The Architecture of Addiction: How Tobacco's *Thought* Built the Global Food System

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Walking down the center aisles of a modern grocery store is a lot like walking through a minefield of scientific engineering, though most of us just think we're picking out a snack for movie night. We see bright colors and bold fonts promising all-natural or great value, but what we don't see and what we aren't supposed to see is the invisible hand of an industry that spent decades mastering the art of the chemical hook. The obesity crisis and the rise of diabetes are frequently discussed as if they stem from a massive collective failure of willpower, implying millions of people simply woke up one day and decided to stop caring about their health. The reality is far more calculated. The knowledge we have now about our food system points to a specific design process that did not even start with food. It started with cigarettes.

For a long time, the public perception was that tobacco companies were in the business of nicotine and food companies were in the business of nourishment, but if you look at the corporate history of the 1980s, that line just completely disappears. When companies like Philip Morris and R.J. Reynolds began buying up massive food brands like Kraft, General Foods, and Nabisco, they did not just bring their checkbooks, they brought their entire internal logic on how to make a product indispensable to the human brain (Moss, 2013). This is where the thought behind public affairs gets really interesting, because they applied the same laboratory precision used to calculate the bliss point of a cigarette to things like boxed mac and cheese, Oreo cookies, and sugary cereals (O'Connor, 2023).

To understand why this corporate merger was so consequential, you first have to understand what the tobacco industry actually knew about human biology and how they applied that knowledge to food. Michael Moss's 2013 investigation into the processed food industry lays out how food scientists spent decades searching for what they called the "bliss point," the precise

combination of salt, sugar, and fat that would send the brain's reward circuitry into overdrive without triggering the body's natural satiety response (Moss, 2013). Far from simple guesswork, this was neuroscience applied directly to manufacturing.

The human brain has a reward system built primarily around the neurotransmitter dopamine, which evolved to reinforce behaviors essential to survival like eating calorie-dense food. When you eat something that is high in fat and sugar simultaneously, the brain does not just register pleasure. It initiates a cascade of neurochemical events. Dopamine floods the nucleus accumbens, encoding a memory that tells the brain whatever you just did is worth doing again. Food scientists call this the incentive salience response, and the tobacco industry understood it intimately because it is the same mechanism nicotine exploits (Moss, 2013).

What makes hyper-palatable foods so effective at hijacking this system is the way specific nutrient combinations work together to defeat the body's built-in stopping mechanisms. Under normal circumstances, when you eat whole food, hormones like leptin and peptide YY signal to the hypothalamus that you have consumed enough energy, and appetite decreases accordingly. But research underpinning the work of Fazzino and her colleagues has shown that foods engineered with specific clusters of fat and sodium, or fat and sugar, or carbohydrates and sodium, appear to blunt or delay this hormonal feedback loop (Fazzino et al., 2019). The reward signal effectively crowds out the satiation signal. Rather than eating to satisfy a true physiological hunger, a person continues to consume because the composition of the product has deliberately altered the neurochemical environment of the brain.

Fazzino's team developed a rigorous, data-driven definition of hyper-palatable foods that gave researchers an actual scientific framework to work with (Fazzino et al., 2019). They identified three primary categories based on the nutrient clusters most associated with

overconsumption: foods high in fat and sodium, foods high in fat and simple sugars, and foods high in carbohydrates and sodium. When they applied this taxonomy to a large sample of the American food supply, they found that hyper-palatable foods were staggeringly common, and that during the period when tobacco corporations owned major food brands, those brands' products were significantly more likely to fall into hyper-palatable categories than products owned by independent food companies (Fazzino et al., 2019). Specifically, fat and sodium combinations were about 80 percent more prevalent in tobacco-owned food products (O'Connor, 2023). This lopsided distribution points away from accidental market preference, serving instead as the clear fingerprint of an industry that knew exactly how much stimulation it needed to deliver to keep a consumer coming back.

