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The corporate playbook: A self-serving myth

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THE CORPORATE PLAYBOOK

A self-serving myth

April 2025
Christopher Snowdon

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Summary

This paper argues that the academic literature on the political strategies of ‘unhealthy commodity industries’ offers no insights into political science because the tactics identified are not specific to those industries. Without a control group of benign or healthy industries to compare them to, public health academics have failed to demonstrate that there is anything distinctive or unique about the ‘corporate playbook’. Since most or all of the same tactics have been identified whenever the scope has been expanded to include industries as diverse as baby formula, social media and pharmaceuticals, it seems likely that any industry would employ similar strategies if they faced similar political pressure from activists.

A further failing of the ‘corporate playbook’ framing is that it does not compare the political strategies of industry and non-industry opponents to paternalistic regulation. In the absence of such an analysis, it is unclear from this literature whether the political activity of industry groups differs from that of broader civil society. It seems, however, that it does not. It is notable that public health groups employ nearly all of the strategies in the ‘tobacco playbook’ when campaigning for legislation.

With some narrow exceptions, the tactics that are said to make up the ‘corporate playbook’ of ‘unhealthy commodity industries’ are standard elements of political activity in democratic societies and are used by industry and non-industry actors alike. The claim that ‘unhealthy commodity industries’ use the same strategies or follow the ‘tobacco playbook’ is fatuous and only has value as a rhetorical device for public health actors to use as part of their own political activity, most often when seeking to exclude opponents from the policy-making process.

Foreword

In the early 1950s, medical research demonstrating the health risks of tobacco consumption began to attract high levels of media interest. By the end of that decade, those risks had been reasonably well established in epidemiological studies, but some residual ambiguity still remained. Several tobacco companies exploited those remaining ambiguities and tried to cast doubt on the research findings, following a PR strategy that was later dubbed ‘the tobacco playbook’.

One need not be a public health campaigner to criticise such obfuscation strategies. One can also criticise them from the standpoint of a conventional neoclassical economist, or even specifically from a classical liberal perspective.

On the former: markets work best when consumers are reasonably well-informed about the properties of the goods and services they are buying. This does not have to go anywhere near the – deliberately oversimplified – textbook model of ‘perfect information’: simple decision-making heuristics can be good enough. But if a product comes with serious health risks that consumers are unaware of, and which would have deterred many of them from buying the product had they been aware of them, then this cannot be described as an efficient market outcome.

On the latter: classical liberals believe that people should be free to engage in risky, potentially harmful behaviour if they so choose, provided they are only harming themselves rather than others. But that principle has always come with some provisos. As John Stuart Mill said in his book *On Liberty* (1859):

As soon as any part of a person's conduct affects prejudicially the interests of others, society has jurisdiction over it [...] [b]ut there is no room for entertaining any such question when a person's conduct affects the interests of no persons besides himself [...] (all the persons concerned being of full age, *and the ordinary amount of understanding*) [emphasis added].

One need not read peer-reviewed medical journals in order to possess 'the ordinary amount of understanding', but not knowing about a non-trivial increase in serious health risks falls short of a Millian standard.

The 'tobacco playbook' was ultimately unsuccessful. Knowledge of the health risks associated with tobacco use did spread, and people made better-informed choices as a result. One need not be a public health campaigner to see that as a positive development: it is one of the few areas where public health campaigners and classical liberals would probably broadly agree with each other, if for slightly different reasons. If you want to sell a product that comes with a non-trivial risk of causing non-trivial harm to your customers, you should be obliged to inform your customers about that unless you can safely assume that those risks are already near-universally known and obvious to everyone involved. This principle applies elsewhere in economic life too. Financial advisors, for example, have to tell us about the financial risk of various asset classes, sellers of hazardous materials have to include warning labels and pharmaceutical companies have to list side-effects. Like any sound principle, it can be overdone, but the principle remains sound nonetheless.

Of course, once customers do know the risk and choose to consume the product anyway, this is the point at which classical liberals and public health campaigners part company, because the former would respect that choice, while the latter usually do not. But there is agreement up until that point.

So far, so good. The problem is that the folk memory of a ‘tobacco playbook’ used to suppress information and manipulate the political process, has since taken on a life of its own. In their bestselling book *Merchants of Doubt: How a Handful of Scientists Obscured the Truth on Issues from Tobacco Smoke to Global Warming Paperback* (2012), Erik Conway and Naomi Oreskes tell a story in which the tobacco obfuscation strategy of the 1950s was no more than a prototype. In their version of events, comparable strategies have since become standard industry practice across a range of controversial sectors.

As Dr Christopher Snowden shows in this Discussion Paper, public health campaigners in the UK and elsewhere have since taken that idea to another level. They now use the term ‘the corporate playbook’ – or just ‘the playbook’ – so broadly and loosely that it could apply to just about any kind of engagement with the political process or civil society stakeholders by just about any company or industry association. As so often, when a label is heavily overused, it loses its meaning. When everything is ‘the playbook’, nothing is ‘the playbook’. It then just becomes a rhetorical stick to beat opponents with.

Dr Snowden does not criticise those who call out genuine cases of corporate malfeasance or ethically dubious industry practices. Such activism is entirely compatible with a market economy; indeed, it can be an actively helpful and healthy part of economic life in a free society. But using rhetorical tricks to delegitimise opponents is not.

