
COMMERCIAL DETERMINANTS OF HEALTH

SUMMARY REPORT

Purpose of the Report

1. To set out for consideration by the Health and Wellbeing Board the position statement (Appendix One) on Commercial Determinants of Health which has been produced by the Association of Directors of Public Health North East.¹

Summary

2. Commercial Determinants of Health is a collective term used to describe the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work.
3. The positive contributions of these industries include economic growth, job creation in our local communities and improved standards of living.
4. Unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases), as well as other health and social issues.
5. Commercial Determinants of Health include political, scientific, and marketing practices which mainly cause health harm by **maximising the use of potentially harmful products**, either directly or by enabling corporations to block, delay, or weaken policy and deter litigation.
6. Common industry tactics used include lobbying and political party donations; manufacturing doubt and shifting blame; aggressive marketing and advertising; and self-regulation and corporate social responsibility.
7. Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption, misinformation about risks and use of ambiguous terms such as 'responsible drinking').
8. Central to the approach is the narrative of the personal responsibility of the individual, without acknowledgement of the influence the UCIs have in shaping our environments and ultimately influencing choices.
9. The harms driven by the Commercial Determinants of Health occur at an individual and population level and include health, financial and relationship harms alongside significant monetary costs to society.
10. The following principles (ways of working) are suggested:
 - (a) UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people.

¹ [Home | North East \(adph.org.uk\)](https://www.adph.org.uk)

- (b) Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities.
- (c) UCI marketing drives harmful consumption and health inequalities and needs to be tackled.
- (d) Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention.

Recommendation

11. It is recommended that:-

- (a) Health and Wellbeing Board Members note the content of the report and position statement on Commercial Determinants of Health.
- (b) The Board receive future updates on the regional commercial determinants of health work programme, as it progresses.
- (c) Health and Wellbeing Board members consider endorsing the principles set out in the regional position statement.

Reasons

12. The recommendations are supported by the following reasons:-

- (a) The Health and Wellbeing Board has a statutory duty to improve the health and wellbeing of the local population and reduce health inequalities.

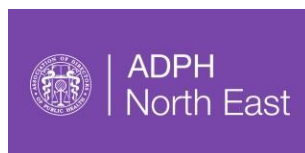
Lorraine Hughes
Director of Public Health

Background Papers

None.

Lorraine Hughes, Director of Public Health

S17 Crime and Disorder	There are no implications arising from this report.
Health and Wellbeing	Collaborative efforts to reduce the impact of Commercial Determinants of Health may provide improvements for health and wellbeing of residents.
Carbon Impact and Climate Change	There are no implications arising from this report.
Diversity	There are no implications arising from this report.
Wards Affected	All
Groups Affected	All
Budget and Policy Framework	N/A
Key Decision	N/A
Urgent Decision	N/A
Council Plan	N/A
Efficiency	N/A
Impact on Looked After Children and Care Leavers	This report has no impact on Looked After Children or Care Leavers.



Association of Directors of Public Health North East

Position Statement on Commercial Determinants of Health

March 2024

What are the commercial determinants of health?

The commercial determinants of health (CDoH) are *the conditions, actions and omissions by corporate bodies that affect our health*¹. They are the activities of private sector industries that impact us both positively and negatively by shaping the environments in which we're born, grow, live and work.

The positive contributions of these industries include economic growth, job creation in our local communities and improved standards of living. In addition, the North East Better Health at Work Award supports businesses and employers across the region to improve the health and wellbeing of their employees.

Unhealthy commodity industries (UCIs) are for-profit and commercial enterprises/businesses delivering commercial products that lead to significant associated negative health consequences. Key examples include the tobacco, alcohol, gambling and ultra-processed food industries. There are other UCI's such as the fossil fuel industry but the focus of this paper will initially be on the first four. The products of these industries are linked to many chronic, non-contagious diseases (non-communicable diseases – NCDs), as well as other health and social issues:

- Cancers
- Heart disease
- Stroke
- Respiratory disease
- Overweight and obesity
- Liver disease
- Mental health disorders
- Suicide
- Global heat-related deaths
- Spread of infectious disease
- Accidents
- Social problems

In 2019, NCDs accounted for 88.8% of all deaths in England² and they make a significant contribution to disabilities and worsening health-related quality of life alongside driving inequality; not all harmful products are consumed equally, and some groups are more vulnerable to the negative impacts. For example, people living in the most deprived communities are four times more likely to die from cardiovascular disease (CVD) as those in the least deprived. Tobacco causes one in 5 cancers and alcohol and unhealthy food cause one in 20. We know that people from the most disadvantaged areas are more likely to smoke, be overweight and experience greater levels of harm from alcohol (even when they consume less).

