

A bitter taste? Exploring the political constraints on public health policies

BRIEFING PAPER

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This is the second of three papers exploring tobacco, alcohol, obesity and gambling policy. Based on a review of polling evidence and interviews with policymakers involved with implementing major public health policies, it explores the political opportunities and constraints around action on these issues.

KEY POINTS

- Public opinion does not appear to be the main obstacle to interventionist public health policies:
 - The vast majority of policies polled command at least plurality support.
 - Advertising restrictions and policies to benefit children are particularly popular.
- Taxes, especially new taxes, tend to be relatively unpopular – but public health taxes are seen more favourably than other forms of tax.
- Expert interviews suggest resistance from the media, industry and party colleagues is a bigger barrier than voter opposition.
- That means politicians seeking to take action on public health need to be prepared for a long-term project requiring political capital and stamina.
- There are at least two strategic approaches they might take:
 - Building ‘scoreboard momentum’: carefully picking battles, proposing measures that are likely to pass and consolidating.
 - ‘Two steps forward, one step back’: recognising almost anything proposed will meet resistance, take a maximalist approach fighting on multiple fronts, expecting to lose on some.

MORE EFFECTIVE PUBLIC HEALTH POLICIES ARE GENERALLY SEEN AS MORE POLITICALLY CHALLENGING

This is the second of three papers exploring tobacco, alcohol, obesity and gambling policy. The first examined the relative effectiveness of different approaches to public health.¹ It found that in general more ‘interventionist’ policies, such as bans, taxes and regulations, tend to be the most impactful. At the same time, those policies are typically regarded as more politically challenging to implement. That implies a trade-off exists, as Figure 1 demonstrates.

Figure 1: General effectiveness and perceived political feasibility of approaches to public health



Source: SMF analysis

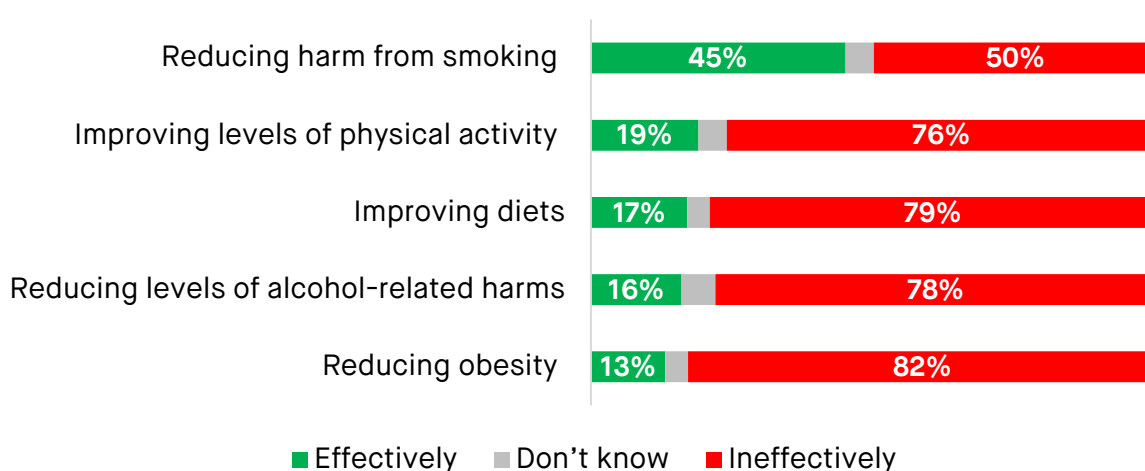
Notice that Figure 1 only refers to “perceived” political difficulty. How accurate are such perceptions? And what are the challenges that make implementing effective public health policies so apparently difficult? This briefing attempts to answer such questions.

It does so by means of a review of public polling evidence on British voters’ attitudes to policies that seek to address harm from smoking, drinking, obesity and gambling. We collated polls from major survey companies on these topics (YouGov, Ipsos MORI, Populus, Savanta ComRes, Redfield & Wilton), conducted between 2015 and 2023. We also researched and spoke to experts and policymakers involved in key pieces of public health regulation and legislation, including the Soft Drinks Industry Levy in the UK, the Public Health (Alcohol) Act in Ireland and Chile’s regulations on food labelling and advertising.

