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The marketing of better-for-you health products in the emergent issue of men's obesity

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ABSTRACT: *Focusing on the male consumer, this article illustrates the links between the health-orientated marketing of filtered cigarettes, light beer and low calorie soft drinks. In so doing, this article speaks to two specific contemporary issues. In the first instance it speaks to contemporary attempts to understand tobacco, alcohol and obesity as similar kinds of health concerns. Furthermore, by establishing these connections (between tobacco, alcohol and obesity) this article foregrounds the possibility that the health-orientated marketing of beer and soft drinks could be legislated against in the same way as the health-orientated marketing of tobacco products.*

KEYWORDS: health, consumption, obesity, smoking, masculinity, sociology

In May 2013, Coca-Cola announced a new, four-pronged, 'global commitment' to 'help fight obesity.' This campaign involved: 'Offering low- or no-calorie beverage options in every market, providing transparent nutrition information, supporting physical activity programmes in every country where the company does business ... [and] marketing responsibly, including refraining from advertising to children under 12 anywhere in the world' (Coca Cola, 2013). The Coca-Cola campaign was widely reported in the press.

While the Coca-Cola campaign was accompanied by a global advertising programme, this health-orientated advertising was itself new. Rather it reflected a longstanding, strategic investment in health-orientated advertising designed to deflect public health concerns about the adverse effects of consumption. This has been a widespread strategy employed by the soft drink industry as a whole, along with the food, industry and the beer industry. This article draws on research using tobacco industry documents to show how the health-orientated, better-for-you (BFY) marketing tactics employed by food and beverage industries in recent times, including the tactics employed by Coca-Cola, have followed a blueprint that was established by the tobacco industry in the 1950s through the marketing of light and/or filtered cigarettes. In other words, the 1950s history of BFY (i.e., filtered) cigarettes will be shown to have directly influenced the

rise of healthier, low calorie or BFY beer and soft drink products, from the 1970s through to the present.

By establishing the direct historical correlation between health-orientated marketing for tobacco, alcohol (especially beer) and soft drinks, this article speaks to contemporary analyses that define the way tobacco, alcohol and obesity can and should be understood as similar kinds of health concerns. This comparison between tobacco, alcohol and/or obesity is widely evident. It is evident in the publication of edited collections that bring essays on all three subjects together under the same 'roof' (Bell, McNaughton, & Salmon, 2011; National Preventative Health Taskforce, 2009b). It is evident in the way that all three public health concerns (tobacco, alcohol and obesity) have been collected together and targetted within the same bureaucratic and administrative spaces. The Australian National Preventative Health Taskforce, for example, was developed in April 2008 to 'tackle the health challenges caused by tobacco, alcohol and obesity' (Australian Government, 2010, p. 1). The Taskforce described the issues of both obesity and alcohol as being 'similar to' (National Preventative Health Taskforce, 2009b, p. 51) or 'comparable to' 'tobacco smoking in ... the 1960s' (National Preventative Health Taskforce, 2009a, p. 4). Moreover, articles such as 'Is Fat the Next Tobacco' (Parloff, 2003) have appeared circulated in the popular press, and an interest

in the 'lessons of tobacco' has informed numerous scholarly articles on combating obesity (Alderman & Daynard, 2006; Blouin & Dubé, 2010; Brownell et al., 2009; Emery, Szczypka, Powell, & Chaloupka, 2007; Heymann & Goldsmith, 2011; Pennock, 2005; Sharma, Teret, & Brownell, 2010; Zefutic, 2004). In the second instance, this article, by establishing these connections (between tobacco, alcohol and obesity) foregrounds the possibility that health-orientated marketing in relation to beer and soft drinks could be legislated against in the same way as health-orientated marketing in relation to tobacco.

