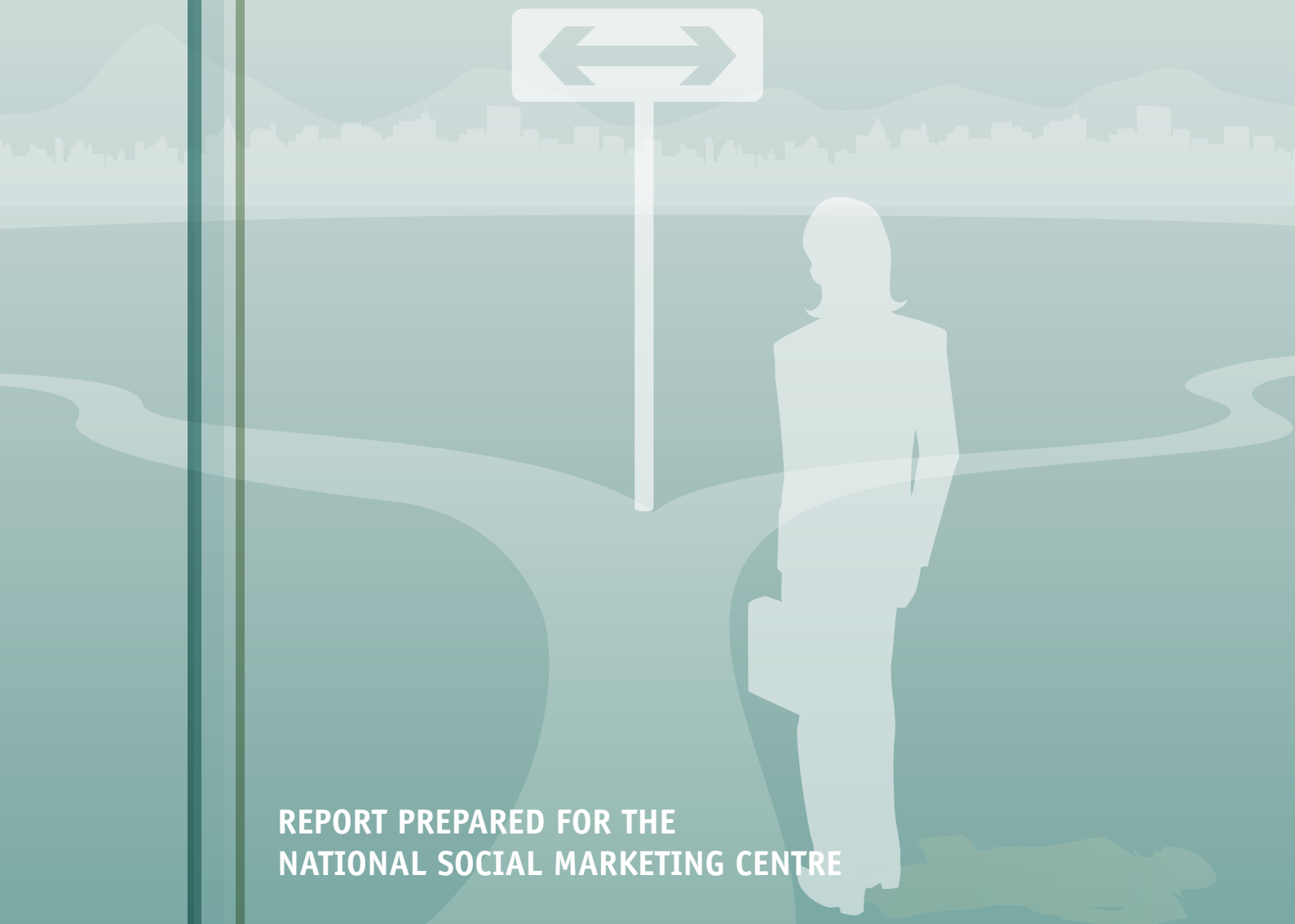
Social Marketing Ethics



REPORT PREPARED FOR THE
NATIONAL SOCIAL MARKETING CENTRE

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Contents

Foreword

This report has been developed by Professor Lynn Eagle from the Bristol Social Marketing Centre, Bristol Business School University of West of England with contributions from staff at the National Social Marketing Centre.

The increased profile of social marketing has led to calls for mechanisms by which ethical issues can be indentified and resolved. While there has been some work undertaken on the development of checklists and codes of ethics, there is a clear need for widespread and vigorous debate on the content of such resources and the means in which they can be implemented.

Firstly, there is a need to develop a common understanding of ethics within marketing in general and within social marketing in particular. There is then the need to recognise the range of ethical dilemmas that may occur in the development and implementation of social marketing interventions. These need to be considered together with the range of unintended effects already identified as occurring within the field, particularly in relation to health promotion.

There are several common frameworks that can be used to evaluate and debate ethical issues. The two most commonly used are based on intention-focussed or on outcomes focussed reasoning. The latter includes the often cited utilitarian perspective in which behaviour is regarded as ethical if it results in the 'greatest good for the greatest number'. Additional frameworks are founded on relativism, asserting that there cannot be a universal set of ethical principles; implicit social contracts governing the rights and responsibilities of members of society; and then we have those based on theories of justice.

Problems may arise when social marketing interventions aimed at helping one segment of the population may disadvantage others. They may also arise where marketing communications through mass media form a substantial part of an intervention. While ethical frameworks are not explicitly stated in the provisions of communications industry regulators, a recent ruling from the Advertising Standards Authority indicated that, even if positive outcomes for large numbers of the target population are achieved, psychological harm among those not part of the target group render an intervention unethical and thus unacceptable. This suggests the need to re-evaluate the use of fear appeals as part of interventions.

Checklists and codes of ethics aimed at the social marketing sector must be viewed within the context of existing professional and sector codes. Attention also needs to be paid to other regulatory mechanisms, such as the Research Governance Framework of the Department of Health which impacts on research and interventions conducted under the auspices of PCTs. While specific social marketing codes may have value in educating inexperienced practitioners and sensitising them to ethical issues, considerable development work is still required.

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In order to ensure adoption and support, all stakeholders must be involved in discussions regarding the development of ethical codes of practice within social marketing. A particular challenge relates to deciding on mechanisms by which breaches of codes should be identified and dealt with. This is necessary due to the diverse range of disciplines that are involved in the sector, and the lack of formal disciplinary mechanisms within social marketing compared to those found in other professions. Draft outlines of procedures and processes that might be appropriate have been included here, along with a draft code of ethics for social marketing.

We welcome comments and suggestions on this report from all those concerned with developing effective social marketing practice. The National Social Marketing Centre will consult widely on the draft code of conduct set out in this report, with a view to publishing a national code of practice for social marketing by the end of 2009.

Professor Jeff French
Director
National Social Marketing Centre

Note: the literature review section of this report is based on material prepared for the forthcoming text: Eagle, L., Dahl, S., Tapp, A., & Bird, S. (2009) Social Marketing: Principles and Practice. Material used with permission of the publisher.

Introduction

This report starts with a brief discussion of the definition of ethics and of the types of ethical dilemmas that may occur within social marketing activity. The major ethical frameworks that are evident within the academic literature are then discussed before an examination of specific issues relating to targeting, the use of fear appeals and the role of culture in establishing ethical standards.

The strengths and weaknesses of codes of ethics are then reviewed, with challenges in development, gaining acceptance and adoption highlighted. Mechanisms that could be considered in maintaining codes, providing advice on ethical dilemmas and possible disciplinary processes that might be appropriate within a sector that does not have formal membership and accompanying disciplinary procedures are then presented.

Before considering each of these topic areas, there is, of course the issue of who defines desired behaviour, which behaviours to target for change and the level of resources that should be allocated to this. Generally, behaviour change may be aimed at 'social good', such as improving overall population health and wellbeing, or minimising health inequalities and addressing obesity and exercise issues. Interventions aimed at minimising the adverse effects of behaviours such as smoking or unwise alcohol consumption may be seem as an infringement of personal freedoms, rights which need to be balanced against the actual or potential harm inflicted on others through these actions.

Additionally, consideration of potential harm to others that may arise as a consequence of a social marketing intervention should be a requirement in the development of any intervention. Indeed, in developing interventions, we must ask, "who has the mandate to represent large and diverse populations for the purpose of informed consent, and how can this be implemented?"[1, p. 537]. How are individual freedoms of choice and individual rights balanced against benefits for society as a whole? And, in communicating risk, who decides whether levels of risk that may be acceptable to different segments of society are acceptable to society as a whole[2].

How are individual freedoms of choice and individual rights balanced against benefits for society as a whole?

Some specific criticisms of social marketing have included the following[3]:

- The concept of exchange rests on the view that people act rationally when there is much evidence to suggest this is not the case.
- Social marketing is patronizing and manipulative with its focus on behaviour change,
- Social marketing appeals to people's base instincts
- Social marketing extends the power imbalance between the state and individuals in favour of the state.

A detailed analysis of these issues can be found in the original paper cited above. What is clear however is that social marketing, like all other interventions, needs to be guided by ethical standards. The checklist and draft code at the end of this paper sets out some of the key questions that social marketers need to address to ensure ethical practise is maintained

Ethics is a term which is debated vigorously, with multiple definitions evident, depending on the perspective of the discipline within which the debate is occurring.

For example, within philosophy, the focus may be on moral choices, i.e. those regarding what is right or just behaviour, as opposed to simply remaining within the provisions of the law in a specific situation and the nature of morals themselves. Within specific professions, such as medicine or accountancy, the debate may be more focussed on the rules or standards governing the conduct of members of their profession.

Ethics Defined

In terms of ethical choices that may be encountered in everyday life, the following example may help to illustrate the type of issues covered by ethical decision making:

"Ethics is about norms and values of a certain seriousness, about standards and ideas, i.e. ones that people cannot easily neglect without harming others"[4 (p. 15)].

A more expansive definition that captures some of the challenges within ethical dilemmas is:

"Typically defined as the study of standards of conduct and moral judgement. It is particularly useful to us when it helps us to resolve conflicting standards or moral judgements. It is not as simple as deciding what is right and what is wrong. The toughest ethical dilemmas arise when two seemingly right principles are in conflict"[5 (p. x)].

As with social marketing itself, there is no common agreement regarding a definition of ethics as it applies in the business/ marketing context

As with social marketing itself, there is no common agreement regarding a definition of ethics as it applies in the business / marketing context, although many definitions are similar to each other, as shown below:

"Business ethics comprises moral principles and standards that guide behaviour in the world of business"[6 (p. 6)].

"Ethics is about norms and values of a certain seriousness, about standards and ideals i.e., ones that people cannot easily neglect without harming others, or without being looked at disdainfully by significant others" [4 (p. 15)].

