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Countering harmful commercial discourses

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Perspective

Reclaiming the narrative: countering harmful commercial discourses

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Abstract

The discourses promoted by powerful commercial actors whose business activities are damaging to health undermine the potential for the transformational changes urgently needed to address pressing public health and environmental threats globally. This piece provides an analysis of corporate discursive practices and the mechanisms through which they contaminate scientific and policy debates and harm public and environmental health. We refer to this phenomenon as ‘discursive pollution’ to reflect the parallels between the effects of informational strategies and the commercial activities of harmful industries. It aims to contribute to the literature on the commercial determinants of health by offering a cross-industry perspective of discursive practices and the contradictions that underpin industry-favourable discourses. We propose how the health community can facilitate the construction of alternative discourses by revealing the contradictions and assumptions underpinning industry-favourable discourses.

Keywords: commercial determinants of health, commercial practices, discourses, pollution, global health, equity, conflicts of interest, doubt, framing

Contribution to Health Promotion

- The importance of countering the pollution of health discourses by powerful commercial actors demands greater action by the health community.
- Health actors can work collectively to counter harmful industry discourses including exposing the contradictions on which they are based.
- By revealing these contradictions, the health community can facilitate the construction of alternative discourses free of pollution from health-harming industries.

INTRODUCTION

The planet is being destroyed on an unprecedented scale and rate with devastating effects on the living organisms it sustains (United Nations Environment Programme & International Science Council, 2024). At the same time, millions of lives globally are ended prematurely by preventable ill-health, injury and violence (World Health Organization, n.d., 2024). Those disproportionately affected by these unfolding environmental and health crises are also those least responsible for their emergence, making concerns for health and environmental protection inseparable from questions of equity and

social justice. To address these interconnected crises requires a transformation of economic, governance and regulatory structures globally (Friel *et al.*, 2023). Initiating these paradigm shifts requires a greater recognition of how powerful commercial actors, whose products and practices are harmful to health, pollute not just our physical environments, but also public discourses, norms and ideas in ways that undermine urgently needed policy change (Gilmore *et al.*, 2023).

To secure conditions favourable to their interests, some commercial actors influence many of the accepted norms, ideas, values and policies that structure our social worlds—

the very ‘water’ in which we swim, but, critically, rarely perceive or question (Wallace, 2009). These commercial actors include powerful, health-harming industries whose products and practices, both directly and indirectly, perpetuate ill-health, inequity and environmental destruction (Gilmore et al., 2023; Ulucanlar et al., 2023). The pollution of public discourses by these commercial actors—their attempts to define ‘the world of the possible and the impossible, the blameless and the guilty’ in ways amenable to their interests but antithetical to health and equity—is a pervasive threat to public health (Maani et al., 2022). The magnitude of this form of pollution and its perceived normality has implications for health professionals whose goal is to promote health and social justice.

The commercial determinants of health (CDOH) literature offers an important means for understanding this narrative pollution (Gilmore et al., 2023). It establishes the need to address not only the production, sale and promotion of harmful products but also the discursive practices employed by commercial actors to reproduce the systems and environments that enable these. Here, we make the case that transitioning to healthy, just societies and sustainable economic models depends on our ability to reveal the contradictions and counter the ideas underlying industry-favourable discourses while offering an alternative vision of a more equitable and democratic politics that prioritizes public health, human rights and the environment over corporate profits.

THE POLLUTION OF HEALTH DISCOURSE

The conscious and intelligent manipulation of the organized habits and opinions of the masses is an important element in democratic society. Those who manipulate this unseen mechanism of society constitute an invisible government which is the true ruling power of our country. ...We are governed, our minds are moulded, our tastes formed, our ideas suggested, largely by men we have never heard of.