Within this emphasis on BFY products, this article focuses specifically on marketing health to men. The focus on male-orientated health advertising is exemplary, in the sense that it serves a model within which we can understand broader relationships between health oriented advertising strategies amongst an ostensibly diverse collection of packaged goods (tobacco, beer and soft drinks). The concern with marketing health to men is also motivated by statistics identifying higher rates of obesity amongst men. In Australia, for example, a recent National Health Survey found that 68 percent of adult men were overweight or obese compared to 55 percent of adult women. The difference in relation to men and women's health in the context of obesity, as well as a range of other indices, has been explained in terms of social and cultural constructions of masculinity which delimit men's capacities to admit weakness and seek help (National Preventative Health Taskforce, 2009b; The Senate, 2009).

MARKETING HEALTH TO MEN

Important early work that highlighted the relationship between smoking and lung cancer in the 1950s included Wynder and Graham's (1950) study of the smoking habits of American lung cancer patients. A similar study in Britain by Doll and Hill (1950), Wynder, Graham, and Croninger (1953), Wynder and Graham (1950) discussed the effect of tobacco tars on the lungs of mice. Ochsner (1952) suggested that it was 'frightening to speculate on the possible number of bronchogenic cancers

that may develop as the result of the tremendous numbers of cigarettes consumed in the two decades from 1930 to 1950.' These scientific studies were complemented by a series of magazine articles in the *Reader's Digest* (Miller & Monahan, 1957a, 1957b; Norr, 1952), *Time* (Beyond Any Doubt, 1953) and *Life* (Smoke Gets in the News, 1953).

This early health research triggered a major response in terms of tobacco marketing strategies. In particular, the tobacco industry sought to provide consumers with health assurances. A focus on health had long played a central role in tobacco advertising (Gardner & Brandt, 2006). In the 1950s, however, the focus on health was reiterated in new and ever-more innovative ways. In particular, the tobacco industry sought to assure consumers that it (i.e., the industry) was taking every step necessary to manage and address these concerns about health. Indicative of this new approach was the publication of the now (in)famous 'Frank Statement,' which appeared in the form of a full-page advertisement in 448 newspapers across America on January 4, 1954. The 'Statement' drew on a language of science and research to emphasise a concern for the health of consumers (Tobacco Industry Research Committee, 1954). The statement also announced the formation of the Tobacco Industry Research Committee, ostensibly to facilitate cancer research. Between 1955 and 1964 the Committee distributed \$7,500,000 (More Research Still Needed Says Industry, 1964).

The basic message of the 'Frank Statement' was that the tobacco industry itself was the best and most qualified institution to address concerns about smoking and health. The 'Frank Statement' emphasised the idea that corporations are motivated by a social conscience (Benson, 2008; Miller & Monahan, 1957b). *The Bridgeport Post*, published in Bridgeport, Connecticut perhaps best articulated message that this tobacco industry document was designed to convey when it described the 'Frank Statement' as a 'public service.' 'The tobacco men are not only being frank,' the newspaper report stated, 'they are progressive and generous, and are contributing a great, public service by their decision to enter the

field of medical research' (Editorial Response in Key Cities, 1954). In Tennessee, *The Nashville Tennessean* suggested that the tobacco companies do both themselves and their customers a 'high service' by 'taking a leading role in ... research' (Research the Best Answer, 1954). *The Durham Morning Herald* suggested that the research would 'give the consuming public a product which it can enjoy using with confidence' (Tobacco Groups Announce New Research Program, 1954).

Notwithstanding the significance of the Frank Statement and the formation of the Tobacco Industry Research Committee, one of the most important tactics employed by the tobacco industry to address the public's concern about smoking and health was a massive increase in the production and promotion of the filtered cigarette. These filter-tips were designated a safety measure. They formed a key part of the industry's strategic response to growing concerns about smoking and health. As the National Cancer Institute states: 'Filtered cigarettes offered reassurances about the 'safety' of smoking' (United States District Court for the District of Columbia, 2006).

