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Social marketing and alcohol misuse prevention in German-speaking countries

Social marketing
and alcohol
misuse

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Abstract

Purpose – Despite social marketing being widely adopted in English-speaking countries, there is limited evidence of it being adopted in German language countries. Alcohol misuse is a social problem that has been the topic of health campaigns globally. The purpose of this paper is to understand the level of knowledge and adoption of social marketing among alcohol misuse prevention campaign planners, to understand current practices in campaigns, and to examine the use adoption of social marketing in such campaigns in Austria, Germany and Switzerland.

Design/methodology/approach – Campaigns were identified through bibliographic databases, online search engines, and expert inquiry. A survey was administered to campaign planners to retrieve primary data about campaigns. Data were analyzed using descriptive statistics. Practices were compared to social marketing using Andreassen's six social marketing benchmark criteria.

Findings – In total, 31 campaigns were included in the review. Some 55 per cent of planners reported knowing about social marketing and 52 per cent reported using it in the reviewed campaign. Relative to the benchmark criteria, social marketing was rarely adopted, with one campaign attaining all six criteria and eight meeting at least four of them.

Originality/value – The paper is the first to provide an overview of the use of social marketing in alcohol misuse prevention campaigns in German language countries. It generates information on knowledge and adoption of social marketing and contributes to understanding the diffusion of social marketing in a sample of European countries.

Keywords Austria, Germany, Switzerland, Social marketing, Alcohol, Substance misuse, Public health, Prevention, German language, Benchmarks

Paper type Research paper

Introduction

Defining social marketing

First coined in 1971, social marketing referred to the application of marketing for the solution of social and health problems (Kotler and Zaltman, 1971). Today, social marketing can be described as “the systematic application of marketing, alongside other concepts and techniques, to achieve specific behavioral goals, for a social good” (French and Blair-Stevens, 2007, p. 33). This definition includes various types of interventions and contains the essential elements present in other often-cited definitions



(see, e.g. the definitions in Andreasen (1995), or Kotler and Lee (2008)), which include the use of marketing principles, focus on behaviors, and aspiration for social good. More specifically, social marketing can be defined by adhering to the following criteria: behavior change, audience research, segmentation, exchange, marketing mix, and competition (Andreasen, 2002).

Social marketing in Europe

After 40 years of existence, social marketing is recognized as an established approach in health promotion and prevention in English-speaking countries (French *et al.*, 2010; Kotler and Lee, 2008; Stead *et al.*, 2007a, b), and its effectiveness has been demonstrated (Gordon *et al.*, 2006). However, scarcity of research evidence from non-English-speaking European countries suggests that the adoption of social marketing may be rather modest on the European continent. This assumption was reinforced during a European Social Marketing panel discussion held at the 2nd World Non-Profit and Social Marketing Conference (WSMC) in Dublin (Suggs *et al.*, 2011). The discussion emphasized important activities in Europe, but also showed that it is not widely adopted apart from the UK, where, in 2006, policy facilitated a National Center designed to support social marketing activities and disseminate results of such initiatives (UK National Social Marketing Centre, 2011).

Social marketing in Austria, Germany and Switzerland

The German language is the most widely spoke first language in Europe (Marten and Sauer, 2005). Germany is the most populated European country, with about 82 million inhabitants, and has the largest economy in the European Union (World Bank, 2010). German is the official language of Germany and Austria, and is one of official languages of Switzerland, and is the mother tongue of 64 per cent of Swiss people (All About Switzerland, 2012). These three countries share borders, health problems, and have similar political structures. To date, there has been no review of German language social marketing campaigns published and there is scarcity of information about the adoption and effectiveness of social marketing in such countries. Indeed, Loss *et al.* (2006) and Loss and Nagel (2010) state that despite its great potential, social marketing is barely known (or used) in public health in these countries. A number of papers about German language communication campaigns have been published in recent years (Bonfadelli and Friemel, 2010; Süß *et al.*, 2002; Weissmayer, 2009), however, most only briefly mention social marketing. Most of the evidence concerning alcohol policy effectiveness comes from Anglophonic or Scandinavian countries (Anderson *et al.*, 2009), and a search for literature revealed that reviews including alcohol-related campaigns from German-speaking countries are rare (Bühler and Kröger, 2006).

The limited evidence about the adoption of social marketing does however not mean that resembling practices do not exist in Austria, Germany and Switzerland. For example, Pott (2009) points out that existing prevention campaigns may well have many attributes in common with social marketing. In this sense, social marketing-like practices may exist in German-speaking countries, yet research about the extent to which the current practices resemble social marketing is not known.

Objective

Current evidence combined with discussions during the WSMC (2011) highlight the need to understand the breadth of social marketing activities in Europe. Alcohol misuse is a health

topic of great importance globally as well as in Europe, and thus serves as a relevant topic to examine social marketing practice. Thus, as a first step in a broader research context investigating methods, knowledge and social marketing practice in European countries, the purpose of this paper is to answer the following three research questions:

- RQ1. What is the level of knowledge and adoption of social marketing among alcohol misuse prevention campaign planners in German-speaking countries?
- RQ2. What are the characteristics of alcohol misuse campaigns in German-speaking countries?
- RQ3. To what extent does current practice in alcohol misuse prevention campaigns in Austria, Germany and Switzerland correspond to social marketing?