Ethics should be viewed within the wider context of formal government structures. Most communities have their own system of laws enacted by a central parliament. Member states of the European Union are also subject to endeavours to harmonise legislation and regulation across all members[7]. Beneath, and subordinate to, broad legislation are a series of regulations. These generally apply to a specific business sector or occupational category such as medicine.

There is a wide range of codes ranging from general guidance or best practice advice through to explicit requirements that, if breached, can lead to an ending of the right to practice a specific occupation, or even to criminal prosecution. Codes of professional practice exist to regulate specific professions such as doctors, civil servants, social workers etc. These contain specific ethical provisions and clear sanctions that will be incurred should these provisions be breached.

Within marketing, marketing communication is, in many countries, self-regulating[8,9], in that the various communication industry sectors, including advertisers, advertising agencies and the media have co-operated in drawing up codes of practice. In the UK, this operates via the Committee of Advertising Practice. A major regulatory body, such as the Office of Communication (OFCOM) in the UK, oversees the processes by which advertising conforms to the relevant codes. Supporting this structure, joint industry bodies, such as the Advertising Standards Authority in the UK, may exist, to maintain and administer the codes and ensure consistent advertising standards across media. Additionally, they may provide an advisory service, interpreting relevant statutes and industry codes and applying them to scripts of proposed ads and vetting completed ads prior to their first screening. For an example of current codes, see http://www.asa.org.uk/asa/codes/

However, these regulations do not explicitly state precise ethical principles, providing only general guidelines regarding activity such as decency and the circumstances under which fear and distress might be considered acceptable. Yet, the Advertising Standards

Authority's 2007 ruling on the Department of Health smoking cessation 'fishhook' campaign (discussed in more detail in Section 4), suggests that a de facto framework exists. Any consideration of social marketing ethics needs to be considered in the context of these frameworks.

The generation of fear is by no means the only dilemma facing social marketers, as the following section demonstrates.

Ethical dilemmas within social marketing

There is some evidence to suggest that some misgivings regarding the ethics of social marketing stem from a wider distrust of commercial marketing, particularly marketing communication/advertising[10]. The main ethical criticisms of marketing communication overall include allegations that it is inherently untruthful, deceptive, unfair, manipulative, and offensive. Other assertions relate to the creation and perpetuation of stereotypes, causing people to buy things they do not really need, and playing on people's fears and insecurities[11 (p. 62)].

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Concerns regarding the ethicality of social marketing mirror many of these perceptions. For example, while anxieties have been identified regarding the appropriateness of tactics used for social marketing and the use of fear appeals, issues have been also been identified relating to how competing needs might be judged and what information it is reasonable to seek from people in order to develop social marketing campaigns[12]. More recently, criticisms have been levelled, especially by opposition politicians, at the use of public money to fund documentaries that show government policies or funded activity in a sympathetic light[13]. While it could be argued that this type of activity is not social marketing per se, it highlights the perennial distrust of government interventions on the grounds that it is unwarranted intrusion and nannyism[14].

A surprisingly wide range of potential unintended effects of health communication campaigns have been reported in the academic literature; these have been summarised in Table 1 below.

Table 1 Unintended Effects of Health Communication Campaigns[15 (p. 300)]

Effect	Definition
Obfuscation	Confusion and misunderstanding of health risk and risk prevention methods
Dissonance	Psychological discomfort and distress provoked by the incongruence between the recommended health states and the audience's actual states
Boomerang	Reaction by an audience that is the opposite to the intended response of the persuasion message
Epidemic of apprehension	Unnecessarily high consciousness and concern over health produced by the pervasiveness of risk messages over the long term
Desensitization	Repeated exposure to messages about a health risk may over the long term render the public apathetic
Culpability	The phenomenon of locating the causes of public health problems in the individual rather than in social conditions

Effect	Definition
Opportunity cost	The choice of communication campaigns as the solution for a public health problem and the selection of certain health issues over others may diminish the probability of improving public health through other choices
Social reproduction	The phenomenon in which campaigns reinforce existing social distributions of knowledge, attitudes and behaviours
Social forming	Social cohesion and control accompanying marginalization of unhealthy minorities brought about by campaigns
Enabling	Campaigns inadvertently improve the power of individuals and institutions and promote the images and finances of industry, such as designated-driver campaigns which allows the alcohol industry to portray themselves in a positive light by supporting the campaign, deflecting attention from issues such as underage drinking and drink-driving
System activation	Campaigns influence various unintended sectors of society, and their actions mediate or moderate the effect of campaigns on the intended audience

Given the potential negative effects outlined in Table 1, there is a clear need for systems or structures to help present or resolve these issues.

Ethical Frameworks

While there are a number of potential frameworks available which are derived from the field of philosophy, there is no consistency in the literature as to which might apply in specific circumstances. Table 2 provides a brief overview of the main provisions of the most commonly cited frameworks. These focus either on intentions (deontology, from the Greek word for 'duty') or consequences (teleology, from the Greek word for 'ends'; also referred to as consequentialism), with the latter being broken down further into utilitarianism and egoism[5, 16, 6].

Table 2: Overview of Common Ethical Frameworks (adapted from Ferrell & Fraedrich, 1994: 54[6])

Key Provisions	Comments
Deontology (based on the work of 18th century philosopher Immanuel Kant): Means focussed	
Holds that there are ethical 'absolutes' that are universally applicable, with the focus on means or intentions.	Accepts that actions intended to do good may have unintended negative consequences
Teleology / Consequentialism.: Outcomes / ends focussed	
Focuses on the outcomes or effects of actions. Usually divided into: a) Utilitarianism in which behaviour is ethical if it results in the greatest good for the greatest number b) Egoism, in which the benefits to the individual undertaking action are stresses and the impact on other people is deemphasised	Difficulties arise when comparing alternative courses of action with different levels of potential impact, for example, a programme that provides minor benefits to all, versus one that provides major benefits to many but no, or negative impact on others.

Key Provisions	Comments
Relativism	
There is no universal set of ethical principles, individual cultures, societies or social groups may have their own ethical frameworks; no set of principles is superior to others and no group should judge the ethical standards of other groups.	Ignores the possibility that a) a group's principles are based on incorrect information and b) the implications of a group's principles being repugnant to other groups (e.g. sexism or racism)
Social Contract Theory	
Implicit contract exists between the state and / or organisations and individuals or groups regarding rights and responsibilities as a member of society	Given that the contract is implied rather than stated explicitly, there is no shared understanding of what rights and responsibilities apply to the various parties.

Thus a social marketing intervention that was driven by good intentions would be acceptable under deontological reasoning but not under teleological reasoning if unintended negative consequences occurred. If a deontological (means) perspective was used in developing a social marketing intervention, emphasis would be on ensuring that the methods used did not cause harm. However from a teleological (ends) perspective, the main issue would be ensuring that the outcome produced the 'most good' overall.

Other less commonly used frameworks shown in Table 2 suggest that there is no universal set of ethics that can apply across all sectors of society. This is due to the increasing diversity of society and different perspectives that may be held within cultures or groups and therefore each group's ethical viewpoint should be held to be equally valid.

...social contract theory, suggests that there is an implicit contract between the state and individuals within society.

An additional perspective is suggested by social contract theory, which suggests that there is an implicit contract between the state and individuals within society[17]. This is reflected in documents such as the UN Charter which makes reference to basic assumptions about the right of all citizens to health[18] and is consistent with the principle of exchange which is discussed in the next chapter.

Social Contract Theory is also used in discussions relating to social justice, i.e. the belief that every individual and group is entitled to fair and equal rights and participation in social, educational, and economic opportunities. However, while the aspirations of social justice are laudable, there are problems with the inconsistent interpretation of the term and whether opportunity or outcome is being discussed[19]. Coupled with this are also a range of theories relating to assumptions regarding universal human rights. These hold that everyone should have equal entitlement to the right to life, safety, truthfulness, privacy, freedom of conscience, speech, and private property[20].

A further problem is the lack of a clear and unambiguous statement of the ethical framework guiding decisions by regulators. For example, using the Ferrell and Fraedrich (1994) interpretation, the Department of Health (DH) fear-based smoking cessation 'fishhook' campaign (noted in Section 2) would be acceptable under deontological reasoning[21,22], given that its intention was to help smokers take steps to quit smoking. Others would argue that it is unacceptable to knowingly cause anxiety under deontological reasoning. Their argument is that, even though the intention was to help a specific segment of society, the methods used were likely to cause

harm (anxiety) for others. They would also hold that it violates teleology's utilitarian principle of resulting in the greatest good for the greatest number. A graphic from the campaign is shown below[23].

Thus, the issue of which frameworks could and should apply remains problematic, and must appear more than a little daunting to inexperienced social marketers. Many social marketing texts provide, at best, only brief discussions of ethical challenges; much of the material promoting the potential benefits of social marketing is devoid of any significant consideration of ethical issues[5, 24, 25] . One edited text focussing specifically on ethics in social marketing[5] does not provide a consistent framework across the various contributions.

Ethical Issues in Targeting

Some of the specific areas of social marketing activity that raise ethical issues are those which relate to targeting. A fundamental strategy for marketers is to "select target markets they can best affect and satisfy" [26(p. 7)]. This strategy, when applied to social marketing activity, may result in some segments of the target population being excluded because they are difficult, or comparatively costly to reach[27]. Exclusion of groups due to targeting may also be challenged when public services are required to provide universal and equal access.

Literacy Issues

Literacy issues tend to be largely ignored in the provision of health information material[28]. Varying definitions of literacy make cross-study comparisons difficult, however, there appears to be agreement that some 20% of the population of most developed countries have severe literacy problems and that a further 20% have limited literacy[29, 30]. The specific needs of these groups must be taken into account, acknowledging their difficulties but avoiding the appearance of condescending in the design and delivery of interventions1 .

Children

Where social marketing campaigns are directed at children or adolescents, additional factors must be considered, starting with data collection. Depending on the age of the potential participant in an intervention, parental consent may be required for the participation to commence or continue. An ethical dilemma may arise if the child or adolescent does not wish to participate. In such circumstances, they should not be made to feel that they are being coerced into taking part in research, treatment trials or social marketing intervention trials simply to please "parents or other authority figures", [31, p. 410].

Non-indigenous Populations

A factor that may also be overlooked is that of the needs of non–indigenous populations. These may retain substantial influences, including cultural values and language preferences, from their country of origin for a considerable time. As a result, they may be confused by messages such as those that recommend limiting intake of certain foods when these are not restricted in their home countries[32]. Further, failure to take their (culturally based) perceptions of health-related issues[33] into consideration may result in interventions not succeeding. The same is also true in situations where indigenous populations do not represent the most powerful cultural and economic groups in society, again there needs may be overlooked in favour of more dominant non–indigenous populations.

