

Using Social Marketing Mix Interventions to Reduce Tramadol Abuse among Children of School Going Age in Tamale Metropolis

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Abstract

This research examines how development educators/advocates can apply Social Marketing interventions in reducing social menace, in this context tramadol abuse. Tramadol abuse is on the increase among the youth in Africa. Despite the existence of volumes of literature on social marketing intervention strategies to change the behavior of people, there is paucity of literature in the context of tramadol abuse and drug abuse in general in an African situation. The researchers who promote the use of social marketing to ensure positive social change are motivated by this need to conduct the research. This research uses the '6Ps' framework as tools of Social Marketing Mix to reduce tramadol abuse among children of school-going age. It uses both the qualitative and the quantitative research approaches in a case study research design. Both maximum variation sampling and Snowball sampling strategies were utilized. In this regard, the Social Marketing Mix intervention strategy analysis as contained in this research, suggests targeting of upstream decision and policy-makers to restrict the sale of tramadol to hospitals and pharmacies and provision of accessible outlets or adequate response channels that will allow motivated persons to access the product.

Keywords: Social marketing mix, Tramadol abuse, Tamale Metropolis

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1. Background

The aspect of social marketing that seeks to support people to change aspects of their behaviour for their own well-being is termed as Behavioural Change (see Kotler, 1982; Rothschild, 1999; Guion, Scammon, Borders & Guion, 2007; Sargeant, 2009). In this instance, the person's current behaviour is considered as inappropriate or injurious to his/her health or welfare of the society (see Kotler, 1982). The persons involved may recognise the dangers posed by the current behaviour but reluctant or unable to take the needed steps to change their behavior. Hence, they require support from others for the desire change to occur.

Behaviours such as antismoking, handwashing, prevention of drug abuse, recycling, safe driving, energy conservation, disaster management among others can be marketed like tangible/consumer products (Kotler and Zaltman, 1971; Fox and Kotler, 1980; Kotler, Roberto & Lee, 2002; Haldeman, & Turner, 2009; Evans et al. 2014).

This research focuses on using the '6Ps' framework as tools of Social Marketing Mix interventions (see Sargeant, 2009; Evans et al. 2014) to change the behavior of children enrolled in pre-tertiary institutions in Ghana who are predisposed to tramadol abuse as reported in the media. In this case, the product is tramadol abuse prevention. Indeed, the World Health Organisation (WHO) is greatly concerned about the global abuse and dependence on Tramadol (WHO, 1992, 2000). Epidemiological evidence shows that tramadol abuse has tremendously increased in African countries like Egypt, Ghana, Togo, Benin, Nigeria among others (Bassiony et al., 2015; WHO, 2017; Salm-Reifferscheidt, 2018). Media reports also show a growing trend of Tramadol abuse in Ghana.

Tramadol is a very strong pain killer used to treat moderate to severe acute and chronic pain (Zhang and Liu, 2013). There have been several reports of dire health complications when taken in higher doses (Zhang and Liu, 2013). These include dependency, mental and health problems, seizure, postural hypotension, reduction in quality of life of individuals, palpitation among others (Barsotti, Mycyk & Reyes, 2003; Brick, 2008; Zhang and Liu, 2013).

The addicts could be aware of the bad effects of their consumption habits but feel adamant or unable to change their behaviour. This research focuses on marketing education (see Laric and Tucker, 1982) and uses the concepts to teach final year students of Development Education Students in University for Development Studies, Ghana. This could assist the nation and such individuals who are addicted to the various substances to change an entire behavioral routine that has become well established in their makeup. This brings to limelight the role of social marketing which seeks to produce an optional plan for bringing about a desired social change.

This is the first study to investigate tramadol use among school children in Ghana using social marketing intervention and the usage of the same principles to teach students at the University. This strategic intervention is

relevant owing to the recent rise in the portrayal of tramadol abuse in the mass media in Ghana.

The consequences of not addressing this menace would generate physical and mental health problems among the youth/children, increased school dropout rate, reduced quality of life, reduced sense of creativity, and increased involvement in crime among others (see Ibrahim, 2018, 2017). It is in the light of these arguments that this article provides a focussed discussion on Social Marketing Mix interventions as a means of reducing this menace.

Social marketing has the greatest potentials for supporting individuals to change their behaviour routine. This makes the teaching of this programme very relevant. The social marketing perspective is unique in dealing with this behavioural change issues for the following reasons: Behaviour change is at the core of the social marketing (Andreasen, 2002; Rothschild, 1999); it is customer driven (Kotler, 1982) and it creates attractive exchange of value that promote behaviour change (Fox and Kotler, 1980; Kotler, 1982; Sargeant, 2009; Evans et al., 2014). In the following relevant literature is reviewed.

2. Contextualising Literature Review on the Forms of Social Idea Marketing

The concept of Social Marketing emerged in the early 1970s as a result of the pioneering work of Kotler and Zaltman (1971). These authors realised that marketing strategies and tools used to market products and services could equally be applied to market ideas (Fox and Kotler, 1980; Kotler, 1982).

Social marketing from the onset has been conceived to be the potential tool for marketing socially beneficial ideas instead of tangible products and services. Other terms use to describe it according to Fox and Kotler (1980: 25) include “public issue marketing”; “social cause marketing” and “social idea marketing”. All these terminologies seek to highlight the fact that social marketing plans are geared towards producing the desired social change.

