

# Identifying Racialized and Sociodemographic Faults in the Marketing Tactics of the Pharmaceutical and Fast-Food Industry, and How to Counteract Them Accordingly

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Most chronic disease epidemics and consumption-related mortalities revolve around inequities in certain demographics which extract information about the effects of certain health-harming products, such as fast food or pharmaceutical opioids. Additionally, the fast food and pharmaceutical industries regulate the consumer-related harms of their products through the use of various corporate mechanisms, such as robust marketing strategies, academic conflicts-of-interest (COI), and framing mechanisms like the individual responsibility framework (Chong & Druckman, 2007 Pg. 105). Racialized communities have faced a greater burden of consumer-related health harms in recent years due to acute differences in the marketing of unhealthy food products, as well as policy issues in the distribution of physician-prescribed opioids to chronic pain patients. The pharmaceutical opioid crisis affects older demographics in North America that have severe pain problems and a reliance on physician-prescribed painkillers like OxyContin.

The fast-food obesity epidemic unequally impacts racialized young individuals that are below the age of 18 in North America because of how accessible fast food is within walking or driving distance. Racialized adolescents in North American low-income neighborhoods are victimized by inadequate structural racism policy reform regarding the industry-sponsored pathways for acknowledging and mitigating the consumer-related harms of a fast-food diet (Grier et al., 2007, Pg. 221). The pharmaceutical and fast-food industries primarily target racialized communities as their consumer bases, but differ in terms of the corporate strategies they use in relation to the commercial determinants of health. I will be presenting three counter-strategies that would mitigate the public health and social costs of consumer-related diseases; namely, counter-marketing for industry promotion of their products, reframing existing corporate arguments and COI regulations that ban gifts/trips for academic researchers and physicians.

## Defining Terms

Framing refers to the creation of a social phenomenon by mass media and business representatives that shapes an individual's perception about the phenomenon (Chong & Druckman, 2007 Pg. 104). Framing mechanisms such as the individual responsibility framework are often used by industry to personalize public health debate and criminalize the risk-taking behaviors of the consumers themselves, whilst deflecting blame from their own industry. For instance, the pharmaceutical industry supports an equitable public health framework in terms of distributing its resources evenly to racialized communities, and yet, there is a lot of racialized political discourse in social media about the color-exclusiveness of repeated opioid abuse. You can frame opioids interventions distally as the solution for opioid abuse and addiction, or you can frame those same interventions proximally as co-occurring solutions for mental health disorders and overall public health harms of opioid abuse (McGinty et al., 2017, Pg. 405).

Conflicts of interest (COI) in clinical research and research ethics refers to a set of circumstances that have the potential to affect judgement and obscure the evaluation of a stringent research criteria; where a primary interest is influenced by a secondary interest in some way or form (Savovic et al., 2018, Pg. 1767). In the case of clinical research, Purdue Pharma can be involved in the development of medical lectures that subjectively influence the practice of future physicians, and a multinational corporation, such as McDonald's, can support academic conferences and lectures.

Marketing in relation to the pharmaceutical industry refers to “numerous digital and online strategies that are used to attract new patients and increase awareness about a specific drug or plan” (Purcarea, 2019, Pg. 93). Marketing for the fast-food industry refers primarily to brand recognition

through building relationships with customers and attracting new customers through the manipulation of one or more of the four P's: Product, Price, Promotion or Place (Quintero, 2019).

Marketing involves utilizing industry-related strategies to outsell and outsize the competition.

### **Marketing**

Multinational pharmaceutical companies and fast-food chains have employed the use of various corporate strategies to disseminate their bottom line across different national contexts, policy environments, political discourse exchange and racialized groups/social strata. The pharmaceutical industry, for example, has a robust promotion and marketing campaign for prescription opioids catered to people with chronic pain that do not have other suitable off-the-counter alternatives (Van Zee, 2009, Pg. 222). They aggressively promoted the use of OxyContin for relieving chronic pain while excluding the detrimental effects of opioid addiction through the mechanism of sustained-release doses between 4-hour intervals.

