A systematic review of stakeholder involvement in social marketing interventions

Nuray Buyucek [1,*], Krzysztof Kubacki[1], Sharyn Rundle-Thiele[1], Bo Pang[1]

Social Marketing, Griffith University, 170 Kessels Road, Building N63, Room 2.13, Nathan, Qld 4111, Australia

ARTICLE INFO

ABSTRACT

Stakeholder theory implies that involvement of stakeholders in intervention planning, implementation, and evaluation stages may enhance marketing outcomes. A systematic literature review was conducted to identify social marketing interventions published in peer reviewed journals whose reported aim was to reduce harm caused by alcohol from 2000 to May 2015. This paper considers the extent of stakeholder involvement in key stages of social marketing interventions, namely the formative research, implementation, and evaluation stages. The number of stakeholders was greatest in more complex community settings when compared to more narrow settings such as universities and schools. A restricted stakeholder focus was observed for evaluation. Stakeholder theory, a widely used management theory, can guide downstream social marketing intervention planning and design, implementation, and evaluation to deliver sustainable programmes. Limited stakeholder involvement in social marketing interventions limits their potential. Given limited stakeholder involvement was identified in the current review, the use of a broader array of stakeholders in formative research and evaluation is recommended to optimise behavioural outcomes.

1. Introduction

Alcohol consumption can be harmful to the individuals consuming alcohol, their friends, families and society at large. According to the World Health Organisation, 2.5 million deaths are attributed to alcohol-related consequences (WHO, 2011a), which represents 4% of all preventable deaths worldwide (WHO, 2011b). Sixty major types of diseases and injuries are caused by alcohol, and the most common ones include a broad range of cancers, cardiovascular diseases, foetal alcohol syndrome and gastrointestinal diseases (WHO, 2011b). Considerable evidence indicates that individuals misusing alcohol are two to four times more likely than the general population to die prematurely (Room et al., 2005). Of further concern, the impact of alcohol consumption extends beyond the individuals who drink alcohol, with both short- and long-term consequences of high-risk drinking reported. For example, the actions of intoxicated persons can lead to alcohol-related negative consequences, such as traffic accidents and hospitalisations (Laslett et al., 2010). Some estimates indicate that nearly half of the Australian population (10.5 million people) report being negatively impacted by the drinking of a stranger (Laslett et al., 2010).

A considerable body of research has been undertaken to understand how the harm from alcohol consumption can be minimised. Different approaches to minimise harm caused by alcohol include educational interventions (Bingham et al., 2010; Schwinn and Schinke, 2010), law enforcement (Dula et al., 2007; Wechsler et al., 2003), and social marketing (Rothschild, 1999; Rundle-Thiele et al., 2013). While considerable gains have been made to combat harmful alcohol drinking, ongoing risky drinking suggests that additional research attention is warranted. Management theories such as the systems theory (Kelly, 2013), chaos theory (Levy, 1994), contingency theory (Hofer, 1975), strategic management theory (Hitt, 2011), and stakeholder theory (Freeman, 1984) have long been used in commercial settings; however, the use of management theories in social marketing settings remains limited (for review of theories and models used in social marketing, see for example Luca and Suggs, 2013, and Truong, 2014). Given that calls have been made (see Rundle-Thiele, 2013) to extend theory use beyond dominant psychological and sociological theories, research investigating the extent that consideration of stakeholders has occurred in downstream social marketing interventions is warranted. The aims of the current study are twofold. First, this paper seeks to establish the extent different groups of stakeholders are used in social marketing interventions aiming to minimise harm from alcohol consumption. Second, this paper distinguishes stakeholder theory from important social marketing approaches, such as systems thinking and co-creation. This paper contributes to the literature by illustrating the importance of adding a stakeholder perspective in addition to value creation

---

[1] Present/permanent address: Building N63, Room 2.04, Nathan campus, Griffith University, 170 Kessels Road, Nathan, Qld 4111, Australia. Tel.: +61 7 3735 8433.
* Corresponding author. Tel.: +61 7 3735 6498; fax: +61 7 373 57126.
E-mail address: n.buyucek@griffith.edu.au (N. Buyucek).

and where relevant systems thinking within the design, planning, implementation, and evaluation stages of downstream social marketing interventions permitting sustainable interventions to be delivered by social marketers.

2. Social marketing perspective

Social marketing, since it was first defined by Kotler and Zaltman (1971),has been used to change a broad range of behaviours, including (but not limited to) obesity (Francis and Taylor, 2009), drink and drug driving (Clapp et al., 2005; Dula et al., 2007), smoking (Egger et al., 1983; Lefebvre and Flora, 1988), and alcohol consumption (LaBrie et al., 2007; Lederman and Stewart, 2005). Drawing on its parent discipline of commercial marketing, which largely drew on economics and psychology, social marketing has evolved over the last forty years into a discipline in its own right (Rundle-Thiele, 2013). There is a considerable body of evidence suggesting that social marketing can be implemented to change behaviour (Carins and Rundle-Thiele, 2014; Kubacki et al., 2015). According to one of the leading social marketing scholars, Alan Andreasen (2002), social marketing interventions at the downstream level aiming to change behaviour should be competitively minded, audience centred, employ a full marketing mix to extend beyond mere messaging and take competition into account to offer a compelling exchange for the target audience. Carins and Rundle-Thiele (2014) recently demonstrated in their systematic review of social marketing interventions targeting healthy eating that when social marketing is applied using more of the Andreasen's (2002) criteria, social marketers are more likely to achieve desired behaviour change.

Our understanding of social marketing employed in this study stems from a recent consensus definition of social marketing endorsed in October 2013 by the International Social Marketing Association (ISMA), European Social Marketing Association (ESMA) and the Australian Association of Social Marketing (AASM), which states that:

> "Social Marketing seeks to develop and integrate marketing concepts **with other approaches** to influence behaviours that benefit individuals and communities for the greater social good. Social Marketing practice is guided by ethical principles. It seeks to integrate research, best practice, theory, audience and **partnership insight,** to inform the delivery of competition sensitive and segmented social change programmes that are effective, efficient, equitable and sustainable" (AASM, ISMA, & ESMA, 2013; emphasis added)

A key point to note is the acknowledgement in the recent consensus definition of social marketing that social marketing seeks to establish effective partnerships and integrate marketing concepts with other approaches, which may include management theories. However, social marketing as a discipline has been criticised for scant usage of theories (Luca and Suggs, 2013; Rundle-Thiele, 2013), despite assertions that theory use can improve social marketing effectiveness (Lombardo and Leger, 2007). To date, the theories that have been used in social marketing remain limited to consumer behaviour, sociological, and behavioural theories (Luca and Suggs, 2013; Truong, 2014). The study by Luca and Suggs (2013) highlighted limited application of theory in intervention designs with only 6 out of 17 studies reporting theory use. A review of the literature indicates that commonly used theories in social marketing include the theory of planned behaviour (Stead et al., 2005), the health belief model (Julinawati et al., 2013), and the stages of change transtheoretical model (Gallivan et al., 2007). These models provide a dominant focus on the individual. Given calls to move social marketing upstream (Hoek and Jones, 2011), and the need to take a macro level view, theories that stretch beyond one stakeholder group are needed (Gordon and Gurrieri, 2014). Taken together, there is evidence indicating a limited repertoire of theories being used in social marketing, which may provide too much emphasis on the targeted individuals in intervention design, planning, implementation, and evaluation. The continued dominant use of theories such as the theory of planned behaviour is surprising given that studies show that intentions do not always lead to behaviour change (Holdershaw et al., 2011), which according to Andreasen (2002) is the focus and ultimate goal of social marketing interventions. Additional theoretical perspectives are warranted to extend understanding of how behavioural change can be better achieved by social marketers. As stated in Walsh et al. (1993), application of theory assists to develop understanding in social marketing and provides an important framework to teach the next generation of social marketers (Rundle-Thiele, 2013).

Social marketers need to consider alternative theoretical perspectives to extend our understanding of how social marketing may be better applied to enhance outcomes and deliver sustainable interventions (Gordon et al., 2010; Spotswood et al., 2012). Scarcity of time, financial and natural resources has been detailed broadly in the management literature (Appelgren and Klohn, 1999; Engwall and Jerbrant, 2003), and management thinking is grounded on managing those limited resources in the most effective manner to achieve organisational goals. Stakeholder theory, a widely used management theory, is proposed as an additional approach to guide the management of social marketing programmes ensuring that stakeholders are considered in intervention design, planning, implementation, and evaluation. A stakeholder perspective implies applying a managerial and stakeholder-oriented perspective in social marketing planning, programme design, delivery, and evaluation.

3. Stakeholder theory

Thirty years ago R. E. Freeman (1984) proposed a strategic concept to describe a firm and its networks, stating that "[a]ny group or individual who can affect or is affected by the achievement of a corporation's purpose" (p. iv) is a stakeholder. Formulation of stakeholder theory was the result of work aiming to improve the survival probabilities of corporate companies in a competitive market economy through understanding the "needs and concerns" of stakeholder groups and to gain the support of those groups with the ultimate aim of sustaining and improving performance.

