

## Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries

### Key questions

This paper<sup>1</sup> addresses two key questions:

- What role should the tobacco, alcohol, and ultra-processed food and drink (so-called unhealthy commodities) industries have in non-communicable disease (NCD) prevention and control?
- What type of interaction with these industries promotes health and protects the public from conflicts of interest?

### Key messages

- Transnational corporations are major drivers of NCD epidemics and profit from unhealthy commodities—tobacco, alcohol, and ultra-processed food and drink
- Alcohol and ultra-processed food and drink industries use similar strategies to the tobacco industry to undermine effective public health policies and programmes
- Unhealthy commodity industries should have no role in the formation of national or international policy for NCD policy
- There is no evidence to support their effectiveness or safety of self-regulation and public-private partnerships to improve public health
- Public regulation and market intervention are the only evidence-based mechanisms that can prevent harm caused by unhealthy commodity industries

	Low-income and middle-income countries	High-income countries
Packaged food	1.9%	0.4%
Soft drinks	5.2%	2.4%
Processed food	2.0%	1.4%
Oil and fats	1.6%	-0.1%
Snacks and snack bars	2.4%	2.0%
Alcohol	2.8%	1.1%
Tobacco*	2.0%	0.1%

Adapted with permission from reference 2. \*Tobacco data are in retail sales per person.

**Table: Annual growth rate (%) of volume consumption per person in low-income and middle-income countries, and high-income countries between 1997 and 2009**

### Unhealthy commodities in low-income and middle-income countries

Transnational corporations are major drivers of NCD epidemics and profit from increased consumption of tobacco, alcohol, and ultra-processed food and drink. Concern exists that:

- The alcohol and ultra-processed food and drink industries are rapidly penetrating emerging global markets, just as the tobacco industry has done.
- Tobacco, alcohol, and several categories of packaged food—a good proxy for ultra-processed food and drink products—are rising most rapidly in low-income and middle-income countries, as the table shows.

### Industry strategies to undermine effective public health policy and programmes

The alcohol and ultra-processed food and drink industries use similar strategies to the tobacco industry to undermine effective public health policies and programmes by:

- Biasing research findings
- Co-opting policy makers and health professionals
- Lobbying politicians and public officials to oppose public regulation
- Influencing voters to oppose public health regulation

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## Public health responses to unhealthy commodity industries

Three major models of interaction with the unhealthy commodity industries exist:

- Industry self-regulation
- Public-private partnerships
- Public regulation and market intervention

Despite the common reliance on industry self-regulation and public-private partnerships to improve public health, no evidence exists to support their effectiveness or safety.

## The case for public regulation and market intervention

No plausible rationale exists for action by public health interests with alcohol and ultra-processed food and drink industries, except when action is driven by government regulation or the threat of government regulation.

In view of the present and predicted scale of NCD epidemics, the only evidence-based mechanisms that can prevent harm caused by unhealthy commodity industries are public regulation and market intervention.

## Key recommendations

Recommendations for engagement with the food and beverage industry include the following:

For public health policy making, research, and programmes

- Unhealthy commodity industries should have no role in the formation of national or international policy for NCDs.
- Interactions with the tobacco industry should be restricted and made consistent with recommendations of the Framework Convention on Tobacco Control.
- Discussions with unhealthy commodity industries should be with government only and have a clear goal of the use of evidence-based approaches by the government.
- Independent assessment is needed to show that self-regulation or private-public partnership in alcohol, food, and drink industry can improve health and profit.

For public health professionals, institutions, and civil society

- Highly engaged, critical action is needed to galvanise an evidence-based constituency to:
  - Implement effective and low-cost policies
  - Place direct pressure on industry to change
  - Raise public awareness of the unhealthy effects of these industries
- Funding and other support for research, education, and programmes should not be accepted from the tobacco, alcohol, and ultra-processed food and drinks industries or their affiliates and associates.

For governments and international governmental agencies

- Evidence-based approaches such as legislation, regulation, taxation, pricing, ban, and restriction of advertising and sponsorship should be introduced to reduce death and disability from NCDs.

For governments, funding agencies, and foundations

- Self-regulation, public-private partnerships, legislation, pricing, and other regulatory measures should be independently and objectively monitored.
- Funding of policy development research into modes of regulation and market interventions should be accelerated and prioritised.
- A new scientific discipline that investigates industrial diseases and the transnational corporations that drive them, should be developed.

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## References

- 1 Moodie R, Stuckler D, Monteiro C, et al, on behalf of *The Lancet* NCD Action Group. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(12\)62089-3](http://dx.doi.org/10.1016/S0140-6736(12)62089-3).
- 2 Stuckler D, Nestlé M. Big food, food systems, and global health. *PLoS Med* 2012; 9: e1001242.