SOCIAL MARKETING-MIX ELEMENTS AND DRUG ABUSE DEMARKETING IN NIGERIAN UNIVERSITIES

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Abstract

The study examined the effect of social marketing-mix elements on youths' drug abuse in public universities in Cross River State, Nigeria. The research was sparked by the observation that marketing programs aimed at reducing the menace of drug abuse amongst university students have not been fully implemented in the State. Data were collected from volunteered 397 students of the University of Calabar and Cross River State University of Technology, Nigeria, through random sampling technique, using a four-point likert scale questionnaire, and analyzed with Principal Component Analysis (PCA). The results revealed that the social marketing-mix elements (product, price, place, promotion, publics and policy) examined significantly influenced demarketing of drug abuse in public universities in Cross River State, Nigeria. Hence, it was recommended that social marketers,should design and package their campaigns to target audiences on the ills of drug abuse in universities and colleges, toreflect social marketing-mix elements, so that the target audience do not feel embarrassed, criticized, withdrawn or engage in denials; and programmes aimed at demarketing drug abuse should be affordable and accessible to the target audience.

Keywords: Social Marketing-Mix, Drug Abuse Demarketing, University Students.

1.1 Background of the study

Education, Law, and Marketing are the main variables that guide the behaviour of people in a given locality (Bridges &Farland, 2003). However, "marketing" which is the tenet of every business is perceived as an effective instrument in influencing consumers' behaviour.Zarchi(2013) explains that employing marketing techniques by organizations can be crucial in the firms' decisions on the pricing, the place, the promotion and its methods for the firms' products likewise establishing suitable marketing strategies based on the current market situation and standard.

Social marketing is the use of commercial marketing principles and techniques to effect positive behaviour of the target populace to enhance their physical, social and economic well-being (Desiree Martinez, 2018). A certain school of thought concerning social marketing holds thatideas and techniques of commercial marketing can be harnessed for the improvement of social behaviours. Recently, social marketing has been successful in curbing the abuse of alcohol. Professionals in social marketing believe that if commercial marketing can trigger individuals to purchasean expensive recreational car, then social marketing can enhance their safety in driving the car (Hastings & McDermott, 2006). Thus, social marketing tools are employed in changing the attitudes, awareness, and behaviour of the people (Kotler &Zaltman, 1971). Kotler and Roberto (1981) and Ricordeau(2003) added that in social marketing,individuals are urged to put up a specific, beneficial social behaviour.

Reports say that Nigeria is one the countries with a high level of hard drugs menace, including illicit drug trafficking and abuse, which has contributed immensely to some inimical social problems, road accidents and crime (Fatiregun, Ndifon, Oyo-Ita, &Ikpeme, 2011). The major drug of abuse in the country is alcohol. Alcohol which formerly used to be the exclusive preserve of adult males in native cultures like in Nigeria is nowabused by youths, both males and females (World Health Organization, 1992). Nonetheless, narcotics or hard drugs are more dangerous than alcohol. These include codeine, cocaine, marijuana and heroin (Thoma 1956), which are prevalentin Nigeria. Morphineand paregoric methadone are also included in the list. Thesedrugsact negatively on thephysicalandpsychologicalsensitivityof humans resulting inloss of contact with reality, senseofeuphoria, fear, tension and anxiety.

Lokhande (2003) posited that social marketing is a process of changing the behaviour and attitudes of people (target audience) for achieving socio-economic, political and business objectives. Kotler and Zaltman (2011) explained that social marketing is the design, implementation, and control of programs aimed at influencing the acceptability of social ideas and involving considerations of product designing, pricing, communication, distribution, and marketing research. Odigbo, Okonkwo, and Ekemezie (2017) critically analysed one of the social marketing tools for managing the spread of HIV/AIDS amongst Nigerians residing in the rural region namely, advertisement. Their research works stem from the fact that over 70 per cent of Nigerians are domiciled in rural areas. However, they noted that emphasis on the use of above-the-line advertising media (which was yet to be spread significantly amongst the rural indigenes of Nigeria) was laid by health promoters and marketers in Africa over the years.Their study employed the survey research design.Theirfocal areas werethreecommunities within the rural region in Nigeria with a study population of 3,000 including farmers, market women, artisans, teachers, and students.The size of the sample used in the study was 240. The authors' collated their data using a well-structured questionnaire. The questionnaire consisted of a four-point Likert scale. These questionnaires were distributed using the non-probability sampling techniqueof purposive sampling. Moreover, the collated data were analysed using Pearson Product Moment Correlation. According to their findings, while below-the-line advertising

media (as social marketing tools) did have a significant impact on the prevention and management of HIV/AIDS among Nigerian rural indigenes, above-the-line advertising media (as social marketing tools) did not.Thus,the authors recommended thatmarketers and communicators should decline from using the mainstream media whilst embarking on social marking campaigns to the Nigerian citizens dwelling in the rural areas.

Umar, Waziri, and Musa (2017) examined the effect of drug abuse amongst Nigerian youths and its implications on national development. The study employed a content analysis method of data collection.However, many issues were explored in the course of their research, including the phenomenon of youth and the effects of frequent drug abuse by youths.Furthermore, their research work analysed the commonly abused drugs by Nigerian youths, explained why these drugs are abused by them and explored ways of preventing or curbing drugs abuse by these youths. Finally, the authors made some recommendations, which when applied, can help in curbing the damage done by the abuse of drugs by the youths in Nigeria.

Oti, Eze, and Odigbo (2016) explored the social marketing campaign's impact on people in Nigeria as a tool for reducing the financial costs of HIV/AIDS. The unpleasant circumstances that people living with HIV (PLIs) and their families had to face in the country were motivating factors for this research work. These unpleasant circumstances include unbearable economic, social, and psychological costs associated with stigmatization (costs).The areas of study were Calabar, Port Harcourt and Enugu. These areas are reputable for having an increased population of students and youths, considered as an endemic group. From these areas was purposively selected a sample size of 300. This sample size was proportionately allocated to the 3 cluster cities. A 4-pointLikert's scaled structured questionnaire was utilized by the authors for data collection. The same instrument was used for data analysis. The collated results showed the following: that social marketing campaign messages of abstinence were efficient inminimizing the financial burden of HIV/AIDS on Nigerians; that counseling as a social marketing campaign technique proved effective in Nigeria in minimizing the isolation of persons living with HIV (PLIs) by their family; that People living with HIV (PLIs) in Nigeria were less stigmatized after using social marketing campaign techniques from Africa's traditional media.According to the findings, governmental entities, health marketers, and behavior-change agents in the country should encourage the use of these campaign strategy in reducing the costs of HIV/AIDS burdens on PLIs.

Seetharam, Priya, Somu, and Varun (2014) researchedsocial marketing's effect on maternal and child health. Their research revealed that social marketing in the health sector is a vital indicator in terms of frequent visitation to health care centres, reduction in complicated deliveries, improvement in the care of neonates, and a decline in the death rate of mothers and babies due to increased vaccination.

In the study of Ukwayi and Felix (2014), an examination was made on the rate of gender use and drug abuse in Calabar South Local Government Area's residential neighborhoods. Sixhundred copies of questionnaires capturing socio-demographic factors such as gender, age, and location, as influential factors to drug use and abuse amongst age groups, wererandomly distributed in recreational and entertainment centres. The choice of these centres was dependent on the number of people converging there during leisure hours. The results from the collated data revealed that the socio-demographic factors were the major determinants of the rate of drug use and abuse among males compared to the female gender in the study area.

Abdu-Raheem(2013), in his research work, explored the extent to which secondary school students can be influenced by drug abuse. This study correlated the influence with the family background of the students, their family cohesion, peer group influence, and academic performance of students. The researcherutilized the descriptive research design of the survey type for the research. All secondary school students in Ekiti and Ondo States were included in the study, and a total of 460 individuals who were actively taking drugs in both states were assessed.The selection of a school from each of Ekiti's 16 local governments and Ondo's 30 local governments was based on simple random sampling. Meanwhile, ten students were chosen using the purposive sampling technique from the above-mentioned number of local governments in the respective focal states.The data was collected using a self-designed questionnaire called the Drug Abuse Questionnaire (DAQ) as well as an inventory for collecting the results of the participants.

