The influence of industry on public health: understanding & addressing the corporation as a determinant of health

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Outline

• Introduction to the corporation, its motives & models for understanding its impact on health

• Focusing on tobacco, alcohol & food:
  – Contrast treatment of tobacco and other companies in public health policy making with evidence of their conduct

• Draw policy relevant conclusions
The corporation

• The world’s dominant economic institution:
  – By 2000, top 100 companies controlled 33% of world’s assets. [Wiist. The Bottom Line or Public Health. Oxford: Oxford University Press, 2010]
  – “Corporations govern our lives. They determine what we eat, what we watch, what we wear, where we work, and what we do” [Joel Bakan. The Corporation. London: Constable, 2004.]
Corporations as a determinant of health

- Corporations should be recognised as a societal structural determinant of health (William Wiist. Public health and the anticorporate movement. Rationale and recommendations. AJPH 2006)
Neoliberalism – growing influence of corporations

- Increased role of corporations, think tanks and lobbyists in policy making
- Increase in power of corporations (including relative to national states)
- Decline in political participation
- Growth in no. of sectors & countries in which corporations play a role (e.g. privatisation of water, increased corporate role in agriculture & education)
- Deregulation
- Bakan: “Increasingly, corporations dictate the decisions of their supposed overseers in government and control domains of society once firmly embedded within the public sphere”

Growth in “industrial epidemics”

• The products of major industries are responsible for significant & growing proportion of the global burden of disease.

• Jahiel & colleagues argued:
  – that NCDs are “industrial epidemics” emerging from the commercialisation of health damaging products.
  – Should adapt traditional public health constructs to identify role of the host (consumer), agent (alcohol/tobacco), environment & vector (eg alcohol, tobacco & food co.s)

(Jahiel & Babor Addiction 2007; Jahiel RI. J Urban Health 2008)
Therefore need to understand the corporation ("vector")

The motives of for profit organisations

- Bottom line is that are REQUIRED to maximise profits for their shareholders
- Therefore have to sell as many cigarettes/drinks/chocolate bars as possible, as profitably as possible
- Effective public health policies that reduce sales/profits are therefore antithetical to their economic interests & will be opposed
2. draft material. Privileged and confidential information.

Our overall approach to the issues is to fight aggressively, with all available resources, against any attempt, from any quarter, to diminish our ability to manufacture our products efficiently, and market them effectively.
“although the fundamental conflict of interest between the tobacco industry and public health is fully recognised in the declaration, other groups from the food and drink industry - which the UN euphemistically refers to as “civil society” ...were invited to participate.... Unsurprisingly, these industry representatives urged a voluntary, rather than a regulatory approach.”

“letting Dracula advise on blood-bank security”

(http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(11)70272-8/fulltext)
Global policy: tobacco

**WHA resolution 54.18 (2001)**

1. URGES WHO Member States to be aware of affiliations between tobacco industry and members of their delegations,
2. ... to be alert to efforts by the tobacco industry to continue its subversive practice ...

**Article 5.3 of FCTC (2003/2004)**

“In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry.”

**Article 5.3 guidelines (Nov 2008)**

Make clear and strong recommendations for government action to protect policies from industry
Global policy: alcohol (2010)

• No mention of protecting policy from alcohol industry

• Member States requested “to encourage mobilization and active and appropriate engagement of all concerned social and economic groups, including scientific, professional, nongovernmental and voluntary bodies, the private sector, civil society and industry associations, in reducing harmful use of alcohol”
“Tobacco exceptionalism”

- Conflicts of interest between corporate interests and PH goals explicitly recognised & addressed
  - Voluntary regulation ineffective
  - Partnerships precluded
  - CSR initiatives seen as phony (new form of political activity used to access policy makers, co-opt NGOs, promote voluntary over regulatory approaches. Also used to split the PH community)
  - Transparency essential
  - Industry automatically questioned

- Open political support for TI increasingly unacceptable

Yet overwhelming evidence suggests alcohol and food company conduct is similar

• Similar marketing strategies (eg target youth)
• Similar political strategies (ie similar tactics and arguments to influence policy, use of the same think tanks):
  – Focus on personal responsibility as cause (& hence need for individual interventions)
  – Government action usurps personal freedom
  – Self-regulation is sufficient
  – Vilify critics as “nanny statists”
  – Criticise studies that hurt industry as “junk science”
  – Influence the evidence base (dispute existing evidence, produce favourable evidence)
• Collaborate & learn from each other
• (Some part of the same parent company)

[Brownell & Warner. Millbank Quarterly 2009; Gilmore et al JPH 2012; Bond et al AMJ 2010 and 2009; Michaels. Doubt is their Product; Wiist. The Bottom Line or Public Health]
Evidence from tobacco industry docs of COLLABORATION

- Starting in 1995 BAT worked with other corporate actors to promote a form of IA (BIA) in Europe.
- Thought this would work to its advantage by preventing public health legislation.
- Numerous other companies, including Coca Cola, Mars, Diageo were part of the broader campaign for regulatory reform.
- Successful – within 2 years had secured changes to the EU Treaty that made BIA & stakeholder consultation mandatory.
Evidence from tobacco industry documents on tobacco and alcohol company conduct

- Similar marketing strategies (e.g., targeting youth)
- Shared concerns about regulatory threat (tax & marketing controls)
- Marked similarities in efforts to prevent and delay public health measures:
  - Shared arguments against threat of regulation (e.g., promoting personal responsibility, e.g., legal product & consumers have right to use it; e.g., taxes are unfair)
  - Similar lobbying methods including use of front groups
  - Both develop public education campaigns to deflect binding legislation and appear responsible. Independent evidence shows these are ineffective or counterproductive.

[Bond et al AMJ 2010 and 2009]
Alcohol marketing in the UK

• Clear targeting of young
  – Lambrini: “kids drink”, “social lubricant”
  – Carling Weekend: “first choice for the festival virgin”

• Just like tobacco, the aim was to increase consumption rather than encourage brand switching

• Clear failure of voluntary code
Industry influence on marketing policy

• Systematic review of existing evidence on tobacco and alcohol industry efforts to influence marketing controls

• Preliminary results:
  – Greater literature on tobacco than alcohol (55 papers – 30 focus on tobacco, 24 on alcohol, 1 both)
  – Significant overlap in the most frequently used tactics & arguments

Frequently used tactics:

- Promote voluntary code / self regulation

- Promote non-regulatory alternative (e.g., education programme)
Voluntary policies failing

- Overwhelming evidence suggests ineffective or less effective [IASO Report 2012; Ludwig & Nestle JAMA 2008; Sharma et al AJPH 2010; Stuckler & Nestle PLOS 2012; Brownell PLOS 2012]

- Some positive changes – under threat of regulation or litigation, changes slow

- Unsurprising:
  - Conflict of interest with financial goals
  - Disadvantage those companies making positive changes (ie very difficult in a competitive market)
Conclusions

• Corporations & their products have a major impact on public health and public health policy

• Tobacco is less exceptional than thought:
  – product may be uniquely harmful but the corporations are remarkably similar:
    • Use same tactics in marketing and policy influence
    • Collaborate
    • Learn from each other
  – Conflict of interest between corporate interests & PH goals is not unique to tobacco & must be recognised in other sectors

• Understanding the corporate vector can inform public health policy development (Gilmore, Tobacco Control, 2012)
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