



# Social Marketing and Addiction Prevention in the Educational Community of Yaoundé and Garoua

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## Abstract

The use of psychoactive substances (both legal and illegal) and the emergence of new addictive behaviors are increasing sharply among young people and adolescents within the educational community. This article aims to explore the social marketing techniques implemented by the educational communities in Yaoundé and Garoua to enhance addiction prevention in educational settings. Based on a multi-site case study involving 18 members of the educational communities from various sectors in Yaoundé and Garoua, it was found that several social marketing techniques can effectively address addiction prevention. These techniques include awareness-raising campaigns, scientific programs and activities, parental involvement, education through peer educators, and the establishment of disciplinary councils. Collectively, these strategies can serve as significant remedies for preventing addictions within the educational communities of Yaoundé and Garoua.

## Subject Areas

Sociology

## Keywords

Social Marketing, Prevention Addiction, Educational Community, Yaoundé-Garoua

## 1. Introduction

Teenagers and young people in schools worldwide are increasingly facing an unprecedented rise in addictive behaviors. The use of psychoactive substances, both legal and illegal along with the emergence of new addictive behaviors, such as

excessive phone use, online gaming, pornography, gambling, and scamming, is rapidly growing among youth in educational settings, raising significant concerns within the educational community. These addictions underscore the urgent need for educational institutions to develop life skills that can limit or delay dependencies on these substances and behaviors.

In Cameroon, this issue is particularly pressing. Addictions to various substances and behaviors are spreading, diversifying, and worsening among adolescents and young people in educational environments. For instance, [1] conducted a study in two schools in Yaoundé and found that 87.14% of students surveyed reported having consumed alcohol at some point. Cannabis use, often in conjunction with tobacco, was noted at a rate of 58.5%, followed by chicha (46.24%), tramadol (44.6%), cigarettes (25.55%), cocaine (12.1%), traditional preparations (7.6%), and heroin (5.7%).

Similarly, study by [2] on drug use in Garoua 1 indicated that out of 593 students aged 16 to 20, 40.64% had used drugs, with 35.4% being girls and 64.6% boys. The most commonly used substances included alcohol (68.5%), chicha (31.9%), banga (16.5%), cigarettes (15.7%), tramadol (15.0%), tobacco (12.6%), diazepam (5.9%), injected drugs (5.1%), cocaine (4.7%), and sleeping pills (3.9%). Alarming, 22.8% of these students reported using three or more types of narcotics. According to the Minsanté health sector strategy for 2016-2027, 17.4% of adolescents and young people in schools occasionally consume large quantities of alcohol [3]. Additionally, the Comité National de Lutte contre la Drogue (CNLD) reported that by 2022, 21% of adolescents and young adults aged 15 to 25 had experimented with drugs.

Regarding addictive behaviors, the prevalence of excessive use of Android phones among university students is estimated to be between 18% and 24%, with students spending an average of 6 to 8 h per day on their devices [4]. In terms of gambling, 97% of individuals participating in football betting are young boys aged 15 - 19 and 20 - 24 from educational backgrounds [4].

Addictions often arise from the synergistic interaction of various factors, including psychological influences (such as imitation of parental behavior and a positive perception of psychoactive substances used by parents), biological factors (like lack of self-confidence, problem-solving difficulties, and trauma), and environmental factors (including home, neighborhood, and school dynamics). The quality of family life, poor parent-child relationships, inadequate parental supervision, overly permissive or authoritarian parenting styles, frequency of social outings, stressful life events (such as the death of a close relative or experiences of abuse), and marketing strategies employed by companies all significantly impact the risk of addiction [5]-[7].

The widespread presence of addictive behaviors and substance use among adolescents has profound negative social consequences, including increased juvenile delinquency, emerging forms of crime, violence, and heightened vulnerability to exploitation (such as theft and sexual violence). Additionally, these issues can lead

to irreversible mental health damage, including conditions like schizophrenia, anxiety, and depression, as well as detrimental effects on brain development. Research indicates that these substances can alter the architecture of gray matter (neurons) and white matter (the connections between neurons), impacting overall brain function [7].

Despite investments in educational prevention initiatives, adolescents aged 10 to 24 remain highly susceptible to various addictions [8]. To effectively combat these challenges, stakeholders in the educational community including parents, educators, healthcare professionals, and psychologists can play a crucial role in facilitating positive changes in the lives of young people. In this context, tailored social marketing techniques can be implemented to protect the health and mental well-being of adolescents.

The intersection of social marketing and addiction prevention in educational settings has garnered significant interest from both educational and scientific communities. Several studies have explored this topic in recent years [6] [9]-[11]. However, existing empirical research remains insufficient, often focusing primarily on the causes and consequences of addiction without fully integrating social marketing strategies as viable solutions for prevention. This gap highlights an opportunity for exploration, particularly within the educational environments of Yaoundé and Garoua.