A self-designed questionnaire called the Drug Abuse Questionnaire (DAQ) and an inventory for collecting student outcomes were the instruments utilized to collect data. Pearson Moment Correlation Analysis was used to analyze the data. At a 0.5 threshold of significance, the four hypotheses were tested. According to the findings, there is a link between family background, peer influence, family cohesion, and drug misuse. The survey also discovered that drug abuse had a negative impact on kids' academic performance in the states of Ekiti and Ondo.As a result, it is recommended that parents provide moral, social, psychological, and economical support to their children in order to protect them from bad peer and cultural pressures.

Izogo and Anumudu (2013) evaluated how the change in one's behaviour could be influenced by mass media and campaigns in Ebonyi State, Nigeria.The researchers gathered their primary data through organized interviews and a professionally prepared questionnaire that was randomly distributed to 50 people. To analyze scale simplification and summarization, scale internal consistency, and linkage among variables, exploratory factor analysis in the form of principal component analysis, Cronbach alpha, and correlation were used.As a result of the findings, it is obvious that broadcast media campaigns and information are likely to impact Ebonyi people's behavior. The impact, however, could not be linked to the Ebonyi Action Committee on Aid's broadcast media campaigns or programs. The study's findings demonstrated that broadcast media campaigns/programs can influence people's social lives with the right message timing and frequency, just as relevant knowledge can change people's behavior or attitude. Nonetheless, there is an impeding factor that could trigger social/behavioral transformation managers and directors to re-strategise. That factor is the influence of the HIV/AIDS pandemic.

1.2 Statement of the problem

Despite the various institutions established by the Nigerian government such as the National Agency for Food, Drug Administration and Control (NAFDAC), National Drug Law Enforcement Agency (NDLEA) and other international organizations which are responsible for the control of drugs in Nigeria, youths' drug abuse has been on the increase in recent time (Faroe, 2012). These organizations use a variety of anti-drug social marketing efforts to influence residents' behavior in Cross River State's public universities.This is due to the fact that social marketing "preaches" new ideas.In light of the deteriorating and crumbling security situation which has in recent time led to the birth of militant groups like the Bokoharam militia group in the North, Herdsmen Militia group in the middle belt, Avengers group in the South, kidnappings in the South East and a good number of secret societies in some of the educational institutions especially tertiary institutions, the Nigerian government has intensified its effort in establishing institutions to market social/behavioural change programs (Oluwole, Habibat& Babatunde, 2018). Any of the three tiers of government can launch social marketing behavior-change efforts targeted at persuading the public to respond to particular behavioural courses that, if not changed, modified, or refused, could decimate their social welfare individually or collectively. However, these efforts are often taunted by the people through the abuse of substances.

1.3 Thestudy's objectives

The study's major goal is to look into the impact of social marketing mix elements on the demarketing of youths' drug abuse in Cross River State public universities, in Nigeria. Specifically, the study intends to examine:

1. the extent to which social marketing product affects the demarketing of youths' drug abuse in Cross River State public universities;

2. the extent to which social marketing price affects the demarketing of drug abuse in Cross River State public universities;

3. assess the impact of social marketing place on the demarketing of youths' drug abuse in Cross River State public universities;

1.4 Research Questions
The study was guided by the following research questions:
1. To what extent does social marketing product affect the demarketing of youths' drug abuse in Cross River State Public Universities?
2. To what extent does social marketing price affect the demarketing of youths' drug abuse in Cross River State Public Universities?

3. Does social marketing place significantly affect the demarketing of youths' drug abuse in Cross River State Public Universities?

1.5 Research hypotheses

The following null-hypotheses were tested in the study and are stated in null forms:

Ho1: Social marketing product does not significantly affect the demarketing of youths' drug abuse in Cross River State public universities.

Ho2: Social marketing price has no significant effect on the demarketing of youths' drug abuse in Cross River State public universities.

Ho3: Social marketing place does not significantly affect the demarketing of youths' drug abuse in Cross River State public universities

1.6 LITERATURE REVIEW
1.6.1Theoretical framework

There are several theories and models for social marketing. However, none of these theories and models specifies the most appropriate type of model for a specific type of social problem and a specific type of circumstance.Many scholars integrate the concept of health belief while defining social marketing as well as innovative models to connect them to the origins of marketing (Kotler & Roberto, 1989; Lefebvre & Flora, 1988; Novelli, 1990).

1.6.2 Health Belief Model (HBM)

Many of the fundamental tenets of the HBM theory have been applied into numerous social marketing programs, making it well-known among public health practitioners. HBM was originally designed in the 1950s by social psychologists Hochbaum, Rosenstock and Kegels to explain why people did not participate in programs to prevent or detect tuberculosis (TB) (Tarkang, 2015).Since its inception, HBM has become the most widely utilized theory to investigate a wide range of long- and short-term health behaviors, including sexual risk behaviors and HIV/AIDS transmission, as well as the adoption of risk-reduction behaviors such as limiting alcohol intake and smoking (Broome & Llewelyn, 1995).The following are the main components of HBM:

i. Perceived susceptibility: a person's subjective assessment of the likelihood of getting a specific health problem.
ii. Perceived severity: an individual's perception of the significance of the implications of getting a specific health concern.
iii. Perceived benefits: thoughts about the efficacy of certain activities that could lessen susceptibility and severity (the latter two are referred to as "threat" together).
iv. Perceived impediments: possible drawbacks to performing specified measures.
v. Cues to action: physical or environmental phenomena that prompt you to take action.

In recent years, HBM has agreed to include the concept of self-efficacy as another driver of health behaviors — particularly more complex ones that need long-term lifestyle adjustments

(Strecher& Rosenstock, 1997).Several variables may impact the perceptions of individuals as well as their health-related behaviours. These variables could be demographic, social, psychological, or structural. Nonetheless,educational status, age, gender, socioeconomic status, and pre-knowledge have been recognized as the more important variables.HBM has been one of the more empirically studied theoretical models. Janz& Becker (1984) researched a variety of health and screening testsbehaviours like influenza vaccinations, practisingself-examinations of the breasts, wearing a seatbelt, and participating in screening programs. The "perceived impediments" component was the biggest predictor across studies and behaviors, according to their findings.On the other hand, "perceived benefits" have shown to be the key determinantof taking part in healthy habits.This was seen in investigations of sick-role behaviors among patients with diabetes, such as medication adherence and self-help behavior. As social marketers consider which theoretical models to incorporate into their campaigns, the discovery of distinct predictors of different sorts of behaviors must be taken into account so that a theory or model is not misapplied.

When it comes to solving the challenges of "at-risk" people who may not recognize themselves as such, HBM becomes a key theoretical model in social marketing research and practice. Messages that evoke fear or anxiety frequently occur in the context of a growing sense of threat. Many social marketing systems appear to address the strengths and drawbacks of HBM, particularly in price and placement selections. Finally, many social marketing programs aim to address the "cues to action" component of HBM, either explicitly or implicitly. This component has yet to be thoroughly investigated.

1.6.3 Concept of social marketing

Research on social marketing research is on a decline. When social marketing first made its appearance in the world of research, scholars were primarily focused onconceptualizing it andusing traditional commercial marketing ideas and practices to promote social change initiatives. This marketing paradigm was first upheld by certain scholars like Lazarsfeld and Merton (1949), Wiebe (1951), and Kotler and Zaltman (1971).However, these scholars never had a consensual view. For instance,while Kotler and Zaltman (1971) hold that the marketing strategies employedin sellingconsumers' items couldlikewisebe put to use in selling ideas, attitudes and behaviours, Lazarsfeld and Merton (1949), on the other hand, stipulated that such idea was simply overestimated.

There is a clear contrast that exists between the views of more recent scholars and those of the later authors regarding the basic objective of social marketing. For instance, the idea concerning the basic objective of social marketing by Andreasen (2002) opposes that of Kotler &Zaltman(1971). Whilst Andreasen (2002) opines that the primary goal of social marketing is influencing behaviour, Kotler &Zaltman(1971) opine that the primary goal of social marketing is idea promotion. Andreasen bluntly explains that the "Selling of Coca-Cola is not the same as

selling of sexual abstinence". His point is that if we consider social marketing from the point of morality and belief, then it becomes difficult. As Serrat (2010) puts it: "Some consider social marketing to do little but use the principles and practices of generic marketing to achieve non-commercial goals. This is an oversimplification: social marketing involves changing seemingly intractable behaviours in composite environmental, economic, social, political, and technological circumstances with (more often than not) quite limited resources. If the basic objective of corporate marketers is to satisfy shareholders, the bottom line for social marketers is to meet society's desire to improve quality of life".