What Moss documented so vividly in interviews with former food scientists is that many of the researchers working inside these companies were genuinely uncomfortable with what they were doing (Moss, 2013). One of the most revealing moments in his account is when a group of top food company executives and scientists gathered in 1999 to discuss the public health crisis their products were contributing to. The scientists in the room understood biology. They knew that reformulating their products to be less addictive was technically feasible. But the economic logic of the corporations they worked for made that impossible. A less stimulating product meant a less profitable product, and the tobacco industry had already proven that the ideal corporate response to a health crisis was not product transformation, but rather denial, delay, and the manufacture of scientific uncertainty.

This is the key biological insight that gets lost when we treat food addiction as a mere metaphor instead of a literal mechanism. These items are hazardous not merely because they happen to contain excessive calories, but because they are engineered to override the

neurological systems that regulate appetite and reinforce eating behavior, in ways that closely parallel what nicotine does to the systems that regulate craving and withdrawal. The food scientists who built these products did not just stumble onto this by accident. They were working within a corporate culture that had inherited its entire philosophy of product development from an industry that had been doing exactly the same thing to the human reward system for decades.

For years, the conversation about hyper-palatable foods and their health consequences was largely centered on the United States, where the tobacco corporations concentrated their earliest product engineering. But a critical new body of research is making clear that what started as an American corporate strategy has become a feature of the global food system, and it is spreading in ways that are outpacing public health infrastructure in countries that never had the chance to develop the institutional awareness that even the United States is still struggling to act on.

The study by Jun, Knowles, and Fazzino (2025), which used globally crowdsourced food data to examine the prevalence of hyper-palatable foods across multiple countries, is one of the most sobering contributions to this literature. By drawing on an international database of packaged food products, they applied the Fazzino taxonomy of hyper-palatable nutrient clusters to foods sold across Europe, Asia, Latin America, and beyond. What they found was that hyper-palatable foods are not a peculiarity of American dietary culture. They are a structural feature of the global packaged food market, present in high proportions across virtually every region examined (Jun, Knowles, & Fazzino, 2025).

This matters enormously for how we think about the policy problem. If hyper-palatable foods were primarily an artifact of American consumption norms, then one could at least argue that other countries could choose a different path. But when crowdsourced global data shows that

the fat-and-sodium and fat-and-sugar combinations that define these foods are just as prevalent in packaged food markets from Mexico to Malaysia, it becomes clear that the engineering logic itself has globalized (Jun, Knowles, & Fazzino, 2025). The multinational food corporations that inherited the tobacco industry's product development philosophy scaled it to every market they entered, adapting packaging and marketing to local tastes while keeping the underlying neurochemical hook consistent.

The implications for low- and middle-income countries are particularly severe. Countries like Brazil, India, and those across sub-Saharan Africa that are currently undergoing rapid urbanization are seeing their food systems transform in real time toward heavy reliance on packaged and processed foods. Rather than being nutritionally neutral, the packaged items filling this void carry the same hyper-palatable engineering that has driven rates of obesity, type 2 diabetes, and cardiovascular disease in wealthier countries. They are arriving in populations that have no prior exposure to these products, no regulatory frameworks designed to address them, and public health systems already stretched by communicable disease burdens (Jun, Knowles, & Fazzino, 2025). The tobacco playbook is being run in markets where the game has barely started, which means the window for prevention is closing fast.

Understanding the global spread of hyper-palatable foods requires understanding that it was not accidental diffusion through market forces. It was a planned, institutionalized transfer of corporate knowledge from one industry to another. The research by Nguyen, Glantz, Palmer, and Schmidt (2020) draws on internal Philip Morris documents to show in granular detail how this transfer worked, and the picture that emerges is one of the most damning pieces of corporate history in modern public health.

When Philip Morris began acquiring food companies in the 1980s, starting with General Foods in 1985 and then Kraft in 1988, the internal documents reveal that the company was not simply making a financial diversification play. Executives explicitly discussed how the marketing infrastructure, consumer research methodologies, and behavioral science expertise developed in the tobacco divisions could be applied directly to food brands (Nguyen et al., 2020). Personnel were moved between divisions. Research frameworks were adapted and shared. And critically, the corporate philosophy that had made tobacco so profitable, which was the idea that the goal of product development was not to satisfy a need but to manufacture one, was deliberately carried into the food business.