Background

Alcohol and its impact

Despite its cultural and social importance (Hanson, 1995; Anderson and Baumberg, 2006; Room *et al.*, 2005), alcohol is responsible for a large number of societal problems and costs worldwide. Evidence suggests that alcohol is causally related to some 60 different types of diseases and conditions (Rehm *et al.*, 2003a, b) and that it lies at the roots of social harms, ranging from simple nuisances to violence and crime (Anderson and Baumberg, 2006; Babor *et al.*, 2010; Kraus *et al.*, 2009; Rehm *et al.*, 2009; Room *et al.*, 2005; WHO, 2010). In 2004, an estimated 4.6 per cent of the global burden of disease and injury was attributable to alcohol (Rehm *et al.*, 2009), although the effects could be greater (Casswell and Thamarangsi, 2009).

Alcohol in Austria, Germany and Switzerland

Compared to global averages for alcohol consumption (recorded average per capita consumption of pure alcohol of adults aged 15 + in 2004: 6.2 liters), the adult per capita consumption of alcohol is relatively high, with an average of 12.2 liters for Austria, 11.72 for Germany, and 10.61 for Switzerland in 2009 (WHO, 2011). There has been a slight but steady downward trend in consumption in the past 40 years, with stabilization in the past decade (DHS, 2011; Sucht Info Schweiz, 2011; Uhl *et al.*, 2009; WHO, 2011). As in most high-income countries, alcohol-related costs for the national economies are considerable (Jeanrenaud *et al.*, 2005; Konnopka and König, 2007).

Alcohol policy and prevention in Austria, Germany and Switzerland

Austria, Germany and Switzerland have federal political systems. While alcohol policy-making at the national level exists, the major part of policy is fixed at the level of the state/province (Bundesländer in Austria and Germany; Canton in Switzerland). Nevertheless, considered in a global perspective, alcohol policies in Austria, Germany and Switzerland are relatively similar (Anderson and Baumberg, 2006; Brand *et al.*, 2007; WHO, 2004) and rather permissive (Abderhalden *et al.*, 2005; Kraus *et al.*, 2005; Uhl *et al.*, 2005). Taxes on alcohol as well as the prices for alcoholic beverages are low in comparison to other goods (Anderson and Baumberg, 2006). Among the least strict in Europe today (Brand *et al.*, 2007), alcohol policies in Austria, Germany and Switzerland have become stricter over the past decades (Anderson and Baumberg, 2006). Alcohol-related prevention is carried out by various stakeholders; ranging from national to local and from public to private (BAG, 2008; Rabinovich *et al.*, 2008; Schmidt, 2004; Uhl *et al.*, 2005).

Methods

To analyze practices in alcohol misuse prevention campaigns it was necessary to collect information directly from campaign planners. To be both feasible and standardized, a self-administered survey for campaign planners was developed and implemented. The purpose was to gain insight into current practices of alcohol misuse prevention campaigns. The research procedure followed is thus exploratory and descriptive.

Sample selection and search strategy

In order to identify as many alcohol misuse campaigns as possible, a multifaceted search strategy was designed. First, a search for [*alkohol AND kampagne AND (deutschland OR österreich OR schweiz)*] was conducted on Bing (122,000 results, ~ 800 available), Google (125,000 results, ~ 650 available) and Yahoo (114,000 results, ~ 1,000 available) between September 14 and 17, 2010. Most results were excluded because they did not address alcohol misuse prevention or referred to campaigns in other countries.

Second, a search of bibliographic databases for [*alkohol AND prävention AND kampagne AND (deutschland OR österreich OR schweiz)*] and for [*alcohol AND prevention AND campaign AND (austria OR germany OR switzerland)*], limited to publications between 2000 and 2010, was conducted in: Cochrane Database, Emerald Management Xtra, Informaworld, JSTOR, PubMed, Science Direct, Wiley Interscience, Business Source Premier (EBSCO), Cinahl, EconLit, ERIC, ISI Web of Knowledge, Medline, ProQuest, PsycNet, Psyn dex, SocIndex, SpringerLink, Thieme connect and WiSo. This search generated few leads. While some campaigns were described in the context of general reports on prevention (BZgA, 2010; DHS, 2010; Kalke *et al.*, 2004), or in the context of studies on related topics (Noweski, 2009), work focusing on alcohol misuse prevention campaigns in German-speaking countries could not be found.

Next, institutions in the field of alcohol prevention in the respective countries (*BAG, Fachverband Sucht and Sucht Info Schweiz* (CH); *BMG, Deutsche Hauptstelle für Suchtfragen (DHS)* and *Robert Koch Institute (RKI)* (DE); *BMG, Fonds gesundes Österreich* and prevention centers of the Länder (AT); *DG SANCO* (EU)) were asked to identify campaigns. Finally, campaign planners were identified and asked to indicate further campaigns. These efforts led to the identification of another ten campaigns, but also revealed that campaigns are rarely known beyond the borders of their region.

Inclusion and exclusion criteria. Included campaign must have:

- Primary focus was alcohol.
- Implemented at least partially in German language.
- Visible in the public sphere.
- Initial implementation from 2000 to 2009.
- Aimed at preventing misuse and not only at reducing its harmful consequences.
- Used communicative measures to influence the target group.
- Message distributed without the target group explicitly asking for it.
- Enabled voluntary participation and behavior change.
- Designed to be perceived as an entity.

Campaigns were excluded when they focused exclusively on harm reduction, were purely prohibitive interventions, on-demand advisory services, or generic “ready-to-implement”

educational materials. Responsible drinking initiatives sponsored exclusively by the alcohol industry were excluded as well, because, as Hastings and Angus (2011) and Smith *et al.* (2006) argue, the aims of such initiatives are not always clearly preventive.