Edward L. Bernays, *Propaganda* (1928)

The pollution of health discourses occurs in multiple ways. Industry actors who face regulation or legal liability due to the emergence of evidence of harms associated with their products often seek to protect future revenue, and themselves from litigation by disputing causation in the mind of the public (Markowitz and Rosner, 2002; Proctor, 2011). The cumulative effect of these efforts can be powerful, contaminating public debate and understanding with doubt and denial (Oreskes and Conway, 2011; Goldberg and Vandenberg, 2021). For example, this occurs through the suppression of evidence demonstrating the risk of harm associated with their products, from asbestos and tobacco to lead, vinyl and other industrial chemicals and/or releasing favourable research into the scientific literature, thereby biasing the evidence base, a strategy well-documented for the pharmaceutical and sugar industries [see, e.g. (Markowitz and Rosner, 2002; Proctor, 2011; Kearns et al., 2016; Maani et al., 2023; Bero, 2023)].

Health-harming industries seeking to avoid regulation or liability portray themselves as ‘part of the solution’, while shifting the blame for harms onto others, including individual consumers, parents, youth or workers for their supposedly poor choices or lack of responsibility (van Schalkwyk et al.,

2022; Gilmore et al., 2023; Ulucanlar et al., 2023). The automotive industry’s portrayal of the ‘nut behind the wheel’; the gambling industry’s emphasis on the ‘problem gambler’; the alcohol industry’s framing of the ‘irresponsible’ drinker; the pharmaceutical industry’s promotion of ‘legitimate’ opioid use; the pesticide industry’s portrayal of highly hazardous pesticides ‘misusers’ in low resource settings and the creation of the so-called ‘litterbug’ (the concept at the heart of the infamous *Make America Beautiful Again* organization and campaign formed by executives from soda, beer, chewing gum, cigarette and candy companies, as well as the packaging and chemical industries) all provide examples of industry attempts to deflect attention from the inherently harmful aspects of their products’ design and promotion (Nader, 1965; Lappé, 2016; Petticrew et al., 2016; van Schalkwyk and Cassidy, 2023; Sismondo and Bernisson, 2024; Utyasheva et al., 2024). These discourses obscure the role of commercial actors as powerful architects of our choice environments; as drivers of harm through their resistance to regulation; and the extent to which companies’ profits are reliant on harmful and inequitable patterns of consumption.

Industry discourses deliberately undermine public understanding of policy problems and solutions, presenting commercial actors, and those dependent on their funding, as the legitimate source of evidence and expertise (Ulucanlar et al., 2023). For example, the fossil fuel industry seeks to establish their position as leading the ‘green’ energy transition (Smerecnik and Renegar, 2010; Plec and Pettenger, 2012; Supran and Oreskes, 2021), the baby food industry portrays themselves as experts on breastfeeding and infant nutrition to health professionals and the public (Baker et al., 2021; Cossez et al., 2022), and the gambling industry and the organizations they fund assert their expertise in gambling harm prevention by claiming, for example, that their ostensibly ‘evidence-based’ and ‘evaluation-led’ youth education programs safeguard children from gambling harms (van Schalkwyk et al., 2024). They are highly skilled in constructing and disseminating superficially plausible and emotively impactful policy discourses, which conflate business interests with the public interest (Schneider et al., 2016). For example, their use of evidence selectively to construct ‘dystopian’ or apocalyptic narratives about anticipated negative and perverse impacts of proposed health-related policies—from job loss, economic decline and illicit trade to the loss of national identity, culture and freedom—is a key form of discursive pollution (Schneider et al., 2016; Hussain et al., 2023; Ulucanlar et al., 2023). These discursive strategies are highly consistent across industries, time and settings but are also adapted to exploit specific conditions in low- and middle-income countries (LMICs). For example, the tobacco industry influences policy debates in LMICs by framing tobacco control policies as driven by foreign interests, as a threat to national development, as harmful to tobacco farmers, and claiming that policies adopted in high-income settings may be ineffective in LMICs (Matthes et al., 2021). To address the resulting harms to public health, we must problematize and counter the discursive practices of health-harming industries that exert disproportionate influence to protect their interests.