2.1 Social Marketing Mix: The six-p Framework

Social Marketers use several strategies to help individual’s give-up self-destructive behaviours. One of such strategy is the use of the ‘4Ps’ (Product, Price, Place and Promotion) to provide different types of solution. Perhaps one of the most popular concepts in marketing is the well-known ‘4Ps’ (Donovan & Henley, 2010). The fundamentals of marketing planning and management are achieved through the ‘4Ps’. They provide an opportunity to present what is in stock for selling (product), where products and services are available (place or distribution), monetary and non-monetary costs such as time, psychological costs etc. (price) and means of motivating people to purchase (promotion) (Key and Zaplewski, 2017; Evans et al., 2014; Donovan & Henley, 2010; Sargeant, 2009; Weinreich, 1999; Kotler and Zaltman, 1971). These ‘Ps’ are described as the traditional ‘4Ps’.

However, some researchers in the social arena like Donovan & Henley (2010) and Sargeant (2009) have added two ‘Ps’: Policy and Partnership, in Social Marketing Mix. These researchers maintained that policy and partnership have the potential to promote the efficiency of the traditional ‘Ps’ of the Marketing Mix. Policy in this context reflects issues of advocacy for policy change and upstream activities for appropriate policy construction, whilst Partnership involves a united effort with significant stakeholders, such as students, teachers, schools, parents, regulatory institutions etc., towards achieving a common goal (Donovan & Henley, 2010 and Sargeant, 2009). In the following the research question that needed to be answered is presented, followed by research methods, findings and discussion.

3. Research Question:

What are the Social Marketing Mix interventions that can be used to reduce tramadol abuse among children of school going age in Tamale Metropolis?

4. Research Aim:

The main aim was to explore the use of the ‘6Ps’ framework as Social Marketing Mix tools to develop an intervention to reduce tramadol abuse among children of school going age in Tamale Metropolis.

5. Methods

5.1 Design

This is case study research which was exploratory in nature. It employed both qualitative and quantitative approaches. The research was carried out in Tamale Metropolis in 2019 using social marketing concepts to explore the various interventions that can be used to reduce tramadol abuse. Semi-structured interviews and questionnaires were administered among teachers, pharmacist, over-the-counter medicine sellers, peddlers and students (JHS and SHS students who were between the ages of 13-17) in Tamale Metropolis.

5.2 Sampling

Maximum variation sampling approach (see Bryman, 2016; Smith, 2010; Palys, 2008; Patton, 1990) and Snowball sampling (Bryman, 2016; Newby, 2014) were used to select a total of 50 respondents consisting of 40 students (aged 13 to 17) who were tramadol addicts, 5 teachers of the respondents' schools, 1 pharmacist, 2 over-the-counter-medicine sellers and 2 peddlers all in Tamale Metropolis, to participate in the research.

Maximum variation sampling was used to select a small sample of 15 participants relevant to the research question. This consisted 5 students who were tramadol addicts, 5 teachers and 5 people who are in the drug distribution channel (1 pharmacist, 2 over-the-counter-medicine sellers and 2 peddlers). Thereafter, snowball sampling was used to identify 35 student tramadol addicts using the 5 students sampled through Maximum variation sampling approach.

Maximum variation sampling is one of the types of purposive sampling that allows wider variation in respect of the dimensions of their interest (Bryman, 2016). Contextually, the interest of the addicts, the school teachers and those in the drugs distribution channel (business) were the issues considered in the usage of this sampling approach. This permitted a wider variety of participants with different interest and allowed the researchers the opportunity to understand how different interest groups appreciate the phenomenon. This type of sampling strategy was used because it was difficult to get a random sample.

The Snowball sampling was also used as an additional sampling strategy in the case of the tramadol addicts. The participants were asked to suggest colleague addicts who could be contacted to participate in the research. This kind of sampling ensured cooperation from the participants as the initial respondents permitted the usage of their names as references. Also, this sampling procedure is used to find rare populations (see Aldridge and Levine, 2001) like the drug addicts.

Snowball sampling is identified by researchers as one of the prominent types of purposive sample (see Bryman, 2016; Patton, 1990). It is a common research practice for another purposive sampling strategy to be used before Snowball sampling is considered (see Bryman, 2016). In this research, snowball sampling was preceded by Maximum variation sampling (another form of purposive sampling). In this case, Maximum variation sampling was used to sample initial participants and then relying on these initial contacts to reach out to people of the same characteristics through a snowballing strategy.

5.3 Data collection

The data instruments included a questionnaire and a semi-structured interview guide. Questions for both the semi-structured interview and the questionnaire were adopted from the World Health Organisation (WHO) Alcohol Use Disorders Identification Test (AUDIT) (WHO, 2006). The interviews dealt with sensitive addictive behavioural issues of the students. The analyses of the data were done within the context of Social Marketing Mix intervening tools.

In the field of social marketing research, many people are not willing to talk about sensitive personal issues, for example issues of personal income, drug abuse etc. In this context, when questionnaires are used, they are often returned with the relevant portions incomplete. In this sense, personal interviews and focus group discussions are deemed appropriate or most commonly used (see Weinreich, 1999; Sargeant, 2009). The semi-structured interviews provided an opportunity for the researcher to observe the body language of the subjects.

5.4 Data Analysis

A review of the data collected was done and subsequently coded. Thematic analysis of the qualitative data was done. The quantitative data analysis was done in a very detailed form using the computer. This was done using Statistical Package for Social Scientists (SPSS) version 26 and 2018 versions of Microsoft Word and Microsoft Excel soft wares. Graphs like pie charts and histograms were used in some cases to illustrate information. The main statistical analysis used was percentages. Expectancy-value theory (Loh, 2019; Magidson et al., 2014) was the theoretical lens through which the analysis was done in the Ghanaian context.

