Rethinking how to tackle Binge Drinking using social marketing:

a neo-tribal analysis

Abstract

In this work the authors report on primary research undertaken with young people in a deprived area of North West England who use regular binge drinking as the lynch pin of their social group. Traditional health messaging approaches have had little success with this hard to reach group.

Findings were analysed using neo-tribal concepts. It was found that the search for community and belonging occupied a central place in binge drinking behaviour for this group. A discussion is offered of appropriate up and down stream social marketing solutions, based on the principle that any exchange will need to offer community and other benefits equal to those currently delivered through binge drinking.

Introduction

Binge drinking has long been a problem in the UK (Plant and Plant, 2006) and the US (Naimi *et al*, 2003), and the negative consequences are well known. They include violence, social disorder and crime (Parliamentary Office of Science and Technology, 2005) as well as mental and behavioural disorders, degeneration of the nervous system and diseases of the liver, cardiovascular system, stomach, blood and pancreas (Anderson, 2007). Binge drinking is used to describe a single drinking session leading to intoxication (Herring *et al*, 2008). There is no consensus as to what level of intake constitutes binge drinking in terms of number of units consumed, so for this article, the broader definition is used; drinking in a single session with the intention and result of intoxication (*ibid*).

British culture reflects that of much of northern Europe and the US, in that alcohol consumption is often related to rapid intake of large quantities of alcohol in a short time, with the aim of getting drunk (*ibid*). According to research, this is typically undertaken by (though not confined to) young adults of 18-25 years old in public places and on-license

premises (Parliamentary Office of Science and Technology, 2005). In the last 20 years, this behaviour has undergone a rapid rise in the UK, with death rates due to acute intoxication doubling in that time in both sexes (*ibid*).

The increase in binge drinking behaviour has several roots. Alcohol in the UK is 40% more affordable than in the mid 1990s; average alcohol strength has increased (Anderson, 2007); and licensing laws have made alcohol more readily available on-premises (Haw *et al.* 2005). Despite regulations governing off-premises sales, consumption amongst underage people is often unsuccessfully restricted (Willner *et al.* 2000; Holder, 2000). These trends have heightened the importance of behaviour change interventions which tackle binge drinking and these have included education campaigns, counselling, distraction interventions and regulation (see for example McCreanor *et al.* 2005; Slater *et al.* 2006; Eaton *et al.* 2004). There are limited examples of social marketing used to tackle individual decision making (although see Desphande, 2007; Charles, 2009; Thomas, 2008). However, marketing activity has been widely recognised as a factor contributing to the appeal of alcohol, particularly to young people (c.f. Christie, 2001; Hastings, 2005; Ellickson *et al.* 2005). It is logical, therefore, that marketing techniques designed to impact the image young people have of binge drinking may be considered part of the panoply of interventions that health behaviour change experts could use to tackle the behaviour.

Of particular concern here is the commonly made link in Britain between binge drinking and young people living in deprivation (c.f. Kuntsche *et al*, 2004; Jefferis *et al*, 2007). In deprived circumstances, young people are more likely to binge drink (Davey-Smith *et al*, 1998) and it is more likely to lead to longer term alcoholism (Bonomo *et al*, 2004) because there are fewer opportunities for distraction, education, career advancement or social mobility.

Hence, the qualitative research discussed in this paper aimed to generate insight into the cultural meaning and role of binge drinking for deprived young adults, and informed a new approach for social marketers tackling the binge drinking behaviour of this group. Analysis of the research insights builds on neo-tribal thinking as a platform for a new analysis of binge drinking behaviour. The neo-tribal approach examines how groups of consumers meet their emotional, social needs for kinship and community in an increasingly postmodern,

individualist society through the pursuit of a shared consumption activity. It will be proposed in this paper that the central significance of binge drinking to the target group is as a consumption activity which links their group together socially. This paper will conclude by arguing that the job of social marketers is therefore to use marketing techniques to reposition binge drinking in the minds of the young people and also provide a valuable exchange activity for them so that binge drinking loses its neo-tribal significance.

