Social marketing a strategy for drug misuse prevention?

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1. Introduction

"A marketing transaction is one in which some product offering is exchanged for a payment. But ideas are also offerings and are exchanged in marketlike transactions; the dissemination of ideas is a marketing process." (S. Fine)

How could we use "the marketing of ideas" in order to develop an effective drug misuse prevention? For this we have to define two terms:

1. Drug misuse Prevention and 2. social marketing strategies

2. Drug misuse prevention

The following description is the result of an international conference of the EC commission with prevention experts from Europe and eastern countries which I attended as a German delegate:

"The aim of drug misuse prevention is to equip young people with the attitudes, skills and knowledge to resist pressures of abuse and misuse drugs and other substances. Drug misuse prevention has to be seen in the context of preventive health education, which presents the benefits of a healthy lifestyle.

Drug misuse prevention in the context of a health education programme should help young people take charge of their social, mental, physical and emotional health. Prevention will specifically help them to make aware and informed decisions about the use of drugs in their lives."

3. Social Marketing Strategies

The main focus of Social Marketing is to achieve a health promoting behaviour and a mental attitude in a defined target group. Here one could already find 3 main characteristic of marketing:

1. the target group: young persons from 3 - 25
2. the message: health promotion
3. the goal: changing behaviour and mental attitudes
Social marketing uses the strategies of product marketing to influence the acceptance of social ideas in order to change the existing health damaging behaviour with the goal of health promotion.

In order to do so, it is very important to define at the very beginning the target group where the social marketing strategy is aimed at and then to find out how this group adapts this new "product" and new attitudes.

In order to be successful with a preventive activity, the expert should first find out what the target group by itself thinks and feels about the whole project. This means to find out whether there is enough positive potential and willingness to change the behaviour and that the offered alternatives are better or at least equal to the old behaviour patterns.

Kotler, the big marketing pope once wrote ".. many social campaigns do not succeed because the chosen target group is not aware of their problem and is not willing to change.(Kotler, Social marketing, New York 1991)

If you want to exchange ideas in a marketlike transaction, the buyer has to be informed about what the social marketing expert has to offer.

Two sources of information have been successful regarding social marketing strategies:

1. information coming from personal sources. This means mainly direct communication or "face to face" communication with multiplicators or key persons or with the a person which had already experienced the advantage of the product or the attitude.

2. information of non - personal sources: mass media such as TV - and radio spots, poster campaigns or announcements in newspapers.

Information campaigns still are one of the more used preventive activities, whether there are effective or not. A new study from the IFT (Künzel - Böhmer, J.; Bühringer, G.: "Expertise zur Primärprävention des Substanzißbrauchs" Institut für Therapieforschung ; München 1991) came to the conclusion that only information campaigns are not successful in order to change an unhealthy behaviour. An accumulation of knowledge and information leads not to a healthier life style or a better behaviour.

At the contrary: Kotler found out that information campaigns even stimulates - may be through curiosity - the consumption. This phenomena is called the famous "Boomerang effect"
But to inform potential users about the consequences of the use of psychoactive substance should not to be neglected in the future. Explaining recent declines in marijuana and cocaine use in the US. NIDA (National Institute on Drug Abuse: Drug use Among American high school seniors, college students and young adults, 1975 - 1990, Rockville 1991) comes to the following conclusions: "...it appears that large proportions of young people do pay attention to new information about drugs, especially risks and consequences; such information, presented in a realistic and credible fashion play a vital part in reducing the demand for drugs. The evidence available thus far shows clearly that such reduction of demand has been the key to controlling the epidemics of marijuana and cocaine use".

4. The target group

The first step toward psychoactive substance abuse can be compared to the process of adaptation of a product or an attitude.

It is very important to watch very closely and carefully to this process because each target group is in a different stage of adaptation and the preventive measure to be take have to be adapted at the needs and the motivation of the considered target group.

Again, the product marketing gives us some interesting research how a product and this could be as well an attitude or a behaviour - is adapted from the different target groups on the market. The following types of personalities have been found regarding the adaptation behaviour:

1. Innovators
2. Early adapters
3. Early majority
4. Late majority
5. Laggards

Comparing the different types on a time scale one could see the following curb:
It is very interesting to see, that more than 2/3 of the consumers are in the field of **Early Majority and Late Majority**. The adaptation motives are mainly of social character such as imitation, group pressure, the desire to be "in" and not to be too late and "to jump on the band wagon." The main motivation I believe comes out from the peer group itself and is as well sex specific.

NIDA reports: "It is generally acknowledged that much of youthful drug use is initiated through a peer social-learning process; and research has shown a high correlation between an individual's illicit drug use and that of her or his friends. Such a correlation reflects different causal patterns. a) a person with friends who use a drug will be more likely to try the drug b) the individual who is already using a drug will be likely to introduce friends to the experience and c) one who is already a user is more likely to establish friendships with others who also are users".