5.5 Ethical Considerations

Respondents who were teachers, pharmacist, peddlers and over-the-counter-medicine sellers who were adults and children who were between 13-17 years old who were enrolled in either JHS or SHS were met. At the beginning of the studies parents of the student participants, teachers and over-the-counter-medicine sellers were given the opportunity to read the information sheet regarding the research and they signed the consent sheet. Parents/guardians of the students signed the consent forms because they were children aged 13-17 years. The signing of the consent form offered an opportunity to provide information regarding the nature of the research and the implications therein at the beginning of the research (see Bryman, 2015).

The research considered four critical ethical issues (see De Vaus, 2001; Bryman, 2015). These critical issues are voluntary participation in the research, no harm to participants, informed consent, confidentiality and anonymity. In keeping with these tenants, the team explained the study objectives to the respondents, assured

them of confidentiality and anonymity and to seek consent from them or their parents/guardians in the case of the children to participate in the research.

Regarding issues of confidentiality and anonymity names of the respondents and their schools are not named. All the participants participated in the research voluntarily. In addition, no harm (or anticipated harm) was created to the participants. In the following the findings and the discussions are presented.

6. Findings and Discussion

6.1 Social Marketing Mix Intervention Strategies

The analyses and discussions in this section focus on the ‘6Ps’ framework as tools for Social Marketing Mix. In this instance, a six-P framework which has been developed for use by those working in the social arena is involved (see Sargeant, 2009; Kotler, 1982). Contextually, the Marketing Mix is relevant in the marketing of ideas. Sargeant (2009) and Donovan & Henley (2010) present the six-p frame in social marketing as Product, Price, Place, Promotion, Partnerships and Policy. This six-p framework provides strategic interventions that could be utilised to help individuals abandon or change their destructive habits (see Sargeant, 2009).

The six Ps suggest several possible types of solutions. The analyses and discussions are presented below:

6.2 Product

The idea social marketer wishes to promote or carry across to individuals in order to stimulate change in behavior is described as the product (Kotler and Zaltman, 1971; Fox and Kotler, 1980; Donovan & Henley, 2010). The social marketing “product” is regarded as the behavior individuals want the target audience to adopt (Weinreich, 1999). This is different from the traditional marketers view point of developing a tangible product to meet the preferences of the customer (Sargeant, 2009). The social marketer tries to engineer change that can ensure the good of the society as a whole.

The product in this study is change in behavior regarding tramadol abuse. This section deals with the rate of Tramadol abuse; tramadol consumption with energy drinks; tramadol consumption with other substance/drug (poly-substance); perceptions of positive reasons regarding tramadol abuse; how individuals got themselves into the habit of tramadol abuse and the usage of passwords to conceal purchasing habits. The data is presented in the following:

Table 1.1 Rate of Tramadol Abuse/Consumption

No	Rate	Frequency	Percentage (%)
1.	Tramadol 200mg 2 tablets daily	18	45
2.	Tramadol 200mg 5 Tablets Daily	12	30
3.	Tramadol 200mg 1 Tablet Daily	6	15
4	Tramadol 200mg 10 Tablets at least twice in a week	4	10
Total		40	100

Source: Field Survey, 2019

Table 1.1 shows that 45% of the respondents consume tramadol 200mg 2 tablets daily, 30% of the respondents consume Tramadol 200mg 5 tablets daily, 15% of the respondents consume Tramadol 200mg 1 tablet daily and 10% of the respondents consume tramadol 200mg 10 tablets twice in a week. This shows that a substantial level of daily tramadol abuse among the students’ respondents in this study.

It was revealed that all the respondents had no previous history of drug abuse before starting tramadol abuse.

Table 1.2 Tramadol Consumption with energy drinks

No	Product abuse	Frequency	Percentage (%)
1.	Tramadol with Storm Energy Drink	14	35
2.	Tramadol with Run Energy Drink	10	25
3.	Tramadol alone	6	15
4.	Tramadol with Rush Energy Drink	6	15
5.	Tramadol with Five Star Energy Drink	4	10
Total		40	100%

Source: Field Survey, 2019

Table 1.2 shows that 35% of the student respondents take tramadol with Storm Energy Drink, 25% take tramadol with Run Energy Drink, 15% take tramadol with Rush Energy Drink, 15% take tramadol alone and 10% take tramadol with Five Star Energy Drink.

Ten per cent (10%) of the addicts claim that a combination of tramadol with energy drink enhances sexual performance and gives them more energy to do their daily work. This finding confirms the earlier studies in Benin and Nigeria by Salm-Reifferscheidt (2018) that reported that tramadol mixed with energy drink is used to enhance sexual performance among men (see also Bassiony et al., 2015; Kirby, Carson and Coward, 2015).

These findings also confirm some level of tramadol abuse among children and adolescents in Africa. The abuse of tramadol is due to its availability without prescription and without restricted age access. Tramadol abuse among children of school going age is a very serious issue and requires urgent attention in order to save the future of the nation.

