



SPECTRUM

SHAPING PUBLIC HEALTH POLICIES
TO REDUCE INEQUALITIES AND HARM

The Commercial Determinants of Health (CDOH), adverse policy influence and conflicts of interest

Key points

- Consumption of tobacco, alcohol and foods high in fat salt and sugar (HFSS) are causes of non-communicable diseases (NCDs) and drivers of health inequalities in Scotland.
- NCDs accounted for more than 62% of all deaths in Scotland in 2020. These deaths are preventable.
- There are clear, evidence-based policy options available to reduce the burden of harm from NCDs, including measures to reduce consumption of health harming commodities by increasing the price, controlling availability and restricting marketing.
- The adverse influence of powerful Unhealthy Commodity Industries (UCI) continues to pose a significant barrier to progress in public health policy.
- Recent examples of UCI actions during the COVID-19 pandemic serve to illustrate the vulnerability of public health policies to corporate capture.
- Policy makers must be aware of attempts by UCIs to influence their decision-making and the need to actively manage conflicts of interest in public health policy.

availability and marketing of tobacco, alcohol and unhealthy food products, and industry influence on health policy.

SPECTRUM investigates the conduct and influence of UCIs in driving unhealthy consumption, builds understanding of the systems that perpetuate those drivers, and supports the prioritisation of political, social and other measures to prevent harm to health and reduce the social health gradient.

Introduction

Consumption of tobacco, alcohol and foods high in fat, salt and sugar (HFSS) are causes of non-communicable diseases (NCDs) and drivers of health inequalities in Scotland and worldwide. Consumption is driven by complex systems of production, distribution and promotion dominated by transnational companies.

NCDs, such as cancer, heart disease, diabetes, liver and lung disease and stroke are the leading cause of death and disability in Scotland. In 2020 they caused more than 62% of all deaths in Scotland, more than 40,000 lives lostⁱ.

These deaths are preventable. Effective preventative policy solutions are available to reduce consumption of health harming commodities by increasing the price, controlling availability and restricting marketing.



Price



Availability



Promotion

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SPECTRUM is a research consortium of academic, policy and advocacy partners working together to generate new evidence to inform the prevention of Non-Communicable Diseases (NCDs).

SPECTRUM provides a unique overview of NCD prevention strategies including action on price,

Scotland has already taken bold policy action over the past twenty years through smoke-free legislation introduced in 2005 and Minimum Unit Pricing (MUP) for alcohol in 2012, but much more needs to be done to address the burden of harm from NCDs in our country. Scotland has set out ambitious plans to further its efforts to reduce NCDs with a vision for a tobacco-free generation by 2034ⁱⁱ, an ambition to halve childhood obesity by 2030ⁱⁱⁱ, and an alcohol framework which seeks to reduce population-level consumption of alcohol through a wide

range of evidence-based measures, including MUP^{iv}.

While there is a clear evidence base on the most effective and cost-effective policy options to prevent and reduce harm from NCDs, there remain significant barriers and challenges to their implementation. If Scotland is to realise its [public health ambitions](#)^v, these barriers must be exposed, understood and adequately responded to at national policy level.

The influence of powerful corporate actors on the policy process is one of the most significant barriers. UCIs, including industries that produce, promote and sell alcohol, tobacco and foods high in fat, salt and sugar (HFSS) are often involved in public health policy making, which usually results in weaker, non-evidence-based policies^{vi}.

The Commercial Determinants of Health

Commercial Determinants of Health (CDOH) are those activities of the private sector that affect the health of populations. These can be direct, such as the marketing of unhealthy products, or more indirect, like industry lobbying against duty increases, donating to political campaigns, funding dubious research, and generating doubt around product harms.

Until recently, except for the tobacco industry, the commercial determinants have remained largely absent from how we think about the social determinants of health^{vi}. That is now changing, with a growing understanding of the core drivers of such companies, their strategies, the third parties they use, and their direct and indirect impacts on health and health inequalities.

The actions of UCIs can affect everything from consumption patterns of a particular product, to the social norms surrounding when and how much of it we use, to how normal and desirable children perceive products to be, to the tax and regulatory frameworks surrounding such products, the science regarding its harms and benefits, how policy-makers view the problem and its causes, and the framing of possible solutions in the mind of the public.

