IEA Discussion Paper No. 140

ANTI-CAPITALISM AND PUBLIC HEALTH

August 2025
Christopher Snowdon

iea
Institute of Economic Affairs

About the IEA

Founded in 1955, the Institute of Economic Affairs is Britain's oldest free market think tank. Its mission is to improve understanding of the fundamental institutions of a free society by analysing and expounding the role of markets in solving economic and social problems.

The IEA publishes numerous peer-reviewed books and papers each year as well as shorter briefings. Much of this work is freely available on the IEA website: **www.iea.org.uk**

The IEA's peer-reviewed academic journal – which it produces with the University of Buckingham, Universidad Francisco Marroquín and Universidad de las Hespérides – is published by Wiley. To receive regular updates on the IEA's work, you can subscribe to our Substack at **insider.iea.org.uk**

About the author

Dr Christopher Snowdon is the Head of Lifestyle Economics at the Institute of Economic Affairs. He is a regular contributor to the Spectator, the Telegraph and the Critic and often appears on TV and radio discussing lifestyle regulation and policy-based evidence. He is the editor of the Nanny State Index and the author of six books: Polemics (2020), Killjoys (2017), Selfishness, Greed and Capitalism (2015), The Art of Suppression (2011), The Spirit Level Delusion (2010) and Velvet Glove, Iron Fist (2009). He has a PhD in economics from the University of Buckingham.

Contents

Summary

- The literature on policy-making in public health academia portrays the interests of many industries as being implacably opposed to the public interest.
- Suspicion of large, transnational corporations has evolved into disapproval of a wide range of 'commercial entities' who are depicted as the 'commercial determinants of health'.
- Public health academics often portray 'market fundamentalism', 'neoliberalism', and economic growth as the root causes of 'non-communicable disease', and propose 'degrowth', 'doughnut economics' and other such radical changes to the economic order as the solution.
- Modern public health is a fundamentally political movement and the hardening of its anti-capitalist stance should be taken seriously by those who support free markets.

Foreword

The IEA is a free-market think tank. Free-market economics is obviously not everyone's cup of tea – but at least with the IEA, you know exactly what you get. Free-market economics is what it says on the tin, and free-market economics is what is inside the tin. Our self-description perfectly matches what we actually do. It would be almost impossible to consume IEA content without being fully aware of where the author is coming from, intellectually speaking.

This is broadly true of the British think tank sector as a whole. Not all are quite so explicit as we are, but those familiar with the sector will usually know which think tank stands in which intellectual tradition. Think tanks either describe themselves in a way which makes that clear (e.g. 'progressive', 'conservative' etc.), or they use signal words which strongly imply it. A progressive think tank would not claim to be anything other than a progressive think tank, a conservative think tank would not claim to be anything other than a conservative think tank, and a libertarian think tank would not claim to be anything other than a libertarian think tank.

Things become a bit blurrier when we talk about advocacy and activist groups that, while not technically think tanks, fulfil many of the same functions and pursue many of the same activities. One could, for example, quite reasonably describe Oxfam or Greenpeace as left-wing organisations, but those organisations would be much more reluctant to accept such a label. They are much more likely to perceive the positions they advocate as 'just common decency', rather than an opinion that one can agree or disagree with.

Things become even murkier when we move to politicised, activist sections of academia, where researchers are happy to use heavily politically loaded language and to advocate far-reaching policy changes while at the same time refusing to accept a political label.

For example, *The Sage Handbook of Decolonial Theory*

> covers a range of topics from (de)coloniality, [...] transdisciplinarity to decolonial feminist, gender, and sexuality studies, racial capitalism, and Pan-Africanism. The chapters convey a sense of urgency and a committed political voice, demonstrating how decolonial theory can interrogate and intervene in the modern/colonial racial capitalist heteropatriarchal world. [...] [I]t teaches us how to [...] act alongside others in the struggle for liberation.

Content-wise, this is no different from what a progressive, anti-capitalist think tank would publish. The difference, though, is that the latter would label itself in such terms, or, at least, they would not protest if somebody else did. The authors of *The Sage Handbook of Decolonial Theory*, meanwhile, would probably be offended if somebody described them as Marxist activists. They would insist that what they are doing is not ideological but a purely scholarly pursuit of the truth.

As Dr Christopher Snowdon shows in this paper, another discipline which often serves as a Trojan horse for anti-capitalism is public health.

It is important to stress that there is no intrinsic reason for this: there is no logical connection between public health and anti-capitalism. Some public health measures are perfectly compatible with a capitalist economy. Friedrich Hayek, the godfather of the Institute of Economic Affairs, explicitly listed a range of public health functions that he was perfectly comfortable with. Going

back further to Victorian Britain, some of the landmark public health reforms were brought in under liberal governments. In those days, classical liberals and public health reformers would not at all have seen each other as enemies.

In the modern era, 'public health' more often means paternalistic lifestyle regulations that try to change people's health-related consumption habits. When understood in this way, there clearly is a tension between public health and classical liberalism. But even then, they are opponents rather than mortal enemies. Paternalistic lifestyle regulation can still be accommodated within an otherwise free economy. As Dr Snowdon points out below, 'The economic model of a nation does not predict how it will tax and regulate risky lifestyle activities. It is largely irrelevant.'

Quite so. Singapore is, by most measures, one of the freest economies in the world, but Singapore is also a notorious 'nanny state'. Were they to be included in Dr Snowdon's Nanny State Index, they would certainly not do well. Cuba, on the other hand, is one of the few countries in the world that do not have a domestic alcohol duty and only a symbolic tobacco duty. They would probably do quite well on Dr Snowdon's Nanny State Index, but I doubt he is tempted to move there.

If you want an ambitious, all-encompassing public health strategy, overthrowing capitalism is neither necessary nor sufficient. There is no logical reason why a public health campaigner should be an anti-capitalist. It is just that, as Dr Snowdon shows in this paper, in practice, they often are. The literature of these activist-scholars is full of positions which one could not reasonably describe as anything other than anti-capitalism.

Dr Snowdon's argument is not that every conference on tobacco control is really a plot to overthrow capitalism or that every

initiative for food reformulation is really a Trotskyite front group. It is that these anti-capitalist activist-scholars are there, that they occupy influential positions, and that more moderate people in their own sector do not speak out against them.