Data collection and measures

For all identified campaigns meeting the previously listed criteria, a survey of campaign planners was conducted. None of the campaigns in the reviewed sample had been planned by the same organization; and thus no respondent overlap. The quantitative and qualitative responses to the survey serve as the data in this study.

The standardized, self-administered survey was implemented from October 16 to November 24, 2010. Campaign planners were contacted by e-mail and invited to participate in an online survey (programmed with limesurvey software) or in print. The survey was completed online in all but two cases where respondents completed print versions. Respondents were later contacted by e-mail or by phone if additional information or clarification was needed.

The survey contained both open ended and fix-choice response items assessing knowledge and use of social marketing, the campaign characteristics, and social marketing characteristics. It was pretested with several campaign planners prior to implementation. Qualitative data were included in the analysis and helped to clarify if criteria for being considered social marketing were met.

Knowledge and adoption of social marketing assessment. Respondent's knowledge of social marketing and its adoption within their organization was assessed using four items. These four items asked respondents if they had heard about social marketing, if they had used it before, if they knew of colleagues who had used it, and if it had been used in the campaign the survey was asking about. In order to establish a common ground for all participants and to avoid misinterpretation, a definition of social marketing was given at the beginning of the survey and examples were provided.

Campaign characteristics assessment. Information regarding the alcohol misuse prevention campaign was collected with items about the campaign name, country and region of implementation, launch date, campaign purpose, target group, goals and objectives. Information about theory, exchange, and competition research, as well as research methods used in marketing mix strategy development, the product (core and actual), the price (incentives and disincentives), the place, promotional elements (message, distribution, channels, and targeting) and "partnerships", and pretesting were collected. Questions concerning monitoring (output, outcome) and adaptation during the campaign implementation were also asked. A final section included questions about output, process and outcome evaluation (based on the *Social Marketing Effectiveness Assessment Framework* by Varcoe, 2004).

Social marketing assessment. To understand the extent to which current practices correspond to social marketing, items assessing each of Andreasen's six social marketing benchmark criteria (Table I) were used. While Andreasen's criteria have since been discussed and refined by others (French and Blair-Stevens, 2007; Gordon *et al.*, 2008; Mah *et al.*, 2008; McDermott *et al.*, 2005), the original six criteria are straightforward and easier to use than other benchmark criteria in situations where it is difficult to get in-depth background information about interventions. Finally, they have also been used in other recent reviews (Gordon *et al.*, 2006; Luca and Suggs, 2010; Mah *et al.*, 2008).

Table I.
Benchmark criteria

Criterion	Description
1. Behavior change	Behavior change is the benchmark used to design and evaluate interventions
2. Audience research	Projects consistently use audience research to (a) understand target audiences at the outset of interventions, (b) routinely pretest intervention elements before they are implemented, and (c) monitor interventions as they are rolled out
3. Segmentation	There is careful segmentation of target audiences to ensure maximum efficiency and effectiveness in the use of scarce resources
4. Exchange	The central element of any influence strategy is creating attractive and motivational exchanges with target audiences
5. Marketing mix	The strategy attempts to use all four P's of the traditional marketing mix. [...] That is, it creates attractive benefit packages (products) while minimizing the costs (price) wherever possible, making the exchange convenient and easy (place) and communicating powerful messages through media relevant to – and preferred by – target audiences (promotion)
6. Competition	Careful attention is paid to the competition faced by the desired behavior

Source: Andreassen (2002)

1. Behavior change. In order to meet this criterion, items assessed if the reviewed campaigns focused on alcohol consumption behavior in their strategic development (have behavior-focused goals), in their promotion (promote specific behaviors) and in their evaluation (evaluate outcome in terms of behavior or social norm). Campaigns met this criterion if they focused on changing “bad” alcohol consumption behavior or maintaining “good” behaviors. Thus, in this study, the essential aspect is not behavior change, but rather behavioral focus.

2. Audience research. The audience research criterion was met if campaign planners:

- (A) conducted research for at least three of the following purposes; to support their goals and objectives definition, to support their selection of target groups, to identify the target group’s costs of adopting a certain promoted behavior and to identify its benefits;
- (B) conducted pretesting with the target group; and
- (C) have either monitored their intervention in terms of outcome or assessed the need for adaptation of their campaign during implementation.

For conducting research (part A) we considered that only three of the four had to be met because these four types of audience research are often closely linked. In this sense, the conduction of at least three suggested that campaign planners made effort to understand their audience.

3. Segmentation. The segmentation benchmark was assessed by asking campaign planners about target audiences. To meet this criterion, research must have been conducted to support the choice of target groups, target group specific goals/objectives must have been defined (where applicable) different combinations (mixes) of products, incentives, places, messages and channels must have been used for the different target groups.

4. Exchange. In order to meet the exchange criterion, campaign planners must have explicitly defined target audience costs and benefits. They must also have tried

to propose an attractive exchange and used intentionally selected incentives and/or disincentives in their campaign.

5. Marketing mix. Items used for the assessment of this criterion include the promotion of a core product, the pricing strategy, the place strategy, and the promotion strategy. "Strategy" means the conscious and evidence-based use of these marketing mix elements. In order to fulfill the benchmark requirements, three out of these four elements must have been present in an intervention.

6. Competition. To attain the competition benchmark, research must have been conducted to identify what could hinder the target group from adopting the promoted behavior (costs) and to identify external competition to the campaign.

