Paid celebrity endorsement in health promotion: a case study from Australia

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SUMMARY

In late 1998, Australian cricketer Shane Warne was allegedly paid A$200,000 (£78,060, US$123,000) by a pharmaceutical company to publicize his attempt to stop smoking. Warne failed to stop, and his continuing smoking remained newsworthy more than a year later. The arrangement caused considerable media controversy about the ethics of payment for charitable or socially worthy actions. This paper explores the community’s reaction to payment for modelling a healthy behaviour, discussing the values that Warne transgressed and whether these mattered, given that the campaign caused an unprecedented rise in the use of nicotine replacement therapy.

Key words: celebrities; cessation; ethics; newspapers; radio; smoking; sponsorship; television

INTRODUCTION

By definition, celebrities are newsworthy. Their star qualities draw the news and entertainment media to report not only on issues directly relevant to their initial cause of celebrity but on virtually any public utterance they make. Whole television series have been built around peering into the private lives of celebrities. Television lifestyle programmes on anything from cooking, home renovation and health routinely incorporate celebrity profiles. For decades, television interview programmes have in turn made vicarious stars out of those who interview prominent people. Even mere public sightings of famous people are reported regularly in the media.

When celebrities die, are ill, change their weight or some other aspect of lifestyle, or undertake medical procedures, health issues can be given substantial publicity as reporters seek to provide background on what the celebrity is experiencing. Media commentators often draw evaluative, moral lessons about these experiences. Organized health promotion and advocacy campaigns have long

understood that by engaging a celebrity with a health issue or capitalizing on the interest generated by news of celebrity illnesses, coverage of the issue de jour can be increased to levels that would otherwise require stratospheric campaign budgets (Baker et al., 1992; Chapman and Lupton, 1994a). President Reagan’s colon cancer (Brown and Potosky, 1990) and Alzheimer’s disease, his wife Nancy’s breast cancer (Lane et al., 1989), basketballer Earvin ‘Magic’ Johnson’s HIV serostatus disclosure (Kalichman and Hunter, 1992; Kalichman et al., 1993) rock musician Kurt Cobain’s suicide (Jobes et al., 1996), Muhammad Ali’s Parkinsonism, Princess Diana’s bulimia, Rolling Stone Keith Richard’s heroin addiction and cellist Jacqueline Du Pre’s multiple sclerosis have not only made these people among the most famous sufferers of these conditions, but have immensely increased public awareness of aspects of these problems. Mainstream empathy for the AIDS issue forged ahead after Rock Hudson died from the disease and Elizabeth Taylor took
up the cause (Wallack et al., 1993). Zantac, the best selling drug in history, featured extensive use of celebrities in its marketing (Wright, 1997).

**Selling smoking cessation**

In 1997, the Australian Department of Health began to deregulate nicotine replacement therapy (NRT) products, allowing at first gum, and then patches and inhalers to be sold over-the-counter without a prescription. This deregulation was accompanied by direct-to-consumer advertising. In November 1998, Pharmacia Upjohn—one of two pharmaceutical companies competing for the Australian NRT market—announced that the Australian cricketer, Shane Warne, had been engaged to promote Nicorette® gum and patches (Chapman, 1999). The company would promote the news that Warne would quit smoking as his new year’s resolution. He would be available for media interviews, and would appear in advertising with a budget estimated at A$5m, a sum that easily exceeded the expenditure by the government’s anti-smoking campaign over any recent equivalent period.

There are fewer living Australians more prominent or recognized than Warne; in March 2000, he became the highest wicket taker in Australian cricket history and is listed by the cricket almanac *Wisden* as one of the five best cricketers of the 20th Century. A few years before, he had also received brief adverse publicity after being photographed smoking in public. Critics had charged that as a major celebrity hugely popular with youth, he had a responsibility to accept that his smoking would be noticed by many young people and would probably act to undermine public health efforts to de glamourize smoking.