Is this a problem?

Maybe not. As Dr Snowdon says, 'Capitalism is not going to be overthrown by a few dozen academics writing papers about the "commercial determinants of health", even with the support of the World Health Organization".' There is no passage in *The Communist Manifesto* which says '…and if the global proletariat turns out not to be up to the job, public health professors are the next best thing.' The point is simply that if activist-academics want to promote points of view which could equally be promoted by a progressive think tank or activist group, there is no reason why we should apply such radically different standards to the two. There is no reason why we should treat the latter as a contestable opinion but the former as the voice of 'science'.

The views expressed in this discussion paper are, as in all IEA publications, those of the author alone and not those of the Institute (which has no corporate view), its managing trustees, Academic Advisory Council members or senior staff. With some exceptions, such as with the publication of lectures, IEA Discussion Papers are blind peer-reviewed by academics or researchers who are experts in the field.

KRISTIAN NIEMIETZ

Editorial Director, Institute of Economic Affairs

London, July 2025

The academic orphan of playbook theory

In a previous IEA Discussion Paper, I discussed the public health literature on the 'corporate playbook', a list of political strategies supposedly used by 'unhealthy commodity industries' (UCIs) (Snowdon 2025). Although this literature uses the language of political science to analyse industry behaviour, it could be described as an academic orphan. There has been very little attempt to fit the theory into the broader literature on policymaking. The foundational UCI study by Savell et al. (2014) cited a seminal paper by Hillman and Hitt (1999) as 'the basis for the initial categorisation of TI [tobacco industry] strategies', and a number of subsequent studies of UCI strategies have included a reference to the same paper. However, few have mentioned it explicitly in the text, and fewer still have explained what connection it has to their own theories.

In summary, Hillman and Hitt argued that there are three main ways by which corporations attempt to influence policy: constituency building (creating alliances of other industries and civil society groups), financial incentives (such as political donations and promising to create jobs) and information (e.g. lobbying, commissioning research, using the media). All three strategies were included in the influential taxonomy set out by Savell et al. (2014)[1] along with a further three defensive strategies

1 As their inclusion in Hillman and Hitt's paper shows, these strategies are not unique to unhealthy industries, and, as I have previously argued (Snowdon 2025), they are not even unique to industry; they are basic tools used by many people who engage with the political process.

used by the tobacco industry: policy substitution (offering a more industry-friendly alternative to a proposal), legal (threatening or initiating litigation) and constituency fragmentation (criticising or discrediting opponents). These six 'tactics' have formed the basis of the literature on UCIs ever since, but by the time the same authors applied their taxonomy to the alcohol industry in 2015, they had rejected Hillman and Hitt's assumption that (as Savell et al. put it) 'corporate political activity represents one side of a mutually beneficial exchange relationship in which corporations offer policymakers support and information in return for influencing policy' (Savell et al. 2015: 27). Although Hillman and Hitt do not labour this point in their article, they do acknowledge that politicians can benefit from lobbying because it provides them with information (Hillman and Hitt 1999: 833). Policymakers are generally aware of the biases and interests of the lobbyist but are often happy to hear opposing arguments and can produce better legislation if they understand the market they are regulating.

This is anathema to public health paternalists who believe that industry arguments are invariably misleading and that industry and policymakers cannot engage in a constructive exchange of information that will lead to better regulation. From their perspective, industry is fundamentally predatory, and any contact it has with policymakers will lead to worse outcomes that favour commercial interests over the interests of 'public health'. As such, although Hillman and Hitt's paper was initially used as the link between the UCI literature and mainstream political science, it was soon severed.

UCI researchers now explicitly reject resource dependence theory, which portrays regulators and businesses as mutual beneficiaries of lobbying, despite empirical research bearing it out (e.g. Bouwen 2004). A paper by Baysinger (1984: 257), cited

in several studies about the corporate political activity of UCIs, concluded that 'business political activity seems to have the potential for both harm and benefit' and that 'in pursuing their selfish political objectives, businesses may promote beneficial social policy "as if by an invisible hand."' It is difficult to imagine many public health researchers agreeing with either of these statements. In 2016, Ulucanlar et al. (2016: 14) criticised the 'inadequacy of exchange-based conceptualisations of corporate political activity as underpinning socially optimal policy-making, an approach encapsulated in the Hillman and Hitt taxonomy'[2]. Since then, almost every study in the UCI literature that cites a theoretical approach refers to the framework outlined by Savell et al. (2014). UCI researchers typically reject what they call 'multistakeholderism' and want the various 'unhealthy commodity industries' to be excluded from the policymaking process altogether (Lacy-Nichols et al. 2022: e1070; Lacy-Nichols et al. 2023a: 3).

2 Each of these three studies has three authors, of whom two are Anna Gilmore and Gary Fooks.

The commercial determinants of health

The number of 'health-harming and planet-harming industries' on the blacklist of public health academics has grown significantly since the UCI literature emerged in the early 2010s. It now includes not only the traditional villains of the tobacco and alcohol industries but also the gambling, food, pharmaceutical, chemical, fossil fuel, automobile and soft drink industries, with Big Tech and the gig economy also under suspicion (Lacy-Nichols 2022: e1067; WHO Europe 2024). All these industries are said to be using the 'tobacco playbook' to spread 'non-communicable diseases' by various means, some of them quite tenuous. UberEats is considered to be a 'commercial determinant of health' because 'evidence shows that consumers using these platforms commonly purchase foods and beverages shown to be harmful to health' (Bennett et al. 2025: 11). Facebook is similarly defined because it is 'addictive' and because 'health-harming industry actors, such as alcohol companies, use social media platforms to promote their products to defined groups' (Zenone et al. 2023: 1-2).

An article in *The Lancet* in 2023 went even further, bringing a huge number of businesses and services under the umbrella of the 'commercial determinants of health' and therefore, it was supposed, within the remit of 'public health' regulation (Lacy-Nichols et al. 2023b: 1217):

> A wide range of commercial products and services have the potential to affect health and health equity (both positively

> and negatively) including pharmaceuticals, automobiles, weapons, extractives, social media, banking, insurance, education, transportation, information technology, software, law, construction, health care, real estate, and utilities. The interests of these industries are often pursued with the support of business-friendly think tanks, lobbyists, law firms, public relations and advertising agencies, tax accountants, and other professional services. Therefore, these and other industry sectors can be conceptualised as commercial determinants of health, and their practices deserve scrutiny.