PEOPLE RECOGNISE THE NEED TO DO SOMETHING MORE ON PUBLIC HEALTH

One thing that is immediately clear from British polling on public health issues is voters' dissatisfaction with the government's existing approach, and the widespread belief that it is failing. Figure 2 displays the results of a 2022 Health Foundation-commissioned poll asking people to rate the government's performance on a range of health issues. It shows that over three-quarters of people think the government has been ineffective on obesity, alcohol, diet and exercise. The picture is a little more positive on smoking, but even there 50% of people think action has been inadequate.

Figure 2: “How effectively, if at all, do you think the government is addressing each of the following?”



Source: Health Foundation/Ipsos MORI (2022)

Other polls find strong support for government action, broadly construed. Polls commissioned by Action on Smoking and Health find that three-quarters of people support the target of reducing smoking prevalence to below 5% by 2030, and that 43% of smokers endorse that goal.² The Obesity Health Alliance has found that two-thirds of people favour a government obesity strategy and see reducing obesity as a priority.³ According to the Alcohol Health Alliance, 55% of people think the government should do more to reduce alcohol harm.⁴

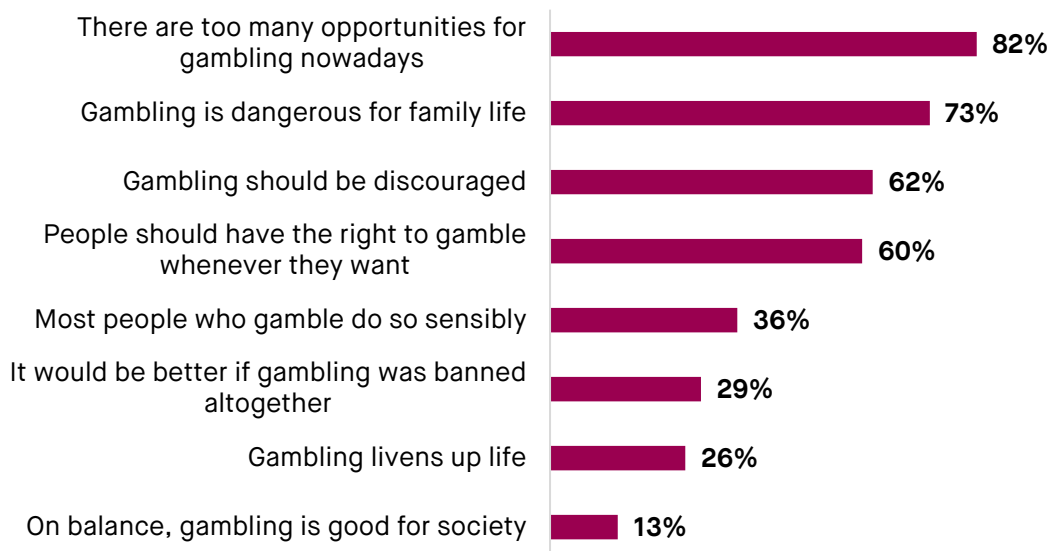
It should be noted that these polling questions are presented in rather abstract, general terms – focusing on desirable end goals and the promise of activity rather than specifying the trade-offs such action would entail. It is worth pointing out that other research has highlighted the strong aversion some people have to the abstract principle of the ‘nanny state’, even while supporting particular policies that might be thought come under that umbrella – public opinion is not always coherent and consistent on these points.⁵ Support for government action unsurprisingly falls when framed in a way that highlights the potential tension with individual autonomy and responsibility – though even with unfavourable wording, measures can still win plurality support. A 2020 Redfield & Wilton poll found that 37% of people say that the government should seek to influence the decisions people make about their health, compared to 35% that disagree.⁶ However, in the same poll, 52% of people agreed that is right for the government to tell people they should lose weight.⁷

ATTITUDES ARE PARTICULARLY HARDLINE WHEN IT COMES TO GAMBLING

The public are less divided on the trade-offs around gambling. Figure 3 presents the findings of a 2019 survey commissioned by the Gambling Commission, which highlights the breadth and strength of anti-gambling sentiment in the UK. Overall, it is clear that most people see gambling as a generally harmful thing that ought to be restricted.