In Cameroon, the discourse surrounding social marketing and addiction prevention is still underdeveloped, resembling a “black box.” There has been limited research specifically addressing this nexus, leading to a knowledge deficit. Most studies tend to treat addiction and behavioral issues separately, often concentrating exclusively on substance addiction while neglecting behavioral addictions. For instance, [5] examines addictive behaviors in schools and advocates for multi-sector collaboration among stakeholders. Similarly, the [12] emphasizes the need for educational talks and outreach to current users to prevent dependency and complications. [13] also explores the causes and means to combat psychotropic drug use in schools, recommending educational discussions and the establishment of support structures for addiction prevention.

In summary, there is a pressing need for comprehensive research that links social marketing techniques with addiction prevention strategies in the educational context, particularly in Cameroon. Addressing this gap could lead to more effective interventions tailored to the unique challenges faced by adolescents in today’s educational environments. The existing body of research on social marketing predominantly concentrates on health-related issues, particularly sexual and reproductive health among young people. For instance, [14] emphasizes that media promotion and interpersonal communication are critical components in addressing adolescents’ sexual health. Similarly, [15] highlights the efforts of the Association Camerounaise pour le Marketing Social (ACMS) in utilizing social marketing strategies to enhance access to condoms for vulnerable populations, reporting positive outcomes from these promotional initiatives. Furthermore, the [3] health

sector strategy for 2016-2027 advocates for social marketing to improve the use of preventive health services, enhance mass media engagement, and promote health products and services effectively.

Despite these advancements, there remains a notable gap in research specifically examining the role of social marketing in addiction prevention within the educational community in Cameroon. While existing studies emphasize health education and behavior change in sexual health contexts, the application of social marketing techniques to combat addictions, whether substance-related or behavioral, has not been thoroughly explored. This presents an opportunity to extend the research focus to investigate how social marketing can be strategically employed to bolster addiction prevention efforts in educational settings.

The study posits the hypothesis that the effectiveness of addiction prevention among adolescents in educational institutions is significantly influenced by the social marketing techniques employed by the educational community. To investigate this relationship, the study centers inquiry around the question: How does social marketing enhance addiction prevention within the educational communities of Yaoundé and Garoua?

To address this question, first, a theoretical framework linking social marketing with addiction prevention was established. By defining key concepts and their interrelationships, we aim to demonstrate the intrinsic connection between these two domains. Following this foundational analysis, we will identify and describe the specific social marketing techniques utilized by stakeholders in the educational community in both cities. This exploration will focus on practices that promote health-oriented behaviors and mental well-being among adolescents and young people. Through this comprehensive examination, this study hopes to contribute valuable insights into the potential of social marketing as a proactive tool in addressing the pressing issue of addiction among students, ultimately fostering healthier educational environments in Cameroon.

## **2. Social Marketing and Addiction Prevention: Two Interrelated Concepts**

Social marketing seems to be consubstantially linked to addiction prevention. One could say that social marketing is the correlate of addiction prevention. To establish the link between social marketing and addiction prevention, first, the study defines both concepts in operational terms. This characterization will demonstrate how social marketing and addiction prevention are consubstantial.

### **2.1. Towards a Definition of Social Marketing and Addiction Prevention**

#### **2.1.1. Definition of Social Marketing**

Considered an extension of commercial marketing, social marketing is the subject of extensive research in the social sciences [14] and needs to be well understood to avoid confusion in the debate. It seems useful, therefore, to revisit the definition of the concept as envisioned by theorists and practitioners and to highlight the

importance of social marketing in society.

A brief review of the literature surrounding social marketing provides a comprehensive overview of its definitions, reflecting the various perspectives of authors. [16] acknowledges that social marketing is an adaptation of commercial marketing techniques applied to social objectives. [17] defines social marketing as the design and implementation of a program aimed at influencing the acceptability of social ideas. Similarly, [18] describes social marketing as a technique used for prevention and awareness-raising purposes. [19] explains that social marketing provides practitioners with a framework for action to address social problems and change behavior. In a similar vein, [20] presents social marketing as the use of commercial marketing techniques to promote the adoption of behaviors favorable to the well-being and/or health of individuals.

From these explanations, all definitions of social marketing appear to converge on a common goal: to influence a target audience to accept, reject, modify, or voluntarily abandon behaviors that benefit individuals, groups, or society as a whole [17]. Within this framework, the study considers that social marketing consists of conveying a message to a person or group to enable them to change their behavior for the benefit of all.

### **2.1.2. Definition of Prevention**

The concept of prevention is of vital importance to society. In the educational environment, it garners significant interest both at home and at school. However, the wide range of terms associated with prevention can sometimes cause confusion, necessitating clarification.