Purdue pharma was one of many pharmaceutical companies which made a deliberate effort to promote the convenience of chronic pain-relieving opioids to its targeted consumer audience without being transparent about the opioids' true efficacy as an alternative to oxycodone. Due to many chronic pain patients crushing the pills instead of chewing or swallowing them, they were more prone to drug abuse and drug addiction. The pharmaceutical industry has promoted its products through relationships established with physicians who are responsible for prescribing pain-relieving medication to chronic pain patients. Physician interactions with pharmaceutical sales representatives from Purdue were found to have significantly influenced physician's prescribing practices and ongoing relationships with clients (Van Zee, 2009, Pg. 222). These pharmaceutical promotion programs often fail to warn the consumer about the true efficacy of their

drugs, as well as influence differential prescribing patterns of physicians. Similar to how the pharmaceutical industry markets prescription opioids to chronic pain patients, McDonald's tailors its ethnic marketing strategies to racialized adolescents in low-income neighborhoods in the U.S. (Grier et al., 2007, Pg. 221) These industries differ in terms of the combination of the 4 P's that they manipulate. Purdue Pharma prioritizes their product (e.g., effectiveness, efficacy) and place (e.g., physician prescription), whereas McDonald's prioritizes price and promotion through brand recognition and product placement on non-traditional forms of media (e.g., Internet). Both industries tailor marketing strategies to their targeted audience based on an understanding of their racially and socially differentiated circumstances (Grier et al., 2007, Pg. 224). These strategies include huge chain pharmacies promoting OxyContin to racialized youth, as well as fast food giants providing racialized consumers with cheap food options. Whether or not these consumers need or want the product, or can even afford it, they go through most means to gain it and often suffer long-term health problems such as lifelong addiction and chronic health problems.

### **Conflicts-of-Interest (COI)**

Purdue Pharma sponsored a medical school lecture series where the guest lecturer was a representative of the pharmaceutical industry and the lectures, which featured chronic pain management programs for pain-relieving opioids, such as OxyContin, were designed to carefully endorse the use of their products (Persaud, 2013, Pg. 415). Purdue Pharma established many conflicts of interest by being institutionally involved with the implementation of the medical school curriculum in regard to its emphasis on the effectiveness of prescription opioids in warding off chronic pain. Purdue claimed in the medical lecture series that there was a strong causation between a stipulated daily intake of prescription opioids and chronic pain mitigation based on

clinical trials (Persaud, 2013, Pg. 416). Future cited articles questioned the legitimacy of evidence from those trials which stated the scientific efficacy of the drug and the long-term adverse effects of opioid abuse (Persaud, 2013, Pg. 415).

Similar to how Purdue Pharma overstated the efficacy of their products, in the fast-food industry companies such as McDonald's, sponsor academic research in nutrition development by freely distributing teaching materials and supporting conferences and lectures (Nestle, 2001, Pg. 1015). Although the conflict-of-interest (COI) mechanisms of both the pharmaceutical and fast-food industries negatively impact the credibility of research results and consumer advice, they differ in terms of how they affect the research development of the chronic disease burden related to fast-food and the age-adjusted mortality risk of prescription opioids. For example, even though the American Dietetic Association adopted a pro-industry stance to developing food and nutrition guidelines, COI relationships with industry actors do not necessarily translate into research malpractice as researchers are trained to think independently outside of industry influence (Nestle, 2018, Pg. 1018).

### **Framing**

Both industries are similar in terms of how they evoke the individual responsibility framework of consumerism, as they shift the blame of chronic health outcomes from the industry to the consumers and place responsibility on the individual to make correct consumer choices outside the industry's influence (Minkler, 1999, Pg. 124). Companies such as Purdue Pharma often favour the regulatory framework of the prohibitionist state whenever it opposes public health interventions by explaining that opioid addiction is a necessary evil of repeated opioid use. By restricting the supply of physician-prescribed opioids, the industry is denied of their right to

provide the best medical solution for chronic pain patients. Corporations such as Nestle have framed their argumentation around providing food with unmatched taste for Brazilians who have transitioned from low to middle-income status. Similar to Purdue Pharma, they pin the responsibility of consumer choice on the individual but explain themselves as providing food that tastes better than those in their traditional diets (The New York Times, 2018). They utilize the argument of nanny state by explaining that governments should not overreach into the private sector and deprive consumers of their personal responsibility in making food choices (Mialon et al., 2021, Pg. 4). These two industries are similar in that they frame their arguments around benefitting groups with the inability to defend themselves. However, they differ in terms of how Purdue Pharma supports the argument of maintaining consumer health whereas Nestle and McDonald's argue for preserving consumer choice of food (The New York Times, 2018).

### **Counter-strategies**

A holistic public health approach to policy making is required to regulate the health-related harms of repeated drug abuse among chronic pain patients, as well as the chronic disease epidemic of fast-food consumerism. Additionally, they have to utilize a public health framework of policymaking that disincentivizes disinformation strategies by regarding the sustained health harms of these industries' products. This can be done through disproving the logic of these industry claims and redefining corporate social responsibility around the public health framework.