In summary, according to Andreasen (2003), the primary purpose of social marketing initiatives is to affect people's behavior. This shift includes everything from self-control to seeking professional aid when faced with a challenging problem (Horsfall et al., 2010). Bloom and Novelli (1981) defined social marketing as the design, implementation, and control of programs aimed at increasing acceptance of a social notion or practice among a target group. The authors identified eight (8) primary decision-making areas where issues can arise.Market research, market segmentation, product creation, pricing, channel and communication strategy development, organizational design and planning, and evaluation are just a few of them. Despite this, social marketers encounter more difficulties than commercial marketers in acquiring valid and reliable measures of important variables, separating the relative influence of determinants of customer behavior, and obtaining funding for consumer research. As a result of these obstacles, their product shaping flexibility has decreased, and creating product conceptions has become more challenging.Moreover, another significant distinction between social and traditional types of marketing is the difficulty in building, employing, and managing distribution channels.

The challenges associated with the use of sponsored advertisements, demands not to use certain sorts of appeals in their messages, and the necessity to communicate significant amounts of information in their messages have all resulted in a limiting of communication alternatives, according to social marketers. Similarly, Malaika (2005) claimed that being social and analyzing how we become socialized is more than just looking at income or marketing troughs of data to build sleek television ad campaigns.

1.6.4 Social marketing strategies

Some social marketing strategies include:

(A) **Marketing research:** Marketing research is an official way of retrieving information that can be used in making marketing decisions (Agbonifoh, Ogwo, Nnolim&Nkamnebe, 2007). The essence of marketing research by marketing organizations and other researchers is to scan the environment to enable the party in question to make proper decisions, practicalise the marketing concept, identify the problems and opportunities facing the researcher and plan and control the marketing activities and resources of the researcher involved. In this context, it is the responsibility of all stakeholders in the fight

against drug abuse in Nigeria (the government, security forces, media, non-governmental organizations, private individuals in the Nigerian society, financial institutions, business and other institutions, etc) to conduct both formal and informal marketing types of research on the causes, effects and what to do to stop the menace of drug abuse in Nigeria. The stakeholders, directly and indirectly, should find why most developed nations and their citizens are less dependent on drugs than Nigeria and its citizens, and the ways out and forward. Marketing research, in this context, should be embracive and involved all Nigerians and not left for the government alone.

(B) **Product/service planning and development:** The outcome of product research should be properly utilized for decision making by the stakeholders in the areas of planning, executing and controlling all their activities in society to reduce the tendencies of substance abuse in Nigeria. This means that any activity to be taken or decision to be made by any of the stakeholders, emphasis should be on doing the right thing at any time and anywhere and whether people are aware or not. When drug abuse is eradicated by the individual, families and groups at the micro-level, it will be easy to stop at the macro level unchecked.

(C) **Price and pricing strategies:** Price is also one of the original 4Ps of marketing. The costs (prices) involved in the campaigns and efforts to be made in reducing the scourge of drug abuse in society should be efficient and affordable. Both direct and indirect costs should be borne by all concerned because the prices involved in allowing drug abuse to continue in the society will always outweigh the benefits, if any at all if allowed to continue, the social and other costs involved notwithstanding, the fight will go on until substance abuse is finally eradicated in the society.

(D) **Place (Distribution) strategies:** Substance abuse cannot stop in Nigeria when alternative provisions are not made for the parties involved in drug abuse tendencies and practices. These require the provision of employment opportunities for the unemployed, reducing hunger and poverty, making social infrastructure available and other things that could fix members of the Nigerian society. The place, form, time and possession utilities of these alternatives will outweigh the benefits of one getting involved when properly made available by the authorities concerned.

(E) **Promotion and promotional strategies:** Promotion includes the communication messages, messengers, materials, channels, and activities that will effectively reach your audience to promote the benefits of the behaviour change as well as the Product, Price, Place, and Policy factors of a program. Messages may be delivered through public relations, advertising, print materials, small-group or one-on-one activities (mentoring, counselling, workshops, demonstrations, presentations), and other media. A combination of all marketing and promotional tools available in society will be used to fight the social

menace of drug abuse. These range from advertising and its messages and channels, personal efforts of all the stakeholders, sales promotional incentives to those involved in combating drug abuse and encourage those abusing drugs to quit the practice, intensive publicity and campaign and good public relations by all concerned. The leaders will lead by example and practise what they preach and not mere lip service and propaganda to deceive members of the society. If the promotional campaigns mounted on the Ebola Virus Disease (EVD) by the government and other stakeholders in fighting the disease in Nigeria could be applied in the fight against drug abuse, the war will be won in no distant time.

These days, consumers are constantly bombarded with promotional efforts from many different sources. For instance,Marketers use communication to inform, educate, and persuade their target audiences to buy their product or service.To achieve those goals, marketers take advantage of different promotional tools. In many cases, a diverse means of promotion is essentialin making the consumers stay attuned.

1.6.5 Conceptualization of drug abuse

A drug is a chemical substance with documented biological effects on humans or other animals, in the broadest definition of the word.Pharmacologists define drug as "a chemical substance used in the treatment, cure, prevention, or diagnosis of disease or used to otherwise enhance physical or mental well-being." Drug abuse, on the other hand, entails"a particular application of a drug more destructive than constructive for society or the individual". Some researchers believe that a medicine is abused when its dosage is provided in excess, for an unreasonable extended period of time, or outside of medicinal indications(Robins, 1972). Meanwhile, Amina (2016) is of the notion that drug abuse is the abuse of hard drugs and the prescribed drugs. Some examples of hard drugs are cocaine, weed among others and an example of prescribed drugs is codeine (meant for medication).

Drug abuse, often known as drug abuse or chemical abuse, is a mental illness marked by a harmful habit of substance use that results in substantial problems or suffering. There has been an upsurge in the number of teenagers taking prescription pharmaceuticals, notably narcotics (which are used to treat severe pain) and stimulant pills (which are used to treat disorders such as attention deficit disorder and narcolepsy).Drug abuse (or drug dependency, as the World Health Organization prefers) is characterized as: "a state of psychic or physical dependence, or both on a drug, following administration of the drug on a periodic or continuous basis." The World Health Organisation (1973) considers the term "abuse" as unclear. Thus, the term "abuse" is replaced in the World Health Organization lexicon by the concepts "harmful use" and "hazardous use," which are defined as follows:

i) Harmful use: This refers to a pattern of psychoactive substance use that is harmful to one's

physical or mental health.Harmful use has far-reaching societal ramifications.

ii) Hazardous use: A pattern of drug use that puts the user in danger. Hazardous use, as contrast to

harmful use, refers to patterns of behavior that are harmful to the public's health

notwithstanding the absence of any current disorder in the individual user.

Drug abuse is defined as the use of any substance under international control outside of medicinal reasons, in excessive doses, or for an unreasonable duration of time in the context of international drug control (Tupper, 2012).

1.6.6Consequences of drug abuse on youths and students

Young individuals who abuse substances on a regular basis experience a variety of issues, including scholastic challenges, health-related issues (including mental health), poor peer relationships, and participation with the juvenile criminal system. There are also ramifications for family members, the neighborhood, and the entire society.

i. **The implications of drug abuse on academics:**Abuse of drugs have been reported as being detrimental to academic success. For example, adolescent substance misuse causes a loss in grades, absence from school and other activities, and an increased risk of dropping out. According to Hawkins, Catalano, and Miller (1992), drug-abusing adolescents had a lower commitment to education and higher absenteeism rates. Moreover, alcohol and drug-abusing teenagers may have cognitive and behavioral issues that affect their academic performancethus serving as an impediment to learning for their classmates.

ii. **Medical consequences of drug misuse:** The immune system can be compromised by drug misuse**.**It can also lead to dangerous behaviors such as needle sharing and unsanitary sex. As some of these diseases are largely spread by contact with infected body fluids or sharing of unsterile drug-injection equipment, such as HIV/AIDS, these behaviors increase the prevalence of HIV/AIDS, hepatitis, and many other infectious diseases. Drug abuse can result in various respiratory problems. For instance, smoking cigarettecauses bronchitis, emphysema and lung cancer. Marijuana, just like a cigarette, when smokedcanaffect the respiratory system negatively. Besides the above-stated effect of drug abuse, other effects are:reduction in the pace of breathing, obstruction of airflow into the lungs thus triggering asthma symptoms, cardiovascular disease, stroke, and cancer. Some of these effects occur when a high dosage of the drugs istakenor after a lengthy period of use; nevertheless, some symptoms may appear after only one use.

