FREE TRADE AGREEMENTS, POWER ASYMMETRIES, AND THE DESIGN OF NUTRITION POLICIES: A CRITICAL DISCOURSE ANALYSIS OF CHALLENGES TO NUTRITION LABELLING REGULATIONS AT THE WORLD TRADE ORGANIZATION, 2007–2018

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Background There is a long-standing debate about whether and how trade agreements may impact on nutrition policies. The debate centers on whether powerful countries and multinational corporations may invoke trade rules in order to prevent governments in other countries from introducing effective interventions, including nutrition labelling designed to promote healthy diets. Most research examining this possibility has considered whether and how technical rules in trade agreements are - or can be - invoked to contest nutrition labelling policies. Yet, this overlooks how trade agreements may be used by powerful agents to exert normative and ideological pressure concerning the causes of nutrition-related illnesses and appropriate policy design.

Setting In this article we conduct a critical discourse analysis of the non-technical arguments and discursive strategies used to challenge nutrition labelling policies proposed by Thailand, Chile, Indonesia, Peru, Ecuador, Bolivia, and Uruguay at the World Trade Organization (WTO) between 2007 and 2018. We analyse the normative and ideological claims used to challenge these policies, and assess whether and how power imbalances manifest in these arguments using Gaventa’s typology of power.

Results Our discourse analysis shows that nutrition labelling debates at the WTO feature normative and ideological arguments concerning the causes of nutrition-related diseases, legitimate policy goals, and the scope of acceptable means for achieving them. For example, members state that obesity is complex and no foods play a particular role in the development of nutritional diseases; they argue that policies should address the causes of obesity in society, and thus identify Government action (or inaction) to improve food environments. It will allow for the first time benchmarking of Irish food environments.

Conclusion Our analysis suggests that powerful countries and multi-national corporations use WTO rules to shape trade partners’ understanding of the causes of nutrition-related diseases, legitimate nutrition policy goals, and the scope of acceptable means for achieving them. In short, trade agreements can be used to influence normative and ideological foundations of nutrition interventions, and this creates scope for a subtle mobilisation of power to shape policy.

THE INFORMAS HEALTHY FOOD ENVIRONMENT POLICY INDEX (FOOD EPI) IN IRELAND: AN ASSESSMENT OF IMPLEMENTATION GAPS AND PRIORITY RECOMMENDATIONS

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Background Food-EPI has been developed by the International Network for Food and Obesity/Non-communicable Diseases (NCDs) Research, Monitoring, and Action Support. It is classified into two components: ‘policies’ and ‘infrastructure support’. The policy component includes 7 domains to address the key aspects of food environments, that can be influenced by governments to create healthy food choices. The infrastructure support component includes 6 domains that facilitate policy development and implementation to prevent obesity and NCDs. Good practice statements are proposed within each domain, describing ‘best practices’ governments put in place to contribute towards a healthier food environment. The aim of this work was to assess and compare the extent of implementation of national government policies and actions in Ireland, for creating healthy food environments against international best practice, and identifying the major implementation gaps.

Methods Evidence on the extent of government implementation of different policies on food environments and infrastructure support was collected. Government officials validated the evidence document, and an online survey with public health experts and NGO representatives to rate the performance of government against international best practice was conducted. The experts independently scored the degree of implementation of those policies against international benchmarks. A one-day workshop was convened with the expert rating panel to identify potential policy actions. Online prioritisation of these actions will be prioritised.

Results There was very little to low levels of implementation for indicators in the ‘policy domain’. Specifically very low levels for ‘Food composition targets for out of home meals’; restricting unhealthy food promotion to children’, ‘healthy public procurement standards; and ‘zoning laws encouraging healthy food outlets’. Only one indicator in the policy domain was rated with a high level of implementation ‘increasing taxes on unhealthy foods’. In the infrastructure domain experts rated policy implementation from medium to high. Experts identified 18 actions in the policy domain and 16 actions in the infrastructure domain to be brought forward for prioritisation.

Conclusion This is the first Food-EPI to be conducted in Ireland. It will allow for the first time benchmarking of Irish food environment policies against international best practice and thus identify Government action (or inaction) to improve Irish food environments.

SCREENING INTERVENTIONS FOR PROBLEM GAMBLING IN HEALTH, CARE AND SUPPORT SETTINGS – A SYSTEMATIC REVIEW

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Background Since the relaxing of gambling laws in 2005, gambling harm has become a serious and worsening public mental health concern in many countries. Screening programmes for problem gambling are one strategy to improve identification of risk and to promote public uptake of effective interventions to help problem gamblers. However, no systematic review has been conducted to systematically identify all screening interventions that have been tested for problem gambling. The aim of this review was to systematically identify and assess all empirical evidence for screening interventions for problem gambling.

Methods The systematic review included all empirical and reviews of screening interventions for problem gambling in health, care and education settings. The searches were conducted using electronic databases. The eligibility criteria included randomised controlled trials (RCTs), non-randomised controlled trials (non-RCTs) and reviews. The included studies were assessed for risk of bias and the quality of evidence was rated. The selected studies were then synthesised in an evidence summary.

Results Fifty-eight studies were included in the review. Of these, there were five RCTs and four non-RCTs. The findings indicated that there was evidence for the effectiveness of screening interventions for problem gambling, with high-level evidence for brief interventions and lower-level evidence for other interventions. The findings also highlighted the need for further research to explore the potential of existing interventions in different settings and for different populations.

Conclusion This systematic review provides a comprehensive overview of the evidence for screening interventions for problem gambling. The findings support the use of screening interventions in health, care and education settings, with high-level evidence for brief interventions. The review also highlights the need for further research to explore the potential of existing interventions in different settings and for different populations.