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KRISTIAN NIEMIETZ

Editorial Director, Institute of Economic Affairs

London, March 2025

The ‘tobacco playbook’

There are elements of the tobacco industry’s response to the emerging evidence of the health harms of cigarette smoking in the second half of the twentieth century that can plausibly be described as constituting a distinctive ‘playbook’. David Kessler (2001: xiii) describes it as follows:

Devised in the 1950s and ’60s, the tobacco industry’s strategy was embodied in a script written by the lawyers. Every tobacco company executive in the public eye was told to learn the script backwards and forwards, no deviation was allowed. The basic premise was simple – smoking had not been proved to cause cancer. Not proven, not proven, not proven – this would be stated insistently and repeatedly. Inject a thin wedge of doubt, create controversy, never deviate from the prepared line. It was a simple plan and it worked.

As part of this campaign of perpetuating doubt about the science, the industry amplified the voices of scientists who disagreed with the consensus, conducted and sometimes suppressed internal scientific research and funded ‘front groups’ such as the Tobacco Institute to present the industry’s arguments. As a strategy to respond to a specific commercial and legal threat, it makes sense to call this a ‘playbook’. Some industries have similarly disputed evidence and delayed action when their products were found to have unforeseen health risks (e.g. asbestos, thalidomide). It is more debatable whether mobile phone companies, social media companies, the USA’s National Football League, the marijuana industry and the oil industry have used the same playbook, but they have been accused of doing so by those who claim that these

industries have downplayed proven evidence of harm associated with their products.

Since 'Big Tobacco' has become a byword for poor corporate behaviour, accusing an opponent of using its playbook can be an effective rhetorical device, but it can be easily misused. Any industry that denies or questions claims about the harmfulness of its product may find itself at the receiving end of such an allegation, even when the claims are untrue or the science is genuinely contentious. What may have been true of cigarettes and asbestos 70 years ago may not be true of glyphosate and genetically modified rice today. It is a logical fallacy to suggest that since the tobacco industry disputed the link between smoking and cancer, then it must follow that low-powered radiofrequency transmitters are carcinogenic to humans because the mobile phone industry says they are not. The accusation that an industry is involved in a cover-up presupposes that there is something to cover up, but that must first be proven.

The 'tobacco playbook' accusation is therefore unhelpful when confined to squabbles about scientific evidence. When taken out of context and applied to a firm's broader political activity, it is even less useful. In this paper, I will discuss the claim that a broad range of 'unhealthy commodity industries' use a distinctive 'corporate playbook' derived from the tobacco industry.

What is the ‘corporate playbook’?

A growing body of academic research in the public health literature has studied the strategies and tactics of ‘unhealthy commodity industries’ in policy-making. In 2014, a landmark paper by Savell et al. (2014) identified six policy-influencing tactics used by the tobacco industry between 1990 and 2013:

- Information (direct and indirect lobbying; commissioning research; collaborating with government)
- Constituency building (forming alliances with other sectors; media advocacy; creating front groups)
- Policy substitution (developing alternatives to regulation, e.g. voluntary codes of conduct)
- Legal (using or threatening legal action)
- Constituency fragmentation (neutralising or discrediting opponents)
- Financial incentives (gifts, inducements and promising future employment to policymakers)

Two of the authors of this study subsequently created the ‘Policy Dystopia Model’ – so-called because they argue that the tobacco industry’s meta-narrative is that anti-smoking policies will lead to disastrous outcomes – which identified five strategies used by the tobacco industry in their political activity (Ulucanlar et al.

2016). Substantially overlapping with those identified by Savell et al. (2014), the strategies are:

- Coalition management (constituency building and constituency fragmentation)
- Information management (including commissioning research and discrediting opponents)
- Direct involvement and influence in policy (e.g. lobbying, offering incentives)
- Litigation
- Illicit trade (facilitating or conducting smuggling)

In the Policy Dystopia Model, creating coalitions (constituency building) is combined with undermining the opposition (constituency fragmentation) into a single category (coalition management). The only tactic included in Savell et al. (2014) that is not explicitly listed in the Policy Dystopia Model is ‘policy substitution’ (i.e. offering a more industry-friendly alternative to a public health policy), while ‘illicit trade’ is included in the latter but not the former.

At around the same time, three public health academics in Australia and New Zealand created a taxonomy of what they called Corporate Political Activity (CPA) in the food industry based on a slightly modified version of Savell et al.’s framework (Mialon et al. 2015). Merging it with elements of the Policy Dystopia Model, Mialon et al. (2018) applied it to a case study of the food industry lobbying in France in which ‘illicit trade’ was replaced by ‘discursive strategies’ (such as demonising the ‘nanny state’ and warning of job losses), although these are usually seen as *arguments* rather than standalone *strategies*. They concluded

that ‘there are a lot of similarities between the CPA of the food industry and the CPA used by the tobacco industry’, with only ‘litigation’ not identified (ibid: 116).

