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Dr Jeff French, Director National Social Marketing Centre

For the attention of Sir John Krebs and Members of the Working Party Committee

Harald Schmidt
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28 Bedford Square
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4 October 2006

Dear Sir John Krebs and Members of the Working Party Committee

Many thanks for inviting us to comment upon your committee's report.

The comments, detailed in turn below, are from the National Social Marketing Centre.

Health-related social marketing is 'the systematic application of marketing techniques and approaches to achieve specific behavioural goals, to improve health and reduce health inequalities' (French, Blair-Stevens [2006]).

In June 2006, the National Social Marketing Centre submitted its report on the effectiveness of social marketing to the government. The report made recommendations for the Department of Health and the whole of government to employ social marketing techniques to guide the development and delivery of future health promotion. (National Social Marketing Centre, 2006). The Department of Health has accepted these recommendations and is now developing a phased implementation strategy for the report's 39 recommendations.

Our comments are set out by reference to the paper's pages and the specific questions posed in the paper.

1. Introduction (Page 7)
We have some problems with some of the opening issues raised in the paper and also believe that many of the questions posed are not strictly ethical ones but are rather questions focused on ideological beliefs.

The responsibilities of government
Bullet point one, sets up a false promise. These two aims are not mutually exclusive. It would be necessary to prescribe states of health to be achieved before one would know what circumstances to create in which people could make informed decisions to adopt them or not.

Bullet point two: There is a further false premise in this question as both the practice of preventing harm and the promotion of positive health are not necessarily mutually exclusive morally or practically.

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Bullet point three: This appears to be a technical question rather than a moral one. The question seems to be about action that government can take to reduce inequality. The second part of the question is focused on personal responsibility but this also applies to the whole of the population. We think that the ethical question here is really about personal responsibility v state responsibility, the issue of socio-economic group or ethnicity is a secondary issue.

What are the responsibilities of individuals?
Bullet point one:
Answer: No, unless their actions have no adverse effects on others, as this is virtually impossible the answer is no.

Bullet point two:
Answer: No, see explanation set out below.

Bullet point three:
Answer: Yes. If people chose to put themselves at risk of known dangers, they should be treated in the same way. There should not be any hierarchy of acceptable risk-taking behaviour that, for example, puts the dangerous sport of polo above the cycling in cities.

What are the responsibilities of other parties?
Bullet point one:
Answer: This is a shared responsibility. It is people's responsibility to arm themselves with information and behaviours that look after their health. It is the responsibility of the private sector selling goods and services to ensure that people are made aware of any serious dangers associated wit their products. Governments have a responsibility to create the conditions in which such choice can be exercised and situations where very dangerous products are, at least, clearly labelled as such and in cases where there is an overwhelming public mandate and support to act to prohibit such goods and services.

Bullet point two:
Answer: Yes. There is a vast amount of evidence from many fields of study that people are influenced by significant others in their lives. There is also a great deal of evidence that it is only by releasing the capacity of communities that large scale social change takes place. It is not a question of 'should communities have a public health role' - they do, have had, and always will have the major role. Government and specialist public health workers have only ever had a minor role in promoting the health of the people.

2. List of questions
1. The definition of public health (Page 9)

- *Do you agree with the following definition of public ("What we, as a society, collectively do to assure the conditions for people to be healthy.")? If not, please explain why. What alternative definition would you propose?*

  Social marketing has been defined as the application of commercial marketing techniques to campaigns aiming to change individuals' voluntary behaviour in order to improve personal and societal welfare (Kotler *et al.* 2002). Health problems have an individual, as well as, a social dimension (MacFadyen, 1999)

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A characteristic of any social marketing intervention is that behavioural change is the key aim (Andreasen, 2002; McDermott *et al.*, 2005). Therefore, in accordance with social marketing frameworks, we would propose that the wording be changed to the following: *"What we, as a society, individually, and collectively do to assure the conditions and behaviours for people to be healthy."*

2. Factors that influence public health (Page 9)

- *Do you agree that the interactions between the following five factors are the main influences effecting public health: the environment, social and economic factors, lifestyle, genetic background, preventative and curative health services? If so, do you think there are some more important than others? If so, what are they?*

    - Other factors which should be considered are culture, technology, and demographic variables.
    - The word lifestyle is not helpful - better to be explicit and use the word behaviour.
    - In addition to preventive and curative services, 'care' services should be added - the majority of NHS activity and resources is not spent on prevention or cure but care services.