One of the most consequential elements of this transfer was the targeted marketing strategy for racial and ethnic minority communities. Tobacco corporations had developed a sophisticated, long-running operation for cultivating Black and Hispanic consumers that went well beyond simply running ads in minority-targeted media. They funded community organizations, sponsored civic events, and built relationships with influential advocacy groups in ways that created goodwill and blunted potential criticism while simultaneously saturating these communities with advertising for their products (Nguyen et al., 2020). The Kool and Newport brands' dominance in Black communities was not organic. It was the product of decades of calculated relationship building combined with the kind of behavioral targeting that was far more sophisticated than anything their competitors in mainstream markets were doing.

When Philip Morris applied this exact framework to its food brands, it created a new vector of health harm that has persisted long after the tobacco companies divested their food holdings. The internal documents show that the company identified minority communities as "underpenetrated" markets for processed food in the same way they had once identified them as

underserved by existing tobacco brands (Nguyen et al., 2020). They then deployed the same cultural marketing strategies, the same community investment as a cover for commercial penetration, and the same hyperprecise targeting to reach these consumers. The result was a generation of disproportionate exposure to hyper-palatable processed foods in Black and Hispanic neighborhoods, a disparity that research has since repeatedly confirmed and that persists today in the form of higher rates of diet-related chronic disease in these communities.

The Nguyen study is also important for what it reveals about the timeline of industry knowledge. Philip Morris executives were aware by the early 1990s that their food products had health implications that mirrored the tobacco problem they were already managing (Nguyen et al., 2020). The company's internal communication about how to handle potential regulatory pressure on food products uses strikingly similar language to the memos that emerged from their tobacco operations: emphasize personal responsibility, fund alternative research, work with industry allies to frame any proposed restrictions as government overreach. Instead of abandoning a compromised strategy, they actively updated and refined the playbook as the food business scaled up. By the time Philip Morris spun off Kraft General Foods in 2007, it had built what the internal documents describe as a fully integrated marketing infrastructure for the food industry that was modeled explicitly on its cigarette programs.

The transfer of tobacco's corporate knowledge to the food industry did not stop at product engineering and targeted marketing. It extended to the language used to sell these products to a public that was growing increasingly health-conscious. Tim Dewhirst's 2023 analysis of the interplay between food and tobacco product descriptors is a careful mapping of how the same linguistic strategies have been used across both industries to create false impressions of health and safety, and it reveals a pattern of deliberate consumer confusion that is still operating today.

The word "light" is the clearest case study. In the tobacco context, "light" cigarettes were marketed beginning in the 1960s and 1970s as a safer alternative to regular cigarettes. The industry had data from its own laboratories showing that smokers of light cigarettes often compensated by taking deeper, longer drags, meaning their actual carcinogen exposure was not meaningfully reduced. They buried that research and continued to market light cigarettes as a form of harm reduction, leading millions of smokers to believe they were making a healthier choice when they switched (Dewhirst, 2023). The term was eventually banned from cigarette marketing in the United States after regulatory action, but not before it had fundamentally shaped consumer expectations about what "light" meant: a healthier version of something you already enjoyed.

The food industry imported this exact psychological mechanic. "Light" on a food product signals reduced fat, reduced calories, or reduced sugar, and market research consistently shows that consumers interpret it as a health endorsement rather than just a comparative descriptor (Dewhirst, 2023). But as with tobacco, the reality is often more complicated. Light versions of products frequently compensate for reduced fat by increasing sugar, or compensate for reduced sugar by adding artificial sweeteners and sodium. The consumer who reaches for the light option because they want to make a healthier choice is making a decision based on the same kind of manufactured reassurance that kept smokers loyal to Marlboro Lights for decades.

The term "natural" operates similarly. In both industries, natural functions as a content-free reassurance term, something that sounds like it means something substantive but carries no regulatory definition that would prevent its application to highly processed products (Dewhirst, 2023). Tobacco companies used "natural" to describe tobacco blends and paper products in ways that implied the cigarette was somehow closer to the earth than competing

brands. Food companies use "natural" on products that may contain dozens of highly refined ingredients, preservatives, and artificial flavorings that would be unrecognizable to anyone who actually grew the base ingredients. The word does almost no nutritional or safety work, serving instead as a highly effective marketing asset.