Other studies using a similar framework have found that some or all of the CPA strategies identified by Savell et al. (2014) have been used by the alcohol industry (Savell et al. 2015), the dairy industry (Mialon and Mialon 2017), the gambling industry (Hancock et al. 2018), the baby formula industry (Tanrikulu et al. 2020), the ultra-processed food industry (Lauber et al. 2021a) and the sugary drinks industry (Lauber et al. 2022). A ‘corporate playbook’ based on political strategies employed by the tobacco industry is therefore said to have been deployed by a range of ‘unhealthy commodity industries’. This feeds into a broader public health literature on the ‘commercial determinants of health’, a concept invented in 2013, which explicitly blames capitalism, globalism and industry for non-communicable disease (Mialon 2020).

The obvious implication of ‘unhealthy commodity industries’ using the ‘tobacco playbook’ is that these firms are similar to tobacco companies, with all the baggage that entails. For example, Moodie et al. (2013: 673) write:

There is now evidence to show that the food, drink, and alcohol industries use similar tactics and strategies to the tobacco companies to undermine public health interventions.

Capewell and Capewell (2017: 354) write:

As suppliers of unhealthy commodities, ‘Big Tobacco’, ‘Big Alcohol’ and ‘Big Food’ companies obviously prioritise profit, not public health. Furthermore, these ‘disease promoting industries’ use remarkably similar tactics intended to delay, dilute or demolish effective regulation.

If all ‘unhealthy commodity industries’ use similar tactics to the tobacco industry, the suggestion is that they should all be subjected to tobacco-style regulation and excluded from the policy-making process. That is precisely what a number of public health academics working in this small field have recommended.

Analytical weaknesses

This analysis and the inferences drawn from it have a number of problems. Firstly, in the absence of a benign or health-promoting industry to use as a control group, it is not clear whether the strategies listed in these taxonomies are specific to ‘unhealthy commodity industries’. Companies that make baby formula and medicine, in particular, would seem to qualify as both benign and health-promoting. A study by Ulucanlar et al. (2023) lists 35 papers from the public health literature looking at the corporate political activity of ‘unhealthy commodity industries’. Since none of them includes a control group, the question of whether their political strategies are unique to those industries goes unanswered.

Secondly, the studies do not distinguish between industry-funded opponents of certain public health policies and opponents of such policies from civil society. Do industry actors use significantly different strategies and arguments to non-industry actors who also happen to disagree with a particular policy? This question is rarely, if ever, asked in the public health literature.

Thirdly, while public health academics evidently disagree with the *arguments* made by industry opponents, they do not make a compelling case for viewing their *strategies* as illegitimate, immoral or underhand. If their political tactics are valid and are widely used by other policy entrepreneurs, it is not obvious that their use by industry actors deserves special censure – unless one believes that any form of opposition to public health policies is illegitimate and should be suppressed.

The strategies outlined by Savell et al. (2014), Ulucanlar et al. (2016) and Mialon et al. (2018) are, after all, quite broad. It would be surprising if organised collective action for *any* cause did not include some lobbying, coalition building and criticism of opponents. Press releases, drinks receptions, media engagement, briefing journalists and disseminating research are the bread and butter of any serious campaign for or against a change in the law. A study of tobacco industry campaigning in Brazil found evidence that the industry had encouraged allies to respond to a public consultation, paid for a series of advertisements, commissioned research and lobbied policymakers (da Silva et al. 2020). Any number of businesses, NGOs and even individuals have used the same approach when engaging in political activity.

Elsewhere in the literature, it is not uncommon for an industry to be compared to ‘Big Tobacco’ on the basis of mundane similarities. Moodie et al. (2013: 674) argue that the alcohol and food industries are similar to the tobacco industry because they ‘place responsibility for the purchasing decision on the individual’. A study published in the *British Medical Journal* in 2025 portrays the gambling industry as being similar to the tobacco industry because of some superficial similarities between a newspaper advertisement from 1954 in which the US tobacco industry pledged to carry out research into the health effects of smoking and a 2014 press release in which four British bookmakers announced new self-regulation (van Schalkwyk 2025). The authors then conclude:

Prevention of gambling harm will remain unachievable until the gambling industry is recognised as a corporate vector of harm and effective measures are taken to restrict both its influence on policy and science, and its marketing and communications with the public (ibid: 7).

In an article that draws parallels between the tobacco and food industries, Capewell and Lloyd-Williams (2018: 135) write: ‘Much like mosquito vectors carrying malaria, the tobacco, alcohol and sugary drinks companies constantly supply and promote unhealthy products and use skilled marketing techniques to ensure individuals continue to purchase and consume them’. The obvious objection to this analogy is that individuals do not wish to be bitten by mosquitoes, whereas they consent to consuming tobacco, alcohol and sugary drinks. As Gerald Dworkin argued in his classic essay on paternalism, ‘the harm is of such a nature that it could be avoided by those individuals affected if they so chose’ (Dworkin 1971: 183). The complaint of Capewell and Lloyd-Williams is that ‘unhealthy commodity industries’ facilitate harm (and thus, in their view, *cause* harm) by making risky products available to consumers. But their use of ‘skilled marketing techniques’ and their ability to ‘constantly supply and promote’ products does not set them apart from any other successful business.