Findings

47 campaigns were identified during the search. In 16 of these cases, campaign planners did not participate in the survey. The sample thus consists of the 31 interventions for which a questionnaire was completed (Table II). In this section, the sample characteristics are presented, current practices are described and then these practices are compared to social marketing using descriptive statistics. The confidentiality agreement with participants stipulated that the anonymity of specific campaigns and organizations would be ensured.

Knowledge and adoption of social marketing

Slightly more than half of respondents (54.8 per cent) indicated that they had heard of social marketing before the survey. However, the remaining (45.2 per cent) indicated not knowing about social marketing. 15 (48 per cent) indicated that social marketing had been used by colleagues, and 13 (42 per cent) reported that they had used it themselves.

Research was conducted to [...]	Answer: freq. (%), n = 31					
	Do not know	No	Only primary	Only secondary	Primary and secondary	Total
[...] support the choice/definition of target groups	3 (9.7)	5 (16.1)	4 (12.9)	3 (9.7)	16 (51.6)	23 (74.2)
[...] support the choice/definition of realistic specific objectives	3 (9.7)	5 (16.1)	3 (9.7)	9 (29.0)	11 (35.5)	23 (74.2)
[...] find the most appropriate theory for the given situation	6 (19.4)	20 (64.5)	–	1 (3.2)	4 (12.9)	5 (16.1)
[...] identify what could hinder a target group from following the campaign objectives (barriers, costs)	3 (9.7)	9 (29.0)	6 (19.4)	7 (22.6)	6 (19.4)	19 (61.3)
[...] identify what could help motivating a target group to follow the campaign objectives (motivations, benefits)	3 (9.7)	7 (22.6)	8 (25.8)	8 (25.8)	5 (16.1)	21 (67.7)
[...] identify potential threats/competition to the success of the campaign	4 (12.9)	11 (35.5)	4 (12.9)	8 (25.8)	4 (12.9)	16 (51.6)
[...] identify measures to counteract such threats/competition	5 (16.1)	14 (45.2)	4 (12.9)	6 (19.4)	2 (6.5)	12 (38.7)

Table II.
Research during
planning stage

Participants were also asked if social marketing was adopted to plan their alcohol misuse prevention campaign. About half (51.6 per cent) responded affirmatively with 45 per cent not responding to the question.

Campaign characteristics

Location and language. Of the 31 campaigns, 18 were implemented in Germany, six in Austria, four in Switzerland, and three in more than one country. All campaigns were implemented in German, with three of them in additional languages.

Purpose, goals and objectives. All campaigns had a clearly stated purpose. While some interventions aimed at reducing specific problems (e.g. alcohol-related violence in the public sphere, alcohol-related traffic accidents, or health costs linked to excessive alcohol consumption), more than two-thirds of the campaigns (22 cases) defined rather broad categories such as “excessive alcohol consumption of young people” or “underage alcohol consumption” as the problem to be addressed. Five campaigns specifically targeted drinking and driving among the general population, and four addressed other problems.

All campaigns stated general goals that were at least partially focused on target group behavior. In 55 per cent of the cases, these goals were stated in general terms and not specified for every target group or segment separately (e.g. “Reduce binge drinking among youth and young adults” or “Establish driving under the influence as an absolute no-go”). More than half of campaigns failed to explicitly define methods to measure the attainment of these goals. Most interventions had multiple goals, three of which were the most common:

- (1) general reduction of the target group’s alcohol consumption (quantity, frequency);
- (2) reduction of the target group’s consumption in specific situations (e.g. when driving, at work, when pregnant, etc.); and
- (3) increase of responsible acting in a group’s entourage, to prevent misuse within this group.

Combinations of the first and the third category were most common. Goals for policy level change were explicitly indicated in three cases (9.7 per cent). Ten campaigns (32 per cent) had clearly defined objectives. Methods to measure the attainment of objectives after the implementation phase were defined in six of these ten cases.

Target groups. While all campaigns focused on at least one specific target group, these target groups were mostly defined in rather general terms. Segmentation variables were often limited to age, geographical area and either general behavior (e.g. “driving”, “going out”) or role (e.g. parent, club owner, politician, etc.). Other behavioral or psychographic characteristics (e.g. health status, social class or personal beliefs) were in most cases not explicitly considered.

In 74 per cent of cases, children, adolescents or young adults were the primary target group. Results suggest that the choice of target groups was frequently (74 per cent) based on evidence (Table II).

Theory. The explicit use of behavioral theory was not common in the reviewed sample. Six cases (19 per cent of total sample) stated they used theory and these included the attention-interest-desire-action model (AIDA), expectancy theory,

peer-to-peer theory, social cognitive theory, transtheoretical Model, and socialization theories. Results suggest that the choice of these theories was based on research in five of the six cases.

Exchange. Over 50 per cent of the campaign planners conducted some type of research to identify what could encourage the target group to act as intended by the campaign (benefits) and/or what could hinder the group from doing so (costs). Benefits were not identified in 58 per cent ($n = 18$) of campaigns, and identification of costs was reported in 29 per cent ($n = 9$) cases. 26 per cent of campaign ($n = 8$) provided an explicit exchange definition, in which it was tried to craft an exchange that would motivate the target group to follow the campaign objectives.

Competition. Research to identify external competition to the campaign was conducted in 16 cases (52 per cent). In 12 of these cases, measures to counteract the competition were also considered.

Product. All campaigns in the sample promoted at least one specific behavior. Figure 1 shows the three broad categories of promoted behaviors into which all campaigns can be classified. Rather than adopting a “don’t drink at all” approach, campaigns put an appeal to moderation and responsibility at the center of their efforts. Furthermore, several interventions laid a strong focus on the responsibility of the entourage of the group potentially performing misuse.