Successful companies have a tendency to consider stakeholder groups in decision making (Bryson, 2004). In fact, Donaldson and Preston (1995) suggested there might be a positive correlation between a company's success and the number of stakeholders that are taken into account during planning and decision making processes. Moreover, interconnectedness that is caused by globalisation has increased the importance of considering stakeholders as there are many parties who affect and are affected by a firms' survival, and unattended concerns of stakeholders may lead to poor performance and even failure (Bryson, 2004). Lafreniere et al. (2013) explored the discrepancy between the perceptions of stakeholders and managers of the organisations and concluded that understanding stakeholders' perspectives would help to create tailored solutions for different stakeholder groups and would ensure that managers have a stakeholder's perspective. While companies are dealing with multiple stakeholders, managing those relationships requires time and financial resources. Due to time and financial constraints, those stakeholder relationships have to be managed in the most effective manner in terms of time, effort, and resource allocation. The most important stakeholders need to be prioritised according to the degree of importance for the firm's survival. Therefore, limited resources can be allocated according to the degree of importance. There are six primary stakeholder groups according to Hult et al. (2011), namely customers, employees, suppliers, shareholders, policy makers, and community. Secondary stakeholders, such

as competition and media, may also affect the firm's success but remain less vital to a firm's day to day survival (Clarkson, 1995).

4. Social marketing and the use of stakeholder theory

Stakeholder theory has been widely used in value maximisation (Jensen, 2010), feminist ethics (Burton and Dunn, 2009), organisational ethics (Phillips, 2003), and strategic management (Freeman et al., 2010). Currently, there is also a discussion in the social marketing literature focusing on the importance of relational marketing and the necessity to consider stakeholders (Margues and Domegan, 2011; Rundle-Thiele, 2013), as well as reports of stakeholders' involvement in decision-making (Domegan et al., 2013). For example, Beierle (2002) reported that the quality of decisions was improved in environmental decision-making when a stakeholder process was used, and concluded that there is a positive correlation between the intensity of stakeholders' processes and high-quality decisions. Furthermore, Gregson et al. (2001) stated that "the number, type, and strength of partnerships involved in the social marketing of nutrition education efforts can be important indicators of change."

In the alcohol consumption area, Leverton and Evans (2008) called for much broader use of all stakeholders involved in the field to address the problem of binge drinking and emphasised the importance of whole-of-society efforts to engage with complex social issues. Leverton and Evans's (2008) approach resembles systems level social marketing, which aims to achieve synergy through synchronisation across different social marketing and other behaviour change interventions and coordinating multiple stakeholders from micro, meso, and macro levels to change behaviour and increase effectiveness of social marketing interventions (French and Gordon, 2015). The focus of systems level social marketing extends beyond a downstream social marketing focus and includes the management of conditions created by political, economic, social, technological, and cultural systems and the interactions between these systems (Domegan et al., 2013; Hastings and Domegan, 2014; Kennedy and Parsons, 2012). Further, systems level thinking implies a government focus, typically involving policy to enact change.

A stakeholder approach differs from systems level thinking. Specifically, a stakeholder approach guides social marketers from the programme design stage through implementation and finally evaluation assisting them to prioritise relationships, integrate key stakeholders' opinions and preferences into interventions. Social marketing interventions are then designed to change behaviour at an individual level by offering competitively minded alternatives that are desired by the target audience and supported by stakeholder groups involved. Concepts such as value creation and co-creation (Domegan et al., 2013; Lefebvre, 2012) refer to working with the target audience to create offerings at the design and planning stage. Stakeholder theory extends on co-creation and value creation reminding social marketing practitioners and researchers of the important actors in the system who are also affected and may serve as a barrier to designed offerings if they are not involved from the outset of the design and planning process. Stakeholder theory provides a framework to assist social marketers to manage those relationships effectively.

Social marketing deals with complex social problems, and consequently social marketing interventions may involve a wide range of different stakeholders varying between government organisations, local communities, churches, and interest groups across different collaborations, such as alliances and support service organisations. In practice, social marketers face many of the constraints identified in the management literature, such as limited time, financial, and natural resources (Neumayer, 2000), restricting their ability to implement whole-of-society efforts. As every social marketing intervention has a different context, resources, target groups, and aims,

there is a need to consider and limit the involvement of different stakeholders depending on their availability, reach, and convenience (Hoek and Jones, 2011).

Social marketing interventions always involve interactions with multiple stakeholders, and working with different stakeholders in social marketing interventions has been acknowledged as beneficial (Thomas, 2008), as the inclusion of different stakeholders may result in improved commitment to behaviour change (Domegan et al., 2013). Those interactions can be managed in an explicit way, for example through multisector approaches (Lefebvre, 2009), or in an implicit way through the use of theories and techniques that require the involvement of other stakeholders. The involvement of stakeholders in social marketing interventions has been described using concepts such as initiatives (Hastings et al., 2002), agencies (Andreasen, 2006), alliances (Temple et al., 2008), coalitions (Singer and Kayson, 2004), partners (French and Gordon, 2015; Thomas, 2008), and last but not least, stakeholders (Domegan et al., 2013; Lefebvre, 2012; McHugh and Domegan, 2013). The diversity of names and stakeholder engagement forms provides further support to the argument that in social marketing stakeholders need to be systematically identified and managed throughout the intervention design, planning, implementation, and evaluation process.

Regardless of the term used to describe stakeholder involvement in social marketing interventions, social marketing literature currently provides several examples of different implicit approaches to coordinating the involvement of stakeholders in interventions. Lefebvre (2012) and Domegan et al. (2013) advocate the involvement of target group in the intervention process to facilitate co-creation of value, for example through action research used to inform and co-design interventions with stakeholders. A similar approach to stakeholder management is community mobilisation used for active engagement and value creation with community members (Kelly et al., 2003) during intervention design, planning, and implementation. However, Hastings (2003) points out the challenge of identifying "which stakeholders to prioritize and how to handle them" (p. 11), and highlights the fact that behaviour change does not occur overnight, thus requires long-term planning, and none of the aforementioned approaches sufficiently consider the identification and management of complex relationships between multiple stakeholders involved in the delivery of social marketing interventions.

Considering that behaviours are influenced by a wide range of environmental factors that might be shaped by different stakeholders, there is a need for efficient coordination to achieve synergy between different stakeholders. Yet the involvement of stakeholders in social marketing interventions poses its own challenges. For instance, identification of stakeholders might be time-consuming (Thomas, 2008), and stakeholders may have different/hidden agendas (Andreasen, 2006; Domegan et al., 2013; Lefebvre, 2006; Zainuddin et al., 2011), motivations (Thomas, 2008), and priorities (Lefebvre, 2006), even conflicting interests (Hoek and Jones, 2011). Furthermore, with the involvement of multiple stakeholders, there is also a danger of loss of ownership (Thomas, 2008) or control (Domegan et al., 2013; Lefebvre, 2006), and discrepancy between expectations between the intervention planners and the partnering bodies (Bryant et al., 2000; Lefebvre, 2006). Given that social marketers are under significant pressure of limited time and financial resources available for interventions (Singer and Kayson, 2004), careful stakeholder management approaches are needed.

Understanding which stakeholders need to be involved and at what stage of the social marketing process (e.g. formative research, implementation, and evaluation) may yield insights into why some interventions change behaviour (and why others do not). Formative research, implementation, and evaluation stages are employed as the frame for the current study as they have been identified by leading social marketing scholars as key stages in the social

marketing process (Lefebvre and Flora, 1988; Walsh et al., 1993). Establishing which stakeholders have been involved at each social marketing stage represents an important first step towards understanding stakeholder involvement in social marketing.

Furthermore, consideration of social marketing as a continuum implies three different streams and a need for a stakeholder approach to deliver an integrated approach that simultaneously considers the individual and other stakeholders affected by the intervention. Interventions should be delivered across a continuum that embraces a holistic approach of down-, mid- and upstreams to sustain behaviour change. Therefore, a holistic approach that guides, informs, and promotes all streams' involvement using a stakeholder management perspective in social marketing interventions may lead to better outcomes. Specifically, Lefebvre and Flora's (1988) and Walsh et al.'s (1993) social marketing frameworks recommend that social marketers seek to understand stakeholders, and then identify communication and behavioural objectives and barriers and to develop strategies that can be measured to determine the extent that behavioural objectives are met. Theories proposed to manage relationships that emerge in social marketing studies include relationship marketing (Hastings and Saren, 2003; Margues and Domegan, 2011), community-based social marketing (McKenzie-Mohr and Smith, 1999), and social cognitive theory (Maibach and Cotton, 1995). Those theories, however, were used to analyse relationship paradigms in social marketing interventions while limited attention was given to managing those relationships. Stakeholder theory, though, can provide an additional lens to manage those relationships to facilitate the most effective outcomes and to advocate sustainable behaviour change.

5. Method

Recent studies indicate that reviewing past studies, with particular focus on journal articles, allows researchers to establish the current state of knowledge within a discipline and to identify any potential theoretical gaps and avenues for future research (Truong, 2014). The search strategy adopted for this study was guided by the Carins and Rundle-Thiele (2014) systematic literature review on healthy eating. A systematic search of literature was undertaken to identify self-identified social marketing interventions published in academic peer reviewed journals targeting alcohol harm reduction. Following Lefebvre and Flora (1988), Stead et al. (2007), and more recently Carins and Rundle-Thiele (2014), all behaviour change social marketing programmes were classified as interventions.