### **Counter-Marketing**

Public health actors must prioritize counter-marketing strategies for the product placement and brand recognition of fast-food as well as the numerous industry tie-ins with physicians for prescription opioids (Palmedo et al., 2017, Pg. 123). For the fast-food industry, a regulatory

framework can be put in place by marketing the consumer-related health harms of fast-food to racialized adolescents and addressing the use of ethnic imagery and the exaggeration of portion sizes in fast-food marketing campaigns. Canada should create consumer-centric messages that emphasize the chronic disease risk of overconsuming fast food to counter the corporate messages that knowingly frame the public health costs of their products around individual behaviors. For the pharmaceutical industry, educational campaigns could involve delineating the adverse health consequences of consuming illicit opioids, as well as utilizing a regulatory framework where existing industry strategies to market mass product appeal are exposed to its targeted audience, and they can then make a more informed choice on whether they should continue consuming prescription opioids (Lee & Freudenberg, 2021, Pg. 2).

### **Regulation of Health-Oriented Dissemination Strategy**

To counter industry framing mechanisms, public health actors must expose their intention to deceive by gathering evidence on how these industries are aware of the harmful effects of their products, as well as reframe their argumentation around the positive association of the moderate consumption of fast-food/OxyContin (Netherland, 2016, Pg. 3). These interventions have to disassociate the consumer from the ideological influence of the fast-food and pharmaceutical industry through appropriate message framing. Considering that the elevated consumption of junk food is associated to high obesity rates in ethnically diverse communities, public health actors must remove the distal obstacles to health-associated dietary patterns by explaining the connection between policy environments and health outcomes.

By adapting our policy frame to different racialized audiences, we can better communicate important public health and social justice issues. For instance, public health initiatives can



eliminate the individual responsibility framework by contextualizing the behavioral pathways for uptake of media information for racialized food marketing. This can be done by eliminating the food industry's perspective of viewing Black and Latino children as cultural leaders who inspire other children to follow their unhealthy dietary habits (Freeman, 2007, Pg. 2223). A suitable public health strategy would be to employ a third-party organization such as Health Canada to approve the dissemination of frameworks about the behavioral risk factors of unhealthy eating, as well as formulating a framing brief that illustrates the role of the built environment in influencing personal choice. Public health actors have to deracialize narratives around the role of opioids in worsening existing class relations between Black and white opioid abusers (Netherland, 2016, Pg. 2). Public health experts have to evoke socially responsible media practices such as reframing the narrative around the supply-driven proximal causes of the opioid epidemic as opposed to industry-associated consumer narratives.

### **Banning Paid Trips and Post-employment COIs**

In order to prevent COIs from obscuring research development, public health experts have to reformulate the policy landscape to include distal regulations, such as banning paid trips and the need for third-party organizations, such as Health Canada, to approve the dissemination of research. This applies to how the fast-food and pharmaceutical industry sponsors academic stewardship for numerous private research organizations. Additionally, Health Canada would have to evoke a regulatory framework that dictates who is allowed to provide medical information about opioids besides paid doctors. One of the policies Health Canada evoked dictates that public servants have to disclose their intentions to work in the private sector and declare that they would not divulge insider information to the private sector (Gov of Canada, 2022, Section 3). It is

necessary for public health experts to unify an approach for creating public health policies that involve full disclosure of financial and non-financial COIs for industry-sponsored research and the possibility of post-employment COI when academic researchers work in the private sector. Health Canada has to regulate the dissemination of industry-sponsored research for prescription opioids and fast-food to the general audience as well as formulate a patient-centric framework where medical information is provided primarily by third-party regulators and not doctors (Klein, Module 4 Lecture, 2022). In order to avoid perpetuating pro-industry perspectives, knowledge translators and nutritional researchers have to abide by stricter regulations regarding the full financial disclosure of their industry-sponsored research and receive sanctions (E.g., warning/fines) if they were caught after the fact.

### **Conclusion**

The pharmaceutical and fast-food industries utilize numerous corporate strategies to promote the efficacy and mass appeal of their products, remove obstacles in public health research that derail corporate efforts to expand their operations, and manage external relationships with academically-trained professionals in the medical and nutrition health realm. These corporations regulate the consumer health-related harms of their products through the manipulation of hard science which presents a contemporary public health perspective on diet-associated diseases and opioid mortality. The pharmaceutical and fast-food industry sponsors the academic development of medical lectures, as well as freely provides textbook resources and supports academic conferences. The fast-food industry frames public health argumentation around respecting the diversity of its consumer base and the pharmaceutical opioid industry frames its arguments around ensuring racial equity and socially responsible business practices, thereby using the argument of

the prohibitionist state to explain why their industry practices should not be regulated (Minkler, 1999, Pg. 125). Public health experts have to develop a distal policy framework that involves counter-marketing, third-party regulation of industry affairs and rewriting existing policy discourse about the individual responsibility framework and modern-day consumerism. The next steps could be applying a proximal approach to educating racialized and marginalized subpopulations about the public health and social costs of consumer-related diseases/mortality apart from industry influence and personal responsibility frameworks.