Almost all campaigns (97 per cent) highlighted the advantages of adopting the promoted behavior. 74 per cent of the campaigns promoted an increase in personal social reputation[1] as one of the main advantages. Health aspects and safety/security were also promoted frequently (42 and 32 per cent of cases, respectively). Finally, the reduction of the targeted problem itself (e.g. underage drinking) was promoted as a main benefit in eight cases (26 per cent). In more than half of the campaigns, the advantages of adopting the recommended behavior were promoted by highlighting the disadvantages of not doing so. 45 per cent of the respondents reported that the choice of which advantages to promote was based on research (Table III).

Price. Some type of incentive was used by 77 per cent of the interventions, with more than half of them using both tangible (e.g. vouchers for price reduction on non-alcoholic beverages) and intangible (e.g. counseling) incentives. Disincentives were far less common, with 19 per cent of the campaigns using them, and only in combination with incentives. The selection of incentives and/or disincentives was based on research in 18 cases

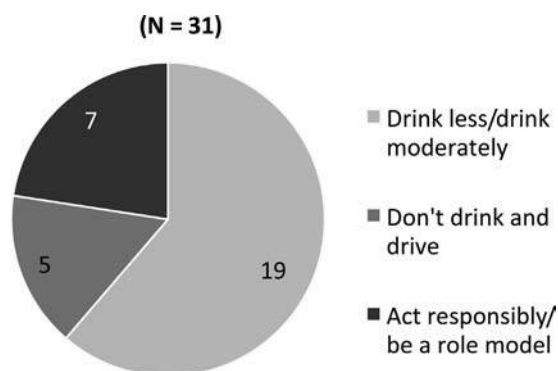


Figure 1.
Main behaviors promoted

Table III.
Research during
development stage

Research was conducted to [...]	Answer: freq. (%), n = 31					
	Do not know	No	Only primary	Only secondary	Primary and secondary	Any type
[...] identify which benefits of the recommended behavior should be highlighted for a given target group	5 (16.1)	12 (38.7)	3 (9.7)	4 (12.9)	7 (22.6)	14 (45.2)
[...] choose the incentives and disincentives that would most likely be effective with a given target group	5 (16.1)	8 (25.8)	7 (22.6)	4 (12.9)	7 (22.6)	18 (58.1)
[...] identify the most promising/appropriate places and/or times for a given target group	2 (6.5)	5 (16.1)	9 (29.0)	6 (19.4)	9 (29.0)	24 (77.4)
[...] identify the message(s) that would most likely be effective with a given target group	2 (6.5)	4 (12.9)	9 (29.0)	5 (16.1)	11 (35.5)	25 (80.6)
[...] identify channels that would most likely be effective with a given target group	2 (6.5)	6 (19.4)	7 (22.6)	5 (16.1)	11 (35.5)	23 (74.2)

(58 per cent of total sample, Table III), meaning that when incentives and/or disincentives were used (24 cases), their selection was based on research in three out of four cases.

Place. Places in which the target audience would be in touch with the campaign were explicitly defined in 90 per cent of the cases. The majority of campaigns (77 per cent) based the selection of their place strategy on evidence (Table III). Locations of general daily life (i.e. streets, public transport, shopping centers, etc.) and locations and events where alcohol is sold and consumed (such as restaurants, bars and clubs, sport and other cultural events) were frequently used (65 and 55 per cent of cases, respectively). Educational settings (all types of schools, including university) were used in 35 per cent of cases.

Promotion. Both internet and printed promotion channels were used in every campaign. Web sites (97 per cent), billboards (87 per cent), flyers (74 per cent) and posters (71 per cent) were among the most popular channels. The number of campaigns aiming at direct real-life interaction with the target audience was also relatively high (81 per cent). The use of e-mails (incl. newsletters) and social networks was reported in about 60 and 50 per cent of the cases, respectively. Forums, blogs and chats were less popular, and used in less than 16 per cent of campaigns. Ads in print media were used in 65 per cent of cases, and other “classical” mass media channels such as radio, TV or cinema were all used by less than 50 per cent of campaigns (Figure 2). The choice of these channels was based on research in approximately three quarters of the cases.

Pretesting. The campaign material was pretested with the target group (target group only or target group and experts) in 55 per cent of the cases. In eight cases (26 per cent), no pretesting was done.

Monitoring and evaluation. The implementation phase was monitored in terms of output (e.g. number of flyers distributed or number of visitors on a website) in 87 per cent of campaigns. Monitoring outcomes (behaviors) was reported in 48 per cent of cases. In 77 per cent of the interventions, the need for adaptation of campaign elements was assessed during implementation.