Seven databases were searched, namely EBSCO, Emerald, Ovid (All databases), ProQuest Central, Sciencedirect, Taylor & Francis and Web of Science, using the following keywords: Alcohol* or drink* AND intervention* or Randomi#ed Controlled Trial or evaluation or trial or campaign* or program* or intervention or interventions AND "social marketing" terms. The time frame chosen for the present study was January 2000 to May 2015 as guided by Carins and Rundle-Thiele (2014) study. Social marketing is a fast-developing area (Truong, 2014), and therefore date restriction was added to ensure that the review captures its most recent developments. Following the search, 432 articles were retrieved from 7 databases (see Table 1). Records gathered from databases may vary due to different specialisations of different databases and their relation to the search terms. For instance; ProQuest includes 20 different databases.

EndNote software was used to store the 432 records originally retrieved from the databases and to remove 217 identified duplicates. Following the removal of duplicates, 215 unique articles remained. Then, conference papers, newspaper articles and articles published before 2000 were removed, reducing the number of unique articles to 208. At the next stage, abstracts and titles of those articles were reviewed and unqualified (e.g. published before 2000, not in English and not peer-reviewed journal articles) and

Table 1
Databases searched.

Database	Number of articles retrieved
EBSCO All Databases	62
Emerald	0
Ovid (All Databases)	114
ProQuest All Databases	77
ScienceDirect	0
Taylor & Francis	0
Web of Science	179
TOTAL	**432**

unrelated articles were excluded, which reduced the number to 155 relevant articles. Articles related to alcoholism, with no social marketing claims (e.g. clinical trials), not in English, reviews and conceptual papers, social media-related, social norms marketing interventions, and studies that report only formative research were excluded. Following the application of the exclusion criteria, 21 unique articles were qualified for the inclusion in the next stage – backwards and forwards search. The purpose of each social marketing intervention included in this review was to reduce harm caused by alcohol.

Backwards and forwards search was conducted using Google Scholar and "Publish or Perish" software to gather more information about interventions by searching relevant articles to the interventions. The reference lists of all 21 articles were also examined to identify other publications relevant to the interventions and any new interventions relevant to this systematic literature review. Five more studies were identified, and in total 54 articles were sighted reporting 23 studies. The review process is summarised in Fig. 1.

6. Results and discussion

As each social marketing intervention is unique, their context affects their design as well as the number of stakeholders involved in formative research, implementation and evaluation. Twenty-three social marketing interventions in this study were grouped into one of the four main categories: university campus interventions (10), community interventions (7), school-based interventions (3), and interventions in medical centres (3).

6.1. Campus interventions

Table 2 outlines the stakeholders involved in each stage of the 10 social marketing interventions conducted at university campuses. Stakeholder involvement is presented across three key stages in the social marketing process, namely formative research, implementation and evaluation. For all of the interventions students were the main target group.

All but two interventions (Brown, 2004; Clapp et al., 2005) reported conducting formative research with students, the main stakeholder group, and the most commonly used research methods included focus groups, interviews and surveys. Only one intervention, Thompson et al. (2013), reported the involvement of two different stakeholder groups in the formative research, namely students and university administrators. In-depth interviews with university administrators and focus groups with students were conducted to understand alcohol-related attitudes. A similar pattern emerged for the analysis of the evaluation stage, which was focused in all but three studies on the main target group: students. In the intervention reported in Glider et al. (2001), other stakeholders, including the university and media, were reported. In the overwhelming majority of interventions, formative research and evaluation included only the main target group.

Fig. 1. Systematic literature review process.

The implementation stage included the highest number of stakeholders across all interventions conducted on university campuses. The number of stakeholders ranged from two to six (Glider et al., 2001; Gomberg et al., 2001). Both students and universities were involved in all. One might expect the involvement of university administration when an intervention is carried out on the university campus. For example, data collection and ethical clearance process require university administration's approval and support. Other stakeholder groups involved in the implementation stage included wider community (Eckert et al., 2010; Glider et al., 2001), media (Glassman et al., 2010; Glider et al., 2001; Gomberg et al., 2001), policy makers (Glider et al., 2001; Gomberg et al., 2001), alcohol suppliers (Glider et al., 2001; Gomberg et al., 2001), and local police (Clapp et al., 2005).

Table 2
Campus interventions.

Author*	Target group	Formative research	Implementation	Evaluation
Brown (2004)	Students	Not reported	Students, university	Students
Clapp (2005)	Students	Not reported	Students, university, local police	Students
Eckert (2010)	Students	Students	Students, university, community	Students
Glassman (2010)	Students	Students	Students, university, media	Students
Glider (2001)	Students	Students	Students, university, community, media, policy makers, suppliers	Students, university, media, key stakeholders (not specified)
Gomberg (2001)	Students	Students	Students, university, media, NGOs, policy makers, suppliers	Students
Mattern (2004)	Students	Students	Students, university	Students
Murphy (2012)	Students	Students	Students, university	Students
Thompson (2013)	Students	Students, university administrators	Students, university	Students
Vinci (2010)	Students	Students	Students, university, community, policy makers	Students

* Interventions cited in tables using the first author's name and publication year.

Table 3
Community interventions.

Author*	Target group	Formative	Implementation	Evaluation
Glik (2001)	Teenage girls aged 13 to 19	Not reported	Teenage girls	Teenage girls, schools
Glik (2008)	Young women	Young women, community	Young women, community, NGOs	Young women
James (2009)	Chronic homeless	Homeless	Homeless, city council, NGOs, staff, policy makers	Homeless
Kypri (2005)	Teenagers 13–17 years old, parents	Teenagers 13–17 years old, parents, school	Teenagers 13–17 years old, NGOs, media, policy makers, retailers of alcohol, health sector, schools, community, police	Teenagers 13–17 years old, parents
Perkins (2010)	21–34 year olds	21–34 year olds	21–34 year olds, media	21–34 year olds
Rivara (2011)	21–34 year olds	Community, customers, policy makers, shareholders, suppliers	21–34 year olds, media, policy makers, employees, bar owners	21–34 year olds
Rothschild (2006)	21–34 years old males who frequent bars	21–34 aged customers, employees, community, suppliers, shareholders, policy makers	21–34 year olds, policy makers, employees, bar owners	Community, shareholders, employees, policy makers

* Interventions cited in tables using the first author's name and publication year.

6.2. Community interventions

Table 3 outlines the stakeholders involved in each stage of the seven social marketing interventions conducted within community settings and presented across three key social marketing process stages: formative research, implementation, and evaluation. The interventions included in this category targeted a wide range of groups, including teenagers (Glik et al., 2001), parents and young people (Kypri et al., 2005), and chronic homeless (James and Skinner, 2009).

All but one intervention (Glik et al., 2001) reported conducting formative research with their respective target groups. Unlike in campus-based interventions where only one intervention (Thompson et al., 2013) reported the involvement of two different stakeholder groups in the formative research, four of the community-based intervention reported the involvement of more than one stakeholder group (Glik et al., 2008; Kypri et al., 2005; Rivara et al., 2011; Rothschild et al., 2006). Other stakeholder groups included wider community, schools, customers, policy makers, shareholders, suppliers, and employees. Similarly to the campus-based interventions, the evaluations in community-wide interventions were focused on the main target groups in all but two interventions. Rothschild et al. (2006) included four different stakeholder groups in their evaluation: community, shareholders, employees, and policy makers.

Like in campus-based interventions the implementation stage included the highest number of stakeholders across all interventions conducted in communities. The number of stakeholders ranged from one to nine (Kypri et al., 2005). The involvement of media (Kypri et al., 2005; Perkins et al., 2010; Rivara et al., 2011) and NGOs (Glik et al., 2008; James and Skinner, 2009; Kypri et al., 2005) was much higher in community interventions than in other interventions. The media were involved in two ways: either as paid tools to disseminate messages or unpaid collaborators. Other stakeholder groups involved in the implementation stage included policy makers (James and Skinner, 2009; Kypri et al., 2005; Rivara et al., 2011; Rothschild et al., 2006), city council (James and Skinner, 2009), alcohol suppliers (Kypri et al., 2005), local police (Kypri et al., 2005), health sector (Kypri et al., 2005), schools (Kypri et al., 2005), and bar owners and employees (Rothschild et al., 2006).

6.3. Medical centre interventions

Table 4 outlines the stakeholders involved in each key stage of the social marketing process for interventions conducted in medical centres. The interventions included in this category targeted a narrowly defined group: health and medical professionals.

All three interventions reported conducting formative research with their main target group – health/medical professionals – as well as the group whose alcohol consumption behaviours the interventions indirectly aimed to change – patients. One intervention, Payne et al. (2011), reported the involvement of three different stakeholder groups in the formative research, namely policy makers, NGOs, and wider community. In the evaluation stage all three interventions focused on their main target group, and only Aalto et al. (2003) included an additional group – patients.

