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Effectiveness of Social Marketing Strategies in Reducing Alcoholism

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Abstract: ***The present study is an effort towards understating various behavioural components of social marketing interventions and finding whether it has any role in reducing alcohol consumption among masses. Over the years through various researches, it has been realised that the immediate changes may be accomplished through social marketing, and long-term change can be achieved as well, by altering attitudes, intentions, and/or increasing awareness.***
Keywords: Social marketing, Alcohol, Behaviour

I. INTRODUCTION

The conventional marketing techniques are used to change consumer behaviour in order to bringing about greater social and public benefit. Unlike commercial marketing, social marketing campaigns are not intended to increase sales or profits. Rather, social marketing's mission is to affect changes in the community for the good of the masses, such as urging individuals to use only efficient lighting, because of its potential to help save energy or to advocate more individuals to wear seat belts, because their use can save lives. The following steps are required in order to have a successful social marketing campaign: Develop an effective marketing strategy that incorporates the 4 Ps of the marketing mix, as well as additional elements such as regulations and partnerships. The research presented in this article sought to see how social marketing might affect public behaviour when these campaigns are implemented taking into consideration conventional marketing tactics and approaches.

The goal of social marketing is to help encourage behaviours that may benefit both people and society. In order to achieve this goal, it is a proven behaviour modification discipline that has had a significant effect on influencing public behaviours that are beneficial to public health and the environment. In other words, "social marketing" is suitable for many circumstances and audiences in order to influence change (Lefebvre, 2011).

The goal of social marketing is also to engage and involve target populations by giving them with a remote and delayed benefit. As a result, one may say that "social marketing" is defined as leveraging market dynamics in order to bring about behavioural change on a large scale for the greater good. By motivating organisations and individuals, marketing may assist to foster a shift in behaviour, from inspiring organisations to encouraging people to take an active role in making a difference. As shown in the study, if individuals are really driven to change and given with sufficient assistance, then good change may be self-sustaining. By using social marketing, positive habits and practises may be made permanent, resulting in enduring change for the target population.

Mass media outlets like television and radio have been shown to be successful in propagating social values, according to Laasch & Conaway (2014). Although the first social marketing study was done by Zaltman and Kotler in 1971, who defined the purpose of social marketing as an effort to spread social ideas via marketing research, product planning, pricing, communication, and distribution, they never actually utilised the term social marketing. After the book ‘Social Marketing: Improving the Quality of Life' was published in 1989, this definition was further reduced down to "social marketing is the use of commercial marketing methods and ideas towards the goal of social good." A definition of social marketing published by Andreasen identified that the primary goal of social marketing is to affect voluntary actions. By integrating commercial marketing methods, social marketing promotes three major characteristics: affecting human behaviour to help society, families, or individuals; and benefiting society rather than the marketing company that is responsible for the programme. A practical application of contemporary marketing concepts allows modern marketing to be described as a practical application of commercial marketing principles. Social marketing is another kind of marketing that uses four “Ps”: product, pricing, promotion, and location to communicate with the audience.

Social marketing's primary goal is to inspire people to have more positive lives. While all marketing strategies and techniques have the potential to influence customers, the most essential factor is that the chosen approach or tactic has a defined effect on consumers. Because of the customer-centric strategy, which empowers researchers to explore target audiences before launching social marketing programmes, there is a need for research, which is particularly intended to study target audiences before creating social marketing programmes. Also, it is critical for social marketers to use powerful techniques and strategies while also monitoring participant behaviour to verify that the intended results are being attained (McKenzie, 2013).

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Within the realm of social marketing, success is not to be measured by whether or not people have changed their beliefs, whether lectures have been provided, or how many messages have been distributed, but rather by behavioural changes that have been observed over time when targeting specific behaviours. Thus, social marketing, which utilises exposure theories and behavioural persuasion, works with individuals to identify and alter particular patterns of hazardous behaviour (Brennan et al., 2014).