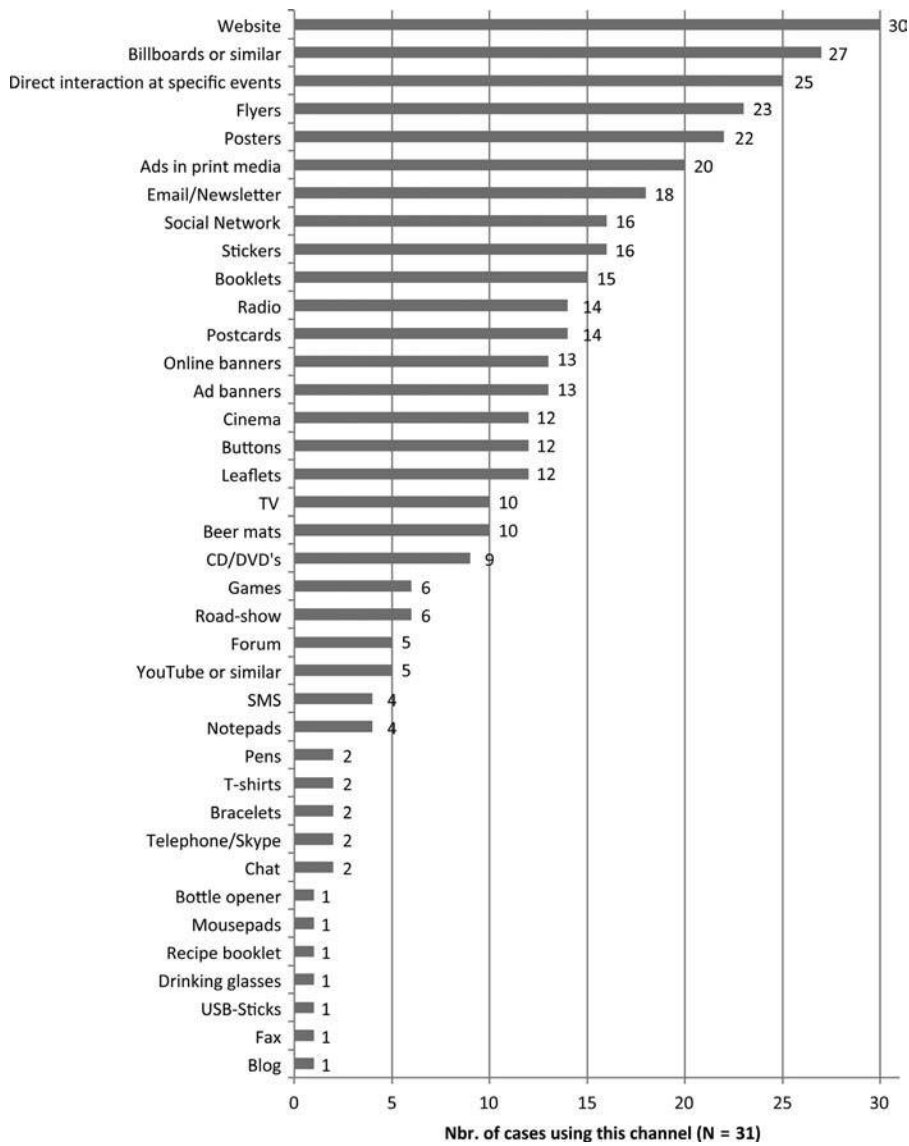


Figure 2.
Channels used

20 of the 31 campaigns reported an evaluation. As shown in Figure 3, campaign effectiveness was evaluated in terms of target group awareness and engagement (i.e. number of people thinking about changing their behavior) in 52 per cent of cases each. Effects of the campaign on target group behavior and on general well-being (within the target group's community/society) were evaluated in 42 per cent of cases. Campaign impact on social norms was evaluated in six cases (19 per cent). When campaign effectiveness was evaluated, the results were almost always reported to be positive, with the exception of two campaigns.

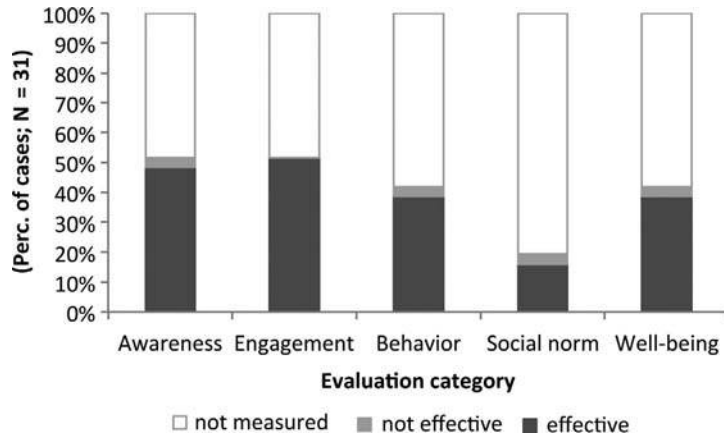


Figure 3.
Evaluation results

Source: Categorization based on Varcoe (2004)

Social marketing benchmarks

Campaigns were reviewed to determine their resemblance of current practices with social marketing, on the basis of Andreasen’s (2002) benchmark criteria. For all benchmarks, there were cases in which an assessment was not possible due to lack of data. These are referred to as “missing cases” in the following. Eight (26 per cent) of all reviewed interventions met four criteria or more, and one campaign met all six criteria (Figure 4).

1. *Behavioral focus.* This benchmark was attained in 12 (39 per cent) and not attained in 13 cases (42 per cent). Since all campaigns had behavioral goals and promoted specific behaviors, this result is mainly due to missing outcome evaluation. In six cases (19 per cent), no determination is possible because evaluations had not yet been conducted at the time of this study.

2. *Audience research.* 13 (42 per cent) campaigns satisfied the requirements to attain this benchmark, and 14 (45 per cent) do not. In four cases (12 per cent), data were not sufficient to assess this benchmark.