Methodology

The aim of the qualitative primary research was to gather rich, exploratory data to inform a social marketing intervention to reduce binge drinking and associated harm amongst 18-25 year olds in two deprived, geographically defined areas of Stockport, a town in the North West of England. Both areas are in the top 2% most deprived areas in Britain according to the Indices of Multiple Deprivation (IMD, 2007).

Research objectives were to

- understand the role of binge drinking in the lives of the target segment: routines,
 rituals, repercussions and cultural meaning.
- understand the group's knowledge and understanding of the dangers and consequences of excessive drinking.

A total of 43 white British respondents were involved in this research. Qualitative depth interviews and focus groups were selected so that responses could be gauged with and without the effect of peer influence. Across the two areas, interviews of between one and two hours were conducted with 9 men aged 18-21, 7 women aged 18-21, 7 men aged 22-25 and 5 women aged 22-25.

A focus group with women (n=8) aged 18-25 was conducted and another with men (n=7). The purposive sample was selected on the basis that they had reported binge drinking at least three times within the previous two weeks, fitted the selected demographic (18-25 years old, from specific postcodes and high deprivation level) and were willing to participate. Recruitment was achieved through a snowballing technique, using a local community health worker to instigate initial contact. Respondents were asked to describe

their daily lives and the role of alcohol within them. They were asked to describe a normal day and discuss what they had done in the previous week. The research approach was inductive and story telling was encouraged to probe the reality experienced by the respondents; their perceptions, emotions and relationship with binge drinking. As well as direct questioning, projective techniques such as psycho-drawing were used to probe hidden relationships and associations with alcohol.

The interviews were digitally voice recorded and the recordings were transcribed and analyzed at The Bristol Social Marketing Centre using NVIVO. Themes were identified through careful reading and coding of transcripts plus discussion with colleagues across the Bristol Social Marketing Centre with varied experiences of researching alcohol-related behaviours and researching young peoples' behaviours. After much discussion, the theory of neo-tribalism was selected to analyse the themes further and to make recommendations about the findings from a social marketing point of view. Neo-tribalism was selected because it enabled the researchers to view the binge drinking behaviour in a broader context than simply being about escapism (Engineer *et al*, 2003), rebellion (Crawford and Novak) or boredom (McMahon *et al*, 2007); building more on the approach taken by researchers such as Sheehan and Ridge (2007), who view binge drinking in the context of relationship building and community bonding.

The research obtained UWE ethical clearance. The participants were given assurances of anonymity and confidentiality before the recording began and were incentivised to thank them for their time.

Findings

Description of target segment

Research analysis identified a specific sub segment of the research group; those who did not yet face the responsibility of having serious relationships, living with partners, having children or holding steady employment. This segment was thus called the 'pre-responsibility' group (n=37). This group became the target of research analysis and social marketing thinking, because findings from the research suggested that once the threshold of parenthood or work was reached, binge drinking naturally reduced. Therefore those who

had yet to reach this threshold were most at risk from participating in regular episodes of binge drinking and thus became the focus of the analysis. As this quote suggests, serious relationships would generally temper binge drinking activity:

"When I was with [my girlfriend] I only used to drink at the weekend but now I drink in the week as well. Pass the time. There's nothing else to do now. I'm not working so..." (male, age 20).

The pre-responsibility segment can be characterised as young people living in somewhat deprived, low income circumstances. Their lives were characterised by poor education, moving rapidly from job to job, living hedonistically with whatever money they had, and forming strong local bonds with immediate neighbours who lived in similar circumstances. They often lived in the family home, shared a bedroom with siblings, were cooked for by their mother and spent a majority of their income on alcohol and drugs with little in the way of other expenses. If they worked, it was likely to be shift work, rarely full time, and often at unsociable hours. Leisure time was often spent drinking alcohol, either in open spaces with friends, or whilst watching films or playing computer games, also with friends.

Binge drinking routines and rituals

This research suggests that the pre-responsibility group tend to drink to excess both in terms of the regularity of their drunkenness and volume consumed per session.

Respondents were aware they would drink to excess, but believed their self-regulation schemes to be acceptable ("I know when to stop"), although in fact their understanding of excess was not in line with recommended levels.