REVEALING CONTRADICTIONS

Many common health-harming industry discourses have been shown to be internally contradictory and follow a *have*

your cake and eat it logic: meaning they are strategically adapted to persuade and appeal to different audiences and to exploit varying and unfolding political and social contexts, and consequently lack overall coherence and compatibility with what is said or done in practice (Glynos and Howarth, 2007; Schneider *et al.*, 2016; Ulucanlar *et al.*, 2023). Typically, commercial actors seek to extol the benefits they provide while denying and downplaying the harms that occur as a result of their business practices (Schneider *et al.*, 2016). Similarly, they may claim to be seeking knowledge and understanding about their products, while actively undermining that understanding and distorting the science (Markowitz and Rosner, 2002; Proctor, 2011). Studying these contradictions can help to reveal how they function to pollute understanding and debate by manufacturing doubt and concealing the possibility of alternative ways of governing. This is key to challenging the dominance and legitimacy of industry narratives about health, science and policy (Gilmore *et al.*, 2023).

Researchers have provided ample evidence of how these contradictions emerge from industry efforts to: (i) obtain preferential treatment from governments; (ii) present themselves as protecting individual freedom, while actually constraining it and (iii) shape and frame perceptions of the evidence base while professing a commitment to evidence-based policymaking (Farnsworth, 2012; Hawkins and Holden, 2014; Dobson and Hawkins, 2016; Schneider *et al.*, 2016; Gilmore *et al.*, 2023; Ulucanlar *et al.*, 2023; van Schalkwyk *et al.*, 2024). For example, corporations often assert their rights as legal persons (i.e. the right to free speech or the right to privacy) but avoid their concomitant responsibilities (i.e. adhering to regulations) or respecting the rights of others (i.e. the right to health and a healthy environment) (Annas, 2023). Harmful commercial actors commonly advocate for deregulation and to reduce the size of the state, while lobbying for, and relying on, government protections such as enforcement of intellectual property rights or ‘corporate welfare’ (Farnsworth, 2012), via provision of public bailouts, subsidies (a striking example being fossil fuel subsidies which account for 7.1% of global GDP when accounting for externalities (van Weyenberg *et al.*, 2024)), tax breaks and access to services, utilities and trained and healthy workers (Farnsworth, 2012; Schneider *et al.*, 2016).

Certain commercial sectors, and industry-associated or funded think tanks and front groups, portray themselves as protectors of freedom and choice while acting deliberately to constrain the choices and freedoms afforded to the public. Many seek to shape understanding through influencing science, policymaking and public debate (Mayer, 2016). Regulations, such as tobacco control or minimum alcohol pricing are described as government over-reach and an intrusion into individual liberties and freedoms (Gilmore *et al.*, 2023; Ulucanlar *et al.*, 2023). Yet industry-favourable discourses are highly prescriptive about what people should do, what regulations should be in place, what services people should have access to and who is best placed to deliver and evaluate these, such as (in their view) industry-funded charities (Ulucanlar *et al.*, 2023). Commercial entities and their associates have a long history of influencing ideas and norms through educational settings, from primary school to university and post-graduate curricula, including continuing medical education (Mayer, 2016; van Schalkwyk *et al.*, 2022; Sismondo and Bernisson, 2024).