i. **Physical health:**Abuse of drugs can affect the physical health of an individual. For example, various injuries from accidents (such as vehicle accidents) that result in

physical disabilities and diseases are frequently caused by the victim's alcohol misuse.According to the survey, young people who are drinkers or drug addicts have a higher risk of dying by suicide, homicide, accident, or sickness (The Drug Abuse Warning Network, DAWN, 2011).

ii. **Mental wellbeing:**Substance misuse is widely blamed for mental health issues like melancholy, developmental delays, apathy, withdrawal, and other psychosocial dysfunctions in teenagers. Substance-abusing teenagers are more likely than non-users to have mental health problems. Depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide are just a few of the mental health issues that people face. Marijuana usage is prevalent among minors, according to the Bureau of Justice Statistics (1992). Their short-term memory, learning, and psychomotor skills are all harmed as a result.Motivation as well as psychosexual and emotional development may be impacted.

iii. **Peers:**Youths who abuse drugs often find it difficult to have a good rapport with their peers as such they feel alienated from them. In most cases, such youths disengage from school and community activities. According to Pius, "most cases of drug abuse and addiction start with peer group pressure. Such people are usually influenced by their peers. Psychologically, if they don't participate in what their peers are doing, they feel unfulfilled."

iv. **Families:**Besidespersonalizedproblems, booze and drug abuse by youths can create chaos in the family.Nowinski(1990) noted that both the siblings and the parents of the drug addict will be deeply affected. The Bureau of Justice Statistics (1992) adds that substance abuse can be detrimental to the family's financial and emotional resources.

1.6.7 De-marketing of drug abuse

Demarketing, according to Lefebvre and Kotler (2011), is the mixing of the four Ps of the marketing mix, as well as legislative changes aimed at nudging and sustain better and more socially responsible behavioural choices... (and) a better understanding of the individuals we want to serve, the circumstances in which they make decisions, market research, and the initiatives we put in place.

Sellers can employ de-marketing to intentionally manipulate purchasers' quality perceptions, according to Thal and Juanjuan (2011). They discovered a pattern in ostensibly demarketing. Humans have a psychological inclination to seek out items that are not readily available, according to Cialdini (1985). When products are restricted, Amaldoss and Jain (2005) found that buyers are satisfied by the uniqueness of the few they can obtain. Stock and Balachander (2005) showed that resource scarcity can translate into higher quality.

Many alternative ways for adopting demarketing have evolved since its inception in the 1970s. The 4 Ps are product, pricing, place/distribution, and promotion in traditional marketing, which aims to expand the consumer base and generate demand for a product or service.As a result, demarketing would be rational to alter this structure in order to increase the consumer base while decreasing demand for a product or service. Instead of expanding a product's or service's availability, a demarketing campaign would limit its availability.Demarketing would also shift the attention of the consumer to other possible alternatives by emphasizing the demerits of a product or service. In order to demarket in the pricing arena, demand must be reduced by increasing taxation or pricing. Advertising can be reduced or deleted entirely. To lower the chance of consumption, the positioning of a product/service or the size of the consuming space can be strategically modified. Another technique would be to encourage behavior that does not necessitate the demarketing of the product or service. (Shiu, 2009).

As we progress from private firms to government entities, demarketing tactics may change. Social marketing tactics have been frequently used to demarket items or services that are deemed to be detrimental or costly to society. The classic marketing principles of social marketing can be used to advance or depress a social notion, cause, or behavior. Instead of discussing items, social marketing provides an offer. Rather of detailing the location of a service or product, it focuses on how to get to such services or items. Instead of advertising, social marketing spreads ideas through social media.Rather of focusing on price, social marketing emphasizes the costs of participation in ways that promote their marketing or demarketing message, according to Peattie. (2009).

Among the programmes emphasized by social marketing in Nigerian society are Smoking, drinking, drug abuse, and overeating are all targets of public health campaigns. Environmental efforts to promote wilderness protection, clean air, family planning, human rights, racial equality,reduction in societal corruption and conservation are among the others. Because social marketing is concerned with the reduction of social ills and promotion of efforts by individuals, groups, the government, institutions, interest groups and other stakeholders in the society, demarketing of drug abuse in Nigeria is a component of marketing on social media. Demarketing is the use of marketing principles, concepts, and methods to temporarily or permanently lower the number of customers or shift their demand. Demarketing results from overall demand. This is a situation in which demand surpasses the marketer's ability or motivation to meet it(Anyanwu, 2013). Demarketing drug abuse in Nigeria is therefore the application of marketing principles, concepts and strategies to reduce or shift temporarily or permanently drug abuse in Nigeria by all stakeholders in the campaign. This is diagrammatically represented in the conceptual model of the study in figure 1:
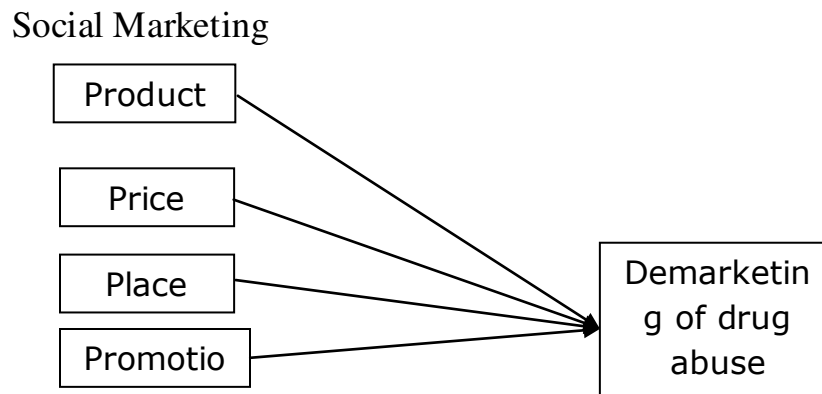
Social Marketing

Fig.1: Conceptual model of the relationship between social marketing and demarketing of youths' drug abuse.

The model in Figure 1 above portrays the relationship between social marketing and demarketing of youth drug abuse. Social marketing in the context of this study is measured by: products, price, place and promotion. Finding the effect of these social marketing mixes on the demarketing of drug abuse among youths in universities in the South-South geopolitical zone of Nigeria is the major focus of this research.

1.7 Research Methodology

The research utilized a survey design, which necessitated the use of a questionnaire to gather datathat enabled the researcher to conclude the impact of social marketing for demarketing youths' drug abuse in Cross River State Public Universities. The research was conducted at two public universities in Cross River State (University of Calabar and Cross River State University of Technology), Nigeria. The two public institutions are strategically located for easy accessibility; while the University of Calabar which was found in 1975 is situated at the Calabar metropolis, CRUTECH was established in 2002 by the state government with four study campuses spread out the three senatorial districts of the State (Uneze, 2004). Youths' drug abuse is evident in the various institutions, as well as its environs which call for great concern by all and sundry (Osuchukwu, 2011).

Hence, the population of this study consists of 60,000 university students in the two public universities in Cross River State. The breakdown is given in table 1:

Table 1: Breakdown of the study population

S/N	University	Location	Student enrollment size as of December 2018
3.	Cross River State University of Technology (CRUTECH)	Cross River State	15,000
4.	University of Calabar	Cross River State	45,000
	Total		60,000

Source: Nigeria Tertiary institutions database, 2018 (Internet source)

3.4   Sample size determination

The sample size was determined using the Taro Yamane formulasince the students' population of the two universities is known. From the computation, therefore,a representative sample size of 397 students was obtained for the research. A proportionate random sampling technique was adopted to reflect a fair representation of the institutions. First, using ratio, we determined data collection instrument allocation to each population subset as:

Cross River State University of Technology (CRUTECH)   = $\frac{15,000}{60,000} x\ 397$ =   99

University of Calabar (UNICAL) $=\frac{45,000}{60,000} x\ 397$ =   298

$$\underline{\underline{\overline{397}}}$$

Table 2: Criteria for assessing the research instrument's validity

Determinants	Assessment criteria
Intercorrelations	>.30
Kaiser-Meyer-Olkin (KMO)	>.50
Bartlett's test of sphericity	<.05
The measure of sample adequacy	>.50
Anti-image	>.50
Factor loading (Component Matrix)	>.50
Total variance explained	>60 per cent
Eigenvalues	>1

Source: Hair, J. F., Black Jr., W. C., Babin, B. J. and Anderson, R. E. (2014).

