



## Similarities in approach between Big Tobacco and Big Booze: Evidence of the 'Greedy Bastard Hypothesis'?

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### EDITORIAL

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A paper in this issue of the *AMJ* by Bond, Daube & Chikritzhs (*Selling addictions: Similarities in approaches between Big Tobacco and Big Booze*)[1] is their second paper in the *AMJ* based on analyses of documents from the 1998 Master Settlement Agreement [2]. This particular paper highlights the shared interests of tobacco and alcohol companies, citing the ways in which they work closely together, share information and use similar arguments to defend their products and prevent or delay restrictions being placed on their products. The authors argue that their analysis is important in order to understand and respond to further regulation of alcohol and tobacco products. In a previous Editorial in the *AMJ*, I talked about the theoretical issues raised by their research with reference to the Political Economy of Health, which begs the question "can the alcohol

industry pursue the often contradictory goals of 'health' and 'wealth'?" [3] On the basis of the current paper by Bond et al, I would like to extend my previous Editorial by highlighting what Graham Scambler has called the Greedy Bastard Hypothesis (GBH) [4, 5].

Scambler's notion of the GBH is an extension of older ideas of the Political Economy of Health, using contemporary data in the UK. It is not the purpose of this Editorial to provide an in-depth analysis of the GBH, but rather to introduce the central ideas and provide an additional context for interpreting the paper by Bond et al.

Scambler uses data from the widening inequalities in health, income and material wealth in the UK and suggests that this can be explained by the capitalist imperatives that has created what he calls "Britain's Greedy Bastards" or GBs (Scambler 2002, p 98-109). Scambler makes no apology for being what he calls 'provocative', and draws on copious amounts of public health and sociological literatures to defend his GBH. He argues that current health inequalities can be "*plausibly regarded as the (largely unintended) consequences of the ever-adaptive behaviours of members of its (weakly globalised) power elite, informed by its (strongly globalised) capital-executive*" (Scambler 2002, p88). The 'power elite' (who are Scambler's Greedy Bastards in the



GBH) include positions like the Chairmen and Chief Executives of the FTSE 100 companies. The 'Capital-executive' is the capitalist system which coerces the GBs into the search for more and more profit, at the expense of the majority of the population, thereby creating, maintaining and proliferating the inequalities in health. Scambler, and the GBH, does not lay the blame (and therefore the solution) at the feet of individual CEOs, who are merely regarded as pawns in a Capitalist game. The GBH asserts that the Capitalist system creates the 'rules of the game' by which the GBs operate – the rules are clearly about maximising profits for the minority (e.g in the UK, 19% of wealth is attributed to 1% of the population, with over 50% of all wealth falling to 10% of the population (Scambler 2002, p 86)) at the expense of the majority. This does not totally abdicate the GBs from any responsibility in the widening inequalities in health, but it argues for global policy effort to change the rules of the game in which the GBs are playing (e.g. through increased regulation, new legislation and taxation). This analysis of the GBH clearly seems to extend to the Big Tobacco and Big Booze industries cited in the paper by Bond et al.

5. Scambler G: *Habermas, Critical Theory and Health*. London: Routledge; 2001.

#### PEER REVIEW

Commissioned. Not peer reviewed.

#### CONFLICTS OF INTEREST

The author declares that he has no competing interests

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