There are many theories of persuasion, one of which is founded on the belief that individuals have to participate in long-term elaboration of message in order to be convinced in the long term. It follows that social marketers build campaigns based on how long and how intense exposure to their target behaviour influences their target behaviour which can identify the primary driver of the behaviour that is being targeted, and then it may be manipulated on a massive scale. For example, social marketing campaigns that target weight reduction may use behavioural theory to identify the connection between behavioural determinants of nutritional deprivation, such as accessibility of high calorie and low nutrition food, and eating habits within the family and community. Overall, one can say that the primary goal of social marketing is to influence public behaviours which can be evaluated by changes in behaviour of the target audience. Changes are a success when social marketing efforts are used, but there is no direct advantage to the business or marketer as a result of the change.

II. PROBLEM OF ALCOHOL ADDICTION

Alcohol is a sedative. It slows the brain and spinal cord. Throughout history, people have utilised alcoholic drinks. It is utilised with meals, social events, religious rituals, medically, and ceremonially. Alcohol enters the circulation quickly and circulates throughout the body in minutes. To prevent drunkenness, a 150-pound individual may drink one drink in an hour and a half. Intoxication from alcohol occurs more quickly. Alcohol comes in many forms. The most frequent alcohols are beer, wine and hard liquor.

People often consume alcohol for both good and bad reasons. Positive reasons for this include complementing meals at social gatherings and relaxing with family and friends. Negative motives include running away from one's family to avoid their issues, numbing one's sorrow, and replacing intimate connections. Alcohol may cause people to feel guilty, which encourage them to drink even more. Alcoholism is a condition that may be treated with medications. There is a gradual progression from moderate drinking to binge drinking. It has ramifications not just for the drinker, but for their family and the wider community as well.

It's the root of all health issues, personality disorders, and threats to personal and societal safety. It was linked to criminal activity and suicide as well. Alcohol often has a negative impact on families, leading to discord. Most addicts are plagued by a slew of issues in every facet of their lives. Consumption of alcohol has many negative effects for those who are alcohol dependent as well as society at large. Road accidents, work-related difficulties, family and domestic issues, and interpersonal violence are only a few examples of the societal repercussions. However, in the long run, these occurrences have an effect on economic output or the individual's and family's demands and resources (Gmel & Rehm, 2003).

According to a WHO study, alcohol consumption and domestic violence are linked in India, where 33% of spouse-abusing men drink. Of them, 51% drank just on rare occasions, 45% did so on a regular basis, and 40% did so on a daily basis. When their spouses drink, 94.5 percent of the women report that their husbands act as the aggressors and they are subjected to violence (World Health Organization, 2004).

Although it's long been recognised as a depressant, alcohol has also long been linked to more than 60 different diseases and conditions. These include everything from injuries to mental and behavioural disorders to cancers to cardiovascular diseases to skeletal and muscular diseases to reproductive problems to prematurity and low birth weight. According to recent studies, both the volume of alcohol consumed over the course of a person's lifetime, as well as the frequency with which that person drinks and the quantity consumed each episode, both raise the risk of alcohol-related damage - mainly dose-dependently Even at high alcohol consumption levels, alcohol raises the risk and severity of some diseases in a dose-dependent way, including as cardiomyopathy, acute respiratory distress syndrome, and muscle damage. Episodic excessive drinking is associated with an increased risk of injury and certain cardiovascular illnesses, especially if it occurs often and in large volumes (coronary heart disease and stroke). Despite the fact that light to moderate drinking may help prevent ischemic illnesses, the majority of alcohol is harmful to the heart (Anderson & Baumberg, 2006)

According to the International Agency for Cancer Research, alcohol is linked to cancers of the mouth, pharynx, larynx, oesophagus, liver, colon, rectum, and female breasts. This conclusion was made in 2007. It seems that the risk of cancer rises gradually with increasing alcohol use in all of these cases of cancer. For various types of cancer, the intensity of the link to alcohol use varies. A daily intake of 10 g of pure alcohol is linked with a 7% rise in the relative risk of female breast cancer, whereas a daily intake of around half that amount raises the relative risk of colon cancer by 10–20%. This shows that the link is greater for female breast cancer. Conversely, average intake has a much greater link to laryngeal, pharyngeal, and oesophageal cancer than it does to breast

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and colorectal cancer (more than a 100 percent increase for an average consumption of 50 g pure alcohol per day). The harmful impact of acetaldehyde, an alcohol metabolite, has been suggested as a cause of certain malignancies (Baan et al., 2007).