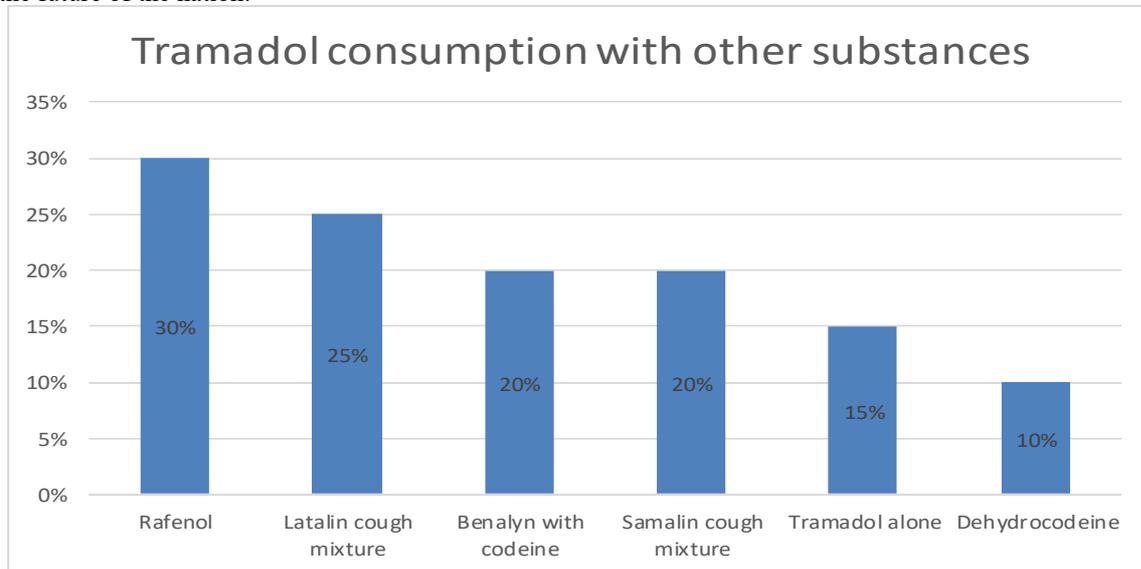


Figure 1.1. Tramadol consumption with other substances/drug (poly-substance)

Source: Field Survey, 2019

Table 1.1 shows that 30% take tramadol with Rafenol, 25% with Latalin cough mixture, 20% with Benalyn with Codeine cough mixture, 20% with Samalin cough mixture, 15% take Tramadol alone, and 10% with Dehydrocodeine Sulphate 30mg.

The above suggests how tramadol is consumed by these young people with other substances. This study therefore suggests that the use of tramadol with other substances by these children and adolescents warrants careful assessments.

The addicts stated the following as the positive reasons for Tramadol abuse:

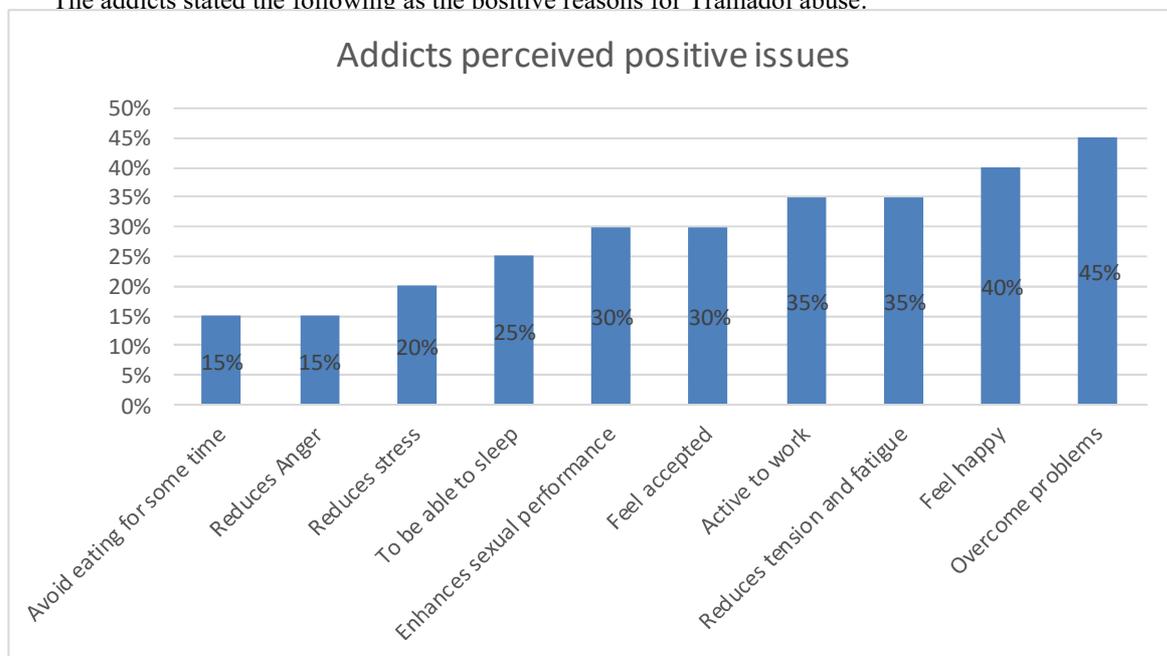


Figure 1.2. Perceived Positive issues regarding tramadol abuse

Source: Field Survey, 2019

Figure 1.2 shows that 45% of the respondents feel that tramadol makes them to overcome problems, 40% feel happy, 35% think it reduces tension and fatigue, 35% feel active to work, 30% feel accepted, 30% feel it enhances sexual performance, 25% think they are able to sleep well, 20% feel it reduces stress, 15% think it

reduces anger and another 15% think it makes individuals to postpone eating for some time.