In 1950, filter-tipped cigarettes represented only 0.6 percent of the industry's total cigarette production. Over the following years, this figure increased dramatically. By 1956 over a quarter of all cigarettes (27.6 percent) were being produced with filter-tips (please see Table 1). By 1960, this figure had reached 50

percent. By the mid-1970s, filtered cigarettes had come to account for approximately 90 percent of consumption (Brandt, 2007; Pollay & Dewhirst, 2002). The filter-tip was significant because it claimed to reduce the danger of smoking, especially the level of tars and nicotine. This focus on the specific ingredients of tobacco (especially tars and nicotine), rather than the problem of smoking *per se*, preceded the contemporary debate about 'nutritionism' in food (Pollan, 2008).

These new filtered products drew on a discourse of science, technology and product design. Their release was often 'heralded with ... 'news' about scientific discoveries, modern pure materials [and] research and development breakthroughs' (Pollay, 1989). Kent claimed that its 'micronite' filter, released in 1952, had been developed 'by researchers in atomic-energy plants' (Brecher, Brecher, Herzog, Goodman, & Walker, 1963). One Kent advertisement promised consumers: 'Here's how science can get the protection you need against nicotine and tars' (Norr, 1952). Following the positive mention of the health effects of Kent's filter in two articles published in the *Reader's Digest*, in July and August of 1957 (Miller & Monahan, 1957a, 1957b), Kent's sales increased nearly 10-fold, from <4 billion cigarettes annually to 38 billion annually (United States District Court for the District of Columbia, 2006, p. 961). Philip Morris similarly described the new filter

that it released on its self-titled brand of cigarettes as a 'scientific discovery' (Beyond Any Doubt, 1953). When Philip Morris re-launched its Parliament brand in 1958 the event was held in the foyers of the Plaza Hotel, New York, where 'test tubes bubbled and glassed-in machines smoked cigarettes by means of tubes. Men and women in long white laboratory coats bustled about and stood ready to answer

TABLE 1: ESTIMATED OUTPUT OF FILTER-TIP CIGARETTES AND PERCENTAGE OF TOTAL CIGARETTE PRODUCTION, UNITED STATES, 1950-1962

Year	Filter-tip cigarettes (billions)	Percent of total	Year	Filter-tip cigarettes (billions)	Percent of total
1950	2.2	0.6	1957	168.3	38.0
1951	3.0	0.7	1958	213.0	45.3
1952	5.6	1.3	1959	238.8	48.7
1953	12.4	2.9	1960	258.0	50.9
1954	36.9	9.2	1961	277.1	52.5
1955	77.0	18.7	1962	292.5	54.6
1956	116.9	27.6			

The Surgeon General's Advisory Committee, *Smoking and Health: Report of the Advisory Committee to the Surgeon General of the Public Health Service* (Washington, DC: US Department of Health, Education and Welfare), 1964, p. 45.

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questions' (Pollay & Dewhirst, 2002). The Parliament filters were labelled 'Hi-Fi,' referring to 'Hi Filtration' (Pollay & Dewhirst, 2002).

The promotion of these new filtered products confronted a very specific and particular problem: Appealing to the *male* consumer. Tobacco industry documents indicate a widespread concern about the limited extent to which men were consuming health-orientated (filtered) cigarettes, relative to women (Pollay & Dewhirst, 2002). A 1955 letter written by Leo Burnett to Mr. Roger Greene, a Philip Morris Advertising Director, for example, cited research by the Elmo Roper organisation showing 'many people think of filter cigarettes as a woman's smoke' (Burnett, 1995). This perception continued into the 1960s and 1970s. In a handwritten report following the release of the landmark 1964 Surgeon General's Report on Smoking and Health, a Philip Morris executive reflected on the problem of the male consumer of health-orientated cigarettes when anticipating that 'women, and particularly young women, would constitute the greatest potential market for a health cigarette' (Johnston, 1966; Pollay & Dewhirst, 2001). The problem of the male health consumer was also evident in the findings of research conducted for Brown and Williamson in 1967. This report suggested that women who consumed these filtered products were *normal*. They were 'self-confident and optimistic,' 'conventional' and 'content in the traditional role of women.' The men who smoked filters, on the other hand, were more likely abnormal and unmanly. The report suggested that these male consumers of health-orientated filtered cigarettes saw themselves as 'nonconformists' and appeared to be 'unusually anxious' (Oxtoby-Smith Inc., 1967).

