Commercial determinants of health: a framework for action

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Who are we?

Smokefree ACTION
IT'S ABOUT HEALTH AND IT'S ABOUT TIME

Over 300 local and national organisations led by Action on Smoking and Health. Set up to campaign for smokefree legislation it has grown and continues to call for action to end the harms caused by smoking

ALCOHOL HEALTH ALLIANCE

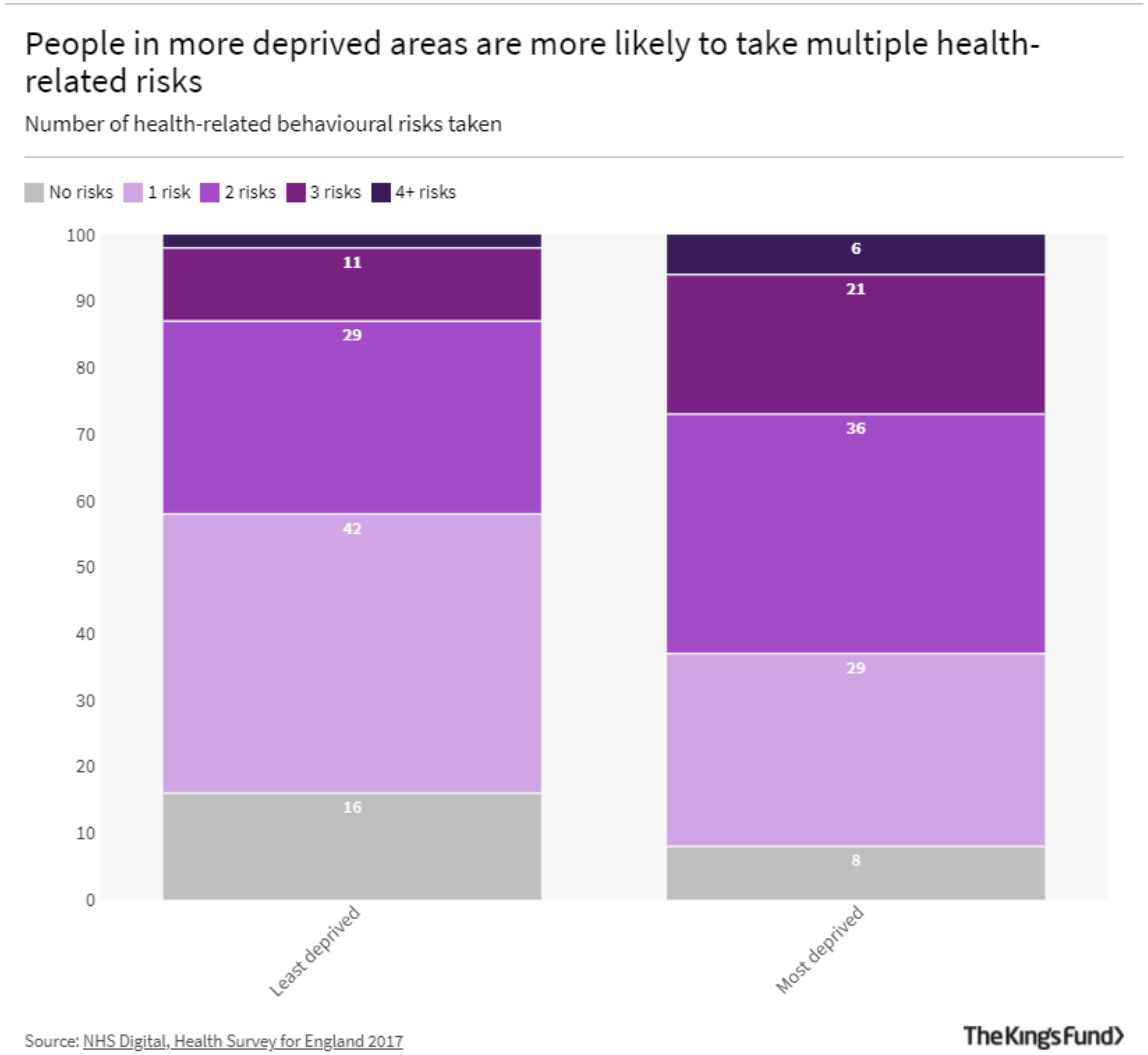
An alliance of more than 60 non-governmental organisations which work together to promote evidence-based policies to reduce the harm caused by alcohol. Members of the AHA include medical royal colleges, charities, unions, treatment providers and other organisations that want to tackle alcohol harm.

