

## Scratching the surface – what factors underpin public support for public health policies?

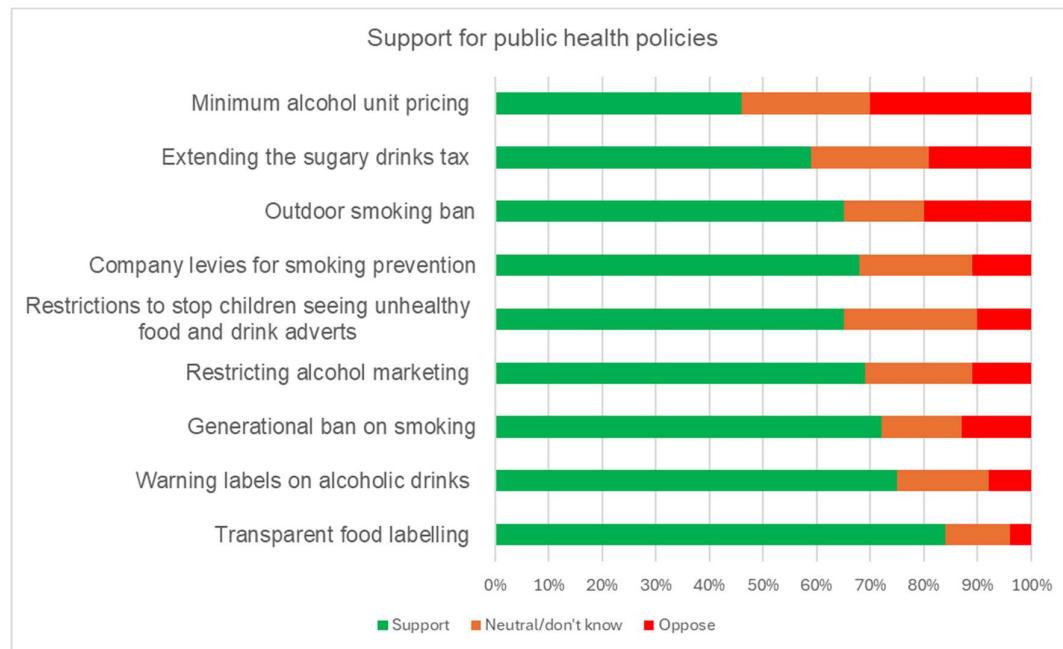
### Introduction

Polling by Public First for Action on Smoking and Health (ASH), the Obesity Health Alliance (OHA) and the Alcohol Health Alliance (AHA) found broad support for a wide range of public health policies to address the harm from tobacco, alcohol and unhealthy food and drink.<sup>1</sup>

The poll demonstrated that the public are concerned about the impact that tobacco, alcohol and unhealthy food and drink are having on the nation's health and the NHS. It also revealed a distrust of big business and a desire for the government to do more to protect people from business practices that ultimately harm public health.

Most of the policies we tested received high levels of public support as is generally the case for public health policies. However, this level of support is often subjected to political scrutiny and scepticism, with questions being asked about whether the public truly understand the implications. To respond to these concerns, we explored the underpinning beliefs and attitudes of different aspects of nine key policies to better understand the factors that mediate public support for policy actions.

The figure below shows the overall levels of support for these nine public health policies across tobacco, alcohol and food and drink.



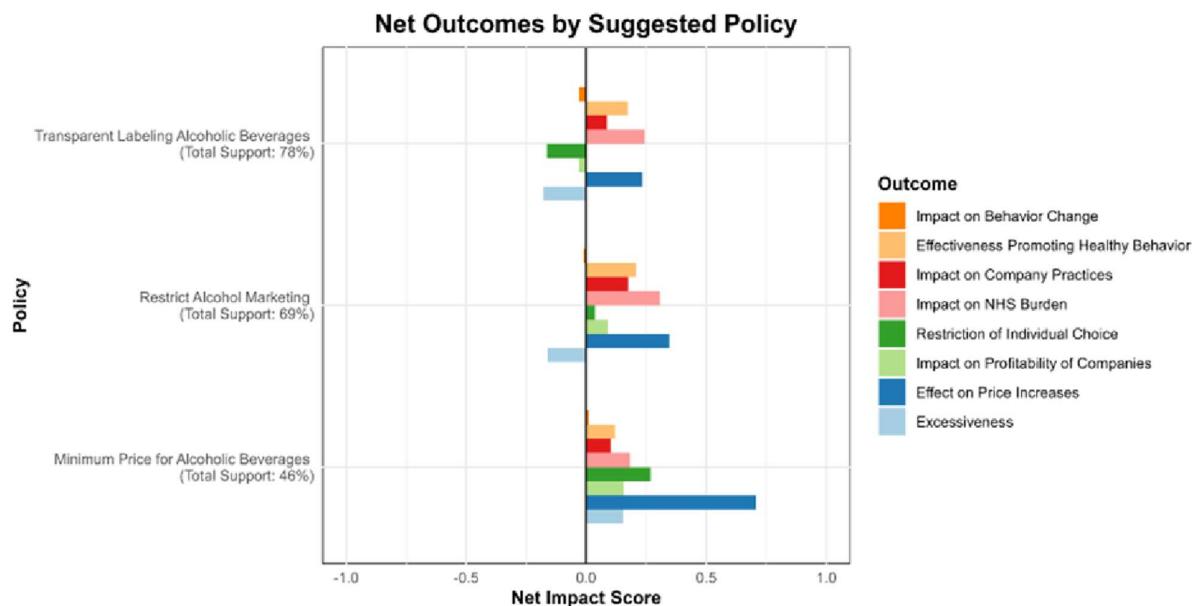
## What factors underpin these levels of support or opposition?

