The Effects of Drug and Supplement Marketing on a Healthy Lifestyle

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A series of five experiments provides evidence that the marketing of weight management drugs, but not supplements, reduces perceptions of health risk in consumers, undermining healthy lifestyle behaviors and encouraging risky behaviors such as high-fat eating. Taken together, results suggest that drug marketing can affect behavior in both a relatively mindful way, by undermining healthy behavioral intentions, or in a relatively mindless way, by increasing actual unhealthy consumption behavior after mere exposure. Furthermore, results from two field studies suggest that erroneous consumer beliefs about drugs and supplements underlie this boomerang effect on consumer health, and only very high levels of expertise (e.g., medical training) are sufficient to eliminate it. The present research highlights the robustness and generalizability of the boomerang effect in the weight management domain, and bears implications for consumers, marketers, and policy makers.

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The Effects of Drug and Supplement Marketing on a Healthy Lifestyle

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Obesity has been declared a public health epidemic in the United States, and food marketing has been implicated as one important factor in its pervasiveness (Seiders and Petty, 2004; Wadden, Brownell, and Foster, 2002). While high-fat eating remains attractive to many Americans, an assortment of weight management and fat-fighting products (both drugs and supplements) have proliferated. Indeed, in 2006, advertising expenditures ballooned to $4.8 billion for the pharmaceutical industry and $981 million in the supplement industry (Langreth and Herper, 2006; Brandweek, 2007). Though such fat-fighting remedies appeal to many consumers, recent research suggests that there may be unintended consequences that actually undermine consumers’ intentions to engage in a healthy lifestyle. Hence, marketing of such remedies may unwittingly exacerbate risky decision making and reduce, rather than improve, consumer welfare.

Bolton, Cohen, and Bloom (2006) found that problem status (or the relative attractiveness of the problem domain) moderates the effects of remedying marketing messages on consumers. Specifically, remedy messages undermine risk avoidance and increase risky behavioral intentions, particularly for those consumers most at risk. Though this boomerang effect exists across several domains, Bolton, Reed, Volpp, and Armstrong (2008) recently extended this work, identifying the psychological mechanisms that drive this phenomenon in the health domain. Their results indicate that drug marketing boomerangs and sabotages healthy lifestyle intentions in consumers via two mechanisms. First, drug marketing reduces consumer perceptions of health risk and lessens the perceived importance of complementary health-protective behaviors. Thus, consumers are less motivated to engage in these healthy behaviors. Second, drugs are associated with poor health, reducing consumers’ perceptions of their own health and their self-efficacy, and thereby diminishing their perceived ability to engage in complementary behaviors (Bolton et al., 2008). Lacking both motivation and perceived ability to undertake health-supportive behaviors, consumers are unlikely to do so, leading to less healthy lifestyle intentions and a reduction in consumer welfare. Interestingly, this pattern does not hold for supplements: unlike drugs, supplements are not associated with poor health, and suggest by their very name that they are meant to be used as part of an overall health-protective regimen. Notably, Bolton et al’s (2008) results also indicate that the drug marketing boomerang may be neutralized with a corrective intervention that addresses both motivation and ability to engage in health-protective behaviors in concert.

Building on prior research, we present a series of five studies conducted across samples of university students and field samples of adults from a daycare center and members of a fitness club. These studies seek to further investigate the boomerang phenomenon and its robustness in a substantive domain. We extend past research to address a problem of particular concern to society—the obesity epidemic—by focusing specifically on the effects of weight management drug marketing on healthy lifestyle behaviors in consumers. Results thus far can be summarized as follows: 1) Actual consumption of high-fat foods increases with mere exposure to weight management drug versus supplement remedy messages, particularly for those participants who are hungriest, and thus most attracted to the problem domain; 2) Healthy behavioral intentions decrease when participants imagine taking a weight management drug versus supplement, particularly for those participants who suffer from body image issues and have a problematic relationship with this domain of unhealthy behaviors; 3) As theorized, the boomerang effect of weight management drug marketing on healthy behavioral intentions is mediated by decreased motivation and a perceived decrease in ability to engage in health protective behaviors; 4) Evidence from two field samples of real consumers with a range of knowledge levels suggests that erroneous consumer beliefs about drugs and supplements underlie the boomerang effect of weight management drug marketing. While the boomerang is partially mitigated by more accurate knowledge, only the highest levels of knowledge (reflecting specialized training or expertise in drugs and supplements) are sufficient to eliminate it completely.

Overall, the present research builds on past research and contributes to the literature in several notable ways. First, past research has tended to investigate the boomerang phenomenon by examining behavioral intentions after imagined consumption of a remedy, and these results are replicated here in the domain of weight management. However, to our knowledge, the present research is the first to demonstrate the boomerang effect of drug marketing on actual behavior, and the first to demonstrate a boomerang arising from mere exposure to a drug marketing message. Second, the present research indicates that the boomerang effect can be influenced by both transient visceral factors (e.g., hunger) and relatively stable individual differences (e.g., body image) that alter the relative attractiveness of the problem domain. Taken together, these results provide evidence that while drug marketing can influence mindful, intended consumer behavior, it can also impact consumer behavior in relatively mindless eating contexts, highlighting the power and robustness of the boomerang phenomenon. Third, the present research provides evidence for the underlying role of consumer beliefs, suggesting that consumer activation of a drug-and-supplement-knowledge schema in response to weight management remedy marketing may account for the results in these contexts. Finally, the present research investigates the role of consumer knowledge underlying the boomerang phenomenon in field samples of real consumers. Only highly specialized training appears to mitigate the erroneous beliefs underlying the boomerang; otherwise, even well-educated consumers are susceptible, supporting the robustness of the phenomenon. In summary, the present research represents a call to action to develop efforts to mitigate the boomerang of drug remedy marketing for weight management, a domain crucial to the health and well-being of consumers.

References