Research suggested that all respondents would tend to drink with the intention of getting drunk. The language used was that drinking is about 'getting there', where 'there' means drunk and everything being drunk entails; loss of inhibition, loss of stress, worry and anxiety, and increased confidence, perceived skill, attractiveness and wit. As these quotes suggest, vomiting was considered a waste of money, as was drinking in moderation.

"There's no point drinking just a few cans. I don't see what you get out of it" (male, 20).

"If I'm sick I sober up so I try not to be sick" (Focus Group, women).

According to respondents, a 'moderate' week for the pre-responsibility segment might involve binge drinking 3-5 times.

"At the weekend it's the law; you've got to go out and get totally bladdered [drunk], but in the week if there's nothing on TV I might go down to the pub for an hour. And sometimes that lasts 5 days and sometimes it is just an hour..." (male, 20).

Respondents also described how drugs are an integral part of drinking and socialising for the target segment. Cocaine particularly tended to be used to prolong sobriety to enable continued consumption of alcohol, or sometimes to sober up for work after a drinking episode.

"When I take like cocaine and drink... the drink, it blocks the drink out totally. Cocaine blocks it out. You can drink more and you don't get drunk. The cocaine takes over the alcohol" (male, 19).

The role of binge drinking: delusion of accomplishment

Despite the restrictions of their socio-economic status, respondents expressed ambition and at the same time frustration due to the constraints of their socio-economic situation. They talked about finding their jobs unfulfilling and about not having the opportunity to travel. They also mentioned feeling labelled as 'down and out' because of where they lived, which angered them because they felt that it meant employers would not give them a chance. In contrast, respondents described how drunkenness made them feel witty, accomplished and attractive. Although self-delusional, research suggests that alcohol provides the group with an escape from the monotony and restrictions of their daily reality.

The role of binge drinking: provision of entertainment

Unsurprisingly, interviewees cited 'boredom' as a reason for drinking alcohol.

"We definitely drink on Friday and Saturday without doubt but we'll always drink once or twice in the week too. Just boredom. There's nothing else to do. We'll just sit around doing nothing otherwise. Might as well drink!" (male, age 20).

Alcohol provided the group with entertainment. Research indicates that this group are thrill-seekers with short attention spans. For example, respondents referred to casual jobs being abandoned because they were 'boring'. Research indicated that their entertainment had to move fast, be unpredictable, constantly change and be exciting. For example the group

preferred action films, complex video games and interactive internet-based media. The group valued fun and entertainment above all else, and particularly in a social environment, shared with friends. They described a life dominated by 'hanging out', doing little other than talking. Alcohol was used to fuel these 'boring' situations and make them exciting.

Cultural meaning of binge drinking: social group bonding

For the young people in this research, the social group was the crux of their lives. With little opportunity to experience structured leisure activities, respondents relied on friends for entertainment. This would often take the form of arguments and fighting (over Facebook or in person) as well as conversation, joking and laughter. Respondents talked of friendship being 'everything' and that there was 'no point' in doing anything, including binge drinking, without friends to share the fun with. The respondents also often had extended families and a network of similarly aged cousins, brothers and sisters sometimes formed the hub of a large geographically-located friendship group.

Above all, research indicated that for pre-responsibility young adults, binge drinking played a crux role in their social lives. Some of the young people described how binge drinking was the lynchpin of their daily activities and their number one pastime:

"Alcohol, food, drugs. That's what my life's like really. That's what it's around" (male, 19).

Alcohol, analysis suggests, was used by the young people as a mechanism for convening the social group as much as it was for fuelling the activities undertaken by the social group. Alcohol gave the young people something to meet *for*; to discuss, plan for and ultimately consume together. It is this pattern of consumption behaviour which indicated to the authors that binge drinking may be being used as a neo-tribal consumption activity; linking their group together and providing a convenient mechanism for community adhesion. As the later discussion about neo-tribal behaviour explores, it became apparent to the researchers that it was perhaps community rather than binge drinking which was craved most by the young people. As the quote below suggests, binge drinking provided a means for this to happen:

"That's what we do round here. We meet up, we drink. We get drunk. It's about having a laugh with your mates" (female, 19).

