



The critical contribution of social marketing

Theory and application

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Abstract. *This paper examines the symbiotic relationship between social, commercial, and critical marketing thought. Marketers seek to influence consumer behaviour. Much ill health and many social problems are caused by human behaviour. Social marketing puts these two phenomena together and uses marketing insights to address social behaviours. In the process both arms of the discipline can benefit, and this paper illustrates this using the examples of exchange theory and relational thinking. Social marketing also recognizes environmental influences on behaviour and that commercial marketing can be an important part of this influence. The case of tobacco is used to show that this influence can be malignant, and that as a result marketing has come under unprecedented scrutiny. Social marketing's understanding of both the commercial and social sectors puts it in a unique position to provide realistic critiques of marketing and identify intelligent solutions. The paper concludes that social marketing will flourish by exploiting its twin understanding of the good and the bad that marketing can bring to society.* **Key Words** ● exchange ● critical marketing ● relationships ● social marketing ● tobacco

Introduction

Alan Andreasen (2003) provides an excellent update on the origins of social marketing. He also raises some thought-provoking ideas about the challenges that face the discipline, both in its own terrain and in its capacity to inform, as well as learn



from, generic marketing. This paper picks up his challenge and looks to the future, suggesting how the discipline should develop. We will begin with the same metaphor that Alan uses: social marketing as a person developing from infancy to adulthood over the last fifty years.

One school of socialization theory posits that individuals progress from basic moral imperatives (don't do this; do that) to applying systematic critical analysis of their moral dilemmas, and eventually further develop to using more complex, equivocal and multidimensional bases in their moral reasoning (Goslin, 1969). We argue that social marketing theory and practice is developing similarly towards more complex and ambitious modes of analysis and understanding. Two avenues are explored: its potential to make a unique contribution to the increasingly important field of behaviour change; and the added weight and insights it can bring to critical marketing.

Behaviour

As Andreasen reminds us, marketers are concerned with human behaviour. They need to understand why customers, competitors and stakeholders behave as they do, so that they can influence and generate profits from this behaviour. The need for profits ensures that marketers study human behaviour assiduously and energetically, and their successful acquisition funds the resulting stream of marketing and academic research. As a result, the private sector can essentially be seen as an enormous laboratory dedicated to understanding why people do as they do.

This understanding has the potential to bring enormous public benefits. A recent US review concluded that more than 50% of morbidity and premature death is directly attributable to lifestyle factors (McGinnes and Foege, 1993). Major killers like AIDS, lung cancer and obesity are primarily caused by our own behaviour. Furthermore, many other social ills such as crime, racism and road accidents can, at least partly, be seen as problems of human behaviour.

Social marketers exploit the resulting opportunity and provide what is essentially a theory and technology transfer service. The ideas and techniques used by Philip Morris to sell cigarettes to smokers can be used to unsell them, as well as encourage healthier pursuits such as exercise or safer sex. Some of the resulting insights – about how advertising works, for example, and the need to adopt a consumer orientation – have been largely accepted by disciplines like public health. However, exchange theory and more recent thinking about relationship building have still to transfer. This paper makes the case for these innovations, arguing that they bring new insights to social and commercial marketers alike. We enthusiastically endorse Andreasen's call for these disciplines to recognize and exploit their equality and move on from what has traditionally been a parent-child relationship to an adult-to-adult one.



Critical marketing

Despite the potential to bring about these benefits – and indeed its enormous contribution to economic growth – marketing, as David Jobber (2001) reminds us, has a bad name. In common parlance it is often used as a byword for deception and exploitation and many see it as an engine driving forward materialism and excess consumption. Both its guiding principles and its techniques and outcomes have become the subject of much scrutiny and criticism. This criticism has typically focused on particular industries.

In this paper, we deliberately take the extreme example of tobacco and examine how we have got to a point where primary legislation has been enacted all around the world to ban not just advertising, but great swathes of the marketing function. Indeed, serious propositions are being put forward in Australia to remove it entirely (Borland, 2003). Furthermore, for the first time an international trade agreement – the Framework Convention on Tobacco Control (WHO, 2003) – has been ratified to limit marketing activity on grounds of public health. The example of tobacco may be extreme, but it is also instructive. It demonstrates just how much scrutiny our discipline is being subjected to; it also maps out a depressing future for marketing in other industries, such as alcohol and food, if changes are not made.

