Transcript – Deadly Industry: Challenging Big Tobacco – Ep. 4, S.2

00:00:02:24 - 00:00:24:09

Louis

Welcome to season two of Deadly Industry: Challenging Big Tobacco from the Tobacco Control Research Group at the University of Bath, hosted by me, Louis Laurence. We are an international research group that investigates the tactics used by Big Tobacco to maximise its profits at the expense of public health. The evidence we produce helps society to hold this deadly industry to account.

00:00:24:11 - 00:00:31:09

Louis

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Louis

In this episode, we take a deeper look at a curious force shaping public health decision making, multistakeholderism. At first glance, this sounds collaborative. Everyone gets a seat at the table when making public health decisions. But what happens when that table includes industries whose focus is on profit at the expense of public health? We're joined today by two brilliant researchers to help us unpack why harmful industries are at the decision making table at all, and what can be done about it.

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Louis

I'm joined by Dr Amber van der Akker from the University of Bath's Tobacco Control Research Group, and Dr Nason Maani, a Senior Lecturer in inequalities and global health policy at the University of Edinburgh. He's also the host of the podcast Money Power Health - worth a listen. Amber, Nason, welcome to the show.

00:01:13:17 - 00:01:14:00

Amber

Thank you Louis.

00:01:14:00 - 00:01:15:20

Nason

Thanks for having us.

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Louis

Maybe let's start with a little introduction from each of you to kind of set the scene of your research. So to you first, Amber, what's your kind of main research focus here at Bath?

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Amber

My main research focus at the moment is on working for a consortium called Local Health and Global Profits. And so we're working with local government to sort of understand how the commercial determinants of health impact them and what they can do about it. But my background really is on multistakeholder governance and how the industry, especially the food industry, is able to have a seat at the policymaking table.

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Louis

When you say that phrase multistakeholder governance, can we unpack that a little bit?

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Amber

Yeah, definitely. So multistakeholder governance, in essence, is this idea that everyone who is impacted by or who themselves impacts a public problem should be involved in addressing this problem. And so when you think about the policymaking process, so who gets to decide what is an issue, what gets put on the political agenda, how this problem is defined and how the problem gets addressed,

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Amber

multistakeholderism basically says that process should be collaborative and everyone who either affects or is affected by this issue should be involved in that. So terms like public private partnership, which you might have heard, which are used interchangeably with multistakeholderism and that already points to, this collaboration includes the state but also includes non-state actors like civil society, like the private sector.

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Amber

In theory, all these quote unquote stakeholders should then collaborate towards a shared public goal.

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Louis

Thanks that's really helpful scene setting there Amber. Nason over to you. Maybe you could give us a little brief introduction to your work at Edinburgh?

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Nason

Yes. I'm very grateful to also be working with Amber on Local Health Global Profits. So we work together in examining some of these issues at the local authority level. My background is in public health research, in particular focusing on the ways in which corporate social responsibility initiatives and public relations campaigns and things of that nature can affect how we think about health harms and their solutions, and how the public and policymakers frame these issues and how they think and what the potential world of the possible is.

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Nason

So, again, very linked to some of the themes that come up in multistakeholderism.

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Louis

Are there any particular examples of multistakeholderism in your research that you could enlighten us with Nason?

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Nason

Yeah, absolutely. So we recently completed, a paper that was published, I want to say, last year on a partnership between Public Health England and Drinkware, which is an industry funded, alcohol information organisation. And we used freedom of information requests to kind of probe the nature of that partnership and the way it was set up and then conducted and how they responded to external criticism once it became public.

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Nason

And it offers an example of how these kind of public private partnerships, these kind of funding dynamics can influence how a campaign is constructed, but also how it's framed in the mind of the public and how it can respond or not to criticism from civil society actors who see conflicts of interests, who see issues that they want addressed.

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Nason

So that's an example of the kind of research with novel data sources that we try to do to help policymakers and the public understand the potential trade-offs involved in these kind of arrangements.

