

Cross-Party Group on Improving Scotland's Health

Wednesday 15th December 2021 12:30

Minute

Present

MSPs

- Brian Whittle MSP, Co-Convenor and Convenor for this meeting
- Foyso Choudhury MSP
- Audrey Nicoll MSP
- Joe FitzPatrick MSP
- Miles Briggs MSP

Invited guests

- Professor Jeff Collin, Professor of Global Health Policy at the University of Edinburgh
- Professor Mark Petticrew, Professor of Public Health Evaluation at the London School of Hygiene and Tropical Medicine
- Hilda Campbell, Chief Executive of COPE Scotland

Non-MSP Group Members

Abbie Irving	University of Edinburgh
Aidan Reid	Royal College of Psychiatrists in Scotland
Alexandra Taylor	Alcohol Focus Scotland
Alice Fabbri	University of Bath
Alison Douglas	Alcohol Focus Scotland
Alison Giles	Institute of Alcohol Studies
Amanda Amos	Group for Research on Inequalities and Tobacco (GRIT), University of Edinburgh
Amy Hickman	Breast Cancer Now

Andy MacGregor	ScotCen Social Research
Anna Cowan	ASH Scotland
Annie Brown	Patchwork
Astryd Jamieson	NHS Shetland
Christina Buckton	Public Health Scotland
Claire Hislop	Public Health Scotland
David Blane	University of Glasgow
Elena Dimova	Glasgow Caledonian University
Elinor Jayne	SHAAP
Elisabeth Smart	NHS Highland
Elsbeth Molony	Public Health Scotland
Emma Crawshaw	Crew 2000 (Scotland)
Fiona Lockett	NHS Fife
Frederike Garbe	NHS Lothian
Gemma Crompton	Alcohol Focus Scotland
Glenys Jones	Association for Nutrition
Graeme Callander	We are with you
Harpreet Kohli	SHAAP
Hazel Cheeseman	ASH England
Helen Reilly	Royal Pharmaceutical Society
Holly Gabriel	Consensus Action on Salt, Sugar and Health
Jardine Simpson	Scottish Recovery Consortium
Jennifer Forsyth	Obesity Action Scotland
Jonathan Roden	British Heart Foundation Scotland
Jonathan Sher	Queen's Nursing Institute Scotland
Joy Tomlinson	NHS Fife
Karen MacNee	Health Improvement Division, Scottish Government
Karl Ferguson	Public Health Scotland
Katherine Smith	University of Edinburgh
Kay Samson	NHS Fife
Kenny Harrison	Local Licensing Forum, Argyll & Bute Council

Kirsten Sinclair	Glasgow Children's Hospital
Laura Mahon	Alcohol Focus Scotland
Laura Wilson	Food Standards Scotland
Lauren Carters-White	University of Edinburgh
Laurence Gruer	Individual Member
Lesley Hinds	Edinburgh City Council
Lucia D'Ambruoso	Centre for Global Development, University of Aberdeen
Marissa Smith	MRC/CSO Social and Public Health Sciences Unit, University of Glasgow
Mathis Heydtmann	NHS Greater Glasgow and Clyde
Megan McGarrigle	Alcohol Focus Scotland
Nathan Critchlow	University of Stirling
Niamh Shortt	University of Edinburgh
Nicola Paul	ASH Scotland
Nikki Boyle	Inverclyde HSCP
Rebecca Sibbett	Alcohol Focus Scotland
Scott Hogg	ASH Scotland
Shona Hilton	The Institute of Health & Wellbeing, University of Glasgow
Simon Shepherd	University of Dundee
Stephen Young	Scottish Government
Tom Steiner	Obesity Action Scotland

Apologies

Carol Emslie	Glasgow Caledonian University
Ian McCall	Paths for All
Mathis Heydtmann	NHS Greater Glasgow and Clyde
Simon Jones	Stirling & Clackmannanshire Health & Social Care Partnership
Sue Whittle	Leader of Compassion Edinburgh - Local Volunteer Group
Muriel Mowat	Befriending Networks

Agenda item 1

Welcome from Convener, Brian Whittle MSP

The Convener, Brian Whittle MSP, opened the meeting and noted the discussion topic: industry influence and conflict of interest. He welcomed the three speakers: Professor Jeff Collin, Professor Mark Petticrew, and Hilda Campbell, and presented the meeting outline.

Agenda item 2

Topic Discussion

Professor Jeff Collin, Professor of Global Health Policy at the University of Edinburgh: Managing conflicts of interest, tackling the commercial determinants of health

Professor Collin began by discussing the commercial determinants of health: “strategies and approaches used by the private sector to promote products and choices that are detrimental to health”. He highlighted that understanding the commercial determinants of health provides policymakers with an opportunity to move away from individual lifestyle factors and think about real drivers of change by comprehending the causes of health inequalities and work towards changing these.