It is here that social marketing has made its biggest contribution to date, and can continue to do so. It bridges this gap between the corporate sector and public welfare, and understands both worlds. Consequently it can not only help define problems by examining marketing dispassionately and realistically, but, crucially, map out solutions. In an era when corporate governance and accountability is becoming an issue of global proportions, business and society have to learn to live together. The case of tobacco suggests they are singularly failing to do so. In this paper we argue that social marketing can help retrieve this situation and ensure that it is an aberration, not an omen.

An old argument

Andreasen reminds us that social marketing met with resistance when it first emerged, blinking in to the academic world like a new-born baby. The then current order found it challenging. Luck (1969) argued that marketing should be restricted to market transactions and should not cover social marketing activity, which did not, in his view, involve any clear quid pro quo. Carman (1973) wrote in a similar vein. Luck also argued that broadening the concept of marketing is not in the interests of the discipline, as it confuses its definition and ultimately threatens its identity. Bartels (1976) supported this stance when he stated: 'If marketing is to be regarded as so broad as to include both economic and non-economic fields of application, perhaps marketing as originally conceived will ultimately appear under another name.'

Retrospectively, Arnold and Fisher (1996) describe how the emerging discipline



was flanked on the one hand by marketing 'apologists' who wanted to keep marketing clearly defined within the firm, and 'reconstructionists' who were pushing for an even broader, macromarketing perspective. They delineate three strands of marketing thought:

- '*Apologists*' taking a traditional view: marketing is good because it helps the economy. Its domain is, and should be limited to, the firm (e.g. Luck).
- '*Social marketers*' turning the power of marketing to social good, thereby compensating for its deficiencies with better outcomes (e.g. Kotler, Levy, Andreasen).
- '*Reconstructionists*', who are critical of marketing concept and process, not just its outcomes. Dawson (1972), for example, argued for the 'human concept', which he felt was 'more responsive to human needs in their totality than the marketing concept'.

Arnold and Fisher conclude that the apologists have stood the test of time: 'Despite these semantic battles won by the Reconstructionists and Social Marketers, the vantage point of the 1990s suggests that the Apologists' more circumspect view of marketing has been validated' (Arnold and Fisher, 1996). They go on to say: 'For the marketing academicians, it appears to be business as usual' (Arnold and Fisher, 1996).

We suspect they are still broadly right, but would argue along with Andreasen that this is set to change. Social marketing has enormous potential to 'do good' in the arena of behaviour change and to make a real contribution to the field of critical marketing, the natural successor to Arnold and Fisher's reconstructionists.

Behaviour change

As noted above, marketers put a great deal of effort into understanding consumption behaviour, and social marketers apply this understanding to social and health behaviour. In each arena both the individual consumer (citizen) and key stakeholders are addressed. Over the last thirty years, since Kotler and Levy (1969) first mooted this transferability of thinking, many basic marketing ideas have been accepted in the social and health sector.

Consumer orientation has introduced and embedded the idea of cyclical, action-orientated and substantially ethnographic research at the heart of health promotion, which challenges the expert-driven hegemony in the health sector (Leathar and Hastings, 1987; USDHHS, 1980). Marketing insights into advertising and how it works have also had a far-reaching impact. Specifically the notion that it does not usually bring about behaviour change on its own but has to be combined with a broader marketing mix is now widely accepted in the health sector (Hastings and Haywood, 1991; Lefebvre et al., 1995); similarly, ideas about imagery and branding are gaining ground (Sly et al., 2001).

Marketing perspectives have also enabled health promoters to think about the most basic issue of their discipline: are they working with their customer groups to reach a mutually beneficial way forward, or simply seeking to impose their own



solutions. This debate revolves around the immutability or otherwise of the social marketing product. If it is immutable, social marketers are concerned with selling or advocacy, rather than marketing (Elliott, 1995a and 1995b; Fine, 1990; Tones, 1996). This has led to the conclusion that effective behaviour change must involve compromise and that social marketers should and do alter their offerings; for example, substituting harm minimization for abstinence in drugs misuse programmes or safer sex for celibacy when tackling HIV (Stead and Hastings, 1996).