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Louis

Thanks, Nason. To bring it to tobacco for a moment, obviously the focus of this podcast is primarily tobacco, but we're really interested in how these kind of corporate tactics expand out into other industries. You mentioned Commercial Determinants of Health Amber. Is this idea of multistakeholderism, is it particularly relevant within the tobacco field, or is it kind of a whole array of companies?

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Louis

Are there particular distinctions between different industries?

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Amber

Yeah so tobacco is often the odd one out because you've got the Framework Convention on Tobacco Control. Within that you've got article 5.3, which really recognises there is sort of irreconcilable fundamental conflict between tobacco industry interests and public health industry interests. And article 5.3 then calls for policymakers so must protect the policymaking process from these interests from the tobacco industry.

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Amber

And so other industries do not have that. They do not have that that that convention, that framework that people have signed up to. And so they are often portrayed as part of the solution. So the alcohol industry, the gambling industry, particularly the food industry, often are able to have a seat at this table because they are seen as part of the solution. Tobacco industry to a lesser extent,

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Amber

but that doesn't mean that they never have a seat at this table. It doesn't mean that it doesn't it doesn't happen. It does. But they are often seen as sort of the odd one out here.

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Louis

And presumably they're constantly putting on pressure to have more of a seat at the table, as you put it.

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Amber

Yes, definitely. Definitely. It's I mean, they're going into vapes, right? They're going into harm reduction. They are portraying themselves as part of the solution, just like the other industries do, which is a rationale for them to be at the table. And then, of course, it's not always as straightforward as just keeping the men in suits from the tobacco industry out the door.

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Amber

Like these ties, these networks of influence are much more complicated than that. You've got, diplomats who are lobbying for the tobacco industry who do have a seat at the table. And so it can be more indirect than just the industry.

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Louis

Nason back to you for a moment. When we talk about the table, you know, this kind of metaphor of these discussions that corporate entities want to be involved in. What do we actually mean by that? Because presumably there are some instances where it is necessary for corporate economic interests to have discussions with government and decision makers.

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Louis

Which table specifically, you know, is the biggest concern here?

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Nason

That's a really good question. I think because of what Amber articulated, the idea that there are important but often invisible connections between, I guess, lots of different parts of the table, right. So you have areas like trade negotiations, right? Like talking about the impacts of things such as tariffs, regulatory approaches and you would want to involve certain elements of the commercial sector there, because that's to do with what, you know, timing of things, technical feasibility, like obstacles to trade, that kind of thing.

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Nason

Then you have areas like law enforcement where again, you want to think about reporting mechanisms and compliance and that kind of thing. Then you've got areas like policy development, right, future facing strategy, health policy development. So there are lots of different parts of the table, or lots of different tables really. And then you also have these at different levels.

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Nason

So you've got local decision making processes and local authorities. You've got national level decision making processes. And then you've got big sort of UN level treaties, negotiations and that kind of thing. So all of those really matter much more for industry than we realise, because they all are parts of what can be a really coordinated effort to push towards a common goal, right.

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Nason

So parts of the tobacco industry have sought to frame themselves as important pillars in fraud avoidance, in counterfeiting, targeting counterfeiting and crime. Other parts of the tobacco industry have kind of gone down the route of focusing on labour or farmers rights and protecting those or small retailers and protecting their rights, or you know, improving gender parity in the workplace.

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Nason

So through seeking to address, all these different issues, organisations within the tobacco industry are really trying to do the same thing which is kind of get in the door, if that makes sense, and then move laterally once they're in the door. So in that sense, all of these tables matter because we're dealing with huge, huge corporate actors who are acting in very, very strategic ways.

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Louis

So it's an interesting kind of mixed metaphors, maybe, but if tables are actually doors, once they kind of open the door and, you know, have their influence on the levers of power, what is the risk there? What's the real concern about allowing, you know, more corporate influence?