In this regard, the [21] defines prevention as the act of informing someone and making them aware of what is going to happen, particularly in relation to an incident, so that they are not caught by surprise. Similarly, the [7] defines prevention as all actions aimed at (i) reducing the impact of the determinants of disease or health problems; (ii) avoiding the occurrence of disease or health problems; and (iii) stopping their progression or limiting their consequences. The [22] approaches prevention at three levels: (i) primary-acting well before the onset of a health problem by reducing behaviors and factors that contribute to its occurrence; (ii) secondary-acting at the onset of a health problem by detecting and treating it early, before symptoms appear; and (iii) tertiary-acting when the disease is already present by ensuring management that reduces the occurrence of complications.

As can be seen, the concept of prevention is not easy to define. In this context, the study will consider prevention as all measures aimed at avoiding or reducing the number and severity of illnesses or accidents.

### **2.1.3. Definition of Addiction**

For some years now, the concept of addiction has been interpreted in various ways within scientific circles, and it is essential to understand it properly to avoid confusion in the debate. In this context, [23] recognizes addiction as a dependence on

a substance or activity that can have serious and damaging consequences for an individual's psychological integrity, physical health, educational and professional integration, and relational balance. Similarly, [24] describes addiction as a disorder characterized by the repeated use of a legal (tobacco, alcohol, psychotropic drugs) or illegal (cannabis, cocaine, etc.) psychoactive substance, or by behaviors such as sex or gambling. The French National Authority for Health (2022), [25] defines addiction as a primary and chronic neurobiological disorder influenced by genetic, psychosocial, and environmental factors.

In summary, this contribution defines addiction broadly as a cerebral disorder characterized by dependence on a substance or activity, with deleterious consequences. While discussions around these concepts have been lively, they have not adequately addressed the link between social marketing and addiction prevention in educational settings. However, specific theoretical frameworks, such as the theory of social conditioning and the theory of planned behavior, can help establish this connection.

## **2.2. Theory of Social Conditioning and Planned Behaviour: Two Ways in Which Social Marketing and Addiction Prevention Can Interact Dynamically within the Educational Community**

### **2.2.1. Social Conditioning Theory: Rewarded Behaviour as a Vector for Interaction**

A careful examination of social marketing and its techniques leads to two main observations. Firstly, social marketing aims to induce or modify certain attitudes to generate health-beneficial behaviors [18]. Secondly, the practice of social marketing tests the ability of individuals, who may struggle to make autonomous changes, to adjust interpersonally [14]. These observations underscore the need to revisit Social Conditioning Theory (SCT) to establish and explain the interactions between social marketing and addiction prevention within the educational community.

Social Conditioning Theory highlights the importance of the social context in the process of change [26]. It is founded on the idea that people's behavior is influenced by observing and imitating the actions of others, emphasizing the role of the social environment in shaping individual behavior. From the perspective of addiction prevention, social marketing initiatives are essential as they encourage individuals to adopt new behaviors by observing the actions, interactions, and consequences experienced by others. Individuals are more likely to replicate behaviors that they see rewarded or valued in their environment, identifying with social models they feel are similar to them.

In the context of addiction prevention, the focus is on social marketing through health promotion activities. According to the Ottawa Charter, health promotion is the process of enabling individuals to increase control over and improve their own health [22] as cited in [7]. In this framework, individuals learn from social models and their environment to shape their own behaviors.

In summary, referencing this theory, social marketing encourages individuals

to adopt appropriate behaviors by observing the rewards or risks associated with these behaviors in others. Social norms, peer groups, and interpersonal interactions thus play a crucial role in fostering socially responsible behavior.

### **2.2.2. The Theory of Planned Behaviour: Reasoned, Planned and Controlled Behaviour as a Factor of Interaction**

The Theory of Planned Behavior (TPB) is a crucial component of this analysis. The central hypothesis of TPB posits that individuals make reasoned decisions, with behavior resulting from the intention to engage in it. This implies that the stronger the intention, the more effort an individual will exert to pursue that behavior, thereby increasing the likelihood of its enactment [27]. TPB emphasizes that forming specific intentions and planning actions enhances the probability of conforming to a given behavior. In this context, reflective behavior indicates that all relevant information is accessible, and all implications and potential consequences of the action have been evaluated [7]. Thus, the decision to perform a behavior is seen as reasoned, planned, and controlled. However, this reasoning does not imply that the decision is entirely rational or based on objective, logical rules; rather, it suggests that the individual engages in a moment of internal deliberation, even if brief, before acting.