This transfer of thinking is an organic, iterative process. It also works in two directions: social marketing takes learning from generic marketing, and this process is also fed back to the core discipline. Most fundamentally, as Andreasen argues, socially marketers' clear focus on behaviour change, if transferred back into commerce, would make their generic cousins extremely valuable employees. Two examples, one theoretical and the other applied, further illustrate the potential for this mutually beneficial development.

Exchange theory

Exchange theory has its foundations in psychology and economics (Housten and Gassenheimer, 1987) and assumes that we are need-directed beings with a natural inclination to try and improve our lot. In order to increase consumers' readiness to change, therefore, social marketers must provide them with something beneficial in exchange. In this sense, exchange involves the transfer of tangible or intangible items between two or more social actors (Bagozzi, 1979). Kotler (2000) suggests that five prerequisites are required for exchange to take place:

- There are at least two parties.
- Each party has something that might be of value to the other party.
- Each party is capable of communication and delivery.
- Each party is free to accept or reject the offer.
- Each party believes it is appropriate or desirable to deal with the other party.

Central to these assumptions is the notion that the exchange must be mutually beneficial. The theory postulates that if social marketers can 'demonstrate that the perceived benefits . . . outweigh the perceived costs of its purchase, voluntary adoption by the consumer is most likely' (Maibach, 1993).

Whilst exchange theory has still to be properly validated, it goes to the heart of marketing, and may, as Bagozzi (1975) suggested, provide a general theoretical basis for the discipline. Within the social marketing domain, exchange theory has met three levels of resistance. First, it is argued that the nature of the exchange is problematic because the benefits customers can derive are often more ambiguous than in commercial marketing. In commercial marketing, goods are exchanged for money – utilitarian exchange – whereas social marketing usually involves the mutual transfer of psychological, social or other intangible entities – symbolic exchange. As Bagozzi suggests: 'There is most definitely (mutually beneficial) exchange in social marketing relationships, but the exchange is not the simple quid pro quo notion characteristic of most economic exchanges' (Bagozzi, 1975).



This type of exchange can make the job of the social marketer more problematic. For instance, it is more difficult to 'sell' benefits that the consumer may never see – e.g. not getting cancer or not contracting sexually transmitted infections. Arguably, however, much commercial marketing also addresses very intangible exchanges when we consider the importance of brand imagery and symbolic consumption in, say, the fashion industry. Learning more about the management of intangible exchange would therefore benefit both arms of the discipline.

Second, health promoters balk at the other side of this exchange process, objecting to the idea that they themselves may be seeking to benefit from the transaction. They feel this undermines the essentially altruistic basis of health promotion (Buchanan et al., 1994):

With the growing intrusion of an exchange mentality, the values of altruism, self-sacrifice and concern for the community will continue to be diminished. We believe the field is better off now, while health promoters can still draw inspiration from role models who give freely of themselves without self regard.

This goes to the heart of marketing and indeed exchange theory. It is the assumption that people are self-seeking that makes the concept of consumer orientation so powerful. The best way for me to get what *I* want is to convince you that it, or some configuration of it, or something I am offering in exchange for it, is in *your* best interest.

Again this argument can be turned around. For health promoters to insist that behaviour change is a unidirectional process, that the target group has nothing of value to offer in exchange, is patronising and disempowering. Furthermore, given the advent of targets, evidence-based public policy and well-calibrated accountability, it is also unrealistic. Even the most altruistic of doctors still has a career to maintain and a boss to satisfy.

The third level of resistance to exchange theory is more difficult to refute. It concerns Kotler's third and fourth prerequisites and the balance of power that exchange implies. Social marketers face problems in ensuring consumers are capable of communication and delivery and also have the ability to accept or reject the offer. For example, people in disadvantaged communities may lack the money to join a gym or access fresh fruit and vegetables. They may also lack the educational and personal skills to respond constructively to marketing offerings. This can become a particular problem when unscrupulous commercial marketers exploit this situation. There is ample evidence, for example that tobacco companies target their offerings disproportionately towards low-income groups (Anderson et al., 2002; Laws et al., 2002) and the young. As discussed earlier, social marketers have a crucial role to play in scrutinizing and deconstructing such unscrupulous activity.

Given the well-established link between inequalities and health, epidemiology does support this concern. However, this does not mean that exchange cannot work in these circumstances, just that it presents particular challenges. This again suggests the opportunity for reciprocity between marketing and social marketing. Deploying commercial marketing ideas in more extreme social environments



will test out its conceptual robustness and provide a better understanding of the marketing function. It can also inform commercial marketers about how to do this in an ethical way.