In 1974, research conducted on behalf of Brown and Williamson suggested that although young male consumers clearly recognised the role of filtered cigarettes in 'limiting the risks of serious disease without actually giving up smoking,' there was an 'underlying mechanism' working against men's acceptance of high filtration brands. This was 'the image of these cigarettes as [being] contrary to one

of the initial motivations for smoking – to look manly and strong' (Kenyon & Eckhardt Advertising, 1974; Pollay & Dewhirst, 2001). A marketing research report prepared in 1975 also found that there was a problem promoting low tar or low nicotine cigarettes to men: 'Only women and *weak* men smoke ... any of those low tar and nicotine cigarettes' (Marketing and Research Counselors, 1975; Pollay & Dewhirst, 2001).

The difficulties promoting health to men were defined specifically in terms of gendered difference. In particular, it was assumed that men were far less likely than women to tolerate compromise in relation to the satisfaction delivered by their cigarette. A June 21, 1982 Product Research Report on *Non-Menthol Ultra Low Tar Consumer Probes*, written by RJ Reynolds's Marketing Development Department, suggested: 'Women seem to be more accustomed [than men] to moderation in their lifestyles.' This report drew its conclusion based on experiences with 'low calorie and low fat foods.' Here, it had been shown that women were more inclined than men to 'trade-off some taste for weight control and health benefits.' Women, it was found, were '[more] open to compromise ... [and] willing to tolerate an adjustment period as they become acclimated to a new product they perceive to be better for them' (Reynolds & Yates, 1982; United States District Court for the District of Columbia, 2006, p. 969).

This 1982 analysis reflects more recent research findings that men see the need to care for their health as effeminate (Courtenay, 2000) and instead define masculinity in terms of a *disinterest* in health (Bunton & Crawshaw, 2002; Connell, 1995). This gives rise to an ambivalent or 'contradictory' association between masculinity, consumption and health (Benwell, 2004; Thompson, 2008). As Sabo and Gordon write: 'Health seems to be one of the most clear-cut areas in which the damaging aspects of masculinity is evident' (Sabo & Gordon, 1995). Will Courtenay emphasises the importance of a disinterest in health to hegemonic conceptions of masculinity when he writes: 'The social practices that undermine

men's health are often the instruments men use in the structuring and acquisition of [masculine] power' (Courtenay, 2000).

One of the earliest and most successful attempts to promote a filtered cigarette to men came from the Marlboro brand, owned by Philip Morris. The strategies Marlboro employed to market health to men would resonate for decades to come. Marlboro entered the 'popular-priced filter cigarette' market in 1955, at a crucial moment in the history of the filtered cigarette. Over the next 5 years (1955–1960) the product's market share (in the United States) was about to increase from 18.7 to 50.9 percent and the total consumption of filter-tips was about to increase by 335 percent, from 7 to 25 billion (see Table 1). Burnett, the man who was employed to sell these cigarettes, wrote: 'The job of Marlboro advertising is to take a new popular-priced filter cigarette and give it a personality and a reason for being that will make it stand out among all the brands in a chaotic and fast-growing field' (Burnett, 1955).

At the time, Philip Morris had invested a great deal in the design of the Marlboro filter. Inside sources described it as being 'an unusually effective selective filter.' It was so distinctive that '55 patent applications' had been taken out to protect it. The 'temptation,' as Burnett described it, was to say: 'Hmmm, people are afraid smoking cigarettes may harm them. Then all we have to do is tell them that our filter makes cigarette smoking safe and we can lean back and watch the money roll in' (Burnett, 1955).