This was one of a series of such articles in an issue of the journal dedicated to the 'commercial determinants of health'. On the cover was a quote from one of them, written in a large font on a white background, saying:

> The shift towards market fundamentalism and increasingly powerful transnational corporations has created a 'pathological system' in which commercial actors are increasingly enabled to cause harm and externalise the costs of doing so. (Gilmore et al. 2023: 1194)

What, then, is the solution? A common answer in this literature is to call for a ban on UCIs engaging with policymakers, but for Ulucanlar et al. (2023: 18), a fuller answer may lie in rethinking our entire economic system:

> Our findings call for a research and advocacy agenda that combines expertise, resources and insights across industry sectors and, at the same time, pays close attention to structural factors, in particular neo-liberal capitalism as the fundamental cause of health harms.

In a similar vein, Friel et al. (2023) say that a good first step would be 'excluding conflicted industries from playing a role in policy

formulation' (ibid.: 1234) but argue that there is also a 'need to change how societies define and measure progress' (ibid.: 1229) and 'reshape the dominant power of capitalism' (ibid.: 1231):

> 'Central to reimagining social progress will be the embrace of new economic ideas such as the degrowth, circular economy, wellbeing economy, and doughnut economy approaches.' (ibid.: 1230)

More bluntly, Lacy-Nichols et al. (2023a: 2) claim that '[u]nfettered capitalism underpins and enables negative CDoH [commercial determinants of health]' and conclude that:

> 'To comprehensively address the CDoH requires nothing short of a fundamental restructure of the global political and socio-economic system.' (ibid.: 5)

How seriously should we take this kind of talk? Anti-capitalist and anti-growth rhetoric are far from uncommon in modern academia, especially in the social sciences, and the word 'neoliberalism' is often bandied around, nearly always pejoratively and rarely well defined. It is not difficult to find academics with far-left political opinions, and it would be easy to misrepresent the public health literature by focusing only on a handful of kooks and fanatics.

For that reason, in what follows we will look only at peer-reviewed articles that have been highly cited by others and were published in leading journals and/or written by academics who are well regarded in public health circles[3]. As we shall see, extreme anti-market views are not confined to fringe academics in public health. On the contrary, they are the mainstream.

3 All but five of the studies below have been cited at least 40 times, with the most popular being cited 1,357 times at the time of writing.

Anti-producerism

A good place to start is an article from 2006 titled 'Public Health and the Anticorporate Movement: Rationale and Recommendations' by William H. Wiist, who was then a Professor of Public Health Practice at the University of Massachusetts. Wiist built on the framing of Nicholas Freudenberg, who had argued a year earlier that 'advocacy to change health-damaging corporate practices has emerged as a promising strategy for health promotion' (Freudenberg 2005: 313). Wiist's argument was more or less openly opportunistic. Referencing bestselling books such as Naomi Klein's *No Logo* (1999) and David Korten's *When Corporations Rule the World* (1995), he argued that public health advocates could find common cause with the anti-corporate activists who had emerged in the past decade. Crucially, he argued that the focus of the 'third public health revolution' should not just be on corporations that manufacture unhealthy products but on the corporate world in general.

> Products or services harmful to health are simply a reflection of the structure and function of the corporate entity. The corporate entity can only function to serve its own interest regardless of the harm or benefits. All corporations operate within these parameters. They have no alternative when confronted with an option between profit and social good. Any outcome other than profit for investors is immaterial. (Wiist 2006: 1372)

René Jahiel, a professor at the University of Connecticut School of Medicine, made a similar argument in an article about what he called 'corporation-induced diseases' in 2008:

> The new paradigm is not based on anomalous corporate behaviour but rather on the very nature of for-profit corporation as entities designed to maximise profit for the benefit of their stock-holders, so that the aim of their executives and directors is to increase profit in a competitive environment and to leave social and health costs for others to address. (Jahiel 2008: 518)

To some extent this was a matter of framing paternalistic policies in the language of social justice and consumer protection. An article by René Jahiel and Thomas Babor, published in *Addiction* in 2007, explicitly encouraged the use of anti-business rhetoric for this reason:

> 'In persuading policy-makers to consider effective but unpopular alcohol policies, it might be instructive to frame the issue in terms of what we refer to here as "industrial epidemics".' (Jahiel and Babor 2007: 1335)

They argued that this framing 'shifts the policy focus from the "agent" (i.e. alcohol) or the "host" (e.g. the problem drinker) to the "disease vector" (i.e. the alcohol industry and its associates)' (ibid.). This is a classic example of what Niemietz (2024) calls 'anti-producerism' and it serves two purposes. First, it seeks to attract support for 'unpopular policies' that will disadvantage consumers by making it appear as if large corporations will be the real losers. Second, it removes agency from individuals by shifting the responsibility (or, more bluntly, the blame) for the misuse of a product onto manufacturers and retailers. This is by no means a new idea. Nineteenth-century temperance campaigners in the USA portrayed themselves as fighting greedy saloon owners and the 'liquor trust', rather than individual drinkers whom they portrayed as victims. Anti-smoking campaigners later portrayed themselves as fighting 'Big Tobacco', and numerous lobby groups have emulated them

by putting the word 'Big' before the name of the product they dislike, such as Big Soda and Big Sugar.