The 2016 study that introduced the concept of the ‘Policy Dystopia Model’ included virtually every strategy a business or campaign group could possibly imagine. When faced with regulation that might reduce tobacco sales, the authors found that the industry had one or more of the following aims: defeating, delaying, weakening or foreclosing the legislation and, if that did not work, overturning, ignoring or circumventing the legislation (Uluçanlar et al. 2016: 5). This encompasses almost every conceivable reaction to unwanted regulation other than keeping quiet and allowing the legislation to pass (which the tobacco industry has also been known to do). There is nothing to distinguish such tactics from the political activity of other interest groups, let alone other industries. If this is the ‘tobacco playbook’, most businesses and many individuals would find themselves taking a leaf out of it from time to time.

The parameters of the playbook are so broad that it is not surprising that most or all of the same tactics have been identified when public health researchers spread their net beyond the realms of tobacco, alcohol and food. According to Ulucanlar et al. (2023: 17), it is ‘increasingly clear that mining, pharmaceuticals, fossil fuels and other industries’ employ similar strategies. Recent studies of Uber Eats in Australia (Bennett et al. 2025) and the ‘road lobby’ in New Zealand (Miller et al. 2025) have found the same assortment of political tactics. A study by Legg et al. (2021) looked at the political strategies of the tobacco, food and drink, gambling and alcohol industries but also included the fossil fuel, ‘extractive’, ‘pharmaceutical and technologies’ and ‘chemicals and manufacturing’ industries. They found ‘remarkable consistency across the eight industries in their use of the macro strategies’ (ibid: 5-6). According to Lacy-Nichols et al. (2022: 1), the ‘corporate playbook’ is employed by ‘tobacco, alcohol, gambling, pharmaceuticals, ultra-processed foods and beverages, firearms and weapons, automobiles, social media and technology, oil and gas, and chemicals.’ Although the authors of the latter study take this as confirmation that these are the political strategies of ‘health-harming and planet-harming industries’, it could equally be interpreted as showing that political entrepreneurs of all stripes use a similar approach to influencing the policy-making process.

The suspicion that the supposedly distinctive ‘tobacco playbook’ can be applied to any commercial entity in a capitalist democracy seems to be confirmed by officials at the World Health Organisation who extended the scope of the playbook still further in 2024, claiming in the foreword to a report on the ‘commercial determinants of non-communicable disease’ that

Despite the diversity in products, from health-harming products, such as tobacco, alcohol or sugar-sweetened

beverages, to lifesaving medications, industries use a similar playbook to maximize profits (WHO Europe 2024: vii).

The clear and reasonable implication is that ‘lifesaving medications’ are at the opposite end of the spectrum to ‘health-harming products’ and yet the same ‘playbook’ is said to be used by producers of both. If so, what is unique about the strategies and tactics of those who manufacture ‘health-harming products’? The criteria for the ‘tobacco playbook’ are so broad as to be all-encompassing and the CPA framework ends up explaining nothing.

Public health activists use the ‘tobacco playbook’

The likelihood that many or all of the strategies associated with ‘unhealthy commodity industries’ are universal advocacy techniques rather than distinct practices of a select group of ‘health-harming’ multi-nationals is underlined by the fact that they are employed by non-commercial interest groups, *including public health campaigners*. Public health advocates hold meetings, form alliances, commission research, lobby politicians, collaborate with government and appear in the media. They seek to discredit their opponents, often with *ad hominem* attacks. They occasionally threaten legal action, and it is not unusual for former ministers and civil servants who have been helpful to their cause to be given well-remunerated jobs in the public health establishment. Only one of the six strategies listed by Savell et al. (2014), namely ‘policy substitution’ – i.e. proposing an alternative to the tabled policy to achieve the same ends – is less often used by public health campaigners as a defensive tactic, but this is simply because they are generally the ones who have tabled the policy in the first place. Even so, there are many examples of public health actors using policy substitution as an offensive tactic by ‘gold-plating’ existing regulation or pushing policymakers to go further than they originally intended.

To illustrate the similarities between the ‘tobacco playbook’ and the political strategies of public health advocates, consider two articles analysing the success of the campaign for the 2007 smoking ban in England, both written by staff at the pressure group Action on Smoking and Health (ASH). Five of the six strategies identified by Savell et al. (2014) were clearly deployed:

- Information (direct and indirect lobbying)

The health bill, which bans smoking in public places, was due to complete its parliamentary passage in the Commons yesterday. It marks the culmination of one of the most successful social change lobbying campaigns of recent times¹.

Intense lobbying went on by the coalition and Labour MPs to persuade the government to allow its members a free vote (Arnott et al. 2007: 426).

- Information (commissioning research)

Developing the domestic evidence base effectively and quickly in response to political changes was crucial. For example, research was executed within months which showed that government proposals to exempt pubs that did not serve food would worsen health inequalities. And when health minister, John Reid, publicly said he feared that banning smoking in public places would lead to more smoking in the home, so harming children, a paper was put together for a Royal College of Physicians' report collating the domestic and international evidence against this (ibid: 424).

- Information (collaborating with government)

Coalition members were building up relationships with civil servants and political advisers in the relevant government departments and developing lobbying capacity (ibid: 425).

- Constituency building (forming alliances with other sectors)

We created a coalition around our key messages. A smoke-free steering group was set up involving major health and medical

1 Deborah Arnott and Ian Willmore, Smoke and mirrors, *The Guardian*, 19 July 2006 (<https://www.theguardian.com/society/2006/jul/19/health.healthandwellbeing>).

organisations in alliance with the Trades Union Congress, individual politicians, local government officers and the Chartered Institute of Environmental Health. They ran their own effective campaigns, but remained committed to an agreed strategy originally drafted by Ash².