Yet the success of marketing Marlboro to male consumers was precisely a result of the fact that it ignored the question of health. More specifically, led by Leo Burnett, Philip Morris sought to promote the Marlboro cigarette not *because* it had a seemingly effective filter (and was therefore deemed to be 'healthier'), but *in spite of it*. Philip Morris promoted Marlboro by concentrating on the 'quality of the smoke' and emphasising the fact that 'the Philip Morris people have put out a new filter cigarette named Marlboro that delivers the goods on flavor' (Burnett, 1955). Thus selling health to men was associated with an increase

in the efficiency, productivity and performance of the cigarette. This contrasted with the idea that women would be 'open to compromise' and would 'tolerate' a 'trade-off' in taste (Reynolds & Yates, 1982). This strategy for promoting health to men, combined with the fact that all its advertisements featured men, made Marlboro incredibly successful.

Throughout the 1960s and 1970s other filtered brands tried repeatedly to replicate the ability of Philip Morris to promote filtered cigarettes to men. One of these was Vantage, produced by RJ Reynolds. Following Marlboro's lead, Vantage cigarettes were promoted to men on the basis of pleasure and flavour rather than health. One Vantage advertisement, from 1971, reported: 'You don't cop out. Why should your cigarette? Vantage doesn't cop out. It's the only full-flavor cigarette with low 'tar' and nicotine' (United States District Court for the District of Columbia, 2006). In 1974, advertising advisors employed to promote Lorillard's 'True' cigarettes, also a health brand, specifically sought to model their campaign on Vantage. 'Vantage's tonality,' they argued, 'can be described as 'laying it on the line' in an aggressive, possibly masculine, open fashion.' Lorillard's advisors talked about the need to 'provide assurances' that 'the transition to a health brand does not necessarily mean less satisfying taste.' These assurances were designed to 'ease' the 'male smoker's transition from low-fi [i.e., low-filtration] or high-fi to *super* high-fi with minimal stress on his 'ego' (DeGarmo Inc., 1974; Pollay & Dewhirst, 2001). In 1976, RJ Reynolds designed a marketing strategy to attract males to a low-yield cigarette by 'put[ting] 'balls' (two of them) on a low 'tar' and nicotine cigarette' (Hind, Fitzgerald, & Ritchy, 1976; Pollay & Dewhirst, 2001).

The tobacco industry's approach to the marketing of filtered cigarettes to men highlights a number of important points about the culture of men's health. Most importantly, it was imperative not to damage a man's 'ego' through an emphasis on self-health. Rather, the emphasis on health had to be associated with an *increase* in flavour and pleasure. This 'less is more' kind

of approach was very different to the focus on 'adjustment,' 'compromise' and 'moderation' associated with selling health-orientated products to women (Reynolds & Yates, 1982).

APPLYING THE MARKETING PRINCIPLES OF FILTERED CIGARETTES TO FOOD AND BEVERAGE

The 1960s and 1970s witnessed a dramatic diversification in tobacco industry interests. This was prompted in part by a desire to invest in capital growth opportunities (Didrichsen, 1972). It was accompanied by what George Yip describes as 'the motivation, the means, and the management skills for expansion' (Yip, 1982). Diversification was also prompted by fears about the future of the tobacco industry in the face of growing health concerns. As Jon Didrichsen writes: 'Tobacco companies follow[ed] a defensive diversification strategy in anticipation of the possibility of a decline in the tobacco industry as a result of the issue of the effect of smoking on health' (Didrichsen, 1972).

These expansion strategies were shaped by an important piece of corporate and cultural analysis into the collective nature of consumer packaged goods (CPG). This analysis suggested that the tobacco industry, the beer industry, the soft drink industry and the processed-food industry were all similar in the sense that they were based around convenience, packaging and pleasure. In particular, they produced 'reasonably priced, relatively low-cost, consumer items that gave pleasure to users, who repeat[ed] their purchases often when the quality of the product satisfies their expectations' (Philip Morris, 1978). This analysis guided the diversification strategies of a number of tobacco companies.

Thus, in 1964, Liggett and Myers started to diversify into alcoholic beverages and cereals (as well as pet foods) and in 1966 American Brands (formerly American Tobacco) started to diversify into pre-packaged foods and alcoholic beverages (Didrichsen, 1972). Perhaps the most successful programme of diversification was undertaken by Philip Morris and RJ Reynolds. As Marion Nestle writes: 'Two of the four leading US cigarette companies, RJ Reynolds and Philip Morris, bought – and sometimes traded

– food and beverage companies in maneuvers designed to protect stockholders' investments against tobacco liability lawsuits (Nestle, 2007, p. 13). Of these two tobacco companies (RJ Reynolds and Philip Morris), Philip Morris was the most aggressive and prolific.