This hunch by the researchers was supported by the group's view of alcoholism. The group had a strong understanding of what alcohol addiction 'looks like', and they perceived alcoholism in a very negative light. The perception was that alcoholics drank alone and therefore that it was unhealthy, whereas the respondents drank in groups, purely for the fun and because they want to.

Interviewer: "When does drinking become a problem?"

Interviewee: "When you're drinking on your own in the day" (female, 20).

"I wouldn't go and drink on me own. No point is there? It's only a buzz if you do it with your mates. [My brother] will go and buy a litre of cider and drink it on his own and get rat arsed and everyone's like 'what are you doing'?" (male, 19).

Similarly, many respondents felt that they were immune to the health dangers of binge drinking if they drank with friends.

Repercussions of binge drinking

Although respondents reported various prices to pay for this lifestyle including hangovers, sexually related infections, accidents, violence, embarrassment and shame, trouble with police, life derailment, arguments and anger, respondents were generally not worried about the health consequences of alcohol.

"The way I look at it is you're going to die one day so you might as well enjoy it" (male, 19).

The perceived negative sides of drinking were generally perceived as being 'acceptable risks'. One respondent commented that you "can't worry about [the dangers] or you'd never go out" and this was echoed by others.

When pressed, respondents were able to comment that alcohol is "bad for your insides" or "harms your liver", but these concerns were not top of mind and lacking in detail. They were also associated with drinking alone. As has been noted, the perception was that alcoholics tended to become ill through drinking but because their binge drinking behaviour is fun and done for social reasons rather than due to an addiction, it was perceived to have no long term ill health effects.

Analysis: Consequences for social marketing from this research

Research suggests that the easy accessibility of alcohol to this group from supermarkets, combined with the lack of structure in their lives from education, training or regular employment, have created an environment where binge drinking seems to meet the researched group's perceived needs (of entertainment, distraction and community) better than their limited available alternatives. Undoubtedly, programs of upstream interventions by policy makers, community developers and urban planners, like the proposed minimum unit price of alcohol (BBC, 2011) continue to be required to change the conditions in which young people make their decisions about alcohol consumption.

The role of social marketing has traditionally been viewed as having a downstream emphasis, persuading citizens to change their behaviour by offering exchanges that are of value to them (c.f. Kotler et al, 2002). However, more recently some commentators have debated the role of social marketing in influencing upstream interventions (Smith, 2006)), arguing that social marketing has a role both in persuading policy makers to introduce interventions, but also in engaging with communities to achieve policy acceptance and create new behavioural norms. This paper acknowledges the broader roles of social marketing and focuses its discussion on an important use of branding as a downstream approach, as one possible contribution to the complex approaches required to tackle binge drinking.

This research suggests that two specific issues present a particular problem for any social marketer wishing to encourage a pre-responsibility group of young binge drinkers to modify their behaviour for health or safety reasons. Firstly, as perceived by the target group, the positives of binge drinking far outweigh the negatives. Secondly, binge drinking is perceived as a convenient and effective mechanism for community adhesion and therefore the needs of the target group are potentially more complex than initial analyses may suggest. These issues will be discussed below.

Research indicates that the target group perceive binge drinking as contributing positively to their life. It provides a means to escape the boredom of simply 'hanging out' without structured leisure; it allows them to feel energised, accomplished and exciting when they may not be, and allows them to share a regular, accessible consumption activity with

friends. Therefore, the authors would contend that appealing to the group on an individual basis through transparent message-based appeals to drink less is not feasible. Indeed, a change programme founded upon a simple model of cognitive exchange is unlikely to succeed when the target audience has *absolutely no wish for such an exchange*. The target segment did not seem to view their drinking as a problem, and so are not considering change. For example, an approach such as the UK Department of Health's 'Know Your Limits' campaign (UK DoH, 2007), which acts as a call to action to promote sensible drinking, would be unlikely to be effective for this segment, particularly when their 'limit' is far in excess of recommendations. Indeed, commentators have argued that 'Know Your Limits' has failed to deter excessive alcohol consumption (Anderson, 2007).