Alcohol consumption is strongly linked to a wide range of cardiovascular problems, including hypertension, haemorrhagic stroke, and atrial fibrillation. The connection is more complicated in cases of ischemic heart disease and ischemia strokes. Chronic excessive drinking has always been linked to poor cardiovascular health. To be sure, light to medium drinking may help prevent ischemic illnesses in the long run, but people who just consume beer or wine have the same effects. However, it is becoming clearer that confounding factors account for a significant portion of this impact with low to moderate alcohol use serving as a proxy for improved health and social capital. There really is no protective effect for youngsters, for whom any amount of alcohol increases the risk of acute ischemic occurrences and, in older people, physical activity and a healthier diet are more effective ways to reduce death from ischaemic heart disease than drinking a lot of alcohol. When it comes to ischemic illnesses, alcohol use has been shown to worsen symptoms by increasing blood clotting and lower the rate for ventricular fibrillation (Roerecke & Rehm, 2010).

Alcoholism kills mostly males in their forties and fifties. It's important to keep in mind that young people's brains are especially vulnerable to the effects of alcohol, so delaying use until later in life decreases their risk of alcohol-related disorders and dependency in adulthood. No quantity of alcohol use is safe when it comes to the absolute actual danger of dying from an alcohol-related disease. In many cultures, men and women face the same dangers. Adults who routinely consume six drinks each day have a one-in-ten risk of dying from alcohol-related causes (National Health and Medical Research Council, 2009).

III. SOCIAL MARKETING EFFECTIVENESS TO REDUCE ALCOHOLISM

There has been significant work done by Andreasen (2002) and the National Social Marketing Centre in the UK to establish a set of benchmark criteria for what defines a social marketing initiative. The following table outlines the benchmark requirements:

1) *Customer Orientation:* It focuses on gaining a thorough knowledge of the target audience by doing thorough market and consumer research and integrating it with other data.
2) *Behaviour:* It has a significant emphasis on behaviour and has defined behaviour objectives based on a sound behavioural analysis.
3) *Theory:* Is founded on and guided by behavioural theory. Using a multidisciplinary theoretical framework.
4) *Insight:* When it comes to insight, the emphasis is on finding out what "moves and motivates" the target audience.
5) *Exchange:* Knowing what the individual has to contribute in order to get the promised advantages.
6) *Competition:* Competitors for the time and attention of the audience, as well as the causes of competitive behaviour.
7) *Segmentation:* Makes use of a segmentation strategy that has been refined over time (not just targeting).
8) *Methods Mix:* Use of the marketing mix (product, price, location, and promotion) is a part of an appropriate ‘mix of techniques.'

Social marketing has a worldwide reach and varies according to the situation. When combined with public service advertising, social marketing becomes more definitive and compelling. It is possible to utilise social marketing to deal with the most pressing problems and concerns facing the general populace. For example, social marketing has been employed for a long time to combat numerous societal ills like smoking and alcohol abuse, among others (Lefebvre, 2011).

Researchers and academics began linking social marketing to nutrition management, smoking avoidance, and alcohol use reduction. Many academics were aware of this moment in time, which prompted the development of many theoretical ideas. At this point, social media marketing was likewise doomed to be dishonest and cover up its true intentions. Over and above all else, this stage gave birth to an iterative repeat of identifying and watching for solutions to the problems connected with relevant theories (Fox & Kotler, 1980).