The following is one of the excerpts of the interview (qualitative data) of the students to buttress the point: ST40 “...if you don't have money to buy food and you take tramadol you will only be drinking water... you will not go hungry ...”.

i) How individuals got themselves into this habit

The research suggests that individuals got into the habit of tramadol abuse through the following individuals and issues; Peer influence, Curiosity, Family issues, its ability to reduce tension and enhance sexual performance. These issues are highlighted in the excerpts of the interviews in the following;

Peer group influence

ST2 “... a friend mixed it in a bottle of drink and gave it to me to drink. Then I continued after...”. Another respondent indicated that “... a friend told me that if an individual takes it he will be able to stay in sex for a long time without getting tired ...” (ST 33).

Family issues

ST22 “... I was sacked from the house by my parents ... so I stayed with a friend who was a tramadol addict... so he introduced me to tramadol ...”.

These are some of the ways individuals get themselves into the habit.

ii) Usage of signs and passwords

Some of the addicts use signs and passwords in order to conceal their purchasing habits. Some of the passwords are presented below; Nyirinyiri (meaning small ones in Dagbani), kɔbishiyi (meaning 200 in Dagbani), tuhili (meaning 1000 in Dagbani), track among others.

The issues of the rate of tramadol abuse, tramadol consumption with energy drinks and other substances among others, as contained in this section, highlight the need to unsell tramadol abuse to save the future of the youth.

6.3 Price

It is associated with the important cost of change in behaviour. What the target audience has to give-up in order to adopt the behaviour is described as price (Weinreich, 1999). The cost can be the fear that individuals may face for responding to social marketing programmes or social support. For example, Individuals could suffer ridicule from their social group for responding to a social marketing campaign (see Sargeant, 2009). This construction is in keeping with Expectancy-value theory (Loh, 2019; Ball et al., 2016; Magidson et al., 2014) as utilised in this research.

In this respect, the addicts expressed the fear of rejection from their friends. One of the addicts expressed this claim in one of the interview excerpts below;

S11 “... my friends will not be happy with me ... when I quit the use of tramadol ...”.

Social marketers must try to help addicts to overcome perceptions of anticipated rejection from their peers for responding to social marketing programmes.

In social marketing price could also be referred to as cost measured in terms of money, provision of monetary subsidies, opportunity cost, energy cost, or in terms of other intangibles such as emotional cost or psychological cost, time and efforts which individuals have to bear in adopting the needed intervention (Evans et al., 2014; Donovan & Henley, 2010; Weinreich, 1999; Kotler and Zaltman, 1971). For example, the cost of stopping smoking is largely psychological as more savings will be made when the habit of smoking is stopped (see Kotler and Zaltman, 1971). Similarly, the emotional cost of condom use could include feelings of shame when buying the condom, possible rejection by the partner or experiencing reduced sexual pleasure. Contextually, the respondents indicated that increase in the price of the tramadol and raising the cost of treatment of ailments arising as a result of tramadol abuse will be supportive in this respect. Excerpts of the interviews are presented below to buttress the point:

ST39 “... but if there is an increase, we may not be able to afford it ...”. Another respondent indicated that “... most of us who take this drug are young people who are not working, so we may not be able to afford it ...” (ST29).

Identifying all these kinds of cost is significant so that an adjustment could be made before any social marketing programme could be started (See Sargeant, 2009; Donovan & Henley, 2010).

6.4 Place

Place is described as the location where consumers get the opportunity to learn the desired behaviour or access information about the product (Kotler and Zaltman, 1971; Sargeant, 2009). This calls for provision of adequate and compatible distribution and response channels that will allow motivated persons to access the product (Kotler and Zaltman, 1971). For example, strategies of antismoking campaigns require the provision of action channels by establishing accessible antismoking clinics and provision of telephone advice and even social calls as support channels. In brief, place means arranging for accessible outlets which permit the translation of motivations into actions (Kotler and Zaltman, 1971). Contextually, access to the social marketing programmes

and a location geographically close to the target groups is the focus in this sense.

The findings of the research show that there are no rehabilitations centers for these addicts to seek information regarding how to quit the tramadol abuse and issues of rehabilitation. Also, all the schools visited only one school had trained guidance and counseling coordinator who is serving as a teacher and assisting the school in the counseling of students.

In addition, the study shows that tramadol is readily available in the markets for quick purchase. The following are the common places where the product can be purchased;