Methods

Issues also arise in relation to decisions around deciding when it is acceptable to legislate (such as seatbelt use or the 2007 smoking restriction legislation), when to focus on education, when to change service provision, and when to incentivise behaviour. For example, in the case of service provision, making a service available to a specific segment of the population may restrict access to others, such as women-only swimming or exercise classes. In the case of incentives, is it ethical to incorporate them into interventions that might be appealing but with qualifications that make it impossible for some people due to economic or social pressures? For example, smoking cessation campaigns using incentives[34] may be frustrating for individuals in low socio-economic groups who may want to give up smoking but who are not supported by family or friends[35]. In some communities, smoking prevalence may be sufficiently high as to constitute a behavioural norm[36]. Incentives can also have perverse effects by making the behaviour that is trying to be changed actually more attractive or rewarding. As an example, offering prizes or financial incentives to stop smoking could encourage some people to take up the habit in order to then gain the reward being offered for quitting.

Partnerships

Ethical issues arise when organisations enter into partnership to develop or deliver social marketing interventions. Community-based partnerships between non profit-making partners tend to be relatively unproblematic. However, concerns are particularly evident when partnerships involve commercial organisations, i.e. public-private partnerships. The latter term is currently receiving frequent exposure in international public health[37] and covers areas as diverse as waste management and care for the aged[38]. The nature and effectiveness of these arrangements has not been widely studied but it has been noted that such activity is "much copied but poorly researched", [39, p. 41]. More importantly, interest in the nature of these partnerships is tempered by questions regarding "when, if at all" such partnerships are necessary or desirable, [40, p. 771].

There may also be philosophical opposition to any involvement of the commercial sector in social marketing, as evidenced by at least one recent title "Social Marketing:

Why Should the Devil Have All The Best Tunes?"[41]. Recent policy documents[42] see, for example treat public-private partnerships aimed at addressing health-related problems as unproblematic and as such they appear to be encouraged. For example, the Department for International Development (DFID) cautiously endorses direct and indirect private sector involvement in activity such as health promotion through a range of rules, suggesting that the involvement can have a significant positive impact on intervention effectiveness. However, they add a caveat that the specific nature of private sector involvement must be clarified before an intervention is implemented[43].

It is easier for commercial organisations to engage in partnerships or alliances that support popular and media-attractive causes, such as breast cancer which has attracted over 70 commercial organisations. This is possibly because it attracts favourable publicity and is not associated with any controversial behaviour. However commercial associations are likely to be focussed on 'glamorous' aspects such as research rather than on mundane practicalities such as patient transportation[44]. The rationale for a commercial organisation becoming involved in other areas of activity may be radically different.

There are many advantages in establishing successful partnerships. For the public partner, these include access to skills, expertise and resources lacking in the public sector[45]. The private partner may obtain credibility, access to market intelligence and a way of associating the organisation with ethical business practice[46]. Reviews of successful partnerships have identified the following factors as necessary for effective partnerships:

- Agreement on specific goals
- Relevant complementary expertise
- Long term benefits for all stakeholders
- Equitable contribution of expertise and resource
- Transparent arrangements
- Agreed ethical codes[45, 46, 40]

The sustainability of activity if contributions by either partner cease should also be considered[47]. This raises the question of whether it is ethical for a partnership to run only for a short period of time, leaving potential beneficiaries unable to access an intervention when the partnership ceases and resources are withdrawn.

Even when the above factors are taken into account, there are differing levels of acceptability or perceived conflict of interest across different industry sectors. It is, for example, less likely that there will be controversy in insurance companies promoting the changing of fire alarm batteries than there would be about a pharmaceutical company promoting immunization[48]. Tobacco industry partnerships with any aspect of health appear to be universally unacceptable[46] . Alcohol marketers' involvement in responsible drinking promotion, while not universally condemned, has proven controversial[49], being compared by some to "fraternising with the enemy"[46, p. 72]. Given the power of cross-sector coalitions to impact on health and other behavioural challenges, the recommendations made by the National Social Marketing Centre in 'Its Our Health'(2006), and the recently published 'Ambitions for Health' (2008) strategy regarding the importance of partnership working, there is a real need to draw up guidance on partnership working based on ethical guidelines.

Easy to reach versus hard to reach

Is it ethical to target sectors of the population who are easiest to reach or who likely to be the easiest to reach? Is it ethical to target the most receptive to an intervention ('low-hanging fruit') rather than those who might benefit the most from changes to their behaviour?

The concept of 'low hanging fruit' is based on identifying target segments who are ready and able to make the changes being promoted by a social marketer. People classified as 'low hanging fruit' may come from different social, economic or political groups but what they share is a predisposition to change. What they need are prompts and support in the form of goods or services that make it easy and rewarding for them to effect that change.

The biggest problem with the concept of targeting such people is that often there is a correlation with material advantage and being ready and able to change. A social marketing strategy that crudely targets such people might run the risk, if it were successful, of increasing the gap between the better and worse off in areas such as health or savings. A key issue then from a deontological perspective is that social marketing programmes must consider the processes they employ and how these might encourage participation from different social economic groups in society. And, using a teleological perspective, they also need to consider what the overall impact on inequality might be.

'Hard to reach'could be viewed as groups who are difficult to contact, or who do not take part in research or actual interventions. They may also be groups that professionals have not traditionally worked with closely or for whom readily available channels are not in place, or have not been used. In this way they not be fundamentally hard to reach but are not reachable by methods traditionally used for other sections of the population.

'Hard to reach' can also be viewed as groups who can be contacted but who are less motivated or able to change.In this case the ethical issues are ones concerned with understanding the barriers to change and devising ways of addressing these. In cases of low motivation, a detailed understanding of why people hold these attitudes will be necessary before attempting to overcome the barriers. In cases where people are less able to change due to environmental or structural issues, such as poverty or lack of access to services due to poor transport links, the ethical issues are deontological i.e. action needs to be targeted at addressing these structural issues rather than blaming individuals for non-compliance.

If a 'hard to reach' group is targeted, but their intervention costs significantly more than interventions aimed at lower priority groups, is it ethical to focus resources on one specific group at the expense of others? Is it ethical to target their specific behaviours without considering the socio-economic or wider environmental factors that may drive the behaviours? For example, in interventions aimed at reducing the exposure of children to tobacco smoke in the home, recommended strategies such as smoking outside with the door closed may not be effective, given the environment in which some groups may live. Smoking outside may not be an option for multi-floor flats and apartments which do not have balconies[50]. Further, opening windows or doors may present an additional security risk, with dangers possible for both smoker and unsupervised children if a parent does leave the house to smoke[51]. These are not simple issues to resolve and the solutions will be specific to the situation.

An additional example of the type of challenge that needs to be considered relates to interventions aimed at improving medication compliance. Those who are least compliant with their medication regimen are also likely to miss hospital appointments or other forms of medical monitoring[52]. Thus, those who would benefit most from help may be difficult to reach or to persuade to participate in interventions aimed at improving their health and quality of life. Consider the arguments for and against allocating resources to try to reach them versus those who are easier to reach. The nature of proposed interventions also presents ethical challenges. As an example, adolescents with epilepsy do not want to meet others with complications or problems as they perceive these patients' problems as both frightening and depressing.

Therefore interventions that include peer support from others with the same medical condition are unlikely to be successful[53].

Fear Appeals

The nature of the appeals used in social marketing communication may lead to increased levels of public concern and, for some, possibly increased anxiety or fear[12]. The DH smoking cessation campaign (described earlier) is an example of this. Further, those who have responded to past fear-based campaigns appear to be better educated and more affluent than average, and thus better able to respond to the persuasive message[22]. As well as signalling the need for caution in the use of fear appeals for which less well educated sectors of target groups are a significant part, there would appear to be the need for research into the attitudes, information needs and message framing preferences of these sectors.

There may be a more pragmatic reason for caution in the use of fear appeals. In spite of several studies in which short term effectiveness was found, real-world effects do not show the same results[12]. Many of the unintended effects of health communication campaigns listed in Table 2 are directly, but not exclusively, attributable to fear appeals, i.e. dissonance, discomfort and distress, boomerang effects, epidemics of apprehension and desensitisation[15, 54]. Additionally, strong fear appeals are more likely to be regarded as unethical if the target populations do not believe they can readily undertake the recommended behaviour or that the behaviour will be effective in minimising the perceived threat[55].

Humour

Humour has been used in social marketing interventions as diverse a syphilis awareness[56] and smoking cessation, including the highly successful Florida 'Truth' campaign[57]. Humour is, however very culture-specific and what may seem extremely funny to one segment of the population may be seen as utterly offensive by another. Additionally, the humour may actually detract from the message content, resulting in high awareness but having no behavioural impact[58]. When is it acceptable to degrade certain behaviours? An example of this comes from a recent controversial use of humour in an Australian road safety campaign that implies that young men who speed do so because they have a small penis[59]. While this campaign has been controversial, it is also claimed to be one of the most successful[60].

Incentives and Penalties

Interventions that are based on rewarding people financially, or by the provision of goods may also raise ethical concerns, given that rewarding people for adopting new, socially desirable behaviours is perceived as being akin to bribery. In addition, it, raises the question of whether the behaviour will be maintained in the long term. Incentive-based smoking cessation interventions have shown promise for low-income pregnant women in the USA, whereby vouchers exchangeable for retail products were made available for those who successfully abstained from smoking, subject to biochemical verification[61]. 'Quit and Win' contests have been used in over 80 countries, however reviews of the success of these programmes have included the cautionary note that, unless closely monitored, there is a chance of deception through activity such as non-smokers entering the competitions, resulting in possible over-estimation of success[62].

Role of Culture in Establishing Ethical Standards

Acceptable behaviour is determined to a large part by socialisation. Yet the role of culture in establishing ethical standards is largely ignored within marketing literature[63]. It is suggested, for example, that the use of fear appeals is contrary to

Islamic beliefs[64]. Can social marketing interventions based on fear appeals therefore ever be acceptable? They are certainly unlikely to be effective with this sector of the population. Further, issues such as safe sex may offend some cultural or religious groups who, while they may not be directly targeted may still receive material relating to the topic[27]. So, when culture-based perceptions are at odds with prevailing perceptions of best practice, how should social marketers balance respect for minority cultural norms with the desire to challenge them in the interests of improving health and well-being[1]?

Culture may influence the acceptability of different ethical frameworks,. For example, some cultures that emphasise collective responsibility, i.e. the greatest good for the greatest number, over individual self-interest may find utilitarian perspectives preferable. Whereas a culture that emphasises individualism may display preferences for egoism-based frameworks [22,65] .