Additional contradictions underly corporate rhetorical commitments to keep people safe from the harms associated with their products, while obstructing and undermining policies that would do this most effectively such as mandatory consumer warnings and product safety features, and restricting or banning particularly harmful products (Markowitz and Rosner, 2002; McCulloch and Tweedale, 2008; Eddleston, 2022; Goulet *et al.*, 2023). Instead, commercial actors often advocate for weak interventions for which there is little evidence of effectiveness, such as youth education programmes (van Schalkwyk *et al.*, 2022) and self-regulation, including in LMICs where the burden of harm from commercial practices and products is greatest and growing (Baker *et al.*, 2021; Erzse *et al.*, 2022; Gilmore *et al.*, 2023). They fund campaigns and charities that inform the public about personal responsibility or ‘safe’ use while spending considerably greater amounts on sophisticated marketing strategies and product designs that conflict with informed decision-making by encouraging consumption, including using dark nudges or addictive properties (Petticrew *et al.*, 2020; Roy-Highley *et al.*, 2024). They construct narratives about unmet needs or unrecognized conditions to extend uses for pharmaceutical products, such as opioids, despite the risk of harm this poses to the public (Yakubi *et al.*, 2022). Such corporate actors and their front groups engage in *corporate ventriloquism*, claiming to *speak on the behalf*, and protect the interests, of particular groups, such as women, minorities, workers or entire communities, while targeting the very same populations through product marketing, and opposing worker and environmental regulations (Markowitz and Rosner, 2002; Proctor, 2011; Schneider *et al.*, 2016).

Furthermore, there are profound contradictions regarding the role of evidence in corporate narratives and their evidential standards (Ulucanlar *et al.*, 2023). Commercial actors who seek to resist strongly evidenced regulations to protect public health or the environment often make strong rhetorical commitments to evidence-based policymaking, demanding the highest standards of proof in support of policies that threaten their interests while simultaneously presenting weak and conflicted evidence against such policies, or in support of their preferred policy approaches. They use international comparisons to support their arguments for or against policies, such as sugar taxes, while dismissing the validity of public health arguments that do the same (Ulucanlar *et al.*, 2023). They make unevidenced causal claims about the impacts of their corporate social responsibility initiatives to take credit for positive population health trends while ascribing blame for the burden of harm to the failings of individuals (van Schalkwyk *et al.*, 2021; Ulucanlar *et al.*, 2023). They demand transparency in government policymaking while acting to shield their own data and decision-making processes from public scrutiny and concealing their influence on science through ghost-writing and undisclosed funding of research and policymaking through front groups [see, e.g. (Schneider *et al.*, 2016; Glenna and Bruce, 2021)].

BUILDING COUNTER DISCOURSES CENTRED ON HEALTH AND EQUITY

Creating structures and systems that prioritize and promote health and equity requires the construction of new understandings of public health and the environment. Such a paradigm shift cannot be achieved by individuals acting in

isolation. Change is iterative and often unpredictable. However, change is possible, and involves scrutinizing the provenance, underlying assumptions and functions of the dominant ideas and practices within the health community in order to counter industry pollution of health discourses, and reclaim core scientific and public health concepts (Figure 1).

The health community has an essential role in working collectively across institutions and disciplinary silos and with those who are most harmed by commercial practices and products to foster a ‘recruitment of constituencies’ to help end the flow of corporate discursive pollution in all its forms (McCulloch and Tweedale, 2008). Countering the CDOH requires empowering health professionals with the knowledge and skills to do so, including strengthening health actors’ understanding of, and ability to engage with, policy discourses in order to counter industry pollution of the public sphere. Such efforts should be seen as core public health interventions and educational curricula will need to ensure that health professionals have the knowledge and skills to meet these challenges by including concepts such as framing, rhetoric, key concepts from political science, and a comprehensive, cross-industry account of CDOH in the education and train-

ing of public health actors (Lacy-Nichols *et al.*, 2022; Lee and Freudenberg, 2022; Buse *et al.*, 2023). The evidence for strategies and actions aimed at curbing excess corporate power and the effective use of countermarketing campaigns can also inform the strengthening of public health education and training (Palmedo *et al.*, 2017; Wood *et al.*, 2023). Industry pollution of health discourse must be considered as equally important risk factors as those, such as land, water and air contamination/pollution, about which health professionals current training, and much public health policy, are focused.

However, for the health community to be a strong and effective counter to industry discursive pollution, academic institutions, health agencies and others will need to confront efforts by commercial actors to attack, intimidate and discredit those who threaten their interests. This includes providing guidance to health professionals on how to pre-empt and respond to such practices, building, for example, on initiatives like the Researcher Support Consortium (Tollefson, 2024).