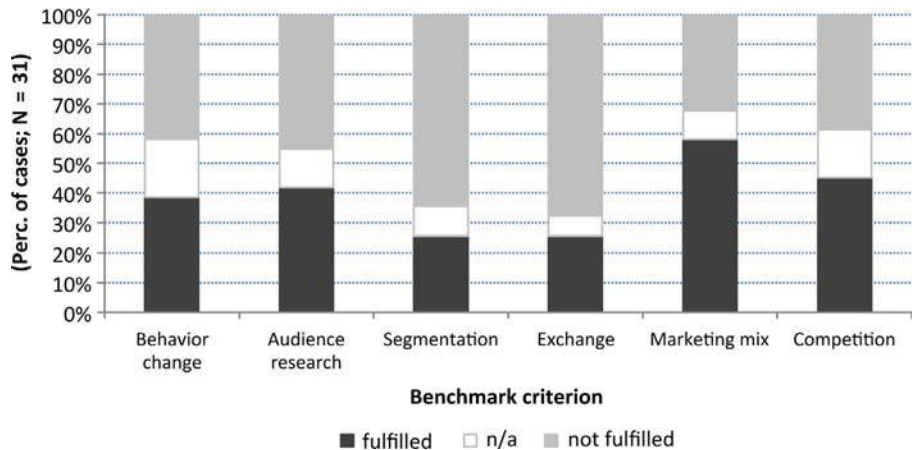


Figure 4.
Benchmark results

3. *Segmentation*. Eight campaigns (26 per cent) attained this benchmark and 20 (65 per cent) did not; in three cases (9 per cent) insufficient data were available. These numbers suggest that segmentation and targeting are often not done carefully enough. This is supported by the fact that the chosen target audience was in several cases an undifferentiated mix of primary (i.e. group that needs to change behavior in order for a problem to be solved, e.g. underage drinkers) and secondary (i.e. group that can influence the behavior of the primary group, e.g. parents) target groups.

4. *Exchange*. The exchange benchmark was attained by eight campaigns (26 per cent) and not attained by 21 (68 per cent), with two cases (6 per cent) missing. This is mainly due to the fact that even though some incentives and/or disincentives were used in 24 of the 31 interventions (77 per cent), an explicit focus on the cost-benefit balance for the target audience did not exist in more than half of the cases.

5. *Marketing mix*. 18 campaigns (58 per cent) met the requirements for this benchmark and ten (32 per cent) did not. In three cases (10 per cent), data were not sufficient to make a statement. Most campaigns had a core product that was supported by incentives/disincentives and promoted in specific places through communication channels. However, survey responses suggest that the selection and combination of these elements often lacked the necessary research to fulfill this benchmark.

6. *Competition*. 14 of the reviewed campaigns (45 per cent) fulfilled the requirements for this benchmark and 12 (39 per cent) did not. In five cases (16 per cent), no statement is possible.

Stated use of social marketing and benchmark attainment. There is a slight difference in the number of attained benchmarks between campaigns for which respondents reported that social marketing was adopted, and others (Table IV). The difference is mainly visible for campaigns that attained a high number of benchmarks (four or more).

Discussion

The results of this study provide the first published indication of alcohol misuse campaign planners knowledge of social marketing, the characteristics of alcohol misuse campaigns, and the extent of social marketing use (according to Andreasen's (2002) six benchmark criteria) in alcohol misuse prevention campaign practice in German language countries.

The campaigns included in this review each focused on the behavior of alcohol consumption, all had a clearly stated purpose and most (74 per cent) targeted children,

Number of criteria met	Self-defined social marketing users (<i>n</i> = 16)		Others (<i>n</i> = 15)		Total sample (<i>n</i> = 31)	
	<i>n</i> (cum.)	% (cum.)	<i>n</i> (cum.)	% (cum.)	<i>n</i> (cum.)	% (cum.)
Six	1	6.3	0	0	1	3.2
Five or more	4	25.0	0	0	4	12.9
Four or more	6	37.5	2	13.3	8	25.8
Three or more	7	43.8	7	46.7	14	45.2
Two or more	9	56.3	9	60.0	18	58.1
One or more	15	93.8	13	86.7	28	90.3
None	1	–	2	–	3	–

Table IV.
Number of benchmark
criteria met

adolescents or young adults. The characteristics of campaigns are fully detailed in the results section, however a few findings warrant further elaboration. Best practices in health promotion campaign development (irrespective of it being social marketing or not) suggest using formative research to gain insights into the target population, segmentation, pre-testing, and the use of behavioral theories to determine strategies. Thus, campaigns should have scored higher on these benchmark criteria than they did, and independent of the benchmark coding, these characteristics should have been present in campaigns. In fact, only 19 per cent of campaigns explicitly mentioned having used behavioral theory when developing or evaluating the campaign. This finding is troubling given the important role theory plays in understanding human behavior, which then allows one to know how to target communication and strategies (Glanz and Rimer, 2005; Hastings, 2007; Luca and Suggs, 2012). Moreover, some evidence suggests that the use of theory may lead to better outcomes (Lombardo and Léger, 2007; Thackeray and Neiger, 2000; Weinreich, 1999). Nonetheless, the lack of theory use in the reviewed campaigns is a finding similar to work recently published by Luca and Suggs (2012) who reviewed social marketing campaigns (none of which targeted alcohol consumption). They found that few campaigns used theory. Why campaign planners are not using or are not reporting using theory is a question that should be further examined.

