reduction of alcohol use) was 'underage' drinkers (for most countries this is under 18 years, whereas for the US it is 21 and for some European countries it is 16); and target group for the intervention was the community. Full copies of the remaining 38 papers were obtained and considered for inclusion.

Search two used the search string "alcohol AND community AND intervention OR program" (modified to the specific search tool in each database) and was again limited to the year 2000 onwards. Databases searched were ProQuest Central, PsycInfo, Medline, Science Direct, Web of Science, Expanded Academic ASAP, and PBSC; searching only titles and keywords. A total of 146 articles were found (after excluding duplicates). Of the 36 articles identified that met the inclusion criteria, there were only five that were not identified in search one (Izeboud et al., 2007; Stafström and Östergren, 2008; Huckle et al., 2005, 2007; Wolff et al., 2011).

Thus, a total of 43 articles were obtained and read in full. Four of the articles were found on review of the full manuscript not to

<sup>2</sup> While the term 'community' has a range of meanings, this review focuses on the common understanding of the word 'community' (i.e., the people, groups and structures that surround the underage drinker); defined by the Oxford Dictionary as "A body of people organized into a political, municipal, or social unity".

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