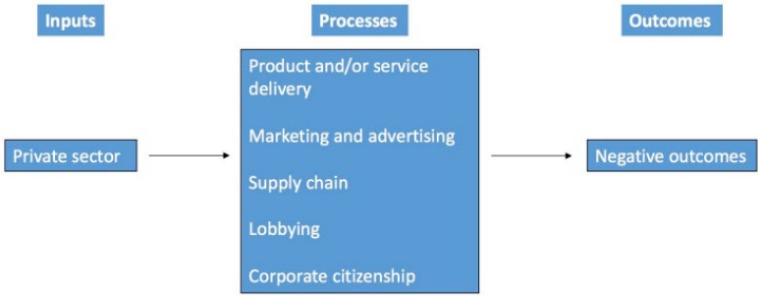
But while there is clearly an element of public relations in this framing, public health academics' hostility to corporations *per se* has been repeated so often that it can be assumed to be sincere and should be taken at face value. Does it have merit? After all, anti-corporatism is not the same thing as anti-capitalism. There is a long history of free market economists criticising corporate capitalism and crony capitalism, and public choice scholars have long understood that corporate lobbying can lead to regulation that serves the interests of large incumbent businesses at the expense of consumers. It is certainly possible that large corporations have more influence over government policy than smaller businesses, and it is inarguable that corporate mergers and market consolidation have made the biggest food, tobacco and alcohol companies even larger. Globalisation and tariff reforms, alongside technological innovation, have opened markets for these corporations all over the world.

But there is a fundamental difference between free market economists' concerns about the modern corporation and those of UCI researchers. For economists, the whole point of smashing monopolies and cartels is to provide consumers with more choice and lower prices. Public health academics do not share this ambition when it comes to 'unhealthy commodities', and their own policies, such as advertising bans, have sometimes consolidated the market power of incumbent businesses. Economists and UCI researchers both have concerns about corporate lobbying, but for the former these revolve around the risks of rent-seeking regulation that benefits incumbents, whereas the latter do not want new entrants in the market, and they do not want free competition. Their main objection to corporations that produce 'unhealthy commodities' is quite

simple: they object to the sale of the commodity and therefore object to the seller.

'Corporations seek to make a profit from their commodities', writes Mélissa Mialon. 'They use "business practices" to run their activities; and "market practices" to develop, produce and sell their commodities' (2020: 3). One senses a note of disapproval about both the profit and the 'practices' that lead to it. But what, exactly, are the corporate business practices that are so objectionable? Figure 1 below is taken from a 2019 study co-authored by Rob Moodie, who is regarded as one of the world's leading experts on the commercial determinants of health. The chart is described as a 'schematic representation' of 'how businesses impact health' (Rochford et al. 2019: 2).

Figure 1. The status quo



On the face of it, this diagram is *Das Kapital* with arrows. The authors admit that it lacks nuance because it does not show the positive impact the private sector can have if it sells healthy products, pays corporation tax, has good working practices, etc. Like many UCI researchers, they acknowledge that some businesses can produce health benefits, but insofar as the long

list of 'unhealthy commodities' is concerned, the mechanism by which corporations cause public harm is shown in Figure 1.

It is difficult to know whether such an analysis is wrong or merely trivial. Making a product or service, marketing it, and then selling it through a supply chain is the essence not just of capitalism but of trade. The authors cannot seriously be suggesting that these are inherently undesirable processes, even if they object to industries lobbying and presenting themselves as good corporate citizens. If their objection is trivial, i.e. they object to businesses making and marketing *unhealthy* products, there is no meaningful difference between objecting to an unhealthy commodity industry and objecting to an unhealthy commodity, and there is nothing insightful about the observation that corporations that make such products use the same basic levers as any other corporation.

Nor is there anything particularly helpful about focusing on corporations. Businesses of any size that manufacture, promote or sell unhealthy commodities use the same 'processes' and presumably also pose a threat to public health, as far as these researchers are concerned. Many UCI researchers now freely acknowledge this. By the time Maani et al. (2020) wrote a review of the commercial determinants of health in 2020, references to corporations were being replaced by the broader terms 'commercial actors' and – as in Figure 1 above – 'the private sector'. The authors of a 2023 study in *The Lancet* opted for the broad term 'commercial entities' and urged researchers to investigate 'cooperatives, micro, small or medium enterprises, social enterprises, mutual organisations, and investors' as well as 'state-owned enterprises or not-for-profit organisations with business interests' (Lacy-Nichols et al. 2023b: 1223). While this may be a belated acknowledgement that small and medium enterprises are as able to sell 'unhealthy commodities' as big

businesses, it also indicates that the anti-corporate message of earlier studies was not the whole story.

Once we accept that cigarettes, alcohol, sugary products and other 'unhealthy commodities' have a supply chain that ranges from transnational corporations to sole domestic traders and that these commercial actors use similar business practices, where does that leave the UCI analysis? On one level, it is trivial, but if taken seriously – and many public health academics *do* take it seriously – the literature on the commercial determinants of health could lead to the conclusion that the economic system which allows commodities to be freely bought and sold is the root problem.

Public health and anti-capitalism

'Transnational corporations are major drivers of the global epidemics of non-communicable diseases', wrote Rob Moodie and colleagues in the *Lancet* in 2013 (Moodie et al. 2013: 670). Ilona Kickbusch, a German political scientist who has worked at the World Health Organization (WHO), went further in 2016, writing in the same journal: 'The rise of non-communicable diseases is a manifestation of a global economic system that currently prioritises wealth creation over health creation' (Kickbusch et al. 2016: e896).

In 2012, Kickbusch coined the term 'the commercial determinants of health'. She later defined them as the 'strategies and approaches used by the private sector to promote products and choices that are detrimental to health' (Kickbusch 2016: e895). A year later, John Millar, a Canadian doctor who has worked for several public health agencies, coined the term 'the corporate determinants of health' in an article subtitled 'How big business affects our health, and the need for government action!' (exclamation mark in the original) (Millar 2013). It was the former phrase that became mainstream, but both of them represented a conscious attempt to supplant the more usual term 'social determinants of health', which are usually defined as the conditions in which people are born, grow, live, work and age. While corporations have some influence over these factors, they are also influenced by education, healthcare, housing, family and friends, as well as dumb luck and many other circumstances which the individual may or may not be able to control. The new

focus on 'commercial' or 'corporate' influences opened the door to an explicitly hostile approach to both the world of business and the economic order in which it operated.

It was a door that many academics were eager to walk through. As the public health literature on 'unhealthy commodity industries' grew and the similarities between these industries, mundane as they were, came to be understood, the target of public health academics extended beyond a small number of corporations to the commercial world in general and then to the entire economic system. While some public health academics were content to demand incremental regulation and taxation to deter the consumption of 'unhealthy commodities', others believed that trade, consumption and profit were the underlying problems that necessitated radical political change. An editorial about obesity in *The Lancet Public Health* in 2018 contained elements of both, concluding as follows:

> 'It is time for a conscious attack on commercial interests and a radical rethinking of the dominant economic and political models that have too little interest in equity or social justice' (*The Lancet Public Health* 2018: e153).

