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Title:

Examining Policy Assumptions Regarding Public-Private Partnerships in contested social marketing domains: the Case of Alcohol Moderation

Seminar Presentation

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Abstract

Recent government policy documents treat public-private partnerships aimed at addressing behaviours seen as contrary to individual or societal health and well-being as not only central to achieving government policy, but also as unproblematic. Using the example of alcohol moderation promotion, we review the assumptions underlying these policies and suggest that greater clarification is needed in terms of roles and responsibilities for all stakeholders involved in partnerships. Assumptions regarding key communications strategies, signalled as 'social marketing', resulting from such policies are also examined. Not only is there evidence to challenge the assumed effectiveness of these strategies, but 'boomerang' effects suggest that this activity may be counter-productive. We conclude with a recommended research programme that may guide the refinement of public policy in this area.

Introduction

Partnerships, including public-private partnerships (PPPs), have been central to UK Government policy since the 1990s. The Department of Health has released major strategy documents predicated on the development of partnerships. These include "Partnerships for Better Health" (2007) and "Ambitions for Health" (2008) which describes how *"...partners play an essential role in influencing and shaping people's behaviour. Action by individuals and by the government must be aligned with that led by communities, third sector organisations and business"* (p.45). PPPs are frequently used in international public health (e.g. Ridley, 2001a), and the WHO has advocated private sector involvement in health-related partnerships for over two decades (Buse and Waxman, 2001). In the area of alcohol moderation, the policy documents "Alcohol Harm Reduction Strategy" (Prime Minister's Strategy Unit, 2004) and "Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy" (Department of Health, 2007) both detail roles for PPPs; the latter

referring to partnerships on 70 occasions (Mastache et al., 2008). According to the PMSU (2004), alcohol reduction strategy "*relies on creating partnership at both national and local levels between government, the drinks industry, health and policy service, and individuals and communities to tackle alcohol misuse*" (p.5). However the process by which policy evolves is unclear. Marmot (2004) notes that The Academy of Medical Sciences used the same evidence as the Prime Minister's Strategy Unit (PMSU), yet the former recommended increasing price and limiting availability, whereas the latter declared such strategies would have "unwanted side effects".

Such documents also provide little detail about how such partnerships will be operationalised, through the stages of formation, implementation and evaluation, especially with respect to oversight and regulation. They avoid critical analysis of PPPs. As Lefebvre (2006: 41) notes, such activity is "much copied but poorly researched". Using the example of alcohol moderation, we examine the assumptions underpinning such policy documents and consider the practical and ethical implications of such approaches for alcohol moderation, and goes on to suggest areas for further research.

The Pros and Cons of Public-Private Partnerships

Advantages of Public-Private Partnerships

For the public partner, PPPs provide access to skills, expertise and resources lacking in the public sector (Widdus, 2001). 'Partnerships for Better Health' (2007) added that partnerships also contributed to better access to hard-to-reach audiences. The private partner benefits from enhanced credibility, access to market intelligence and association with ethical business practice (Thomas, 2008). Partnerships that support popular or media-attractive causes also provide positive public relations opportunities. For example, Andreasen and Drumwright (2001) conclude that breast cancer has attracted over 70

commercial organizations, which they suggest attracts favourable publicity not associated with controversial behaviour such as alcohol abuse or drug addiction.

Ethical and Practical Disadvantages of Public-Private Partnerships

Some commentators philosophically oppose any involvement of the commercial sector in social marketing (e.g. Hastings, 2007). Others consider there to be an ethical spectrum of acceptability across different industry sectors. For example, there is less controversy regarding insurance companies promoting changing fire alarm batteries than a pharmaceutical company promoting immunisation (Kotler et al., 2002). Tobacco industry partnerships with any aspect of health appear universally unacceptable (Thomas, 2008). The alcohol industry's involvement in responsible drinking promotion is controversial (Bhattacharya & Elsbach, 2002), being considered by some as "*fraternising with the enemy*" (Thomas, 2008: 72). Critics suggest that the alcohol industry uses PPPs to ward off criticism and possible regulation (Atkins et al. 2008), possibly distracting or compensating for other, more dubious, practices. There remains deep scepticism regarding their motives (Majestic, 2009). Baggott (2008) highlights the conflict between the industry's lobbying, resisting policies to control alcohol, and their role in PPPs. Baggott also highlighted the weak enforcement of the industry self-regulatory system, e.g the slow voluntary addition of warning labels, agreed in 2007 yet enacted on under 15% of drink packaging.

Credibility of Industry Responsibility Claims

In order to be perceived as a credible partner in alcohol misuse reduction strategies, industry's behaviour should reflect the responsibility stance they project. This is problematic, given reports that almost 1 in 12 UK alcohol advertisements were found to be in breach of advertising guidelines during 2006 (Marketing Week, 2007). Review of 22 complaints upheld by the UK Advertising Standards Authority for 2007, 2008 and 2009) to the end of August) for alcohol products, shows breaches of the code including portraying

irresponsible/dangerous consumption behaviour and appeals to underage drinkers (Table 1). There is also concern regarding the growing popularity of alcohol websites containing games and other material with high appeal to young people, coupled with evidence that, in the USA at least, underage people use these sites (CAMY, 2004). Applying the Australian voluntary advertising code for alcohol to Australian websites identified several that would be in breach of the code if it applied to the Internet (Carroll & Donovan, 2002).