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Nason

I think that's a really good question and a really difficult one to answer, because it's almost like a systems style question. I'll give you an example to illustrate this. Let's say that the only door you open is the academic door and companies like that can fund research and present it at academic conferences and maybe they can sponsor academic conferences.

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Nason

Well, over time, that means that the kinds of questions that are perhaps more critical of industry right, about health harms or about lobbying. They kind of fall away from the academic agenda and the questions that are a bit more favourable to industry, like individual responsibility or genetic reasons for tobacco linked lung cancer become more prevalent, right. And then when it comes time to create a new policy about these issues, who are the most prominent experts in the country?

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Nason

They're the ones who have been attending these industry funded conferences, right. So that then starts to influence policy. It starts to influence the kind of informal networks between academia and government, the relationships that are formed, right. So you can see how just getting in through one door has this kind of ripple effect through lots of other ones.

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Nason

So bearing in mind those ripple effects, those indirect effects, is part of the reason why article 5.3 is so kind of ironclad about the need to kind of keep the tobacco industry out across the board.

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Louis

If it is this ironclad Amber, like, you know, tobacco industry is seen as unique in its level of harm and attempts to influence, what's the challenge here? Why is it so difficult, despite all of this effort, to keep them out of these conversations and away from these tables?

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Amber

I think part of it is because the industry's always evolving, and they are doing that in a way which sort of keeps them coming back into the conversation. So, you know, already mentioning vapes, things like that, you know, they're promoting themselves as a lifestyle industry rather than a tobacco industry. That keeps them sort of involved and keeps them a part of the solution.

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Amber

I think the other thing is, is this thing around these convoluted and complex networks of interests and people that know each other and people that might meet informally in ways that are not reported. You know, Nason already mentioned the trade agreements, they might meet there and that might be legitimate, but then they might get into different areas because of the people that they meet.

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Amber

So there's all these networks of influence, there's all this resource that they're able to throw at this, and they're just constantly changing.

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Louis

So it becomes very difficult presumably to delineate these sort of clear borders between industry and government. Are there any particular examples of that within the tobacco space where these, you know, this kind of soft power or influence that you could talk about?

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Amber

I mean, I think going back to the example that Nason gave about science, the tobacco industry, PMI has funded the Foundation for a Smoke-Free World, that's not what they're called anymore but it's this industry funded research group, right. And so they are putting out this research. They are very opaque about where the funding comes from.

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Amber

And so they're blurring that boundary between what is industry and what is a research group that could feasibly, usefully input into a policy. But then when you look into those ties, it is the industry, but that's just difficult to see.

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Louis

We'll be talking more about exactly that problem of influencing science with Tess Legg later in this season. And Nason, any examples you'd like to add to that?

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Nason

One example that comes to mind is a paper we did where we looked at communications retrieved by a Freedom of Information request between Coca-Cola and the CDC, and in particular, Coca-Cola and the CDC's obesity division. And what we found is that Coca-Cola, certain former executives of Coca-Cola and current executives at Coca-Cola were using personal relationships that they developed over many years with researchers through kind of public private partnerships and through funding of physical activity research and similar initiatives, so that whenever these people would go to work at the CDC, Coca-Cola executives would immediately invite them out to dinner, strike up relationships with them, rekindle those relationships.

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Nason

And it was that kind of soft power that was really influential in then influencing key decisions, right? So whenever the WHO came out with a very strong statement on sugar taxes as an important way to reduce obesity, the emails showed that these executives and former executives are reaching out to their contacts, their friends at the CDC that they've been kind of taking for dinner and meeting at various fora, saying you need to help us get a meeting with the WHO,

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Nason

we need to influence this, it's a global threat to our business. And I guess a cold email to someone at the CDC saying something like that might not have received a positive response but when these relationships of trust and kind of mutual dependence have built over many years the response is quite different, and worryingly at that time, it actually led to a positive response saying, yes, we can help arrange a meeting and that kind of thing.