As is normal in commercial sponsorships, Warne entered into a financial arrangement with the company. Huge prominence was given to the alleged A$200,000 fee that he would collect should he succeed in stopping smoking for 4 months. (Pharmacia Upjohn deny that $200,000 was the sum in Warne’s contract, but have declined to say what it was. They claim the media was repeatedly told that $200,000 was incorrect, but that this denial ‘was not news’.) Five thousand dollars (2.5%) of this was to be donated to a cancer support charity he chose. The existence of this financial arrangement and the ethical issues said to arise from it became inextricably intertwined with the news ‘interest’ in the challenge he faced to quit.

Warne was photographed smoking just days short of the 4 month contractual period, again occasioning huge media coverage, but his relapse did not jeopardize the deal. Nearly a year later in February 2000, while on tour in New Zealand, he was again photographed smoking by a boy, and after attempting to confiscate the film, again found himself the subject of extensive negative reporting in both Australia and New Zealand.

In this paper, we focus on the massive coverage that the Warne campaign and its sequel attracted. We consider the questions of whether the campaign furthered the interests of tobacco control generally and the pharmaceutical company specifically (did it increase attempts to quit smoking and media discussion of smoking cessation?). Mostly though, we consider the nature of the controversy that erupted over his payment from the perspective of those who might consider paying a celebrity to endorse a product or service in the future. Excerpts from media coverage are used to illustrate the discourse.

**METHODS**

All Australian metropolitan and Victorian country print media coverage of the Warne issue was obtained from two commercial media monitoring agencies for the 14 month period from 15 November 1998 to 25 February 2000. Logged summaries of metropolitan radio and television coverage were obtained for the period 15 November 1998 to 15 January 1999. All items were coded for their main evaluative position: were they broadly supportive or in any way critical of the sponsorship? Items were coded as follows.

- **Positive:** if it mostly emphasized that Warne’s actions set a good example to others, and/or that smoking cessation was something to be supported, and/or if it supported Warne’s acceptance of the sponsorship money.
- **Negative:** if its major emphasis questioned the motives of Warne in accepting $200,000 for quitting, and/or remarked that it was inequitable that a celebrity should be paid a large sum to quit while others were not.
- **Neutral:** if it reported that Warne was attempting to quit smoking but did not make any evaluative comments about his action. Humourous pieces not advocating an explicit position were also coded neutral.
RESULTS AND DISCUSSION

Table 1 indicates the positioning of articles according to their medium (print or electronic).

The Warne endorsement caused large waves of media interest throughout the study period, being described by media pundits as one of the period’s largest stories. Coverage centred around four major events: the announcement that he was to quit smoking; his first smoke-free day (January 1 1999); his photographed relapse; and his later attempt to confiscate film from a teenager. Two major news frames dominated reportage: ‘a popular sportsman faces a personal challenge like ordinary Australians’ and ‘a wealthy sportsman gets paid a huge sum of money to try to quit’.

‘A popular sportsman faces a personal challenge like ordinary Australians’

The ‘will he or won’t he succeed in quitting’ news narrative was sustained by the approach of the new year quit date and by the subsequent potential for the news media to report the relapse that, if Warne was to have a typical cessation history (Marlatt et al., 1990), would be highly likely. (‘Already the media is being approached by other alleged sightings of Warne lighting up. Smoking Shanes could well replace Elvis sightings as popular sport.’) When Warne was photographed smoking before the end of his sponsored agreement and still received the $200,000, news coverage again became intense. Despite attempts by public health advocates to reposition his relapse as typical of the cessation process (‘Shane may be a super-human spinner, but he’s a very normal quitter’; ‘he’s had another cigarette—that is absolutely standard for people who are attempting to quit’), the main discourse in this period was one preoccupied by the ethical issues said to be raised by the sponsorship.

Some 40% of the Australian adult population are ex-smokers (AIHW, 1998), and some 48% of current smokers make a quit attempt each year (Mullins et al., 1992). Of all smokers attempting to quit in 1 year, 5.5% quit for >3 months, and 5.4% for >3 months. Many relapse again in the longer term. Many smokers live with non-smokers who witness their relapses. Hence, Warne’s attempt to quit was likely to appear personally relevant to millions of Australians. However, few if any of these have been paid large sums of money to try to quit. The contract was thus highly unusual, allowing large numbers of people to reflect on their own unremunerated cessation efforts.