Rules and Regulations for Public-Private Partnerships

We find no reference to ethical factors in any of the government policy documents reviewed. Attempts have been made to provide some kind of ethical guidelines for PPPs, for example the Department for International Development cautiously endorses private sector involvement in activity such as health promotion through a range of rules. They include a caveat that the specific nature of private sector involvement must be clarified before an intervention is implemented (Meadley et al., 2003). Guidelines tend to be focused upon developing successful partnerships rather than regulation e.g. 'Partnerships for Better Health' (2007) outlines "Top ten tips for working in partnership" (2007: 30), calling for transparency, equality, and trust, but for no specific ethical code.

<center>**Effectiveness of Current Strategies**</center>

PPPs are likely to result in brand-specific messages referring to moderation, however the conflict of interest is already noted by consumers. Many US 'responsible drinking' messages have also been criticised for portraying non-drinkers as less fun than the norm, and as inconsistent with mainstream brand promotions (DeJong et al., 1992). Baggott (2008) is also scepticak about the use of warning labels, given the lack of substantive amendment to overall marketing strategies. Despite endorsement of warning labels by Gordon Brown, then UK Prime Minister (Campaign, 2008), Barbor (2004) warns that there

is no evidence of their effectiveness. It is suggested that this is a largely symbolic strategy, with minimal impact on marketing activity in return for positive public relations value in claiming responsiveness to societal concerns (Jessop & Wade, 2008; Wolburg, 2005; Ringold, 2002). At best, it is suggested that warning messages raise awareness but have minimal effect on behaviour (Jamoulle, 2006). At worst, warnings may produce 'boomerang' effects, i.e. the opposite of what was intended (Ringold, 2002; Stewart & Martin, 1994). The theory of psychological reactance suggests that direct or potential perceived threats to personal freedom, such as limiting consumption of products, will meet resistance in order to regain control of freedom (Bushman, 1998; Rummel et al., 2000).

It is also suggested that expenditure on alcohol moderation communications is wasted while policies regarding the number of outlets selling alcohol and longer opening hours directly counter any positive effects. Further, pricing strategies, either as direct increase or via increased taxation, have not been used (Wall, 2007): alcohol is now 40% cheaper than in the mid 1990s while average alcohol strength has increased (Anderson, 2007).

The Future for Public-Private Partnerships

We conclude that research remains to be done on the value and management of PPPs. For instance, does the public sector need to become more 'savvy' in its dealings with the private sector, realising the potential monetary value of the credibility and information they provide? Content analysis of new policy documents can help chart the progress of PPPs, with evaluation of such strategies being followed up. Attitudes towards price and promotions amongst particular groups (e.g. young drinkers, aged 16-24) may reveal promising alternative routes for policy. Meanwhile, the value of social marketing communications with and without clear industry endorsement need to be evaluated, to assess the impact of commercial companies upon effectiveness of such interventions.

Category	2009	2008	2007
Sex (linking alcohol to seduction / sexual activity or sexual success)	1	3	
Breach of decency / offensive		1	
Linking alcohol to confidence / social success	2	1	1
Portraying irresponsible or dangerous consumption behaviour	1	2	2
Advertising appealed to young / under age drinkers		2	1
Failure to make marketing communications clearly recognisable		1	
Misleading (e.g., sales promotions / amount of calories in drinks etc)	2	4	
Total (sums to more than 22 — see below)	6	14*	5#

* 1 ad in breach for linking alcohol to social success and to irresponsible consumption (i.e., in
   breach of two parts of Code

   1 ad in breach for appealing to under age drinkers and for lack of social responsibility

\# 1 ad in breach for linking alcohol to social confidence, appealing to under age drinkers and
   promoting irresponsible behaviour (i.e., in breach of two parts of the Code.

Table 1: Categories of Alcohol Advertising Code under which the 22 Upheld Complaints between 2007 and
2009 fall (source: http://www.asa.org.uk/asa/codes/)

References

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

Andreasen, A.R. & Drumwright, M. E. (2001) Alliances and Ethics in Social Marketing, in Andreasen, A. R. (Ed.). (2001). *Ethics in Social Marketing*. Washington DC: Georgetown University Press.

Baggott, R. (2008). Alcohol and the Drinks Industry: A Partnership for Prevention? London: Joseph Rowntree Foundation.

Barbor, T. F. (2004). Admirable Ends, Ineffective Means: Comments on the Alcohol Harm Reduction Strategy for England. *Drugs: education, prevention and policy, 11*(5), 361 - 365.