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Nason

So that is the level of risk that comes from these kind of informal relationships.

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Louis

Presumably that's similar kind of risk presented by this revolving door issue as well, with people going between corporate actors and policymaking positions too.

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Nason

Yes, the paper actually showed examples of that as well. And they were kind of linked. So yes, there would be sort of a trusting relationship, personal relationship between someone at Coca-Cola and someone at the CDC, and then someone maybe had a subordinate, a mentee, and they wanted to get them a job at the other institution.

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Nason

So they would send a CV and a positive recommendation and you're absolutely right, you just saw this revolving door process kind of taking place. And one of the key features of that is that once that relationship is established, it's almost like seeding other mini relationships among different levels of the organisation. So it kind of distributes, spreads outward.

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Louis

Could you just give us the full name for CDC?

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Nason

Yeah, yeah. So the Centers for Disease Control and Prevention, which is the, I guess, the main national public health agency in the US, so pretty influential both within the US in terms of obesity policy, but obviously around the world as well.

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Amber

I also just add, because I think there's a really interesting example that happened in the Netherlands as well, which really showed that sort of the relationships and the partnerships is then being prioritised over developing effective public health policy. So the Dutch government wanted to develop the prevention agreements on overweight, and they decided to take a multi-stakeholder approach to that which had the industry at the table.

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Amber

And when they were discussing a sugar levy, so a sugar tax, which the government intended to have as part of the prevention agreement, the industry threatened to walk out. And because the government wanted to keep this multi-stakeholder approach and wanted to keep the industry at the table, they dropped the sugar tax. And when researchers later spoke to the chair of the prevention agreement, he said, you know, if I had written this by myself and with my team, it would have included this tax

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Amber

and we would have had a stricter policy but because the industry was able to threaten to walk out and because there was such a commitment to partnership, they had to drop it.

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Louis

We've mentioned this phrase Commercial Determinants of Health a couple of times and I'm aware that for some people that might be quite a new concept. Could you just give us a quick rundown on exactly what that means?

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Nason

Yeah, sure. So I guess first it might be good to think about what we mean by determinants of health. And that's kind of like an academic jargony term perhaps. But really what it refers to is all the different forces around us, our environments, our physical environments, our social environment that impact our health directly and indirectly. Right. So our wider determinants of health don't just include, I guess our, our activities.

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Nason

Right. Like what we eat, what we drink, what we do, but also include things like our employment conditions, the quality of the air we're breathing, right. Like the quality of water, sanitation services, all those kind of things, education, income, all these wider forces. So those are determinants of health and Commercial Determinants of Health are really the activities, practices and structures of the private sector that impact on those environments directly and indirectly.

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Nason

So the reason that is kind of come into being increasingly is because there's a realisation that actually, when we think about the health impacts of a lot of these environments and how to address them, part of that requires us to address the commercial origins of some of those, righ.? So if we want to address inequalities in housing quality, part of the solution to that might require us to reshape how we think about the incentives around private landlords or that kind of thing,

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Nason

right. The commercial drivers of housing inequality. So that's kind of the reason that Commercial Determinants of Health have become an increasing focus and what we mean when we say that term.

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Louis

Within this kind of family of commercial determinants, you might call it. What are some of the key industries that you guys are particularly interested in, especially with relevance to this issue of multistakeholderism?

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Nason

Well, I think, you know, George Monbiot, the economist, talks about the polluters paradox in one of his articles which is this idea that if you're an industry sector that's particularly polluting, like you're particularly harmful in quite visible ways, the paradox is you have to expend a lot more effort in these kind of multi-stakeholder initiatives, in public relations to almost overcome the fact that you're perpetuating these harms because if you don't, then public opinion kind of will rise up against you.

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Nason

And so when we think about some of the main industries that this relates to and their impacts on health, we're obviously thinking about the tobacco industry, obviously huge impact on health still, the alcohol industry, you know, one of the leading causes of death among young people all the way up to sort of, older people, we're thinking about fossil fuel industry, obviously huge contributor to health and health inequalities, globally.