Successful intervention development depends upon consultation with stakeholder groups in order to help them define their needs and to develop and implement their own solutions. It is important to identify information gatekeepers and community leaders in order to start dialogue with individual communities[66] and to address any language and cultural barriers[67] that may arise. Community leaders who are willing and able to publicly support the activity are important to intervention success[68,69]. Failure to do so may result in interventions being perceived as unethical within target communities and result in the interventions being actively resisted.

An additional factor to consider is the effectiveness of different communication styles. It has been found that consumers in similar countries across Europe respond very differently to positively or negatively framed advertisements[70, 71]. Much of this work, however, was conducted only with university students and needs to be repeated with a cross-section of the populations of the countries studied. If the original findings hold true for the wider population, there may be a conflict between the economies of scale possible if material is used across as wide a range of target groups as possible, as against the possibility that material may not be as effective across cultural groups. This may also impact on the tone of message used, such as rational, information-based messages versus emotional appeals.

Service design may also be a factor that can result in delivery mechanisms that are substantially different for some segments of the population. In the US, African-American women who have been reluctant to use conventional health services for advice on issues such as smoking cessation or other aspects of healthier lifestyles have been reached effectively via hair and beauty salons[72]. The issues here are whether such activity should be tailored for other sectors of the population, whether this activity takes resources away from interventions with wider focus, and who should decide on behalf of each population segment?

Given the sample of ethical challenges reviewed so far, the next issue is how to provide guidance on identifying and resolving issues that may be faced by practitioners.

Research Ethics and the NHS

Before considering the role of specific social marketing codes, it must be recognised that there are numerous professional and sector codes and other forms of regulation or governance that may apply. Consultation with the developers of these codes is recommended in order to ensure that maximum benefit is provided for all members of the social marketing community.

A specific area that must be considered is the requirement for ethical approval of research-related activity. One of the most significant structures in this regard is the DH Research Governance Framework[73] which extends considerably beyond clinical trials for medicine. This covers all research and intervention activity involving existing or prospective patients and service users.

The requirements under this framework can take several months for approval[74] and there is currently no mechanism within the Framework to distinguish between low risk and high risk activity. However, a fast-track process is currently under development and is expected to be piloted in 2009. Where research involves collaboration between NHS, PCT staff and those from other organisations, ethical approval must be confirmed by all participating organisations.

Within the university sector, ethical approval will not be provided until NHS approval has been gained. If there is any doubt as to whether the NHS provisions apply to a particular project, advice should be sought from the relevant organisation such as the NHS Regional Ethics Committee (REC) or the PCT in whose catchment area the project is to be conducted.

Where funding is provided via the NHS or a PCT for activity that does not require full NHS Research Ethics Committee clearance, written confirmation should be obtained from the relevant NHS / PCT organisation that full clearance is not required. If in doubt, the NREC should be contacted for guidance and advice (queries@nres.npsa.nhs.uk).

Research areas that should be relatively unproblematic may include research using techniques such as questionnaires or focus groups on topics such as attitudes towards exercise or the use of sun protection. Activity that may require guidance from NRES would include topics relating to investigations of parental strategies to reduce children's exposure to tobacco smoke in the home, or family dietary habits. Activity that will require consultation probably culminating in the requirement for full ethics approval processes to be undertaken would include sensitive issues such as sexual behaviour.

The following extract from the 2008 National Research Ethics Service[75] should provide a useful checklist as to whether advice is needed regarding the requirement for NHS approval.

Table 3: Differentiating Audit, Service Evaluation and Research

Research	Clinical audit	Service Evaluation
The attempt to derive generalisable new knowledge, including studies that aim to generate hypotheses, as well as studies that aim to test them.	Designed and conducted to produce information to inform delivery of best care.	Designed and conducted solely to define or judge current care.
Quantitative research – designed to test a hypothesis. Qualitative research – identifies / explores themes following established methodology.	Designed to answer the question: "Does this service reach a predetermined standard?"	Designed to answer the question: "What standard does this service achieve?"
Addresses clearly defined questions, aims and objectives.	Measures against a standard.	Measures current service without reference to a standard.
Quantitative research – may involve evaluating or comparing interventions, particularly new ones. Qualitative research – usually involves studying how interventions and relationships are experienced.	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards or patient preference).	Involves an intervention in use ONLY (the choice of treatment is that of the clinician and patient according to guidance, professional standards or patient preference).
Usually involves collecting data that are additional to those for routine care, but may include data collected routinely. May involve treatments, samples or investigations additional to routine care.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.	Usually involves analysis of existing data, but may include administration of simple interview or questionnaire.

Research	Clinical audit	Service Evaluation
Quantitative research – study design may involve allocating patients to intervention groups. Qualitative research uses a clearly defined sampling framework underpinned by conceptual or theoretical justifications.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before clinical audit.	No allocation to intervention groups: the healthcare professional and patient have chosen intervention before clinical audit.
May involve randomisation.	No randomisation.	No randomisation.
ALTHOUGH ANY OF THESE THREE MAY RAISE ETHICAL ISSUES, UNDER CURRENT GUIDANCE:		
RESEARCH REQUIRES REC REVIEW	**AUDIT DOES NOT REQUIRE REC REVIEW**	**SERVICE EVALUATION DOES NOT REQUIRE REC REVIEW**

As noted in the above table, audit and service evaluations do not require REC review. It is probable that the majority of what are called social marketing research studies will fall into the category of audit and evaluation and not research as defined in table 3. However, REC can be approached, not for a judgement, but for comment and advice if this is thought necessary.

The following extract from Governance Arrangements for NHS Research Ethics Committees should also be noted (p. 18) in view of potential for overlap and for unforeseen costs.

"7.22 Not all medical, other health-related or social care research takes place within the NHS or public sector Social Services. All those conducting such external research should be encouraged to submit their research proposals to an NHS REC for advice, and the REC should accept for consideration all such valid applications that meet the relevant standards. In such cases, the REC should report to the appointing Authority the cost of its work so that the cost can be recovered from the outside body conducting the research, if appropriate".

Code of Ethics

In terms of the wider social marketing community, existing professional or sector codes of ethics may not capture all the ethical challenges that may apply to the development and implementation of interventions. To rectify this, specific social marketing codes of ethics have been proposed[77, 78], and similar mechanisms have been proposed for related areas such as health promotion[79].

Codes have several benefits both to individuals and to the sector overall. They may be successful in educating inexperienced practitioners and in sensitising them to issues they may face in the future. They also signal the commitment of an organisation or sector to establish credibility and to provide a 'moral compass' for members[80].

Most codes, particularly those developed with a research focus, contain common elements:

- respect for participants and target populations
- social and cultural sensitivity
- justice – a fair distribution of benefits and burdens, together with the duty to not neglect or discriminate against individuals or groups
- minimisation of infringement upon or harm (including psychological harm such as anxiety) to participating or targeted individuals
- informed and voluntary consent
- respect for privacy and confidentiality
- honesty and avoidance of deception
- avoidance of conflict of interest
- ability to publicly justify the intervention in terms of necessity and potential effectiveness[81].

Codes are not intended as censorship, but rather statements of norms and beliefs[82] and as mechanisms for driving good practice and protecting both professionals and the people they are seeking to assist. Organisations that have codes of ethics that are enforceable and which are enforced in practice have been shown to be more sensitive to ethical problems when they occur and to choose ethical alternatives in the decision process[83]. There appears to be no question that consistently high levels of ethical behaviour should therefore be expected of social marketers given the potential impact of interventions on individual and societal health and well-being. The potential negative consequences for ongoing social marketing activities where consumers feel that they have based decisions on incomplete information or have yielded to coercive activities on the part of social marketers may be severe12. However, codes are not a panacea as they are often broad statements of intent unable to cover every situation that is likely to arise or provide guidance on how issues such as cultural differences should be resolved[84].

While the discussion above suggests that there is an obvious willingness within the area to consider codes of ethics, social marketing activity occurs across a wide range of occupational sectors, including health, environmental planning, transport, social justice, marketing etc. Developing codes that can be applied across all sectors - some of which may have existing codes - is likely to be problematic. Where multiple codes may apply, they should be complementary rather than conflicting. Additionally, a mechanism needs to be developed and debated for managing the codes, dealing with complaints regarding perceived breaches, for enforcement, and for disciplinary action where necessary.

A further consideration is that many codes such as the American Public Health Association (APHA) have been developed for use within a specific context and may not adapt readily to use in others[85]. Professions such as accountancy have mechanisms by which adherence to professional codes of ethics can be enforced[86]. Sectors such as marketing that lack enforcement mechanisms, can codes of ethics ever be more than statements of desired best practice?[87] While marketers use the term 'profession', marketing does not meet the characteristics of a true profession, as summarised in Table 4.

Table 4: Characteristics of a Profession [88 (p. 1676)]

A profession possesses a discrete body of knowledge and skills over which its members have exclusive control
The work based on this knowledge is controlled and organised by associations that are independent of both the state and capital
The mandate of these associations is formalised by a variety of written documents, which include laws covering licensure and regulations granting authority
Professional associations serve as the ultimate authorities on the personal, social, economic, cultural, and political affairs relating to their domains. They are expected to influence public policy and inform the public within their areas of expertise
Admission to professions requires a long period of education and training, and the professions are responsible for determining the qualifications and (usually) the numbers of those to be educated for practice, the substance of their training, and the requirements for its completion
Within the constraints of the law, the professions control admission to practice and the terms, conditions, and goals of the practice itself
The professions are responsible for the ethical and technical criteria by which their members are evaluated, and they have the exclusive right and duty to discipline unprofessional conduct
Individual members remain autonomous in their workplaces within the limits of rules and standards laid down by their associations and the legal structures within which they work
It is expected that professionals will gain their livelihood by providing service to the public in the area of their expertise
Members are expected to value performance above reward, and are held to higher standards of behaviour than are non-professionals.

Many marketing organisations have codes of ethics for their members. For example, the American Marketing Association (AMA)[89] provides the following:

1. Marketers must do no harm
2. Marketers must foster trust in the marketing system (not mislead), good faith and fair dealing
3. Marketers must embrace, communicate and practice fundamental ethical values that will improve consumer confidence in the integrity of the marketing exchange system. These basic values are intentionally aspirational and include honesty, responsibility, fairness, respect, openness and citizenship.

The fragmentation of the marketing industry presents a further factor to consider. While many sector organisations have codes [(see, for example 90, 91)], there are no overarching industry mechanisms within individual countries, let alone cross-border initiatives, although there is evidence of some movement in this direction in sectors such as the European Association of Communication Agencies (EACA)[92] . Such codes are often little

more than statements of good intent, for example, the EACA's Code of Ethics states only:

"1 Society and citizens
We recognise our obligation to create advertising which is consistent with the social, economic and environmental principles of sustainable development. We further recognise that this obligation applies equally across the different societies that receive advertising that might not have been developed for them.