Obesity Health Alliance

An alliance of over 40 health charities, medical royal colleges and campaign groups working together to influence government policies on healthy weight.

Preventable death and inequality

- 38% of cancers are preventable
- 4 in 5 early deaths from heart and circulatory diseases are preventable
- Early deaths in the UK are overwhelmingly caused by smoking, obesity and alcohol consumption
- The burden of early death and poor health falls disproportionately on the most deprived.



Private profit versus public health

- The consumption of tobacco, alcohol and unhealthy foods is at epidemic proportions – causing more death than COVID
- Profit-seeking businesses engage in promotional activity, which harms society as it increases the consumption of unhealthy commodities.
- To curb these industrially driven epidemics we need regulatory frameworks that moderate the behaviour of businesses and work to protect public health.
- However, businesses who profit from these products have a legal responsibility to prioritise shareholder profits over all other goals. They adopt strategies and tactics that undermine effective public health policies, including framing the issue as one of individual responsibility, not requiring regulatory action.
- Core role for public health is to make the case comprehensive strategies to tackle these epidemics of consumption, including effective regulation, in the face of policy interference from vested interests.

Healthy population = healthy economy

- Those opposed to a public health regulatory approach can characterise it as ‘anti-business’
- But health and wealth are not mutually exclusive: this is about unleashing economic potential not curtailing it.
- The economic consequences of insufficient regulation:
  - **Unhealthy and unproductive workforce**

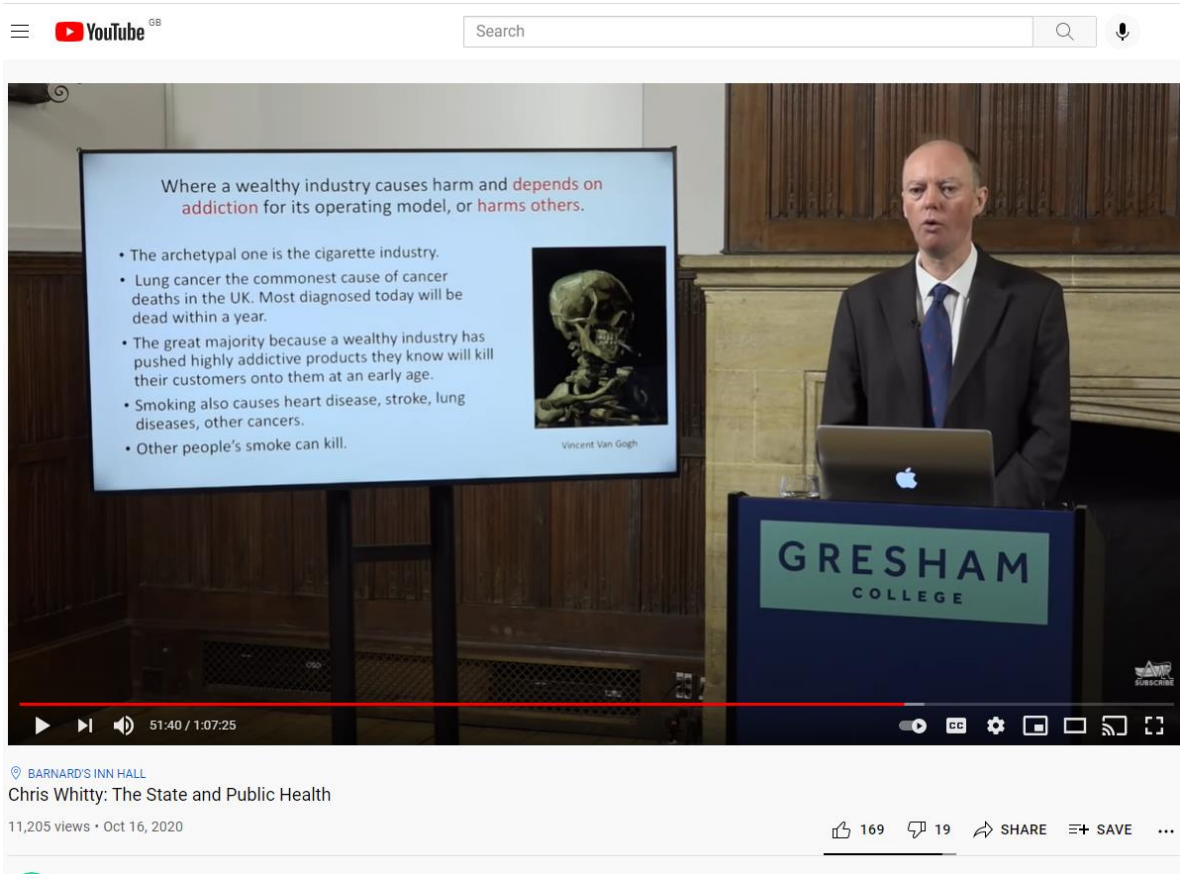
  e.g. alcohol use leads to more years of working life lost than the 10 most common cancers combined.
  - **Significant additional costs to society due their impact**