The campaign strategy was to build a broad coalition and to lever political action by government through coalition pressure (ibid: 423).

- Constituency building (media advocacy)

Tactics also involved using medical and scientific experts expressing their concerns at profile raising events, and the exploitation of reactive opportunities such as publications of international research into secondhand smoke (ibid: 424).

ASH also developed local networks of campaigners and supporters and delivered extensive media and lobbying training to local activists (ibid).

- Constituency fragmentation (neutralising or discrediting opponents)

The next step is to split the opposition³.

One of ASH's key aims was to split the hospitality trade from the tobacco industry ... [The threat of local legislation] became a lever on the hospitality trade, helping to get the trade to support national level legislation as the lesser of two evils (ibid: 425)

- Legal (using or threatening legal action)

Extra pressure was put on hospitality trade employers to go smoke-free by threatening them with the possibility of

2 Ibid.

3 Ibid.

employee legal action under existing health and safety law. ASH collaborated with the major trade union law firm Thompsons to achieve this (ibid).

As mentioned above, ‘policy substitution’ is usually a redundant tactic for public health groups because it is usually they who put the policy on the table and instigate the campaign. However, in the case of the English smoking ban campaign, ASH and its coalition lobbied to replace the partial ban that had been promised in the 2005 Labour Party manifesto with a ban that allowed almost no exemptions. The only strategy from the ‘tobacco playbook’ that may not have been deployed by the anti-smoking lobby during the English smoking ban campaign was ‘financial incentives’.

There are relatively few studies looking specifically at the political tactics of public health actors, but a 2023 meta-study titled ‘Public health advocacy strategies to influence policy agendas’ looked at 65 studies related to trade policy and mentions activities that fall within four of the six categories in Savell et al. (2014). The extensive use of lobbying is evident throughout, although it is termed ‘advocacy’ by the authors, except when conducted by industry (Townsend et al. 2023). Further strategies included ‘debunking of industry claims’ (constituency fragmentation), ‘acting in coalitions’ (constituency building) and ‘invoking legal norms and legislation’ (legal). ‘Informal coalitions between government health officials and civil society actors’ (collaborating with government) and the ‘ability of advocates to capture favourable mainstream media attention’ (media advocacy) are also mentioned (ibid).

The similarities between ‘industry’ and ‘public health’ tactics have been inadvertently confirmed by a study from public health academics looking at the ‘counterstrategies’ of public health campaigners (Matthes et al. 2023). Although different

terminology is used, such as describing public health political activity as *civil society advocacy* while industry political activity is described as *industry interference*, the tactics of public health groups outlined by Matthes et al. (2023) are almost indistinguishable from the tobacco industry tactics outlined in Savell et al. (2014). They are shown side by side in Table 1 below.

Table 1: Industry and public health tactics

Industry tactic (Savell et al. 2014)	Public health tactic (Matthes et al. 2023)
‘[D]irect and indirect lobbying’	‘Accessing decision-makers’
‘[C]ommissioning research’	‘Generating and using evidence’
‘Legal (threatening legal action)’	‘Filing a complaint and taking legal action’
‘Constituency fragmentation (neutralising or discrediting opponents)’	‘Exposing industry conduct and false claims’
‘Constituency building (forming alliances with other sectors; media advocacy; creating front groups)’	‘Mobilising coalition and potential supporters’

A sixth public health tactic mentioned by Matthes et al. (2023) is ‘venue-shifting’, in which advocates who fail to change the law at the national level turn to local ordinances instead. This approach was used during the campaign for the English smoking ban when ASH were able to get a partial ban into Labour’s manifesto by first pushing for local legislation (Arnott et al. 2007). Although venue-shifting is not directly mentioned by Savell et al. (2014) in their list of tobacco industry strategies, Ulucanlar et al. (2023: 11) explicitly describe it as an important mechanism of industry influence and define it as ‘transferring policy-making to politically more favourable jurisdictions where industry preferred outcomes are more likely’.

The similarities between public health groups' political activity and that of 'unhealthy commodity industries' are so striking in this study that Matthes et al. (2023: 11) acknowledge it in the text, saying 'all [public health] counterstrategies are similar to one or two [tobacco] industry strategies'. They do not attempt to explain this except by suggesting that it 'could reflect advocates' intentions [sic] to beat the industry at its own game'.

A model with no predictive power

Ulucanlar et al. (2023: 16) claim that their Policy Dystopia Model is valuable because it has predictive power, but this is only true in the broadest possible sense. It is quite predictable that an 'unhealthy commodity industry' will build coalitions, criticise the opposition, lobby policymakers, etc. when faced with policy proposals that threaten its interests, but since the same is equally true of healthy commodity industries, civil society organisations and public health groups, this does not greatly extend the field of human knowledge. Such a banal observation does not improve our understanding of public health policymaking, nor does it help us predict who will prevail in a campaign fought (as these academics see it) between public health advocates and industry lobbyists.

Analysis of past campaigns by public health academics does not benefit from the CPA/Policy Dystopia taxonomy. In this literature, a win for the public health groups is typically attributed to good campaigning and solid evidence, whereas a defeat is put down to policymakers siding with industry. In the latter case, various industry strategies are blamed for the defeat, but since the same strategies are always deployed, there is no adequate explanation for the industry winning some campaigns and losing others. In short, the public health analysis has no predictive power in any meaningful sense and it does not help explain, even in retrospect, why policymakers act as they do.