Professor Collin suggested that policymakers can learn lessons from policies implemented to protect people from other health-harming industries, such as tobacco. The WHO Framework Convention on Tobacco Control is the only international convention to explicitly address the dangers of an industry subverting its objective and purpose. Contrastingly, in other areas of NCD policies, there are still broad commitments to promoting public-private partnerships, and a strong emphasis on engaging with the private sector despite a weak evidence base for this being a way of driving change.

Scotland has promising bases to build on. National collaborations across civil society, and via the CPG, have been recognised internationally as being genuinely distinctive in developing coherent approaches to NCD prevention. The common manifesto published ahead of the elections last year was very significant. Supporting people in Scotland to live healthy lives through tackling health-harming products cannot be done without focusing attention on conflict of interest.

Professor Collin concluded by highlighting the CPG’s important role, noting that it has led the way in excluding commercial companies from group membership. If the group is to rise to the challenge of improving Scotland’s health, it must focus on NCD policy generally and effectively manage interactions with unhealthy commodity industries in the broader policy process. This also requires considering how governments interact with food and alcohol companies when developing policies.

Professor Mark Petticrew, Professor of Public Health Evaluation at the London School of Hygiene and Tropical Medicine: Industry influence and conflicts of interest

Professor Petticrew began his presentation by leading on from some of Professor Collin's points. Industries often mislead the public and policy makers, through seeking partnerships with legitimate health organisations, healthwashing¹, and aligning their activities with healthy products. This is primarily done to allow harmful commodity industries to control the flow of information to the public and policymakers, but also to slow the pace of change.

Although CSR activities appear to be doing good, they are key parts of an effort to undermine effective public health policy. Industries often make donations or support other organisations through funding charities, which will claim their independence although the evidence shows that these organisations defend industry interests by putting forward industry framings and industry-based solutions.

One argument the industry often uses to try delay or interfere with policy is to argue that the problem is far too complex to be dealt with through policy or regulation, or through any sort of effective intervention. Regardless of whether the problem is alcohol harms, obesity, or gambling, the argument is very frequently that it is too complex and that public policy is too blunt of an instrument. A very standard cross-industry playbook presents simplistic solutions to policies with complex problems.

Professor Petticrew concluded by reiterating Professor Collin's point about managing industry interactions and shared a key lesson he has learnt, which is that industry actors should be excluded from public health decision-making. They should not be developing or disseminating public health materials. Effectively managing interactions and avoiding partnerships is key.

Hilda Campbell, Chief Executive of COPE Scotland: Corporate/health harming industry influence and conflict of interest

Hilda Campbell began her presentation by inviting participants to look at images depicting or representing fast food, gambling, alcohol, and cigarettes, and asking them to consider how many places in their community they can buy these harmful products.

Hilda Campbell highlighted the example of gambling awareness slogans which state "When the fun stops, stop", explaining how it is not that easy since so many things happening in a person's life can influence the decision to stop. When people are in a situation of despair, hopelessness, futility, it can be very difficult to actually put a value on your own life, because all you are focused on is getting through the day.

Hilda Campbell discussed "diseases of despair". Products are harmful if people are overindulging to the point where they find it difficult to back away. In addition to the original problem people faced which made them turn to the product, they also have to deal with all the additional challenges those products can bring.

There is a complex interplay between an individual product and the environment. Finding ways to link these does involve conversations with the gambling, tobacco, and drinks industries. In Scotland, we have had successes in managing to pull down the shutters on tobacco products, which early research has shown has decreased the number of young people starting to smoke, as well as minimum unit pricing for alcohol. This demonstrates that

there are changes we can make that can make a difference.

Working with partners is an effective awareness-raising strategy, as demonstrated by COPE's work with Gambling With Lives and other partners to help raise awareness of the lives lost to suicide as a result of gambling harms. Hilda Campbell highlighted calls for free bets to be taken out of gambling. Although this is not a devolved power, the Scottish Parliament can still put pressure on Westminster, as this is a UK-wide issue.

Inequality challenges can lead to a cycle of despair. Harmful products can relieve the despair and provide a feel-good factor, even for five minutes, and businesses rely on that. They want people to buy their product, and it's not in their interest for people not to buy it or buy less of it. There are patterns of behaviour, which when repeated may come to a point where the person wants to stop, but can't, resulting in more than 600 people per year dying by suicide as a result of wanting to stop gambling, not being able to stop, and not being able to continue living with that problem. The same holds true for drugs, alcohol, and so many other harmful products.