<p>Common industry tactics</p>	<p>There are common tactics used across UCIs to target consumers and vulnerable populations. Broadly, these are:</p> <ul style="list-style-type: none"> • Lobbying and political party donations This leads to the impeding of policy and legislative decisions that would support public health. Gambling firms have been a leading source of donations to MPs in recent years³. • Manufacturing doubt and shifting blame UCIs contradict and cast doubt on the scientific evidence that reveals the harm caused by their products and instead promote their own (industry-funded) research. For example, the tobacco industry promotes alternative causes for lung cancer to distract from the link to smoking⁴. • Aggressive marketing and advertising There is product placement and promotion across all mediums, often particularly concentrated in areas of greater deprivation and/or towards vulnerable groups. A recent study in Scotland found that children from more deprived areas were more likely to be exposed to unhealthy food and unhealthy food and drink product advertising compared to those living in less deprived areas⁵. • Self-regulation and corporate social responsibility There is a strong push by industry to avoid mandatory regulation by self-regulation instead, but research suggests this does not lead to any public health benefits^{6,7}. A review of the Public Health Responsibility Deal found that pledges to improve health were driven by the interests of industry and were not drawn from the most effective interventions available (instead focusing on information giving and individual choice) – and this was particularly the case for the alcohol pledges^{8,9}. UCIs also invest in charities, good causes and training / educational initiatives to distract from evidence of harm. <p>The personal responsibility narrative is central to their approach; they argue that as individuals, we must take responsibility for what we choose to consume and how regularly we do that. UCIs argue that public health interventions are akin to a ‘nanny state’, unduly interfering in personal choice. What they fail to acknowledge is the significant role they have in shaping our environments and ultimately influencing our choices through their own activities.</p> <p>Industry-sponsored education and awareness raising in schools is also a common occurrence but has been shown to be biased towards industry interests (for example, promoting moderate alcohol consumption¹⁰).</p>
<p>A public health approach to CDoH</p>	<p>The harms driven by the CDoH occur at a population level, not just at an individual level. Focusing only on those with acute issues overlooks the significant proportion of the population who are at risk of harms and also contributes to the personal responsibility narrative. There are health, financial and relationship harms alongside significant monetary costs to society. Therefore, our response needs to be at all levels of prevention – primary, secondary, tertiary.</p>

	<p>Work to tackle the effects of UCIs is at different stages; the tactics of the tobacco industry are well-known and programmes of work to reduce smoking prevalence are advanced, with legal frameworks in place. Gambling-related harms work is at an earlier stage and requires development. However, there are key principles that apply regardless of which UCI is being considered.</p> <p>A conflict-of-interest toolkit is currently being developed by public health specialty registrars for use by local authorities.</p>
Key principles	<ol style="list-style-type: none"> 1. UCIs should not influence health policy, health services or education/awareness-raising initiatives, particularly those aimed at young people. 2. Children and young people are a priority group to protect from the tactics of UCIs, particularly those living in our most deprived communities 3. UCI marketing drives harmful consumption and health inequalities and needs to be tackled 4. Reframing the narrative from personal responsibility to the actions of industries and their harmful products is a legitimate intervention
Actions	<ol style="list-style-type: none"> 1. Develop a toolkit for how we frame CDoH with the public and press – including FAQs and responses to anticipated challenges 2. Up-skill our public health teams and wider stakeholders on the commercial determinants of health through training/workshops 3. Work with other regions to influence national policy and action on the CDoH 4. Secure endorsement for the principles outlined in this document at local Health and Wellbeing Boards

Version control

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References

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- ³ The Guardian (2021) *Almost £225,000 in wages and freebies taken from gambling industry by 28 MPs*. Available from: <https://www.theguardian.com/society/2021/nov/15/almost-225000-in-wages-and-freebies-taken-from-gambling-industry-by-28-mps>
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- ⁹ Knai, C., Pettigrew, M., Durand, MA., Eastmure, E and Mays, N. (2015). *Are the Public Health Responsibility Deal alcohol pledges likely to improve public health? An evidence synthesis*. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/add.12855>
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