In summary, exchange theory still has to be validated and the resistance from health promotion overcome, but it has the potential to deepen our understanding of health behaviours. Both social and commercial marketing can benefit from this process.

Relationship marketing

Relational thinking has had a fundamental impact on marketing over the last 20 years. The discipline has moved from a single dominant approach characterized by transactions, tool boxes and military metaphors to include alternative ideas and practices informed by the nature of human relationships, the importance of networks and customer value. This does not necessarily mean a total 'paradigm shift' has occurred, but marketing can now be viewed as a set of pluralistic approaches from transactional to relational (Brodie et al., 1997; Coviello et al., 2002). Advances in information technology have facilitated the deployment of these new approaches way beyond their origin in business-to-business marketing into the provision of customized services and mass fast moving consumer goods (fmcg) retailing.

The move towards more relational practices and thinking has also been subject to criticism. Some even argue that it offers nothing new, and its concepts and language are simply recycling traditional marketing dogma – 'the emperor's new clothes', as Gummesson (1997) puts it. Certainly, marketing has always been concerned with the influence, if not manipulation, of consumer demand – and relationship marketing is no different; however, we argue it does bring important innovations:

- The objective has shifted from sale closure to customer retention and loyalty.
- Marketing communications, information and delivery are customized for the individual consumer, rather than mass segmentation, i.e. 'from each according to their segment-ability to each according to their individual needs'.
- IT-enabled techniques are employed not only to stimulate desires and needs, but more fundamentally to develop identity with the brand, psychological (as opposed to behavioural) loyalty and customer 'lock-in'.

From a behaviour change perspective the implications of relationship marketing are potentially profound, for several reasons (Hastings, 2003). First, social marketers, as Andreasen notes, frequently deal with behaviours that require long-term effort to change. Giving up an addictive behaviour like smoking, for example, typically takes five or six attempts and measures of success range from 3–12 months of being smoke-free. Similarly, responding to good dietary and exercise advice typically involves lifestyle changes rather than the one-off adoption of specific offerings. Such behaviours are likely to be much more susceptible to strategic relationship marketing than traditional transactional thinking.



Second, relational thinking is also vital when social marketers consider the social context and the need to make this conducive to individual healthy behaviour. This idea is well established in social marketing (Hastings and Donovan, 2002; Hastings et al., 2000), building both on general theories of human behaviour and research into specific habits such as smoking. On a general level, critical theory emphasises the importance of 'altering the institutions that form the social system within which the individual operates' (Goldberg, 1994). Wallack et al. argue that the media advocacy approach should be seeking to address flaws, not in 'the loose threads of the individual', but in the 'fabric of society' (Wallack et al., 1993). Similarly, 'social cognitive theory' begins to reconcile the conflicts between the individual and collective view. It sees behaviour as 'being reciprocally determined by internal personal factors and the environment in which the person lives' (Maibach and Cotton, 1995). All this, of course, gels with marketing theory which makes an important distinction between the immediate environment and the wider social context (Hastings and Haywood, 1991).

More specifically, decades of research has shown that smoking is influenced by many factors, including gender (Jarvis, 1997); academic achievements (Goddard, 1990; Jackson et al., 1998); the smoking behaviour and attitudes of young people's friends and family (Barton and Janis, 1997; Jackson et al., 1998; Morgan and Grube, 1989); family structure (Goddard, 1990; Patton et al., 1998); socio-economic background (Graham and Hunt, 1998); media portrayals of smoking (Amos et al., 1998); and tobacco marketing (Pierce et al., 1999). Most of these influences are beyond the control of young people, but are the legitimate concern of social marketers. What is true for smoking is also true for other health behaviours.

Third, relationship building in social marketing can benefit from its non-commercial nature. If, as Morgan and Hunt's (1994) work suggests, commitment and trust are the bedrocks of successful relationship marketing these could be built more easily when neither party stands to make monetary gains.

In addition, these developments in relational thinking have important critical marketing implications, which are discussed below. In particular, the phenomena of consumer loyalty and identity can influence health as well as consumer behaviour, and social marketing research explores ways to deconstruct them.