In the *British Medical Journal* in 2012, Gerard Hastings, a professor at the University of Stirling, who has been an advisor to the WHO, wrote an article titled 'Why corporate power is a public health priority'. Citing Jahiel and Babor's concept of 'industrial epidemics', Hastings focused mainly on advertising, which he views as a malign source of 'corporate power', not only because it sometimes promotes unhealthy products but because he holds the Galbraithian view that it fosters mindless consumerism[4]. But he went further. Arguing that 'people need a champion to speak

4 See *The Affluent Society* by J. K. Galbraith (1958).

up for their real needs, rather than the phoney ones teased and tempted by corporate capitalism' (Hastings 2012: 3), he wrote:

> We have built a system where continuous growth, fed by marketing driven excess consumption by the already well-off, is inevitably coming into conflict with the limits of a finite planet. This is now threatening public health far more seriously than the activities of any one industry—even one as egregious as tobacco—will ever do. (ibid: 2).

Hastings merges several different issues together here in a way that is common among a certain section of the left. He views advertising and capitalism to be the cause of 'excess consumption', which, in turn, he considers to be the cause of climate change. This rests on a number of fallacies and misunderstandings. Like many public health academics, he vastly exaggerates the influence of advertising on aggregate consumption, and he wrongly assumes that the link between GDP and carbon emissions cannot be severed. This leads him to the conclusion that there is an inevitable trade-off between economic prosperity and public health.

Robert West and Theresa Marteau drew a similar conclusion in a short article on the 'commercial determinants of health' in 2013 and, like Hastings, argued that only a fundamental overhaul of the economic order would meet the challenge (West and Marteau 2013: 686):

> The greatest challenge to improving health may lie in the tension between wealth- and health-creation. Most, if not all, modern economies are built upon excessive consumption, to the detriment of population health and the sustainability of life on the planet. Reducing consumption requires re-thinking macro-economics to achieve prosperity without growth, a brave but vital initiative to curb the commercial determinants

> of health before the planet becomes too hostile to support human existence.

When the COVID-19 pandemic hit in 2020, Gerard Hastings saw the upside of lockdowns (Hastings 2020):

> COVID-19 has also delivered up a remarkable experiment: what happens when neoliberal capitalism is put on hold? When the factories close, the supply chains fracture, the shopping stops? A study which would never have been deemed ethical or feasible heretofore has gone ahead almost unnoticed, and the data is now in. The two-month economic shut-down in China improved air quality to such an extent that 77,000 lives were saved, including those of 4,000 under-fives. This is twenty times more than were taken by the virus. Far from the cure being worse than the disease, it turns out to be far better than business as usual; switching off capitalism not only protects us from the virus, it protects us from ourselves.

Note that this is not just an attack on neoliberalism or capitalism (Hastings combines the two terms) but on industrialisation, commerce and consumption. Note also that Hastings is not a marginal figure. He co-authored a report on food marketing for the WHO and was closely involved in state-funded evidence reviews of plain packaging for tobacco in the UK. He has been a special advisor to the House of Commons Health Select Committee and been a temporary advisor to the WHO. He currently sits on the British Medical Association's Board of Science and has been awarded an OBE.

Hastings was not alone in seeing the pandemic as a 'teachable moment'. In an interview with *Socialist Worker* in June 2020, *The Lancet's* longstanding editor Richard Horton said:

> In the DNA of neoliberalism is the idea that the state is evil and has to be cut back and we should instead be outsourcing to the market. Now that 40-year ideology, which goes back to Margaret Thatcher and Ronald Reagan, has been shown by Covid-19 to be corrupt [...] And so I hope that one of the lessons of this will be that we need a mass movement of resistance to say that enough is enough[5].

It is very likely that both Horton and Hastings held far-left views long before the phrase 'commercial determinants of health' was coined, but they are hardly unrepresentative of public health academics. An article in 2024 based on the thoughts of dozens of 'public health' stakeholders who were asked how to 'address unhealthy commodity industry on public health policy' not only found strong support for 'a complete prohibition of UCIs from lobbying' (Bertscher et al. 2024: 4) and suggested 'teaching corporations as structural causes of disease in public health curricula' (ibid.: 15), but also stressed the need to 'challenge neoliberalism and gross domestic product (GDP) growth' (ibid.: 1). World leaders would need to agree to fundamentally change 'global economic, financial, and banking systems' to make people abandon their 'consumptogenic lifestyles'. This, they admitted, would not be easy because 'people may want to retain their lifestyles' and because politicians are 'not incentivised to develop degrowth policies due to constituents largely not voting for political parties who are sympathetic to these policies' (ibid.: 15). It was nevertheless thought that this kind of systemic change to society 'may be most impactful' in challenging the 'sources of UCI power' (ibid.)[6].

5 'Richard Horton: the system has failed', *Socialist Worker*, 20 June 2020 (**https://socialistworker.co.uk/in-depth/richard-horton-the-system-has-failed/**)

6 Unlike the other papers mentioned, this study has so far had very few citations. It is included because it examined the views of a range of public health professionals.

A report published by WHO Europe in 2024 fully embraced the concepts of the 'corporate playbook' and the 'commercial determinants of health'. It was largely written by researchers such as Mélissa Mialon and Anna Gilmore, who have carved out this particular academic niche. The report argues from the outset that the commercial determinants of health are 'not a simple problem of single harmful products or industries'. Instead, they are:

> a systems problem where industries work closely together, learn from each other, exploit political and social systems to defend themselves, and influence those systems in their favour. Moreover, the harms described above have increased over time as a result of changes to global political and economic systems, specifically the shift to deregulated forms of capitalism and trade liberalization in which the promotion of free markets and economic exchange take precedence over people and their health. (WHO Europe 2024: 8).