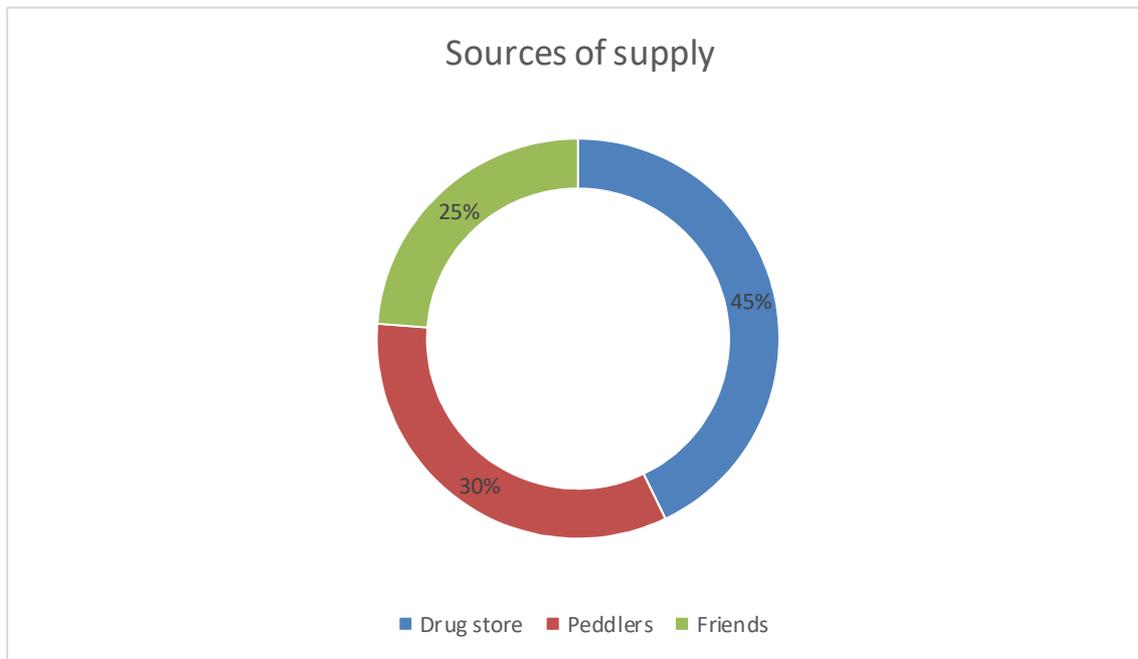


Figure 1.3 Sources of supply

Source: Field Survey, 2019

Figure 1.3 shows that 45% of the addicts claim that they obtain it from the drug store/ over-the-counter-medicine sellers, 30% indicated that it is obtained from peddlers and 25% claimed that they obtain it from friends/colleague addicts.

The findings reveal that the existence of illegal market for it in Tamale metropolis. Almost all the over-the-counter-medicine sellers and peddlers sell tramadol without a prescription.

The findings also show that in Ghana tramadol is not on the list of controlled drugs regulated by Food and Drugs Authority (see also Salm-Reifferscheidt, 2018; WHO, 2017). In an effort to prevent the abuse of tramadol and manage its clinical application it will be prudent for the regulatory authorities to make it hard for it to be obtained. It should be restricted to pharmacies or hospitals and should be purchased by persons who are aged 18 and above with a prescription form from a qualified medical doctor. All the addicts agreed that their ages are not considered when they go to purchase Tramadol. Finally, rehabilitation centers should be provided to assist these individual addicts.

6.5 Promotion

Promotion uses communication persuasive strategies and techniques to make the product desirable and acceptable to the target audience (Kotler and Zaltman, 1971). It is an effort "to generate demand for the product by imparting information and changing attitudes" (Evans et al., 2014: 22).

The major tools to achieve this includes advertising (e.g. posters, billboards, TV and Radio), personal selling (e. g. peer educators, one-on-one counselling), sales promotion, media advocacy, public relations (e.g. press releases, talk shows) and community events (see Donovan & Henley, 2010; Sargeant, 2009; Weinreich, 1999; Kotler and Zaltman, 1971). These tools will demand that appropriate choice of appeals, effective and efficient media, effective programmes and events capable of stimulating interest and action among the target audience are adopted. In the following the expected promotional messages according to the addicts that can stop tramadol abuse is presented.

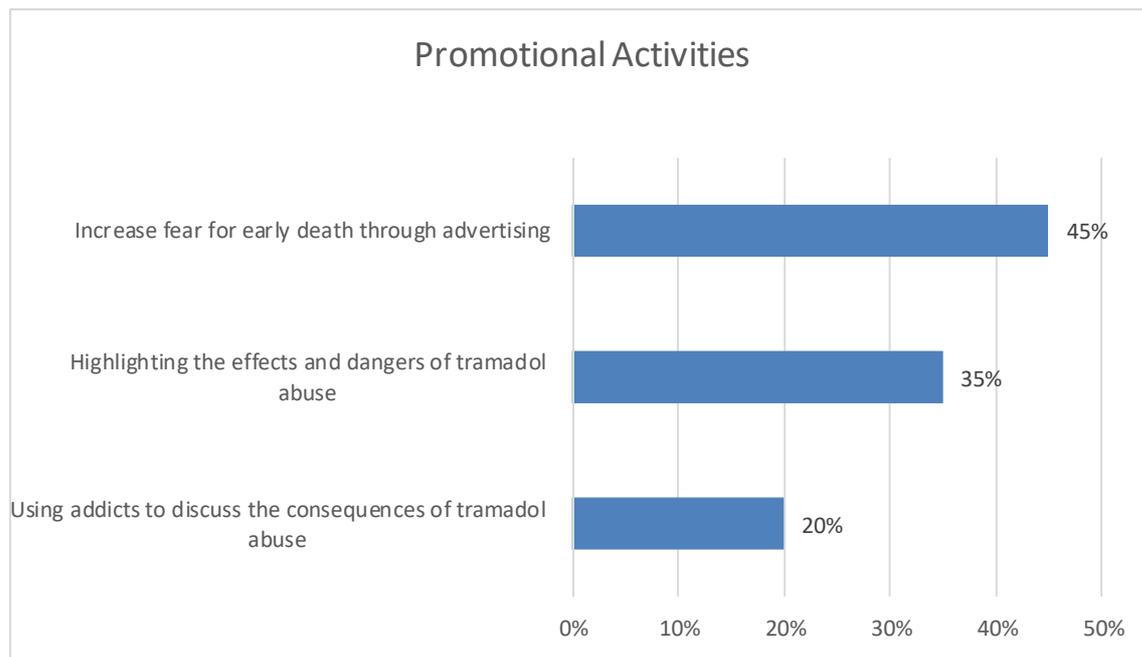


Figure 1.4. Promotional Activities

Source: Field Survey, 2019

Figure 1.4 shows that 45% of the addicts indicated that increase fear of early death can stop the abuse, 35% indicated highlighting on the effects and dangers of tramadol abuse and 20% indicated using the addicts to discuss the consequences of tramadol abuse in promotional activities.