The most contemporary example of this linguistic cross-pollination is the term "plant-based." As plant-based eating has shifted from a niche lifestyle choice to a mainstream health and environmental aspiration, the term has been adopted enthusiastically by food companies for marketing everything from meat alternatives to snack foods that have little meaningful nutritional advantage over their conventional equivalents. Dewhirst documents that tobacco companies have now begun borrowing this terminology back from the food sector, using phrases like "plant-based menthol" to describe tobacco products in ways that attempt to borrow the health-conscious associations of the food movement (Dewhirst, 2023). This is the descriptor arms race in real time: food appropriates a term from wellness culture, tobacco appropriates it from food, and the net effect leaves consumers increasingly unable to use label language as a reliable guide to what they are actually consuming.

Dewhirst's analysis demonstrates that these were not merely independent decisions made by isolated marketing departments. It reveals a coherent cross-industry linguistic strategy with deep roots in the tobacco playbook: find the terms that consumers associate with safety and health, attach them to your product regardless of whether they are substantively accurate, and watch the health-reassurance psychology do the rest. The fact that both industries are using the same terms in the same ways at the same time indicates a deep, shared corporate inheritance rather than a simple coincidence of the zeitgeist.

The engineering of hyper-palatable foods does not just affect the body. Emerging research shows it affects the architecture of decision-making itself. Studies on delay discounting, which is the psychological tendency to value immediate rewards more highly than future ones, show that people who consume hyper-palatable foods frequently begin to make systematically impulsive choices about food in ways that are consistent with addictive behavior (Bellitti et al., 2025). The immediate hit of a fat-and-sodium combination or a fat-and-sugar combination becomes weighted so heavily in the brain's reward calculations that the abstract future benefit of eating differently struggles to compete. This pattern represents a documented neurological consequence of repeated exposure to foods engineered to maximize immediate reward delivery, rather than an underlying character flaw.

The research connecting hyper-palatable food consumption to binge eating behavior is particularly significant in this context. When Bellitti and colleagues examined the relationship between delay discounting and eating motives, they found that people with higher impulsivity in food-related decisions were significantly more likely to report a reward enhancement motive for eating, meaning they were eating to feel good rather than to address hunger, and that this motive was a strong predictor of binge eating episodes (Bellitti et al., 2025). This matters because it shows that hyper-palatable foods do not just cause overconsumption at the moment. They reshape the motivational framework that governs eating behavior over time, pushing it in the direction of compulsive consumption that looks, neurobiologically, a lot like the patterns seen in substance use disorders.

Mobile food photography research adds a granular layer to this picture. When Jun, Girard, and colleagues tracked the actual eating behavior of participants using photographs of their real-world meals, they found that people consumed significantly more energy in sittings

where hyper-palatable foods were present compared to meals dominated by unprocessed foods, even when controlling for factors like hunger level before eating (Jun, Girard, et al., 2025). This is not people making bad choices because they're uninformed. It’s people respond exactly as the product was engineered to make them respond, eating past satiation because the chemical composition of the food is running a program in their neurology that bypasses the usual off-switch.

If the science is this clear, then the most important question becomes why the policy response has been so slow, so fragmented, and so consistently inadequate. The answer requires understanding the difference between generating knowledge about a health crisis and building the political conditions that make meaningful regulatory action possible. The tobacco experience is both the best model we have for how this can be done and a sobering reminder of how long it takes and how much institutional resistance has to be overcome before knowledge becomes action.