The second issue is the possible cultural meaning of binge drinking this research has highlighted, which may go further than being a way to alleviate boredom or fuel rebellion. Our reading of the research, using neo-tribalism as a theoretical framework, indicates that the group may be characterised as a neo-tribe with binge drinking playing the role of a 'linking' neo-tribal consumption behaviour. As the quote below illustrates, respondents reported the primary benefit of drinking as being a mechanism for facilitating their social bonding.

"Round here our social lives revolve around alcohol. That's what people do round here. Especially when it's nice. All the adults sit around the outside of the park and someone'll put a barbeque up and everyone's just out" (female, 21).

The concept of a neo-tribe needs further explanation. The postmodern perspective holds that we are living in a world where communities and social structures have been fragmented, and individualism has become central (Featherstone, 1991). As Cova explains, "postmodernity is characterized by individualism, the logical conclusion of the modern quest for liberation from social bonds" (Cova, 1996: 18).

In the face of this age of severe social dissolution and individualism, it is argued that neotribes have emerged as a reverse movement as people search for a community to which to anchor themselves (McGee-Cooper, 2005). Neo-tribes are communities formed around a consumption behaviour (Cova and Cova, 2002). Cova (1996) noted that personal identity and community are no longer given but must be constructed on an everyday basis by the consumer. The consumption of behaviours such as surfing (Moutinho *et al*, 2006),

motorcycling (Schouten and McAlexander, 1995) or other 'ordinary passions' (Cova and Cova, 2002) have become an important way of linking people together to create reformulated communities. Neo-tribes contrast with 'brand communities' (Muniz and O'Guinn, 2001), with the latter congregating around specific brands. For the target segment, binge drinking also fulfils the neo-tribal requirement of having rituals (such as preloading before a night out or the morning-after 'debrief' of an episode's adventures), and shared experiences, such as infamous 'benders', pranks or the sharing of photographs and stories on social networking websites.

Neo-tribalism provides a useful conceptual framework for understanding our target segment's desire for community, which could also be explained by the breakdown in working class social cohesion described by some commentators (e.g. O'Hagan, 2009; Martin, 2009). This approach enables social marketers to view binge drinking through a new lens; one which may help them clarify their task, in terms of seeking an exchange of value for the target group and in terms of selecting appropriate marketing techniques to achieve their behaviour change goals.

Reducing alcohol consumption amongst a group such as our pre-responsibility segment is an enormous challenge for social marketing. It has been suggested, based on this research, that a direct exchange approach targeting individuals is unlikely to succeed for this group, because binge drinking effectively meets their needs for community and for socialising and because the negative sides of binge drinking are not evident to this group. A more realistic objective would be to reposition binge drinking within a portfolio of other, less damaging activities. Therefore, rather than provide an intangible offer in exchange (such as 'better short term health' or 'employability'), a program of appropriate diversionary activities could be developed which meet the needs of the target segment in the sense that they provide community, entertainment and excitement, thereby minimising the need for binge drinking to provide these. Most importantly, 'the group' would remain intact, and individuals would not be pressurised to change their behaviour against the grain of the community norm.

We therefore propose in addition to an upstream approach to work with partners to change the conditions in which binge drinking occurs (Smith, 2006), a downstream approach is developed using social marketing techniques to present the new offer in a meaningful way to the target segment. An example may be to create interesting and meaningful community projects that can justify public sector funding, and which are attractive to the community in question. Drinking socially but responsibly could be positioned as something that falls within such a project. Here, a crucial role of social marketing would lie in the concept of repositioning and rebranding binge drinking, and altering the relationship that the target audience have with it.