3. Prevention of infectious diseases through vaccination (Page 9)

- *Some countries have a compulsory rather than voluntary system of vaccination. On what basis can such policies be justified to achieve herd immunity? Should they be introduced in the UK?*

The use of compulsion is a simplistic and non-libertarian approach, and one that is not necessarily effective. Compulsion should be used only as a last resort and with full backing of the vast majority of a community. It also raises some challenging questions, such as, if you are going to introduce compulsion into medical treatment, where do you stop? Should the rights of individual beliefs, such as religious beliefs, be overridden? And if not, what are the exceptions? What legislation needs to be introduced?

It is a far more favourable outcome if people can be persuaded to change behaviour voluntarily, to take up or persist with desired behaviour. Social marketing can be used to assist in this area. Social marketing draws on many theories and combines these with primary evidence gained at a consumer level about what will motivate people to change. This evidence is then used to design interventions. The Center for Disease Control (CDC) has successfully used social marketing to improve immunisation uptake in the developed world and the developing world.

Are there cases where the vaccination of children against the wishes of their parents could be justified? If so what are they?

The answer to this question is clearly no. The only hypothetical justification would be if some new life threatening disease emerged with a very high probability of fatality unless children were immunised, and as a matter of national survival and security such compulsory vaccination might be justified.

4. Control over infectious disease (Page 9)

- *Control measures for specific disease depend on how infectious a disease is and how it is transmitted. For infections that are directly transmitted from person to person, what justification would be required to render interventions such as forced quarantine, which helped to control the outbreak of SARS in Asia,*

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acceptable in countries such as the UK where such measures may be considered to infringe civil liberties? If you think such measures cannot be justified, what are the principal reasons?

Public health strategies that deal with rapidly evolving disease outbreaks of new and emerging infectious diseases require a delicate balance between protecting the public's health, whilst not initiating exclusionary practices and treatments that can lead to fear and discrimination against specific populations. The outbreak of severe acute respiratory syndrome (SARS) illustrates these difficulties.

Social marketing can be used to develop effective behavioural and health education interventions. These can be delivered in a timely fashion, paying special attention to the needs of the affected populations.

- *In general, the earlier that an outbreak of disease is detected, the easier it will be to control. What would be suitable criteria to determine in what circumstances, and to what extent, the state should provide more resources to develop methods of preventing outbreaks of serious epidemics in other countries?*

  During the recent SARS outbreak, social marketing was successfully used in the design of health educational materials in Vietnam and Cambodia. These materials were predominantly funded by CDC. However, they were developed in collaboration with the Vietnam and Cambodian Governments. CDC assigned experienced health promoters to travel to the affected countries and to help the local healthcare professionals to develop effective educational materials. The materials produced were consumer-focused and culturally aware, and thus effective.

  The following criteria should guide any intervention by government agencies to protect citizens:

  1. Severe risk

  2. Mass risk

  3. Plausible intervention

  4. Mandate for action

  5. Acceptable trade off between risks and freedoms

  6. Cost effectiveness of intervention can be demonstrated

  7. Negative side effects are acceptable

  8. Will not increase inequality

- *Travel and trade are key factors in the spread of infectious diseases. Global travel and exchange of goods are increasingly rapid. Are new measures needed to monitor and control the spread of infectious disease? If so, what would be promising strategies?*

  No.

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- *Under which circumstances, if any, would mandatory testing for highly infectious and life threatening diseases such as tuberculosis or HIV/ AIDS be justified?*

  Mandatory testing for highly infectious AND life threatening diseases encounters similar dilemmas and problems as with compulsion in medical treatment. The practicalities of mandatory testing also have to be considered. For example, if an airplane lands in Britain, and within a week three people become ill with tuberculosis, then it may be feasible to trace and test everyone who was on that plane. However, who else should be tested? Close family and friends of the infected? Other class members of a potentially infected school child? If you were to introduce mandatory testing then legislation must accompany this.

  As in the case of the vaccination example, social marketing has the potential to assist in this area. For example, by encouraging people who have travelled to the 'at risk' areas to be tested on their return, or be vaccinated against tuberculosis. The same can hold true for other highly infectious and life threatening diseases such as HIV/AIDS, where social marketing interventions have been successful in raising awareness and reducing the undesirable behaviour (LoveLife, Love to be there campaign).