In the twelfth chapter of the WHO Europe report, which focuses on 'taking action', the authors say:

> The root causes of ill health are linked with the current political economic system, which privileges and is influenced by the interests of powerful commercial actors over those of public health. Hence, the importance of addressing that political economic system, and rethinking capitalism, cannot be ignored. (ibid.: 115)

But what does 'rethinking capitalism' entail? As with the writings of Karl Marx, this is where things become a little vague (although even Marx was not against factories and shopping, as Gerard Hastings is). When specific recommendations are made, they tend to be focused on short-term political objectives, such as banning alcohol advertising and taxing 'ultra-processed' food,

or will directly benefit activist-academics, such as encouraging governments to spend more on public health research and exclude opponents from the policymaking process. In terms of broader macroeconomic policy, UCI researchers have little to say except that public health advocates should have more influence on trade deals, that antitrust laws should be enforced to prevent 'market concentration' and that international 'tax loopholes' should be closed (WHO Europe 2024: 139).

Whatever the merits of these proposals, they are compatible with a capitalist economy, but they are not sufficient to realise the kind of health gains these researchers hope to see. Smoking remains commonplace in Europe despite governments introducing the kind of taxes and advertising bans that public health campaigners want applied to alcohol and certain foods. Insofar as a clampdown on corporate tax avoidance is realistic, it could provide some countries with more tax revenue to spend on healthcare (as these researchers assume), but the effect would be modest, and there is no guarantee that the money would not be spent on other priorities such as defence. Since modern public health academics believe (or at least publicly state) that there is no safe level of alcohol consumption, nicotine use and, increasingly, 'ultra-processed' food consumption, it follows that they are opposed not just to libertarian free markets in these goods but to any market at all. And since there is a recognition that these products are not just sold by transnational corporations but by 'commercial entities' of all shapes and sizes, it follows that the whole system of free enterprise is suspect.

In the UCI literature, public health academics have attacked privatisation, private healthcare, trade deals, impact assessments, stakeholder consultations, corporate social responsibility programmes, intellectual property rights and 'extensive supply chains' (Kickbusch et al. 2016: e895). They argue

that 'neoliberalism' and 'commercial entities' harm public health not only by facilitating the sale of unhealthy commodities but by outsourcing jobs to foreign countries (McKee and Stuckler 2018: 1169), lobbying for weak workplace regulation in the developing world (Gilmore et al. 2023: 1194) and creating income inequality, biodiversity loss and 'widespread externalities' (ibid.: 1199). If, like many public health academics, you believe that 'a narrow focus on profit damages health, regardless of industry sector' (ibid.: 1194), it is obvious that sugar taxes and advertising restrictions can only be the start of a far more ambitious programme of reform. Several UCI researchers freely admit that tackling the usual 'health-harming industries' (Big Tobacco, Big Food etc.) will not be enough. In a recent paper, van Schalkwyk et al. (2024: 5) say that 'limiting our objectives to incremental changes to individual industry practices will leave the core drivers of the current crises largely intact, and maintain the perceived normality and necessity of the current system.' Similarly, in a journal article funded by the WHO, Lacy-Nichols et al. (2023a: 2) warn that policies focusing on 'specific commodities' will be 'inadequate to tackle the system-level dynamics that enable commercial harms' and that the answer lies in 'challenging the ideological dominance of capitalism, neoliberalism, multistakeholderism and other pro-commercial values' (ibid.: 3).

It is a big agenda, and yet these academics seldom explain what the alternative would look like. They often call for a 'rethinking' and 'challenging' of capitalism and neoliberalism, but when push comes to shove, are only able to recommend piecemeal reforms which, though highly contestable, are compatible with a market economy. A rare exception was the health economist Gavin Mooney, who wrote in 2012:

> Neoliberalism kills. We need to find a better way. The idea of a communitarian economics in which—locally, nationally, and globally—people have a real say in what kind of social institutions they have and how these are run is one way to address the planet's health problems … fundamental to any genuine progress in addressing poverty, inequality, and ill health at a global level is to recognize that, first, neoliberalism is at the root of these problems and, second, some alternative must be found. (Mooney 2012: 397-8)

Mooney praised 'countries such as Cuba and Venezuela' for being 'able to find a route to health' (ibid.: 396) and quoted the Marxist economist Joan Robinson, who had been an admirer of the North Korean dictator Kim Il Sung in the 1960s. In the passage quoted approvingly by Mooney, she gives a textbook example of how 'communitarian economics' is supposed to work:

> In a planned economy the best hope seems to be to develop a class of functionaries, playing the role of wholesale dealers, whose career and self-respect depend upon satisfying the consumer. They could keep in touch with demand through the shops; market research which in the capitalist world is directed to finding out how to bamboozle the housewife could be directed to discovering what she really needs; design and quality could be imposed upon manufacturing enterprises and the product mix settled by placing orders in such a way as to hold a balance between economies of scale and variety of tastes. (ibid.: 397)

This is what F. A. Hayek called 'hot socialism', and it was already out of favour with most Western intellectuals when he was writing in 1960 (Hayek 2006: 224). The policy platform of public health academics who rail against neoliberalism today is more like the 'cold socialism' of ever-greater taxes and regulation ('which in effect may not be very different' (ibid.)). The book *Doughnut Economics* by the former Oxfam researcher Kate Raworth has

frequently been cited in their studies (e.g. WHO Europe 2024: 139; Friel et al. 2023: 1231; Gilmore et al. 2023: 1213; Milsom et al. 2021: 504). Raworth does not directly address 'public health' issues, and her book never mentions drinking, smoking or any other lifestyle-related risk factor for health, but she is critical of neoliberalism and of mainstream economics in general. She is highly sceptical about economic growth, and while she does not provide a detailed outline of what a more environmentally friendly and egalitarian economic system would look like, she does recommend various policies, such as global taxation and 'people's quantitative easing' (Raworth 2017: 201, 274).

Raworth does not necessarily advocate the collective ownership of the means of production, but what she proposes is a long way from free market capitalism. Although loosely spelt out, her vision seems to involve private companies operating for profit but in a heavily regulated and taxed environment and with their work directed towards political missions, above all reducing carbon emissions. Such an ideal likely appeals to UCI researchers, but it is so vaguely defined that it can scarcely be called an ideology. While it can be difficult to ascertain what kind of politics UCI researchers are in favour of, it is clear what they are against. They are anti-capitalism and anti-growth.