For example, a study looking at alcohol industry submissions to an Australian inquiry into foetal alcohol spectrum disorders,

which some public health campaigners hoped would lead to mandatory warning labels on alcoholic beverages, claimed to have found a 'pattern of behaviours typical of those with a financial stake in harmful consumption, a strategy which is replicated across numerous public health issues and faithfully follows the methods historically used by the tobacco industry' (Avery et al. 2016: 671). Although the committee recommended mandatory health warnings, the government did not act on this. The authors therefore conclude that:

The current situation suggests that governments are more beholden to the alcohol industry's financial interests, than to the public interest of protecting unborn children and their mothers (ibid).

This conclusion cannot be derived from the evidence. The authors had no way of knowing what motivated the Australian government (let alone 'governments' in the plural) to reject proposals for mandatory health warnings. The study only looked at submissions from five alcohol industry groups. It did not examine the 87 submissions from other groups and individuals, nor did it examine any evidence that might have explained why the policy proposal was rejected. Although the authors assert that the government was more interested in protecting the industry's profits than – as they see it – 'protecting unborn children', the evidence presented does not show that politicians were swayed by the industry's arguments, let alone by concern for their financial interests.

A similar study, which claims to provide 'a depth of information not previously reported' about the food industry's 'impact on national nutrition policy', looked at industry submissions to a New Zealand Health Select Committee inquiry into obesity in 2006 (Jenkin et al. 2011). The authors say that the industry opposed 17 of the committee's 19 proposals and, since the government

went on to reject most, but not all, of those proposals, they claim that the government's position was 'aligned with industry' rather than aligned with 'the interests of public health'. From this, they conclude that the government did not treat different interest groups equally and was 'not neutral' (ibid: 1487).

This, again, does not follow from the evidence presented. Equal treatment implies giving each stakeholder a fair hearing. It does not require each stakeholder to get their own way. By the logic of the authors, neutrality could only be demonstrated if the government sided with industry half the time and with 'the interests of public health' half the time, although they would presumably not see this as optimal policymaking. Why did the government side with industry in most instances? Perhaps the government did not find the arguments and evidence presented by the public health groups compelling. It may have felt that the policies being proposed would be unpopular with the electorate. It may have sympathised with industry and feared that the policies would create excessive costs and job losses, neither of which are trivial concerns. Or it may have been hand-in-glove with big business, accepting bribes and exchanging favours. All of these explanations are possible, but the government's motivation cannot be inferred from its decisions alone.

As with the Australian study, it is not known whether the industry submissions swayed the opinion of policymakers, nor whether any of the submissions had a meaningful impact on the final decision. The authors' conclusion that the government was biased towards industry is based on nothing more than the observation that it rejected most of the recommendations supported by public health academics. It does not explain why the government sided with 'the interests of public health' on several occasions. In both studies, industry lobbying acts as a *deus ex machina* explanation for governments rejecting certain policy proposals. If use of the 'tobacco playbook' explains these

apparent victories for the industry, how do we explain the industry's various defeats?

As an analysis of policymaking, it is fatuous. For governments, it is not a binary choice between siding with public health or siding with industry. The interests of consumers, voters and political colleagues must also be borne in mind, and policymakers themselves will often have a personal view about how far the government should intervene in people's lifestyles. Even if it *were* a binary choice, it is not obvious that the opinions of people who self-describe as being representatives of 'public health' should be given equal weight to those associated with industries that meet consumer demand and contribute to the economy. 'The interests of public health' are not some cosmic, infallible force; rather they are the preferred policies of one particular interest group that has its own bias and ideology.

It is not easy to predict how any policy campaign between entrenched interests will play out, but it is difficult to see how an analysis based on observing industry strategies without studying the incentives of politicians, bureaucrats, voters and the media could have *any* explanatory or predictive power. While a Public Choice economist who studies the motivations and incentives of policymakers could make an informed guess about which side will prevail, the public health approach of focusing on tactics – which do not appear to vary significantly between interest groups – can only rationalise victories and defeats in retrospect.

The political implications of playbook rhetoric

Not every political strategy employed by ‘unhealthy commodity industries’ is practised by the public health lobby. The use of Corporate Social Responsibility schemes, which Ulucanlar et al. (2023: 15) list as a tactic of ‘unhealthy commodity industries’, is by definition confined to corporations and is practised by businesses in a variety of markets. Exploiting concerns about the illicit trade, which was one of the key criteria in an early version of the Policy Dystopia Model, would clearly be redundant for public health campaigners, although it does not seem to be used by many ‘unhealthy commodity industries’ either, including the food industry (Lauber et al. 2021b: 8)⁴.