Also in this category the implementation stage included the highest number of stakeholders across all interventions conducted in medical centres. All interventions included health/medical professionals and NGOs, while Aalto et al. (2002) and Lock (2004) included also patients. Other stakeholder groups involved in the implementation stage included wider community (Aalto et al., 2003; Payne et al., 2011) and policy makers (Heather, 2006; Payne et al., 2011).

6.4. School interventions

Table 5 outlines the stakeholders involved in each key stage of the social marketing process for interventions conducted in school settings. The interventions included in this category targeted a narrowly defined group: teenage students.

All but one intervention (Rundle-Thiele et al., 2013) reported conducting formative research with students, the main stakeholder group. All of the interventions reported their evaluation focusing on students, and Slater et al. (2006) additionally involved one additional stakeholder group.

Also in this category the implementation stage included the highest number of stakeholders across all interventions conducted in school. All interventions included students, while Slater

Table 4
Medical centres.

Author	Target group	Formative	Implementation	Evaluation
Aalto (2003)	Medical professionals	Medical professionals, patients	Medical professionals, patients, policy makers, NGOs, community	Medical professionals, patients
Lock (2004)	Health professionals	Health professionals, patients	Health professionals, patients, NGOs	Health professionals
Payne (2011)	Health professionals	Health professionals, patients, policy makers, NGOs, community	Health professionals, policy makers, NGOs, community	Health professionals

Table 5
School interventions.

Author	Target group	Formative research	Implementation	Evaluation
Slater (2006)	Students	Adolescents	Students, school administration, community, media	Students, key community coalition and school district participants
Rowland (2013)	Students	Students	Students, community, local council	Students
Rundle-Thiele (2013)	Students	Not reported	Students, school administration, NGO	Students

et al. (2006) and Rundle-Thiele et al. (2013) included also school administration. Other stakeholder groups involved in the implementation stage included wider community (Rowland et al., 2013; Slater et al., 2006), NGOs (Rundle-Thiele et al., 2013), and a local council (Rowland et al., 2013).

7. Conclusions

There is a growing interest in studies attempting to establish the current state of knowledge within different areas of marketing and social marketing (Truong, 2014). This paper contributes to this research focusing on the extent of stakeholder involvement in social marketing interventions in the area of alcohol consumption. Calls have been made to extend the focus of social marketing from the downstream to the upstream (Hoek and Jones, 2011), and from the micro to the macro level (Gordon and Gurrieri, 2014), to include much wider groups of stakeholders in the efforts to combat complex problem areas, including (but not limited to) binge drinking and to minimise harm from alcohol consumption (for example Leverton and Evans, 2008). This study clarifies how stakeholder theory can be used to consider inclusion of key stakeholder groups at various stages during the social marketing process to ensure that social marketing practitioners and researchers extend their thinking beyond a single stakeholder group in the context of minimising alcohol-related harms. Through the process of a systematic literature review, 23 social marketing interventions were identified. As the type of stakeholders involved in social marketing interventions may depend on the context of the intervention, the interventions in this study were grouped into one of the four main categories: university campus interventions (10), community interventions (7), school-based interventions (3), and interventions in medical centres (3). The involvement of different stakeholders at each of three key stages of the social marketing process was analysed: formative research, implementation, and evaluation (Lefebvre and Flora, 1988; Walsh et al., 1993).

Systematic reviews close the gap between theory and practice, as well as policy making, by providing evidence (Hastings, 2007). Identification of the gaps in the literature provides evidence for new studies (Petticrew and Roberts, 2005) and further research focusing on the identified trends and gaps. Recognition of which stakeholders should be considered in interventions may help practitioners and academics to enhance effectiveness of interventions in the long term. In the current paper, across all 23 interventions, all but one focused only on one precisely defined target group; Kypri et al. (2005) was the only intervention that included two target groups: teenagers and their parents. In all interventions, the relevant target group was involved in formative research, implementation and evaluation. Only four interventions did not report any formative research (Brown, 2004; Clapp et al., 2005; Glik et al., 2001; Rundle-Thiele et al., 2013).

According to Stead and McDermott (2011), evaluation in social marketing should assess the delivery process, the immediate outcomes, and long-term impact of the intervention. This review also indicates a restricted stakeholder focus in social marketing interventions aiming to minimise harm from alcohol consumption during the evaluation stage, with only six interventions involving stakeholders other than their target groups in evaluation (Aalto et al.,

2003; Glider et al., 2001; Glik et al., 2001; Kypri et al., 2005; Rothschild et al., 2006; Slater et al., 2006). The results of the current study are consistent with Gordon et al. (2006), who noted evaluation in social marketing is process-orientated rather than outcome-focused. At a minimum, social marketers should evaluate the primary stakeholders who are involved in intervention delivery to understand how the delivery process can be improved. However, behaviour change occurs in a more complex social context, and therefore assessment of multiple stakeholders to fully assess the effectiveness of the intervention is recommended. An evaluation that is target audience-focused provides a restrictive view that may not be able to assist to identify how social marketing interventions can be improved to optimise behavioural outcomes and ensure sustained stakeholder involvement over time, thereby ensuring longevity of a social marketing intervention. Such consideration would ensure that social marketers are aware of any barriers that are impeding social marketing intervention delivery. Understanding of the barriers experienced during the delivery of interventions by the various stakeholders involved would ensure intervention reach can be maximised, thereby improving the desired outcomes in the target audience and ensuring intervention sustainability.

Regardless of the intervention scale and focus, social marketing practitioners deal with multiple stakeholders on a daily basis. While different approaches have been identified in social marketing literature, including systems level social marketing (Domegan et al., 2013; Hastings and Domegan, 2014; Kennedy and Parsons, 2012), relationship marketing (Hastings and Saren, 2003; Margues and Domegan, 2011), community mobilisation (Kelly et al., 2003), and community-based social marketing (McKenzie-Mohr and Smith, 1999), stakeholder theory provides a management framework allowing social marketers to focus on identification and coordination of stakeholders, understanding their interests and importance to the solution of the social problem, and managing stakeholder relationships. A stakeholder approach offers a framework that supports the intervention process, from programme design to implementation and evaluation.

Involving all primary stakeholders in formative research will ensure informed, rational and evidence-based interventions (Wymer, 2011), and gaining support from stakeholders directly affected is likely to lead to better and sustainable outcomes (Donaldson and Preston, 1995; Fletcher, 2003). Consider an intervention whose aim is to change alcohol consumption on premise in nightclubs. Formative research on the target audience (nightclub patrons) conducted via observations could establish that serving water with alcohol can reduce drinking on premise (for example see Rundle-Thiele, 2009). Absence of research on key stakeholders, such as nightclubs, may lead a social marketer to naively conclude that serving water is the key to reducing alcohol consumption on premise without understanding water supply harms profits for nightclub owners. Given that alcohol drinking can be altered based on the shape and length of glasses (Troy et al., 2015; Wansink and Van Ittersum, 2005), equally attractive alternatives are available that can be used to both reduce alcohol drinking while maintaining current profit levels for nightclub owners who are a key stakeholder in alcohol drinking on premise, thereby ensuring sustainability of programmes developed.

Stakeholder theory provides social marketing with an opportunity to systematically identify, prioritise, include, and manage

stakeholder relationships in social marketing programmes to ensure that designed programmes are sustainable in the long term. Behaviour change, the ultimate goal of social marketing, requires an orchestrated effort (Andreasen, 2006; Hastings and Saren, 2003) and is more likely to occur when supported by an external environment; therefore, establishing and managing long-term partnerships that include different groups of stakeholders is important. Potential problems, such as conflicts between stakeholders due to different interests (Hoek and Jones, 2011) and differences between stakeholders' expectations (Bryant et al., 2000; Lefebvre, 2006), may be overcome through identification of key relationships among stakeholders.

Taken together, the results suggest that community interventions may involve a higher degree of complexity requiring consideration of a broader array of stakeholders at each key stage of the social marketing process when compared to more narrow contexts, such as school, medical, and university settings. Social marketers need to understand the degree of complexity involved in the intervention to make decisions about the extent that stakeholders should be involved. The results of this study suggest that the more complex the setting the greater the number of stakeholders should be involved in intervention planning, implementation and evaluation.

There are several limitations to this study. First, the search strategy focused on studies that self-identified as social marketing interventions. However, it is possible that there are number of interventions that could possibly be classified as social marketing, or look at other approaches to behaviour change, yet were not identified as they did not directly state they were a social marketing intervention. Second, the stakeholder groups were only included in the analysis when they were clearly identified in at least one of the papers identified in the literature search and relevant to a given intervention. Other stakeholder groups could have been included in interventions yet were not reported in publications. Third, the search was limited to papers published after 2000 and excluded some interventions conducted earlier which might have included additional information about stakeholders used in social marketing interventions. Future research should be undertaken to overcome the identified research limitations. For example, studies focusing on discussions of upstream and downstream factors, community mobilisation, and action research should be reviewed as they may implicitly use stakeholder theory. Further insights might be provided by looking into other areas of social marketing, for example smoking, environment, physical abuse, healthy eating, and physical activity, when the role and level of involvement of various stakeholders might be different. Last but not least, future research should explore whether there is a relationship between the involvement of stakeholders and the effectiveness of social marketing activities, and what the nature of that relationship is.