Conclusion

If the policy proposals of UCI researchers are relatively limited, aside from the familiar elements of public health lifestyle regulation, it is because the literature on the commercial determinants of health is barely a decade old and the modern public health movement, which focuses on non-communicable diseases rather than infectious diseases, is still in a relatively early phase. Public health academics are currently trying to persuade uncertain policymakers that tobacco-style regulation is appropriate for other products, but an emerging literature shows their eagerness to go much further than product-specific regulation. What began as a critique of corporations has become essentially a critique of the market economy and has assimilated ideas from the degrowth, anti-consumerist and environmentalist movements.

As its participants would be the first to admit, modern public health is a fundamentally political movement, and the hardening of its anti-capitalist stance should be taken seriously by those who support free markets. Economists may find many of their claims risible and their solutions counterproductive or impractical, but 'public health' has never been treated with more reverence in political debate, and campaigners acting in the name of public health have enjoyed a string of policy wins, not least in Britain, in the last twenty years. The flawed economic beliefs that underlie the 'commercial determinants of health' literature can be seen in the UK in the food reformulation scheme and in the new policy of setting supermarkets targets to cut the number of calories they sell. Both rest on the assumption that individuals have little agency and corporations control what people buy.

Public health research is by no means the only corner of modern academia that is fundamentally opposed to free markets, nor are public health researchers the only academics who use words such as 'neoliberal' pejoratively. Capitalism is not going to be overthrown by a few dozen academics writing papers about the 'commercial determinants of health', even with the support of the WHO, but given the influence of the public health lobby in campaigning for lifestyle regulation, three observations should be made.

Firstly, this political movement aims its fire at the wrong targets. Tobacco and alcohol were consumed in prodigious quantities for thousands of years before corporations and advertising came into existence. Demand for stimulants and intoxicants long predates capitalism, as does demand for energy-dense food. Globalisation and deregulation may remove some of the friction between supplier and buyer, but the effect is trivial when compared to the size of the underlying demand. Consumption of 'unhealthy commodities' flourished under communism and has persisted at high levels even when their sale has been completely banned.

The post-war consensus of 'command and control' economies was not a golden age for public health, as UCI researchers often imply. Smoking rates peaked during these years, whereas the 'neoliberal' era has seen unprecedented 'nanny state' regulation of tobacco and, more recently, food and soft drinks. In Britain since 1979, the picture has been mixed, with draconian regulation of tobacco and growing regulation of food and soft drinks combined with modest deregulation of alcohol licensing laws and gambling. Other supposedly 'neoliberal' countries have seen a different mix of liberalisation and suppression, but none of them has seen a consistent march towards *laissez-faire*. The

economic model of a nation does not predict how it will tax and regulate risky lifestyle activities. It is largely irrelevant.

Secondly, while public health academics complain that 'corporations promote actions outside their areas of expertise' (Moodie et al. 2013: 674), the same accusation can easily be levelled at them. So many social and economic problems have been redefined as 'public health issues' in recent years that the field has become all-encompassing, and yet it is far from obvious what specialist knowledge public health academics can usefully bring to issues as diverse as climate change and gambling reform. The benefits of them getting involved in economics are particularly questionable since economic questions invariably involve trade-offs whereas the public health movement sees optimising health as the be-all and end-all.

Thirdly, and relatedly, if the studies quoted above are representative of public health activists, the agenda of this movement is irreconcilable with the aims of most governments and their people. While many voters are prepared to tolerate a degree of state paternalism, they broadly believe that they are capable of choosing what they consume. Unlike public health academics, they do not generally believe that talk of individual sovereignty and free choice is a mere industry 'tactic' (Jahiel 2008: 518), nor do they agree that '[c]onsumers do not have capacity (time or resources) to make the "right" choice, however much education is done.' (Gilmore et al. 2023: 1204). The public health lobby might think the world would be a better place if alcohol and sugar did not exist, but many millions of consumers do not, and even the most puritanical politician will have to bend to the will of the people to some degree, not to accommodate the 'commercial entities' that profit from these products but to appease consumers. Public health academics think it is capitalism that stands in their way, but it is really democracy.

But there is a greater conflict between the aims of the contemporary public health lobby and the aims of government that goes beyond the people who are directly affected by 'nanny state' policies. While UCI researchers explicitly yearn for 'degrowth' and see costs to businesses as a feature rather than a bug of their policies, governments want economic growth, employment and investment. They want to trade with other countries on more favourable terms and they want to hear from a range of stakeholders when making policy. And while a few politicians want to radically change the entire economic order, most do not. The median politician and the median public health activist therefore approach policymaking from radically different perspectives.

This has practical implications. Someone who believes in degrowth and is suspicious, if not outright contemptuous, of 'commercial entities' will not care if a policy hinders economic growth and damages businesses. Not only do UCI researchers treat regulatory impact assessments with suspicion but, from their perspective, costs are often benefits and benefits are often costs[7]. While public health activists often claim that their policies will boost economic growth, there is a good chance that they either do not really believe this or may even hope that it is not true.

7 Not unpredictably, Gilmore et al. (2023: 1206) claim that impact assessments are a tool of industry, saying 'impact assessments taking a cost benefit approach prioritise effects on business over others, such as health or the environment.'

References

Baysinger, B. A. (1984) Domain Maintenance as an Objective of Business Political Activity: An Expanded Typology. *The Academy of Management Review* 9(2): 248–58.

Bennett, R., Sacks, G., Zorbas, C., Huse, O., Wood, B. and Backholer, K. (2025) Exploring the commercial determinants of health in the online food delivery sector: a case study of Uber Eats in Australia. *Critical Public Health* 35(1): 2469776.

Bertscher, A., Matthes, B. K., Nobles, J. et al. (2024) Complex Interventions for a Complex System? Using Systems Thinking to Explore Ways to Address Unhealthy Commodity Industry Influence on Public Health Policy. *International Journal of Health Policy Management* 13: 8033.

Bouwen, P. (2004) Exchanging access goods for access: A comparative study of business lobbying in the European Union institutions. *European Journal of Political Research* 43(3): 337–69.

Freudenberg, N. (2005) Public Health Advocacy to Change Corporate Practices: Implications for Health Education Practice and Research. *Health & Behavior* 32(3): 298–319.