Factor analysis on social marketing

The constructs for measuring social marketing items were extracted using PCA under six components based on Eigenvalues larger than 1 and Varimax with Kaiser Normalization rotation approach. For each construct, the Communalities were retrieved, and they all had values larger than the permissible level of 0.5. (See Appendix III). Table 3.3 shows that all of the extractions had factor loadings larger than 0.5. This meets the Rule of Thumb, which specifies that each construct's average loading should be bigger than 0.5. (Hair et al, 2010). The initial Eigenvalues revealed that each component explains 72.095 percent of the total variation.The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) is larger than 0.5 in the table, showing that the sampling is adequate and that normalcy is not a concern. The variables pass Bartlett's Test of Sphericity (.000), indicating that they are suitable for structure discovery.Furthermore, the component correlation matrices are greater than the threshold of 0.3. This is acceptable (Hair et al, 2006). Hence, the constructs are valid measures of social marketing products.

From the PCA result, the six components created were named product (comprising drug sensitization programme, drug dependence treatment and drug abuse monitoring teams); price (comprising arrest of drug addicts, hamper future potentials, and harm to internal organs); place (comprising schools, NGOs and health institutions); promotion (advertisements, dramas/movies and talk shows/presentations); publics (Male drug abusers, Aged 15-35, TV and radio reach); and policies (Licensed stores, Prohibition by Govt and Punishable offence). These were the independent variables for the study.

Table 3: VARIMAX- Rotated factor loadings for Social Marketing

Constructs	Component					
	1	2	3	4	5	6
Drug sensitization programme	.878					
Drug dependence treatment	.825					
Drug abuse monitoring teams	.638					
Arrest drug addicts		.575				
Hamper future potentials		.920				
Harm internal organs		.931				
Schools			.787			
NGOs			.641			
Health Institutions			.772			
Advertisements				.875		
Dramas and Movies				.856		
Talk Shows and Presentations				.755		
Male drug abusers					.738	
Aged 15-35					.761	
TV and radio reach					.628	

Licensed stores	.687
Prohibition by Govt	.784
Punishable offence	.705

Variance explained = 86.973
Kaiser-Meyer-Olkin Measure of Sampling Adequacy = 0.602
Bartlett's Test of Sphericity/ Approx. Chi-Square = 2111.610
df = 66
Sig. = .000

Extraction Method: Principal Component Analysis.
 Rotation Method: Varimax with Kaiser Normalization.
 a. Rotation converged in 5 iterations.
Source: SPSS Output, 2019

Factor analysis on demarketing of drug abuse

Based on Eigenvalues greater than 1 and Varimax with Kaiser Normalization rotation approach, the constructs designed to quantify demarketing were extracted under one component. For each construct, the Communalities were retrieved, and they all had values larger than the permissible level of 0.5. (See Appendix III). As seen in Table 3.4, the extraction exhibited factor loadings larger than 0.5. This meets the Rule of Thumb, which specifies that each construct's average loading should be bigger than 0.5. (Hair et al, 2010). The component explains 80.443 percent of the overall variance, according to the initial Eigenvalues.The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) is larger than 0.5 in the table, showing that the sampling is adequate and that normalcy is not a concern. The variables pass Bartlett's Test of Sphericity (.000), indicating that they are suitable for structure discovery.Furthermore, the component correlation matrices are greater than the threshold of 0.3. This is acceptable (Hair et al, 2006). Hence, the constructs are valid measures of demarketing.

From the PCA result, the component created stands for demarketing (comprising unavailability of illicit drugs, making illicit drug business unattractive, and discouraging friends from drug abuse). This is the dependent variable of the study.

Table 4: VARIMAX- Rotated factor loadings for Demarketing of Drug Abuse

	Component
Constructs	1
Not Readily Available	.838
Unattractive Business	.883
Discourage Friends	.989
Variance explained = 80.443	
Kaiser-Meyer-Olkin Measure of Sampling Adequacy = 0.583	
Bartlett's Test of Sphericity/ Approx. Chi-Square = 66.181	

df = 3

Sig. = .000

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. 1 component extracted.

Source: SPSS Output, 2019

Reliability of the instrument

The reliability of the instrument was ascertained with the use of the Cronbach Alpha coefficient. If the Cronbach Alpha coefficient is 0.7 or higher, the instrument is regarded to be dependable. (Hair, Black Jr., Babin& Anderson, 2014). Holistically, the reliability result for the instrument was 0.702. Thus, the instrument was considered to be acceptable, reliable and fit for collecting data for the study. The reliability of each construct was obtained during the preliminary analysis. The result is presented in Table 3.5.

Table 5: Cronbach's Alpha Coefficient reliability estimate for the study instrument

S/n	Variables	No of items	Reliability
1.	Product	3	0.762
2.	Price	3	0.745
3.	Place	3	0.700
4.	Promotion	3	0.756
5.	Policy	3	0.726
6.	Publics	3	0.852
7.	Demarketing	3	0.883

Source: Source: SPSS Output, 2019

Model specification

The model specification for this study is as follows:

DDA= b_o+ b_1PRODUCT + b_2PRICE + b_3PLACE+ b_4PROMOTION + b_5POLICY + b_6PUBLICS

Where;

DDA = Drug Abuse Demarketing

b_0 = the model intercept/slope

b_1, b_2,b_3, b_4, b_5, b_6= coefficients of the independent variables (Product, Price, Place, Promotion, Policy and Publics)

1.7 Results

A total of 397 respondents were surveyed but 382 copies of the questionnaire were retrieved out of which 18 had gross missing item information and were discarded. Hence, the working data consists of 364 responses yielding an acceptable response rate of 91.7 per cent.Data were collected within one month. Out of the 364 usable questionnaire copies, 249 copies were retrieved in the first two weeks. This was categorized as "early response" (coded as 1) while 115 were obtained within the last two weeks and were thus categorized as "late response" (coded as 2). To see if there was a significant difference between the two groups, the independent sample t-test was performed.According to the results of Levene's test for equality of variances (p > 0.05) in table 6, there was no significant difference between the two groups for all questionnaire items (excluding discouraging friends from drug abuse). This bias may have occurred because some of the respondents who are drug abusers may be unwilling to respond to that questionnaire item.

Table 6: Results of Non-Response Bias using Levene's Test for Equality of Variances

Constructs	Timing of response	N	Mean	Std. Deviation	Levene's Test for Equality of Variances	
					F	Sig
Drug sensitization programme	Early response	249	2.94	.948	.065	.800
	Late response	115	2.74	.928		
Drug dependence treatment	Early response	249	3.08	.714	.814	.368
	Late response	115	2.91	.683		
Drug abuse monitoring teams	Early response	237	3.39	.625	.315	.575
	Late response	109	3.30	.631		
Arrest drug addicts	Early response	249	3.33	.755	.197	.658
	Late response	115	3.27	.753		
Hamper future potentials	Early response	249	3.70	.458	.075	.784
	Late response	115	3.70	.462		
Harm internal organs	Early response	249	3.75	.433	.017	.897
	Late response	115	3.75	.436		
Schools	Early response	237	2.96	.788	.397	.529
	Late response	109	2.88	.790		
NGOs	Early response	249	3.37	.725	.992	.320
	Late response	115	3.26	.714		
Health Institutions	Early response	237	3.16	.922	1.827	.177
	Late response	108	3.02	.907		
Advertisements	Early response	243	3.00	.636	.296	.587
	Late response	112	2.98	.671		

Dramas and Movies	Early response	243	2.95	.959	.092	.762
	Late response	111	2.86	.968		
Talk Shows and Presentations	Early response	237	3.03	1.073	.066	.798
	Late response	108	2.86	1.089		
Discourage Friends	Early response	249	3.73	.442	7.319	.007
	Late response	115	3.66	.475		
Unattractive Business	Early response	249	2.76	1.218	2.810	.095
	Late response	115	2.97	1.169		
Not Readily Available	Early response	243	1.98	.902	.638	.425
	Late response	111	2.06	.927		
Male drug abusers	Early response	237	3.16	.920	.827	.167
	Late response	108	3.02	.907		
Aged 15-35	Early response	243	3.00	.636	.296	.587
	Late response	112	2.98	.671		
TV and radio reach	Early response	249	3.33	.755	.197	.658
	Late response	115	3.27	.753		
Licensed stores	Early response	249	2.96	.769	.335	.563
	Late response	115	2.88	.769		
Prohibition by Govt	Early response	249	2.94	.948	.065	.800
	Late response	115	2.74	.928		
Punishable offence	Early response	249	2.83	.611	.444	.505
	Late response	115	2.91	.600		

Source: SPSS Output, 2019

The demographics of the respondents' ages indicates that the majority of the participants were matured enough to participate in the survey.Furthermore, the table showed the respondents' years of study in the universities. 37 of the respondents (10.2 per cent) were in their 200 level; 27 respondents (7.4 per cent) were in their 300 level; 82 respondents (22.5 per cent) were either in their 400 level or above; 191 respondents (52.5 per cent) were postgraduate students; while 27 respondents (7.4 per cent) did not respond to this item). The marital status of the respondents revealed that 128 (35.2 per cent) were single; 144 (39.6 per cent) were married; 83 (22.8 per cent) deliberately refused to disclose their status; while there were 9 missing cases for this questionnaire item (2.5 per cent).