For each of the policies, people were asked to rate their impact on a seven-point scale across eight different potential outcomes listed below:

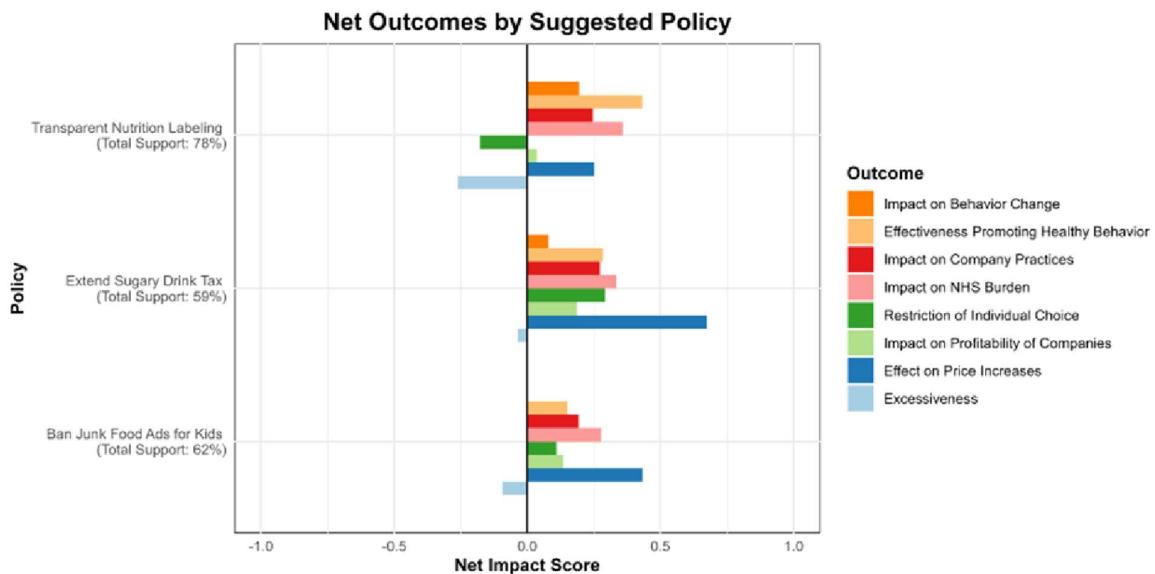
- Impact on behaviour change
- Effectiveness in promoting healthy behaviour
- Impact on company practices
- Impact on NHS burden
- Restriction of individual choice
- Impact on profitability of companies
- Effect on price increases
- Excessiveness

Each outcome was then given a net impact score based on people's responses, which gives us a sense of people's attitudes to the different policies.

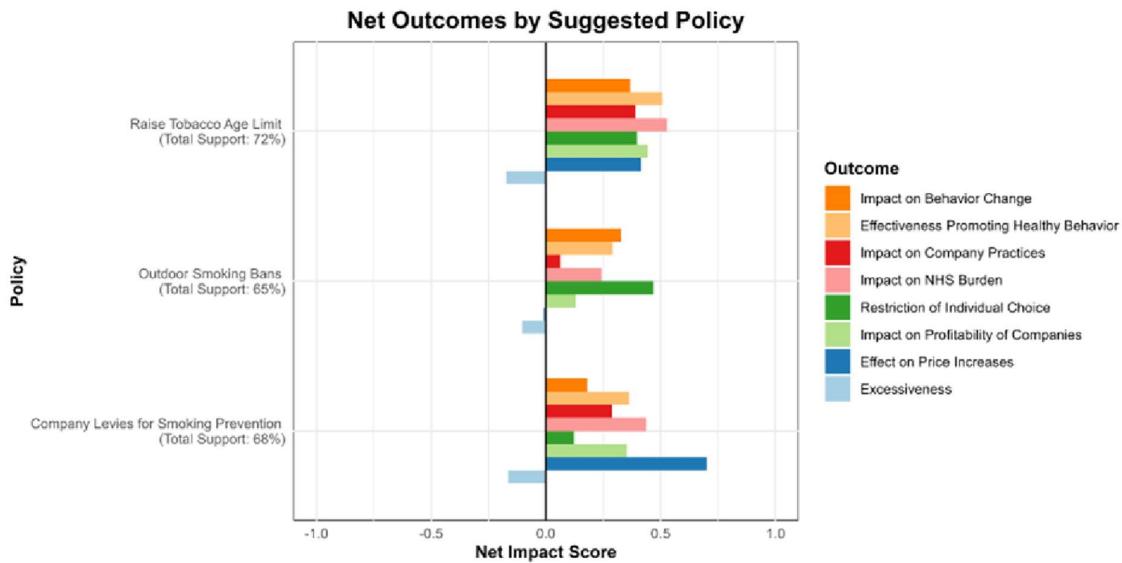
The figure below shows the net impact scores for policies on **alcohol**:



The figure below shows the net impact scores for policies on **unhealthy food and drink**:



The figure below shows the net impact scores for policies on **tobacco**:



This briefing explores in more detail what we can learn from people's underlying beliefs about these public health policies and how these seem to mediate their support for different interventions. These insights hold lessons for how best to explain and discuss these policies with the public and politicians.