Studlar and Cairney's 2019 comparative analysis of tobacco regulation as a model for food policy is the most rigorous attempt in the academic literature to map what tobacco control actually achieved and whether its policy mechanisms can be applied to the food system. Our core argument is that tobacco regulation succeeded because the framing of the problem shifted in ways that changed the political calculus for policymakers, independent of the science becoming overwhelming (Studlar & Cairney, 2019). For decades, smoking was understood as a personal choice, and the tobacco industry successfully defended that framing against regulatory pressure by arguing that adults had the right to make informed decisions about their own risk. The denormalization movement that began in earnest in the 1980s and 1990s changed the frame. It recast tobacco as an addictive substance aggressively marketed to vulnerable populations,

particularly children and low-income communities, moving it out of the realm of legal products used by consenting adults. That reframing opened the door to a much more coercive set of policy instruments.

Those instruments, once they arrived, were transformative. High taxes on tobacco products, plain packaging requirements that stripped brands of their marketing power, comprehensive advertising bans, indoor smoking prohibitions, and strict age verification requirements changed the social meaning of smoking (Studlar & Cairney, 2019). Smoking went from being a normal adult activity to being something that happened in designated areas, required significant financial outlay, and was associated with a diminished social status rather than the freedom that tobacco advertising had spent decades constructing. Rather than changing the product itself, regulators altered the environment in which the product existed, and consumer behavior followed.

The critical structural condition that made this possible was the removal of tobacco industry representatives from the policy-making process. In country after country, the breakthrough moments in tobacco regulation came when health departments and public health advocates successfully established that the industry had an irreconcilable conflict of interest in shaping the policies designed to regulate it (Studlar & Cairney, 2019). This took decades of advocacy and a series of damaging revelations about industry conduct, including the disclosure of internal documents showing that companies had known about the addictive and carcinogenic nature of their products for years while publicly denying it, to build the consensus that the industry could not be trusted as a stakeholder in its own regulation.

Food policy has not reached this threshold, and the Studlar and Cairney framework helps explain why. The dominant regulatory approach to food remains what they classify as "harm

regulation," which is a light-touch framework that sets minimum standards, requires certain disclosures, and relies primarily on consumer education and voluntary industry compliance (Studlar & Cairney, 2019). This closely mirrors the state of tobacco policy in the 1950s and 1960s, when the Surgeon General's reports were generating knowledge about the dangers of smoking without translating that knowledge into the kind of coercive policy instruments that actually changed behavior at scale. The food industry has successfully maintained the framing that food choices are personal choices and that the government has a limited legitimate role in shaping them, which is exactly the framing the tobacco industry used to delay regulation for decades.

This foundational regulatory paralysis provides context for understanding contemporary political movements in the United States, most notably the Department of Health and Human Services' interest in the "MAHA" (Make America Healthy Again) program. This framework highlights the modern relevance of this policy lag by pointing to ultra-processed foods and corporate capture as public health threats. On the surface, the platform represents a rare political window where the structural problems documented by Fazzino, Moss, and Nguyen are brought into mainstream policy discussions. By framing chronic illnesses as systemic failures of food quality and corporate accountability rather than individual shortcomings, MAHA mirrors the initial reframing stages that historically enabled tobacco denormalization.

However, when evaluated through the lens of policy process literature, the MAHA initiative exposes profound institutional hurdles. While popularizing a supportive problem framing, it faces a highly fragmented policymaking environment where the food industry remains deeply entrenched. In the United States, nutrition policy and food safety are split across a multi-stakeholder model involving agencies with conflicting mandates, including the USDA,

which promotes agricultural commerce, and the FDA, which regulates health. Consequently, a push to "make America healthy again" faces immediate friction from agricultural subsidies, corporate lobbying, and entrenched economic interests. Without structurally isolating industry influence from the regulatory process, as occurred with tobacco control, contemporary platforms risk being diluted into standard harm regulation, relying on voluntary corporate reformulations rather than systemic environmental interventions.

The comparative European evidence analyzed by Mackenbach and McKee (2013) deepens this picture considerably. Their study of health policy performance across 43 European countries found striking variation in outcomes that could not be explained by differences in wealth or healthcare spending alone. Countries that had invested in strong public health institutions with genuine political independence from industry, that had adopted comprehensive rather than piecemeal regulatory frameworks, and that had been willing to use fiscal instruments like taxes rather than relying solely on education and labeling consistently achieved better health outcomes across a range of indicators (Mackenbach & McKee, 2013). The same institutional characteristics that predicted strong tobacco control outcomes also predicted better performance on diet-related health indicators.