2. Consumers
We recognise that consumers are entitled to rely on our profession to operate not only within the law and within the letter and spirit of global, national and sectoral codes of practice but also within accepted ethical norms.

We accept that our understanding of the "average consumer" might not always be the standard, acknowledging that there are groups who are vulnerable, for example, and that we should adopt a sensitive approach to judging how advertising will be understood and acted upon by society in general".

A doctor, accountant, lawyer or member of an established, recognised, profession could potentially loose the right to practice if found guilty by their peers of a significant transgression of professional ethics[88]. Marketers are not subject to the same level of peer control. There is no current requirement that they be licensed and membership of sector organisations is voluntary. Marketers therefore lack the ability to enforce such codes in the way that professional groups are able to do[86].

If a marketer is found guilty of transgressing the standards of behaviour for any sector organisation to which they may belong, they may be ejected from that organisation, but this does not necessarily prevent them from continuing in employment in the sector. There are, however, less direct sanctions available to organisations, and, indeed to the industry overall in many countries. In the UK there is The British Code of Advertising, Sales Promotion and Direct Marketing. This is issued by the industry's self-regulatory body[93] and is administered by the independent Advertising Standards Authority[94]. It specifies provision for marketing communications in breach of the Codes to be withdrawn or amended. Adjudications are published on the ASA website (www.asa.org.uk) and, often in the media, as occurred with the Department of Health smoking adjudication[95].

Further, the industry regulators may request the media to deny advertising space or time to non-compliant marketers. Additional penalties may be incurred through the withdrawal of industry discounts such as those offered by the Royal Mail for bulk mailings. In the most serious cases, legal support to enforce discontinuation of unacceptable material can be obtained[93].

Other implicit sanctions exist in areas such as those undertaking social science research on behalf of the UK Government. There are specific expectations which include obtaining "valid, informed consent" from research participants and the requirement to take "reasonable steps to identify and remove barriers to participation" and to avoid "personal and social harm" [96 (page 8)]. While provisions for sanctions and redress are noted but not spelt out specifically, a logical conclusion is that consultants found to be in breach of the provisions would not obtain future commissions. This could readily be extended to include funding for social marketing intervention development and implementation as well as related research.

Four key principles from the medical sector are much more specific than the 'good intentions' for the AMA above and may be of relevance to social marketing, i.e.:

- Respect for autonomy of individuals or communities, requirement for consultation and agreement (i.e. effective two-way communication) and absence of deceit
- Beneficence, i.e. provision of net benefit to the target group or patient
- Obligation to ensure no harm is caused by actions
- Justice in terms of fairness in distributing resources, respecting of rights and for morally accepted law[97].

However, there are several differences between medicine and general public health, and social marketing. The focus of medicine is primarily on interactions with individual patients and often involves balancing patient choices with recommended treatment regimens. Public health and social marketing must reflect the specific challenges of interdependence between populations or specific segments, their communities and the wider environment. Actions of individuals may impact on others within the population[98].

To this, we would add the necessity of recognising the extent, and boundaries, of our expertise as marketers. Few of us are formally qualified in medical or related health fields, such as smoking cessation and exercise promotion programmes, in which a considerable amount of social marketing activity occurs. There is, however, a recognised role for social marketing communication expertise. As the following quote from a leading behavioural theorists indicates in relation to the effective communication within behavioural change-focussed interventions:

"…communications can attempt to increase the strength of beliefs that will promote healthy behaviours, reduce the strength of beliefs that promote risky behaviours, or prime existent beliefs that support healthy behaviours (i.e. increase their accessibility) so that these beliefs will carry more weight as determinants of attitudes, norms self efficacy and intentions. Behavioural theories do not tell us how best to design messages so that they will be attended to, accepted and yielded to. We would argue that this is the role of theories of communication. Although communication theory and research have advanced our understanding of factors influencing attention, it is just beginning to advance our understanding of what makes a message effective, that is of the factors that influence acceptance and yielding" [99 (page S14)] .

Ethical Tools

Two possible resources specifically for social marketing have been proposed. First is an ethical checklist and second, a specific code of ethics. A brief checklist is shown below:[78]

- Ensure that the intervention will not cause physical or psychological harm
- Does the intervention give assistance where it is needed?
- Does the intervention allow those who need help the freedom to exercise their entitlements?
- Are all parties treated equally and fairly?
- Will the choices made produce the greatest good for the greatest number of people?
- Is the autonomy of the target audience recognised?

The following is a more extensive checklist:[100]

1. Is there a law against it?
2. Is it contrary to accepted moral duties, including fidelity, gratitude, justice, non-malefience, and beneficience?

3. Is it contrary to any special obligations of the organisation?
4. Is there any intention to cause harm?
5. Is it likely that harm will result?
6. Is there a better alternative that would result in greater benefits?
7. Are any rights likely to be infringed, including property rights, privacy rights, and inalienable consumer rights including right to information, to be heard, to have a choice, and to have a remedy?
8. Is anyone left worse off and, if so, is this person already disadvantaged?
9. If the answer to any of the eight questions is 'yes', the action should be reconsidered.

A code of ethics that has been proposed for social marketing is as follows:[101]

- Do more good than harm
- Favour free choice
- Evaluate marketing within a broad context of behaviour management (giving consideration to alternatives of education and law)
- Select tactics that are effective and efficient
- Select marketing tactics that fit marketing philosophy (that is meeting the needs of consumers rather than the self-interest of the organisation)
- Evaluate the ethicality of a policy before agreeing to develop a strategy

While it is a positive step that these issues are being discussed, voluntary codes of ethics without commitment and support from those that the codes are intended to cover will be ineffective[102, 103]. One of the first priorities in developing and agreeing on a code will be to gain input from all stakeholders so that there will be a sense of shared ownership. Code development has been most successful "when accompanied by lengthy and strenuous debate engaging the entire professional community and not simply those with a special interest in ethics."[80]

However, as discussed earlier, codes can never be exhaustive and there will need to be mechanism by which those facing ethical dilemmas can gain advice and support. Coupled with this should be awareness raising and training to highlight the types of issues that should be considered at all stages of social marketing intervention development. A range of relevant codes have been included in the appendices as exemplars of structure and scope.

Code Development Recommendations

Development Processes

Once a code has been agreed and an organisation (e.g. the NSMC) identified as the management point, there will be a need to set up a process to publicise the functions that the organisation will fulfil. It will also need to define the working relationship with organisations such as the NHS and PCTs. For ethical issues that do not fall under the auspices of the NHS, university or funding body ethical approval and management systems, a process will be needed for dealing with complaints. Drawing on the processes used by other professional and industry bodies, the following may provide a useful guide to this stage of the development.

1. The NSMC should establish an ethics panel (drawn from academics and practitioners with suitable experience in dealing with ethics approvals and disciplinary issues), and including representation from the Department of Health, NHS and relevant professions. The panel should have responsibility for developing a code of practice for social marketing and engaging relevant stakeholders in developing it through to publication. The panel should also be responsible for developing systems on how queries and complaints will be dealt with, including convening of face-to-face meetings versus electronic communications.

The NSMC panel should:

2. Establish working relationships with other relevant organisations, especially the NHS, relevant professional bodies, universities and funding bodies, plus communications regulators such as the ASA.

3. Clearly establish what advice can be given by whom on ethical issues. This needs to be specific and timely.

4. Clearly establish who can make a complaint and on what grounds. Establish the time frame for investigating complaints (e.g. no longer than 6 months from the occurrence of the activity to lodging a complaint, no longer than 2 months from the complaint being lodged to a decision being made. It is recommended that anonymous complaints not be investigated.

5. Clearly establish how complaints should be lodged (e.g. with a specific person within the coordinating organisation) and the process by which complaints will be investigated, and by whom.

6. Decide on mechanisms by which ethics panel decisions will be communicated to the complainant, the individual or organisation against whom the compliant is made and other stakeholders including the social marketing community, funding bodies, media and the general public. Also decide on what range of actions might be requested in the event of a complaint being upheld.

In the event of complaints being upheld but the offending party being unwilling to amend material, the range of possible penalties and sanctions to be taken as a last resort needs to be decided. For example, some funding bodies will not consider new applications from an organisation in which there have been ethical problems unless there is evidence of action having been taken to prevent a repetition of the problem.

7. NSMC should provide an ethical advisory service to practitioners as part of its generic advisory service. This service could act as an external first port of call for those not sure about how to address ethical issues or for people needing advice about how to submit proposals for ethical approval.

8. Once agreed, the code should not remain static, but be regularly reviewed both on the basis of cases considered and on input from the social marketing community. As with code development and administration, mechanisms for consultation on revision and review need to be decided and put in place.

9. Given the need for clear guidance on the development and management of partnerships and delivery coalitions in the field of social marketing the NSMC should develop such guidance based on the proposed code of conduct. In due course additional specialist guidance may be required in other areas of practice such as research, community engagement and empowerment and organisational change.

Ethics Approvals: Guidance on Assessing Ethical Issues

Until formal mechanisms are in place to support members of the social marketing community, the following guidelines are proposed:

Formal ethics approval is a requirement for any research or intervention involving 'human subjects' that is funded via academic institutions or funding bodies such as the ESRC. In addition, the Research Governance Framework of the Department of Health - covering activity conducted under the auspices of the NHS and PCTs - must be taken into consideration and approval sought from relevant organisations with devolved responsibility for the administration of activity covered by this framework. For examples of 'good practice' applications under this framework, see UWE's Research Ethics web pages http://hsc.uwe.ac.uk/net/staff/Default.aspx?pageid=202

Similarly, external funding bodies such as the Joseph Rowntree Foundation

(http://www.jrf.org.uk/) or Leverhulme Trust (http://www.leverhulme.ac.uk/grants_awards/) or have specific ethical approval as part of their grant provision. These must be adhered to, with written confirmation of formal approval from relevant bodies stipulated in the grant provision.

While the above may cover a large amount of social marketing research and intervention activity, there is still lack of an advisory and regulatory mechanism for areas not covered by these provisions. We have therefore drawn on existing ethics approval mechanisms to provide a series of checklists. These that can be used where proposed interventions - that are funded by organisations without specific ethics approval processes - can be reviewed and guidance can be given to those developing and implementing an intervention.

A multi-tier approval system should be introduced, similar to that in use in many universities and other institutions.