One of Philip Morris's first projects was the purchase of a beer company, Miller Brewing, in 1969. This was followed by the soft drink company 7Up, in 1977. In November 1985 the company acquired General Foods for \$5.6 billion. It acquired Kraft Inc. in December 1988 for \$13.6 billion. In 1989 Philip Morris combined these two companies to form Kraft General Foods. After buying food company Nabisco Holdings (from RJ Reynolds) in 2000 for \$14.9 billion (Nestle, 2007), Philip Morris became the 'largest food company in the world' (Brownell & Horgen, 2004, p. 250).

Beginning with Miller Beer and extending into soft drinks and packaged foods, Philip Morris was extremely successful in applying the lessons learned from manufacturing, promoting and selling cigarettes. Business historian George Yip describes Philip Morris's purchase of Miller Brewing as 'the classic example of 'acquisition entry'. 'Competitive skills from cigarettes turned out to be superior to those of incumbents, particularly Philip Morris's highly transferable marketing expertise' (Yip, 1982). In particular, the tobacco industry mobilised its experience in promoting and selling BFY tobacco products to men to develop an extremely effective approach to the marketing of low calorie beer to men.

Philip Morris's success with Miller beer was precisely and specifically a result of its successful application of the logic that had been developed in the context of filtered cigarettes. The result was a 'light' (low carbohydrate) but pleasurable, full-flavoured and satisfying beer for men. The concept of a light, low carbohydrate beer had first been introduced to the American market by the Rheingold Brewing Company 2 years earlier, in 1967, under the Gablinger brand. Later that same year (1967) the Meister Brau Brewing Company introduced its own light (low alcohol) beer.

These light beers failed to attract a significant market share in part because they were promoted as a health beer, or more specifically as a *diet beer*. The notion of dieting failed to promote these products to men because it emphasised the aesthetic *reduction* of bodily excess, associated with femininity and the female body, rather than an emphasis on the kind of *working up* or *building up* associated with the male body (Armstrong, 1998; Schwartz, 1986, p. 105). These early attempts to market light beers to men failed for the same reason as early attempts to market filtered cigarettes to men.

In 1972 however the Miller Brewing Company, now owned by Philip Morris, purchased the Meister Brau Brewing Company and developed its own version of Meister Brau Lite, rebranded as Miller Lite. This was launched at the national level in 1975 (Lee & Tremblay, 1992). The launch of the new product (Miller Lite) was accompanied by a tobacco-style advertising campaign that was 'unprecedented for the brewing industry' (Mittleman, 2008). Philip Morris CEO George Weissman described it as one of the most successful launches in the history of the US brewing industry' (Bond, Daube, & Chikritzhs, 2009; Weissman, 1976). The success of the product was secured by employing a 'less filling and tastes great' marketing theme while avoiding any reference to dieting (Lee & Tremblay, 1992). This emphasis on pleasure and flavour *in spite of* the health-emphasis was a direct reflection of the strategies employed in the promotion of Marlboro filtered cigarettes to men. Subsequent Miller Lite campaigns continued with what Goldman and Papson describe as the 'quest for authenticity.' Major campaigns included 'It's Real,' 'As Real as it Gets' and 'Buy that Man a Miller' (Goldman & Papson, 1995). Thus, health was associated with more pleasure rather than less. Health appeared to *enhance* the masculinity of the product. S. Bryn Austin describes the introduction of the low calorie Miller Lite in 1975 as the moment when 'the concept of 'light' food was first made popular with a mass audience' (Austin, 1999, p. 164).