There is little evidence of public health campaigners offering direct financial inducements to politicians, but it should be noted that such gifts are far from universal among ‘unhealthy commodity industries’ and they may not always be publicly documented. Tanrikulu et al. (2020) found no evidence of financial incentives in the baby formula industry, and Mialon and Mialon (2017) found no evidence of them in the dairy industry. Savell et al. (2015: 23) found no evidence of them in the alcohol industry and were only able to include ‘financial incentives’ as an alcohol industry tactic because a Thai alcohol company once reportedly threatened to ‘withdraw sports sponsorship in retaliation for [an] advertising ban’. Hancock et al. (2018: 8) included ‘financial incentives’ as a gambling industry

4 The lack of applicability to other industries may be why ‘illicit trade’ was dropped from most subsequent studies.

tactic but only by broadening the definition to include industry claims about how much employment and investment it created. Public health campaigners are clearly in no position to threaten to close down a factory or withdraw corporate sponsorship, but if making economic arguments counts as offering financial incentives, public health actors offer similar incentives when they claim that their policies will raise tax revenue or save the government money.

With these narrow exceptions, there are no tactics ascribed to the tobacco industry by Savell et al. (2014) that have not been used by public health activists in their own campaigns, most of them routinely. By using public health actors as a control group, we can see that there is nothing special or unique about the political strategies attributed to the tobacco industry, let alone the other ‘unhealthy commodity industries’. Since public health advocates have deployed nearly all of the strategies in the CPA taxonomies, we must presume that they do not view such methods as being inherently dishonourable or underhand. What, then, is the relevance of such strategies being deployed by their opponents?

It should first be understood – if it is not already obvious – that those who write about the ‘commercial determinants of health’ are generally not neutral observers but are committed partisans on the public health side. The titles alone are sometimes sufficient to indicate whose side they are on. They include ‘Slaying the dragon: how the tobacco industry refuses to die’, ‘Public health, corporations and the new responsibility deal: promoting partnerships with vectors of disease?’ and ‘Poisonous partnerships: health sector buy-in to arrangements with government and addictive consumption industries’. In this literature, it is common to see industry lobbyists described as ‘corporate actors’ or simply ‘lobbyists’ while public health lobbyists are ‘advocates’, ‘professionals’ or ‘experts’. Public health

lobbying is ‘advocacy’ while industry lobbying is ‘interference’ or ‘corporate capture’ (Miller and Harkins 2010). Disfavoured businesses are ‘unhealthy commodity industries’, ‘health-harming industries’ or ‘vectors of disease’. Lifestyle-related ailments are ‘corporation-induced diseases’. People do not see advertisements but are instead ‘exposed’ to them, and the advertising they are exposed to is ‘aggressive’. When industry-linked organisations mention methodological flaws in public health evidence, they are said to be ‘mimicking scientific critique’ (Lauber et al. 2021c: 2).

A study analysing the unsuccessful campaign to introduce minimum pricing in England was titled ‘Vested interests in addiction research and policy – The challenge corporate lobbying poses to reducing society’s alcohol problems’ (McCambridge et al. 2014). A study involving one of the same authors looking at the successful campaign to introduce the same policy in Ireland was titled ‘Coordination, framing and innovation: the political sophistication of public health advocates in Ireland’ (Lesch and McCambridge 2021). The second of these studies shows again how ‘tobacco playbook’ strategies are used by public health actors, albeit inadvertently. The authors recall that they established ‘a broad coalition’ (constituency building), ‘engaged in lobbying’ (information), ‘used social media, press interviews and editorials’ (media advocacy) and held events in the Irish Parliament (lobbying/collaborating with government). They also undermined the opposition by finding ‘a clever way to publicize the extent of industry lobbying’ (constituency fragmentation) (ibid). Although the similarities to industry tactics are not acknowledged by the authors, it is clear that they approve of such tactics when deployed by the public health side, describing them as ‘innovative’, ‘clever’ and ‘sophisticated’.

As active participants in ‘scholar activism’ (Friel et al. 2023: 1236), the aim of many of the academics who write about the political

science of public health is partly to warn fellow advocates about what to expect when waging a campaign against industry interests. This is made explicit in the conclusion of many of the studies. For example, Tanrikulu et al. (2020: 11) write:

The findings of this study could be used by public health advocates, civil society originations, the media and the public to further recognise and pre-empt the influence of corporations on health, in order to ensure that commercial interests do not prevail over public health goals.

But the most important function of this literature is to undermine the reputation of their political opponents by equating them with ‘Big Tobacco’. The ‘tobacconisation’ of alcohol, food, gambling and other ‘unhealthy commodity industries’ could lead to the conclusion that these industries should be subject to tobacco-style treatment. That, indeed, is what the authors of such studies surmise, recommending a global treaty to suppress their products in the mould of the WHO Framework Convention on Tobacco Control (Ulucanlar et al. 2016: 18) and extracting large sums of money from them in the style of the US Master Settlement Agreement (Bond et al. 2010: 330). After noting the ‘overwhelming evidence’ that ‘health harming industries engage in the same political and scientific practices as tobacco companies’, the authors of a report from the WHO Regional Office for Europe recommend that governments ‘regulate other HHIs [‘health-harming industries’], their products and practices, as they do tobacco’ (WHO Europe 2024: 13).