Level 1: low risk: research and interventions that do not involve the collection of personal information from the target group(s) e.g. interventions aimed at encouraging greater use of parks, sporting facilities etc. Or, investigating attitudes towards environmental protection, or anonymous questionnaires regarding aspects of lifestyles. For this, the activity and any associated ethical dimensions should be discussed within the organisation at departmental or unit level, i.e. peer consultation and review. Using a simple checklist (drawing on the material in the appendices to this document) will ensure that all relevant issues have been considered. This will include such factors as information sheets, consent forms and discussion of consultation with relevant communities in the development of the activity. For examples of the use of low-risk screening procedures within university settings, see Brighton University's Virtual Research Unit link: http://staffcentral.brighton.ac.uk/vru/ethics_govern.shtm or, for a non-UK example, see the research approval web pages of Massey University (New Zealand) http://humanethics.massey.ac.nz/massey/research/ethics/human-ethics/approval.cfm

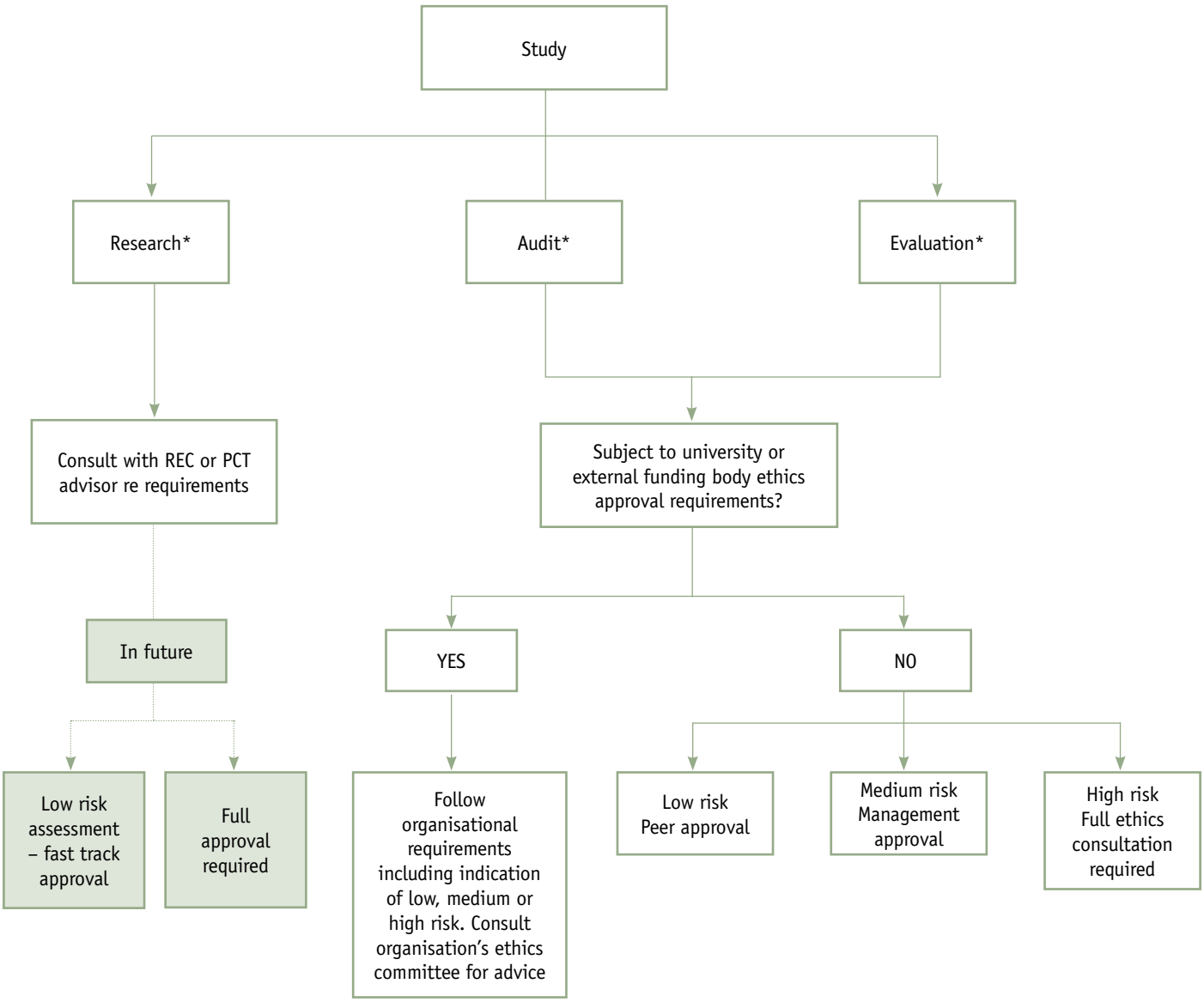
Level 2: Moderate risk: research and interventions that do involve collection of personal information from the target group(s) but which do not require respondents to divulge sensitive or extremely personal behaviour, and which do not permit the identity of any respondent to be identified. For example, interventions aimed at investigating recycling, dietary or exercise behaviours, which may involve focus groups or other forms of personal interaction. In addition to the information required for a low risk approval, research protocols, focus group discussion guidelines etc. should be provided and formal written approval sought from the senior management of the organisation in which the researcher is based.

Level 3: Full Ethics Clearance required: research and interventions involving any vulnerable groups such as children, those with low literacy levels and the socially disadvantaged irrespective of the nature of the research or intervention. Additionally, any research or interventions which involve investigation of personal behaviours such as speeding, excessive drinking or sexual behaviour should be subject to a full ethics clearance procedure.

Appropriate Ethics Approval Process

It is recommended that the appropriate approval processes be considered at the initial planning stages of any intervention to allow for the time that ethical approvals may require. The decision tree below (Figure 1) provides an overview of the process.

Figure 1: Ethics decision tree



Draft Code of Ethics

The following is a draft - intended for discussion and further refinement - of a specific Code of Ethics for Social Marketing. It draws on the earlier suggested framework and the ethics resources of relevant organisations as detailed in the appendices.

In developing interventions, social marketers will ensure that the following are taken into account at all stages of research, planning, implementation and evaluation:

1. Those planning interventions are competent, have a clear mandate to work on the issue and follow the national social marketing planning standards set out by the NSMC.
2. The actual problem, rather than its symptoms, has been identified. The initial scoping prior to the development of an intervention has identified the extent and the severity of the problem to be addressed.
3. Relevant ethical clearances have been gained prior to research, to identify target segments, the attitudes and beliefs underpinning their behaviours, and the actual or perceived barriers to behaviour change.
4. In developing the intervention, representatives of the identified target segments will be involved to provide advice on the potential impact upon their communities, any possible unintended effects, and how these should be resolved.
5. An assessment must be made of the predicted effectiveness of the intervention relative to other possible actions and of the impact on individual freedom and autonomy.
6. An assessment must also be made as to whether the benefits will outweigh any potential harm, whether any segments of the population are likely to be negatively affected by the intervention and whether any existing inequalities are expected to be positively or negatively impacted by the intervention.
7. In the event of any identified potential impacts on any target segment, or unintended negative impacts on segments of the population not specifically being targeted, the acceptability of the intervention should be reviewed.
8. Social marketers should demonstrate that they are up-to-date with developments in the field via recognised professional development, in-house training, or attendance at relevant conferences and seminars.
9. An ethics statement should be included in all planning records and should be required from agencies providing services, setting out any possible ethical issues and how they will be addressed.

Conclusion

This report has highlighted the challenges facing social marketers in raising awareness of ethical issues and the challenges inherent in developing and maintaining an effective ethical guidance and monitoring framework.

If the sector is committed to driving up standards of practice, there is an urgent need for the NSMC to act as the conduit through which practitioners, policy makers, related organisations and academics can work together to build on the material contained in this report to formalise a national code of ethics and the mechanisms by which it will be administered and maintained.

Appendix A:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Sample Ethics Checklists

A1. Public Health Specific

Jennings, B., Kahn, J., Mastroiani, A. & Parker, L. (2003) Ethics and Public Health: Model Curriculum Health Resources and Services Administration /Association of Schools of Public Health http://www.asph.org/document.cfm?page=782

- Identify the ethical problem (s) germane to the decision
- Assess the factual information available to the decision maker(s)
- Identify the 'stakeholders' in the decision, including who will be affected and in what way
- Identify the values at stake in the decision
- Identify the options available to the decision maker
- Consider the process for making the decision and the values that pertain to the process.

As part of the evaluation process, Jennings also discusses the following:

- What is the nature, severity, duration of the problem behaviour being targeted and the
- probability regarding its future occurrence and impact on individuals in the wider
- population?
- What is the likelihood of an intervention being able to positively affect the problem
- behaviour?
- What are the economic (and other) costs?
- What is the burden on human rights?
- Is the intervention fair, including a just allocation of benefits and burdens?

Kass, N. E. (2001). An Ethics Framework for Public Health. American Journal of Public Health, 91(11), 1776-1782.

1. What are the public health goals of the proposed program?
2. How effective is the program in achieving its stated goals?
3. What are the known and potential burdens of the program?
4. Can burdens be minimised? Are there alternative approaches?
5. Is the program implemented fairly?
6. How can the benefits and burdens of a program be fairly balanced?

Public Health Leadership Society (www.phls.org): Principles for the Ethical Practice of Public Health (Adopted by the American Public Health Association)

1. Public Health should address principally the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes.
2. Public health should achieve community health in a way that respects the rights of individuals in the community.
3. Public health policies, programs, and priorities should be developed and evaluated through processes that ensure an opportunity for input from community members.
4. Public health should advocate and work for the empowerment of disenfranchised community members, aiming to ensure that the basic resources and conditions necessary for health are accessible to all.
5. Public health should seek the information needed to implement effective policies and programmes that protect and promote health.
6. Public health institutions should provide communities with the information they have that is needed for decisions on policies or programs and should obtain the community's consent for their implementation.
7. Public health institutions should act in a timely manner on the information they have within the resources and the mandate given to them by the public.
8. Public health programs and policies should incorporate a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in the community.
9. Public health programs and policies should be implemented in a manner that most enhances the physical and social environment.
10. Public health institutions should protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individuals or others.
11. Public health institutions should ensure the professional competence of their employees.
12. Public health institutions and their employees should engage in collaborations and affiliations in ways that build the public's trust and the institution's effectiveness.

Naidoo & Wills (1994: 116)

1. Central conditions for working for health

- Am I creating autonomy in my clients, enabling them to direct their own lives?
- Am I respecting the autonomy of my clients whether or not I approve of their chosen direction?
- Am I respecting all people as equal?
- Do I work with people on the basis of needs first?

2. Key principles in working for health

- Am I doing good and avoiding harm?
- Am I telling the truth and keeping promises?

