Better the devil you (don’t) know?
A comparison of the tobacco, alcohol and processed food industries’ perceived political legitimacy

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Saturday 17 October 2015, EPH Conference, Milan, Italy
### Similarities between tobacco, alcohol and processed food companies

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<th>Tobacco</th>
<th>Alcohol</th>
<th>Processed Food</th>
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<td>Make profit from commodities which have detrimental impacts on health</td>
<td>X</td>
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<td>Market controlled by major transnational companies</td>
<td>X</td>
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<td>Promote harmful products to children and young people</td>
<td>X</td>
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<td>Directly lobby policymakers</td>
<td>X</td>
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<td>Fund political parties</td>
<td>X</td>
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<td>Favour self-regulation and voluntary agreements</td>
<td>X</td>
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<td>Corporate social responsibility campaigns</td>
<td>X</td>
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Heide Weishaar
Given these similarities, why are commercial tobacco, alcohol and food interests treated so differently in policy contexts?

**Tobacco industry exceptionalism:** “Whereas tobacco companies are typically viewed as having interests that fundamentally conflict with public health, [...] other industries with substantial global health impacts (notably food and alcohol) are commonly viewed as appropriate partners in the development and delivery of health policy”  
(Collin, 2012)

“Recent events in the global political arena have highlighted the difference in perception of the alcohol and tobacco industries which has allowed alcohol corporations to participate in the global governance arena in a way in which tobacco has not been able.”  
(Casswell, 2013)
Methods and data sources

1. Heide: Case study analysis of EU tobacco control policymaking (analysis of approx. 300 policy document and 32 in-depth interviews)

2. Kat: 95 semi-structured interviews with public health researchers, campaigners, civil servants and politicians
EU tobacco control policy – Heide’s SNA analysis: Support and opposition very distinct

A highly consistent pattern on public health perspectives of three different industries emerged in recent survey work.

Tobacco industry

Alcohol industry

Food industry

Political legitimacy

Katherine Smith
10 common rationales provided in interviews for differentiation between the industries in Katherine’s interviews with public health research, advocates, policymakers and practitioners...
1. Perceived differences in the products, the harms caused by the products & distribution of those harms

Third sector: “I think it comes down to the basic point that [...] you can have a drink in moderation and that won’t do any serious harm, you can have the odd McDonald’s and taking the moderation again that won’t necessarily kill you, but cigarettes are addictive substances that will kill you. And the ill effects of smoking start from the very first cigarette.”

Senior academic and policy advisor: “Smoking clearly plays a role in social inequalities. So that’s another black mark against the tobacco industry if you like, that not only do they contribute to ill health they contribute to the unfair distribution of ill health. [...] Alcohol is more complicated because in general, alcohol consumption is higher in higher social classes...”
2. Perceived differences in industry behaviour, reputation & power

Senior civil servant: “This is slightly caricaturing it, but where tobacco are evil and we all know their behaviours in the 1950s, alcohol knows it risks being becoming like tobacco but knows it can’t because it’s actually very bad business. Food is either in denial or it’s a bit like where tobacco was in the 50s…”

Senior academic: “Increasingly now the retailer, the pub, Beer and Wine Association, the alcohol lobby [are actively lobbying and hugely influential]. Not so much in tobacco now as, you know.”
3. Perceived public & political acceptability (including personal habits)

NGO: “Obviously [this NGO] is a fundraising charity; it has to be concerned about what the general public thinks about an issue because that will have an impact on its fundraising. [...] And so [...] there was a feeling that it was completely right for the organisation to lobby on tobacco control. It seems less **acceptable, publicly**, to be lobbying to the same degree on alcohol and obesity policy.”

NGO: “I normally have this conversation when I’ve got a glass of wine in my hand in the pub, but it’s so socially acceptable, we have a tension there in terms of our supporters, and also with **politicians who go to so many events and drink alcohol.**”

Katherine Smith
Policy Advisor based in NHS: “There’s only so many things you’re allowed to say because the alcohol industry is so central to Scotland’s economic policy so the NHS perspective of that and what is the impact on the health service like hospital admissions or whatever, you’re almost not allowed to raise that as a counter to the alcohol industry.”

NGO: “I think with the tobacco it's much more straightforward in terms of vested interests, because once you can show against the tobacco industry then Article 5.3 makes it very clear that you kind of throw it out on principle. Whereas if you're looking at other industries, it gets a bit - maybe with the exception of alcohol, you're looking at food for example, it starts to get a bit murkier doesn’t it, a bit less straightforward?”
5. Complexity of alcohol and food industries/ lack of clarity around what constitutes ‘the alcohol/food industry’

NGO: “we also haven’t I think clarified the differences between within the alcohol industry. I mean the tobacco industry, we’re very clear on what that is and how that’s defined.”

NGO: “I think we’re very clear about not partnering with alcohol producers, but if you’re partnering with a big supermarket for instance, then obviously they’re pretty key in terms of their influence on what people buy and what people do. [...] So it’s quite a quandary really.”
6. Limitations to knowledge and/or available evidence about effective solutions

Senior academic: “In alcohol, **there’s no consensus and part of the problem in alcohol is they don’t know what to do.** Someone said we really genuinely do not have the answer, we don’t know how to intervene and so when you don’t have that evidence it’s very difficult to say to a person we need a study on this or this is what you should do in policy terms.”

Senior Civil Servant (SG): “If I had a fiver for every time the Health Minister’s asked me, ‘okay, what’s next, after tobacco?’ But we can’t say because we’ve got no idea. We know that making it awkward for people to smoke means that fewer cigarettes will be smoked. [...] But where’s the evidence for the next big thing? [...] There’s just a **dearth of understanding of what needs to be done.**”
7. Differences in strength of associated advocacy movements

NGO: “Arguably there are other charities who would be better fitted to talk about alcohol, because there are alcohol charities, but they perhaps are under-resourced. Also, [...what we need] is the equivalent of ASH for alcohol, because [...] ASH by its nature can be a little bit more out there than we can.”

Katherine Smith
Third sector: “When we talk about the sort of banning, I don’t know, banning something to do with alcohol we’ll get accusations [...] about being a nanny state.”
Senior civil servant (SG): “Because what we want to see is no smoking; public policy is not that we want to see no drinking, we just want to see changed drinking behaviours, alongside the total volume of pure alcohol reducing. But that doesn’t mean we don’t want to see a profitable alcohol industry - we do. So the way that we work with them is different. [...] We look for a profitable successful industry, and one of the ways that they can do that is by producing the [alcohol by volume], reducing the health harm and still keeping a profitable business.”
10. Path dependency

NGO: “All of that success [of tobacco control policy in the past] helps drive more action. [...] I think that helps drive more and more work towards us. So success breeds success, and when you are successful in tobacco control policy, you continue to do more tobacco control policy.”

Katherine Smith
## Conclusions: Where next for public health research on the corporate interests?

### Develop evidence-base on...
- How to define and understand industries beyond tobacco
- Better understanding how different industries work to influence policy
- Public perceptions of different industries
- Effective policy responses to harms caused by these industries/products

### Use existing evidence more effectively to...
- Increase awareness of harms caused by health damaging products
- Ensure adequate awareness of costs, as well as benefits, of these industries
- Promote awareness of existing knowledge about industry aims, strategies and behaviours

### Improved/increased advocacy & campaigning to...
- Challenge ideological opposition to regulation
- Counter normalisation of alcohol & ultra-processed food
- Develop ‘charismatic ideas’ around to counter path dependency
- Call for international frameworks

Katherine Smith