  e.g. costs to health, social care, law enforcement, fires etc
- Appropriate regulation drives more sustainable economic growth, reduces inequalities in poor health, boosts productivity and reduces wider burdens on society.
- Pandemic has powerfully illustrated that the economy benefits from good health of the population and suffers when they are in poor health

Limiting the power of industries

“The government has a responsibility to help people improve their own health, and in certain circumstances, the government has a responsibility to go further to protect the public’s health… where individuals are at risk of harm or ill-health as a result of a power imbalance, such as industrial injury and occupational disease, or industries based on addiction like smoking.”

https://www.gresham.ac.uk/lectures-and-events/state-health



https://www.gov.uk/government/publications/transforming-the-public-health-system/transforming-the-public-health-system-reforming-the-public-health-system-for-the-challenges-of-our-times

Framework for action

Activity	Purpose
1. Comprehensive strategy	Set clear targets for improved health and tangible activity.
2. Raise the price of harmful products	Higher prices are a proven way to reduce consumption and can create barriers to people initiating the use of a harmful product.
3. Regulate advertising to limit harm	Limit the ability of advertising to drive unhealthy consumption.
4. Reduce access	Restrict product availability to reduce consumption and protect children.
5. Provide access to treatment	Treatment can help people with established problem change their consumption of harmful products.
6. Communicate health messages	Evidence-based communications can motivate behaviour change and alert those who are not using harmful products to the risks.
7. Regulate products to reduce harm	Some products can be modified to reduce their harm to end user.
8. Regulate the environments where products can be used	Some harmful products harm not only the user but also those around them.
9. Protect health policy from industry interference	Limits the ability of vested commercial interests to undermine policies designed to reduce consumption of harmful products.