According to TPB, attitude is a key factor, representing the positive and negative evaluations an individual holds regarding a behavior. Subjective norms refer to the perceived social pressure influenced by the opinions of friends, family, or society at large. Perceptions of behavioral control are also significant; this refers to the belief in one's capability to perform the desired behavior [28]. In this regard, the more confident a person feels in their ability to act, the more likely they are to do so.

In the context of social marketing and addiction prevention, TPB suggests that the success of a behavior is influenced not only by attitudes, subjective norms, and perceived behavioral control but also by the individual's perception of the behavior's feasibility.

Ultimately, SCT and TPB together provide a framework for understanding the necessary adjustments that seem beneficial to health based on target behavior. SCT emphasizes the rewards and/or risks observed in others as reference points for adjustment. Meanwhile, TPB highlights that attitudes, subjective norms, and perceived behavioral control serve as important factors in these adjustment processes.

## **3. Methodology**

This study has drawn on a variety of sources to develop the analysis. The first phase began with an in-depth review of the literature, including available reports from the WHO, UNAIDS, ACMS, and the Ministry of Public Health; scientific articles; and survey reports on addiction prevention in education. This review was supplemented by literature from national and international databases (PubMed, UNODC, CNLD, CDBPS, Cameroon-Tribune, MINESEC, MINEDUB,

MINESUP, etc). The literature review allowed us to collect secondary data related to the study's objective and to refine the data collection tools.

The second phase involved informal and formal discussions with stakeholders to gain a deeper understanding of the theme. Given that the objective was to explore the social marketing techniques used by the educational community in Yaoundé and Garoua to enhance addiction prevention, the study opted for an inductive qualitative approach [29] using a case study strategy [30] to better understand the relationship between social marketing and addiction prevention based on field data, rather than measuring it. The aim was to derive meaning from stakeholders' perspectives.

Data were collected through field observations, formal individual interviews, and group discussions with stakeholders. The individual interviews were conducted face-to-face with experts working on addiction issues, and these interviews were complemented by focus group discussions with target groups (pupils and students) at each site. The focus groups consisted of 5 to 8 people and were homogeneous, with separate groups for girls and boys. At each site, at least two focus group discussions were organized (one with girls and one with boys). The following age groups were used for the focus groups: 10 - 19 and 20 - 24. The exploratory study was deliberately conducted across multiple sites to gain a better understanding of the approaches and rationales of educational community stakeholders working in different sectors in Yaoundé and Garoua.

From this perspective, 18 members of the educational community were selected in Yaoundé (the capital of the Centre region and political capital) and Garoua (the capital of the North region). The first group included individuals in charge of school health issues within the ministries (MINESEC, MINEDUB, MINESUP). The second group consisted of strategic partners implementing addiction prevention in public and private establishments (censors, general supervisors, etc.). The third group referred to facilities for addicts (hospitals, addiction care and support centers). The fourth group included community-based anti-drug associations. The fifth group comprised parents, while the sixth consisted of the main beneficiaries (pupils and students). The seventh group included a sociologist and the eighth a psychologist. **Table 1** summarizes the sample.

**Table 1.** Sample summary of members of the education community.

Code	Structures	Quality	Workforce	Sponsor function	Gender	Age	Duration (min)
A1	Minesec	Institution	01	Head of the Department of Health, Sport and After-school and Extra-curricular activities	M	49	15
A2	Minedub	Institution	01	Head of medio-school service	M	45	17
A3	Central Hospital	Health facilities	02	01 Doctor	F	34	18
A4	High schools	Public educational establishment	2	02 General supervisors	M	33, 37	10
A5				02 Censors	F	39, 41	

## Continued

A6	Colleges	Private educational establishment	2	02 General supervisors	F	40, 46	10
A7				02 Censors	M	53, 42	
A8	YDF*	<b>CBO*</b>	01	DIC manager	F	43	19
A9	Centre la Vie	Centre for addiction care and support	01	Centre Manager	F	54	15
A10	Sociologist	Sociologist	01	Sociologist	M	40	10
A11	Psychologist	Psychologist	01	Psychologist	M	51	10
A12	ACMS*	NGO	01	Senior research manager	M	46	15
A13	Parents	Parents	02	Parents	M	25 - 43	20
A14					F		
A15	Students	Students	10	Pupils in a secondary school	M	15 - 25	10
A16					F		
A17	Infirmary	CMS	02	01 nurse	F	42	18
A18	Infirmary	Infirmary	01	01 nurse	F	35	20

Source: Survey data (2024) CBO\* = Community-based organization; YDF = Youth Development Foundation; ACMS = Association Camerounaise pour le Marketing Social (Cameroon Association for social marketing); NGO\* = Non-Governmental Organization; FOSA\* = health training.