The most common recommendation is for politicians to keep their distance from industry lobbyists. In a paper that looks at the ‘tactics’ of alcohol industry lobbyists, Hawkins and Holden (2014: 68) conclude that ‘it must be called into question whether corporate actors ought to enjoy the same (or greater) level of influence on the policy-making process as practitioners and

experts within a given field.’ Similarly, after complaining that the Australian alcohol industry had told the government in a consultation that advertising bans make it more difficult for producers to win market share and that ‘most people drink responsibly’, Martino et al. (2017: 19) caution that: ‘Continuing to engage with industry as stakeholders in public health policies increases their opportunities to present such claims.’ Gilmore et al. (2023: 1206) even express concerns about the use of public consultations, impact assessments and the EU’s Better Regulation rules, which were designed to foster evidence-based policymaking, because they allow industries to engage with policymakers and, they claim, are ‘risk-based (instead of precautionary-based)’.

Others go further and call for ‘unhealthy commodity industries’ to be banned from engaging with policymakers altogether. Savell et al. (2015: 30) are among a number of researchers to have argued that the similarities between the corporate political strategies of the alcohol and tobacco industries ‘suggest that alcohol policy may benefit from reproducing efforts in tobacco control aimed at excluding corporate actors from the policy process’. Friel et al. (2023: 1234) recommend ‘excluding conflicted industries from playing a role in policy formulation’. Similarly, Sally Casswell (2013: 683) writes:

The consistent activity by the alcohol industry and its front organisations to undermine the uptake of these policies in both mature and emerging markets argues for their exclusion from the policy arena in the same way that the tobacco industry is excluded.

The model here is Article 5.3 of the WHO’s Framework Convention on Tobacco Control, an international treaty that commits governments to ‘protect [public health] policies from commercial and other vested interests of the tobacco industry’.

Relatively uncontroversial on the face of it, this stipulation has been gold-plated by both the WHO and domestic activists to preclude anyone with even the loosest connection to the industry from engaging in the policy-making process. Several tobacco control organisations not only exclude any

interest group, think tank, advocacy organization, lawyer, law firm, scientist, lobbyist, public relations, and/or advertising agency, business, or foundation, that represents *or works to promote the interests of the tobacco and nicotine industry* (emphasis added)⁵.

but also define ‘interests’ as being

any financial or non-financial links with the tobacco industry, including through employment, consultancy, research, business, professional or personal interests, contributions or gifts, family’s or spouse/partner’s interests, *relationships up to the fourth degree of consanguinity and affinity, and frequent or regular social relationships* (emphasis added)⁶

This effectively no-plates anyone who opposes anti-vaping regulation (since they could be considered to be working to promote the interests of the ‘nicotine industry’) as well as anyone whose great-grandfather regularly socialised with a tobacconist.

The effect – and intention – of extending such a freeze-out to other ‘unhealthy commodity industries’ would be to allow the claims of public health lobbyists to go largely unchallenged and for an extremely wide range of products to be regulated like tobacco, i.e. incrementally prohibited. The report published by WHO Europe, which was written by many of the academics who

5 For example, the Southeast Asia Tobacco Control Alliance: <https://web.archive.org/web/20220809023247/https://seatca.org/declaration-of-relationships-or-interests-with-the-tobacco-industry/>

6 Ibid.

produced the studies discussed in this paper, concluded that the equivalent of Article 5.3 should apply to all ‘health-harming industries’ such as alcohol, food, gambling, ‘the commercial milk formula industry’ and even ‘the emerging gig and platform economies’ (WHO Europe 2024: 82). Such a ban on stakeholder dialogue would not only produce poorly drafted legislation but could also have calamitous consequences. As David Zaruk (2024) notes, a ban on politicians engaging with the pharmaceutical industry would have been disastrous during the COVID-19 pandemic, and a ban on engaging with fossil fuel companies would have been a grave mistake during the 2022 energy crisis.

Conclusion

The 'Big Tobacco' story was scandalous not because the industry filed lawsuits, held public events or argued for freedom of choice, but because its executives suppressed evidence unfavourable to their product and hid what they knew about the addictive and hazardous properties of cigarettes. Insofar as laypeople and policymakers are familiar with the concept of the 'tobacco playbook', this is what they imagine. There is little to no evidence that the food, alcohol and gambling industries have done likewise.⁷ They have certainly challenged and queried evidence from public health campaigners on matters of policy and have sometimes challenged certain empirical claims, but questioning the assumptions in a computer model or warning that heavy taxation will disproportionately hurt the poor is very different to denying that, for example, heavy drinking causes liver cirrhosis.

When industries are said to be behaving like the tobacco industry because they talk about personal responsibility (Brownell and Warner 2009), state that a problem is complex (Petticrew et al. 2017) or emphasise freedom of choice (Friedman et al. 2015), it should be obvious that the 'tobacco playbook' has become a catch-all term that encompasses all corporate political activity apart from total capitulation.

By redefining the playbook to include standard public affairs strategies, a small group of 'scholar activists' has moved the definitional goalposts while retaining the rhetorical power of the comparison with 'Big Tobacco'. The public health literature on

⁷ Attempts have been made to draw such parallels, but they have not been convincing. See Johns and Oppenheimer (2018) for an example.

corporate political activity makes no meaningful contribution to political science because it identifies very few, if any, tactics that are distinct to 'unhealthy commodity industries'. Any organised interest group would respond in the same way if put under similar pressure. Civil society campaigners – including public health activists – use most if not all of the same strategies. The literature on 'unhealthy commodity industry' tactics is better understood as part of a political strategy by public health actors to undermine the opposition than as a serious attempt to advance our understanding of the policy-making process.

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