3. Consequences of ways of working for health

- Will my action increase the individual good?
- Will it increase the good of a particular group?
- Will it increase the good of society?
- Will I be acting for the good of myself?

4. External considerations in working for health

- Are there any legal implications?
- Does a professional code of practice suggest a particular course of action?
- Is there a risk attached to the intervention?
- Is the intervention the most effective and efficient action to take?
- How certain is the evidence on which the intervention is based?
- What are the views and wishes of those involved?
- Can I justify my actions in terms of all this evidence?

Bernheim et al., 2008: 362: Public Policy Ethics

1. Analyze the ethical issues in the situation:

- What are the public health risks and harms of concern?
- What are the public health goals?
- Who are the stakeholders and what are their moral claims?
- Is the source or scope of legal authority in question?
- Are precedent cases or the historical context relevant?
- Do professional codes of ethics provide guidance?

2. Evaluate the ethical dimensions of the alternative courses of public health action:

- Utility: Does a particular public health action produce a balance of benefits over harms?
- Justice: Are the benefits and burdens distributed fairly (distributive justice), and do legitimate representatives of affected groups have the opportunity to participate in making decisions (procedural justice)?
- Respect for liberty: Does the public health action respect individual choices and interests (autonomy, liberty and privacy)?
- Respect for legitimate public institutions: Does the public health action respect professional and civic roles and values, such as transparency, honesty, trustworthiness, promise keeping, protecting confidentiality, and protecting vulnerable individuals and communities from undue stigmatization?

3. Provide justification for a particular public health action:

- Effectiveness: Is the public health goal likely to be accomplished?
- Proportionality: Will the probable benefits of the action outweigh the infringed moral considerations?
- Necessity: Is it necessary to override the conflicting ethical claims to achieve the public health goal?
- Least infringement: Is the action the least restrictive and least intrusive?
- Public justification: Can public heath agents offer public justification for the action or policy, on the basis of principles in the Code of Ethics or general public health principles that citizens and in particular those most affected could find acceptable in principle?

A2. Social Marketing Specific

Donovan & Henley (2004)

1. Ensure that the intervention will not cause physical or psychological harm
2. Does the intervention give assistance where it is needed?
3. Does the intervention allow those who need help the freedom to exercise their entitlements?
4. Are all parties treated equally and fairly?
5. Will the choices made produce the greatest good for the greatest number of people?
6. Is the autonomy of the target audience recognised?

Note – the above implies utilitarianism which, as noted earlier, does not reflect the view of communications regulators (as in the ASA's Department of Health 'Fishhook' campaign ruling. The following extract from a forthcoming text (Truss & White) illustrates how thinking on ethical issues has evolved over time. The authors firstly cite the original Laczniak & Murphy (1993) checklist101, i.e:

- Is it legal?
- Is it contrary to society's generally accepted moral obligations?
- Is it contrary to moral obligations that are specific to that particular organisation?
- Is the intent harmful?
- Is the result harmful?
- Is there an alternative action that produces equal or better benefits, and by implications will cause fewer negative consequences?
- Will it infringe on the rights of the organisation's stakeholder?
- Will it leave any person or group poorer? Will it especially reduce the wellbeing of an already underprivileged group?

It is interesting to compare this proposal with more recent proposals by Laczniak & Murphy as shown below.

Laczniak & Murphy (2006: 157). Basic Perspectives for Evaluating and Improving Marketing Ethics.

1. Ethical marketing puts people first
2. Ethical marketers must achieve a behavioural standard in excess of the law
3. Marketers are responsible for whatever they intend as a means or ends with a marketing action
4. Marketing organisations should cultivate better (i.e. higher) moral imagination in their managers and employees
5. Marketers should articulate and embrace a core set of ethical principles
6. Adoption of a stakeholder orientation is essential to ethical marketing decisions
7. Marketing organisations ought to delineate an ethical decision making protocol.

Truss & White suggest that, while the original Laczniak & Murphy list provides a useful starting point, a more detailed checklist is warranted for social marketing, which they propose as (p.14):

What are the right behaviours for people?	Who decides, on what evidence, what are the counter-arguments (for example, freedom of choice)?
Who should we target?	For example, a small number of hard-to-reach, vulnerable society or large number of more accessible people?
Shouldn't the control group benefit?	What are the consequences re increasing inequality? What is fair?
Will the target group be stigmatised?	If so, what care should we take in messaging / targeting to minimise?
Should we deal with the voice of competition?	What are the dilemmas (ethical benefits and risks) of working with competition?
Should there be informed consent?	For regulatory actions and limiting behaviours by laws, how much should we enable consultation?
How does the intervention impact on inequalities?	Does the intervention have the potential to increase inequalities in health / access to services, for example? How can this be minimised?
Might there be any unintended or knock-on effects?	Will the intervention impact other areas that we need to be aware of; is it just displacing a problem?

Appendix B:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Samples of Existing Codes of Ethics: Marketing / Health Promotion

American Marketing Association http://www.marketingpower.com/AboutAMA/Pages/Statement%20of%20Ethics.aspx

"2008 Proposed AMA Ethics Statement

The AMA Ethics Committee recently reviewed, evaluated, discussed, and now proposes moderate revisions to the AMA's 2004 Ethics Statement. The review committee was composed of representatives from the four AMA Division Councils plus two at large members (one practitioner and one academic). All members of the committee were active in the evaluation and review process. Please review the proposed Statement of Ethics and forward any feedback to byoungberg@ama.org ".

Ethical Norms and Values for Marketers

PREAMBLE
The American Marketing Association commits itself to promoting the highest standard of professional ethical norms and values for its members. Norms are established standards of conduct that are expected and maintained by society and/or professional organizations. Values represent the collective conception of what people find desirable, important and morally proper. Values serve as the criteria for evaluating the actions of others. Marketing practitioners must recognize that they not only serve their enterprises but also act as stewards of society in creating, facilitating and executing the efficient and effective transactions that are part of the greater economy. In this role, marketers should embrace the highest ethical norms of practicing

professionals and the ethical values implied by their responsibility toward stakeholders (e.g., customers, employees, investors, channel members, regulators and the host community).

GENERAL NORMS

1. Marketers must do no harm. This means doing work for which they are appropriately trained or experienced so that they can actively add value to their organizations and customers. It also means adhering to all applicable laws and regulations and embodying high ethical standards in the choices they make.
2. Marketers must foster trust in the marketing system. This means that products are appropriate for their intended and promoted uses. It requires that marketing communications about goods and services are not intentionally deceptive or misleading. It suggests building relationships that provide for the equitable adjustment and/or redress of customer grievances. It implies striving for good faith and fair dealing so as to contribute toward the efficacy of the exchange process.
3. Marketers must embrace, communicate and practice the fundamental ethical values that will improve consumer confidence in the integrity of the marketing exchange system. These basic values are intentionally aspirational and include honesty, responsibility, fairness, respect, openness and citizenship.

ETHICAL VALUES

Honesty — to be truthful and forthright in our dealings with customers and stakeholders.

- We will tell the truth in all situations and at all times.
- We will offer products of value that do what we claim in our communications.
- We will stand behind our products if they fail to deliver their claimed benefits.
- We will honor our explicit and implicit commitments and promises.

Responsibility — to accept the consequences of our marketing decisions and strategies.

- We will make strenuous efforts to serve the needs of our customers.
- We will avoid using coercion with all stakeholders.
- We will acknowledge the social obligations to stakeholders that come with increased marketing and economic power.
- We will recognize our special commitments to economically vulnerable segments of the market such as children, the elderly and others who may be substantially disadvantaged.

Fairness — to try to balance justly the needs of the buyer with the interests of the seller.

- We will represent our products in a clear way in selling, advertising and other forms of communication; this includes the avoidance of false, misleading and deceptive promotion.
- We will reject manipulations and sales tactics that harm customer trust.
- We will not engage in price fixing, predatory pricing, price gouging or “bait-and-switch” tactics.
- We will not knowingly participate in material conflicts of interest.

Respect — to acknowledge the basic human dignity of all stakeholders.

- We will value individual differences even as we avoid stereotyping customers or depicting demographic groups (e.g., gender, race, sexual orientation) in a negative or dehumanizing way in our promotions.
- We will listen to the needs of our customers and make all reasonable efforts to monitor and improve their satisfaction on an ongoing basis.
- We will make a special effort to understand suppliers, intermediaries and distributors from other cultures.
- We will appropriately acknowledge the contributions of others, such as consultants, employees and coworkers, to our marketing endeavors.

Openness — to create transparency in our marketing operations.

- We will strive to communicate clearly with all our constituencies.
- We will accept constructive criticism from our customers and other stakeholders.
- We will explain significant product or service risks, component substitutions or other foreseeable eventualities that could affect customers or their perception of the purchase decision.
- We will fully disclose list prices and terms of financing as well as available price deals and adjustments.

Citizenship — to fulfill the economic, legal, philanthropic and societal responsibilities that serve stakeholders in a strategic manner.

- We will strive to protect the natural environment in the execution of marketing campaigns.
- We will give back to the community through volunteerism and charitable donations.
- We will work to contribute to the overall betterment of marketing and its reputation.
- We will encourage supply chain members to ensure that trade is fair for all participants, including producers in developing countries.

IMPLEMENTATION

Finally, we recognize that every industry and marketing subdiscipline (e.g., marketing research, e-commerce, direct selling, direct marketing, advertising) has its own specific ethical issues that require policies and commentary. An array of such codes can be accessed through links on the AMA web site. We encourage all such groups to develop and/or refine their industry and discipline-specific codes of ethics to supplement general norms and values.

Department of Health / NHS

http://www.nres.npsa.nhs.uk/

see also Research Governance Framework for Health and Social Care (2005) available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008777

In addition, the following links to a range of university websites provide access to research codes of ethics ad related material which may also be useful.

Cardiff University

http://www.cardiff.ac.uk/racdv/resgov/governance/index.html

Massey University, New Zealand

http://humanethics.massey.ac.nz/

University of Brighton

http://staffcentral.brighton.ac.uk/vru/ethics_govern.shtm

University of Stirling

http://www.management.stir.ac.uk/research/Ethics/resesarchethics2006.htm

University of the West of England

http://rbi.uwe.ac.uk/internet/research/ethics/

Appendix C:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Useful Links / Resources

This is not intended to be an exhaustive list of resources, rather a range of organisations, websites and other resources to illustrate the types of codes and ethics resources that have been developed by diverse disciplines. While some of the listings may appear to be very narrow in focus, they provide useful material, including case studies and discussions regarding the ethical challenges facing practitioners. These may be useful in generating an active debate regarding appropriate frameworks for the development and administration of specific codes of ethics within social marketing.