In this way, relational paradigms can bring new insights to social marketing. Furthermore, deploying these ideas in more challenging environments to tackle relatively intractable behaviours among hard to reach target groups will test their robustness – thereby advancing the core principles of marketing. Once again there is the potential for symbiosis between the social and commercial arms of the discipline.

Critical marketing

Critical marketers are the successors of Arnold and Fisher's 'reconstructionists' (1996). They adopt various critical approaches, such as sustainability (Fuller, 1999), ethics (Crane, 1997), feminism (Catterall et al., 1999), discourse analysis



(Brownlie and Saren, 1997) and postmodernism (Firat and Venkatesh, 1993). In this way they question both the processes and outcomes of marketing.

The processes include:

- The ideological premises and underlying assumptions of marketing theory and practice.
- The understanding and knowledge of marketing – models and methods of academics, market research, consulting, and marketers' practical 'know-how'.
- The validity of marketing ideas and concepts.

The outcomes include:

- Specific marketing activities and practices, e.g. customer databases, product labeling, advertising and loyalty schemes.
- The effects of the marketing system on such issues as social exclusion, material and social waste, the creation of false needs and identities and commodity fetishism.
- The activities of particular industries – what the World Health Organization calls 'the hazard merchants'.

In both arenas the ethics, morality and 'values' of marketing come under scrutiny.

It is in the area of outcomes that social marketing has been historically most active. This is directly related to its interest in behaviour, and tobacco provides an instructive – if extreme – case. As noted earlier, social scientists have spent decades trying to ascertain why people take up smoking, and age, gender, parental behaviour and a dozen other variables have been implicated. However, as a social marketer a much more obvious answer to the question is that people start (and continue) smoking because the tobacco industry uses the full panoply of marketing techniques and ideas to encourage them so to do.

Sitting through the Health Select Committee's (2000) enquiry into the tobacco industry a couple of years ago was a salutary experience for a marketer. To hear the CEO of the biggest UK tobacco industry saying: 'I do not think that we can say that it [smoking] is safe or unsafe . . . we do not know whether it is safe or unsafe' and adding 'we do not agree that smoking has been shown to be a cause [of certain diseases¹]' (Health Select Committee, 2000) was shocking.

This testimony was then followed up by representatives of leading ad agencies with tobacco accounts. Their performances were equally lamentable; a combination of obfuscation and amorality that made those watching (this was a public process) squirm. Anyone who has any doubts about the depths to which they stooped can consult the Health Select Committee website (<http://www.parliament.uk/commons/selcom/hlthhome.htm>), where full transcripts are freely accessible. The immediate effect was that our discipline sank a little further in the estimation of an influential group of parliamentarians. Longer term there was worse to come. The ad agencies were also required to supply the enquiry with copies of their internal documents – creative briefs, market research and strategic planning documents.

These told an unscrupulous tale. Figure 1 picks up just one of the controversial themes that ran through their marketing: the targeting of youth. It shows how brand identity was used to link in with adolescent insecurities, with research openly exploring the role of tobacco as a source of 'reassurance' and 'identity', which acts as a 'rite of passage'. This provides the opportunity to create 'aspirational lifestyle brands' and positioning as 'the Diet Coke of cigarettes'. It also betrays absolutely no concern for the undesirable consequences of such marketing, such as children picking up the same messages. It also exposes the potentially malevolent side of relationship marketing.

It is such unscrupulous behaviour that has led to a raft of controls and outright bans being inflicted on tobacco marketing. Countries as far apart as Finland, Brazil and New Zealand have now introduced what are popularly known as ad bans. But they throw their net much wider than mass media advertising. The recent UK Act (The Tobacco Advertising and Promotion Act 2002), for instance, also prohibits those mainstays of relationship marketing, direct mail and loyalty schemes, as well as merchandising and sports sponsorship, and has reserved ministerial powers to do the same with point-of-sale displays and brand stretching. Even more dramatically, the first ever international agreement designed purely to limit marketing activity – the Framework Convention on Tobacco Control (WHO, 2003) – has just been ratified.

However, tobacco is an extreme example. It is a unique product, in that it kills even when used precisely as the manufacturer intends. The resulting toll is awe-inspiring, as Ric Pollay and colleagues point out in the *Journal of Marketing*: 'we can expect 200 million to 300 million children and adolescents under 20 (world-wide) currently alive to eventually be killed by tobacco' (Pollay et al., 1996: 1).