Those trying to regulate gambling are regularly (and incorrectly) denounced as ‘prohibitionists’. Yet the poll shows that actual prohibition is not an uncommon position: 29%, almost one in three people, believe it would be better if gambling was banned altogether. That said, the majority of people do accept that people should have the right to gamble if they wish, though it is clear that the current regulatory and societal settlement is not seen as appropriate. 82% believe there are too many opportunities for gambling, and 62% think that gambling should be discouraged. Only 13% of people believe that gambling is a net positive for society.

Figure 3: Proportion of people agreeing with statement

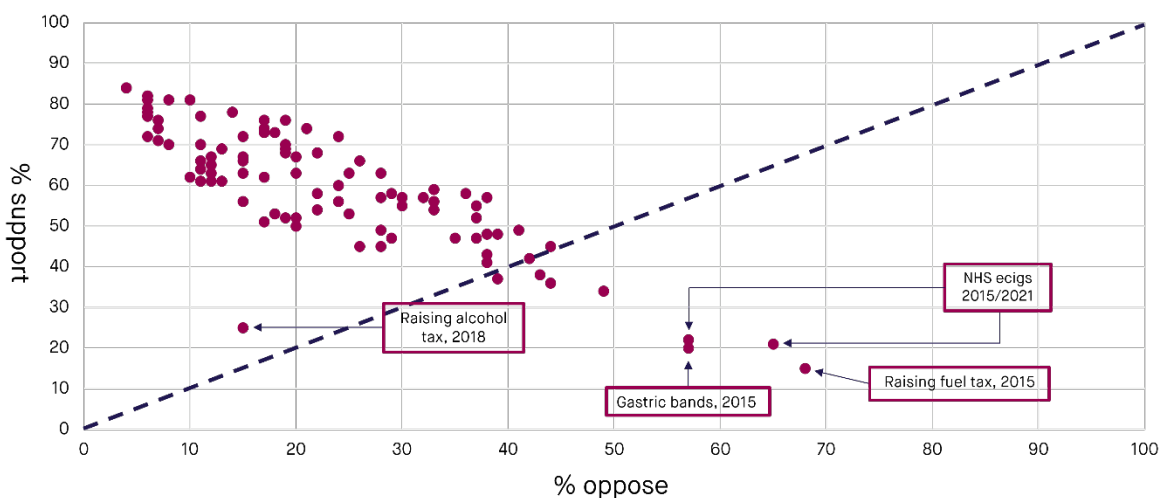


Source: Gambling Commission/Populus (2019)

THE VAST MAJORITY OF POLICIES COMMAND AT LEAST PLURALITY SUPPORT

So far we have looked at general attitudes to government public intervention in principle. What about specific policies? As described above, we collected as many publicly reported polls on measures to address tobacco, alcohol, gambling and obesity as we could find since 2015. Figure 4 summarises the findings, with each dot representing a specific policy in a particular poll, and the proportion of people that support or oppose it. Policies above the dashed line are supported by more people than oppose them – those in the top left are extremely popular, those in the bottom right extremely unpopular.

Figure 4: Recent public polling on tobacco, alcohol, obesity and gambling measures



Source: SMF analysis of polls 2015-23

Admittedly, this is a crude way of aggregating and analysing this information. However, in broad strokes it provides a reasonable overall impression of public opinion. The chart shows that public health policies are, on the whole, popular. The vast majority are above the dashed line and, as such, command plurality support. The most popular measures are favoured by over 80% of survey respondents and opposed by less than 10%, suggesting there are at least some ‘low hanging fruit’ when it comes to implementing popular public health policies:

- Imposing a licensing scheme for businesses selling tobacco, which can be removed if they sell to underage children (84% in favour, 4% against – ASH/YouGov, 2022)
- Banning people from betting with credit cards (84% in favour, 4% against – YouGov, 2020)
- Making it compulsory for banks to give their customers the right to block payments to gambling websites (82% in favour, 6% against – YouGov, 2020)
- Ensuring fruit and vegetables are cheaper than unhealthy foods (81% in favour, 10% against – British Heart Foundation/YouGov)
- Limiting the exposure of children to alcohol advertising on social media (79% in favour, 6% against – Alcohol Health Alliance/YouGov)

Figure 4 also highlights some of the outliers that are opposed by more people than support them. What is notable is that these are not the most obvious ‘nanny state’ policies, most strongly resisted as restrictions of individual freedom. Raising fuel tax (in order to promote active travel) is, we know from other contexts, a fairly unpopular measure – but not exactly a core anti-obesity policy. Opposition to gastric bands and e-cigarettes on the NHS seem to be driven primarily by an aversion to those perceived as ‘undeserving’ being bailed out rather than resistance to paternalism. We have also highlighted alcohol tax in Figure 4 because it stands out as a policy on which most people are neutral – though there are slightly more people in favour than against an increase.

It is worth noting that most of these polls appear to originate from polling companies themselves, or are commissioned by public health advocacy groups. From our search of polling company websites, we have found relatively few commissioned and published by organisations that might be expected to be hostile to regulation, such as trade bodies or industry groups. Thus Figure 4 might present an excessively rosy picture if these results are driven by framing and question wording that favours public health intervention. That said, even where we have found industry-commissioned polling, it has failed to prompt especially negative responses. For example, a 2022 survey conducted by YouGov for the Betting and Gaming Council found that the public were split evenly as to whether, “in principle”, “Government should or should not seek to set limits on how much of their disposable income people can spend on betting”, with 37% in favour of limits and 39% against.⁸ By contrast, 64% agreed with the softer and more positively framed proposal in a 2023 Gambling with Lives/Survation poll that “To protect consumers, there should be affordability checks for those who want to bet more than £100 a month”,⁹ a policy proposed by the SMF.¹⁰

Figure 5 shows how public support varies across different types of policy, using a simple straight average of polls. It shows surprisingly little variation across the proposals that have been most frequently polled. Advertising restrictions are both the most popular measure, and the most commonly covered in surveys – typically, 65% of people favour advertising restrictions. Labelling, price regulations, restricting promotions, restrictions on who can purchase particular products and bans on smoking in particular places all average between 50–60% support.