Friel, S., Collin, F., Daube, M. et al. (2023) Commercial determinants of health: future directions. *Lancet* 401: 1229–40.

Gilmore, A. B., Fabbri, A., Baum, F. et al. (2023) Defining and conceptualising the commercial determinants of health. *Lancet* 401: 1194–213.

Hastings, G. (2012) Why corporate power is a public health priority. *British Medical Journal* 345: e5124.

Hastings, G. (2020) COVID-19: our last teachable moment. *Emerald Open Research* 2(20).

Hayek, F. A. (2006) [orig. 1960] *The Constitution of Liberty.* Routledge Classics.

Hillman, A. J. and Hitt, M. A. (1999) Corporate Political Strategy Formulation: A Model of approach, Participation, and Strategy Decisions. *Academy of Management Review* 24(4): 825–42.

Jahiel, R. (2008) Corporation-induced Diseases, Upstream Epidemiologic Surveillance, and Urban Health. *Journal of Urban Health* 85(4): 517–31.

Jahiel, R. and Babor, T. (2007) Industrial epidemics, public health advocacy and the alcohol industry: lessons from other fields. *Addiction* 102: 1335–9.

Kickbusch, I. (2012) Addressing the interface of the political and commercial determinants of health. *Health Promotion International* 27(4): 427–8.

Kickbusch, I., Allen, L. and Franz, C. (2016) The Commercial Determinants of Health. *Lancet* 4(12): e895–6.

Lacy-Nichols, J., Marten, R., Crosbie, E. and Moodie, R. (2022) The public health playbook: ideas for challenging the corporate playbook. *Lancet Global Health* 10(7): e1067–1072.

Lacy-Nichols, J., Jones, A. and Buse, K. (2023a) Taking on the Commercial Determinants of Health at the level of actors, practices and systems. *Frontiers in Public Health* 10: 981039.

Lacy-Nichols, J., Sulakshana, N., Mialon, M. et al. (2023b) Conceptualising commercial entities in public health: beyond unhealthy commodities and transnational corporations. *Lancet* 401: 1214–28.

Maani, N., Collin, J., Friel, S., Gilmore, A. B., McCambridge, J., Robertson, L. and Petticrew, M. (2020) Bringing the commercial determinants of health out of the shadows: a review of how the commercial determinants are represented in conceptual frameworks. *European Journal of Public Health* 30(4): 660–4.

McKee, M. and Stuckler, D. (2018) Revisiting the Corporate and Commercial Determinants of Health. *American Journal of Public Health* 108: 1167–70.

Mialon, M. (2020) An overview of the commercial determinants of health. *Globalisation and Health* 16(74).

Millar, J. S. (2013) The Corporate Determinants of Health: How Big Business Affects Our Health, and the Need for Government Action! *Canadian Journal of Public Health* 104(4): e327–9.

Milsom, P., Smith, R., Baker, P. and Walls, H. (2021) Corporate power and the international trade regime preventing progressive policy action on non-communicable diseases: a realist review. *Health Policy and Planning* 36: 493–508.

Moodie, R., Stuckler, D., Monteiro, C. et al. (2013) Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 381: 670–9.

Mooney, G. (2012) Neoliberalism is bad for our health. *International Journal of Health Services* 42(3): 383–401.

Niemietz, K. (2024) The case against anti-producerism. London: Institute of Economic Affairs.

Raworth, K. (2017) *Doughnut Economics.* Random House Business Books.

Rochford, C., Tenneti, N. and Moodie, R. (2019) Reframing the impact of business on health: the interface of corporate, commercial, political and social determinants of health. *BMJ Global Health* 4: e001510.

Savell, E., Gilmore, A. B. and Fooks, G. (2014) How Does the Tobacco Industry Attempt to Influence Marketing Regulations? A Systematic Review. *PLoS One* 9(2): e87389.

Savell, E., Fooks, G. and Gilmore, A. B. (2015) How does the alcohol industry attempt to influence marketing regulations? A systematic review. *Addiction* 111(1): 18–32.

Snowdon, C. (2025) The Corporate Playbook: A Self-Serving Myth. London: Institute of Economic Affairs.

The Lancet Public Health (2018) Tackling obesity seriously: the time has come. *Lancet Public Health* 3(4): e153.

Ulucanlar, S., Fooks, G. and Gilmore, A.B. (2016) The Policy Dystopia Model: An Interpretive Analysis of Tobacco Industry Political Activity. *PLoS Medicine* 13(9): e1002125.

Ulucanlar, S., Lauber, K., Fabbri, A. et al. (2023) Corporate Political Activity: Taxonomies and Model of Corporate Influence on

Public Policy. *International Journal of Health Policy Management* 12 (1): 1-22.

van Schalkwyk, M., Maani, N., Hawkins, B., Petticrew, M. and Buse, K. (2024) Reclaiming the narrative: countering harmful commercial discourses. *Health Promotion International* 39 (6): daae182.

West, R. and Marteau, T. (2013) Commentary on Casswell (2013): The commercial determinants of health. *Addiction* 108: 686–7.

WHO Europe (2024) *Commercial determinants of noncommunicable diseases in the WHO European Region*. WHO Regional Office for Europe.

Wiist, W. (2006) Public Health and the Anticorporate Movement: Rationale and Recommendations. *American Journal of Public Health* 96(8): 1370–5.

Zenone, M., Kenworthy, N. and Maani, N. (2023) The social media industry as a commercial determinant of health. *International Journal of Health Policy and Management* 12: 6840.

Also in this series

Not Invented Here: Institutional Resistance to Practical Solutions by Zion Lights, Kristian Niemietz and Christopher Snowdon
https://iea.org.uk/publications/not-invented-here/

The People vs Paternalism: Building a Consumer-Led Movement Against Paternalistic Regulation by Christopher Snowdon
https://iea.org.uk/publications/the-people-vs-paternalism/

The Corporate Playbook: A Self-Serving Myth by Christopher Snowdon
https://iea.org.uk/publications/the-corporate-playbook/

The Institute of Economic Affairs
2 Lord North Street
London SW1P 3LB
Tel 020 7799 8900
email iea@iea.org.uk

iea
Institute of
Economic Affairs