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Nason

And these are sectors where, and ultra-processed food as well, these are sectors where a large portion of their revenue, comes from products and practices that are kind of directly linked to negative health outcomes and so there's a really clear conflict of interest between their goals for future growth and expansion and, you know, maintaining the revenue and what we care about in terms of health and societal progress.

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Louis

But when you're, the project you mentioned that you guys are working on, Global Health Local Profits, what approach is that specifically taking to this issue?

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Amber

So we are working with local authorities to first of all understand what they need and sort of what the barriers are for them to acting on the Commercial Determinants of Health. And some of that is very much the ability of the industry to be a part of that process. The industry obviously has a lot of resources, local government has much less resources, much fewer resources.

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Amber

And so that means that through sponsorship, but also just through partnership and capitalising on their role as employers in a locality, these businesses can have a lot of influence on what a local authority is doing. And this is the way through, you know, just partnership and working together. And if they're not able to do that, what we also see is that these massive businesses then challenge local authorities.

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Amber

So we see that a lot with fast food outlets where a local authority will not approve a planning application to put in place a fast food outlet and they then start a legal challenge against a local authority with a dedicated lawyer that makes the rounds.

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Louis

So that must be a huge imbalance of power between these massive kind of global forces and, as you say, small local government.

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Amber

Yeah, absolutely. And I think that's also one of the things that we see in multi-stakeholder initiatives more generally is this imbalance of power. So the idea in theory is that everyone has a seat at the table and everyone is equal. But what you're seeing is if it's these massive transnational corporations that have all these resources and all this funding that they could potentially throw at the problem, and then you've got national government, local government and civil society organisations that are in part reliant on some of this funding,

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Amber

that is a very a huge power imbalance even though they're all, in theory, in the same space.

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Louis

What are some of the main arguments that those companies make against what you're saying, you know, how do they, you know, defend themselves in this issue of multistakeholderism?

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Amber

I think one of the main arguments that keeps coming back is that the problem is too complex for any one sector to solve alone. And yes, the problem is complex, but that doesn't mean that we cannot point to one factor in specific that adds or that contributes to a lot of the problem, like with tobacco. Yes, we know that health harms are not, you know, there are different things that impact health, but tobacco hugely impacts health.

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Amber

And so you can call the problem complex. But that doesn't mean it's complicated, and it doesn't mean that you need to have all these partners at the table to devise a solution when we already know what some of those solutions might be. But that is an argument that you often hear from the industry. It's so complex. Everyone needs to be involved.

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Louis

Nason, presumably when they are excluded, be it tobacco or gambling or alcohol, they must be pretty unhappy about it. How do they tend to respond to that?

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Nason

Yeah, in a range of ways. You're absolutely right, they can be responding informally, so complaining to other contacts or to superiors, in terms of saying, you know, we are a legitimate business and we've worked successfully with partner X or with person Y. Why are we being demonised in this context? Why are you excluding us?

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Nason

You know kind of appealing to prior relationships and that's, again, one of the reasons why a lot of different doors matter, because they sort of become the thin end of the wedge by which they can maintain access to other rooms. Another way is through legal recourse. So either threatening legal action which can be incredibly effective because of the power imbalance and because local authorities, understandably, can be very sort of reticent to engage in any kind of legal action because the potential downsides economically or reputationally.

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Nason

But they can also try to kind of build wider coalitions to kind of help bring themselves back to the table. So through voluntary local initiatives involving, say, a pub, small retailers, other organisations to kind of build a voice and a legitimacy to allow themselves back in. And, you know, we've experienced this in some of our own work directly where we have published a paper that maybe was not well-received by the industry and then have kind of been tapped on the shoulder indirectly through an email to our superiors.

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Louis

Oh really, could you tell us a bit more about that?