## References

- Chong, D., & Druckman, J.N. 2007. Framing Theory, *Annual Review of Political Science*, 10: 103–126.
- Eisenkraft-Klein, K. (2022). Module 4 Lecture Slides. Simon Fraser University.
- Freeman. (2007). Fast Food: Oppression Through Poor. *California Law Review*. 2221-2260.
- Government of Canada (2022). Apparent Conflicts of Interest. *Conflicts of Interest and Post-Employment*. Section 3
- Grier, S. A., Mensinger, J., Huang, S. H., Kumanyika, S. K., & Stettler, N. (2007). Fast-Food Marketing and Children’s Fast-Food Consumption: Exploring Parents’ Influences in an Ethnically Diverse Sample. *Journal of Public Policy & Marketing*, 26(2), 221–235. <https://doi.org/10.1509/jppm.26.2.221>
- Lee, K., & Freudenberg, N. (2022). Public Health Roles in Addressing Commercial Determinants of Health. *Annual review of public health*, 43, 375–395. <https://doi.org/10.1146/annurev-publhealth-052220-020447>
- McGinty, E. E., Kennedy-Hendricks, A., Baller, J., Niederdeppe, J., Gollust, S., & Barry, C. L. (2016). Criminal Activity or Treatable Health Condition? News Media Framing of Opioid Analgesic Abuse in the United States, 1998-2012. *Psychiatric services (Washington, D.C.)*, 67(4), 405–411. <https://doi.org/10.1176/appi.ps.201500065>
- Mialon, M. Cediél, G. Jaime-Constante, P. Scagliusi-Baeza, F. et al. (2016). A consistent stakeholder management process can guarantee the ‘social license to operate’: Mapping

- the political strategies of the food industry in Brazil. *Cadernos de Saúde Pública*. 2021, v. 37 <https://doi.org/10.1590/0102-311X00085220>.
- Minkler M. (1999). Personal responsibility for health? A review of the arguments and the evidence at century's end. *Health education & behavior: the official publication of the Society for Public Health Education*, 26(1), 121–140. <https://doi.org/10.1177/109019819902600110>
- Nestle M. (2001). Food company sponsorship of nutrition research and professional activities: a conflict of interest? *Public health nutrition*, 4(5), 1015–1022.  
<https://doi.org/10.1079/phn2001253>
- Netherland, J., & Hansen, H. B. (2016). The War on Drugs That Wasn't: Wasted Whiteness, "Dirty Doctors," and Race in Media Coverage of Prescription Opioid Misuse. *Culture, medicine and psychiatry*, 40(4), 664–686. <https://doi.org/10.1007/s11013-016-9496-5>
- Palmedo, P. C., Dorfman, L., Garza, S., Murphy, E., & Freudenberg, N. (2017). Counter marketing Alcohol and Unhealthy Food: An Effective Strategy for Preventing Noncommunicable Diseases? Lessons from Tobacco. *Annual review of public health*, 38: 119–144.  
<https://doi.org/10.1146/annurev-publhealth-031816-044303>
- Persaud, N (2013). Questionable content of an industry-supported medical school lecture series: a case study *Journal of Medical Ethics*, 40:414-418. doi:10.1136/medethics-2013-101343
- Purcarea V. L. (2019). The impact of marketing strategies in healthcare systems. *Journal of medicine and life*, 12(2), 93–96. <https://doi.org/10.25122/jml-2019-1003>
- Quintero, F. (2019). Place- the 4 P's of Marketing- Selling Junk Food to Communities of Color. Berkeley Media Studies Group

Savović, J., Akl, E.A. & Hróbjartsson, A. Financial conflicts of interest in clinical research. *Intensive Care Med* **44**, 1767–1769 (2018). <https://doi.org/10.1007/s00134-018-5333-3>

The New York Times (2018). How Junk Food is Transforming Brazil, Times Documentary [Video]. YouTube. <https://www.youtube.com/watch?v=3cKUDIte2sk>

Van Zee A. (2009). The promotion and marketing of oxycontin: commercial triumph, public health tragedy. *American journal of public health*, 99(2), 221–227. <https://doi.org/10.2105/AJPH.2007.131714>



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