Acknowledgements

Appendix

Articles included

Lead author	Intervention name (if provided)	Articles included
Aalto (2003)	Not given	**Aalto**, M., Pekuri, P., & Seppä, K. (2003). Primary health care professionals' activity in intervening in patients' alcohol drinking during a 3-year brief intervention implementation project. *Drug and Alcohol Dependence, 69*(1), 9–14. Aalto, M., Pekuri, P., & Seppä, K. (2002). Primary health care professionals' activity in intervening in patients' alcohol drinking: A patient perspective. *Drug and Alcohol Dependence, 66*(1), 39–43. Heather, N. (2006). WHO collaborative project on identification and management of alcohol-related problems in primary health care: Report of Phase IV: Development of country-wide strategies for implementing early identification and brief intervention in Primary Health Care: World Health Organization Geneva. [Online]. Available http://apps.who.int/iris/bitstream/10665/43519/1/9241594519_eng.pdf [Accessed 28-10-2015].
Brown (2004)	Wanna Know and Did You Know	**Brown**, J. J. (2004). An analysis of the freshmen alcohol abuse program. *Californian Journal of Health Promotion, 2*(2), 41–71.
Clapp (2005)	Not given	**Clapp**, J. D., Johnson, M., Voas, R. B., Lange, J. E., Shillington, A., & Russell, C. (2005). Reducing DUI among US college students: Results of an environmental prevention trial. *Addiction, 100*(3), 327–334. Clapp, J. D., Shillington, A. M., Lange, J. E., & Voas, R. B. (2003). Correlation between modes of drinking and modes of driving as reported by students at two American universities. *Accident Analysis & Prevention, 35*(2), 161–166.
Eckert (2010)	Not given	**Eckert**, J., Melancon, J., & James, G. (2010). Using social marketing to impact alcohol consumption of first-year college students. *TAHPERD Journal, 78*(3), 12–16.
Glassman (2010)	Less is more	**Glassman**, T. J., Dodd, V., Miller, E. M., & Braun, R. E. (2010). Preventing high-risk drinking among college students: A social marketing case study. *Social Marketing Quarterly, 16*(4), 92–110.
Glider (2001)	Not given	**Glider**, P., Midyett, S. J., Mills-Novoa, B., Johannessen, K., & Collins, C. (2001). Challenging the collegiate rite of passage: A campus-wide social marketing media campaign to reduce binge drinking. *Journal of Drug Education, 31*(2), 207–220. Johannessen, K., Collins, C., Glider, P. & Mills-Novoa, B. (1999). A Practical Guide to Alcohol Abuse Prevention: A Campus Case Intervention in Implementing Social Norms and Environmental Management Approaches [Online]. Retrieved from http://www.socialnormsresources.org/pdf/arizonaguidetoalcoholprevention.pdf [Accessed 28-10-2015].
Glik (2001)	Not given	**Glik**, D., Halpert-Schilt, E., & Zhang, W. (2001). Narrowcasting risks of drinking during pregnancy among African American and Latina adolescent girls. *Health Promotion Practice, 2*(3), 222–232.
Glik (2008)	Not given	**Glik**, D., Prelip, M., Myerson, A., & Eilers, K. (2008). Fetal alcohol syndrome prevention using community-based narrowcasting campaigns. *Health Promotion Practice, 9*(1), 93–103.
Gomberg (2001)	Just the facts	**Gomberg**, L, Shari Kessel, S., & DeJong, W. (2001). Evaluation of a social norms marketing campaign to reduce high-risk drinking at the University of Mississippi. *The American Journal of Drug and Alcohol Abuse, 27*(2), 375–389.
James (2009)	The Shoreline Project	**James**, S., & Skinner, H. (2009). The Shoreline Project for street drinkers: Designing and running a supported housing project for the "Unhousable". *Social Marketing Quarterly, 15*(3), 49- 66.

Appendix (*continued*)

Lead author	Intervention name (if provided)	Articles included
Kypri (2005)	The Youth Access to Alcohol (YATA) 1- Should You Supply; 2- Controlled Purchase Operations (CPOs)	**Kypri**, K., Dean, J., Kirby, S., Harris, J., & Kake, T. (2005). 'Think before you buy under-18s drink': Evaluation of a community alcohol intervention. *Drug and Alcohol Review, 24*(1), 13–20. Cagney, P. & Palmer, S. (2007). The sale and supply of alcohol to under 18 year olds in New Zealand: A systematic overview of international and New Zealand literature (Final Report) [Online]. Retrieved from: http://www.justice.govt.nz/publications/publications-archived/2007/the-sale-and-supply-of-alcohol-to-under-18-year-olds-in-nz [Accessed 10-12- 2015]. Clark, S. (2007). Youth Access to Alcohol: Early Findings From a Community* Action Project to Reduce the Supply of Alcohol to Teens. *Substance Use & Misuse, 42*(12–13), 2053–2062. Holder, H. D. (2003). Alcohol related data collection for harm reduction purposes at the local level: A review of New Zealand data and action recommendations [Online]. Retrieved from: http://www.hpa.org.nz/sites/default/files/imported/field_research_publication_file/HolderReport_0.pdf [Accessed 10-12-2015]. Kypri, K. & Dean, J. I. (2002). The Should You Supply community alcohol intervention: An evaluation for the Alcohol Advisory Council of New Zealand, Alcohol Advisory Council of New Zealand [Online]. Retrieved from: http://www.hpa.org.nz/research-library/research-publications/should-you-supply-community-alcohol-intervention-evaluation [Accessesed 28-10-2015]. Kypri, K., Dean, J. I. & Stojanovski, E. (2007). Parent attitudes on the supply of alcohol to minors. *Drug and Alcohol Review, 26*(1), 41–47.
Lock (2004)	The Drink-Less Brief Intervention Programme in the UK	**Lock**, C. A. (2004). Alcohol and brief intervention in primary health care: What do patients think? *Primary Health Care Research and Development, 5*(2), 162–178. Gomel, M. K., Wutzke, S. E., Hardcastle, D., M., Lapsley, H. & Reznik, R. B. (1998). Cost-effectiveness of strategies to market and train primary health care physicians in brief intervention techniques for hazardous alcohol use. *Social Science & Medicine, 47*(2), 203–211. Heather, N. (1996). The public health and brief interventions for excessive alcohol consumption: The British experience. *Addictive Behaviors, 21*(6), 857–868. Hutchings, D., Heather, N., Dallolio, E., Kaner, E., Lock, C. & Cassidy, P. (2001). Alcohol screening and brief intervention in primary care: Which way now? *Drugs and Alcohol Today, 1*(2), 28–33. Kaner, E., Bland, M., Cassidy, P., Coulton, S., Deluca, P., Drummond, C., Gilvarry, E., Godfrey, C., Heather, N., Myles, J., Newbury-Birch, D., Oyefeso, A., Parrott, S., Perryman, K., Phillips, T., Shenker, D. & Shepherd, J. (2009). Screening and brief interventions for hazardous and harmful alcohol use in primary care: a cluster randomised controlled trial protocol. *BMC Public Health,* 9(1)**,** 287–300. Kaner, E. F., Heather, N., Brodie, J., Lock, C. A. & McAvoy, B. R. (2001). Patient and practitioner characteristics predict brief alcohol intervention in primary care. *British Journal of General Practice, 51*(471), 822–827. Kaner, E., Lock, C. A., McAvoy, B. R., Heather, N. & Gilvarry, E. (1999). A RCT of three training and support strategies to encourage implementation of screening and brief alcohol intervention by general practitioners. *The British Journal of General Practice, 49*(446)**,** 699–703. Lock, C. A. & Kaner, E. F. S. (2004). Implementation of brief alcohol interventions by nurses in primary care: Do non-clinical factors influence practice? *Family Practice, 21*(3), 270–275. Lock, C. A. & Kaner, E. F. S. (2000). Use of marketing to disseminate brief alcohol intervention to general practitioners: Promoting health care interventions to health promoters. *Journal of Evaluation in Clinical Practice, 6*(4)**,** 345–357. Lock, C. A., Kaner, E. F. S., Heather, N., Doughty, J., Crawshaw, A., McNamee, P., Purdy, S. & Pearson, P. (2006). Effectiveness of nurse-led brief alcohol intervention: A cluster randomized controlled trial. *Journal of Advanced Nursing, 54*(4)**,** 426-439. Lock, C. A., Kaner, E., Heather, N., Gilvarry, E. & McAvoy, B. R. (2000). Changes in receptionists' attitudes towards involvement in a general practice-based trial of screening and brief alcohol intervention. *The British Journal of General Practice, 50*(451)**,** 111–115. Lock, C. A., Kaner, E. F. S., Heather, N., McAvoy, B. R. & Gilvarry, E. (1999). A randomized trial of three marketing strategies to disseminate a screening and brief alcohol intervention programme to general practitioners. *The British Journal of General Practice, 49*(446)**,** 695–698. Lock, C. A., Kaner, E. F. S., Lamont, S., Bond, S. (2002). A qualitative study of nurses' attitudes and practices regarding brief alcohol intervention in primary health care. *Journal of Advanced Nursing, 39*(4), 333–342. McAvoy, B. R., Kaner, E., F., S., Lock, C. A., Heather, N., Gilvarry, E. (1999). Our Healthier Nation: Are general practitioners willing and able to deliver? A survey of attitudes to and involvement in health promotion and lifestyle counselling. *British Journal of General Practice, 49*(440): 187–190. McAvoy, B. R., Donovan, R., J., Jalleh, G., Saunders, J. B., Wutzke, S. E., Lee, N., Kaner, E. F. S., Heather, N., McCormick, R., Barford, S., Gache, P. B. (2001). General Practitioners, Prevention and Alcohol – a powerful cocktail? Facilitators and inhibitors of practising preventive medicine in general and early intervention for alcohol in particular: a 12-nation key informant and general practitioner study. *Drugs: Education, Prevention, and Policy, 8*(2), 103–117.
Mattern (2004)	Not given	**Mattern**, J. L. & Neighbors, C. (2004). Social norms campaigns: Examining the relationship between changes in perceived norms and changes in drinking levels. *Journal of Interventions on Alcohol, 65*(4), 489–493.
Murphy (2012)	Not given	**Murphy**, S., Moore, G., Williams, A. & Moore, L. (2012). An exploratory cluster randomised trial of a university halls of residence based social norms intervention in Wales, UK. *BMC Public Health, 12*(1), 186-194. Moore, Graham F, Williams, Annie, Moore, Laurence, & Murphy, Simon. (2013). An exploratory cluster randomised trial of a university halls of residence based social norms marketing campaign to reduce alcohol consumption among 1st year students. *Substance Abuse Treatment, Prevention, and Policy, 8* (1), 15–15.