Missing data

The missing data analysis was performed to ensure that they are handled so as not to contribute to errors in the outcome of the study. Table 7 presents the missing data analysis. From the table, it is seen that none of the variables has missing data exceeding 50 per cent. Hence, Hair et al. (2014) advised that missing data points be replaced with Series mean

Table 7: Number and percentage of missing data

Item	Missing	
	Count	Per cent
Drug sensitization programme	0	.0
Drug dependence treatment	0	.0
Drug abuse monitoring teams	18	4.9
Arrest drug addicts	0	.0
Hamper future potentials	0	.0
Harm internal organs	0	.0
Schools	18	4.9
NGOs	0	.0
Health Institutions	19	5.2
Advertisements	9	2.5
Dramas and Movies	10	2.7
Talk Shows and Presentations	19	5.2
Discourage Friends	0	.0
Unattractive Business	0	.0
Not Readily Available	10	2.7
Male drug abusers	0	.0
Aged 15-35	0	.0
TV and radio reach	0	.0
Licensed stores	0	.0
Prohibition by Govt	0	.0
Punishable offence	0	.0

Source: SPSS Output, 2019

Descriptive statistics of variables

Table 8 presents descriptive statistics on the responses on social marketing and demarketing of youth drug abuse in Cross River State, Nigeria. The report covers data obtained from 364 respondents. Social marketing was measured by product, price, place, product, Publics and Policy Constructs designed to measure social marketing products included attendance at drug sensitization programs; awareness of drug dependence programs in Cross River State; and availability of drug abuse monitoring team in the state. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation is less than one, indicating that up to 68 percent of the value dispersion is grouped around the mean. The variances show that the data spread is adequate.

Social marketing price was measured through arresting of drug addicts, hampering of individual's future potentials, and harm to internal organs of the addicts. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation is less than one, indicating that up to 68 percent of the value dispersion is grouped around the mean. The variances show that the data spread is adequate.

Three constructs were designed as measures of social marketing place. They were school campaigns, information from non-governmental organizations (NGOs) and support from health institutions. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation is less than one, indicating that up to 68 percent of the value dispersion is grouped around the mean. The variances show that the data spread is adequate. Social marketing promotion was measured by campaign adverts, dramas and movies, as well as talk shows and presentations. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation for advertisements and dramas/movies which is below 1 shows that up to 68 per cent of the spread of the values are clustered around the mean. On the other hand, the standard deviation for talk shows and presentations which is slightly above 1 shows that more than 68 per cent of the spread of the values are centered on the average. However, the variances indicate the spread of data is adequate.

Social marketing publics was measured by male drug abusers, aged 15-35, and TV/radio reach. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation is less than one, indicating that up to 68 percent of the value dispersion is grouped around the mean. The variances show that the data spread is adequate.

Three constructs were designed as measures of social marketing policies. They were licensing of stores, prohibition by government and punishing offenders. All of the constructions had a mean greater than 2.5, indicating a positive response to the questions. The standard deviation is less than one, indicating that up to 68 percent of the value dispersion is grouped around the mean. The variances show that the data spread is adequate.

Demarketing of drug abuse was measured by discouraging friends from drug abuse, the unattractiveness of illicit drug business; and unavailability of illicit drugs. The mean of the first two constructs was above 2.5 which indicates a positive response to the questions; whereas, the mean of the third construct is less than 2.5 which indicates a negative response. The standard deviation for the first and third constructs (discourage friends and not readily available) which is below 1 shows that up to 68 per cent of the spread of the values are clustered around the mean. On the other hand, the standard deviation for the second construct (unattractive business) which is above 1 shows that up to 95 per cent of the spread of the values are clustered around the mean. However, the variances indicate the spread of data is adequate.

Table 8: Descriptive statistics of social marketing and demarketing of youth drug abuse

Item	N	Mean	Std. Deviation	Variance
Product				
Drug sensitization programme	364	2.87	.945	.893
Drug dependence treatment	364	3.03	.708	.501
Drug abuse monitoring teams	364	3.36	.612	.374
Price				
Arrest drug addicts	364	3.31	.754	.568
Hamper future potentials	364	3.70	.459	.210
Harm internal organs	364	3.75	.434	.188
Place				
Schools	364	2.94	.769	.591
NGOs	364	3.34	.722	.522
Health Institutions	364	3.12	.894	.799
Promotion				
Advertisements	364	2.99	.639	.408
Dramas and Movies	364	2.93	.948	.898
Talk Shows and Presentations	364	2.97	1.051	1.104
Publics				
Male drug abusers	364	3.12	.913	.834
Aged 15-35	364	2.98	.678	.460
TV and radio reach	364	3.26	.843	.710
Policy				
Licensed stores	364	2.94	.749	.561
Prohibition by Govt	364	2.87	.959	.919
Punishable offence	364	2.82	.643	.413
Demarketing Drug Abuse				
Discourage Friends	364	3.71	.454	.206
Unattractive Business	364	2.82	1.205	1.453
Not Readily Available	364	2.01	.897	.804

Source: SPSS Output, 2019

Outliers

Checking for outliers are important because these can have a disproportionate influence on the regression results. While some authors recommend looking for outliers by looking for component scores that are more than three standard deviations from the mean, Hair et al (2010) recommend using the Mahalanobis Distance (D2). The Mahalanobis Distance value was compared to the Chi-square distribution with the same degree of freedom to look for outliers. The degree of freedom is the same as the number of predictors which in this study is 5. The result showed that the probability of all the Mahalanobis Distance values were less than 0.001. As a result, there were no outliers in the dataset.

Multivariate assumption tests

To guarantee that the regression analysis' result was valid and dependable, several multivariate assumption tests were run. These tests include normality, linearity, homoscedasticity and multicollinearity.

Normality test

A normality test was performed to determine if the properties of the dataset were normal. The rule of thumb for data normality, according to Davcik (2014), is that the skewness and kurtosis should not exceed +2 and +7, respectively. The results demonstrate that all of the structures met this requirement. The Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) and Bartlett's Test of Sphericity were used to confirm the dataset's normality. For these tests, the KMO should be larger than 0.6 and the probability value (p-value) should be less than 0.05, according to the rule of thumb. The results, as well as Figure 2, showed that the dataset was in good shape.

Table 9: Normality test result showing the skewness and kurtosis for the dataset

	N	Skewness		Kurtosis	
	Statistic	Statistic	Std. Error	Statistic	Std. Error
Drug sensitization programme	364	-.297	.128	-.956	.255
Drug dependence treatment	364	-.508	.128	.421	.255
Drug abuse monitoring teams	364	-.466	.128	-.537	.255
Arrest drug addicts	364	-.938	.128	.502	.255
Hamper future potentials	364	-.879	.128	-1.234	.255
Harm internal organs	364	-1.159	.128	-.659	.255
Schools	364	-.871	.128	.969	.255
NGOs	364	-1.404	.128	2.845	.255
Health Institutions	364	-1.082	.128	.636	.255
Advertisements	364	-.633	.128	1.468	.255

|					
Dramas and Movies	364	-.397	.128	-.882	.255
Talk Shows and Presentations	364	-.491	.128	-1.109	.255
Male drug abusers	364	-1.050	.131	.459	.262
Aged 15-35	364	-.795	.129	1.532	.258
TV and radio reach	364	-1.046	.128	.523	.255
Licensed stores	364	-.763	.128	.855	.255
Prohibition by Govt	364	-.337	.128	-.928	.255
Punishable offence	364	-.163	.128	-.517	.255
Discourage Friends	364	-.938	.128	-1.127	.255
Unattractive Business	364	-.412	.128	-1.417	.255
Not Readily Available	364	.403	.128	-.837	.255
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.609			
Bartlett's Test of Sphericity		Approx. Chi-Square	2909.211		
		df	105		
		Sig	.000		