Figure 5: Average percentage support by type of policy

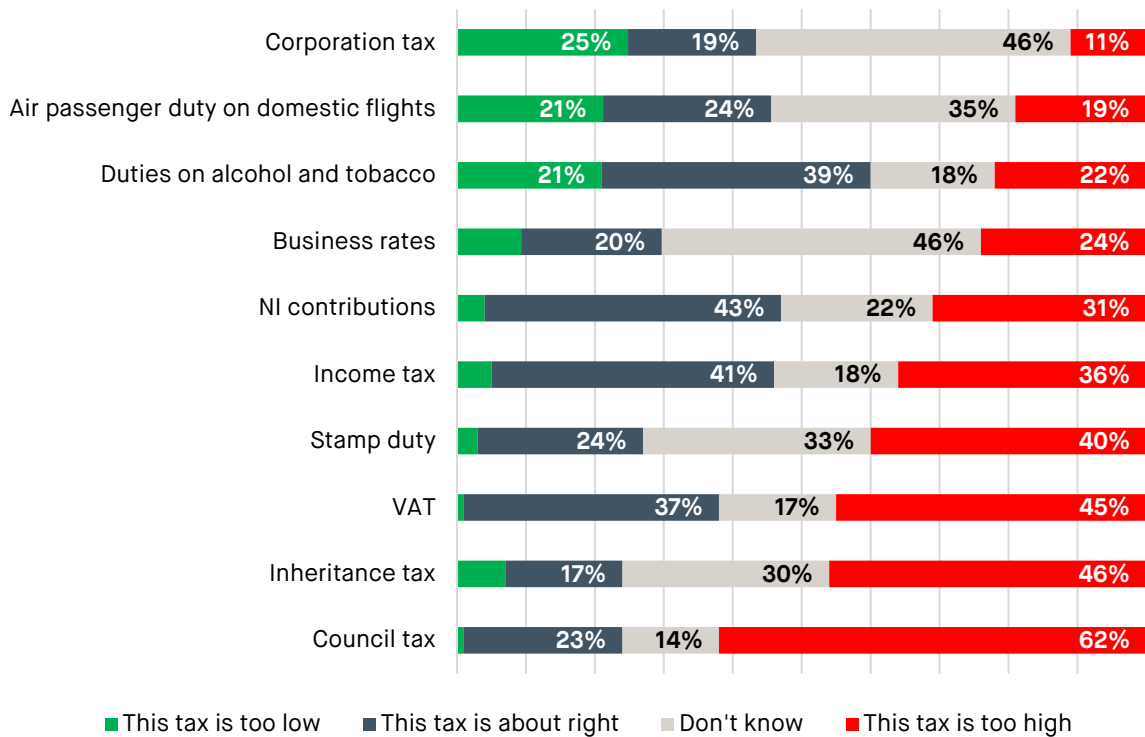


Source: SMF analysis of polls 2015-23

These numbers are consistent with previous research that suggests less intrusive interventions are generally more popular,¹¹ though they indicate that the gap need not be particularly big, with majority support for many measures that involve regulating prices or restricting purchases. Also in line with previous research,¹² we find that policies intended to protect children, or framed in such a way, tend to be more popular. As noted above, restricting children’s exposure to alcohol advertising on social media is among the most popular measures we see, and over 70% support similar restrictions on junk food advertising on TV and online.

Though they still retain reasonably high support – boosted by tobacco taxes, which are relatively more popular – it is notable that tax interventions command less public support than other policies in Figure 5. However, it is important to put this in perspective and recognise that taxes *in general* rarely tend to be popular. Figure 6 presents data from a 2021 survey, which shows that people are less likely to say alcohol and tobacco taxes are too high than most other taxes. That fits with another 2021 poll, which found that people are more likely to say tobacco and alcohol taxes should go up than income, capital gains or inheritance tax.¹³ It is also consistent with YouGov’s tracker, which suggest that around 65% of people think taxes on tobacco are ‘fair’¹⁴ and over 59% think alcohol taxes are ‘fair’¹⁵ (both numbers have declined a bit since the onset of the cost of living crisis). In general, attitudes are more favourable to existing taxes than to newer proposals like the sugar tax (though those presumably will eventually become established themselves).¹⁶

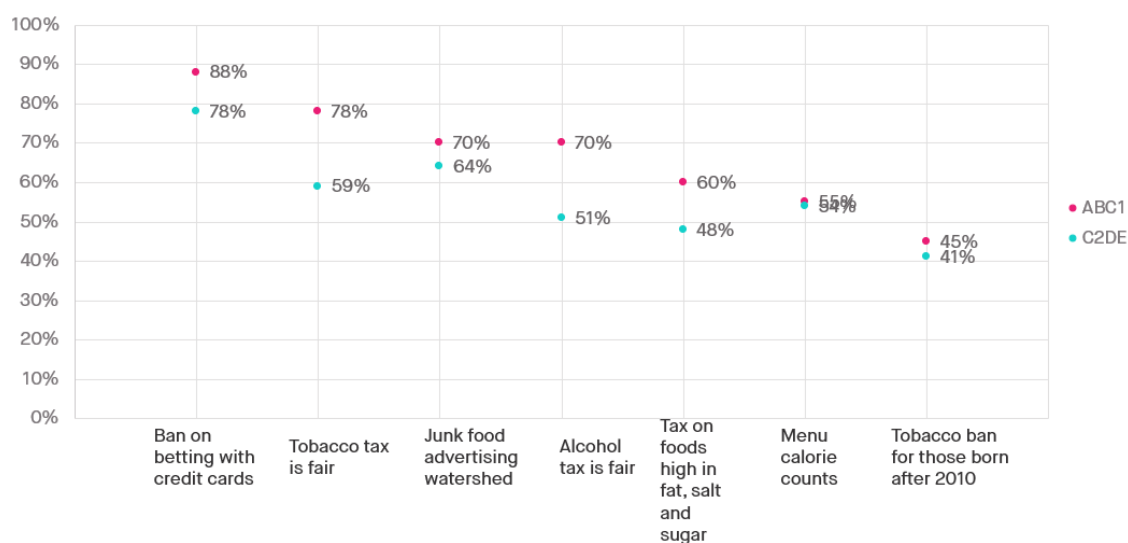
Figure 6: “Thinking in general about different taxes in the UK today, which best describes your view?”