Appendix (*continued*)

Lead author	Intervention name (if provided)	Articles included
Payne (2011)	Alcohol and Pregnancy Project	**Payne,** J. M., France, K. E., Henley, N., D'antoine, H. A., Bartu, A. E., O'leary, C. M., Elliott, E. J., Bower, C. & Geelhoed, E. (2011). RE-AIM evaluation of the Alcohol and Pregnancy Project: Project Educational resources to inform health professionals about prenatal alcohol exposure and fetal alcohol spectrum disorder. *Evaluation & the Health Professions, 34*(1), 57–80. Payne, J., France, K., Henley, N., D'Antoine, H., Bartu, A., O'Leary, C., Elliot, E., & Bower, C. (2011). Changes in health professionals' knowledge, attitudes and practice following provision of educational resources about prevention of prenatal alcohol exposure and fetal alcohol spectrum disorder. *Paediatric and Perinatal Epidemiology, 25*(4), 316–327. Elliott, E. J., Payne, J., Haan, E. & Bower, C. (2006). Diagnosis of fetal alcohol syndrome and alcohol use in pregnancy: A survey of paediatricians' knowledge, attitudes, and practice. *Journal of Paediatrics and Child Health, 42*(11)**,** 698–703. France, K., Henley, N., Payne, J., D'antoine, H., Bartu, A., O'leary, C., Elliott, E. & Bower, C. (2010). Health professionals addressing alcohol use with pregnant women in Western Australia: Barriers and strategies for communication. *Substance Use & Misuse, 45*(10)**,** 1474–1490. Payne, J. M., France, K. E., Henley, N., D'antoine, H. A., Bartu, A. E., Mutch, R. C., Elliott, E. J. & Bower, C. (2011). Paediatricians' knowledge, attitudes, and practice following provision of educational resources about prevention of prenatal alcohol exposure and Fetal Alcohol Spectrum Disorder. *Journal of Paediatrics and Child Health,* 47(10)**,** 704–710.
Perkins (2010)	Most of Us	**Perkins**, H. W., Linkenbach, J. W., Lewis, M. A., & Neighbors, C. (2010). Effectiveness of social norms media marketing in reducing drinking and driving: A statewide campaign. *Addictive Behaviors, 35*(10), 866–874.
Rivara (2011)	Last call	**Rivara**, F. P., Boisvert, D., Relyea-Chew, A., & Gomez, T. (2011). Last Call: Decreasing drunk driving among 21–34-year-old bar patrons. *International Journal of Injury Control and Safety Promotion, 19*(1), 53-61. Rivara, F. P., Relyea-Chew, A., Wang, J., Riley, S., Boisvert, D. & Gomez, T. (2007). Drinking behaviors in young adults: The potential role of designated driver and safe ride home programs. *Injury Prevention,* 13(3)**,** 168–172.
Rothschild (2006)	The Road Crew Program	**Rothschild**, M. L., Mastin, B., & Miller, T. W. (2006). Reducing alcohol-impaired driving crashes through the use of social marketing. *Accident Analysis and Prevention, 38*(6), 1218–1230.
Rowland (2013)	Not given	**Rowland**, B., Toumbourou, J. W., Osborn, A., Smith, R., Hall, J. K., Kremer, P., Kelly, A., Williams, J., & Leslie, E. (2013). A clustered randomised trial examining the effect of social marketing and community mobilisation on the age of uptake and levels of alcohol consumption by Australian adolescents. *BMJ Open, 3*(1), 1–8.
Rundle-Thiele (2013)	Game On: Know Alcohol (GO:KA)	**Rundle-Thiele**, S., Russell-Bennett, R., Leo, C., & Dietrich, T. (2013). Moderating teen drinking: Combining social marketing and education. *Health Education, 113*(5), 392–406. Rundle-Thiele, S., Schuster, L., Dietrich, T., Russell- Bennett, R., Drennan, J., Leo, C. & Connor, J. P. (2015). Maintaining or changing a drinking behavior? GOKA's short-term outcomes. *Journal of Business Research, 68*(10), 2155–2163. Dietrich, T., Rundle-Thiele, S., Leo, C. & Connor, J. (2015). One size (Never) fits all: Segment differences observed following a school-based alcohol social marketing program. *Journal of School Health, 85*(4), 251–259.
Slater (2006)	Be under your own influence	**Slater**, M. D., Kelly, K. J., Edwards, R. W., Thurman, P. J., Plested, B. A., Keefe, T. J., Lawrence, F. R., & Henry, K. L. (2006). Combining in-school and community-based media efforts: Reducing marijuana and alcohol uptake among younger adolescents. *Health Education Research, 21*(1), 157–167.
Thompson (2013)	Before One More	**Thompson**, E. B., Heley, F., Oster-Aaland, L., Stastny, S. N., & Crawford, E. C. (2013). The impact of a student-driven social marketing campaign on college student alcohol-related beliefs and behaviors. *Social Marketing Quarterly, 19*(1), 52- 64.
Vinci (2010)	Campus Alcohol Coalition	**Vinci**, D. M., Philen, R. C., Walch, S. E., Kennedy, R., Harrell, M., Rime, C. & Matthews, J. (2010). Social norms tactics to promote a campus alcohol coalition. *American Journal of Health Education, 41*(1), 29–37.

References

Aalto, M., Pekuri, P., Seppä, K., 2002. Primary health care professionals' activity in intervening in patients' alcohol drinking: a patient perspective. Drug Alcohol Depend. 66 (1), 39–43.

Aalto, M., Pekuri, P., Seppä, K., 2003. Primary health care professionals' activity in intervening in patients' alcohol drinking during a 3-year brief intervention implementation project. Drug Alcohol Depend. 69 (1), 9–14.

AASM, ISMA, & ESMA, 2013. Consensus definition of social marketing. <http://www.i-socialmarketing.org/assets/social_marketing_definition.pdf> (accessed 10.02.14.).

Andreasen, A.R., 2002. Marketing social marketing in the social change marketplace. J. Public Policy Mark. 21 (1), 3–13.

Andreasen, A.R., 2006. Social Marketing in the 21st Century. Sage Publications Ltd, California.

Appelgren, B., Klohn, W., 1999. Management of water scarcity: a focus on social capacities and options. Phys. Chem. Earth B 24 (4), 361–373.

Beierle, T.C., 2002. The quality of stakeholder-based decisions. Risk Anal. Int. J. 22 (4), 739–749.

Bingham, C.R., Barretto, A.I., Walton, M.A., Bryant, C.M., Shope, J.T., Raghunathan, T.E., 2010. Efficacy of a web-based, tailored, alcohol prevention/intervention program for college students: initial findings. J. Am. Coll Health 58 (4), 349–356.

Brown, J.J., 2004. An analysis of the freshmen alcohol abuse program. Californian J. Health Promot. 2 (2), 41–71.

Bryant, C.A., Forthofer, M.S., Brown, K.R.M., Landis, D.C., McDermott, R.J., 2000. Community-based prevention marketing: the next steps in disseminating behavior change. Am. J. Health Behav. 24 (1), 61–68.

Bryson, J.M., 2004. What to do when stakeholders matter. Public Manage. Rev. 6 (1), 21–53.

Burton, B.K., Dunn, C.P., 2009. Feminist ethics as moral grounding for stakeholder theory. Bus. Ethics Q. 6 (2), 133–147.