When people feel hopeless, that leads to temptation. Marketing portrays a great world out there, through smoking cigarettes, drinking alcohol, free bets, and getting pizza delivered, and all of a sudden, you're part of the human race again. But that just doesn't happen. People quickly realise that this cycle just goes round and round and round, and people and families are suffering. There are systemic issues around unhelpful products which need to be addressed. Too often, campaigns focus on the individual changing their behaviour, rather than exploring the conditions which may lead to those behaviours. We need to understand what the causes of diseases of despair are, what can treat hopelessness, where health harming products sit within a wellbeing economy, and how we can find ways to work together to be the change we know we need to see. Industries that sell health-harming products should be asked where they sit in a wellbeing economy, and whether they behave in a way that is actually in the interests of wider society or if they are only interested in their stakeholders, because there has to be something more.

Discussion

The presentations were followed by discussion, including of the risks of accepting industry funding and the possibility of alternatives such as levies which could raise funds for public health activities. There needed to be a stronger understanding of the inherent conflict of interest that harmful commodity industries have in relation to reducing consumption of their products because of their legal duty to increase shareholder profits. This was why regulatory rather than voluntary approaches to protecting and promoting public health were so important. The importance of community engagement and empowerment in challenging the power of global multinationals to promote health-harming products was also recognised.

Agenda item 3

Welcome to New Members, Apologies, Declarations of Interest, Notes on Exclusion of Corporate Interests

The group welcomed 25 new members, including colleagues from the Universities of Strathclyde, and colleagues from the NHS, health boards, and partnerships. The full list of new members is:

Abbie Irving	University of Edinburgh
Alice Fabbri	University of Bath
Alison Giles	Institute of Alcohol Studies
Annie Brown	Patchwork
Astryd Jamieson	NHS Shetland
Elisabeth Smart	NHS Highland
Elsbeth Russell	NHS Lanarkshire
Emma Williams	NHS Grampian
Fiona Lockett	NHS Fife
Jeffrey Collin	University of Edinburgh
Jennifer Forsyth	Obesity Action Scotland
Jonathan Cavana	NHS Lanarkshire
Joy Tomlinson	NHS Fife
Hazel Cheeseman	ASH England
Karen MacNee	Scottish Government
Karl Ferguson	Public Health Scotland
Kat Smith	University of Strathclyde
Kay Samson	NHS Fife
Kirsten Watson	Glasgow Children's Hospital Charity
Nathan Critchlow	University of Stirling
Niamh Fitzgerald	University of Stirling
Niamh Shortt	University of Edinburgh
Nikki Boyle	Inverclyde Health and Social Care Partnership
Simon Jones	Stirling & Clackmannanshire Health and Social Care Partnership
Stephen Young	Scottish Government

Alison Douglas explained the CPG membership criteria. When the CPG was established, the group was keen to exclude industry interests, which is why everyone was asked to complete conflict of interest forms. Non-MSP membership is focused on organisations and individuals

who either:

- A) have a principal interest, or a significant interest, in preventing and reducing harm - particularly health harm - from tobacco, alcohol and unhealthy diet in Scotland; OR
- B) are researchers involved in developing the evidence base around tobacco, alcohol, unhealthy diet and physical activity and their impact on NCDs, and how these can best be prevented and reduced, and who are not in receipt of funding from relevant commercial interests. AND
- C) who recognise the importance of reducing consumption as a means of reducing harm and the international evidence that increasing price, reducing availability and controlling marketing are the best means of delivering that; and
- D) who are committed to developing and improving the evidence base.

Commercial companies and their vested interests are excluded from membership of the Group. This does not preclude the Group inviting speakers, or inviting participation in any sub-groups, from such organisations to discuss the practical implementation of policies which the Group has identified. Companies may have helpful insights to offer at this stage, particularly to avoid any unintended consequences.

Members were asked to let the CPG Secretariat know of any changes to their conflict of interest declaration.

Agenda item 4

Previous Meeting Minutes

The 24th of February 2021 meeting minutes and the 15th of September 2021 meeting minutes were approved as correct.

Agenda item 5

Any Other Business

Alison Douglas highlighted a report from a group of 10 charities working to reduce the impact of health-harming commodities on non-communicable diseases (NCDs), including the British Heart Foundation, Stroke Association, Alcohol Focus Scotland, ASH Scotland and others, outlining priorities for public health prevention for 2021/22: <https://www.alcohol-focus-scotland.org.uk/media/440085/non-communicable-disease-prevention-report.pdf>