The selection of this theoretical sample was based on the criterion of theoretical saturation [31]. Respondents were chosen based on their availability to participate in the study, as well as the variety and representativeness of their responses to the research question, rather than for statistical reasons. The heterogeneity of the sample members was intentionally retained to enhance the richness of the data collected.

Data were gathered using interview guides grounded in an interview protocol [32]. The interviews took place between April 5 and May 26, 2024, lasting an average of one hour. The duration of the interviews was influenced by two factors: the availability of the respondents and their level of initial training. Depending on the schedules of the contacts, the interviews were conducted multiple times, sometimes by appointment and at other times during visits. During the interviews, respondents were followed up as needed, aiming to encourage them to elaborate on their responses, thoroughly explore all relevant themes, and provide new insights. Conversations were recorded via telephone.

To minimize the dispersion of responses and avoid collecting irrelevant information, the interviews focused on five main topics, as recommended by [30]. To enhance the validity and reliability of the research construct, the triangulation technique was employed [33]. This approach involved using multiple sources of information (both written and oral), diverse survey methods (interviews, observations, and guides), various informants and key actors, and different literature sources, thereby justifying the validity and reliability of the findings. The interviews were fully transcribed, resulting in 65 pages of written documents for each case observed.

The data processing method used was thematic content analysis [34]. This technique was found suitable, as the nature of the data collected from the stakeholders reflected their perspectives. The coding process involved breaking down the content of the discourse into units of analysis and then classifying them into categories aligned with the research objectives. Based on the participants' responses, the study aimed to identify the social marketing techniques employed by stakeholders to enhance addiction prevention within the educational community. An inventory of the information collected was compiled, which illustrates partial but contextualized knowledge and incorporates the concerns of the stakeholders.

## 4. Results

One of the initial concerns was to confirm that social marketing and addiction prevention were significant issues within the educational community. To this end, the participants we asked to define these key concepts in operational terms. **Table 2** summarizes the various operational definitions of the two key concepts as articulated by members of the educational community.

**Table 2.** Definition of the concepts of social marketing and addiction prevention from the point of view of members of the education community.

Social marketing	Addiction prevention
A communication tool that encourages behaviour conducive to good health	A technique for reducing the problems associated with drug use
Technique used to encourage exchanges and promote new behaviours	A set of measures designed to prevent the adoption of risky behaviour as far as possible
High-impact practice aimed at changing mass behaviour	The practice of providing addicts with brochures, flyers, etc., about substances and risky behaviour
A technique that aims to influence and change social behaviour for the benefit of a target audience	Measures to be taken to reduce the risks and harm associated with drug use
A set of strategies to encourage behavioural change among targets	Mechanism aimed at preventing the consequences of substance abuse and avoiding dependence

Source: Survey Data (2024).

### 4.1. Addiction Prevention in the Educational Environment: Diverse and Complementary Social Marketing Techniques

From the literature review, it was found that social marketing can induce or modify attitudes to promote behaviors that benefit health and mental well-being. In the context of addiction prevention within the educational community, social marketing techniques were identified not only through the literature but also through the various discourses of the stakeholders interviewed. Five key social marketing techniques were recognized, while also acknowledging other relevant methods: awareness-raising, scientific programs and activities, the involvement of parents, education by peer educators, and the use of disciplinary councils. The

analysis focused on how each of these techniques contributes to addiction prevention within the educational communities of Yaoundé and Garoua, justifying the desired behavior change among adolescents and young people.

#### **4.2. Raising Awareness, an Antidote to Social Marketing in Addiction Prevention**

If we had to characterize a social marketing technique that effectively boosts addiction prevention in the educational environment, we would undoubtedly choose awareness-raising. This technique serves a dual purpose: it aims to encourage and support behavioral change while also reassuring the target audience about the measures being implemented to facilitate that change. However, traditional awareness-raising campaigns, which are crucial for influencing the behavior of adolescents and young people, seem to be insufficient on their own. This inadequacy can be attributed to two main factors: first, the high costs associated with certain traditional communication media, such as television or radio advertisements and premium magazine inserts; second, the challenge of convincing the target audience of the anticipated benefits. In light of this, almost all the stakeholders interviewed acknowledged the need for simpler, cost-effective, and contextually relevant awareness-raising strategies aimed at teenagers and young people in schools.

In this context, the gatherings held at the beginning of the week, specifically every Monday, were identified by all respondents from the surveyed schools in both towns as the ideal setting for engaging learners and raising their awareness about the dangers and consequences of addiction. To illustrate this, one respondent (A15), a secondary school pupil, noted that: “in our secondary school, every Monday morning, after lights out, the principal and other supervisors often take fifteen minutes to talk to us about drugs, cigarettes, fights with teachers and even among ourselves, the pupils” (FGD of young boys carried out in a secondary school on 20 April in Yaoundé). Another participant (A16), a high school pupil, added: “They also talk to us about beer, football betting, cards and telephones at school” (FGD of young boys carried out in a high school on 15 May in Garoua). If we had to characterize a social marketing technique that effectively boosts addiction prevention in the educational environment, we would undoubtedly choose awareness-raising. This technique serves a dual purpose: it aims to encourage and support behavioral change while also reassuring the target audience about the measures being implemented to facilitate that change.