## What can we learn from broad support for the generational smoking ban?

The smokefree generation policy, that will restrict the sale of tobacco for anyone born after January 2009, is a policy that will constitute a huge step towards a smokefree future. The policy is one of the most interventionist tested and secured a very high level of support at 72% (reflecting similar polls). So, what factors underlie this level of support? The polling shows us that 87% of people believe that smoking contributes to pressure on the NHS, ahead of alcohol and unhealthy food and drink, so it is possible that people are more willing to support more robust policies if they believe that the impact will be greatest on NHS pressures.

When we explored the underpinning factors, it indexed highly across all the factors, except for excessiveness, where it received a negative impact score indicating people don't believe it is disproportionate to the issue of smoking.

This suggests that support for high intervention policies is mediated by what they see as likely to have an impact across a range of different outcomes.

The policy with the highest levels of support for alcohol and unhealthy food and drink was the provision of transparent labelling, which is a generally low intervention policy. Interestingly labelling policies didn't secure the same pattern of indexing highly across multiple factors and both significantly under-indexed on 'restriction of individual choice' and 'excessiveness'. This suggests policies seen as less restrictive, don't necessarily need strong support across a range of underpinning beliefs to secure public support in the same way that more interventionist policies do.

Over the years, we have seen significantly more policy progress on tobacco compared to other harmful products and so have moved beyond these sorts of interventions onto more tobacco endgame type policies such as the generational ban. It is possible that high public support for policies like labelling and marketing restrictions for alcohol and unhealthy food and drink are because they are seen as natural first steps before a move towards more interventionist policies that now enjoy high public support for tobacco.

This suggests that there may be space for stronger, more effective solutions on both alcohol and unhealthy food and drink in the future, if we can learn lessons from tobacco policy in how we make the case by linking them to a range of factors that appear to mediate support.

### **Support remains high for certain policies even when people believe that they will restrict individual choice**

Politicians are often concerned about proposing and promoting policies that could be seen as restricting individual choice. Libertarians have long used 'nanny state' accusations to undermine policies. However, our polling showed that the public believe that the generational smoking ban will restrict individual choice and strongly support it anyway. Other policies such as extended smokefree places and extending

the sugar tax also indexed highly against 'restricting individual choice' but still scored reasonably high levels of overall support (65% and 59% respectively). This suggests that people may be willing to accept restrictions on individual choice if they are also convinced that a policy will be effective in changing behaviour and reducing the impact on the NHS. Therefore, politicians could be more confident about defending these policies by emphasising the effectiveness and impact that they will have.

### **Expectations of price rises are not a barrier to support for effective public health policies**

Another claim, often put forward by industry, is that policies that might lead to price rises will be unpopular. However, both company levies for smoking prevention and extending the sugary drinks tax were expected by the public to increase prices, but both remained highly supported (68% and 59% respectively). Likewise, minimum unit pricing for alcohol was supported by substantially more people than those who opposed it (45% support, 29% oppose).

This suggests that the public understand the potential trade-offs involved in public health policy making and can support effective public health policy even when they accept that they may increase prices.

### **What does this mean for our messaging on public health policy?**

This analysis gives us some insight into how policies are viewed by the public and what seems to matter in terms of the perceived impact.

Generally, policies seen as likely to relieve the burden on the NHS, such as the generational smoking ban, were highly supported. Furthermore, policies seen as likely to restrict individual choice were still strongly supported, and policies that were perceived as likely to increase prices were generally supported.

This suggests that there are three key findings in terms of communication approaches:

- If a policy is seen as likely to reduce the burden on the NHS then it is likely to be supported. **We should dial up messages about impact on the NHS.**
- Policies that are seen as restricting individual freedom can be supported if we have made the case for their effectiveness. **We should not shy away from pushing for these policies and highlight how they can have an impact on people's health.**
- As long as a policy is considered effective, public support holds up, even when people believe it will raise prices. **We should emphasise the effectiveness of policy approaches and not allow industry to dominate the narrative with scaremongering over rising costs.**

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<sup>1</sup> Research commissioned by Action on Smoking and Health, the Alcohol Health Alliance and the Obesity Health Alliance. Online survey conducted between 21 Feb-5 March 2025 by Public First. 2,010 UK adults.

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6 All results are weighted using Iterative Proportional Fitting, or 'Raking'. The results are weighted by interlocking age & gender, region and social grade to Nationally Representative Proportions.