In terms of the knowledge about and use of social marketing; 55 per cent of respondents indicated that they had heard of social marketing and 51 per cent of respondents reported that they used social marketing in the campaign reviewed in this study. However, of the 31 campaigns included, only one campaign met all of Andreasen's (2002) six benchmark criteria and only eight (26 per cent) meet four or more criteria. Despite over half of planners stating they used social marketing in the reviewed campaign, results suggest that a comprehensive social marketing approach, as defined by Andreasen's (2002) benchmark criteria, has rarely been used. These results support the findings of Loss *et al.* (2006) and Loss and Nagel (2010) by suggesting that social marketing is often neither completely unknown by campaign planners nor fully understood, and that it is not commonly used in alcohol misuse prevention in Austria, Germany and Switzerland. They also reinforce the discussions at the 2nd WSMC (2011) about the limited use of social marketing in Europe.

The disconnect between what planners said and how the campaigns performed using the social marketing benchmark criteria warrants further discussion. It may be that the term "social marketing" is not well understood in German language countries, and despite there being a definition provided, planners had a different idea of what it is. Indeed, the term possesses varying connotations in many languages and certainly in German language literature (e.g. social media marketing, marketing for non-profit organizations, cause-related marketing, social advertising, health communication). What is and what is not social marketing has been discussed in several publications (Stead *et al.*, 2007a; Donovan, 2011; Hastings and Angus, 2011), and the findings of this study suggest that a global understanding is not yet achieved. This emphasizes the need for knowledge dissemination as well as validated tools, or benchmark/consistency criteria, to aid planners and researchers in developing and evaluating social marketing campaigns.

Study limitations

There are several limitations to this study that should be considered when interpreting the results, including the sample selection, survey validity, and benchmark criteria coding.

First, despite our multifaceted search strategy, some campaigns may not have been identified. Moreover, while considerable effort was made to obtain a high survey participation rate, which was 66 per cent, 16 of the 47 identified campaigns did not have a completed survey and were not included in the analysis. Thus, there may be more examples of alcohol misuse prevention campaigns resembling social marketing than described here.

Second, while the survey was pretested, some participants may have interpreted questions differently than intended. In order to minimize the risk of generating flawed results, where feasible, survey answers were checked for internal consistency and/or verified with additional information. Additionally, it is possible that the individual who completed the survey had a different knowledge about the campaign development than another person on staff. We aimed to minimize this risk by asking that the person most knowledgeable about the campaign planning and development respond to the survey.

Third, when coding the benchmark criteria “marketing mix”, we considered that if there is evidence for the existence of three of the four P’s, it was sufficient to say there was an attempt to use a marketing mix. However, had we only allowed campaigns that used all four P’s the results would have indicated that only nine campaigns met this benchmark, rather than 18. Thus, the results for this benchmark criterion may be overestimated.

A final limitation lies in both the theoretical and the practical use of the existing social marketing benchmark criteria. Some benchmark descriptions (or expressions within these descriptions, such as “careful” or “appropriate”) leave room for interpretation (McDermott *et al.*, 2005).

Future research and practice

To further understand the diffusion of social marketing in Europe, additional topics and countries need to be included in future research. Examining campaigns focusing on other types of health behaviors (e.g. nutrition, physical activity, diabetes, etc.) may detect similarities and differences between the topics and craft a broader understanding of health campaign practice in German-speaking countries.

More reliable benchmark coding instruments that help planners do social marketing and determine if a campaign is social marketing may be warranted. Current benchmark criteria, including more recent versions based on Andreasen’s, do not provide guidelines about how many or which benchmarks must be met, and do not provide any validated items that one can use to assess if it is in fact “social marketing.” Validated tools could serve an invaluable role when conducting systematic reviews and meta-analysis of social marketing efforts, as they can assist researcher in determining if a campaign is properly defined as social marketing or not. Such tools could also provide assistance to planners and funders who wish to do social marketing.

Policies that facilitate social marketing and encourage adherence to the framework are warranted. Indeed, in the UK where such a policy structure exists, social marketing is more widely adopted and understood. In the USA, where social marketing is widely used and published about, national policy aims to increase the use of social marketing in state health departments as well as in university public health programs (US Department of Health and Human Services, 2010). If such a policy existed, certainly, social marketing training would need to be integrated into university curriculums, continuing education opportunities and organization training workshops and seminars. A full scan of

existing social marketing educational opportunities in German-speaking countries could serve as a starting point for understanding gaps and needs.

Given the current economic climate and the social burden of unhealthy behaviors, this study should serve as a call to action for policy makers and program managers alike, the former being ultimately responsible for setting agendas and allocating funding for programs, the latter being responsible for choice of methods. This is where the role of “upstream social marketing” (Anderson, 2006) becomes most important. Changing the behaviors of these “target audiences” would be no different than others. Hence, a social marketing initiative that adheres to the benchmark criteria described in this study, may go a long way to influence policy makers and program managers to mandate and do social marketing.

Conclusion

This study is, to our knowledge, the first attempt to describe the adoption of social marketing in Austria, Germany and Switzerland in a specific field of prevention. Findings generated valuable information about the knowledge and adoption of social marketing in the German language area, in the health domain, and can be considered as a first step for research covering other domains such as environment or safety. They also provide valuable insight into current practice in alcohol misuse prevention in three countries with similar political systems, language, and cultures regarding alcohol consumption.

A primary conclusion of this study is that social marketing, as defined by Andraesen (2002), is rarely adopted as a comprehensive approach in alcohol misuse prevention campaigns Austria, Germany and Switzerland. In view of these findings, much remains to be done in order to increase the knowledge about and the adoption of social marketing in German language countries.

Note

1. E.g.: higher status (inside a peer group) of adolescents not losing self-control because of excessive drinking; or: good reputation of adults acting responsibly and preventing children or adolescents from drinking.

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