However, traditional awareness-raising campaigns, which are crucial for influencing the behavior of adolescents and young people, seem to be insufficient on their own. This inadequacy can be attributed to two main factors: first, the high costs associated with certain traditional communication media, such as television or radio advertisements and premium magazine inserts; second, the challenge of convincing the target audience of the anticipated benefits. In light of this, almost all the stakeholders interviewed acknowledged the need for simpler, cost-effective,

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In addition, the use of digital social networks such as WhatsApp and Messenger has been expanded to enhance awareness-raising strategies, though these approaches vary among pupils and parents in the schools observed in the two cities. In Yaoundé, almost all the participants interviewed reported having established information groups within their schools, first organized by educational cycles and later including parents and the administration through these mobile applications. In Garoua, however, the stakeholders acknowledged that such forums exist only between the administration and parents.

These various information groups are typically managed by either a medical-school assistant or an addiction professional, depending on the cases observed. Beyond these digital platforms, all the participants responsible for running the forums in the schools in Yaoundé and Garoua recognized that the communication strategies and key messages designed to enhance prevention efforts consider several factors. These include the understanding of information about addictions, risk perception, social norms, and community resilience. In this context, participants A17 and A18—respectively a school health worker in a high school and a nurse in a secondary school—shared that they have disseminated information that is both easy to understand and has fostered trust among pupils and parents. To attest to this, actor (A17), a medical officer in a high school, said that “we adapted the messages in a colloquial style in order to reduce the barriers to understanding for our pupils, remove misunderstandings and other misunderstandings that can lead to stigmatisation, discrimination and our learners dropping out of school” (Interview conducted in a high school on 13 May in Garoua). Following in his footsteps, the actor (A17), a secondary school nurse, adds that: “(...) these little messages, which are not harmful to our pupils and their parents, have enabled us to form a truly coherent and united group in the face of these scourges” (Interview conducted in a secondary school on 18 April in Yaoundé).

In the realm of awareness-raising, the establishment of dialogue spaces within the schools surveyed in both cities has also been noteworthy. To help shy learners feel comfortable sharing their thoughts, most of the respondents from schools in Yaoundé reported creating personalized educational chat rooms. These initiatives foster a climate of trust and ensure the confidentiality of students’ confessions. In

contrast, those interviewed in Garoua noted that small-group educational talks led by medical-school staff within these dialogue spaces have proven very effective, with the students themselves often taking the lead as panelists.

### **4.3. Adapting Scientific Programmes and Activities, a Social Marketing Remedy for Addiction Prevention**

Scientific programmes as a social marketing technique play a crucial role in addiction prevention within educational establishments. Nearly all the respondents from the schools in both cities acknowledged that these programmes educate young people about how drugs affect the brain, enhancing their understanding of the associated risks and empowering them to make informed choices regarding substances and deviant behavior.

In addition to these scientific programmes, the integration of health promotion activities was highlighted by many participants, though the approaches varied between the two towns. In Garoua, respondents favored interactive methods such as sketches, theatrical performances, and role-playing scenarios. Conversely, in most establishments in Yaoundé, the focus was on film screenings and small capacity-building workshops led by experts, sometimes from the Ministry of Health or humanitarian organizations. Supporting this view, one respondent (A4), a general supervisor at a high school, emphasized that: “(...) through sketches and theatre, we often tackle serious health issues in a very amusing and lighter way. This helps to simplify complex subjects, to interest a greater number of pupils and to help them retain the lessons learned more easily” (Interview conducted at a high school in Garoua on 16 May).

In the same vein, actor (A6), a general supervisor at a secondary school, explains that: “We have planned film screening days for young people at our secondary school on a variety of subjects, including addiction. From time to time, we also hold workshops with people from the Ministry of Health or NGOs” (Interview conducted at a secondary school in Yaoundé on 16 April). In order to highlight the importance of the health promotion activities initiated in the establishments surveyed in the two towns, the sociologist (A10) explains that: “these health promotion activities seem to encourage the development of social skills, that is the ability to resist peer pressure to use drugs; cognitive skills; emotional skills and, as a result, act as a barrier against addiction to substances and behaviour” (Interview conducted on 20 April in Yaoundé). In the same vein, the actor (A3) in charge of a referral hospital adds and specifies that: “(...) during these health promotion activities, knowledge is obviously provided on the negative effects of products, on behaviour, on social norms of consumption and on activities aimed at rectifying these bad attitudes” (Interview conducted on 20 April in Yaoundé).