Carins, J.E., Rundle-Thiele, S., 2014. Eating for the better: a social marketing review (2000–2012). Public Health Nutr. 17 (7), 1628–1639.

Clapp, J.D., Johnson, M., Voas, R.B., Lange, J.E., Shillington, A., Russell, C., 2005. Reducing DUI among US college students: results of an environmental prevention trial. Addiction 100 (3), 327–334.

Clarkson, M.E., 1995. A stakeholder framework for analyzing and evaluating corporate social performance. Acad. Manage. Rev. 20 (1), 92–117.

Domegan, C., Collins, K., Stead, M., McHugh, P., Hughes, T., 2013. Value co-creation in social marketing: functional or fanciful? J. Soc. Mark. 3 (3), 239–256.

Donaldson, T., Preston, L.E., 1995. The stakeholder theory of the corporation: concepts, evidence, and implications. Acad. Manage. Rev. 20 (1), 65–91.

Dula, C.S., Dwyer, W.O., LeVerne, G., 2007. Policing the drunk driver: measuring law enforcement involvement in reducing alcohol-impaired driving. J. Saf. Res. 38 (3), 267–272.

Eckert, J., Melancon, J., James, G., 2010. Using social marketing to impact alcohol consumption of first-year college students. TAHPERD J. 78 (3), 12–16.

Egger, G., Fitzgerald, W., Frape, G., Monaem, A., Rubinstein, P., Tyler, C., et al., 1983. Results of large scale media antismoking campaign in Australia: North Coast "Quit for Life" programme. Br. Med. J. (Clin. Res. Ed) 287 (6399), 1125–1128.

Engwall, M., Jerbrant, A., 2003. The resource allocation syndrome: the prime challenge of multi-project management? Int. J. Proj. Manage. 21 (6), 403–409.

Fletcher, A., 2003. Mapping stakeholder perceptions for a third sector organization. J. Intellect. Cap. 4 (4), 505–527.

Francis, S.L., Taylor, M.L., 2009. A social marketing theory-based diet-education program for women ages 54 to 83 years improved dietary status. J. Am. Diet. Assoc. 109 (12), 2052–2056.

Freeman, R.E., 1984. Stakeholder Management: Framework and Philosophy. Pitman, Boston.

Freeman, R.E., Harrison, J.S., Wicks, A.C., Parmar, B., DeColle, S., 2010. Stakeholder Theory: The State of the Art. Cambridge University Press, Cambridge, UK.

French, J., Gordon, R., 2015. Strategic Social Marketing. Sage Publications Ltd, Los Angeles, London, Washington, New Delhi, Singapore.

Gallivan, J., Lising, M., Ammary, N.J., Greenberg, R., 2007. The National Diabetes Education Program's "Control Your Diabetes. For Life" Campaign: design, implementation, and lessons learned. Soc. Mar. Q. 13 (4), 65–82.

Glassman, T.J., Dodd, V., Miller, E.M., Braun, R.E., 2010. Preventing high-risk drinking among college students: a social marketing case study. Soc. Mar. Q. 16 (4), 92–110.

Glider, P., Midyett, S.J., Mills-Novoa, B., Johannessen, K., Collins, C., 2001. Challenging the collegiate rite of passage: a campus-wide social marketing media campaign to reduce binge drinking. J. Drug Educ. 31 (2), 207–220.

Glik, D., Halpert-Schilt, E., Zhang, W., 2001. Narrowcasting risks of drinking during pregnancy among African American and Latina adolescent girls. Health Promot. Pract. 2 (3), 222–232.

Glik, D., Prelip, M., Myerson, A., Eilers, K., 2008. Fetal alcohol syndrome prevention using community-based narrowcasting campaigns. Health Promot. Pract. 9 (1), 93–103.

Gomberg, L., Shari Kessel, S., DeJong, W., 2001. Evaluation of a social norms marketing campaign to reduce high-risk drinking at the University of Mississippi. Am. J. Drug Alcohol Abuse 27 (2), 375–389.

Gordon, R., Gurrieri, L., 2014. Towards a reflexive turn: social marketing assemblages. J. Soc. Mark. 4 (3), 261–278.

Gordon, R., McDermott, L., Stead, M., Angus, K., 2006. The effectiveness of social marketing interventions for health improvement: what's the evidence? Public Health 120 (12), 1133–1139.

Gordon, R., Moodie, C., Eadie, D., Hastings, G., 2010. Critical social marketing – the impact of alcohol marketing on youth drinking: qualitative findings. Int. J. Nonprofit Volunt. Sect. Mark. 15 (3), 265–275.

Gregson, J., Foerster, S.B., Orr, R., Jones, L., Benedict, J., Clarke, B., et al., 2001. System, environmental, and policy changes: using the social-ecological model as a framework for evaluating nutrition education and social marketing programs with low-income audiences. J. Nutr. Educ. 33 (5), S4–S15.

Hastings, G., 2003. Relational paradigms in social marketing. J. Macromark. 23 (1), 6–15.

Hastings, G., 2007. Social Marketing: Why Should the Devil Have All the Best Tunes? Elsevier/Butterworth-Heinemann, Amsterdam, London, Boston.

Hastings, G., Domegan, C., 2014. Social Marketing: From Tunes to Symphonies. Routledge, New York.

Hastings, G., Saren, M., 2003. The critical contribution of social marketing theory and application. Mark. Theory 3 (3), 305–322.

Hastings, G., Stead, M., MacKintosh, A.-M., 2002. Rethinking drugs prevention: radical thoughts from social marketing. Health Educ. J. 61 (4), 347–364.

Heather, N., 2006. WHO collaborative project on identification and management of alcohol-related problems in primary health care: report of Phase IV: development of country-wide strategies for implementing early identification and brief intervention in Primary Health Care. World Health Organization, Geneva.

Hitt, M.A., 2011. Relevance of strategic management theory and research for supply chain management. J. Supply Chain Manag. 47 (1), 9–13.

Hoek, J., Jones, S.C., 2011. Regulation, public health and social marketing: a behaviour change trinity. Journal of Social Marketing 1 (1), 32–44.

Hofer, C.W., 1975. Toward a contingency theory of business strategy. Acad. Manage. J. 18 (4), 784–810.

Holdershaw, J., Gendall, P., Wright, M., 2011. Predicting blood donation behaviour: further application of the theory of planned behaviour. J. Soc. Mark. 1 (2), 120–132.

Hult, G.T.M., Mena, J.A., Ferrell, O., Ferrell, L., 2011. Stakeholder marketing: a definition and conceptual framework. AMS Rev. 1 (1), 44–65.

James, S., Skinner, H., 2009. The Shoreline Project for street drinkers: designing and running a supported housing project for the "Unhousable". Soc. Mar. Q. 15 (3), 49–66.

Jensen, M.C., 2010. Value maximization, stakeholder theory, and the corporate objective function. J. Appl. Corp. Finance 22 (1), 32–42.

Julinawati, S., Cawley, D., Domegan, C., Brenner, M., Rowan, N., 2013. A review of the perceived barriers within the health belief model on pap smear screening as a cervical cancer prevention measure. J. Asian Sci. Res. 3 (6), 677–692.

Kelly, K.J., Edwards, R.W., Comello, M.L.G., Plested, B.A., Thurman, P.J., Slater, M.D., 2003. The community readiness model: a complementary approach to social marketing. Mark. Theory 3 (4), 411–426.

Kelly, T.F., 2013. Fourteen more points: successful applications of Deming's system theory. Am. J. Manage. 13 (2), 36–40.

Kennedy, A.-M., Parsons, A., 2012. Macro-social marketing and social engineering: a systems approach. J. Soc. Mark. 2 (1), 37–51.

Kotler, P., Zaltman, G., 1971. Social marketing: an approach to planned social change. J. Mark. 35 (3), 3–12.

Kubacki, K., Rundle-Thiele, S., Lahtinen, V., Parkinson, J., 2015. A systematic review assessing the extent of social marketing principle use in interventions targeting children (2000–2014). Young Consum. 16 (2), 141–158.

Kypri, K., Dean, J., Kirby, S., Harris, J., Kake, T., 2005. Think before you buy under-18s drink': evaluation of a community alcohol intervention. Drug Alcohol Rev. 24 (1), 13–20.

LaBrie, J.W., Thompson, A.D., Huchting, K., Lac, A., Buckley, K., 2007. A group motivational interviewing intervention reduces drinking and alcohol-related negative consequences in adjudicated college women. Addict. Behav. 32 (11), 2549–2562.

Lafreniere, K.C., Deshpande, S., Bjornlund, H., Hunter, M.G., 2013. Extending stakeholder theory to promote resource management initiatives to key stakeholders: a case study of water transfers in Alberta, Canada. J. Environ. Manage. 129 (0), 81–91.

Laslett, A.-M., Catalano, P., Chikritzhs, T., Dale, C., Doran, C., Ferris, J., et al., 2010. The range and magnitude of alcohol's harm to others. [Online]. <http://alcoholireland.ie/download/reports/alcohol_costs/alcohole28099s-harm-to-others-alcohol-education-and-rehabilitation-foundation-australia-2010.pdf> (accessed 09.10.13.).