Bhattacharya, C. B., & Elsbach, K. D. (2002). Us Versus Them: The Roles of Organizational Identification and Disidentification in Social Marketing Initiatives. *Journal of Public Policy & Marketing, 21*(1), 26-36

Buse, K., & Waxman, A. (2001). Public-Private Health Partnerships: A Strategy for WHO. *Bulletin of the World Health Organization, 79*(8), 748 - 754.

Bushman, B. J. (1998). Effects of Warning and Information Labels on Consumption of Full-Fat, Reduced-Fat, and No-Fat Products. *Journal of Applied Psychology, 83*(1), 97 - 101.

Campaign (2008). Brown backs ad endframes (The Week section) 14 March, p. 5

Carroll, T. E., & Donovan, R. A. (2002). Alcohol Marketing on the Internet: New Challenges for Harm Reduction. *Drug and Alcohol Review, 21*(1), 83 - 91.

Centre on Alcohol Marketing and Youth. (2004). *Clicking with Kids: Alcohol Marketing & Kids on the Internet*. Washington DC: Centre on Alcohol Marketing and Youth

DeJong, W., Atkin, C. K., & Wallack, L. (1992). A Critical Analysis of "Moderation" Advertising Sponsored by the Beer Industry: Are "Responsible Drinking" Commercials Done Responsibly? *The Milbank Quarterly, 70*(4), 661-678.

Department of Health. (2008). *Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour* (No. 288118). London: Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_090348

Department of Health. (2007). *Partnerships for Better Health*

Small Change, Big Difference: healthier choices for life. London: Department of Health http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_075758

Department of Health. (2007). *Safe. Sensible. Social. The Next Steps in the National Alcohol Strategy*. London: Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_075218

Hastings, G. (2007). *Social Marketing: Why Should the Devil Have All The Best Tunes?* Oxford: Elsevier / Butterworth Heinemann.

Jamoulle, S. (2006). Do Health Warnings Prevent Alcohol Abuse? *Finweek*(24 August), 60.

Jessop, D. C., & Wade, J. (2008). Fear appeals and binge drinking: a terror management theory perspective. *British Journal of Health Psychology, 13*(Pt 4), 773-788.

Kotler, P., Roberto, N., & Lee, N. (2002). *Social Marketing. Improving the Quality of Life*. Thousand Oaks, CA: Sage Publications

Lefebvre, C. R. (2006). Partnerships for Social Marketing Programs: An Example from the National Bone Health Campaign. *Social Marketing Quarterly, 12*(1), 41-54

Majestic, E. (2009). Public health's inconvenient truth: the need to create partnerships with the business sector. *Preventing Chronic Disease, 6*(2), A39-A39

Marketing Week (2007). One in 12 UK alcohol ads 'non compliant' with EFRD guidelines. *Marketing Week (01419285), 30*(15), 4-4

Marmot, M. G. (2004). Evidence Based Policy or Policy Based Evidence. *British Medical Journal (BMJ), 328*(7445), 906 - 907

Mastache, C., Mistral, W., Velleman, R., & Templeton, L. (2008). Partnership working in community alcohol prevention programmes. *Drugs: Education, Prevention & Policy, 15*, 4-14

Meadley, J., Pollard, R., & Wheeler, M. (2003). *Review of DFID Approach to Social Marketing*. London: Department for International Development: Health Systems Resource Centre

Prime Minister's Strategy Unit. (2004). *Alcohol Harm Reduction Strategy for England*. London: Cabinet Office

Ridley, R. G. (2001a). Putting the Partnership into Public-Private Partnerships. *Bulletin of the World Health Organization, 79*(8), 694

Ridley, R. G. (2001b). A Role for Public-Private Partnerships in Controlling Neglected diseases? *Bulletin of the World Health Organization, 79*(8), pp. 771 – 777

Ringold, D. J. (2002). Boomerang Effect: In Response to Public Health Interventions: Some Unintended Consequences in the Alcoholic Beverage Market. *Journal of Consumer Policy, 25*(1), 27-63

Rummel, A., Howard, J., Swinton, J. M., & Seymour, D. B. (2000). You Can't Have That! A Study of Reactance Effects & Children's Consumer Behavior. *Journal of Marketing Theory and Practice, 8*(1), 38-44

Stewart, D. W., & Martin, I. M. (1994). Intended and Unintended Consequences of Warning Messages: A Review and Synthesis of Empirical Research. *Journal of Public Policy & Marketing, 13*(1), 1 - 19

Thomas, J. (2008). Happily Ever After...? Partnerships in Social Marketing. *Social Marketing Quarterly, 14*(1), 72 - 75

Wall, A. P. (2007). Government "demarketing" as viewed by its target audience. *Marketing Intelligence & Planning, 25*(2), 123-135

Widdus, R. (2001). Public-Private Partnerships for Health: Their Main Targets, Their Diversity, and Their Future Directions. *Bulletin of the World Health Organization, 79*(8), 713 – 734

Wolburg, J. M. (2005). How Responsible are "Responsible" Drinking Campaigns for Preventing Alcohol Abuse? *Journal of Consumer Marketing, 22*(4), 176-177