From another angle, the creation and promotion of health club and diary club activities is another important social marketing tool in addiction prevention. These two tools were mentioned by the majority of players in the two cities as an incentive to prevent addiction to substances and behaviours. In both Garoua and Yaoundé, the players we met admitted that the health clubs had helped them to understand

how to protect themselves against the various addictions and to share new knowledge with their peers, their families and even their communities in the broadest sense. Actor (A3), a high school pupil, said: “I’ve learnt a lot at my school’s health club. As a result, I often take the advice I learnt at the club back home, and my mother sometimes passes on this knowledge to the neighbours”. (FGD of young girls conducted in a secondary school on 15 May in Garoua). As far as the newspaper clubs are concerned, feedback from those involved is similar in the establishments observed in the two towns. Firstly, it was noted that these weeklies existed in the various schools, although the names differed from one school to another and from one town to another. Secondly, each of the players we met admitted to having created a health section in their weekly newspaper, which generally contains anonymous accounts of the lives of addicted former students and practical advice. On this subject, the actor (A5), a high school pupil, says: “our magazine taught me a lot about the evils of football betting and smoking and how to avoid them” (FGD of young boys conducted in a high school on 15 May in Yaoundé).

#### **4.4. Peer Education, a Social Marketing Solution for Addiction Prevention**

According to what the stakeholders have said, peer support as a social marketing technique seems to be essential in addiction prevention in educational settings. In fact, peer education is a strategy that makes it possible to solicit the active participation of target groups in order to involve them in their own learning and make them actors in their own health and their own lives. To this end, actor (A9), in charge of an addictology support and care centre, explains that: “being generally of the same generation, with the same concerns, sometimes the same social status and the same social norms, it is easier for a peer educator to enlist and be more successful with his peers” (Interview conducted in a care centre on 22 April in Yaoundé). In this context, peer education has a dual objective: to boost young people’s self-confidence, skills and commitment to safe consumption and behaviour, and to ensure that the various examples of practical solutions address young people’s concerns. In support of this, actor (A8), a DIC manager in a community-based organisation, notes that: “(...) using their own experiences, peer educators often organise discussions in small groups on the problems and concerns that seem to be most common among their peers, while showing them the various ways out” (Interview conducted in a CBO on 22 April in Yaoundé). In the same vein, actor (A9), in charge of an addictology support and care centre, adds and specifies that: “this similarity of life experiences enables the betting educators to provide information in a contextualised and adapted way, which may not become essential skills for the target” (Interview conducted in a care centre on 22 April in Yaoundé). In this sense, having noted the inadequacies of traditional awareness campaigns, the introduction of peer education was favoured by almost all the stakeholders interviewed in the two towns. To clarify these remarks, actor (A4), a censor in a secondary school, explained that: “given that each peer educator is an

expert in what he or she has experienced, he or she can then help his or her peers to acquire the appropriate skills and the necessary means to enable their peers to achieve a living environment conducive to health in a dynamic of behavioural change” (Interview conducted in a secondary school on 22 April in Yaoundé). In the same vein, actor (A5), a secondary school censor, insisted that “we have set up sponsorship schemes with older peers to ensure greater success” (interview conducted in a secondary school on 15 May in Garoua).

#### **4.5. Involving Parents: A Social Marketing Pill for Addiction Prevention**

Involving parents through meetings convened by schools is an important social marketing technique. By these meetings, we mean a gathering exclusively of parents or their legal representatives and certain empowered pupils, in particular delegates, heads and deputy heads of classes in a school. The aim of these meetings is often to defend the sometimes moral interests shared by the parents. In this context, almost all the actors interviewed in Yaoundé and Garoua admitted that they very often called on the parents of pupils to draw their attention to their children’s frequently deviant attitudes and behaviour, the company of friends and television programmes. On this subject, actor (A13), a parent at a high school, said that: “I always take the trouble to check the kind of friends my little boy goes out with. Because I know that bad company often spoils good habits” (Interview conducted on 23 April in Yaoundé). In the same vein, another actor who is a parent of a secondary school pupil points out that: “(...) I often take the trouble to check the kind of programme or film my daughter watches here at home because there are certain practices that don’t fit in with our religion”. The same parent added: “(...) I’ve always eaten with my children. And it’s during the meal that each of them tells me how their day went. This creates closeness and allows the children to confide in me instead of hiding things” (Interview conducted on 22 May in Garoua).

In addition, the aim of these meetings is sometimes to promote capacity-building activities and the sharing of experience on substance and behavioural addictions. In this regard, actor (A1), in charge of school health issues at Minedub, said: “I think these meetings are very beneficial for parents of pupils in that they seem to encourage a complete restructuring of the psyche, because there are some who categorically refuse despite the awareness-raising that is done” (Interview conducted on 24 April in Yaoundé).