Lederman, L.C., Stewart, L., 2005. Changing the Culture of College Drinking. Hampton Press, Cresskill, NJ.

Lefebvre, R.C., 2006. Partnerships for social marketing programs: an example from the National Bone Health Campaign. Soc. Mar. Q. 12 (1), 41–54.

Lefebvre, R.C., 2009. The change we need: new ways of thinking about social issues. Soc. Mar. Q. 15 (3), 142–144.

Lefebvre, R.C., 2012. Transformative social marketing: co-creating the social marketing discipline and brand. J. Soc. Mark. 2 (2), 118–129.

Lefebvre, R.C., Flora, J.A., 1988. Social marketing and public health intervention. Health Educ. Behav. 15 (3), 299–315.

Leverton, M., Evans, K., 2008. Stakeholders and their roles. In: Martinic, M., Measham, F. (Eds.), Swimming with Crocodiles: The Culture of Extreme Drinking. Routledge, New York, pp. 161–181.

Levy, D., 1994. Chaos theory and strategy: theory, application, and managerial implications. Strat. Manage. J. 15 (S2), 167–178.

Lock, C.A., 2004. Alcohol and brief intervention in primary health care: what do patients think? Prim. Health Care Res. Dev. 5 (2), 162–178.

Lombardo, A.P., Leger, Y.A., 2007. Thinking about "Think Again" in Canada: assessing a social marketing HIV/AIDS prevention campaign. J. Health Commun. 12 (4), 377–397.

Luca, N.R., Suggs, L.S., 2013. Theory and model use in social marketing health interventions. J. Health Commun. 18 (1), 20–40.

Maibach, E.W., Cotton, D., 1995. Moving people to behavior change: a staged social cognitive approach to message design.

Margues, S., Domegan, C., 2011. Relationship marketing and social marketing. In: Hastings, G., Angus, K., Bryant, C. (Eds.), The Sage Handbook of Social Marketing. Sage Publications Ltd, London, pp. 44–61.

Mattern, J.L., Neighbors, C., 2004. Social norms campaigns: examining the relationship between changes in perceived norms and changes in drinking levels. J. Interv. Alcohol 65 (4), 489–493.

McHugh, P., Domegan, C., 2013. From autocratic governance to collaborative empowerment: a social marketing approach to the co-creation of policy. In: Kubacki, K., Rundle-Thiele, S. (Eds.), Contemporary Issues in Social Marketing. Cambridge Scholars Publishing, pp. 78–94.

McKenzie-Mohr, D., Smith, W., 1999. Fostering Sustainable Behavior: An Introduction to Community-based Social Marketing. New Society Publishers, Gabriola Island, B.C.

Murphy, S., Moore, G., Williams, A., Moore, L., 2012. An exploratory cluster randomised trial of a university halls of residence based social norms intervention in Wales, UK. BMC Public Health 12 (1), 186–194.

Neumayer, E., 2000. Scarce or abundant? The economics of natural resource availability. J. Econ. Surv. 14 (3), 307–335.

Payne, J.M., France, K.E., Henley, N., D'antoine, H.A., Bartu, A.E., O'leary, C.M., et al., 2011. RE-AIM evaluation of the Alcohol and Pregnancy Project: project Educational resources to inform health professionals about prenatal alcohol exposure and fetal alcohol spectrum disorder. Eval. Health Prof. 34 (1), 57–80.

Perkins, H.W., Linkenbach, J.W., Lewis, M.A., Neighbors, C., 2010. Effectiveness of social norms media marketing in reducing drinking and driving: a statewide campaign. Addict. Behav. 35 (10), 866–874.

Petticrew, M., Roberts, H., 2005. Systematic Reviews in the Social Sciences: A Practical Guide. Blackwell Publishing.

Phillips, R., 2003. Stakeholder Theory and Organizational Ethics. Berrett-Koehler Publishers.

Rivara, F.P., Boisvert, D., Relyea-Chew, A., Gomez, T., 2011. Last Call: decreasing drunk driving among 21–34-year-old bar patrons. Int. J. Inj. Contr. Saf. Promot. 19 (1), 53–61.

Room, R., Babor, T., Rehm, J., 2005. Alcohol and public health. Lancet 365 (9458), 519–530.

Rothschild, M.L., 1999. Carrots, sticks, and promises: a conceptual framework for the management of public health and social issue behaviors. J. Mark. 63 (October), 24–37.

Rothschild, M.L., Mastin, B., Miller, T.W., 2006. Reducing alcohol-impaired driving crashes through the use of social marketing. Accid. Anal. Prev. 38 (6), 1218–1230.

Rowland, B., Toumbourou, J.W., Osborn, A., Smith, R., Hall, J.K., Kremer, P., et al., 2013. A clustered randomised trial examining the effect of social marketing and community mobilisation on the age of uptake and levels of alcohol consumption by Australian adolescents. BMJ Open 3 (1), 1–8.

Rundle-Thiele, S., 2009. Social gain: is corporate social responsibility enough? Australas. Mark. J. 17 (4), 204–210.

Rundle-Thiele, S., 2013. Food for thought. J. Soc. Mark. 3 (2).

Rundle-Thiele, S., Russell-Bennett, R., Leo, C., Dietrich, T., 2013. Moderating teen drinking: combining social marketing and education. Health Educ. 113 (5), 392–406.

Schwinn, T.M., Schinke, S.P., 2010. Preventing alcohol use among late adolescent urban youth: 6-year results from a computer-based intervention. J. Stud. Alcohol Drugs 71 (4), 535–538.

Singer, B., Kayson, S., 2004. Partnerships, alliances, and stakeholder communication. Soc. Mar. Q. 10 (2), 67–71.

Slater, M.D., Kelly, K.J., Edwards, R.W., Thurman, P.J., Plested, B.A., Keefe, T.J., et al., 2006. Combining in-school and community-based media efforts: reducing marijuana and alcohol uptake among younger adolescents. Health Educ. Res. 21 (1), 157–167.

Spotswood, F., French, J., Tapp, A., Stead, M., 2012. Some reasonable but uncomfortable questions about social marketing. J. Soc. Mark. 2 (3), 163–175.

Stead, M., McDermott, R., 2011. Evaluation in social marketing. In: Hastings, G., Angus, K., Bryant, C. (Eds.), The Sage Handbook of Social Marketing. Sage Publications Ltd, London, pp. 193–208.

Stead, M., Tagg, S., MacKintosh, A.M., Eadie, D., 2005. Development and evaluation of a mass media theory of planned behaviour intervention to reduce speeding. Health Educ. Res. 20 (1), 36–50.

Stead, M., Gordon, R., Angus, K., McDermott, L., 2007. A systematic review of social marketing effectiveness. Health Educ. 107 (2), 126–191.

Temple, S., Long, T., Wayman, J., Taubenheim, A., Patterson, J., 2008. Alliance building: mobilizing partners to share The Heart Truth with American women. Soc. Mar. Q. 14 (3), 68–78.

Thomas, J., 2008. Happily ever after …? Partnerships in social marketing. Soc. Mar. Q. 14 (1), 72–75.

Thompson, E.B., Heley, F., Oster-Aaland, L., Stastny, S.N., Crawford, E.C., 2013. The impact of a student-driven social marketing campaign on college student alcohol-related beliefs and behaviors. Soc. Mar. Q. 19 (1), 52–64.

Troy, D.M., Maynard, O.M., Hickman, M., Attwood, A.S., Munafò, M.R., 2015. The effect of glass shape on alcohol consumption in a naturalistic setting: a feasibility study. Pilot Feasibil. Stud. 1 (1), 1–8.

Truong, V.D., 2014. Social marketing: a systematic review of research 1998–2012. Soc. Mar. Q. 20 (1), 15–34.

Vinci, D.M., Philen, R.C., Walch, S.E., Kennedy, R., Harrell, M., Rime, C., et al., 2010. Social norms tactics to promote a campus alcohol coalition. Am. J. Health Educ. 41 (1), 29–37.

Walsh, D.C., Rudd, R.E., Moeykens, B.A., Moloney, T.W., 1993. Social marketing for public health. Health Aff. 12 (2), 104–119.

Wansink, B., Van Ittersum, K., 2005. Shape of glass and amount of alcohol poured: comparative study of effect of practice and concentration. BMJ 331 (7531), 1512–1514.

Wechsler, H., Lee, J.E., Nelson, T.F., Lee, H., 2003. Drinking and driving among college students: the influence of alcohol-control policies. Am. J. Prev. Med. 25 (3), 212–218.

WHO, 2011a. Alcohol fact sheet. [Online]. <http://www.who.int/mediacentre/factsheets/fs349/en/index.html> (accessed 09.10.13.).

WHO, 2011b. Global status report on alcohol and health. [Online]. <http://www.who.int/substance_abuse/publications/global_alcohol_report/en/index.html> (accessed 09.10.13.).

Wymer, W., 2011. Developing more effective social marketing strategies. J. Soc. Mark. 1 (1), 17–31.

Zainuddin, N., Previte, J., Russell-Bennett, R., 2011. A social marketing approach to value creation in a well-women's health service. J. Mark. Manage. 27 (3–4), 361–385.