5. Obesity (Page 10)

- *Food is closely linked with individual satisfaction and lifestyle. This means that any strategy that seeks to change people's behaviour is likely to be perceived as particularly intrusive. How should this sensitivity be considered in devising policies that seek to achieve a reduction in obesity?*

  Social marketing is consumer-centred. In short, social marketers ask not, *"what is wrong with these people, why won't they understand?"*, but, *"what is wrong with us? What don't we understand about our target audience?"* The social marketer seeks to build a relationship with the target audience and gain their input into the development of any proposed interventions through rigorous and evaluative research (Institute of Social Marketing, 2006). In the same way, when devising sensitive policies, the target audience/ consumer should be involved from the outset, and policies should be grounded in the findings from research with the target audience.

  Food consumption and physical activity are linked on one level to personal lifestyle choices, driven by predominantly subjective motivations. However, they are also influenced by much broader social norms, environmental barriers and culture which can affect people's ability to change.

- *While there is clear evidence about the extent and scale of obesity, there is far less clarity about what measures should be adopted by the government and other stakeholders to prevent it. In view of this uncertainty, what would be suitable criteria for developing appropriate policy?*

  The development of policies in relation to obesity, and in the absence of a scientifically verifiable evidence base, requires the application of a number of criteria. These can include:

  - Clear adherence to insight derived from best available evidence – recognising the value of non-traditional data sources e.g. commercial data sets and grey literature;

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- 'Expert' informed – recognising the diversity of 'experts' who can input – end consumers, academia, industry, non-governmental players, etc;
- Establishment of clear behavioural goals and measurable indicators of success;
- Stringent tracking of goals and indicators and process/outcome evaluations - enabling reassessment of policies and allowing for disinvestment as required; and
- Demonstration of cost effectiveness.

- *What are the appropriate roles and obligations of parents, the food industry, schools, school-food providers and the government in tackling the problem of childhood obesity?*

  Although all the stakeholders listed above play important roles in the campaign to reduce childhood obesity, children themselves should be added to the list. It should also be noted that obesity is not just linked to food consumption, but also to physical activity (CDC, 2006). Therefore, other stakeholders, such as the Department of Education and the Department for Culture Media and Sport and the Department for Transport can play an important role. For example, by increasing the amount of time given to physical education in the UK school system.

- *Is it acceptable to make the provision of NHS services dependent on whether a person is obese or not. If so, what criteria should govern whether or not interventions are provided, and should similar criteria be developed for other lifestyle-related health problems that are significantly under the control of individuals?*

  Yes. Social marketing targets individual groups. This is known as *segmentation*. Segmentation is the process of partitioning a market into groups of potential 'customers' who share similar defined characteristics and who are likely to exhibit similar purchase behaviour (Kotler, 1997). Segmentation improves the effectiveness of health campaigns by targeting communications and better meeting the needs of the 'consumer'.

  Ethically it is also justifiable to impose conditions on access to treatments and services if it can be shown, as is the case with obesity, that such a condition significantly reduces a person's ability to benefit from an intervention or that a condition such as obesity negates the positive impact of a medical intervention.

5. Smoking (Page 10)

- *The effects of smoking on health have been known for a very long time. Comprehensive measures by governments to prevent harm to the population are relatively recent. In your view, what are the reasons for this delayed response? Are there any lessons that can be learned from other countries, or from strategies pursued in other areas of public health?*

  The key question which must be addressed is: *why do people smoke?* And more importantly, *why do teenagers start smoking, when they are well educated about the dangers of smoking?*

  The government introduction of a workplace smoking ban has been described by the recent House of Lords review as being a disproportionate response to the problems associated with smoking in the workplace. The response from government may have lagged behind public opinion but the introduction of a ban

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will only deliver a 3 -4 % drop in smoking. A far bigger drop has already been achieved by education and many other countries are already at a smoking prevalence rate way below what the smoking ban will deliver without having introduced such restrictions. A successful social marketing campaign, the *Truth* campaign, conducted thorough research into the reasons why young people start smoking. The research showed that young people often begin smoking for very emotional reasons. They begin as a form of rebellion. With this insight, the Truth campaign encouraged young people to rebel – to rebel against the manipulative marketing of the tobacco companies. The campaign was highly successful (Sly *et al.*, 2001).

The key lessons are: introduce interventions that are based on market research derived data, do not rely on legislation and bans to deliver lower smoking rates alone, education and social norms marketing have been the largest part of the preventive success to date and will be the instrument for eradicating smoking from our population. Lessons from many countries also show that banning rarely works and often has unpredictable negative effects.