What the Mackenbach and McKee analysis suggests is that the policy failure on food is a structural problem rooted in how food policy is institutionally organized. In most countries, food regulation is divided across multiple agencies with overlapping and sometimes conflicting mandates, agriculture ministries that have historically prioritized production over nutrition, trade ministries that treat food as an economic good rather than a public health concern, and health ministries that have the relevant expertise but often lack the jurisdictional authority to act on it (Mackenbach & McKee, 2013). The tobacco success story required consolidating health

department authority and excluding industry from the policy table. Food regulation, by contrast, continues to operate through a multi-stakeholder model in which industry representatives have formal and substantial influence over the standards that govern their own products.

Studlar and Cairney identify three conditions that must be present simultaneously for the kind of major policy shift that transformed tobacco regulation to become possible: a supportive problem framing that positions the issue as a public health emergency rather than a matter of individual choice; a policymaking environment that has been insulated from industry influence; and a political window of opportunity in which technically feasible solutions enjoy broad enough support to overcome institutional inertia (Studlar & Cairney, 2019). On food, the first condition is slowly being built. The research on hyper-palatable foods, on the tobacco industry's role in engineering the food system, and on the disproportionate burden borne by minority and low-income communities is generating exactly the kind of evidence base that eventually shifted the tobacco frame. Modern political initiatives like MAHA highlight that public awareness and executive attention are beginning to align with this framing. But the second and third conditions remain largely unmet. Food industry representatives continue to sit on the advisory committees that shape nutritional guidelines and labeling standards. And while there are isolated examples of successful fiscal intervention, like sugary drink taxes in Mexico, the United Kingdom, and several American cities, these have not yet crystallized into the kind of comprehensive, coercive policy architecture that tobacco control eventually achieved.

There are also important differences between tobacco and food that complicate direct policy transfer and that advocates need to take seriously. People do not need to smoke to survive. They do need to eat, which means that the denormalization strategy that worked so powerfully for tobacco cannot be applied to food categories in the same straightforward way. Taxing all

highly processed foods faces different distributional challenges than taxing cigarettes, because low-income households spend a higher proportion of their budgets on these products and any tax regime that does not carefully address this could end up being regressive in its impact. And the sheer diversity of the food supply means that the product-level regulation that was relatively simple to implement for cigarettes, a fairly uniform product with a relatively small number of variables, becomes enormously complex when applied to tens of thousands of distinct food products across dozens of nutrient dimensions.

None of these complications make food policy reform impossible. They make it harder, and they make it more important that advocates and policymakers engage with the specifics rather than simply assuming the tobacco model can be copy-pasted. What the tobacco experience does offer is proof that industries which have successfully defended a personal-choice framing for decades can be regulated effectively once the political conditions shift, and that the policy instruments that actually change behavior are the coercive ones: taxes, advertising restrictions, reformulation mandates, and the exclusion of industry from the regulatory process. The knowledge to support those instruments in the food context is accumulating rapidly. The question is whether the institutional and political conditions for acting on that knowledge can be built before another generation of consumers in wealthy countries and a first generation of consumers in rapidly urbanizing low-income countries are locked into the patterns of consumption that the tobacco industry designed for them.

The relationship between knowledge, thought, and action is often a slow, messy process, but in the case of the global food system, the knowledge is finally catching up to the corporate thought that built it. We can't keep acting like the food system is an accident of history. By understanding that our current public health crisis was a deliberate action taken by corporations

using tobacco industry tactics, we can finally start taking the right policy actions to fix it. The biology is not ambiguous. The history is not ambiguous. The global reach of the problem is not ambiguous.

What remains ambiguous is whether the political will to act on this knowledge can be built fast enough to matter. The tobacco model gives reason for cautious optimism: it shows that even deeply entrenched industries with enormous political influence can be regulated when the evidence becomes undeniable, when the framing shifts from personal responsibility to public health, and when health advocates succeed in clearing industry from the seat of power it has occupied in the policymaking process. But the tobacco model also shows how long the process takes.

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