Source: *More in Common* (2021)

Public health interventions are often assumed to be a priority for more affluent voters imposed upon more disadvantaged people, a view notoriously expressed by the former Labour Health Secretary John Reid, who said in 2004 that cutting smoking “is an obsession of the learned middle class”, and that, for council estate single mothers, “The only enjoyment sometimes they have is to enjoy a cigarette”.¹⁷ In fact, public attitudes are somewhat more complicated.

Figure 7 shows support for a range of policies by social grade. It confirms that middle class voters do tend to be more interventionist, but the size of the gap varies. On some issues, like calorie counts on menus, there is basically no difference in attitudes. On others – particularly taxes – the gap is relatively wide. That said, it is important to note that for each of the policies shown C2DE respondents are more likely to support the policy than oppose, and in many cases a clear majority of them are in favour.

Figure 7: Support for policies by social grade

Source: YouGov, SMF analysis

These numbers are backed up by a 2022 ASH/YouGov poll, which gathered public attitudes to 60 different policies across smoking, drinking, obesity and gambling. It found that the typical policy had 67% support among ABC1s and 61% support among C2DEs.¹⁸

PUBLIC OPINION IS NOT THE MAIN CONSTRAINT ON ACTION – PARTY UNITY, INDUSTRY AND MEDIA ARE BIGGER OBSTACLES

As we have seen, polling evidence suggests that public health interventions, even relatively restrictive ones, tend to generate reasonable popular support. Yet politicians remain wary of introducing them. Speaking to experts and policymakers, it seems that their concern is less about public backlash, and more to do with avoiding conflict with three other types of stakeholder: party colleagues, the industry and the media.

The UK Government’s soft drinks industry levy (the ‘sugar tax’) illustrates the challenges of finding intra-party consensus. The policy was described to us as being “snuck in” to the 2016 Budget without winning approval from cabinet. One of the ministers that was circumvented, Liz Truss, apparently made plans to scrap the measure in her brief time as Prime Minister.¹⁹ Some of those we spoke to bemoaned the failure to win greater consent for the policy: “We didn’t win the intellectual argument ... in the folklore of the Tory party, it’s still a huge deal”.

However, it is unclear whether such an argument was ever winnable given the ideological convictions of much of the Conservative Party. At the very least, debating such policies can generate rancorous and unpleasant division, which politicians understandably want to avoid. Labour may contain fewer doctrinaire libertarians, but the instincts of its MPs are often mixed and ambivalent on public health policies. While John Reid-type views on ‘working class pleasures’ are rarely seen as respectable when it comes to smoking, there is greater anti-paternalism in the party when it comes to drinking, gambling and unhealthy food. The extent to which the gambling industry in particular – whose lead trade body is headed by a former Labour MP – has been lobbying and providing hospitality for opposition politicians has been noticed in recent media reports.²⁰

Industry resistance can be a powerful force in itself, beyond just its impact through lobbying. The Scottish Government’s efforts to introduce minimum alcohol pricing was delayed by six years as a result of legal challenges from the Scotch Whisky Association. Such hold-ups are common. The Irish Public Health (Alcohol) Act took five years from first being agreed by cabinet in 2013 to passing into legislation in 2018. Over the course of that period it became less ambitious: “ten years on, we have two out of four pillars”, one participant told us – it introduced minimum unit pricing (MUP) and warning labels, but did not address availability and marketing as initially intended. Chile’s comprehensive anti-obesity measures, including a sugary drinks tax, marketing regulations and warning labels involved 14 years of bartering with industry: 10 years of initial discussion, and a further four years to implement measures. As part of those negotiations, Chile’s sugar tax was levied at a lower rate than initially intended.