- *What are the responsibilities of companies that make or sell products containing hazardous substances, such as nicotine, that can be addictive? Should they be prosecuted for damaging public health or required to contribute to costs for treatments?*

If the Government were to think that smoking is bad for everyone, and were certain about the detrimental effects of smoking, then one option is that smoking is banned altogether. However, smoking is not illegal; therefore it seems unjust to prosecute companies for something that is legal. The sale of tobacco products are already taxed highly to re-coup the increased NHS costs caused by smoking. Therefore, the consumer already pays more for their healthcare. Using social marketing to discourage people from smoking, instead of banning tobacco altogether, or increasing government revenue from prosecuting the manufacturers, would seem a more plausible approach (and one which has been successful in the USA). Tobacco companies could, however, be presented with an additional health tax that would be justified on the grounds of their negative impact on the public's health on the basis of the polluter pays principle.

- *Smokers argue that they choose to smoke. What right does the state have to impose sanctions to prevent them from smoking? Does the state have the right to prevent them from smoking? Does the state have the right to prevent the sale of tobacco, which is known to be addictive and highly dangerous? How vigorously is it reasonable for the state to act to prevent children and teenagers from smoking?*

Whilst the state may not have the rights to impose sanctions, the state does have a responsibility to protect their citizens. As opposed to preventing the sale of tobacco, the state should increase their efforts to prevent children and teenagers from starting smoking. The example used earlier in this letter, the Truth campaign, demonstrates how this can be done successfully (Sly *et al.*, 2001).

6. Alcohol (Page 11)

- *The effects of excessive consumption of alcohol on the health of individuals and society have been known for a very long time. It can be argued that in view of the significant harm to individuals and society, comprehensive measures of*

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governments to prevent harm are lagging behind those for tobacco. In your view, what are the reasons for this?

First this is not an ethical issue as is the case with the majority of the questions posed in this paper. This is a political question, the answer to which is wrapped up in a desire by all governments to preserve the liberty of individual choice. Whilst alcohol misuse does cause a lot of harm, sensible alcohol use also gives a great deal of pleasure and enjoyment to millions of people every day. In this respect it is not analogous to smoking in the slightest. Balancing risks against enjoyment and pleasure is the principle reason for less draconian approaches to alcohol policy.

- *In view of the impact of excessive consumption of alcohol on individuals and society, what are the roles and responsibilities of agents other than the government to limit consumption? Are there different responsibilities for producers and, for example, retailers? If so, which?*

Retailers already have responsibilities to uphold: they are not permitted to sell alcohol to those less than 18 years old. It is valuable to note that, unlike smoking, there is a safe amount of alcohol one can drink. Therefore promotional and educational work should not focus on stopping people from drinking, but on helping people who choose to drink, to do so sensibly and safely.

In recent years, social marketing has been used to reduce college students binge drinking. Social marketing campaigns have not tried to stop students from drinking, but have encouraged them to reduce the number of drinks they have on a night out, or for every alcoholic drink they consume to have a non-alcoholic drink. Campaigns in the USA challenged social norms about alcohol consumption. This approach assumes that most students think that their classmates drink more than they actually do – a misconception that leads students to drink more in order to "fit in" (Harvard school of Public Health, 2006).

7. Ethical issues (Page 11)

- *In your view, is there one of the following principles that is generally more important than the others: autonomy, solidarity, fair reciprocity, harm principle, consent, trust? If so, which one and why? Are there any other important principles that need to be considered?*

Autonomy is a necessary component of aspects of the other principles listed. It is the thrust of individualism, whether from the egalitarian left or the market oriented right, and gives people maximum liberty in devising their own lives and values (Callahan, 2003).

- *Can these principles be ordered in a hierarchy of importance?*

We would suggest:

1. Autonomy
2. Consent
3. Trust
4. Fair reciprocity
5. Harm

- *In cases such as vaccinations or fluoridation where parents decide on behalf of their children, which ideas or principles should guide parents in their decisions?*

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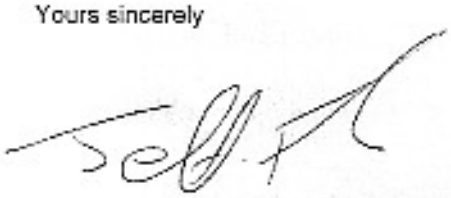
As parents act as the guardians of their children before they are fully competent to make such judgments the principle of autonomy is still the key principle, in this case however it is the autonomy of the parent to decide what is best for their child in all but exceptional circumstances.

We hope that the above comments are helpful and we would be very interested in receiving the results of this exercise. We also feel that *social marketing* is an approach which can be helpful in tackling many of the issues highlighted by the committee's report. For further information, please do not hesitate to contact us on *Contact details deleted for data protection purposes*

Yours sincerely



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