Varied progress from UK Government

Smoking	Obesity	Alcohol
1. Comprehensive strategy		
• 20 years of comprehensive strategies • 2019 pledge to secure a smokefree country by 2030 • Commitment to a renewed plan.	• Since 2016 3 chapters of Government childhood obesity plan have been published • 2018 commitment to halve child obesity and reduce inequalities by 2030 • 2020 'Tackling Obesity' strategy recognised the need to reduce adult obesity.	• No UK government strategy since 2012. • The government announced plans for a new strategy in 2018 but these have since been dropped.
2. Raise the price of harmful products		
• Through a tax escalator and baring down on the illicit market tobacco has become less affordable in recent years. • Addressing affordability through tax increases has been a key plank in the comprehensive approach to tackle smoking	• Although SDIL is a levy on industry it is likely to have resulted in a slight price increase. • There is scope for further reformulation fiscal measures as part of a comprehensive strategy that support people to switch away from HFSS foods.	• Minimum unit pricing has been introduced in Scotland (May 2018) and Wales (March 2020). NI will consult this year. There are no plans to introduce MUP in England. • Alcohol duty has been frozen in 8 of 9 previous Budgets. Beer duty is 21% lower than 2012/13. • The current duty system is inconsistent
3. Regulate advertising to limit harm		
• Almost all forms of advertising have been banned in the UK.	• HFSS advertising is restricted on children's TV & websites • Government has committed to a 2022 9pm watershed on HFSS TV adverts and an online ban on paid advertising. There are no plans to extend restrictions to cinema, radio, out of home or sponsorship	• Advertising on children's TV illegal • ASA and CAP rules seek to limit appeal of adverts particularly to under 18s. • Industry-led code of practice around branding. • No other significant restrictions on advertising, promotion or sponsorship • Scotting consultation planned on greater restrictions
4. Reduce access		
• Age of sale for tobacco went from 16 to 18 in 2007 • Minimum pack size of 20 cigarettes. • No licence is needed to sell tobacco.	• Restrictions on location promotions (entrances, aisle ends, checkouts) of HFSS products will be brought in by October 2022. • Food and buying standards policies exist in public sector organisations (schools, hospitals, prisons etc) but aren't robustly monitored.	• It is illegal to give alcohol to a child under the age of 5. Alcohol can only be bought at age 18. • Alcohol can be sold 24/7. Licensing authorities can impose restrictions on vendors but few have. • In England and Wales no public health licencing objective.

Varied progress from UK Government

Smoking	Obesity	Alcohol
5. Provide access to treatment		
• NHS stop smoking services established in England 20 years ago. Services transferred to LA in 2013 since then decline in investment and uptake. • Robust evidence base has developed over time with proven treatments. • Commitment to improve delivery of support to smokers in English inpatient NHS services. • Wales, Scotland and NI all have dedicated services to support smokers quit.	• In England there is a 4 tier system with commissioning split between local authorities and CCGs/ICS. But access is an issue and service users report stigma from professionals. • 2020 Tackling Obesity strategy committed to expand access to treatment services with an additional £100m of funding.	• Access to treatment is a problem with 4 in 5 dependent drinkers do not receive treatment. • Since 2012, there have been funding cuts of over £100 million, 30% per service in England on average. • Routine alcohol screening uptake in primary care is currently too low.
6. Communicate health messages		
• Mass marketing to encourage smokers to quit is a proven cost-effective tool which impacts on all smokers. Invest has dropped from its 2010 peak and is now no longer in line with the evidence. • Picture health warnings on packs are also part of the mass education approach.	• PHE's Change for Life campaign focuses on healthy eating and movement for families. In 2020 the Gov's 'Better Health' campaign launched, encouraging people to use the NHS 12-week weight loss app. • Mass marketing campaigns can be controversial as they tend to focus on individual responsibility rather than recognising the wider drivers. Research is needed to understand if they can contribute to reducing inequality.	• There are no legal requirements for alcohol products to carry the Chief Medical Officers' low-risk drinking guidelines or health warnings (or indeed ingredient or nutritional information). • Packaging and labelling overseen by the Portman Group who have unenforceable guidelines and 70% do not include up to date guidance. • Rumoured consultation on calories on labelling
7. Product regulation to reduce harm		
• Limited opportunities to make tobacco products less harmful examples include regulations to improve fire safety of cigarettes • UK has a progressive approach to regulating harm reduction alternatives like NRT and e-cigarettes.	• Reformulation is a core pillar of Government obesity strategies – with a particular focus on sugar • Government target to reduce sugar by 20% by 2020 across 9 food and drink categories. But no regulatory lever resulted in mixed progress. • Calorie reduction programme to run to 2024.	• There has been a growth in the market for no/low alcohol products. Evidence on their value to public health is mixed but they have been focus of Government and industry policy. • There is some evidence of high-strength products in Scotland reformulating following MUP.