Behaviour itself can be branded (Fournier, 1998) and this has been suggested as applicable to social marketing by Evans and Hastings (2008) in order to build a relationship between the target audience and a desired behaviour (in this case modified drinking as part of a structured and meaningful life). Repositioning a behaviour has been attempted by other social marketers; to stop smoking being seen as cool (in the Truth campaign; Sly *et al*, 2001) or drugs as glamorous (in the Just Say No campaign; Beck, 1998). More recently, in Bristol, UK, dangerous drivers have been engaged with a community programme which reframed and repositioned 'driving' as something requiring skill and cultural capital rather than as an activity for thrill seekers. Our task would be to "attach a new 'label' (for identification) and a new 'meaning' (for understanding)" to binge drinking (Keller, 1998: 299); so that it is not viewed as the only mechanism through which community and social cohesion can occur. In other words, the task would be to reposition binge drinking through branding.

Another branding task would be to establish a strong brand identity for the exchange offer and build a relationship between this new activity and the target group as well. The brand image of the exchange behaviours must provide clear benefits and meanings in the form of the life enhancements the target segment seeks (Rothschild, 2001); namely community, entertainment and the chance to realise dreams.

As many authors have commented, the effectiveness of branding in social marketing depends on how well the brand fits with the cultural mores of the target group (Orth *et al*, 2005, 2007; Perea and Slater, 1999). Different subcultures and segments use language and cultural symbols differently and a social marketer must be able to navigate their target segment's symbolic world and ask themselves what significance the brand offered has in the target audience's life (McDivitt, 2003). Insight from this research suggests that binge drinking has a distinct cultural meaning for the pre-responsibility segment, and acts as a

consumption lynchpin to draw the group together and provide an answer to their craving for social cohesion and peer support. However, It is suggested that co-creation of a new brand identity of binge drinking with the target group would be necessary (McDivitt, 2003), so that brand associations have the most chance of being meaningful, differentiated, strong and favourable (Keller, 1998). This is especially important given the differential in budget size between social and commercial marketing branding projects (Rothschild, 2001; Aaker and Joachimsthaler, 1997).

Conclusion: Branding as a social marketing approach for effective behaviour change

As well as social marketing having begun to influence the behaviour of policy makers (Basu and Wang, 2009), social marketers have also begun to call for a wider application of marketing techniques in the social arena, in line with a growing understanding of the complexity of the contexts of individual decisions beyond the 'voluntary' or 'cognitive' (Andreasen, 2006; Donovan and Henley, 2005).

Our study of binge drinkers in deprived communities seems to be a case in point: research suggests that simple cognitive exchange would not play well with this audience, and the social marketing approach should be broadened and deepened to account for this.

Upstream work needs to be done to create conditions in which drinking can occupy a less central role in the lives of the pre-responsibility segment, but also new relationships need to be forged between the target group and binge drinking, to shift their behaviour away from relying on binge drinking as a community focus. For this, less cognitive approaches are required, and branding may be a way of more subtly shifting the relationship without requiring the full engagement of the target group. This is a justifiable approach given that this research has shown how little the respondents were engaged with binge drinking as a behavioural *problem*.

References

Aaker, D.A. and Joachimsthaler, E. (1997). Building brands without mass media. *Harvard Business Review*, 75(1): 39-50.

Anderson, P. (2007). A safe, sensible and social AHRSE: New Labour and alcohol policy. *Addiction*, 102(10): 1515-1521.

Andreasen, A.R. (2006). Social Marketing in the 21st Century. Thousand Oaks, CA: Sage.

Basu, A. and Wang, J. (2009). The role of branding in public health campaigns. *Journal of Communication Management*, 13(1): 77-91.

BBC News Online. (2011). *Minimum alcohol price levels planned by coalition* [online].

January 18th. Accessed 22nd January 2011 [Available from http://www.bbc.co.uk/news/uk-politics-12212240].

Beck, J. (1998). 100 years of "Just Say No" versus "Just Say Know". *Evaluation Review*, 22(1): 15-45.

Bennet, P., Lewis, H. and Norman, P. (1998). Understanding binge drinking among young people: An application of the theory of planned behaviour. *Health Education Research*, 13(2): 163-169.

Blackman, S. (2005). Youth subcultural theory: A critical engagement with the concept: Its origins and politics, from the Chicago School to postmodernism. *Journal of Youth Studies*, 8(1): 1–20.