Addressing NCDs requires an understanding of the CDOH and the actions of UCIs in driving them. It requires policy makers to be aware of attempts by UCIs to influence their decision-making and to actively manage conflicts of interest.

The WHO Framework Convention on Tobacco Control (FCTC) Article 5.3^{vii} is the best international example of

good practice in this area, intended to protect public health policy from the influence of the tobacco industry. A similar approach needs to be applied across other UCIs.

Influencing Policy

The adverse influence of UCIs in public health policy is well documented with commonalities across commodities observable^{vi}. The strategies and approaches used to influence policy can be summarised as:

- Influencing the creation of evidence;
- Disseminating misinformation to the public about the harms of their products, often through the front groups (such as Corporate Social Responsibility (CSR) organisations, and charities like Drinkaware) which they fund; this misinformation often comes in the form of ‘dark nudges’ – which are used to promote mixed messages about harms and to undermine scientific evidence^{viii}.
- Questioning the effectiveness of statutory regulation and emphasizing self-regulation;
- Promoting ineffective partnership approaches;
- Publicly discrediting researchers;
- Focusing on individual responsibility;
- Attempting to frame the extent and nature of harms and relative solutions; and
- Forming alliances with other sectors or the public to give the impression of support for industry positions.

UCIs use these approaches to obstruct the most effective interventions to improve public health out of a fear of lost revenue. Instead, they use their influence to undermine evidence, and obstruct, delay and weaken regulation, compromising public health goals^{vi}.

Signalling virtue while promoting harm

Recent research published by SPECTRUM and the NCD Alliance^{ix} has exposed UCI tactics during the global COVID-19 pandemic, serving to illustrate UCI agility to use a global health crisis to promote brands, products and corporations whose economic interests frequently conflict with public health goals.

The report identified broad categories of strategic responses to the pandemic from UCIs:

- Adapting marketing and promotion of products;
- Corporate social responsibility and philanthropy;

- Pursuing partnerships and collaborations; and
- Shaping policy environments.

The report highlights the exploitation of the COVID-19 pandemic by UCIs to advance preferred policy positions, particularly as governments struggle to reconcile health objectives with economic and trade imperatives.

Key activities highlighted include:

- Lobbying to have unhealthy commodities designated as ‘essential’ products;
- Petitioning to accelerate the easing of lockdown;
- Working to undermine health and environmental regulations; and
- Attempting to shape strategies for economic recovery.

We have seen clear examples of these activities here in Scotland and UK. The report highlights several Scottish case studies including the Scottish Food and Drink Federation publicly congratulating the Scottish Government’s decision to withdraw a new bill introducing restrictions on junk food promotions in Scotland; and The Scotch Whisky Association calling for the Scottish Government to abandon proposed advertising restrictions on alcohol and offering to engage in “a sustained dialogue with government on smart taxation” in order to support the post-COVID-19 recovery.

These examples from Scotland, along with submissions from around the world, indicate an extraordinary range and scale of responses to COVID-19 from unhealthy commodity industries, reflecting extensive efforts on the part of these industries to be viewed as contributing to the pandemic response. These activities serve to promote these industries’ core interests by promoting products, enhancing reputations, and building political influence. They distract from the role of UCIs in harming population health, which made us more vulnerable to COVID-19. Collectively, the actions outlined in the report raise concerns about the prospect of the involvement of unhealthy commodity industries in the pandemic response directing public policy efforts away from broader health and social goals and towards the entrenchment of industry interests.

Recommendations for policy makers

Commit to adopting international best practice in managing and preventing conflicts of interest with UCIs, including completing an audit of adherence to Article 5.3 of the WHO Framework Convention on Tobacco Control.

Avoid partnerships with UCIs, particularly in areas where they have no competence, such as in developing or implementing health interventions or health-related policies.

Speak out when conflicts of interest in partnerships with industry are identified, highlighting the risks they pose to public trust.

Raise public and policy awareness of the activities of UCIs, and how they seek to influence policy by ensuring transparency of any interactions with UCIs and affiliated actors in policy development and consultations.

Do not use or refer the public to sources of UCI information. For example, alcohol industry information about health, which is filtered through organisations like Drinkaware.

Encourage much greater transparency about industry lobbying and funding across all levels of policy making.

Challenge all commercial interests that undermine our efforts to build a fairer and healthier world.

Contact and references

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