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Nason

Yeah, sure. So we conducted a study where we collected a whole bunch of public facing information from a range of these alcohol industry funded health information charities. So these are kind of national organisations that communicate to the public about alcohol and health, and they're sponsored by the alcohol industry. And you can see them often in the corner of alcohol advertisements where it'll say, you know, go here for the facts or, you know, go to drinkwise in Australia or drink aware in the UK and Ireland and a lot of the public don't know that these are actually largely funded by the alcohol industry.

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Nason

And so we're really interested in whether there were differences between what these organisations were saying to the public versus what independent charities or the NHS or WHO were saying to the public about different health harms. And what we found is that these charities seem to be misrepresenting or distorting the evidence on alcohol and cancer, particularly as it related to breast cancer and also colorectal cancer.

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Nason

And this probably relates to the fact that these are particularly unsavoury. And they're particularly, they resonate a lot with women, in particular, in breast cancer. And women are a key kind of growth market for the alcohol industry globally because they drink at lower levels than men do currently. So, yeah, we found that there were these kind of large distorting effects in terms of what information is being presented and how it is being presented in ways that would essentially misinform the public.

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Louis

So they're sort of selectively highlighting the profit friendly harms over the maybe more profit damaging harms.

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Nason

Yeah. So an another study, we sort of looked at where they are placing them on the website and we find that, you know, you might have to scroll down eight or nine or 10 pages to get to some pretty significant harms like how alcohol effects an unborn child versus say, you know, really quite innocuous ones like around how alcohol maybe impacts on your sleep or maybe gives you a beer belly.

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Nason

Right. So kind of placing really substantial important harms from the perspective of the consumer in among much more innocuous, and less significant harms. So when we published that paper, it got a lot of press coverage around the world in sort of Australia, the US and UK and throughout Europe and yeah the head of our University got an email basically, to complain, to ask to meet, to ask are you aware that that your university is producing this kind of material, about, you know, legitimate businesses, you know, that kind of thing.

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Nason

So it was definitely concerning.

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Louis

You also have your podcast Money Power Health. Maybe you could give us a little introduction to that and also tell us whether you've heard any similar kind of pushback as a result of that.

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Nason

Yeah so Money Power Health is a much more rinky dink operation than the wonderful set up you guys have here. But it's a podcast in which we, me and 1 or 2 other guests, in each episode kind of go in-depth into one element of the links between corporate power and influence on health. So we've covered things like the gun industry in the US or issues like the pharmaceutical industry and science, social media, and misinformation.

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Nason

And yeah, I really like it because I get to sort of talk to people who are kind of my heroes. You know, I've read their work and been really interested by it. In terms of push back, only a little bit of trolling online, really. I think one of the great things about podcasts is that it's a bit more of an investment of time.

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Nason

You have to really go and listen to find out the things that might annoy or disturb you. And so I find that I don't get as much pushback on the podcast episodes as I do for bits of research, particularly if they get into traditional media. I think in part it reflects where these companies think that policymakers are looking or where there may be kind of like really direct impacts on their ability to operate.

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Louis

Yeah, presumably at the level of kind of public influence as well, if things are making it into tabloid media.

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Nason

Exactly, yeah.

00:30:18:01 - 00:30:29:24

Louis

More of a threat. Amber, what can researchers of policy makers do about this issue. Is it is more transparency? Is it the more highlighting of kind of conflict of interest policies?

00:30:30:01 - 00:31:07:00

Amber

I think transparency is key, but it's definitely not enough. And the same with conflicts of interest. You know, you can declare the conflicts of interest that you have, but just that declaration is not enough because it doesn't prevent the conflicts of interest from happening at the table. And I think a key thing for policymakers to do is when they're thinking about this process and whether they want to engage with industry, is almost to take a step back and think about the purpose and think about what is their mandate, what is their interest, and what is the industry's mandate and interests.

00:31:07:00 - 00:31:26:04

Amber

And does that coincide, can that build on each other or does actually conflict? And if it conflicts, then is this really the place for engagement? It's probably not. So thinking about, you know, what part of the policy process are we in? What are their interests, what do they have to do? They have to make a profit? How do they make that profit?