The following table attempts to show the different target groups with their main adoption motives and the needs behind them:

<table>
<thead>
<tr>
<th>Target group</th>
<th>%</th>
<th>Motives of adopt.</th>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Innovators</td>
<td>2,5</td>
<td>Desire of newness</td>
<td>Self-exploration</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Experimenting with danger/death</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Experience with ecstasy</td>
</tr>
<tr>
<td>Early adopters</td>
<td>19,5</td>
<td>Improving the personal image</td>
<td>Identification with idols</td>
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<tr>
<td>Early majority</td>
<td>34</td>
<td>Imitation and adaptation</td>
<td>Peer group experience</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Sexual acceptance</td>
</tr>
<tr>
<td>Late majority</td>
<td>34</td>
<td>to &quot;jump on the band wagon&quot;</td>
<td>Social acknowledgment</td>
</tr>
<tr>
<td>Laggards</td>
<td>16</td>
<td>Followers with high popularity</td>
<td>Emotional shelter and acceptance</td>
</tr>
</tbody>
</table>

4.1. Innovators

The main motivation in this target group is the desire to be the first, to have experienced with something very new from the first moment. S. Fines describes this group, that "...the innovators have been found to differ from laggards in that they are more open minded, better educated, younger, enjoy higher socioecomentic status and are better integrated into the fabric of society. Almost by definition they see less risk in adopting new ideas and things"

It seems that the phase those young people go through somehow could be described as a personal checking out and frictioning with the adult environment. A provocative thesis which still has to be proved would be: that checking its own boundaries, experimenting with the danger of new things, flirting with the "sweet solution" and the mystification of death bringing drugs is a normal phase of this target group and that only the reaction of the social environment like parents,
school and other authorities and as well the peer group itself contribute to a manifestation of an addictive behaviour.

The preventive strategy for this target group is more to sustain the open mindness and the already existing self esteem of the individual in order to provoke it to try new alternatives and as well stimulating behaviours without the misuse of psychoactive substances.

4.2. Early adopters

The main adoption motive is the construction of its own image. Who am I and how do the others see me? In this phase the young persons tends to watch and to look out for orientation. They find this in sometimes idealised models and idols maybe in the world of pop music, sport or in the movies. The young person is altering between daily reality and its fantasy world between rational and wishful thinking.

For a preventive strategy he /she is very open to listen to charismatic persons of the above mentioned fields if their message is realistic and credible. With the help of idols an individual image should be built up in order to encourage them to find ways to raise their endorphin level similar to the target group of the innovators.

4.3. Early Majority

Imitation and adaptation are the main attitude highly related to this peer group and as well to be sexually accepted from the other sex

The peer group with its shelter and the protection becomes a substitute for the family. The urge of sexuality and the experience of the other sex are building the main focus for the young person specially in its adolescent phase. Here they are altering between timid isolation, attraction to the other sex, to develop confidence to its own body and confidence to others. To be a part in the social tissue of the group is an important issue in this phase and to experience the group feeling and the acknowledgement of the group and other persons becomes more and more important.

Preventive strategies in this phase have to actualise these tendencies and to realise the different socialising condition between male and female youngster in order to adjust their preventive message. This means to build up a group image as an important factor to transfer important messages regarding health promotion using participating strategies in order to become more realistic and creditable. Female youngster should be encouraged to experience with their needs within the peer group where they could rely on.
4.4. Late majority

The main desire is to be acknowledged as a social person and to jump on the bandwagon. Here you have a direct correlation between consumption behaviour and social status. Now more macrosociological aspects are in the foreground. The self-esteem adapted in the early phase will be examined from the social surroundings. Question of values, norms, the reason of life and life perceptive become more and more important.

For the preventive expert it is very important to create alternatives which are socially acceptable. That means to look what alternatives with a high social value could be implemented in order to become a real alternative to provide social acknowledgement whenever you adapt this behaviour. The best way to do so is to involve the peer group of the "early majority" to create new norms, values and attitudes.

4.5. Laggards

This target group is characterised to adopt a behaviour or an attitude only then, when there is an already built up popularity. Emotional shelter and acceptance of the social environment are the main need behind this behaviour which is combined with an individual perspective of low risk. Security is the important motivation in order to become loved and acknowledged from everybody. Experimental behaviour is considered dangerous. This target group has very little criticism and reflection of its own consumption habits.

The preventive approach to this group is mainly to give them the feeling that their positive behaviour is okay. They have to be convinced not very aggressively that new attitudes do not have a high risk and are already tested from other persons. The main target is to preserve existing positive behaviour and a slow new orientation towards new behaviour through the groups ahead of them.

5. Conclusions

5 points are extremely important in order of a consistent change in the behaviour and attitudes of the target group:

1. Satisfaction of needs

The relation of adapting a new behaviour in one hand and the fulfilling of an individual or group need in the other hand must be very obvious.
2. Visibleness and verification

The result of the new adapted behaviour must be obvious, visible and verified for the individuals.

3. Complexity

The message regarding the new adapting attitudes has to be adapted to the complexity of the target group and has to show the direct relation between a change in a behaviour and the personal benefits from this behaviour.

4. Risk distribution

The risk of the new behaviour should be low and easily adapted to the life style of the target group. The persons should be encourage to adapt the behaviour by a way of trial in order to make positive experiences.

5. Personal communication

Personal communication through the use of multiplicators (key persons) should be favorised as initiators of an affective mouth to mouth propaganda.
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