Source: SPSS Output, 2019
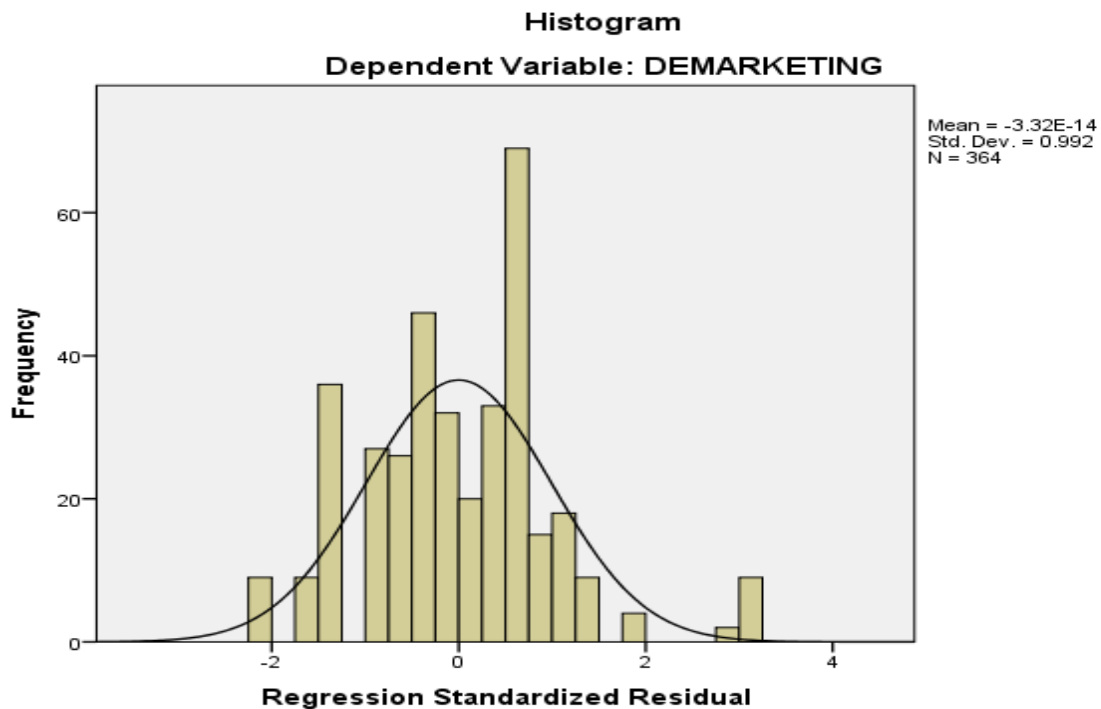
Figure 2: Histogram showing normality of data

Linearity test

As recommended by Hair et al (2010), the variables should be close to the probability plot (p-p) line to ascertain linearity. The variables in Figure 3 (below) have a linear relationship.
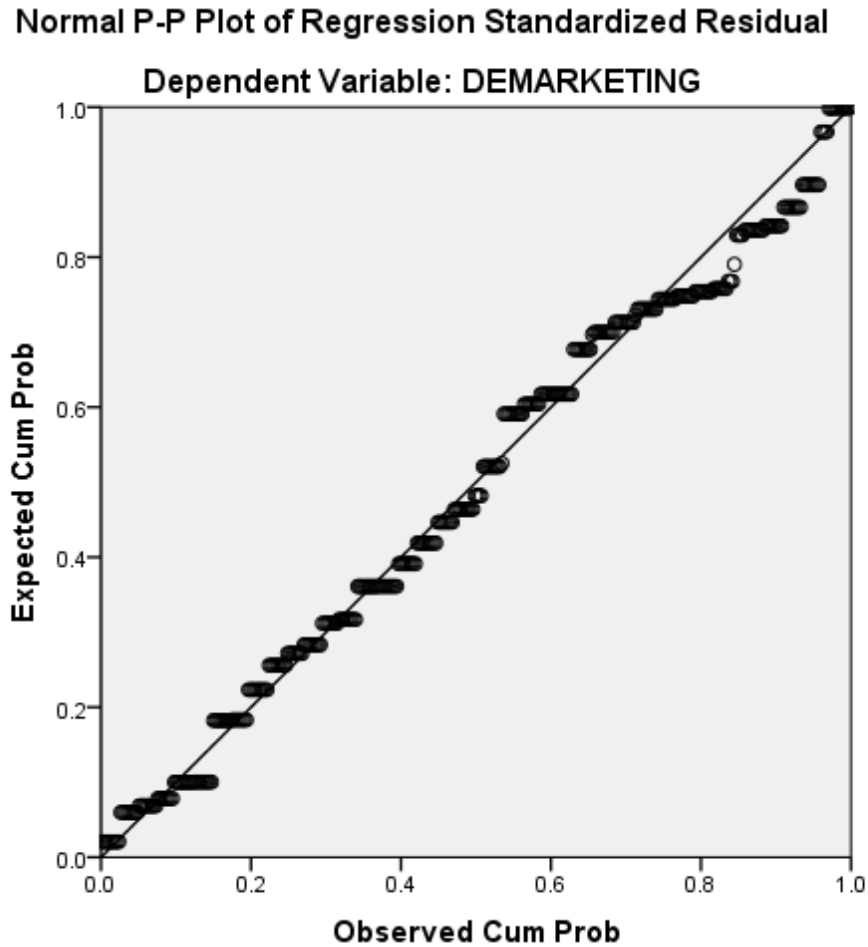

Figure 3: Normal probability plot showing linearity among variables

Homoscedasticity test

Homoscedasticity refers to the fact that the dependent variable has the same level of variance across all predictor variables (s). The assumption behind Ordinary Least Square (OLS) Regression is that the variances of the populations from which different samples are derived are identical. To see if the variables were homoscedastic, Levene's test of equality of variances was used. The results showed that the variables meet the homoscedasticity criteria since all of the independent variables have the same variance.

Table 10: Levene'sTest of Homogeneity of Variances

	Levene Statistic	df1	df2	Sig.
Drug sensitization programme	.065	1	362	.800
Drug dependence treatment	.814	1	362	.368
Drug abuse monitoring teams	.315	1	344	.575
Arrest drug addicts	.197	1	362	.658
Hamper future potentials	.075	1	362	.784
Harm internal organs	.017	1	362	.897
Schools	.397	1	344	.529
NGOs	.992	1	362	.320
Health Institutions	1.827	1	343	.177
Male drug abusers	.985	1	338	.350
Aged 15-35	.420	1	348	.587
TV and radio reach	.233	1	357	.658
Licensed stores	.438	1	357	.563
Prohibition by Govt	.556	1	357	.800
Punishable offence	.439	1	357	.505
Advertisements	.296	1	353	.587
Dramas and Movies	.092	1	352	.762
Talk Shows and Presentations	.066	1	343	.798

Source: SPSS Output, 2019

Multicollinearity test

To assess if there are very strong intercorrelations or inter-associations among the predictor variables, a multicollinearity test was performed using tolerance value and Variance Inflation Factor (VIF). The tolerance is the proportion of a predictor's variation that cannot be explained by other predictors. There is substantial multicollinearity when the tolerances are close to 0, and the standard error of the regression coefficients will be overstated. As a general guideline, tolerance should not be less than 0.1 and VIF should not be more than 5. (Ringle, Wande& Becker, 2015).The tolerance values are above 0.1, and the Variance Inflation Factors are fewer than the permissible value of 5. The result demonstrated that there were no multicollinearity difficulties.