00:31:26:06 - 00:31:29:17

Amber

And what do we have to do? We have to protect the public health. And how do we do that?

00:31:29:19 - 00:31:34:14

Louis

Presumably understanding these corporate strategies is a really important aspect of that protection.

00:31:34:14 - 00:31:46:23

Amber

Yes, absolutely. Absolutely, understanding that the industry will try to find a way in and will present themselves in a certain way but that's not always necessarily the truth.

00:31:47:00 - 00:31:57:04

Louis

And just to tie things up. From you first Amber, if there is one thing you could change about how public health institutions engage with the private sector. What would it be?

00:31:57:06 - 00:32:16:24

Amber

I think maybe reflecting on what I said before, understanding sort of your purpose and your mandate and the industry's purpose and the industry's mandate. And I think also to remember, you know, there's not a dichotomy between either no engagement at all or full engagement through a multi-stakeholder, collaborative process. There are things that are sort of sitting in the middle of that, right.

00:32:16:24 - 00:32:47:19

Amber

The industry can still make its voice heard through replying to consultation responses, like other organisations might. They might be involved in implementation in a very way that is valid and that might be really useful. But distinguishing that, you know, within the policy formulation and to have that collaborative process, yes, inclusivity in itself is a good idea, but to be able to do that and to be able to actually collaborate, you need to have a shared goal, at least fundamentally,

00:32:47:19 - 00:32:55:15

Amber

you need to be working towards the same goal and if you're not, then having that full collaboration is probably not the right thing to do.

00:32:55:17 - 00:33:03:16

Louis

And same question to you, Nason. What's one of the thing about how public health institutions can more effectively engage with the private sector?

00:33:03:18 - 00:33:27:19

Nason

Well, I think, to me, a core way is kind of moving away from a kind of default assumption or almost like an ideology or belief that partnership is always desirable or beneficial. I think there are lots of ways in which the way we work best with the private sector is actually in kind of arm's length and indirect ways.

00:33:27:21 - 00:33:49:19

Nason

Thinking about how the UK government treats the pharmaceutical sector when it comes to setting prices for drugs or assessing the safety of drugs, right? They definitely, there is a level of engagement, but it's very clearly delineated, right. And then there's an independent process that's quite transparent about cost effectiveness and all those things. It acknowledges the fact that there's a real tension.

00:33:49:21 - 00:34:10:24

Nason

Pharmaceutical companies want to make as much profit as they can. UK government wants to get the best possible price of the safest and most effective medications for the NHS. So I think move it away from this idea that the default should be that we're all partners, we're all friends. Actually, no. There may be some types of engagement that are genuinely beneficial as

00:34:11:01 - 00:34:25:02

Nason

Amber said, but there are so many risks to other types of engagement that we can't let that be the default. We have to really approach these things carefully, or we risk undermining kind of all the good that we might otherwise do.

00:34:25:04 - 00:34:27:05

Louis

Amber and Nason, thanks very much for joining me today.

00:34:27:10 - 00:34:28:16

Nason

Thank you. A pleasure.

00:34:28:19 - 00:34:43:06

Louis

The sources for today's discussion, as always, can be found in the episode shownotes. We'll be back next episode to discuss the transformative power of language as Big Tobacco attempts to rewrite its narrative. See you next time.

Transcript – Deadly Industry: Challenging Big Tobacco – Ep. 4, S.2

00:34:43:08 - 00:35:04:22

Louis

From the Tobacco Control Research Group, you've been listening to season two of Deadly Industry: Challenging Big Tobacco, hosted by Louis Laurence, produced by Kate White and edited by Sacha Goodwin. The production manager is Jacqueline Oliver. You can email us at tobacco-admin@bath.ac.uk or find us on LinkedIn, Bluesky and X. This is a University of Bath production.