Social marketing, according to Lefebvre and Flora (1988), is beneficial in public health. Family planning and energy conservation were cited as examples of social marketing success by Fox and Kotler (1980). Tobacco control and alcohol use reduction are two major issues in North America that may be addressed via social marketing. Academics began to recognise this period, which sparked the development of new theoretical ideas. During this stage, social marketing was judged on whether or not it was dishonest and based on secret goals. This phase, above all, brought theory and practise together by identifying and correcting flaws.

Noortekohvik, an Estonian social marketing project, was launched in Tallinn in 2005. (Alcohol and tobacco free cafe initiative). Representatives of the Estonian Temperance Union and the Estonian Union for Child Welfare kicked off the campaign with it. Publishing press releases was part of the plan, as was planning different events, such as tobacco- and alcohol-free youth meetings at well-known cafés.

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Also included were video snippets from social advertising campaigns promoting the dangers of alcohol and cigarette use. The programme was successful in reducing adolescent tobacco use and alcohol abuse, and also educated young people about the dangers of nicotine and alcohol use (DGHC, 2009).

An alcohol prevention campaign aimed at children and youth was launched in Austria between June and November 2007 as part of an effort to fight underage drinking. The national centre of expertise for health promotion and prevention called the campaign *Nachdenken statt Nachschenken* (Think before you drink). Additionally, 3600 merchants and 1900 gasoline stations were engaged in the campaign's concept. The goal of the campaign was to drastically cut down on underage drinking. The campaign's primary goal was to raise awareness about the dangers of binge drinking, which was resulting in a large number of young people being sent to the hospital. The focus was also on disseminating material showing 'cool' yet unorthodox peer-group behaviour when it comes to alcoholic beverages, thus encouraging strict adherence to regulations designed to protect children and adolescents. A final objective was to increase store and bar owner knowledge about alcohol sales via TV and radio advertisements that were aired (DGHC, 2009).

Also in Portugal, a national programme aimed at young people aged fourteen to twenty was studied (Drinks: It's up to you). Portuguese Red Cross and IDT collaborated in the mediation (Institute for Drugs & Drug Addictions). It included school-based intermediary related to the dangers of young people' harmful alcohol use. To promote personal responsibility for alcohol consumption was a major marketing goal. There were many school-based activities, peer association, and geographic tractability that were included in the campaign. In addition, there was information on the dangers of excessive alcohol use, as well as promotion of positive lifestyle choices (DGHC, 2009).

Moderate drinking was promoted by the U.K.'s "ALTN8" campaign, which encouraged consuming non-alcohol drinks in addition to alcohol, taking breaks between drinking days, and embracing non-alcoholic lifestyles. Self-reports indicate that young people who were exposed to the programme drank less. In the U.K., another social marketing effort called "Pssst! Be Alcohol Aware" encouraged young adults to consider alternatives to alcoholic drinks. The drinking habits of programme participants improved after three months, according to a study of student populations (Treasure & Lewis, 2007).

When it comes to real-world social marketing efforts, fear and negative message may have a lesser impact than positive reinforcement, especially among young people. There are health educators who believe social marketing is unethical, “hard” on target audiences, and in general less “warm” or pleasant to their audiences. The use of fear appeals in health promotions has sometimes had unintended consequences, such as people ignoring or suppressing the message. Because of the broad range of methods and approaches utilised throughout social marketing efforts, it's impossible to draw any meaningful conclusions from them.

A successful social media marketing strategy may be both expensive and time consuming to implement. Costs include not just programme materials, but also pre-testing of materials, marketing of materials, and programme monitoring and assessment. For health-related behaviours like alcohol use that must be repeated or sustained, social marketing techniques may have a lesser effect than for other behaviours where repetition is not required.

IV. CONCLUSION

With all of this stated, it's safe to say social marketing involves adapting commercial marketing methods and technology for use in programmes aimed at improving voluntary behaviours within the target audience while also influencing societal behaviours that benefit the greater good. As a result, social marketing's primary goal is to affect societal change, such as getting more teenagers in a particular state to stop smoking. Because of this, social marketing is not a science but rather a discipline that draws from a variety of fields to develop programmes that have the potential to significantly alter human behaviour on a large scale.