‘A wealthy sportsman gets paid a huge sum of money to try to quit’

Events are often deemed newsworthy when they embody sub-texts that reach beyond the particulars of the story at hand and illustrate moral tales (Chapman and Lupton, 1994b; Lupton, 1994). The Warne deal was dominated by discussion about fairness and equity, trustworthiness and ‘cheating’.

On 9 December 1998, Warne was named as having supplied information for money on ‘pitch and weather conditions’ in Sri Lanka in 1994 to an Indian bookmaker. He was heavily fined by Australian cricket authorities, with the incident being widely discussed in the media. This incident lent weight to the view that he was unprincipled and hungry for money. (‘I think it’s a pretty poor show that he has taken that amount of money but this is the same fellow that took five grand from bookies.’)

In taking the pharmaceutical company money, radio commentators and callers questioned the propriety of the commercialization of what they agreed he should be doing anyway. Pocketing sponsorship dollars for promoting hair transplants, as former Australian test cricketer Greg Matthews did, or beer, sporting goods and clothing as sportsmen have done for years, was apparently considered their mere good fortune: part of the ‘bankability’ that comes with celebrity. Warne’s prior sponsorship by such companies had generated little public reaction. But his treatment in this instance illustrates an interesting community evaluation of when it is and is not considered appropriate to accept money. Celebrities speaking up for a poverty charity or disaster relief on the condition of payment would be roundly condemned as undermining the spirit of the charitable appeal: if these people really cared about

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Table 1: Number and orientation of news and commentary items

<table>
<thead>
<tr>
<th>Medium</th>
<th>Positive (%)</th>
<th>Negative (%)</th>
<th>Neutral (%)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Newspapers&lt;sup&gt;a&lt;/sup&gt;</td>
<td>74 (36)</td>
<td>88 (43)</td>
<td>44 (21)</td>
<td>206</td>
</tr>
<tr>
<td>Radio&lt;sup&gt;b&lt;/sup&gt;</td>
<td>49 (35)</td>
<td>56 (40)</td>
<td>34 (25)</td>
<td>139</td>
</tr>
<tr>
<td>Television&lt;sup&gt;b&lt;/sup&gt;</td>
<td>16 (55)</td>
<td>12 (42)</td>
<td>1 (3)</td>
<td>29</td>
</tr>
<tr>
<td>Total</td>
<td>139 (37)</td>
<td>156 (42)</td>
<td>79 (21)</td>
<td>374</td>
</tr>
</tbody>
</table>

<sup>b</sup>15 November 1998 to 15 January 1999.
poverty or misfortune, why aren’t they willing to put their money where their mouth is by refusing payment? The unspoken assumption here being that they do not really support the object of the charity in the way that they are urging others to do. Was not Warne then behaving like this, ran the sub-text?

Interestingly, advertising agencies are not criticized for producing anti-tobacco advertisements because they are paid handsomely for their work; neither are TV stations or newspapers, which charge for anti-smoking advertising placement. Most people do not consider it unethical for people working to prevent or treat illness to draw salaries. Quit and win competitions which reward quit smoking ‘lottery’ winners with prizes like cars and holidays similarly escape criticism (Chapman et al., 1993).

The very different reception given to Warne’s agreement to take money would appear to have its roots in two values. First, improving one’s health is seen by the community as an ascetic hair shirt and penitence activity, defined as bringing its own reward. One is expected to undergo an amount of effort, deprivation and suffering such as in common discourses about dieting and getting fit. Some reasoned that he should be trying to quit regardless and that the money simply debased his public gesture, lessening its integrity and causing its sincerity to be undermined. ‘Do it quietly, and off your own bat’ many would have reasoned. Secondly, we commonly encounter celebrities (whom we assume or know to be wealthy) acting charitably, so when a celebrity charges for their service they transgress the value that says good role modelling deeds should not come at a price and that it is immoral to profit from these deeds. For example:

‘So there’s the little issue of the $200 000 you were handed last year for quitting your 40-a-day habit, but, hey, you’ve got the greater good in mind, right?’ (Columnist, national broadsheet, 21 February 2000)

‘Talk about the rich getting richer! High-profile celebrities should be able to quit without monetary gains like every other smoker. If this pathetic excuse for quitting fails, does this extremely large sum of money get returned? I’m an average citizen and my opinion obviously doesn’t count.’ (Letter, weekly tabloid, 23 November 1998)

‘For a sportsman of Warne’s standing, quitting should be about setting an example, being a role model to the young and showing what a little discipline can achieve.

Above all else, the message he should be finding is that good health has its own reward, not the good health of a public figure needs a reward.’ (Columnist, national broadsheet, 23 November 1998)

‘Life is just so unfair sometimes, isn’t it? Who do you think would need $200 000 more—Shane Warne or me? … When he gave up smoking this past New Year’s Eve, Shane was given $200 000 by a pharmaceutical company to do it, but when I gave up smoking on the very same day, what did I get? Nothing, zilch, zero, ziparoonie …’ (Columnist, weekly tabloid, 9 May 1999)

A Melbourne radio programme ran a (self selecting) listener’s poll and found 91% said ‘no’ to the question ‘Should Shane Warne be paid $200 000 to stop smoking?’ (Voteline, 1998).

In the cultural context, Australians still cherish notions of themselves as egalitarian, giving ‘fair go’ to all (Western, 1983). Warne, as an archetypal Australian male (a skilled sportsman, a zinc-creamed, irreverent ‘lad’) was vulnerable to the public’s indignation when he was positioned as failing to embody these qualities. ‘It’s just not cricket’ would perhaps be the phrase heard in the collective subconscious.

Lessons for health promotion

For NGOs and governments, the question arises of whether market-level payments to celebrities for ‘good works’ endorsements will inevitably backfire, causing adverse publicity for their efforts. At the end of the day, does the criticism that Warne attracted really matter? While Warne was the focus, the subject of smoking cessation received a great deal of explicit and implicit discussion. While the debate was preoccupied with the ethics of the arrangement, the unspoken assumption running through both supporters’ and critics’ positions was that quitting smoking was something ‘good’. Most in the public health community were delighted that Warne’s massive popularity was widely associated with an anti-smoking message. His competitive and feisty personality belied the sanctimony of many dreary ‘healthy role model’ messages which many young smokers have found boring and predictable in past anti-smoking campaigns.

The sponsoring company was delighted with the outcome: sales of their product increased dramatically in the 3 months after the endorsement commenced (Chapman and Borland, 1999). This unprecedented increase in sales of NRT is
strongly suggestive of a causal connection between the publicity and an increase in quit attempts. The track record of NRT shows that, depending on the mode of administration, it is between 63 and 127% more effective than placebo (Silagy et al., 2001).

It seems Warne just could not win when it comes to smoking. If he was seen smoking in public, he was framed as a Pied Piper beckoning the nation’s impressionable youth to smoke. But if he accepted an approach from a company wanting to make money out of helping smokers to quit, he was equally reprehensible. It would seem that, based on public reaction, the only morally acceptable path for Warne to have taken would be to have refused to have taken the money.

While many celebrities undertake genuinely charitable acts, what policy should health promotion campaigns adopt when celebrities require money for endorsement of health messages? Our view reflects that of Clive Bates from UK Action on Smoking and Health. Bates argued on an internet listserver for the tobacco control community that Warne’s gesture ‘may ultimately save lives by promoting cessation. All he is doing is commanding his market value. The spectacle of people being appalled when free markets and capitalism work in favour of health is indeed a curious one. A more important ethical problem would arise if people like Warne backed away from this kind of activity because of the peculiar public squeamishness about money.’

COMPETING INTERESTS

Simon Chapman has undertaken consultancy for two pharmaceutical companies that market NRT, in their efforts to have the products deregulated.

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