Bonomo, Y.A., Bowes, G., Coffey, C., Carlin, J.B. and Patton, G.C. (2004). **Teenage** drinking and the onset of alcohol dependence: A cohort study over seven years. *Addiction*, 99(12): 1520-1528.

Brewer, R.D. and Swahn, M.H. (2005). Binge drinking and violence. *Journal of the American Medical Association*, 294: 616-618.

Charles, G. (2009). Preventative measures. *Marketing*, 22nd July: 13-13.

Christie, J. (2001). The effects of bar-sponsored alcohol beverage promotions across binge and nonbinge drinkers. *Journal of Public Policy & Marketing*, 20(2): 240-253.

Cova, B. (1996). The postmodern explained to marketing managers: Implications for marketing. *Business Horizons*, 39: 15-23.

Cova, B. and Cova, V. (2002). Tribal marketing: The tribalisation of society and its impact on the conduct of marketing. *European Journal of Marketing*, 36(5/6): 595–620.

Davey Smith, G., Hart, C., Watt, G. and Hawthorne, V. (1998). Individual social class, area-based deprivation, cardiovascular disease risk factors, and mortality: The Renfrew and Paisley study. *Journal of Epidemiology and Community Health*, 52: 399-405.

Department of Health. (2007). Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy. London: Department of Health. Available online at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuid ance/DH_075218 [Accessed April 2010].

Department of Health. (2007). *Alcohol: Social Marketing for England*. Available online at http://www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/index.htm. [Accessed April 2010].

Deshpande, S. (2007). Segmenting and targeting American university students to promote responsible alcohol use: A case for applying social marketing principles. *Advances in Consumer Research - North American Conference Proceedings*, 34: 164-165.

Donovan, R.J. and Henley, N. (2003). *Social Marketing. Principles and Practice*. Melbourne: IP Communications Ltd.

Eaton, D.K., Forthofer, M.S., Zapata, L.B., McCormack Brown, K.R., Bryant, C.A., McDermott, R.J. and Reynolds, S.T. (2004). Factors related to alcohol use among 6th through 10th graders: The Sarasota County demonstration project. *Journal of School Health*, 74(3): 95-104.

Ellickson, P.L., Collins, R.L., Hambarsoomians, K. and McCaffrey, D.F. (2005). Does alcohol advertising promote adolescent drinking? Results from a longitudinal assessment. *Addiction*, 100(5): 235-246.

Evans, D. and Hastings, G. (2008). *Public Health Branding. Applying Marketing for Social Change*. Oxford: Oxford University Press.

Fournier, S. (1998). Consumers and their brands: Developing Relationship Theory in consumer research. *Journal of Consumer Research*. 24 (March): 343–373.

Hastings, G. (2005). Alcohol marketing and young people's drinking: A review of the research. *Journal of Public Health Policy*, 26(3): 296-311.

Haw, C., Hawton, K., Casey, D., Bale, E. and Shepherd, A. (2005). Alcohol dependence, excessive drinking and deliberate self-harm. Trends and patterns in Oxford, 1989–2002. *Social Psychiatry and Psychiatric Epidemiology*, 40(12): 964-971.

Herring, R., Berridge, V. and Thom, B. (2008). Binge drinking: An exploration of a confused concept. *Journal of Epidemiology and Community Health*, 62: 476-479.

Hesmondhalgh, D. (2005). Subcultures, scenes or tribes? None of the above. *Journal of Youth Studies*, 8(1): 21-40.

Holder, H.D. (2000). Community prevention of alcohol problems. *Addictive Behaviours*, 26(6): 843-859.

Indices of Multiple Deprivation (2007). Available online from http://www.imd.communities.gov.uk. [Accessed July 2010].

Keller, K.L. (1998). Branding perspectives on social marketing. *Advances in Consumer Research*, 25: 299-302.

Kotler, P., Robert, N. and Lee, N. (2002) *Social marketing: Improving the quality of life.* Sage: Thousand Oaks, CA.

Martin, G. (2009). Subculture, style, chavs and consumer capitalism: Towards a critical cultural criminology of youth. *Crime Media Culture*, 5(2): 123–145.