Unlike commercial marketing, which focuses on particular product choice, promotion, or purchasing behaviours and asks people to switch brands or goods, social marketing aims to bring about an ideal change by focusing on complicated and contentious behaviours already existent in society. Persuading organisations and people to engage in healthy or environmentally friendly activities has been a proven success for social marketing. Social marketers' ability to use established commercial marketing and planning research/methods and chosen behaviour related tools to encourage or discourage particular behaviours or habits such as smoking is linked with such positive behavioural change.

The research reviewed above shows that social marketing uses the advantages of doing good for the public in order to ensure consumer involvement and thus its main emphasis is on providing for positive behaviour change, which is evident from the literature reviewed above While utilising a customer-centric strategy, social media marketing also employs traditional marketing techniques like public policy and partnerships to help bolster marketing plans and gain a competitive edge by anticipating public opinion and reacting accordingly. Social marketing has a beneficial effect on public behaviour, according to the results of the study.

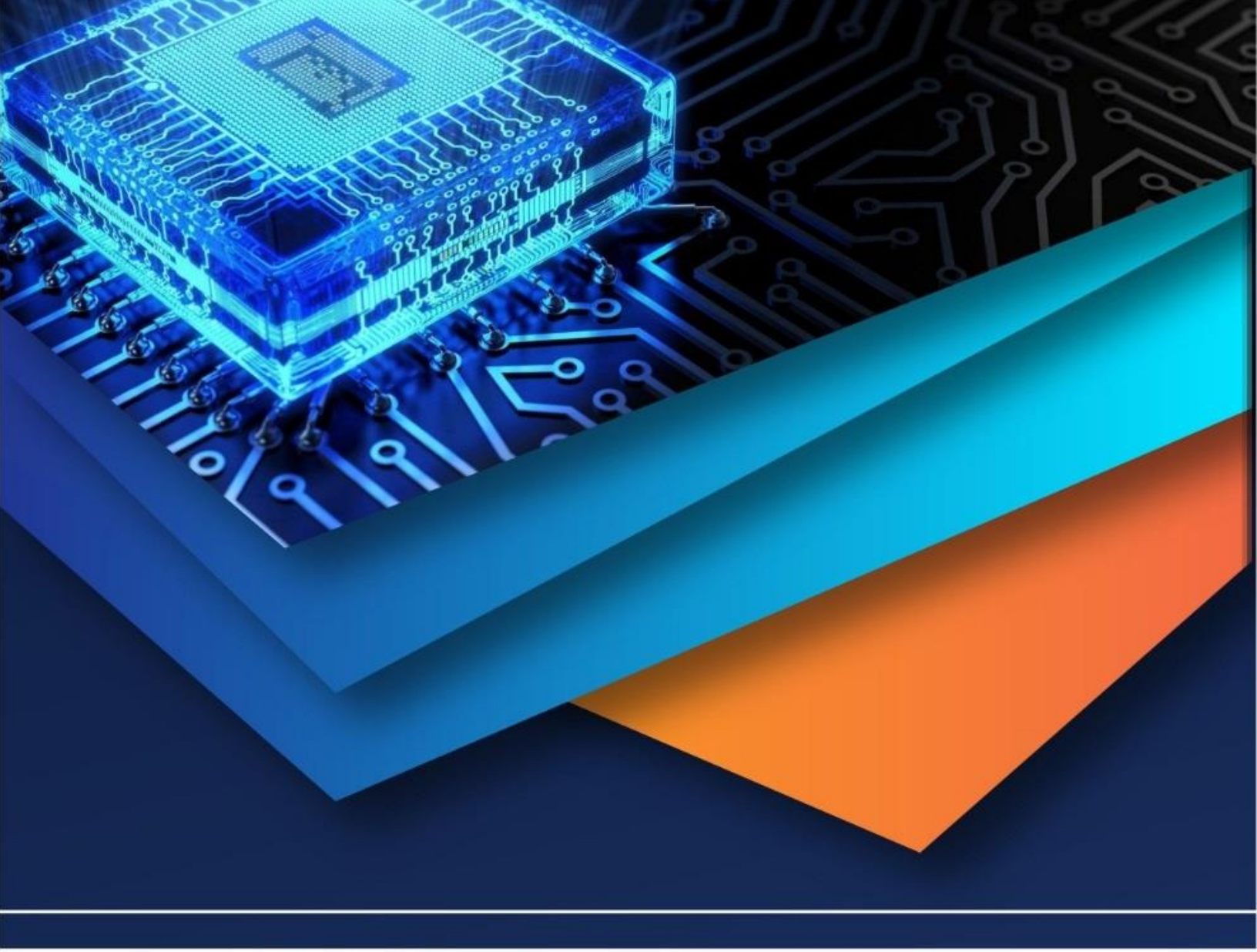
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As a result, good behaviours among people and society may be encouraged by using social marketing methods. In spite of this, societal issues like deterioration of public health continue to deteriorate despite proof that social marketing is successful. As a result, social marketers must run campaigns addressing a wide range of societal problems in order to aid or influence society's shift away from a damage culture. In this way, we may make steady progress while also eliminating a wide range of detrimental habits.