The success of Miller Lite drove other brewers to introduce similar products, including Bud Lite, Coors Light and Busch Light (Mittleman, 2008, p. 163). By 2002 low calorie beer had developed from its original status as a 'segmentation concept' (Wilcox & Gangadharbatla, 2006) to capture 44 percent of the American beer market (Chura, 2001). A 2007 Report on the 'Changing Role of Men' and its relationship to 'purchasing habits' suggested that the 'catalyst' for this rise in consumption of light beer was 'greater health consciousness' (Euromonitor International, 2007).

These increases in consumption were accompanied by an upsurge in new products. In late 2008, for example, MillerCoors released 'MGD 64.' The 64 was a reference to only having 64 calories, only half the calories of its best selling Miller Lite and Coors Light products. To compete, Anheuser-Busch followed in late 2009 with 'Bud Select 55.' This lowered the calorie content to 55 (Euromonitor International, 2010). In Australia, 'Pure Blonde,' launched by Foster's in September 2004, was the country's first lite beer. Its advertising and presentation overcame what one industry report described as 'longstanding prejudices and stereotypes [about] so-called 'better-for-you' beers' (The Communications Council, 2009). This report illustrated how the success of Pure Blonde was built upon the same logic employed by Burnett to sell filtered cigarettes to men in 1955 Here, Pure Blonde was seen to enable consumers to 'liv[e] well with as little compromise as possible' (The Communications Council, 2009).

RECENT DEVELOPMENTS IN THE BETTER-FOR-YOU INDUSTRY

Subsequent to the success of Miller Lite, the soft drink industry sought to follow the example of low calorie beers. Historically, low calorie soft drink products had been promoted as 'diet' drinks and had targetted female consumers (Gough, 2007). These diet soft drinks can be traced back to the 1960s. 7Up released 'Like,' a diet lemon-lime drink in 1963, Coca-Cola released Tab in 1963 and Pepsi released Diet

Pepsi in 1964 (Pendergast, 1993, pp. 277–278). Carolyn de la Peña argues that advertisements for these kinds of diet sodas have ‘long featured slim, attractive, mostly white women’ (de la Peña, 2010). More recently however, the male market for low calorie soft drinks has increased exponentially. Between 1994 and 2004 the proportion of regular male buyers of low calorie drinks (in America) increased from 39 to 53 percent of the market (Euromonitor International, 2007). These increases were followed by the launch of Coke Zero (the company’s most expensive launch ever) as an attempt to take the lead among health-conscious men. Echoing the history of the tobacco industry, the move also formed part of a strategy to quell criticism for the Coca-Cola Company’s contribution to obesity (Connell, 2012). Coke Zero was successful in getting men to switch over to its low calorie option by avoiding the word ‘diet’ and by reiterating the focus on satisfaction (Euromonitor International, 2011). As one report put it:

Coca-Cola aimed to create a masculine brand to grow its share among the young male sector. Based around the concept of ‘life as it should be,’ the campaign pitched Coke Zero as a product offering pure pleasure with no downside (Coca-Cola – as it should be, 2008).

Coke Zero’s success was followed, in late 2010, by a renewed focus on male consumers of BFY products by Pepsi Max (Pepsi Max: Quebec, 2012). In early 2011, Dr. Pepper (owned by 7Up) tested Dr. Pepper 10, a 10-calorie version of its popular Dr. Pepper brand (Zmuda, 2011). An important aspect of the Dr. Pepper 10 campaign was an emphasis on coarse masculine humour (Zmuda, 2011). This kind of humour directly reiterated strategies designed to promote the consumption of health-orientated filtered cigarettes by men in the 1950s, 1960s and 1970s. Thus where RJ Reynolds sought to ‘put ‘balls’ (two of them) on a low ‘tar’ and nicotine cigarette’ (Hind et al., 1976; Pollay & Dewhirst, 2001), the campaign for the low calorie Dr. Pepper 10 product developed a tagline which stated ‘Not for women’ (Zmuda, 2011).

This coarse masculine humour was important, because it legitimated behaviours relating to the consumption of ‘healthier,’ low calorie products.