A common theme in our discussions was the tendency of industry to resist any form of regulation, almost on principle. With producers of unhealthy commodities often fearing measures are the ‘thin end of the wedge’, they are resistant to admitting new policies which could be consolidated or ratcheted up.

The media also came up as a barrier to change, capable of politicising and exaggerating the drawbacks of measures to address harm. Participants in this project emphasised the importance of effective messaging to avoid policies being undermined by negative coverage. A person involved in passing Irish alcohol legislation suggested that complexity is harder to sell, and so policies should be designed so as to minimise ambiguity: “You have to keep it simple: MUP is a simple measure, labelling fiendishly difficult ... it would have been simpler to go for an outright ban on advertising”. Another suggested tactic (pointing in the opposite direction) is to deliberately disengage the media by making changes seem dry and technical rather than controversial – policymakers were advised to “make it boring”.

TWO STRATEGIES FOR GOVERNMENT: ‘BUILDING MOMENTUM’ OR ‘TWO STEPS FORWARD, ONE STEP BACK’

These political challenges to passing effective public health policy mean that politicians’ strategic approach will be key. We see two different approaches that those seeking to make a significant impact on smoking, drinking, obesity or gambling may wish to pursue.

On the one hand, they may seek to build '**scoreboard momentum**'. This approach involves carefully 'picking battles', behaving opportunistically to identify political openings, proposing measures only where confident of success. The UK sugar tax was described in exactly these terms: "it was, 'let's do this, minimum fuss, get a score on the board'". The hope is that notching up 'quick wins' builds morale and a sense of achievement for those advocating for change, and develops a sense of inevitability around further measures.

Such tactics come with risks, however. If policymakers fail to gauge the political constraints correctly, they may be left with only modest incremental gains. It is quite likely that even small, apparently straightforward changes will be resisted and delayed, and a rearguard effort may be needed to consolidate and defend those gains. Done well – and many participants cited the gradual extension of anti-smoking policies here – this approach can lead to consolidation and the building of a policy edifice block by block. However, without sustained engagement and effort, the achievements may be relatively small and fragile.

Given the likelihood of political, media and industry resistance even to small measures, an alternative strategy might be to deliberately take '**two steps forward, one step back**'. This might involve something of a blunderbuss approach – throwing out a number of relatively ambitious proposals, expecting that some will be diluted or rowed back, but hoping that some more radical measures stick. This approach entails being maximalist in terms of policy demands, anticipating that these represent an 'opening bid' that may subsequently be negotiated away. An added advantage of proposing policies that seem relatively dramatic or extreme is that they may shift the terms of discourse, moving the 'Overton window' of conceivable policies, and making other more realistic policies appear moderate by comparison.

Ireland's alcohol policies might be interpreted as an example of such an approach, though it is unclear how far they were originally intended as such. Much of the public debate was focused on the spectre of cancer warning labels, which meant that a relatively high minimum unit price (€1, compared to £0.50 in Scotland and Wales) passed with somewhat less controversy than elsewhere. In the process, plans for restrictions on alcohol sports sponsorship and a ban on outdoor advertising were conceded. The comprehensiveness of the Irish bill was seen as temporarily confounding drinks producers, but the advantage was short lived: "The multiplicity of measures wrongfooted industry, but they quickly regrouped and pushed back on all fronts".

The two steps forward, one back strategy can also go wrong. Pushing more ambitious, unpopular or politically challenging policy can be discrediting or can bring reform efforts down entirely. This approach might therefore be seen as high risk, high reward.

Either way, there is a common theme that unites both approaches: addressing public health challenges is likely to be a long-term project that requires significant political stamina. Given the resistance policies in this area are likely to face, politicians should not expect that writing a strategy or passing a law will be enough. Those initial steps will have to be protected and defended, extended and built upon, at the expense of time, effort and political capital. The stakes are substantial – these policies are literally a matter of life and death – but to make progress politicians need to be prepared for hard graft.

ENDNOTES

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