REFERENCES

[1] Andreasen, AR 2002, 'Marketing social marketing in the social change marketplace', Journal of Public Policy and Marketing, vol. 21, no. 1, pp. 2 – 13, viewed 10 August 2008.
[2] Anderson P, Baumberg B (2006). Alcohol in Europe. A public health perspective. London, Institute of Alcohol Studies (http://ec.europa.eu/health-eu/doc/alcoholineu_content_en.pdf, accessed 18 February 2012).
[3] Baan R et al. (2007). Carcinogenicity of alcoholic beverages. The Lancet Oncology, 8:292–293.
[4] Brennan, L., et al., Social marketing and behaviour change: Models, theory and applications. 2014: Edward Elgar Publishing.
[5] DGHC. (2009). Retrieved from http://ec/europa.eu/health/archive
[6] Fox, A & Kotler, P. (1980). The marketing of social causes: The first ten years. Journal of Marketing, 44, 24-33.
[7] Gmel, G., & Rehm, J. (2003). Harmful Alcohol Use. Alcohol Research &Health, 27 (1), 52-62
[8] Kotler, P. & Zaltman, G. (1971). Social marketing: an approach to planned social change. Journal of Marketing, 35, 3-12.
[9] Lefebvre, R.C., An integrative model for social marketing. Journal of Social Marketing, 2011. 1(1): p. 54-72.
[10] Laasch, O. and R.N. Conaway, Principles of responsible management: Glocal sustainability, responsibility, and ethics. 2014: Nelson Education.
[11] Lefbvre, R. & Flora, J. (1988). Social marketing and public health intervention. Health Education Quarterly, 15(3), 299-315.
[12] Lefebvre, R. C. (2011). An integrative model for social marketing. Journal of Social Marketing, 1, 54-72.
[13] McKenzie-Mohr, D., Fostering sustainable behaviour: An introduction to community-based social marketing. 2013: New society publishers.
[14] National Health and Medical Research Council (2009). Australian guidelines to reduce health risks from drinking alcohol. Canberra, National Health and Medical Research Council.
[15] Roerecke M, Rehm J (2010). Irregular heavy drinking occasions and risk of ischemic heart disease: a systematic review and meta-analysis. American Journal of Epidemiology, 171:633–644.
[16] Treasure, I., & Lewis, C. (2007). ALTN8 public health campaign for alcohol misuse in Blackpool: 3 month evaluation - October 2006. Retrieved September 24, 2021, from http://www.dhs.de/fileadmin/user_upload/pdf/Innovative_Projects/United_ Kingdom/Binge_drinking_jan_07_evaluationuk2.pfd
[17] World Health Organization. (2004). Global Status Report on Alcohol 2004. Geneva: World Health Organization.

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