These products had long been represented in terms of a discourse of dieting. The consumption of these products might therefore otherwise have been understood as effeminate and as transgressing dominant norms of masculinity (Oliffe, Ogrodniczuk, Bortorff, Hislop, & Halpin, 2009; Thompson, 2008). In this context, this masculine humour arguably helped to resolve what analysts have identified as the *contradictions* between masculinity, consumption and health (Thompson, 2008, p. 291). In other words, this masculine humour legitimated a shift towards (ostensibly) healthier consumption while at the same time fostering a sense of male collusion (Thompson, 2008, p. 291). Benwell (2005, p. 152) argues that humour plays an important role in ‘negotiating’ between the ‘obligations of hegemonic masculinity’ and the ‘adoption of the feminized role of the consumer.’ Benwell’s argument is significant in the context of this article’s focus on the consumption of health.

The success in marketing better for-you products to men has been a part of the broader and massive impact of lower-calorie and/or BFY foods and beverages on overall sales growth. A recent United States study of the 15 leading CPGs companies, entitled ‘Better-For-You Foods: It’s Just Good Business,’ for example, found that, between 2006 and 2011, lower-calorie sales increased by over \$1.25 billion, compared to less than \$300 million for higher calorie products. Those companies that grew their lower-calorie/BFY foods and beverages enjoyed superior sales growth, operating profits and operating profit growth (Cardello & Wolfson, 2013).

CONCLUSION

So-called ‘BFY products,’ ranging from filtered cigarettes to low calorie beers, low calorie soft drinks and low calorie foods, are a nebulous economic and cultural phenomenon. On the one hand these products appear to be significant to the extent that they have promoted health to men ‘through their gender’ (Benwell, 2004, p. 4). In this sense they run contrary to the idea that caring for or consuming health is antithetical to the performance of masculinity (Bunton & Crawshaw, 2002; Courtenay, 2000; Sabo &

Gordon, 1995). These products have, arguably, 'shift[ed] the limits' of men's practices surrounding consumption and health (Schroeder & Zwick, 2004). They appear to have opened up 'new possibilities' for the consumption of health by men (Schroeder & Zwick, 2004). In line with Creighton and Oliffe's (2010) framework 'BFY' products appear to have given rise to masculine communities of practice which celebrate the purchase and consumption of relatively healthy products as a wise, health promoting choice. BFY options can also be seen to have reduced the levels of ridicule traditionally invoked on men who diet (Gough, 2007) as well as smoking stigma (Greaves, Oliffe, Ponc, Kelly, & Bottorff, 2010). 'BFY' marketing strategies might therefore be seen to have created some leeway, and perhaps increasing affirmation, for men who consciously control what they consume without being prudish in entirely denying themselves the pleasures inherent to those manly practices.

At the same time, however, these 'BFY products,' ranging from filtered cigarettes to low calorie beers, low calorie soft drinks and low calorie foods, have all been identified as problematic. While they have employed the rhetoric of health, they have also been shown to have few proven substantive or instrumental effects on health (Benson, 2010b; Glantz & Ling, 2011). Rather, their role is public-relation orientated (Hirschhorn, 2004). The aim of these products is to promote *consumption* rather than health (Benson, 2010a; de la Peña, 2010; Fairchild & Colgrove, 2004; Hirschhorn, 2004; Oakes, 2004). In this respect the claims that these products make about healthfulness can be likened to earlier 19th century controversies about the 'outrageous fictions' employed by patent medicines and 'quack cures' (Cronin, 2004; Laird, 1998; Richards, 1990).

In the tobacco context, this critique has led to the banning of product health descriptors such as 'light' and 'mild.' These bans took effect in the European Union in 2001, in Australia in 2005 (Australian Competition and Consumer Commission), in Canada in 2007 (Canadian Cancer Council), and in the United States in 2010 (U.S. Food and Drug Administration,

2012). The contribution of this article has been to foreground the historical and corporate relationships between the health-orientated marketing strategies employed to promote a range of different products, from soft drinks to beer to cigarettes. This corporate and marketing history highlights the need for a more rigorous interrogation of the claims to health by BFY products.

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