Table 11: Multiple regression results of the effect of social marketing on demarketing of youths' drug abuse in public universities

Model	R	R Square	Adjusted R Square	Std. error of the Estimate
1	.749[a]	.561	.554	.406

a. Predictors: (Constant), POLICY, PRICE, PLACE, PROMOTION, PRODUCT, PUBLICS
b. Dependent Variable: DEMARKETING
Source: SPSS output, 2019

Table 12: Analysis of variance (ANOVA) on the effect of social marketing on demarketing of youths' drug abuse in public universities

Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	75.184	6	12.531	76.142	.000[b]
	Residual	58.751	357	.165		
	Total	133.935	363			

a. Dependent Variable: DEMARKETING
b. Predictors: (Constant), POLICY, PRICE, PLACE, PROMOTION, PRODUCT, PUBLICS
Source: SPSS output, 2019

Table 13: Coefficients for the effect of social marketing on demarketing of youths' drug abuse in public universities

Model		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta	t	Sig.
1	(Constant)	1.645	.209		7.880	.000
	PRODUCT	-.681	.049	-.709	-14.000	.000
	PRICE	.176	.063	.115	2.781	.006
	PLACE	-.476	.054	-.515	-8.805	.000
	PROMOTION	.042	.043	.048	2.971	.003
	PUBLICS	.132	.074	.115	1.776	.007
	POLICY	1.346	.078	.981	17.282	.000

a. Dependent Variable: DEMARKETING. Source: SPSS output, 2019

A multiple linear regression analysis was performed to determine the effect of social marketing on the demarketing of youths' drug abuse in public universities in Cross River State. Tables 10 to 13 show multiple regression results of the effect of the predictors- product, price, place, promotion, public and policy on the demarketing of youths' drug abuse in public universities in Cross River State. The regression results revealed an R-value of .749, an R-square of .561 and an adjusted R-square of .554.All these estimates indicated the goodness of fit of the data to the model. The value of adjusted R-square (.554) implied that the variables (product, price, place,

promotion, public and policy) account for 55.4 per cent of the demarketing of youths' drug abuse. 44.6 per cent of demarketing was not accounted for by the variables. The six variables- product, price, place, promotion, public and policy all affect demarketing as seen from their p-value which is less than 0.05. However, product and place have a negative slope (β) indicating that they affect demarketing negatively. On the other hand, price, publics, policy and promotion have a positive slope (β) respectively indicating that they affect demarketing positively.

The result of the regression requires that we reject the four null hypotheses and accept the alternatives. The results are summarized as follows:

1. Social marketing's product significantly affects the demarketing of youths' drug abuse in universities.
2. Social marketing's price has a significant effect on the demarketing of youths' drug abuse in universities.
3. Social marketing's place significantly affects the demarketing of youths' drug abuse in universities.
4. Social marketing's promotion has a significant effect on the demarketing of youths' drug abuse in universities.
5. Social marketing policy has a substantial impact on the demarketing of drug abuse among youthsin universities.
6. Social marketing publics have a substantial impact on the demarketing of drug abuse among youthsin universities.

1.8 Discussion of findings

The result of hypothesis one revealed that social marketing's product significantly affects the demarketing of youths' drug abuse in Cross River State public universities in Nigeria negatively. These social marketing products include offerings and propositions geared towards discouraging drug abuse among youths. The result of the analysis means that the more social marketing products such as drug abuse campaign programmes are offered to university students, the lesser the effect on the demarketing of drug abuse. This could be attributed to surveying more non-drug abusers than actual drug abusers. In line with this, Weinreich(2012), postulated that to have a viable product, there must be a genuine problem acknowledged by the people and that the product offered is efficient enough to solve that problem that can be used to support or facilitate a behaviour change. If the social product fails to identify the target audience with the specific problem, the social marketing product will have a negative effect.

The result of the second hypothesis showed that social marketing's price has a substantial positive impact on the demarketing of youths' drug abuse in Cross River State public universities. This gives credence to the fact that when drug abusers are informed about the consequences of their actions through the mass media advertisements (Odigbo, Okonkwo&Ekemezie, 2017), they are more inclined to give up on their current negative habits or

behaviour regarding drug use (Ehikwe, Eze& Odigbo, 2015). Parents also have a critical role to play in ensuring that their children in schools keep up with their family names and values (Odoh, Ugwuanyi, Odigbo &Chukwuani, 2017). Costs associated with social marketing of drug misuse include convenience costs (if an individual must take time off work or lose pay to attend a clinic) and response costs (if the individual must take time off work or lose pay to visit a clinic) (if there is likely to be embarrassment or fear of exposure of a particular problem, or if the individual fears failure in carrying out the behaviour).These fear promote or encourage the demarketing of drug abuse.Samouei, Tavakoli, Mirabdellahi and Jabbari (2015) concurred by explaining that repugnant behaviour can be changed through the isolation of such behaviour, meticulous planning, correlation of stages, careful evaluation, and implementation. This change will pave way for the appearance of endearing behaviours, and discourage the youths from engaging in drug-influenced violence behaviour (Nwonu, Ojo& Odigbo, 2013).

As seen from the third hypothesis, social marketing's place significantly and negatively affects the demarketing of youths' drug abuse in Cross River State public universities. The component of place promotes consideration of where and when the target audience will engage in the intended behavior or obtain program products/services in a convenient and pleasurable manner. However, according to Kotler and Zaltmer (1971), promotional materials can drive people to take action, but if "clear action outlets are not offered or venues to obtain the goods are not presented," the campaign would fail.

The study's fourth hypothesis confirmed that the promotion of social marketing had a considerable favorable influence on the demarketing of teenagers' drug usage in public institutions in Cross River State. Public relations, advertising, print materials, small-group or one-on-one activities (mentoring, counselling, seminars, demonstrations, presentations), and other media can all be used to disseminate messages. The content of the message must be persuasive and positive in nature to achieve the desired result. The change benefits must be publicized as well as the efforts to make the change must be easier in such a way that will attract the target audience to take the advantage of the opportunity. Odigbo, Okonkwo, and Ekemezie (2017) discovered that below-the-line advertising media were considerably beneficial as social marketing techniques for HIV/AIDS prevention and management among Nigeria's rural population. This could also be applicable in drug abuse.

The fifth hypothesis demonstrated that social marketing policy has a strong favorable influence on youth drug abuse demarketing in Cross River State public institutions.Policies on drug abuse designed by the government are essential to the demarketing of drug abuse. Although legislative reform is critical, some authors believe that media advocacy can be a valuable addition to a social marketing campaign.According to Nnabuko, Nwaizugbo& Odigbo (2013), hard drug is one of the major things than can demarket the image of a nation and its citizens, and the image of a nation determines its overall international corporate performance.

Finally, as seen from the sixth hypothesis, social marketing's publics significantly and positively affects the demarketing of youths' drug abuse in Cross River State public universities. Publics in

social marketing is both the internal and external group of people involved in the program. The result of the analysis has proven that for any social marketing campaign program to be successful, social marketers have to reach out to a different group of people be it internal or external. In other words, the target audience, secondary audiences, policymakers, and gatekeepers are all important to consider when engaging in a social marketing campaign.

Summary of findings

The findings of the data analyzed are summarized as follows:

i.   Social marketing's product significantly affects the demarketing of youths' drug abuse in Cross River State public Universities negatively.

ii. Social marketing's price has a substantial positive impact on the demarketing of youths' drug abuse in Cross River State public universities.

iii. Social marketing's place significantly affects the demarketing of youths' drug abuse in Cross River State public universities negatively.

iv. Social marketing's promotion has a substantial positive impact on the demarketing of youths' drug abuse in Cross River State public universities.

v.   Social marketing policy has a substantial positive impact on the demarketing of youths' drug abuse in Cross River State public universities.

vi. Social marketing publics have a significant positive effect on the demarketing of youths' drug abuse in Cross River State public universities.

Conclusion

The study examined the effect of social marketing tools on the demarketing of youths' drug abuse in Cross River State public universities. This study is important because social marketing tools have been identified as a means to an end that of reducing the menace of drug abuse among university youths in Cross River State. This study considered six social marketing tools- product, price, place, promotion, policy and public. All these variables were found to be effective in the demarketing of drug abuse. This implies that there is an increased need for social marketers since Cross River State and Nigeria at large are gradually becoming socially and environmentally conscious or inclined.

Recommendations

Based on the result of this research, the following recommendations are offered:

i.   In addition to organizing drug abuse programmes, non-governmental organizations should ensure that such programmes are designed in such a way that the drug abusers do not feel criticized. In other words, these programmes should be empathetic to have the desired effect. Hence, the organizers of drug abuse programmes should be more

concerned about the quality and effectiveness of the programmes rather than the number and regularity at which such programmes are organized.

ii.   The result of the analysis revealed that social marketing prices significantly affect the demarketing of drug abuse. Consequently, programmes or products aimed at demarketing drug abuse should be affordable and accessible to the target audience.

iii.   Additionally, the proposition of demarketing of drug abuse should be presented appealingly so that the target audience will be moved to change their current habit to attain the incentives associated with the change in habit.

iv.   Social marketers should not relent in using all the promotional tools at their disposal to create more awareness of the ills of drug abuse in universities and colleges in Cross River State.

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