Pollay et al.'s focus on children is quite deliberate: the tobacco industry gets 80% of its new customers from the under 18 age group.

The industry's marketing has also been exposed to unprecedented scrutiny. Nonetheless there are vital lessons for the rest of marketing. Other industries can also harm public health and are attracting attention.

The World Health Organization has recently produced critical reports on both the alcohol (WHO, 2001) and food industry (Hawkes, 2002). Also, epidemiological data suggests that in Europe one in four deaths among men under thirty are directly attributable to alcohol (Bruntland, 2001). Recent concern over binge drinking by the young has also generated great concern (Jernigan, 2001). Food is a more complex market and social problems can emerge in all sorts of ways – distribution, pricing, promotion and the product itself can all be implicated.

Neither industry can ignore the warning signs. Litigation against food companies is already a reality in the US (BBC News Online, 2002) and investment houses are producing stock and profit warnings (UBS Warburg, 2002). And this moves beyond individual industries; marketing as a discipline is increasingly on trial.

Social marketers can begin to unpack these issues. They bridge the gap between public health and commerce. This brings three key benefits. First, they understand marketing and recognize that its ability to influence behaviour, whilst certainly



there, is limited. This enables them to approach contentious issues with a degree of realism. In the debate about tobacco advertising and young people's smoking, for example, an understanding of advertising theory illuminates the complexity of any effects and the need to accept that the audience is actively involved in the communication process. This theoretical insight is reinforced by experience. As behaviour change professionals they use marketing themselves and therefore know how difficult it can be to influence a target group.

Second, the insight social marketers have means they can help devise solutions when problems are revealed. Whilst it is virtually impossible to imagine any public health solution involving collaboration with the tobacco industry, this is not so with the alcohol and, especially, the food industry. In these cases industry has to be part of the solution. The reality is that the world's population simply could not be fed without such co-operation. Social marketers can broker the negotiations down this contentious road and may be able to prevent the food industry ending up in the same litigious morass that has engulfed big tobacco.

Third, and completing the circle of this paper, social marketing, wearing its behaviour change hat, uses marketing to bring about beneficial social change. As such it reminds the world that marketing is an effective technology that can be used for good as well as ill. The question then becomes not should we get rid of it altogether – as Borland (2003) argues for tobacco – but how can we best harness its power?

Conclusion

We agree with Alan Andreasen that social marketing has heretofore focused on the behaviour change agenda, and that this will continue to be a major part of its contribution. We have argued that exchange theory and relationship marketing provide particularly fruitful areas for further developing this function. Their application in a social marketing context can benefit both arms of the discipline.

However, we also feel that social marketing can make an enormous contribution in the growing field of critical marketing. It bridges the social and commercial worlds, can bring mutual understanding and can broker a way forward. In this we maybe draw away a little from Alan Andreasen and would embrace Lazer and Kelly's 1973 definition of the discipline:

Social marketing is concerned with the application of marketing knowledge, concepts, and techniques to enhance social as well as economic ends. It is also concerned with the analysis of the social consequences of marketing policies, decisions and activities. (Lazer and Kelly, 1973)

We see this as prescient, not, as Alan suggests, confused. By way of compromise we would contend that the first part of this definition is an apt summation of social marketing's development to date, but the addition of the second half helps mark out its future. This broadened remit enables it to provide a fuller critique and understanding of marketing processes and outcomes.

In short, we feel that social marketing will flourish by exploiting its twin understanding of the good and the bad that marketing can bring to society.



Figure 1

The targeting of young people by tobacco companies

The documents confirm that young people are a key group for tobacco marketers. The precise definition of 'young' remains contentious: in many of the documents care is taken to use the phrase 'young adult smokers'; however, at other times more general terms such as 'young people' and the 'youth market' are used. Furthermore, there is evidence of market research being done with people as young as 15. Example 1 shows a reanalysis of 'TGI' data (a standard industry resource that is bought on a subscription basis by many advertising agencies) to provide a detailed picture of the values and aspirations of Silk Cut smokers. The sample includes 15 year olds.

Example 1: Market research with 15 year olds (Synergy Consulting, 1995)

A detailed reanalysis of TGI data, providing details of the values and aspirations of Silk Cut smokers. The sample included 15 year olds.