Contextually, the respondents' addicts were afraid to die. In this sense, promotional activities should be geared towards increasing the fear of early death amongst the addicts. Other possible promotional issues should include using the tramadol addicts who have stopped the practice to highlight on the effects and dangers of tramadol abuse, urging tramadol addicts to cut down the number of tablets they take, strengthening some other goals of the addicts that surpasses their satisfaction from abusing the drug, creating guilt and shame amongst the addicts in all the promotional activities.

Also, an analysis of why young people start tramadol abuse reveals factors such as the desire to be accepted, feel grown up, reduce tension among others. Social marketers should make efforts to show young people how to satisfy these drives without turning to tramadol abuse. Selling tramadol abuse prevention is like selling any other consumer product.

However, it is significant to mention that social marketers should take care as mass advertising might provoke initial curiosity more than fear and lead individuals into experimentation. The main point is that nonprofit organisations should not start advertising without sufficient knowledge of the target audience.

6.6 Partnerships

Partnership involves working closely with allies both in the public and private sectors aimed at mounting an effective campaign and activities to minimise tramadol abuse (see Sargeant, 2009; Donovan & Henley, 2010). The following strategic organisations and individuals were identified by respondents as being critical in the fight against tramadol abuse. These organisations are: Food and drugs Authority (FDA), Health care professionals, Government, distribution agencies, schools, police, Ghana Health Service, World Health Organisation (WHO), Department of Social Welfare in Ghana, Parents, friends, families and religious heads.

One of the respondents indicated that "... FDA has a critical role to play to regulate the supply of tramadol ...". (R8). Another respondent indicated that "... this menace can be solved if schools put in place effective policies ... families and parents can also support ...". (R10).

Partnership is increasingly regarded as a significant factor in effective and successful social marketing, since social problems are complex and require an integrated effort involving significant stakeholders such as schools/teachers, parents, regulatory bodies, relevant agencies and other professionals (Donovan & Henley, 2010; Weinreich, 1999).

In this sense, seeking partnership with organisations seeking to end drug abuse is the way forward. The support that could be gotten from this partnership may include funding of the activities of partner organisations, capacity building, partnership with those having access to distribution channels and other technical support needed to end this menace. These organisations will have to identify and liaise with possible allies and donors who share

interest in the social marketing area.

6.7 Policy

This involves leading the efforts to institute policies that could compel individuals to adopt the desired behavioural change (Sargeant, 2009; Fox and Kotler, 1980). In this respect, social marketing strategies will target upstream decisions, policy engineers, opinion formers, policy entrepreneurs, educators, politicians and policy makers (Goldberg, 1997; Andreasen, 1997; Key and Zaplewski, 2017). For example, antismoking groups/organisations have managed to get cigarette manufacturing companies to add a label to each package of Cigarette indicating: “Warning: Cigarette Smoking Is Dangerous to Your Health”.

Contextually, government of Ghana could ban sales of some selected drugs in the open market to reduce sales. Simply persuading people to give up the abuse of tramadol and related drugs may not work as some of them may not have the desire to give up their habit. In this situation, social marketers recommend the use of social policies that will influence behaviour. This can be achieved by influencing those who have the power to ensure legislative change (Sargeant, 2009).

In this sense, policy construction aimed at promoting collaboration with relevant institutions like Food and drugs authority, WHO, Metropolitan/Municipal/District Assemblies (MMDAs) etc. to compel manufacturing and distribution organisations to change their attitudes and programmes towards the marketing, and distribution of tramadol in Ghana is the way forward. It may also become necessary for governments to ban the sales of tramadol in the open market except in designated hospitals or pharmacies. One of the addicts stated that “... *it should be sold within the hospitals ...*” (ST11).

The peddlers, over-the-counter-medicine sellers and pharmacist who manage the distribution channels and the teachers who implement policies at the school indicated that policies at school level such as suspension of the students from school, guidance and counselling, can help reduce Tramadol abuse in Ghana. The following were some of the excerpts of the interviews;

R5 “... *the growing number of tramadol abuse among students is alarming ... suspension of the culprits from school is the best ...*”.

R1 “... *when tramadol addicts are suspended from schools ... it will serve as a deterrent ...*”.

R3 “... *guidance and counselling is the best means of dealing with this issue ...*”.

In the following policies at the national level are explored.