Varied progress from UK Government

Smoking	Obesity	Alcohol
8. Regulate the environments where products can be used		
• Smokefree legislation covers almost all public enclosed spaces. • It has since been followed by additional legal restrictions (e.g. in cars carrying children) local policies (e.g. smokefree school gates).	• Food standards can help ensure healthier meals are served in particular settings. There are currently food standards for hospitals and schools, however these are not routinely monitored or enforced.	• There has been a major shift in recent years towards consumption of alcohol at home rather than in pubs, driven by increasing affordability of off-trade alcohol. Off-trade alcohol is associated with greater harms and there are few limits on off-trade consumption of alcohol
9. Protect health policy from industry interference		
• Article 5.3 of the Framework Convention on Tobacco Control and its guidelines set an international framework for engaging with the industry which the UK Government have regularly recommitted to.	• There are no UK restrictions and industry lobbying practices are wide-spread.	• Government actively engage with the alcohol industry in the development of policy. • The Portman Group have a quasi-regulatory role. • Drinkaware forms partnerships with many Government stakeholders.

Framework for local action

1. Comprehensive strategy
Local strategies to tackle leading causes of poor health, with local objectives and taking a comprehensive approach to addressing demand and supply of unhealthy commodities

2. Raise the price of harmful products
Tackle illicit products and support further powers to bring in local MUP rules.

3. Regulate advertising to limit harm
Enforce existing regulations and explore local opportunities to limit advertising in publicly funded spaces

4. Reduce access
Enforce existing legislation and identify opportunities to further limit access through local rules and regulations

5. Provide access to treatment
Ensure treatment is in place to address needs in line with NICE guidance.

6. Communicate health messages
Comprehensive communications approach to maximise impact of national campaigns, support regional ones and communicate local messages.

7. Regulate products to reduce harm
Promote harm reduction alternatives locally such as e-cigarettes and encouraging businesses not to stock high strength alcohol or junk food.