McCreanor, T., Greenaway, A., Barnes, H.M., Borell, S. and Gregory, A. (2005). Youth identity formation and contemporary alcohol marketing. *Critical Public Health*, 15(3), 251–262.

McDivitt, J. (2003). Is there a role for branding in social marketing? *Social Marketing Quarterly*, 9(3), 11-17 (ISM Conference Proceedings).

McGee-Cooper, A. (2005). Tribalism: culture wars at work. *The Journal for Quality and Participation*, 28(1): 12-15.

Moutinho, L., Dionisio, P. and Leal, C. (2006). Surf tribal behaviour: A sports marketing application. *Marketing Intelligence and Planning*, 25(7): 668–690.

Muniz, A.M. Jr. and O'Guinn, T. (2001). Brand community. *Journal of Consumer Research*, 27.

Naimi, T.S., Brewer, R.D., Mokdad, A., Denny, C., Serdula, M.K. and Marks, J.S. (2003). Binge drinking among US adults, *Journal of the American Medical Association*, 289(1): 70-75.

O'Hagan, A. (2009). The Age of Indifference. *The Guardian*. Saturday 10th January. Available online at http://www.guardian.co.uk/books/2009/jan/10/andrew-ohagan-george-orwell-memoriallecture. [Accessed April 2010].

Orth, U.R., Koenig, H.F., and Firbasova, Z. (2007). Cross-national differences in consumer response to the framing of advertising messages. *European Journal of Marketing*, 41(3/4): 327-348.

Orth, U.R., Oppenheim, P.P., and Firbasova, Z. (2005). Measuring message framing effects across Europe. *Journal of Targeting, Measurement and Analysis for Marketing*, 13(4): 313–326.

Parliamentary Office of Science and Technology, 2005. *Binge Drinking and Public Health*. Number 244. Available online at

http://www.parliament.uk/documents/upload/postpn244.pdf. [Accessed April 2010].

Perea, A., and Slater, M.D. (1999). Power distance and collectivist/individualist strategies in alcohol warnings: Effects by gender and ethnicity. *Journal of Health Communication*, 4(4): 295–310.

Plant, M. and Plant, M. (2006). *Binge Britain*. *Alcohol and the national response*. Oxford: Oxford University Press.

Reay, D. (2006). The zombie stalking English schools: Social class and educational inequality. *British Journal of Education Studies*, 54(3): 288–307.

Rothschild, M. (2001). Building Strong Brands (Book Review). *Social Marketing Quarterly,* 7(2): 36–40.

Schouten, J.W. and McAlexander, J.H. (1995). Subcultures of consumption: An ethnography of the new bikers. *The Journal of Consumer Research*, 22(1): 43–61.

Shaw, M., Davey Smith, G. and Dorling, D. (2005). Health inequalities and New Labour: How the promises compare with real progress. *British Medical Journal*, 330: 1016-1021.

Sheehan, M. and Ridge, D. "You become really close... you did, and we laugh". The role of binge drinking in female secondary students' lives. *Substance Use and Misuse*, 36(3): 347-372.

Slater, M.D., Kelly, K.J., Edwards, R.W., Thurman, P.J., Plested, B.A., Keefe, T.J., Lawrence, F.R. and 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.

Sly, D.F., Hopkins, R.S., Trapido, S. and Ray, S. (2001). Influence of a counter advertising media campaign on initiation of smoking: The Florida "truth" campaign. *American Journal of Public Health*, 91(2): 233–238.

Smith, W.A. (2006). Social marketing: An overview of approach and effects. *Injury Prevention*, 12: i38-i43.

Thomas, J. (2008). Using social marketing techniques to tackle alcohol issues. *Journal of Communication in Healthcare*, 1(4): 382-396.

Thompson, E.P. (1963). The Making of the English Working Class. London: Penguin Books.

Willner, P., Hart, K., Binmore, J., Cavendish, M. and Dunphy, E. (2000). Alcohol sales to underage adolescents: An unobtrusive observational field study and evaluation of a police intervention. *Addiction*, 95 (9): 1373–1388.

¹ 'Benders' are the term given to multi-day binge drinking sessions, which occur with little or no sleep and can be fuelled by drugs.