Following in his footsteps, the actor (A2) in charge of the Minesec school health inspectorate adds and specifies that: “The school alone cannot win this fight; parents are also called upon to take more responsibility for addictions. The capacity-building meetings for parents held at school will help all the participants to improve their knowledge of the risks associated with drug use and the adoption of deviant behaviour; on the other hand, these meetings will urge the participants to be much more responsible about the dangers of narcotics, and to provide

information about the mechanisms for dealing with addicts” (Interview conducted on 24 April in Yaoundé).

#### **4.6. The Disciplinary Board, an Injection of Social Marketing into Addiction Prevention**

The disciplinary board serves as a crucial setting for addressing breaches of school rules, whether serious or minor. Most participants in our interviews from both towns identified this board as a key venue for counseling, highlighting its role as a social marketing technique in addiction prevention. They acknowledged that traditional measures like repression, automatic expulsion, and humiliating punishments are often ineffective. Instead, these discussions present a valuable opportunity to positively influence the behavior of offenders.

Supporting this perspective, one participant (A7), a censor in a secondary school, emphasized that: “when a disciplinary board is called, it’s not to systematically expel children who are at fault, no. It should be pointed out that dismissal is a form of resignation for us. We are educators first and foremost, and we understand that learners are often the victims of a well-organised market in which the perpetrators are very often lurking in the shadows”. The same author adds and specifies that: “(...) as soon as there is a case, the child or pupil at fault is taken into care. Their parents are then summoned. Then we give them a disciplinary shake-up before giving them our advice afterwards” (Interview conducted at a secondary school in Garoua on 22 May). Actor (A2), in charge of school health at Minesec, adds: “Punishment must be educational. It must help the child to improve. Whipping or other humiliating punishments can harden them. I think it’s much better to discipline them with affection rather than brutality” (Interview conducted on 24 April in Yaoundé).

### **5. Discussion**

Overall, the results align with the literature, challenging traditional views by demonstrating that the educational community members engaged within Yaoundé and Garoua are committed to enhancing addiction prevention among young people. They actively utilize social marketing techniques as a strategic tool for maximizing this prevention effort. In the current social context, where students frequently encounter addictive behaviors involving substances and activities, fostering behavior change is a shared conviction within the educational community, which views this correlation as essential.

Given the emergence of new forms of addiction, [2] highlights that the educational community often operates with resources that may not guarantee effective prevention. The findings indicate that certain members of this community (A10, A4, A3, and A12) have initiated a variety of scientific activities that, while differing between towns, effectively address the gaps and shortcomings in existing training programs and textbooks. These initiatives also promote heightened risk awareness among the students.

Consistent with the conclusions of the [12] [13], which advocate for educational talks, the research underscores that, in the absence of adequate resources, contextually adapted awareness-raising cannot be overlooked. Such efforts not only encourage and support young people but also bolster their confidence in avoiding addictive behaviors, reassuring them that positive changes are being actively pursued.

Finally, punitive measures such as humiliating punishments and expulsions are not effective solutions, as they often fail to garner support from the students for the desired behavioral changes. One participant aptly noted, “punishment must be educational.” The findings resonate with the [7], which outlines several strategies to address the deficiencies observed in addiction prevention efforts:

Option 1 emphasizes collaborative approaches at multiple levels. Authorities should implement measures to reduce the availability and increase the cost of both legal and illegal substances, making them less accessible to youth. Parents are encouraged to limit their children’s financial resources to essentials and to monitor their spending.

Option 2 advocates for continuous monitoring of young people’s environments to minimize both voluntary and involuntary exposure to addictive behaviors and substances.

Option 3 calls on the educational community to equip young people with training in health promotion, emphasizing risk behavior prevention programs and information about the effects of psychoactive substances on the body, especially the brain.

## 6. Conclusion

The use of psychoactive substances, both legal and illegal, among young people and adolescents in the educational communities of Yaoundé and Garoua is a pressing reality. This research aims to explore the social marketing techniques employed by these communities to enhance addiction prevention within educational settings. By framing social marketing as a vital tool for addiction prevention, various initiatives that have emerged in both towns were examined. The study’s observations reveal that a range of social marketing techniques, including awareness-raising, the adaptation of scientific programs and activities, parental involvement, peer education, and the use of disciplinary councils, have been implemented. These strategies serve as effective remedies for addiction prevention, contributing significantly to reducing school violence, improving mental health, and decreasing vulnerability to theft and sexual assault within the educational environments of Yaoundé and Garoua.

## Conflicts of Interest

The author declares no conflicts of interest.

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