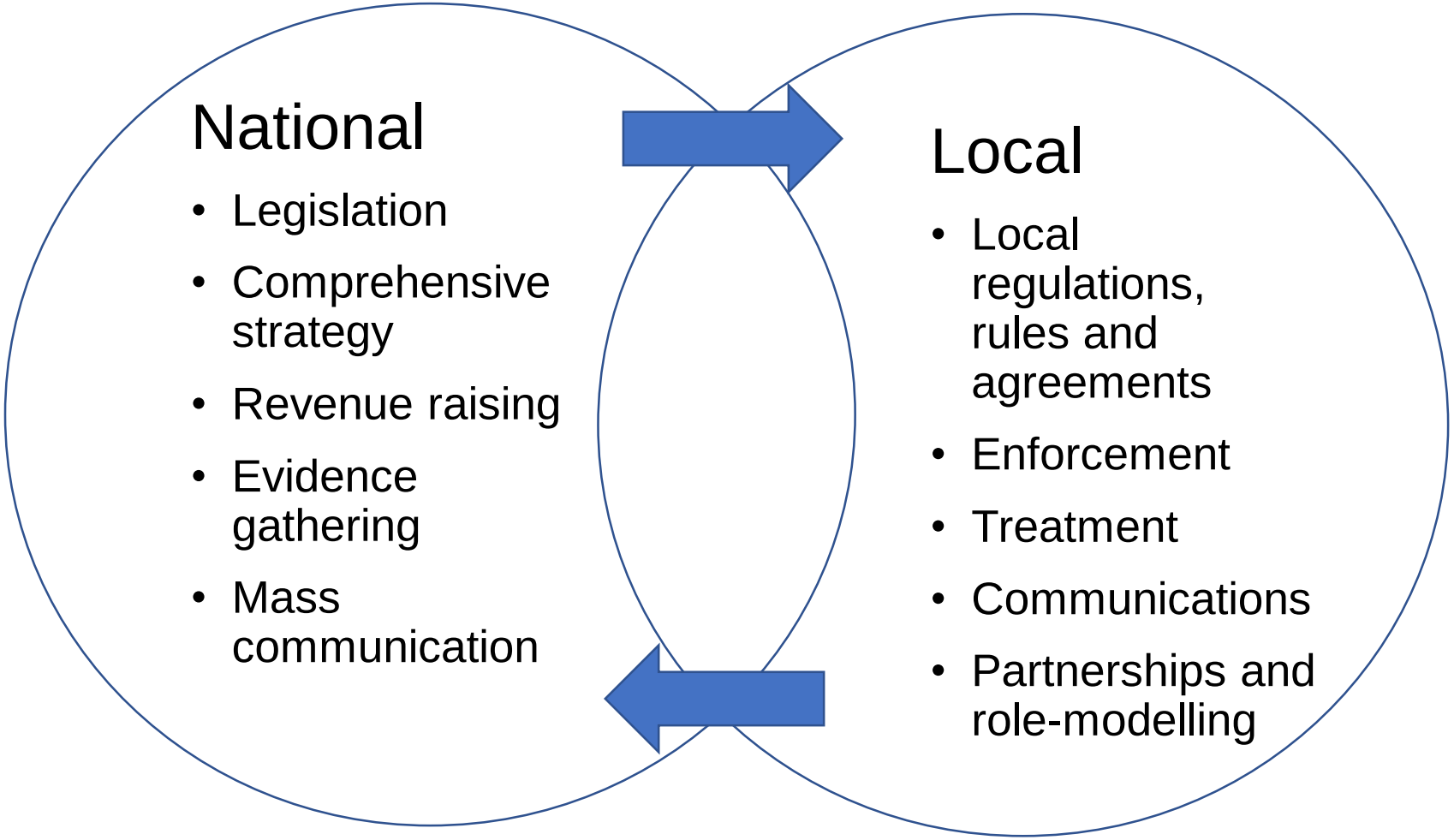
8. Regulate the environments where products can be used
Support healthy home environments such as smokefree homes and explore local schemes and regulations to supported healthier businesses such as smokefree pavement licences, food standards and public space protection orders

9. Protect health policy from industry interference
Uphold Article 5.3 of the FCTC locally and develop and implement broader local standards to cover industries that sell harmful commodities

What will shape your local approach?

- What strategies do you have to address leading causes of poor health – do they have a coherent framework?
- What action can be taken across different stakeholders outside of public health team?
- Are there other local strategies that need to have regard to the impact of commercial determinants?
- What standards govern local relationships with industries that profit from unhealthy commodities and do they need updating?
- To what extent can your organisation be a strong local voice for communities impacted by unhealthy commodities?

Local versus national



Local champions, national impact

https://extranet.who.int/kobe_centre/sites/default/files/pdf/WCTOH-2012_04_Smokefree-Liverpool_DawsonJ.pdf

What you can do today

Sign up to support the APPG report and get your organisation to endorse it's recommendations: https://smokefreeaction.org.uk/smokefree2030/

Become a member of the AHA and learn more about our campaigning activities – opportunity to join in building support for the labelling consultation and forthcoming duty review: https://ahauk.org/get-involved/become-a-member/

Follow @OHA_updates on Twitter to hear about OHA's new healthy weight strategy and how you can support its goals