SILK CUT – AGE SPLITS

15–35 YEAR OLDS

- Younger Silk Cut smokers are much more like their peer group than all smokers.
- Slightly higher on societies core values – less Inner Directed

35–65+ YEAR OLDS

- Again all 35+ year olds who smoke are very Sustenance Driven with a strong Outer Directed pull. This pull will be partly caused by the rejection of core society values embodied by the Belongers.
- Silk Cut smokers over 35 are more Sustenance Driven, looking very like their peer group. Androgeny and excitement the only Inner Directed values perhaps link in with older values associated with cigarette smoking.

PORTRAIT OF SILK CUT SMOKERS

15–35 YEAR OLDS

- They are watching a whole host of TV, dipping into a wide variety of types of programmes.
 - 80% of them watch the news with only the Conspicuous Consumers being under-represented in this area.
 - Sport (general and specialist), films (recent and old) and detective series are watched by them all. The Sustenance Driven watching more films and drama than the rest.
 - Soaps and sitcoms are also watched especially by the Conspicuous Consumers.
 - Travel Programmes.
- As a group they particularly enjoy:
 - Sport.
 - Soaps.
 - Sitcoms and satirical comedy.
 - Films.

Whether the industry is deliberately targeting under 16s will remain a matter for dispute. However, what the documents do make very clear is that smoking amongst the young is as much about image as it is about product attributes. They recognize that smoking is a '**rite of passage**', with youngsters looking for '**reassurance**' and '**an identity**' (Example 2).



Figure 1 (cont.)

Example 2: Smoking satisfies emotional insecurities in the young

'To smoke Marlboro Lights represents having passed a **rite of passage**.' (Gallaher Ltd, 1996)

'Young adult smokers are **looking for reassurance** that they are doing the right thing, and cigarettes is no exception. Any break with a brand's heritage must be carefully considered in order not to throw doubt into the minds of young adult smokers.' (Rothmans (UK) Marketing Services, 1998)

'Young adult smokers are also **searching for an identity**. Cigarettes have a key role to play as they are an ever-present statement of identity.' (Rothmans (UK) Marketing Services, 1998)

'Smoking for these people (young smokers) is **still a badge**. A sign of maturity, discernment and independence.' (Gallaher, 1995)

'Younger smokers give **more weight to imagery of cigarettes** and pay more attention and are open to fashionable brands and up-to-date designs.' (Gallaher Ltd, 1999)

Successful brands exploit these emotional needs and insecurities. 'The success of Marlboro Lights' for example, 'derives from its being **the aspirational lifestyle brand . . . The Diet Coke of cigarettes**.' (TBWA, 1997) and 'To be successful any Gallaher brand will have to tackle **Marlboro's coolness of image** – smokers do smoke the image as well as the taste.' (Gallaher, 1997). As one creative brief evocatively put it: 'We want to engage their aspirations and fantasies – "I'd like to be there, do that, own that"' (Rothmans UK, 1996). Detailed and typically qualitative market research is therefore conducted to guide the development of 'image building campaigns' (Rothmans UK, 1996) and provide 'an infusion of style, coolness and aspiration . . . that will boost B&H's image with style conscious 18–24's' (Gallaher, 1998).

This goes on despite clear rules in the voluntary agreement prohibiting the association of smoking with social success or any attempts to play on the susceptibilities of those who are emotionally or physically vulnerable, especially the young.

In addition, whether or not children are deliberately being targeted, no consideration is given to the danger (and very obvious danger) that marketing aimed at 'adults' (i.e. those over 16) may actually reach those under 16. This is perhaps most apparent when the documents discuss the issue of 10 packs. There is a clear recognition that these are bought predominantly by young adult smokers, in independent outlets (i.e. corner shops) as a cheap means of acquiring premium cigarettes. No concern is expressed that these packs, outlets and brands may also appeal to children, though ample independent research has shown this to be the case. Chillingly, however, they do recognize that 'new entrants' to the market are likely to be approached through these routes.

'Whilst this data is not completely reliable it does reinforce the picture from old BJM data in highlighting the role of the 10s pack amongst young adult smokers and potentially **new entrants** to the market.' (Marketing Services, 1997)



Notes

- 1 'Certain diseases' include lung cancer, heart and circulation disease and respiratory illnesses such as emphysema.

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