Additionally, catalyzing the changes proposed here will rest in part on much greater and more explicit recognition of what or who maintains the *status quo* and whose interests

- Harmful industries pay close attention to the language they use and often seek to align their products with concepts like cleanliness, nature, safety, and health or masculinity, rebelliousness and female emancipation, depending on the audience. Similarly, analogies and metaphor are of great importance to the construction of industry-favourable discourses. Building counter discourses therefore demands the same level of skill and effort.
- Addressing discursive pollution will involve re-claiming core public health and scientific concepts. In defence of harmful products and practices, commercial actors are well known for their (mis)use of concepts like uncertainty, complexity, biological diversity, and alternative causation to cast doubt and create an aura of credibility and scientific authority.
- Almost nothing can be known with absolute certainty. The world *is* complex, people *are* biologically diverse, and most outcomes have multiple potential causes. But this does not mean - as corporate actors and their front groups frequently argue or imply – that *nothing* is knowable, or that *nothing* can or should be done. Good decisions, particularly those needed to protect public health, do not require so-called *perfect* evidence, and the exploitation of such concepts should be recognised for what it is: an attempt to undermine evidence-informed public action or to legitimise inaction. Counter discourses need to bear witness to the effects of corporate rhetorical practices that undermine science and people’s health and well-being.

Fig. 1: Examples from the CDOH evidence base that can help inform the building of counter discourses.

it serves. This in turn can facilitate efforts to contest the current norms and structures we often take for granted. Instead of accepting industry-favourable discourses at face value, we need to actively cultivate an ethos of questioning and critically interrogate their motives and underlying assumptions to expose and undermine their internal contradictions. This will also involve: (i) challenging industry claims to expertise, public health impact and commitment to safety and the production of knowledge; (ii) questioning the logic that reproducing dominant discourses is ‘value-free’, objective and apolitical whereas advocating for change in the interests of health and equity and offering alternative possibilities is emotive, political and subjective and (iii) denormalizing and replacing embedded industry-favourable problem definitions that rest on blaming the public and obscuring the role of powerful structural forces by building new discourses based on transformative framings of a healthier and just world. Such actions are core to creating the conditions for the adoption of more effective policy responses that can *prevent* harm to people and the planet. Instead of treating the harms perpetuated by those who benefit from the current system as given, and unquestioningly reproducing the logics on which they are based, we need to instead transform the very system itself (Friel *et al.*, 2023).

A system that disproportionately depends on harmful consumption and environmental destruction and which is based on discursive pollution of the public sphere should be seen as the key policy problem we must seek to address. Working within the boundaries of the current paradigm, limiting our objectives to incremental changes to individual industry practices will leave the core drivers of the current crises largely intact, and maintain the perceived normality and necessity of the current system. As Martin Luther King Jr once said: ‘True compassion is more than flinging a coin to a beggar; it is not haphazard and superficial. It comes to see that an edifice which produces beggars needs restructuring’. Such structural realignments require us to have essential conversations about what the foundational drivers of health inequities are, and what a healthier society might look like. We must envision health for all as a cornerstone of social progress. Our health is largely dependent on our physical and social environments that are shaped by policy discourses, which require reimagining and reclaiming.

AUTHORS’ CONTRIBUTIONS

M.v.S. conceptualized the original piece with further conceptual input from all co-authors. M.v.S. wrote the first draft of the article and all co-authors were then involved in revising and editing subsequent versions of the manuscript.

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CONFLICT OF INTEREST

M.v.S. is on the Editorial Board at *Health Promotion International*. M.v.S. is a guest editor on the CDoH special issue. M.P. is on the Advisory Board of *Health Promotion International*. K.B. is a member of the Board of the World Obesity Federation (WOF) and serves as the chair of its Policy and Prevention Committee. The WOF receives funding from a variety of sources, including the pharmaceutical industry, but does not accept funding from the food industry.

DATA AVAILABILITY

All data used for this opinion piece is in the public domain.

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