Advertising Standards Authority (Codes) (http://www.asa.org.uk/asa/codes/)

The Advertising Standards Authority is the independent body set up by the advertising industry to police the rules laid down in the advertising codes. The strength of the self-regulatory system lies in both the independence of the ASA and the support and commitment of the advertising industry, through the Committee of Advertising Practice (CAP), to the standards of the codes, protecting consumers and creating a level playing field for advertisers.

American Marketing Association (http://www.marketingpower.com/Pages/default.aspx)

The American Marketing Association (AMA) is the largest marketing association in North America. It is a professional association for individuals and organizations involved in the practice, teaching and study of marketing worldwide. It is also the source that marketers turn to every day for information/resources, education/training and professional networking. AMA members are connected to a network of experienced marketers nearly 40,000 strong and include leading marketing academics, researchers and practitioners from every industry.

Association of Schools of Public Health (ASPH) http://www.asph.org/document.cfm?page=100

ASPH promotes the efforts of schools of public health to improve the health of every person through education, research and policy. Based upon the belief that 'you're only as healthy as the world you live in,' ASPH works with stakeholders to develop solutions to the most pressing health concerns and provides access to the ongoing initiatives of the schools of public health.

The ASPH website contains a range of resources, including a model curriculum for ethics and public health, and a range of publications covering a diverse range of public health topics. In the model curriculum (see also Appendix A), there is a useful overview of the historical development of public health interventions, including discussion of the now infamous US Tuskegee Syphilis Study and the resultant ongoing distrust of government-sponsored health interventions among minority populations.

Module 4: Community-based practice and research: collaboration and sharing power is comprehensive and includes checklists and 'best practice' material. Module 6 Ethics of health Promotion and disease prevention is less comprehensive and lacks the range of resources in other more developed modules.

Australian Association of Social Workers (http://www.aasw.asn.au/) Provides a specific code of ethics (36 pages), by-laws and, importantly, a complaint form and information for potential complainants

Business ethics.com (http://www.business.com/directory/management/business_ethics/organizations/)

Provides a comprehensive listing of professional, commercial and academic organisations involved in business ethics throughout the world.

Canadian Marketing Association (http://www.the-cma.org/?WCE=C=47%7CK=225849)

The Canadian Marketing Association (CMA) is the largest marketing association in Canada representing the integration and convergence of all marketing disciplines, channels and technologies. CMA's 800 corporate members include Canada's major financial institutions, insurance companies, publishers, retailers, charitable organizations, agencies, relationship marketers and those involved in e-business and Internet marketing. Examples include companies such as Microsoft Canada, The Shopping Channel, Reader's Digest, the Bank of Montreal, Xerox Canada, and Bell Canada.

Centre for the Study of Ethics in Professions at Illinois Institute of Technology (http://www.iit.edu/libraries/csep/).

This site contains one of the most comprehensive collections of codes of ethics from a range of disciplines, including marketing and health care. Of particular interest are the resources relating to both writing and using codes of ethics. The website also contains links to other institutions, case studies and cases heard by industry ethics committees and a range of other resources.

Direct Marketing Association (DMA)(http://www.dma.org.uk/content/Abt-Introduction.asp)

The Direct Marketing Association UK is Europe's largest trade association in the marketing and communications sector. The DMA was formed in 1992, following the merger of various like-minded trade bodies, forming a single voice to protect the direct marketing industry from legislative threats and promote its development.

Enterweb (http://www.enterweb.org/ethics.htm)

ENTERWeb is an annotated meta-index and information clearinghouse on enterprise development, business, finance, international trade and the economy in this new age of cyberspace and globalization. The main focus is on micro, small and medium scale enterprises, cooperatives, community economic development, both in developed and developing countries. ENTERWeb lists and rates Internet resources in these areas, and complements search engines by providing shortcuts in identifying important sources of information.

In other words, ENTERWeb acts as a single dispatching window of information which will direct anyone looking for information related to enterprise development, business and international trade to the best places on the web most likely to respond to their needs.

The website contains a number of useful links to other organisations.

EthicsWeb.ca (http://www.ethicsweb.ca/)

This site is maintained by an individual, rather than an organisation. It provides an extensive listing of, and links to, various ethics-related websites. Much of the content relates to Canada, but it has relevance to the wider community as well, particularly in relation to the Applied Ethics Resources section..

European Association of Communication Agencies (http://www.eaca.be/)

The European Association of Communications Agencies (EACA) is a Brussels-based organisation whose mission is to represent full-service advertising and media agencies and agency associations in Europe.

EACA aims to promote honest, effective advertising, high professional standards, and awareness of the contribution of advertising in a free market economy and to encourage close co-operation between agencies, advertisers and media in European advertising bodies."

The website contains a number of useful position papers relating to marketing communication effects and regulatory provisions.

Government Social Research (http://www.gsr.gov.uk/)

GSRU is the Chief Government Social Scientist's supporting office. It provides strategic leadership to the Government Social Research service and supports it in delivering an effective service. It has a broad role in promoting the use of evidence in strategy, policy and delivery and leads on strategic social research issues and standards for social research in government. Resources include:

- GSR Professional Guidance: Ethical Assurance for Social Research In Government
- Graham, J., Lewis, J. & Nicolaas, G. (2006). Ethical Relations: A Review of Literature on Empirical Studies on Ethical Requirements and Research Participation, ESRC / University of Manchester
- Graham, J., Grewal, I., Lewis, J. (2007). Ethics in Social Research: The Views of Research Participants Government Social Research

International Chamber of Commerce (http://www.iccwbo.org/policy/marketing/id857/index.html)

ICC is the world business organization, the only representative body that speaks with authority on behalf of enterprises from all sectors in every part of the world. ICC promotes an open international trade and investment system and the market economy. Business leaders and experts drawn from ICC membership establish the business stance on broad trade and investment policy as well as on vital technical and sectoral subjects. ICC was founded in 1919 and today it groups thousands of member companies and associations from over 130 countries. Within a year of the creation of the United Nations, ICC was granted consultative status at the highest level with the UN and its specialized agencies.

About the ICC Commission on Marketing and Advertising: ICC has been a major rule-setter in international advertising self-regulation since 1937, when the ICC Commission on Marketing and Advertising first issued the ICC code on Advertising Practice – one of the most successful examples of business self-regulation ever developed.

The Commission on Marketing and Advertising is composed of policy experts from ICC member companies from the marketing and advertising industry, including legal advisors from industrial and commercial enterprises and lawyers in private practice, representing a wide range of national backgrounds and business representative organizations.

ICC's Commission on Marketing and Advertising works closely with international nongovernmental and intergovernmental organizations involved in marketing and advertising policy-making, such as the World Federation of Advertisers (WFA), the European Advertising Standards Alliance (EASA), the International Advertising Association (IAA) and the Organization for Economic Cooperation and Development (OECD) through its Business and Industry Advisory Committee (BIAC).

The website contains a consolidated code of practice (54 pages) and a range of other resources relating to marketing and advertising.

Institute of Business Ethics (London) (http://www.ibe.org.uk/)

The IBE was established in 1986 to encourage high standards of business behaviour based on ethical values.

Our vision: To lead the dissemination of knowledge and good practice in business ethics.

What we do: We raise public awareness of the importance of doing business ethically, and collaborate with other UK and international organisations with interests and expertise in business ethics.

We help organisations to strengthen their ethics culture and encourage high standards of business behaviour based on ethical values. We assist in the development, implementation and embedding of effective and relevant ethics and corporate responsibility policies and programmes. We help organisations to provide guidance to staff and build relationships of trust with their principal stakeholders.

Institute for Global Ethics (http://www.globalethics.org/index.htm)

American organisation, 'Founded in 1990, the Institute for Global Ethics (IGE) is an independent, nonsectarian, nonpartisan, 501(c)(3) nonprofit organization dedicated to promoting ethical action in a global context. Our challenge is to explore the global common ground of values, elevate awareness of ethics, and provide practical tools for making ethical decisions.'

The International Business Ethics Institute (http://www.business-ethics.org/)

A private, nonprofit, nonpartisan, educational organization. The Institute was founded in 1994 in response to the growing need for transnationalism in the field of business ethics. The Institute is located in Washington, DC, with an affiliate office in London.

The Institute promotes business ethics and corporate responsibility through two key program areas. First, it works to increase public awareness and dialogue about international business ethics issues through such educational resources and activities as the Roundtable Discussion Series, the International Business Ethics Review and this website. Second, the Institute works closely with companies to assist them in establishing effective international ethics programs. The Institute is dedicated to disseminating business ethics information to demonstrate the positive, tangible changes that responsible business can generate.

The Public Health Leadership Society (PHLS): American organisation headquartered in Florida. (http://phls.org/home/)

PHLS is a membership organization comprised of the alumni from national, state and regional public health leadership institutes, and the Robert Wood Johnson State Health Leadership Initiative. Members of PHLS are senior public health professionals, whose expertise range from local, state, national, private sector, and the academic public health arena. Extensive resource base includes:

- (2002) Principles of the Ethical Practice of Public Health
- Thomas, J. (2004). Skills for the Ethical Practice of Public Health

Plus a number of links to organisations such as the American Public Health Association and the Public Health Foundation

Appendix D:

Selected Resources for Consideration in Developing Codes of Ethics for Social Marketing: Academic Resources

Texts

Andreasen, A. R. (Ed.). (2001). Ethics in Social Marketing. Washington DC: Georgetown University Press.

Ferrell, O. C., & Fraedrich, J. B. (1994). Business Ethics: Ethical Decision Making and Cases (2nd ed.). Boston: Houghton Miflin.

Hoffman, W. M., Frederick, R. E., & Schwartz, M. S. (2001). Business Ethics: Readings and Cases in Corporate Morality (4th ed.). New York: McGraw-Hill. Note: this text is particularly useful for the discussion of ethical frameworks in the opening sections.

Laczniak, G. R., & Murphy, P. E. (1993). Ethical Marketing Decisions: The Higher Road. London Allyn & Bacon.

Academic Papers

Brenkert, G. G. (2002). Ethical Challenges of Social Marketing. Journal of Public Policy & Marketing, 21(1), 14-36.

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Vitell, S. J., & Paolillo, J. G. P. (2004). A Cross-cultural Study of the Antecedents of the Perceived Role of Ethics and Social Responsibility. Business Ethics: A European Review, 13(2/3), 185-199.

Witte, K., & Allen, M. (2000). A Meta-Analysis of Fear Appeals: Implications for Efffective Public Health Campaigns. Health Education & Behavior, 27(5), 591 - 615.

Wood, G., & Rimmer, M. (2003). Codes of Ethics: What Are They Really and What Should They Be? International Journal of Value-Based Management, 16(2), 181 - 195.

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