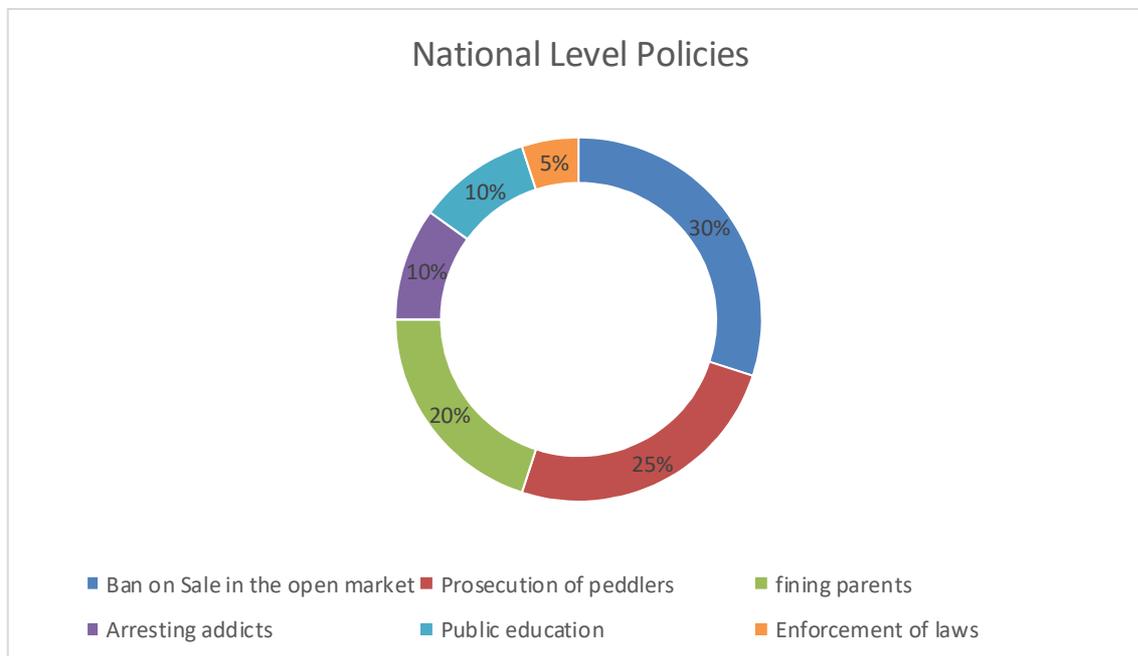


Figure 1.5. National Level Policy

Source: Field Survey, 2019

Figure 1.5 shows that 30% of the respondents think that there should be a ban on the sales of tramadol in the open market except in the hospitals, 25% indicated prosecution of peddlers, 20% indicated fining of parents of culprits, 10% stated arresting addicts, 10% indicated public education on the bad effects of tramadol abuse and 5% stated enforcement of laws.

This article argues that the issue of suspension of students from schools could lead to disciplinary exclusion from schools. In this sense, schools should work with social welfare department to provide alternative schooling

for students who may be due for suspension.

The above also shows that upstream social marketing is essential to achieve these policy issues. However, it is important to mention that Upstream audience is sometimes difficult to be influenced but it has to be reached and persuaded to share in the desire for behaviour change, therefore an effective social marketing approach will involve a well-researched approach towards achieving that (see Key and Czaplewski, 2017).

Social marketers also need to keep a database of policy-makers who are friendly to specific social marketing perspectives. Also, petitioning the government and parliament is a powerful tool to focus attention on a social marketing issue and gain consideration at the highest levels of government.

Finally, policy and partnership are utilised to facilitate the effectiveness and efficiency of the traditional four “Ps” of the Marketing Mix (Donovan & Henley, 2010).

In summary, the findings as contained in this article, provide empirical evidence supporting the application of social marketing. Social Marketing Mix intervention in this context extend the social marketing footprint in drug abuse education and prevention.

7. Limitations of the Study and Suggestions for Further Research

This research investigated the potential use of social marketing concepts to decrease tramadol abuse among children of school-going age in Tamale Metropolis, Ghana. This study was conducted within one academic term. In this respect, differences may be prevalent across the country and across the yearly academic calendar. This may not be reflective of what happens in the other regions in Ghana and the other academic terms. The study therefore recommended studies in longitudinal survey to investigate tramadol abuse and possible role of this kind of abuse with crimes in Ghana.

8. Conclusion

Findings of the research suggest that the majority of the addicts are poly-substance addicts who used a combination of tramadol and energy drinks. The addicts use signs and passwords to conceal their purchasing habits. These addicts adopted this life style mainly from their peers and through curiosity, they therefore expressed fear of rejection from their friends if they responded to social marketing programmes on drug abuse prevention. Addicts also, believe that tramadol helps them to overcome problems, feel happy, feel accepted, reduce tension, and enhance sexual performance. It was also realised that there is no place for motivated persons to access the product (desired behaviour changes or information). The social marketing intervention strategy analysis which were taught in the lecture room as contained in this research recommends targeting of upstream decision and policy makers to restrict the sale of tramadol to hospitals and pharmacies and to be purchased based on prescription and restricted age access. Also, partnership with strategic organisations and professionals to help provide an integrated effort towards combating tramadol abuse, neglect, challenges of single parenting and homelessness will be ideal in this context. In this regard, social workers through the Department of Social Welfare are needed in the school system in Ghana to help intervene at individual, family and community levels. The research reveals further that addicts were afraid to die. It therefore recommends that promotional activities should be geared towards increasing the fear of early death amongst the addicts and strengthening some other goals of the addicts that surpasses their satisfaction from abusing the drug. Further, provision of accessible outlets or adequate response channels should be made, this will allow motivated persons to access the product, on this wheel it recommends the recruitment of professional guidance and counselling personnel for basic schools. The findings provide empirical evidence supporting the application of social marketing thereby extending the social marketing footprint in drug abuse education and prevention. Therefore, the research recommends the establishment of National Social Marketing Center to help realise the potentials of social marketing in promoting public good. It is expected that this research will serve as a source of reference for the development of social marketing interventions and campaigns on drug abuse in Ghana.

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